JMJ

Apostle Paul in Prison. Rembrandt

Communicable disease control and quarantine law

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October 2025 Introduction

This volume contains writing about US federal, state and county communicable disease control and quarantine law, and related international law requiring "adjustment of domestic legislative and administrative arrangements" published by the authors at Bailiwick News and at Due Diligence and Art on Substack from 2022 to 2025. It is an expanded, revised version of an edition published in April 2025.

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

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

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

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

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

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

About the Authors

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Sasha Latypova is an independent writer and researcher. She holds an MBA from Dartmouth College and spent 25 years of her professional career in healthcare technology, medical device, and pharmaceutical R&D industries. Latypova has retired from pharma and publishes her work at Due Diligence and Art on Substack.

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The US Department of Health and Human Services (1979-present), previously Health, Education and Welfare (1953-1979), previously Federal Security Agency (1939-1953), with military and corporate partners, has now mass-poisoned four generations of children with vaccines: Boomers (born roughly between 1946-1964), Gen-X (1965-1980), Millennials (1981-1996) and Gen Z (1997-2010).

They've mass-poisoned most of Gen-Alpha (2011-present) and are coming for the rest.

Stop taking vaccines. Stop vaccinating babies and children.

*

For readers who are also somewhere on this learning curve, below is a summary of how I got from what I believed in January 2020, to what I understand now.

1. In January 2020, I believed the government stories about infectious diseases and vaccines.

2. By March or April 2020, after learning about the symptoms (in most cases similar to seasonal, mild, brief upper respiratory illness) allegedly caused by the allegedly novel pathogen, I was questioning government responses — "lockdowns" and occupancy restrictions, church, school and business closures, mask mandates and more — as disproportionate, abusive and unconstitutional.

3. I learned that federal courts had been knocked out of commission and were unable to engage in fact-finding or apply legal standards of evidence to review of government policies. (Sept.-Oct. 2020)

4. I learned that a person with knowledge of drug research and development and nothing to gain by speaking out (Mike Yeadon), found vaccine development projects as publicly described by government officers and pharmaceutical company officials to be deeply disturbing, and predicted that the product, as described in official publications, would be extremely toxic. (Oct.-Dec. 2020).

5. I watched the Covid vaccination campaign, injuries and deaths unfold and continued studying legal and scientific issues. (Dec. 2020-Jan. 2022)

6. Between January and May 2022, I learned about the World Health Organization International Health Regulations and about US domestic public health emergency laws implementing WHO-IHR provisions. I learned about the non-existence of scientific or legal standards of evidence to support government officer claims about pathogens, emergencies and products. I learned HHS Secretary pronouncements are legally unilateral, unreviewable and require no validated scientific support. I learned about government officers', product fake-regulators' (FDA) and pharmaceutical officials' knowledge of the non-existence of applicable scientific or legal standards of evidence, and about military contracts for vaccine procurement and distribution, through Brook Jackson's case.

7. During 2022 and 2023, I met Sasha Latypova (July 2022) and deepened my understanding that public health emergency/biodefense programs are drawn from a playbook[1] that had been used several times already in recent decades (SARS, MERS, H1N1). I realized that playbooks are written to be used repeatedly and the PHE/biodefense playbook would be used again, and therefore people should be warned not to use or take any emergency "medical countermeasures" (isolation and social-distancing advice, masks, diagnostic tests, vaccines, medications).

8. I also learned that government and pharmaceutical officers would incorporate the same alleged new substances and manufacturing processes allegedly used to make Covid vaccines, into all emergency and routine vaccines henceforth, and that government officers had reduced or eliminated even the purported scientific evidentiary standards used to authorize use of the emergency Covid vaccines, which standards I knew to be non-existent, pretextual, inapplicable, unenforceable, and unenforced. I understood that people should be urged not to accept or use any vaccines at all, routine or emergency, on babies, children or adults.

9. I learned (in December 2023) the phrase "Direct Final Rule" as describing federal administrative agency regulations published in the Federal Register that go into effect on an expedited schedule. Direct Final Rules can be contrasted with standard Notice of Proposed Rulemaking, comment period, and Final Rule sequences, which are also useless for stopping bad laws from taking effect but allow for the compilation of public records of public objections. Direct Final Rule procedures are available for agency decisions deemed, by the agency, to be "non-controversial." For example, if no one files a "significant adverse comment" within 30 days of a Direct Final Rule notice, the rule itself goes into effect 60 days from the date the Direct Final Rule notice was published. I learned the Direct Final Rule process was used from Dec. 2012 to Feb. 2013 to revise HHS-CDC interstate and foreign quarantine rules by adopting new definitions, including a definition for the term "quarantinable communicable disease."

10. In Dec. 2023, I also learned that FDA attempted to use the Direct Final Rule process in January 2018 to eliminate biological product establishment inspection duties for FDA inspectors. I learned that the Direct Final Rule had been withdrawn and the new Final Rule issued April 2019, effective May 2019. I knew (by Dec. 2023) that even if inspectors had entered vaccine manufacturing facilities in 2020, or in the years following 2020, FDA had never developed or promulgated any scientific evidentiary standards for vaccines, so the inspectors would have had no scientific evidentiary standards available to apply to the procedures and products being manufactured in the factories anyway.

11. I began to understand that the non-existence of scientific and legal evidentiary standards pre-dated Covid, and that the standards that don't exist for emergency and non-emergency products manufactured during and since Covid, also didn't exist for vaccines and other biological products manufactured before Covid. I wanted to find out when and how the evidentiary standards — and the legal forums for evidence review and substantive decisions (regulatory agencies, courts) — had been eliminated, or whether they had ever existed at all.

[1] https://bailiwicknews.substack.com/p/playbook-for-poisoning-populations

12. I learned (March 2024) about the 1995 Clinton-Gore policy document *Reinventing the Regulation of Drugs Made from Biotechnology*, and then found dozens of regulatory amendments made between 1995 and 2019 (and ongoing) to carry out the deregulation program laid out in the 1995 document and related Congressional statutes and Presidential executive orders.

13. I learned about the 1955 nationwide polio vaccination campaign targeting children and expectant mothers, and the "Cutter incident;" 1968-1969 influenza pandemic; 1971-1972 Congressional GAO study of NIH Division of Biologics Standards' (non-)regulation of "ineffective" influenza vaccines; 1972 transfer of biological product (non-)regulation from NIH to FDA; and 1976-1977 swine flu vaccine program, injuries and government payouts.

14. I learned about how each event was handled by Congress with show hearings and fake-investigations but no vaccination program shutdowns or statutory repeals, and how they were handled by regulatory agencies with program transfers, reorganizations and renaming but no vaccination program shutdowns or substantive scientific standards or enforcement. I learned that Congress and the fake-regulators work only to protect and expand vaccination/mass-poisoning programs, suppress vaccine hostility and maintain vaccine confidence, and how the events following the 1955 polio campaign led to the 1986 National Childhood Vaccine Injury Act.

15. I learned more about the 1944 Public Health Service Act provisions governing biological product non-regulation, and more about the development of biological product non-regulation from the 1902 Virus-Toxin law that was incorporated into the 1944 Public Health Service Act, and more about the development of scientific fraud in virology, immunology, and related fields from 1798 and throughout the 1800s.

* * *

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2022

The Triumph of the Eucharist. Bartolomé Esteban Murillo.

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

Feb. 2, 2022 - January 19, 2017 Federal Register. US Health and Human Services final rulemaking, WHO International Health Regulations, and human liberty.

I'm working on writing up my notes from Attorney Todd Callender's interview by Dr. Elizabeth Lee Vliet[2], and doing some research to correct timeline errors and review cited documents.

Among other key events, Callender pointed to the 2005 adoption, through the World Health Organization, of a set of amendments to International Health Regulations.[3]

The WHO description accompanying publication of the second edition:

> In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR).
>
> This binding instrument of international law entered into force on 15 June 2007.
>
> The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."
>
> Because the IHR are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source, they will follow the evolution of diseases and the factors affecting their emergence and transmission.
>
> The IHR also require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers...

The 2005 International Health Regulations amendments required each signatory nation-state to adopt implementing legislation, which the United States government did, through many legislative and regulatory acts including revisions to 42 CFR Parts 70 and 71, governing interstate and foreign quarantine during any "public health emergency of international concern" as declared by the director of the Centers for Disease Control and the director of the World Health Organization.

The most recent major, highly-relevant revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on January 19, 2017 (82 FR 6890[4]) and effective Feb. 17, 2017.

[2] https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/
[3] https://www.who.int/publications/i/item/9789241580410
[4] https://www.federalregister.gov/documents/2017/01/19/2017-00615/control-of-communicable-diseases

The revisions were put in place just as Donald Trump was taking office as US President after a surprising electoral win.

Excerpts from 82 FR 6890, Final Rule, Control of Communicable Diseases:

> [82 FR 6969] *Public health emergency* as used in this part means:
>
> (1) Any communicable disease event as determined by the Director with either documented or significant potential for regional, national, or international communicable disease spread or that is highly likely to cause death or serious illness if not properly controlled; or
>
> (2) Any communicable disease event described in a declaration by the Secretary pursuant to 319(a) of the Public Health Service Act (42 U.S.C. 247d (a)); or
>
> (3) Any communicable disease event the occurrence of which is notified to the World Health Organization, in accordance with Articles 6 and 7 of the International Health Regulations, as one that may constitute a Public Health Emergency of International Concern; or
>
> (4) Any communicable disease event the occurrence of which is determined by the Director-General of the World Health Organization, in accordance with Article 12 of the International Health Regulations, to constitute a Public Health Emergency of International Concern; or
>
> (5) Any communicable disease event for which the Director-General of the World Health Organization, in accordance with Articles 15 or 16 of the International Health Regulations, has issued temporary or standing recommendations for purposes of preventing or promptly detecting the occurrence or reoccurrence of the communicable disease.

Health and Human Services/CDC officials responded to public comments expressing concern.

> [82 FR 6905] One commenter also requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a ''public health emergency'' if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.
>
> In response, HHS/CDC notes that the scenario proposed by the commenter is unlikely, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States.
>
> HHS/CDC also received a comment objecting to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of ''public health emergency'' because this ostensibly relinquishes U.S. sovereignty.

HHS/CDC disagrees. By including references to a PHEIC, HHS/CDC is not constraining its actions or makings its actions subject to the dictates of the WHO. Rather, the declaration or notification of a PHEIC is only one way for HHS/CDC to define when the precommunicable stage of a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals.

While HHS/CDC will give consideration to the WHO's declaration of a PHEIC or the circumstances under which a PHEIC may be notified to the WHO, HHS/CDC will continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals. Thus, HHS/CDC disagrees that referencing the WHO determination of a PHEIC results in any relinquishment of U.S. sovereignty.

The International Health Regulations are an international legal instrument that sets out the roles of WHO and State parties in identifying, responding to, and sharing information about public health emergencies of international concern. HHS/CDC believes that it would be unlikely for the United States to formally object to the WHO's declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States.

Also regarding the definition of ''public health emergency,'' one public health association expressed concern that *any* disease considered to be a public health emergency may qualify it as quarantinable. Another commenter noted that some PHEICs ''most certainly do not qualify as public health emergencies'' under the proposed definition. HHS/CDC appreciates the opportunity to clarify. Only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease. The definition of *Public health emergency* is finalized as proposed."

As we now know, the HHS/CDC blandishments — about scenarios in which the United States government would subordinate its national sovereignty to the World Health Organization being "unlikely" — were lies, told with full knowledge of their falsehood by the HHS/CDC liars.

Feb. 3, 2022 - More on the International Health Regulations. Bipartisan Presidential Executive Orders in 2003, 2005, and 2014 authorized the Secretary of Health and Human Services to detain Americans on suspicion of having colds and flus.

Observation:

The governments of nation-states around the world can't stop the mass murder and mass maiming of the world's people through

- forced detentions (in homes, nursing homes, schools, hospitals and quarantine-facilities);
- forced masking and social distancing;
- forced diagnostic testing
- forced withholding of preventative and early treatments for Covid-19;
- forced administration of ventilation, Remdesivir, midazolam and other lethal poisons; and
- forced administration of mRNA and DNA bioweapon injections,

until those governments and their central banks (the Federal Reserve in the United States) are prepared to forego access to the international financial system controlled by the individuals who control the Bank for International Settlements.

One step would be signing of a Presidential Executive Order revoking Executive Order 13295 of April 4, 2003; Executive Order 13375 of April 1, 2005, and Executive Order 13674 of July 31, 2014, and reinstating Executive Order 12452 of Dec. 22, 1983.

2005 - World Health Organization creates International Health Regulations

In 2005, through the World Health Organization, the individuals who control the Bank for International Settlements amended the International Health Regulations (IHR), which had been adopted in 1951 as International Sanitary Regulations and amended several times subsequently.

The second edition of the IHR is described, by WHO, as follows:

> "In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR). This binding instrument of international law entered into force on 15 June 2007."
>
> The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."
>
> The IHR "are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source."

The IHR further,

> "require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers."

The 2005 amendments to the International Health Regulations required each signatory nation to adopt implementing legislation, which the United States government did, through many statutory and regulatory revisions, including revisions to 42 Code of Federal Regulations, Parts 70 and 71.

Those federal laws regulate interstate and foreign quarantine activities during "public health emergencies of international concern."

2017 - Major rulemaking by US Department of Health and Human Services

The most recent, major revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on Jan. 19, 2017 and effective Feb. 17, 2017. (*See* 82 FR 6890)

The Federal Register entry reported that some commenters, during the public comment period, requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a ''public health emergency'' if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.

Health and Human Services/Centers for Disease Control respondents described such a scenario as "unlikely" and noted that "CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

Another comment addressed the same concern from a slightly different perspective: the commenter "objected to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of ''public health emergency'' because this ostensibly relinquishes U.S. sovereignty."

Again, HHS/CDC respondents said they "disagreed" with the characterization, stating that US government officials would "give consideration to the WHO's declaration of a PHEIC" but would "continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals."

A few paragraphs later, the HHS/CDC respondents again said that "it would be unlikely for the United States to formally object to the WHO's declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

It's very careful sophistry. HHS states that the US government is unlikely to even *try* to resist a WHO declaration, not addressing what would happen in that unlikely event of such an attempt. Presumably because it would be financially impossible for the US government to make the attempt, because the Federal Reserve would immediately lose access to the Bank for International Settlements.

Other commenters expressed concern that "*any* disease considered to be a public health emergency may qualify it as quarantinable" and noted that some PHEICs ''most certainly do not qualify as public health emergencies'' under the proposed definition.

HHS/CDC respondents "clarified" that "only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease."

After dispatching with the comments, the HHS/CDC respondents concluded: "The definition of *Public health emergency* is finalized as proposed."

US Presidents' Executive Orders since 1990

As it happens, there have been three Executive Orders issued by US Presidents related to the quarantine power of the Secretary of Health and Human Services laws since 1990.

They were promulgated under section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)), and they assigned the President's executive authority to the Secretary of Health and Human Services for implementation.

The first President to issue an executive order designating communicable diseases subject to quarantine was President Harry Truman, who issued Executive Order 9708 on March 26, 1946. Subsequent presidents issued amendments and revoked/replaced executive orders on the same subject.

Executive Order 13295

On April 4, 2003, President George W. Bush signed Executive Order 13295, listing:

> "(a) Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named) and
>
> (b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences." (68 FR 17255)

The 2003 Executive Order revoked Executive Order 12452 of Dec. 22, 1983, through which President Ronald Reagan had specified quarantinable diseases as including "Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named)."

In other words, in 2003, President Bush added the common cold to the list of communicable diseases empowering the executive branch, through the Secretary of Health and Human Services, to summarily detain American citizens and prevent them from travelling across state or federal borders.

Executive Order 13375

On April 1, 2005, President Bush signed Executive Order 13375, extending the quarantine power of the Health and Human Services Secretary to include:

> "(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.'' (70 FR 17299)

In 2005, the executive branch of the federal government granted itself the power to detain American citizens for the flu.

Executive Order 13674

On July 31, 2014, President Barack Obama signed Executive Order 13674, revising Section b of President Bush's 2003 order. The new text expanded on the definition of SARS [the common cold]:

> "(b) Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza.'' (79 FR 45671)

Parsed, in 2014, the federal government expanded its power to detain American citizens for common colds, not only if the diseases are "transmitted" but if they are "capable of being transmitted...and are causing, or have the potential to cause, a pandemic."

That's what made it legally possible for President Trump and President Biden, working through the Centers for Disease Control, to

> 1) place all Americans — including healthy Americans with no symptoms — under house/business/school arrest;

> 2) order that healthy Americans wear medical devices (cloth masks) without individual clinical diagnoses, without evidence of efficacy for infection control, and without a personal physician's prescription; and
>
> 3) submit to forcible injection of mRNA and DNA toxins.

Combined effect of International Health Regulations and implementing national regulations and executive orders

Explaining the combined effect in the podcast interview[5], Attorney Todd Callender stated:

> "It allows for, in every instance, a suspension of your human rights, your sovereign rights, your Constitutional rights, charter rights."

[5] https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/

Feb. 26, 2022 - Legal Walls of the Covid-19 Kill Box. Report: Attorney Todd Callender's January 30, 2022 interview by Dr. Elizabeth Lee Vliet.

(June 2, 2022 version, excerpts)

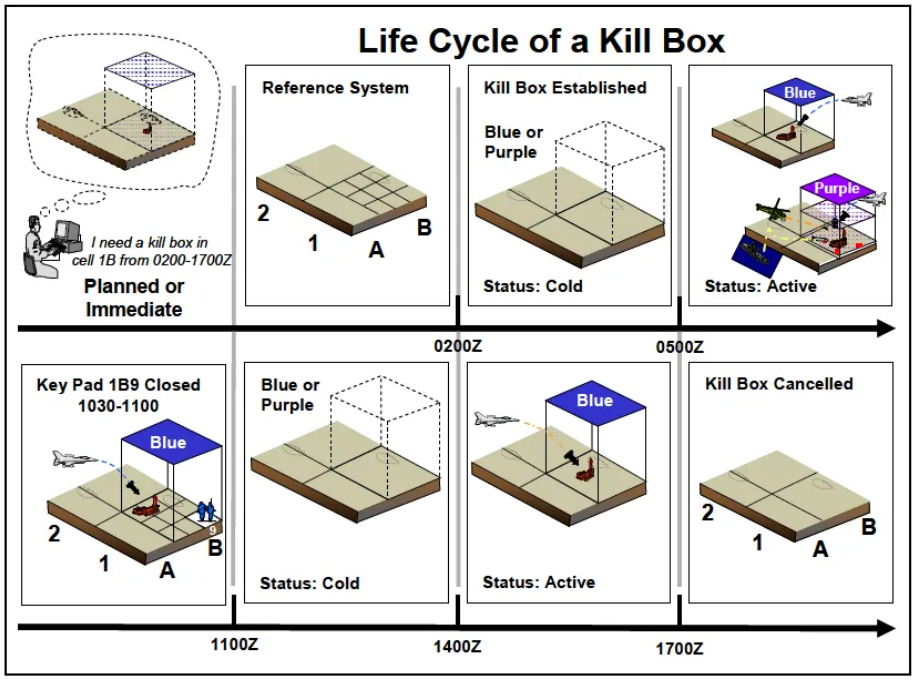

Figure I-1. Life Cycle of a Kill Box

Source: Multi-Service Tactics, Techniques and Procedures for Kill Box Employment. (Air Land Sea Application Center, June 2005

...A podcast interview of Attorney Todd Callender was conducted by Dr. Elizabeth Lee Vliet on Jan. 30, 2022.[6]

Callender is an international disability rights law expert and currently represents military personnel challenging Department of Defense "vaccine" mandates. I've been publishing piecemeal posts about the interview for the past three weeks.

Below are excerpts from a written report, including supporting research, additional information and related developments on the subject of the legal relationship between government acts and how the Covid-19 event is legally classified: pandemic, act of biological or chemical war, contract fraud, and/or a crime against humanity.

At the current time, the formerly criminal actions of governments are legally defined as not-crimes...

[6] https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/

Preface

The goals and actions of the individual humans working on the global Covid-19 democide project are so brazenly and profoundly evil that good human minds shut down the instant they confront the information. We recoil instinctively — emotionally, cognitively and spiritually — from the extraordinary saturation of evil; we struggle to grasp how it can be so comprehensive in its scope and destructive in its force.

The human perpetrators and their Satanic accomplices have instituted many layers of legal and media control and distortion of information to demoralize and confuse their victims.

But our natural recoiling phenomenon, our fingertip-on-a-hot-stove natural human withdrawal from evil, provides them with powerful additional camouflage for the evil acts, because the mind of the observer will self-add the camouflage of "this is so evil, it can't possibly be true" adding to the layers of legal and media propaganda cover the perpetrators control and impose themselves.

Please pray for the courage to overcome the recoil, so we can fight back better.

"Veni, vidi, Deus vicit."[7] *- Jan Sobieski, Warrior King of Poland, Battle of Vienna, 1683*

[7] https://www.newadvent.org/cathen/14061c.htm

Synopsis

In the one-hour interview, Callender described international and federal legislative, executive, judicial, medical and military frameworks introduced in 1990 and reinforced repeatedly between then and now, using public health emergency predicates.

In the first half of the interview, Callender outlined 2005 amendments to the International Health Regulations (originally adopted in 1951 as International Sanitary Regulations; the United States is a signatory), which allow for the suspension of national sovereignty and federal constitutional and statutory legal frameworks during a "public health emergency of international concern" as declared by the World Health Organization director-general...

In the second half of the January 30 interview, Callender described state and county legal frameworks currently being put into place to make the legal state of emergency and related extraordinary executive powers permanent, and to implement the next, more-militarized enforcement steps at the community level. [KW Note, April 14, 2025 - I later learned the state and county legal frameworks had already been in place for several decades, and have been strengthened since 2020.]

Callender described "intergovernmental agreements," (IGAs) which he has received from whistleblowers in Cochise County, Arizona, and other US states.

The IGAs link continued federal reimbursement funding protocols for community hospitals and nursing homes — which have financially coerced health care providers for the past two years already — to continued hospital and nursing home compliance with deadly "treatment" protocols and injection mandates.

The intergovernmental agreements (IGAs) are being put in place alongside other, reinforcing legal frameworks. For example, in Arizona, a petition from individuals claiming to be public health experts was submitted to the Arizona governor, in support of the governor's petition to the Arizona legislature, requesting that the legislature make the governor's temporary emergency powers created by Covid-19 permanent.

The state-level action is happening in several states, including Pennsylvania and Arizona (covered below); New York[8] (amendments to Title 10 NYCRR) and Florida[9] (HB7021).

It's paralleled at the federal level by, for example, President Biden's indefinite extension of the Covid-19 state of emergency, the most recent extension issued on Feb. 18, 2022.

[8] https://margaretannaalice.substack.com/p/letter-to-the-new-york-state-department?utm_source=url
[9] https://margaretannaalice.substack.com/p/letter-to-governor-ron-desantis?utm_source=url

Callender advises anyone who wants to end hospital and nursing home homicides to work at the household level: appeal to relatives and friends who are directly tasked with enforcement, whether they're hospital workers, nursing home workers, police officers, National Guard soldiers, medical coders responsible for attaching the ICD-10 diagnostic codes to patients.

> “Educate them that they are really a cog in this great giant machine designed to kill as many people as is possible. Particularly the unvaccinated. And those who are vaccinated, to envelope them in the machine for whatever the purpose is of The Owners.”

Other necessary steps include removing emergency powers from all levels of government, and running for office to repeal the enabling laws and enact laws protecting human rights and human lives.

> “This is about the survival of our species. Stand up. Say no. Don't go with the program. Civil disobedience. That is our only hope...”

Brief Analysis

Callender's paper trail and legal analysis make sense of a lot of things that haven't made sense all along, especially two things:

1. the strange abrogation of the doctor-patient relationship and physicians' independent diagnostic and treatment judgment; and
2. the strange refusal of the courts to even hear challenges to the public health police state on constitutional and evidentiary grounds, much less judicially stop the tyranny.

It also helps explain why the avalanche of coercion continues and is escalating, now with major American corporations imposing their own injection mandates and mass firings, despite the expanding torrent of evidence that the injections are deadly and don't stop infections, and despite some US courts overturning some of federal mandates on limited, procedural grounds.

It also helps explain that the governments of nation-states around the world won't permanently stop the legalized mass murder, maiming and enslavement of the world's people through

- masking, testing and social distancing;
- detentions in homes, nursing homes, schools, hospitals, military barracks and quarantine-facilities;
- withholding of preventative and early treatments for Covid-19;
- coerced administration of ventilation, Remdesivir, midazolam and other lethal poisons;
- administration of mRNA and DNA bioweapon injections; and
- establishment of restrictive digital surveillance, identity, currency and social credit score controls

until those governments and their central banks (the Federal Reserve in the United States) are prepared to withdraw from political and financial participation the international legal frameworks (such as the International Health Regulations), and endure and recover from the financial and economic consequences: blocked access to the international financial system controlled by the individuals who control the Bank for International Settlements.

1990 - Three United Nations conventions

Callender began his interview with a “Tyranny 101” introduction, talking about the “warp-speed, orchestrated” global command-and-control campaign that rolled out starting in January 2020.

Callender said that the human individuals behind the global Covid-19 crisis are the men and women who privately own the Bank for International Settlements (BIS). He calls them “The Owners,” as a shorthand...

Through the BIS, they own all the other private central banks in the world, including the US Federal Reserve Bank. Through the banks, over the past century or so, they consolidated their ownership and control of all financial wealth and all physical assets in the world: energy systems; water and food supplies; money supplies used as a medium of exchange; and most (but not all) media and information channels.

1990 - The Owners decided there are too many people in the world.

[April 11, 2025 Note - I later learned that this decision was made much earlier than 1990.]

Around 1990, Callender said, there were a lot of people in the world and populations were continuing to grow. The Owners decided depopulation was needed.

They realized that when populations get very large it's very difficult to control or kill them. Historically, the only things that kill very large numbers of people are human-caused genocides and natural plagues and famines.

Arguably, Covid-19 and the subsequent pharmaceutical products marketed as “vaccines” combine the most effective features of genocide and plague: they weaken and kill lots of people, are human-made, but the deaths can be made appear naturally-caused.

Rather than undertake a blatant and likely politically unpopular gun- or bomb-based global genocide, Callender explained, The Owners decided instead to promote the idea among world populations of "sustainable development."

They began by setting the narrative frame that there are too many people and not enough resources in the world to support those people; that climate change driven by human use of carbon-based energy resources would cause deadly earthquakes, floods, disease outbreaks, food shortages and other disasters; and that public health and the thriving of future generations require coordinated international action to reduce population, as a way to mitigate climate change.

1992 - The Owners extorted governments of the world's nation-states to adopt Agenda 21 at the Earth Summit

In June 1992, the United Nations hosted the United Nations Conference on Environment and Development, commonly called the Earth Summit, in Rio de Janeiro, Brazil.

At the conference, 179 participating nations adopted Agenda 21 (later renamed Agenda 30)[10], laying out "a comprehensive plan of action to be taken globally, nationally and locally by organizations of the United Nations System, Governments, and Major Groups in every area in which human impacts on the environment."

The goals of Agenda 21/30, according to Callender, are threefold:

1. elimination of private property
2. elimination of borders and national sovereignty
3. depopulation

1992-1994 - The Owners extorted governments of the world's nation-states to adopt the UN Framework Convention on Climate Change

At the 1992 Rio conference, the United Nations Framework Convention on Climate Change[11] was also opened for nation-states to sign. By 1994, enough nations had signed for the convention[12] to enter into force.

1994 - The Owners extorted governments of the world's nation-states to adopt International Conference on Population and Development Program of Action

In September 1994, the United Nations hosted the International Conference on Population and Development in Cairo, Egypt. Again, 179 nation-states signed on to a 20-year Programme of Action, which was extended in 2010 to cover 2014-2034.[13] The population control project was framed using keywords including empowerment of women, reproductive health and people-centered development.

[10] https://grist.org/politics/agenda-21-everything-you-need-to-know-about-the-secret-u-n-plot-in-one-comic/
[11] http://newsroom.unfccc.int/
[12] https://www.un.org/sustainabledevelopment/climate-negotiations-timeline/
[13] https://www.unfpa.org/resources/a6962-framework-actions-follow-programme-action-international-conference-population-and

Cumulative impact

Callender explained that after those three mutually-reinforcing international conventions were adopted by the world's national governments — UN Agenda 21/30 (1990); UN Framework Convention on Climate Change (1994); and UN International Conference on Population and Development Program of Action (1994) — The Owners, who had already owned and controlled all of the natural resources in the world, now controlled all of the political resources in the world: the means through which us human beings organize our social lives and power relationships in society.

They successfully created an international legal framework that subordinates human rights and national sovereignty to global governing instruments operated privately by a handful of men and women accountable to no one but themselves.

Propaganda campaign

Throughout the 1990s and into the 21st century, The Owners mounted an intense propaganda campaign to persuade the world's human population that people are "the problem," Callender said.

The media messages instilled the notion that ordinary people, simply by existing, cause the degradation and destruction of the natural world.

Callender lives outside the United States and has travelled extensively throughout his career over the past few decades. During the Jan. 30 interview, he said he saw the same messages being fed to populations, through governments and media, all over the world over the last 30 years, calling it "a homogenized and very coordinated approach."

The Owners also introduced public health frameworks as a key tool for population control in two forms: control of numbers of people through funding contraception programs to lower birth rates, and control of behavior through manipulation of information.

See, for example, two policy documents laying out national and international government programs designed to increase fear levels to increase compliance with social bond disruptions and uptake of pharmaceutical injections during the Covid-19 response in 2020.

- UK SAGE, March 20, 2020[14]
- World Health Organization, Oct. 15, 2020[15]

[14] https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-uk-paper-re-increasing-fear-levels-in-population.pdf
[15] https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.10-who-guidance-behavioral-psychology-of-covid-vaccine-manipulation-.pdf

2005 - The Owners, through the World Health Organization, amend International Health Regulations

In 2005, through the World Health Organization, the individuals who control the Bank for International Settlements amended the International Health Regulations (IHR) that had first been adopted in 1951 as International Sanitary Regulations.[16] Those were revised and renamed International Health Regulations in 1969.[17] The 1969 regulations were revised in 1973 and 1981, and then were revised again in 2005, as described below. And now in 2022, WHO has started another round of negotiations to revise further.

The second edition of the IHR is described, by WHO, as follows:

> "In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR). This binding instrument of international law entered into force on 15 June 2007."

The stated purpose and scope of the IHR are

> "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

The IHR "are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source."

The IHR further,

> "require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers."

The 2005 International Health Regulations required each signatory nation to adopt implementing legislation, which the United States government did, through many statutes, executive orders and regulations, including revisions to 42 Code of Federal Regulations, Parts 70 and 71.
42 CFR 70 and 42 CFR 71 regulate interstate and foreign quarantine activities during "public health emergencies of international concern" or PHEICs.

[16] https://apps.who.int/iris/bitstream/handle/10665/101391/WHA4_60_eng.pdf?sequence=1&isAllowed=y
[17] https://www.paho.org/en/file/61397/download?token=eeRLSWXi

2003, 2005 and 2014 - US Presidents' Executive Orders listing quarantinable communicable diseases

There have been three Executive Orders issued by US Presidents related to the quarantine power of the US Secretary of Health and Human Services laws since 1990.

They were promulgated under section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)), and they assigned the President's executive authority to the Secretary of Health and Human Services for implementation.

Executive Order 13295 of April 4, 2003

On April 4, 2003, President George W. Bush signed Executive Order 13295[18].

Bush's 2003 executive order revoked and replaced Ronald Reagan's Executive Order 12452 of Dec. 22, 1983, which specified quarantinable diseases limited to "Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named)."

Bush's 2003 executive order replaced the list above with the following:

> "(a) Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named) and
>
> (b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences."

In 2003, President Bush added the common cold to the list of communicable diseases empowering the executive branch, through the Secretary of Health and Human Services, to involuntarily detain American citizens.

[18] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2003-executive-order-bush-.pdf

Executive Order 13375 of April 1, 2014

On April 1, 2005, President Bush signed Executive Order 13375[19], extending the quarantine power of the Health and Human Services Secretary to include:

> "(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.''

In 2005, the executive branch of the federal government granted itself the power to involuntarily detain American citizens for the flu.

Executive Order 13674 of July 31, 2014

On July 31, 2014, President Barack Obama signed Executive Order 13674[20], revising Section b of President Bush's 2003 order. The new text expanded on the definition of SARS [the common cold]:

> "(b) Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza.''

In 2014, the federal government expanded its power to detain American citizens for common colds, not only if the diseases "are transmitted" but if they "are *capable* of being transmitted...and are causing, or have the *potential* to cause, a pandemic."

To recap:

- In 2003, President Bush made the common cold a quarantinable disease under US law.
- In 2005, President Bush made the common flu a quarantinable disease under US law.
- In 2014, President Obama made suspected but asymptomatic colds quarantinable diseases under US law.

[19] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2005-executive-order-bush.pdf
[20] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2014-executive-order-obama.pdf

2004 - 2006 - Congress passes Project Bioshield Act of 2004, PREP Act of 2005 and Pandemic and All-Hazards Preparedness Act of 2006

[This section was added 3/26/22 and updated 3/29/22. More information here[21].]

The Project Bioshield Act[22] (30 pages) was passed by Congress and signed by President George W. Bush on July 21, 2004.

The PREP Act[23] was passed by Congress and signed into law on Dec. 30, 2005. It was tagged on as the last 14 pages of a 154-page Department of Defense supplemental appropriations and Hurricane Katrina relief bill.

The Pandemic and All-Hazards Preparedness Act of 2006[24] was passed by Congress and signed into law on Dec. 17, 2006.

Together, these laws and many other Congressional acts changed a lot of federal laws related to bioterrorism, pandemics, drug development, appropriations, contracting, procurement, and product liability.

Together with several other laws[25], the Project Bioshield Act and PREP Act are the source of the US Secretary of Health and Human Services' Emergency Use Authorization (EUA) power, through which HHS Secretary Alex Azar first declared Covid-19 a public health emergency a public health emergency on Jan. 31, 2020, the day after World Health Organization Director-General Tedros declared it a "public health emergency of international concern."
Azar then issued a "declaration for medical countermeasures" for Covid-19[26] on March 10, 2020, retroactively effective Feb. 4, 2020, followed by other declarations and amendments to the original declarations.

Azar's PREP Act declaration bestowed immunity for liability on developers, manufacturers, distributors and vaccinators, for injuries and deaths caused by vaccines developed, manufactured, distributed and administered under Emergency Use Authorization.

The only exception is for "willful misconduct," which might apply to Pfizer and Moderna if the clinical trial fraud alleged by whistleblower Brook Jackson[27] can be proved — as Edward Dowd and others are working toward. But it would probably not apply to distributors and injectors who can credibly claim they had no knowledge of the clinical trial fraud. [KW Note, April 14, 2025 - I later understood that the 'willful misconduct' exception is written to preclude liability entirely, for every actor in the supply and use chain of events.]

[21] https://bailiwicknews.substack.com/p/project-bioshield-act-of-2004-and?s=w
[22] https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf
[23] https://www.congress.gov/109/plaws/publ148/PLAW-109publ148.pdf#page=140
[24] https://www.congress.gov/109/plaws/publ417/PLAW-109publ417.pdf
[25] https://www.phe.gov/Preparedness/legal/Pages/default.aspx
[26] https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures
[27] https://s3.documentcloud.org/documents/21206071/brook-jackson-lawsuit.pdf

HHS Secretary Azar's declaration also rendered contractors like Pfizer, Moderna, nurses and pharmacists, as classifiable, in legal terms, as government employees of the Department of Health and Human Services for purposes of the Federal Tort Claims Act and related laws: 28 USC 1346(b) and 28 USC 2672.

The Project Bioshield Act of 2004 includes provisions specifically addressing how EUAs are to be declared, maintained and terminated, at 21 USC 360bbb-3[28], relating to use of "unapproved products" or "unapproved uses of approved products."

The effect of Azar's PREP Act declaration, through the Project Bioshield Act of 2004, was to authorize government-funded development, marketing, distribution and deployment, by the contractors (Pfizer, Moderna, hospitals, nursing homes, clinics, pharmacies, nurses, pharmacists, etc.) of the pharmaceutical products marketed as "Covid-19 vaccines."

[28] https://www.govinfo.gov/content/pkg/USCODE-2019-title21/pdf/USCODE-2019-title21-chap9-subchapV-partE-sec360bbb-3.pdf

2017 - Major rulemaking by US Department of Health and Human Services

The most recent, major revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on Jan. 19, 2017 and effective Feb. 17, 2017. (82 FR 6890)

- 2017-01-19 — Federal Register on HHS Revisions[29] to 42 CFR Parts 70 and 71
- 42 CFR 70 — US Domestic Interstate Quarantine Regulations[30] as revised by HHS in 2017
- 42 CFR 71 — US Foreign Quarantine Regulations[31] as revised by HHS in 2017

Later in 2017, Johns Hopkins University published new biological threat reports, including the SPARS scenario. *See:* Technologies to Address Global Catastrophic Biological Risks, Johns Hopkins Center for Health Security[32], June 2017 and SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators. Johns Hopkins Center for Health Security[33], October 2017.

The Federal Register entry reported that some commenters, during the public comment period, requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a ''public health emergency'' if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.

Health and Human Services/Centers for Disease Control respondents described such a scenario as "unlikely" and noted that "CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

Another comment addressed the same concern from a slightly different perspective: the commenter "objected to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of public health emergency' because this ostensibly relinquishes U.S. sovereignty."

Again, HHS/CDC respondents said they disagreed with the characterization, stating that US government officials would give consideration to the WHO's declaration of a PHEIC but would "continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals."

A few paragraphs later, the HHS/CDC respondents again said that "it would be unlikely for the United States to formally object to the WHO's declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

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[29] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-federal-register-re-42-cfr-70-and-71.pdf
[30] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-70-us-domestic-interstate-quarantine-statute-as-revised-by-hhs-1.pdf
[31] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-71-us-foreign-quarantine-statute-as-revised-by-hhs.pdf
[32] https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.06-johns-hopkins-global-pandemic-response-technology.pdf
[33] https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.10-spars-pandemic-scenario-johns-hopkins.pdf

Other commenters expressed concern that "*any* disease considered to be a public health emergency may qualify it as quarantinable" and noted that some PHEICs ‘‘most certainly do not qualify as public health emergencies’’ under the proposed definition.

HHS/CDC respondents clarified that “only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease.”

After dispatching with the comments, the HHS/CDC respondents concluded: “The definition of *Public health emergency* is finalized as proposed.”

Involuntary detention of healthy individuals authorized

The 42 CFR Section 70 revisions that went into effect in February 2017 authorize the federal government to apprehend American citizens on suspicion of having colds, under §70.6: Apprehension and detention of persons with quarantinable communicable diseases.

> “(a) The Director may authorize the apprehension, medical examination, quarantine, isolation, or conditional release of any individual for the purpose of preventing the introduction, transmission, and spread of quarantinable communicable diseases, as specified by Executive Order, based upon a finding that:
>
> (1) The individual is reasonably believed to be infected with a quarantinable communicable disease in a qualifying stage and is moving or about to move from a State into another State [interstate]; or
>
> (2) The individual is reasonably believed to be infected with a quarantinable communicable disease in a qualifying stage and constitutes a probable source of infection to other individuals who may be moving from a State into another State [interstate].
>
> (b) The Director will arrange for adequate food and water, appropriate accommodation, appropriate medical treatment, and means of necessary communication for individuals who are apprehended or held in quarantine or isolation under this part.”

Under Section §70.5(d) and (e), healthy American citizens can also be involuntarily detained to keep us from travelling intrastate (within a state’s borders)

Cumulative legal effect of International Health Regulations and implementing national regulations and executive orders

Cumulatively, these executive and legislative sides of the kill box made it legally possible for President Trump and President Biden, working through the Centers for Disease Control of the Department of Health and Human Services (using the March 13, 2020 PanCAP Adapted U.S. Government Covid-19 Response Plan[34], which threw out all prior guidance on pandemic management), alongside state governors and health secretaries to:

1. place all Americans — including healthy Americans with no symptoms — under home/hospital/nursing home/business/school/military barracks/prison/ detention facility arrest;
2. close schools, businesses, churches and government offices;
3. order that healthy Americans wear medical devices (cloth masks) against their will; without personal risk-benefit assessment; without individual clinical diagnoses or evidence of efficacy for infection control, and without a personal physician's prescription;
4. submit to testing;
5. submit to forcible injection of mRNA and DNA toxins on pain of losing their jobs or being kicked out of school.

Explaining the combined effect in the podcast interview[35], Attorney Todd Callender stated:

> "It allows for, in every instance, a suspension of your human rights, your sovereign rights, your Constitutional rights, charter rights."

This explains, among other things, the refusal of the US Supreme Court, the International Criminal Court, and other federal and state courts around the world to even hear cases challenging democidal[36] Covid-19 population control measures on human rights, constitutional, civil liberties grounds, even while they have heard cases challenging some of those measures on regulatory, procedural grounds, and even decided a few in favor of citizen plaintiffs seeking relief from government "mandates."

American federal judges know that — to the extent they accept The Owners' legal framework as legitimate, dispositive and controlling law — the US Constitution is irrelevant.

American citizens are legally subordinated to the appointed Director-General of the World Health Organization, his appointed American deputy (the US Secretary of Health and Human Services) and appointed state health secretaries...

[34] https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-hhs-trump-lockdown-order.pdf
[35] https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/
[36] https://en.wikipedia.org/wiki/Democide

2020 — Clinical Treatment Protocols and Financial Coercion of Hospitals, Doctors and Nurses

During the Jan. 30 interview, Dr. Elizabeth Lee Vliet commented that for her as a practicing physician, a disturbing signal that something was deeply wrong, was the federal public health authorities' official guidance and pressure on doctors, nurses, pharmacists, medical and pharmacist licensing boards, and governors to withhold treatment from sick patients seeking medical help.

The USHHS Centers for Disease Control explicitly directed doctors and nurses to tell mildly sick patients to "go home and get sicker" with no treatments early in the course of the infection, and to only return for care when they could no longer breathe.

Lee had never seen that clinical guidance issued for any other illness. "We don't wait until Stage IV cancer," she said. "We screen and treat early."

Further, when confronted with new, unknown illnesses, doctors historically have identified potentially life-threatening symptoms, and administered existing medications used to treat those symptoms in other diseases.

Despite the initially-inexplicable federal protocols, as the outbreak spread in February and March 2020, many doctors and nurses started successfully using existing medications to treat the most prominent symptoms experienced by patients infected with the SARS-Covid-2 virus: systemic inflammation, blood clots and secondary bacterial infections. They treated patients with fluids and vitamins, anti-inflammatory drugs, anti-coagulants, antibiotics, and antivirals like hydroxychloroquine and Ivermectin.

Patients treated early recovered.

Untreated patients, who went home and waited until they couldn't breathe, came back to hospitals, and were admitted for treatment with Remdesivir and mechanical ventilation, which was — in most cases — too much treatment, much too late.

Most of those patients died.

Through the CARES Act, Centers for Medicare and Medicaid Services (CMS)[37] and related funding[38] and liability-immunity mechanisms tied to (International Classification of Diseases) ICD-10-CM diagnosis code U07.1, the federal government added financial and legal pressure on clinicians to withhold care, because reimbursements, add-on payments and liability protections were only made available to providers using the "go home and get sicker" protocol, until patients returned to the hospital.

[37] https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap
[38] https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf

Once they were extremely sick and arrived at the hospital, they were admitted and classified as Covid-19 patients. Then they were forcibly[39] treated with inappropriate medications (primarily Remdesivir in the United States) and machines (ventilators) that worsened symptoms, because those were the only treatments authorized by the federal government for reimbursement and liability protections.

And then they died, triggering federal death benefit payments[40] to the hospitals and families[41].

At the same time, Lee noted, the emergency measures shut down other revenue streams for hospitals, cancelling diagnostic screenings, surgeries and treatments for non-Covid diseases. By stripping regional hospitals of non-Covid revenue, the federal government has made those hospitals and their medical staff more dependent on the federal funding that incentivizes medical neglect and death protocols.

> "So they have created the monstrosity that they then turn around and use as the justification for an emergency. It is diabolical and it's malevolent and people need to know it exists," she said.

Meanwhile, the US Food and Drug Administration (FDA) and complicit media demonized the early treatment protocols, repurposed medications and the doctors and nurses who were using them to restore suffering patients to full health.

This was done for two reasons: to maintain the fictional yet terrifying emergency narrative that legally-justified FDA emergency use authorization (EUA) for masking devices and mRNA/DNA injection funding and mandates; and to give Covid-19 itself time and space to kill as many people as possible without it appearing to be intentional medical homicide...

These federal protocols are still in place, and still killing people.

[39] https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
[40] https://fredbrownbill.wordpress.com/2021/12/26/bidens-bounty-on-your-life-hospitals-incentive-payments-for-covid-19-2/
[41] https://www.fema.gov/press-release/20210324/fema-help-pay-funeral-costs-covid-19-related-deaths

2008 - Merger of public health with law enforcement

Starting around September 2021, Lee, Callender, and other prominent leaders in the loose alliance of doctors and attorneys trying to ensure patient access to early treatments for Covid-19 began to get phone calls every day from alarmed family members of patients in hospitals and nursing homes around the United States who had been tagged on entry with ICD-10 codes triggering Covid-19 treatment protocols.

Family members reported that medical staff were withholding fluids, food and vitamins from their loved ones; refusing to administer antibiotics, corticosteroids and anticoagulants; restraining them, forcibly administering Remdesivir, and forcibly hooking them up to ventilators.

Hospital and nursing home administrators were also blocking family members from visiting patients, denying power of attorney, refusing to allow visits from priests, pastors and rabbis, and refusing to allow patients to leave the facilities.

A few weeks later, news emerged that Maryland National Guard soldiers and Federal Emergency Management Agency staff were distributing Remdesivir in nursing homes. The soldiers were sent into the nursing homes after hospital and nursing home staff who refused to take mRNA and DNA injections were fired, leading to staffing shortages, capacity overloads, and transfers of patients.

Callender emphasized that starvation and battery are criminal acts, but explained that when families called local police for help for their loved ones trying to escape the facilities, police officers generally refused to get involved. In some cases, they arrested the family members who were trying to protect the patients from abuse.

Callender described the situation as “murder for hire in the hospitals,” adding “everyone is worried about FEMA camps. They already exist. They're called hospitals...Hospitals are now part of the law enforcement system.”

Through whistleblowers and research, Callender has since learned that in 2007, the US Department of Justice Bureau of Justice Assistance and the CDC convened a working group to merge public health and law enforcement systems. The result was a 2008 document called "A framework for improving cross-sector coordination for emergency preparedness and response: Action Steps for Public Health, Law Enforcement, the Judiciary, and Corrections"[42] which:

> “improved cross-sectoral and cross-jurisdictional collaboration and crafted two other tools: a model Memorandum of Understanding (MOU) for joint investigations of bioterrorism, and a guide for developing MOUs for strengthening coordinated, multi-sector responses to influenza pandemics and other infectious disease threats.”

The 2008 plan, combined with frontline reports from distraught families and their own medical and legal work, provided Callender and others with initial answers to the question: “How does the global control paradigm translate from international through national down to the individual?”

[42] https://intersector.com/resource/framework-improving-cross-sector-coordination-emergency-preparedness-response/

Arizona case study

What they found in Cochise County, Arizona and other local jurisdictions, were intergovernmental agreements (IGAs) linking federal funding to declared public health emergencies to require states and counties to establish quarantine facilities and procedures for involuntarily moving people to detention in nursing homes, hospitals or other purpose-built structures, on the basis of government-alleged infection with a quarantinable communicable disease.

State of emergency declarations are a linchpin.

Most emergency orders at the national, state and local level are temporary and have built-in expiration dates, although the main PHEIC declaration issued by the WHO General-Director on Jan. 30, 2020 apparently does not.

The goal of The Owners, Callender said, is to make sure that emergency executive powers are not temporary, but are permanent.

The process is currently underway in Arizona. Under Arizona law, Callender said, the governor can petition a House member and a Senate member asking the legislature to convert the temporary emergency powers to permanent emergency powers.

The legal document submitted by the Governor to the legislators is called a report, Callender said, and it's based on an assertion by the Arizona public health department that the Covid-19 emergency itself is permanent.

By late January 2022, when the Callender interview was recorded, a letter had already been submitted by a group claiming to represent 1,200 concerned doctors, advocating that the legislature grant the Governor permanent emergency powers that eliminate the constitutional and human rights held by the people of Arizona.

Callender linked the Arizona government acts to the Jan. 13, 2022 US Supreme Court ruling in *Biden v. Missouri*, regarding the federal government's authority, through the Department of Health and Human Services Centers for Medicare and Medicaid (CMS) financial control of hospital funding, to mandate hospital employees' submission to unwanted mRNA and DNA injections.

Callender pointed out that the Supreme Court did not review or rule on the significance of the pharmaceutical products' investigational, experimental, EUA, or gene-modifying medical device status.

The court only addressed the relationship between federal funding for hospitals and nursing homes, and the human rights and bodily integrity of employees at federally-funded facilities, and determined that CMS funding is a legal basis for compulsory, invasive, experimental medical treatments.

Linking the *Biden v. Missouri* Supreme Court ruling, to the 2008 DOJ/CDC document merging public health and law enforcement, to the Cochise County intergovernmental agreements, to the Arizona state government converting the Covid-19 emergency from temporary to permanent, to the US Secretary of Health and Human Services' regulatory and statutory powers to track and trace people through PCR and other testing, to genetic identification catalogs, Callender concluded that it's legally straightforward for a public health official to allege that any individual citizen was in the same room as a person with an allegedly communicable disease, and can therefore be forcibly — and *legally* — removed by local law enforcement officers from their home or workplace to the local hospital.

Once in the hospital, that individual can be tagged with the ICD-10 diagnostic code triggering Covid-19 treatment protocols forcibly administered.

> "What they want to do is not have anybody interrupt their command and control. Once you're in the public health system, you're in the kill box," Callender said. "All rights are suspended in matters of public health. That's what we can take away from this."

Pennsylvania case study; how the IHR voids constitutional and statutory law and underpins public health martial law.

1978 Emergency Management Services (EMS) Code

On March 6, 2020, Pennsylvania Governor Tom Wolf (D) and Secretary of Health Rachel Levine declared a statewide state of emergency under the 1978 Emergency Management Services (EMS) Code, 35 Pa.C.S. §§ 7101 et seq.

The EMS Code was adopted by the General Assembly in 1978 in response to floods and the Three Mile Island nuclear incident.

The EMS Code delegated power from the legislature to the Governor, allowing the Governor to make emergency declarations lasting up to 90 days, renewable by gubernatorial order thereafter.

Governor Wolf renewed his original proclamation for another 90 days on June 3, 2020, and several times thereafter.

1955 Disease Prevention and Control Law

Governor Wolf and Secretary Levine primarily cited the 1978 EMS Code, and secondarily cited the 1955 Disease Prevention and Control Law, 35 P.S.A. Section 521.1 *et seq*.

By leaning on the 1978 law more than the 1955 law, they sidestepped requirements of the 1955 disease prevention law that limit the government's power to isolate only *individual* infected persons or animals, and limit the government's power to quarantine only "persons or animals who have been exposed to a communicable disease."

Further, the 1955 law limited the Health Secretary's power to quarantine people only for "a period of time equal to the longest usual incubation period of the disease."

By citing the 1978 EMS Code as their primary legal authority, Wolf and Levine managed the disaster not as a human health matter affecting millions of morally-autonomous and individually-subjective humans, but as a geographical contamination matter affecting objectified meat-sacks.

And they were able to indefinitely extend the length of time for stay-at-home, school/business/church closures and occupancy limits from 14 days (Covid-19 incubation period as it was understood in the early days of the outbreak).

That's how they could legally turning "two weeks to flatten the curve" into two years to flatten Pennsylvania's people, schools, businesses and churches.

Governor Wolf and Secretary Levine basically created a statewide disaster zone that included every individual person's physical body, every private home and businesses, and every public facility, as if all were objects presumptively under state control and contaminated by a virus, in the same way an area of land or water might be presumptively contaminated by radioactive particles in a nuclear disaster.

Power, checks and balances: executive v. legislative; court-arbitrated; partisan

Under the terms of the 1978 Emergency Management Services Code, the state of emergency could be terminated either by the Governor, or by both houses of the Pennsylvania General Assembly adopting concurrent resolutions.

However, when the Republican-majority General Assembly attempted to modify the terms of Governor Wolf's orders through concurrent legislation in Spring 2020, and eventually tried to terminate the emergency declaration through a concurrent resolution, Governor Wolf and Secretary Levine simply ignored the legislation and continued enforcing the executive orders.

The conflict made its way to the Pennsylvania Supreme Court in the *Wolf v. Scarnati* case, 104 MM 2020, which was decided in Wolf's favor on July 1, 2020.

The partisan Democrat judges ruled that concurrent resolutions (outside of three exceptions interpreted narrowly to exclude terminating emergency declarations) must be presented to the Governor's for approval or veto. The Governor, of course, would not approve a resolution bringing his extraordinary emergency powers to an end.

This prompted the Republican General Assembly to pass — in two consecutive sessions — resolutions placing a Constitutional amendment on the May 2021 ballot, so that Pennsylvania citizens could amend the state constitution to empower the General Assembly to terminate gubernatorial emergency declarations without presenting the measure to the governor for approval or veto.

Pennsylvania voters approved the constitutional amendment in May 2021 and the Republican General Assembly adopted joint resolutions on June 10, 2021, bringing the Pennsylvania state of emergency to a close.

Sort of.

Despite the legislature stripping Governor Wolf and his administration of the emergency powers they had assumed in March 2020, the Pennsylvania Acting Secretary of Health continued — after June 2021 — to promulgate and enforce unlawful orders including mask mandates, especially targeting schoolchildren attending Pennsylvania public schools.

The Acting Secretary of Health did so under a proposed, novel legal theory that the appointed health secretary's executive powers may be exercised independent of the Pennsylvania and US Constitutions, the citizens of Pennsylvania, the elected Pennsylvania legislature and the elected Pennsylvania governor.

The Secretary of Health's claim to unchecked power became the subject of state court cases, including Corman v. Acting Secretary of Pennsylvania Department of Health[43].

In their Sept. 3, 2021 petition, the *Corman* case parents argued that the Secretary of Health does not have "statutory or regulatory authority to mandate the wearing of face coverings by teachers, children, students, staff, or visitors working, attending, or visiting a School Entity."

That legal fight was argued in front of the Commonwealth Court (294 MD 2021, oral arguments Oct. 20, 2021) and the mask mandate was ruled "void from the beginning." Short summary of Nov. 10 Commonwealth Court ruling by Sullivan-Simon[44].

Governor Wolf appealed the decision, to the Pennsylvania Supreme Court, where appeal was denied on Dec. 10, 2021, thus upholding the Commonwealth Court ruling. 83 MAP 2021 case documents[45].

The court found the Health Secretary's purported orders void, but only on procedural and regulatory grounds: failure to follow legislatively prescribed public notice procedures.

The Pennsylvania judges did not review, address or remedy the governmental stripping of citizens' constitutional, civil and human rights by unilateral edict, without evidentiary fact-finding and without due process.

The Pennsylvania Secretary of Education immediately (Dec. 10, 2021) claimed in an email to school districts that the Department of Education and the school boards governing each school district possesses authority — independent of citizens, Constitution, Governor, General Assembly and Secretary of Health — to mandate that schoolchildren wear masks to attend public schools.

School boards and municipalities across Pennsylvania have continued to impose and enforce the mandates, using non-statutory, unconstitutional CDC/HHS guidance as their only remaining rationale.

That issue is now the subject of additional litigation brought Feb. 8, 2022 by parents against the Pennsylvania Secretary of Education and school districts that have retained masking orders (49 MD 2022).

[43] https://s3.documentcloud.org/documents/21055360/9321-petition-for-review-filed.pdf
[44] https://sullivansimon.com/corman-v-acting-secy-of-the-pa-dept-of-health/
[45] https://www.pacourts.us/news-and-statistics/cases-of-public-interest/jacob-doyle-corman-iii-et-al-v-acting-secretary-of-the-pennsylvania-department-of-health

Federal law in Pennsylvania; US District Judge tries to uphold constitutional liberties; Third Circuit evades the issue.

On Feb. 4, 2022, the National File[46] reported that Pennsylvania Lieutenant Governor candidate Teddy Daniels plans to arrest government officials who impose mandates, if Daniels is elected.

After reading the National File article, I did some research to update myself about what happened to the federal Butler v. Wolf[47] case (2:20-cv-677), filed by Butler County and several small business plaintiffs on May 7, 2020.

The plaintiffs argued that the business, government, school and church closures and occupancy limits imposed unilaterally by Governor Wolf, among other Covid-19 emergency measures, were unconstitutional government infringements on the rights of the people.

US District Court Judge William Stickman IV agreed, and attempted to overturn Gov. Wolf's emergency lockdown orders on constitutional and civil liberties grounds, in a well-written opinion and order filed on Sept. 14, 2020[48].

Judge Stickman's order was immediately stayed by the Third Circuit Court of Appeals, following an appeal by Governor Wolf, leaving the lockdown orders in force.

That Third Circuit stay of Stickman's order overturning Wolf's orders — and Governor Wolf's repeated extension of the state of emergency[49] — helped drive the constitutional amendment proposed by the Pennsylvania legislature, which was put on the ballot in May 2021, approved by voters[50], and cleared the path for the Pennsylvania legislature to end the Covid-19 'state of emergency' in the Commonwealth, which the legislature did in June 2021[51], as noted in the previous section about Pennsylvania state law conflicts.

In August 2021, the Third Circuit Court of Appeals dismissed the *Butler v. Wolf* appeal as moot, taking Wolf at his word that the Secretary of Health would not reimpose draconian mandates, but not ruling that such mandates would be unconstitutional.

[46] https://nationalfile.com/teddy-daniels-vows-arrest-government-officials-enforce-unconstitutional-mandates/
[47] https://bailiwicknews.substack.com/p/butler-v-wolf
[48] https://renzlaw.files.wordpress.com/2020/09/pa-butler-v.-wolf1.pdf
[49] https://bailiwicknews.substack.com/p/liberty-v-tyranny-pennsylvania-edition
[50] https://bailiwicknews.substack.com/p/hooray
[51] https://bailiwicknews.substack.com/p/pennsylvania-house-and-senate-have

PennRecord reported on that August 2021 Third Circuit ruling[52], quoting Judge Kent Jordan:

> "The Governor's emergency powers have been reduced and the immediate sense of emergency has abated to a large degree, but both in reported public statements and in argument before us, the Wolf administration maintains that dissolving the disaster emergency does not affect a health secretary's disease-prevention authority to issue mask-wearing and stay-at-home orders or shut down schools and nonessential businesses. Whether that position is legally sound is not before us and I make no comment on it.
>
> The point is that the defendants-appellants in this case – Gov. Wolf and the Commonwealth's Secretary of Health – have taken that position, so the possibility of future executive orders of the type challenged here is not fanciful.
>
> But such orders would have to be just that – in the future – because it is undisputed that the challenged orders have all expired, and a legal remedy aimed at those particular orders is, by definition, impossible."

The *Butler v. Wolf* plaintiffs (counties and business owners) then appealed the Third Circuit ruling to the US Supreme Court, which refused to hear the case. That was reported Jan. 11, 2022 by Max Mitchell in the Legal Intelligencer[53], although the story is behind a paywall so I can't read it in full.

[52] https://pennrecord.com/stories/606545317-third-circuit-vacates-federal-court-s-ruling-and-declares-suit-over-legality-of-wolf-s-covid-19-measures-is-moot

[53] https://www.law.com/thelegalintelligencer/2022/01/11/scotus-rejects-appeal-over-constitutionality-of-pa-s-covid-closures/

Pennsylvania case study through broader lens

This means that the Pennsylvania Secretary of Health can — as of this moment — reinstate any health-related orders at any time, on any pretext, regardless of the Pennsylvania legislature's removal of the Governor's executive power, and without citizen recourse to constitutional liberty protections such as court review.

The Pennsylvania Secretary of Health currently has more power than the citizens of Pennsylvania, the Governor, all of the legislators and all of the judges.

This aligns with what Attorney Todd Callender has been reporting.

So long as a WHO-declared public health emergency of international concern (PHEIC) is in effect, nation-states who have signed on to the International Health Regulations (including 2005 amendments) are legally obligated — presumably under penalty of losing access to the privately-owned Bank for International Settlements financial transaction systems — to suspend and violate the God-given constitutional, civil and human rights of their people, void their constitutions and charters, void their statutory protections, and suspend court review of human rights-based claims.

State and county public health authorities, led by the US Secretary of Health and Human Development, currently have complete legal control of the physical bodies of all the human beings within their jurisdictions.

And that federal HHS Secretary delegation of power to state health secretaries and county health departments can and is being backed by county law enforcement personnel.

In other words, we are all already living under executive-imposed public health martial law.

So long as the United States remains a member of the World Health Organization and a signatory to the International Health Regulations, federal, state and county legislatures and courts are powerless to check or remove the public health officials' power of indefinite, pretextual arrest and detention of any citizen alleged to have asymptomatic colds...

March 17, 2022 - On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.

Several independent reporters have been writing in recent weeks about the new round of negotiations the World Health Organization and European Union are organizing, aimed at drafting and adopting new pandemic treaty terms. I've written about it a few times too.

Daniel Horowitz published a piece today: Stop the pandemic treaty and global health fascism before it's too late.[54]

It's a good report, except that my understanding is, the pandemic treaty is already in place.

It's the WHO International Health Regulations, as of 2005 amendments,[55] and it's the legal framework that made the last two years of government overreach possible in all the countries that mounted coordinated "mitigations" to extinguish human social and economic lives and liberties.

The latest round of negotiations is just that: the latest round.

It's intended to *expand and strengthen* the reach of the 2005 IHR that is already in force and currently supersedes federal and state constitutions, charters, legislatures and courts.

Most likely, the globalist framers of the IHR update aim to make the surveillance and behavioral control mechanisms invoked for Covid-19 as an epidemiological emergency, applicable to any and all *other* international emergencies as dictated by the World Health Organization. Things like wars, food and fuel supply crises, currency collapses and sustained, widespread Internet outages.

To repeat: a global "pandemic treaty" has been in force since 2007, when the 2005 WHO IHR amendments entered into force; the United States is a member-state of WHO and an IHR signatory.

It's a global version of the preemption doctrine[56] that has helped the federal and state governments in America tie the hands of local governments and ordinary citizens for more than two centuries, since *Dartmouth College v. Woodward* in 1819.

The American regulatory implementation tools to execute the WHO's governance of the United States have been in place domestically since 2017, when the US Department of Health and Human Services adopted implementing regulations laying out surveillance, quarantine and other "emergency" public health-related powers that would kick in *automatically and silently* when and if the WHO Director-General declared a "public health emergency of international concern." (PHEIC).

The mechanism for that automatic, silent power transfer lies in 42 CFR 70 — US Domestic Interstate Quarantine Regulations and many related statutes and regulations.

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[54] https://www.theblaze.com/op-ed/horowitz-stop-the-pandemic-treaty-and-global-health-fascism-before-its-too-late
[55] https://www.who.int/publications/i/item/9789241580496
[56] https://bailiwicknewsarchives.files.wordpress.com/2020/09/9.3.19-bailiwick-news.pdf

Through those statutes and regulations, the appointed Secretary of Health and Human Services has been legally empowered to seize and unilaterally exercise the governing authority formerly held by the President, Congress and federal courts.

The Secretary of Health and Human Services, in that scenario, acts on behalf of World Health Organization technocrats, *not* on behalf of American citizens, and *not* bound by the US Constitution.

WHO Director-General Tedros declared a PHEIC on Jan. 30, 2020.[57]

The declaration is still in effect, despite the temporary purported "rollbacks" in various smaller jurisdictions such as states, counties, municipalities and school districts.

In other words, America is already under stealth occupation by the World Health Organization.

Psychological and economic coercion have been enough to maintain the WHO's grip on power up to this point, but kinetic armed force and involuntary detention are already authorized by the IHR and 42 CFR 70, to be delegated to local law enforcement whenever the Secretary of Health and Human Services gives the green light. Which he or she can do unilaterally, right now, without Presidential, Congressional or judicial review or ratification.

Implementing regulations at the state and county level are already in place in many jurisdictions. They're based on the Model State Emergency Health Powers Act[58] (MSEHPA) which was drafted in 2001 under the pretext of addressing "bioterrorism" in the wake of the 9/11 attacks, by the Center for Law and the Public's Health at Georgetown and Johns Hopkins University, at the request of the Centers for Disease Control and Prevention. The CDC is a division of the Department of Health and Human Services.

By 2006, Arizona, Florida, Georgia, Hawaii, Maine, Maryland, Minnesota, Missouri, New Hampshire, New Mexico, South Dakota, Tennessee, Utah, and Virginia had adopted state-level versions of the MSEHPA.

Since at least August 2021, Arizona and several other states have been adopting "intergovernmental agreements" and "memoranda of understanding" between state agencies and county-level administrators (for example, Cochise County, AZ[59]). These IGAs condition state passthrough of federal Covid funding on county-level mergers of law enforcement and public health functions, and full compliance with current and future CDC/HHS directives...

[57] https://www.euro.who.int/en/health-topics/health-emergencies/international-health-regulations/news/news/2020/2/2019-ncov-outbreak-is-an-emergency-of-international-concern
[58] https://pubmed.ncbi.nlm.nih.gov/12150674/
[59] https://twpundit.com/2022/01/21/twp-exclusive-warning-the-federal-government-is-stealing-our-freedom-by-circumventing-state-legislatures-opinion/

Further preparations for armed enforcement of public health directives have been made through reports and training programs jointly organized by the US Department of Justice and the CDC/HHS. See, for example, the 2006 report The Role of Law Enforcement in Public Health Emergencies,[60] which covers "The Role of Law Enforcement in Mass Vaccination and Preventive Measures;" "Law Enforcement's Role During Voluntary Restrictions," and "Law Enforcement's Role During Involuntary Restrictions, Including Quarantine" at pp. 18-20. See also the 2008 report: A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response. Action Steps for Public Health, Law Enforcement, the Judiciary and Corrections.[61]

Some of our political, media and tech leaders probably know all this, and don't talk about it. Many probably don't even know. And it certainly hasn't been announced to the citizenry at large.

The WHO IHR and 42 CFR 70 are some of the legal reasons why US federal courts have not and will not even review, much less overturn pandemic mitigation measures on constitutional or civil liberties grounds, but will only play around the edges on limited, procedural grounds.

To repeat the point: the latest round of negotiations that started in late 2021 is intended to draft a new version that expands and strengthens the already-existing, massive powers of the WHO to usurp national sovereignty under PHEIC pretexts.

I agree with Horowitz and the many other voices calling for the United States and other national governments, acting within their extremely limited current powers, to refuse participation in the latest negotiating round as it moves forward.

But the United States government also needs to withdraw our country from the World Health Organization completely, a one-year process President Trump initiated in July 2020,[62] and President Biden reversed in January 2021[63] as one of his first executive acts.

[60] https://www.ojp.gov/library/publications/role-law-enforcement-public-health-emergencies-special-considerations-all
[61] https://www.cdc.gov/phlp/docs/CDC_BJA_Framework.pdf
[62] https://edition.cnn.com/2020/07/07/politics/us-withdrawing-world-health-organization/index.html
[63] https://www.usatoday.com/story/news/health/2021/01/22/scientists-applaud-biden-decision-rejoin-world-health-organization/4243377001/

March 21, 2022 - Legal Walls of the Covid-19 Kill Box, Short Version

Excerpts

...United States constitutional, civil, and criminal laws have been automatically and secretly preempted by the one-two-three punch of:

1. World Health Organization's International Health Regulations of 2005, entered into force June 15, 2007;

2. US Health and Human Services revisions to 42 CFR 70 regarding public health powers in an "emergency," which subordinate federal government to HHS acting as an agent of WHO, entered into force Feb. 17, 2017; and

3. Jan. 30, 2020 WHO Director-General declaration of "public health emergency of international concern."

The constitutions and charters have been legally suspended since Jan. 30, 2020, but most populations don't realize that yet, because their official leadership (presidents, governors, lawmakers and judges) don't know themselves, or know and aren't saying so.

If the US Constitution and American laws and courts have been privately preempted, they need to be publicly re-established.

A short, bullet-point version of the long-read Legal Walls of the Covid-19 Kill Box, which was posted Feb. 26, 2022...

- 2001 - Model State Emergency Health Powers Act (MSEHPA), drafted in 2001 under the pretext of addressing bioterrorism in the wake of the 9/11 attacks, by the Center for Law and the Public's Health at Georgetown and Johns Hopkins University, at the request of the US Health and Human Services Department Centers for Disease Control and Prevention (CDC). According to National Vaccine Information Center, the MSEHPA authorizes "state health officials to use the state militia to: take control of all roads leading into and out of cities and states; seize homes, cars, telephones, computers, food, fuel, clothing, firearms and alcoholic beverages for their own use (and not be held liable if these actions result in the destruction of personal property); arrest, imprison and forcibly examine, vaccinate and medicate citizens without consent (and not be held liable if these actions result in your death or injury)." Versions of the MSEHPA were subsequently passed by several state legislatures...

- 2003 - SARS outbreak declared by World Health Organization (March 15) leads to US President George W. Bush signing Executive Order (April 4) adding "Severe Acute Respiratory Syndrome"...to the list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and the US Constitution, and legally eviscerate Congress, state governments and American courts. SARS-2003 was the first test run of the global 'public health'-based population-control framework: acclimating populations to worldwide propaganda, behavior modification and public interference in private doctor-patient relationships.

- 2005 - US President George W. Bush signs Executive Order adding "influenza," to list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and the US Constitution and legally eviscerate Congress, state governments and American courts.

- 2005 - World Health Organization opens signing period for revisions to International Health Regulations, adding much stronger global surveillance, behavioral control, travel restriction, and detention powers to prior versions...

- 2006 - MSEHPA state laws had been adopted by Arizona, Florida, Georgia, Hawaii, Maine, Maryland, Minnesota, Missouri, New Hampshire, New Mexico, South Dakota, Tennessee, Utah, and Virginia by 2006. More states have adopted the laws since then.

- 2007 - World Health Organization...World Health Assembly... revised, strengthened International Health Regulations...enter into legal force. IHR requires participating nation-states to adopt implementing statutes and regulations.

- 2007 - US Department of Justice and US Centers for Disease Control jointly launch working group to merge public health systems and law enforcement systems in the event of communicable disease outbreaks and other public health crises. The resulting 2008 report *A framework for improving cross-sector coordination for emergency preparedness and response: Action Steps for Public Health, Law Enforcement, the Judiciary and Corrections* further implemented the Model State Emergency Health Powers Act drafted by Johns Hopkins at CDC's direction.

- 2009 - World Health Organization declares H1N1 'swine flu' an international pandemic. H1N1 was the second test run of the legal framework, further acclimating populations to worldwide propaganda, behavior modification, public interference in private doctor-patient relationship, and adding heavy-handed rapid-deployment 'vaccination' campaigns...

- 2014 - US President Barack Obama signs Executive Order adding suspected but non-clinical/asymptomatic SARS...to the list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and US Constitution, and legally eviscerate Congress, state governments and American courts...

- 2017 - US Health and Human Services Department...adopts major revisions to 42 CFR 70, in compliance with 2005 World Health Organization IHR, expanding public health and law enforcement officials' powers to revoke civil liberties and US and state constitutions in the event of a WHO-declared "public health emergency of international concern," automatically subordinating American government to WHO and making US-HHS and US Department of Justice function as agents of World Health Organization with no constitutional or statutory restrictions on their power.

Congress and state legislatures have been reduced to rubber-stamp funding measures (i.e. CARES Act) drafted and then used for behavioral-control testing, masking and isolation programs; to force hospital and nursing home administrators, doctors and nurses to withhold effective treatments from mildly sick people, on pain of job loss and sequelae; and to forcibly implement death protocols: Remdesivir and ventilators on extremely sick patients, and universal mRNA/DNA injections on healthy people.

...[C]onstitutional, civil and criminal cases have been blocked — by the American government and American judges — from moving to discovery, trial and adjudication.

In other words, since Jan. 30, 2020, in the United States and most other countries, government murder of citizens (democide) has been legalized.

And self-preservation and lifesaving of others have been criminalized.

At some point, it will become clear to a wider segment of the American population that for more than two years now, we've already been ruled over by a global organized crime syndicate. Law enforcement and courts are not going to save us. We have to understand that reality, and we have to respond to it.

May 11, 2022 - On the relationship between the World Health Organization and the US government.

Jeff Childers posted[64] today, mentioning US-proposed amendments to the World Health Organization International Health Regulations of 2005 and the global grassroots campaign[65] to stop the amendments, to protect US sovereignty.

> As many of you know, the U.S. and the World Health Organization, which President Trump tried to de-fund, are all set to sign a revised agreement in two weeks that observers say will give the global health agency sovereign control over US citizens in cases of emergency. And the WHO gets to declare the emergencies.
>
> I've held off writing about this developing story because it isn't clear to me what can be done to stop the revised agreement from being signed. It appears that the Biden Administration needs no further authorization from Congress in order to move forward. It appears we went off the rails back when the original agreement was authorized. I predict we'll need lawsuits attacking the agreement. Lots of them.

As I've written a few times already, I think US sovereignty is already gone, by the transitive power of public health emergency.

WHO declares a public health emergency of international concern. Then US Health and Human Services Secretary declares a public health emergency in US. This is what happened Jan. 30[66] and Jan. 31, 2020[67].
Theoretically, US-HHS secretary could declare the public health emergency over and restore the primacy of the US constitution. This is how HHS responded to commenters concerned about sovereignty issues, in a Jan. 19, 2017 Federal Register final rule-making[68].

In practice, though, I think the US-HHS is at the center of the global public health police state apparatus, and is coordinating the extension of the emergency indefinitely, because the US has an extremely well-developed domestic public-health-based police state set up in the domestic statutes and regulations.

For example, HHS already has the power, through a combination of Congressional statutes, implementing regulations and Presidential executive orders, to order local law enforcement officers and federal military officers to arrest and involuntarily, indefinitely detain American citizens on the sole basis of HHS claiming people are asymptomatic carriers of SARS. *See* 42 USC 264b[69], 42 CFR 70.6[70], and President Obama's July 31, 2014 Executive Order 13674[71].

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[64] https://www.coffeeandcovid.com/p/-coffee-and-covid-wednesday-may-11?s=r
[65] https://jamesroguski.substack.com/p/wake-up-and-smell-the-burning-of?s=r
[66] https://www.euro.who.int/en/health-topics/health-emergencies/international-health-regulations/news/news/2020/2/2019-ncov-outbreak-is-an-emergency-of-international-concern
[67] https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx
[68] https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf
[69] https://uscode.house.gov/view.xhtml?req=granuleid:USC-2012-title42-section264&num=0&edition=2012
[70] https://www.law.cornell.edu/cfr/text/42/70.6
[71] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2014-executive-order-obama.pdf

In other words, HHS is the American branch of the WHO, and already has a higher allegiance to the WHO Constitution than the US Constitution, even before the US-proposed (Jan. 18, 2022) amendments[72] to the 2005 International Health Regulations[73] get passed and/or WHO members adopt a new "pandemic treaty"[74] to supplement the sovereignty-stripping provisions of the existing 2005 IHR, which are, if I understand correctly, two separate proposals currently on the WHO table at the World Health Assembly.

Trump seemed to understand this, evidenced by his attempt to withdraw the US from WHO back in July 2020[75] and withdrawal of US funding, but Biden reversed Trump's decisions and reinstated funding as one of his first executive acts after inauguration in January 2021[76].

I've done two long reports on these issues so far, and write smaller updates as I find additional evidence of the treason committed by Congress, US presidents and US-HHS secretaries to void the US constitution and subject US citizens — on paper at least — to WHO control.

The first long report is an overview of relevant international agreements, US presidential executive orders, US statutes, US judicial decisions and US agency regulations: Legal Walls of the Covid-19 Kill Box[77]

The second one is focused on American statutes and regulations: American Domestic Bioterrorism Program[78]

The more I've learned, the more I think the most fruitful legal strategy will be for a group of US attorneys, backed by a grassroots citizen movement, to prosecute members of Congress, presidents and HHS secretaries for treason[79] (18 USC 2381) based on the actions they've already taken — amply supported in the public record — to subordinate the US Constitution and the US government to the WHO, endangering the God-given lives and freedoms of Americans.

I think other legal challenges have been preemptively blocked.

[72] https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_18-en.pdf#page=4
[73] https://www.who.int/publications/i/item/9789241580496
[74] https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response
[75] https://www.cbsnews.com/news/trump-who-world-health-organization-us-notice-of-withdrawal/
[76] https://apnews.com/article/us-who-support-006ed181e016afa55d4cea30af236227
[77] https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill
[78] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[79] https://www.law.cornell.edu/uscode/text/18/2381

May 21, 2022 - On the federal government's plan to use force against American civilians.

Comment on a post by Attorney Tom Renz: Biden, Obama, Clinton and the WHO, Treason and Sedition?[80]

Renz wrote:

> "A lot of people want to know why Biden, Clinton, Obama, etc. have not been credibly charged with treason, sedition, etc. The reason is that the law requires that the conspiracy or action include the use of, or plan to use force."

They do have a plan to use force. It's hidden in the public health statutory and regulatory frameworks and developed alongside the merger of the public health system (HHS/CDC) with the military and law enforcement system (DOD, DOJ, DHS).

Six of the main pillars:

- 42 USC 264 (1944, amended 2002) - Authorizes HHS to apprehend and detain civilians on communicable disease pretexts for diseases listed on Presidential executive orders; directs HHS to set up regulations and procedures.
- 42 CFR 70.6 (amended 2017) - Implementing procedures for HHS-directed apprehension and indefinite detention of civilians for communicable diseases on list authorized by president via Executive Order.
- Executive Order 13674 (2014) - Authorizes HHS exercise of civilian apprehension and indefinite detention power, on basis of suspected asymptomatic SARS-like respiratory illness.
- 10 USC 881 (2012 NDAA) - Authorizes President to order military arrest and detention of US civilians under global war on terror 2001 AUMF.
- 10 USC 382 (2016 NDAA) - Authorizes DOD to suspend Posse Comitatus Act at the direction of DOJ in response to biological threats identified by HHS (DHS Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans at p. 70)
- 42 CFR 73.3 amendment (11/17/2021) - HHS Interim Final Rule amending regulation on Possession, Use, and Transfer of Select Agents and Toxin, to add "SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors" to the list of "select agents and toxins [that] "have the potential to pose a severe threat to public health and safety."

[80] https://tomrenz.substack.com/p/biden-obama-clinton-and-treason-or

July 23, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?

Reader question:

> I was looking at your Covid 19 kill box article and am still wondering: how is it that local law enforcement knows to deny people their rights (in hospitals), and why are so many officers complying? The implication is that many people in local power, and some in congress, don't know what's going on. I'm puzzled that so many in local law enforcement would know, and how they would know it.

My reply, slightly expanded:

More digging needed on that to find the line-by-line sources of the legal authority and logistical programs, but there are a couple of places to start, some mentioned in the second half of this March 17, 2022 post: On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.[81]

One source is the HHS Centers for Medicare and Medicaid Services (CMS) waiver program:

- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers[82]

HHS put that waiver program in place very early — Spring 2020, with updates since then — to exempt health care providers from patient care standards and regulations that would legally apply in non-pandemic circumstances.

That's the source for things like stripping patients of their rights to have family members and pastors/rabbis visit them and advocate for them in the hospital or nursing home, which supports hospital demands that law enforcement officers remove family and pastors from the premises by force.

Removing family and pastoral caregivers, in turn, is how the hospitals can get away with the death protocols[83] of restraint, withheld water and nutrition, forcible administration of Remdesivir and forcible connection to ventilators under the ICD-10 codes.

A second piece is the merger of law enforcement and public health systems, and the training and planning programs put in place since about 2006.

This would need to be tracked down in each county or town/hospital system to find the dates and times, but I think the frameworks promulgated by HHS/CDC to the states and from there to the localities between 2006 and 2008 were used to run tabletop drills and train law enforcement officers to understand their role in a public health emergency as protecting the health care workers

[81] https://bailiwicknews.substack.com/p/on-the-world-health-organizations
[82] https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
[83] https://www.thedesertreview.com/opinion/columnists/hospital-death-camps-exposed/article_97776276-674f-11ec-85d0-f33f634331c8.html

and system from frightened or angry patients and patient family members, on the premise that the emergency will cause people to behave erratically and the law enforcement officers must protect system stability, not individual patient lives, rights to informed consent and rights to refuse offered medical treatment.

Some examples of those federal guidance documents are listed in the Covid-19 Kill Box post, and I have a few others on my hard drive.

- 2006 - Role of Law Enforcement in Public Health Emergencies: Special Considerations for an All-Hazards Approach[84]
- 2008 - A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response[85]

Third set of documents are the specific intergovernmental agreements or contracts that exist at the county level in many, but not all states.

I think the likelihood of IGAs being in place, depends somewhat on whether the state has adopted a version of the 2001 Model State Emergency Health Powers Act[86] put together by Johns Hopkins University and CDC:

> "The Model Act is structured to reflect 5 basic public health functions to be facilitated by law:
>
> (1) preparedness, comprehensive planning for a public health emergency;
> (2) surveillance, measures to detect and track public health emergencies;
> (3) management of property, ensuring adequate availability of vaccines, pharmaceuticals, and hospitals, as well as providing power to abate hazards to the public's health;
> (4) protection of persons, powers to compel vaccination, testing, treatment, isolation, and quarantine when clearly necessary; and
> (5) communication, providing clear and authoritative information to the public."

Many states have passed those MSEHPA laws, and even those that haven't passed them have had their state legislatures draft and debate them, so the state public health systems are well aware of the model and have thought through how to implement elements of it even without state laws in place.

[July 26, 2022 Note - Wayback Machine has a report from the Network for Public Health Law[87] with a table listing states with MSEHPA laws as of Feb. 2012. There's also a 2019 Seton Hall[88] report, citing to the same NPHL table, last accessed in Dec. 2018. The original link goes to Page Not Found[89].]

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[84] https://www.ojp.gov/pdffiles1/bja/214333.pdf
[85] https://www.cdc.gov/phlp/docs/CDC_BJA_Framework.pdf
[86] https://pubmed.ncbi.nlm.nih.gov/12150674/
[87] https://web.archive.org/web/20180722213558/https:/www.networkforphl.org/_asset/80p3y7/MSEHPA-States-Table-022812.pdf
[88] https://scholarship.shu.edu/cgi/viewcontent.cgi?article=2019&context=student_scholarship
[89] https://www.networkforphl.org/_asset/80p3y7/MSEHPA-States-Table-022812.pdf

Arizona's intergovernmental agreements are examples.

They explicitly tie federal HHS funding for the county and the county's public health systems, to the county's provision of data about county residents back to the federal agencies, and to the county's commitment to comply with directives already issued, or directives that may be issued in the future, by HHS.

- Jan. 2022 - Warning! The Federal Government is Stealing our Freedom by Circumventing State Legislatures[90]
- Arizona Department of Health Services Cochise County Intergovernmental Agreement Contract No. 055990[91]

It's those potential future directives that are the most evil: the quarantine orders authorizing law enforcement to domestically apprehend, detain and assault/trespass on the bodies of American individuals against their will, under 42 CFR 70.6[92] and related regulations.

HHS drafted a quarantine order as early as Feb. 2020 for international travelers.

- Department of Health and Human Services Centers for Disease Control and Prevention Order for Quarantine Under Section 361 of the Public Health Service Act, 42 Code of Federal Regulations Part 70 (Interstate) and Part 71 (Foreign)[93], Feb. 13, 2020 draft.

As far as I know, formal quarantine orders haven't yet been issued, not because HHS lacks the legal authority to do it, but because psychological, social and economic coercion have achieved the goals they wanted to achieve: broad cooperation with lockdown/isolation orders, mask orders, test orders and vaxx orders.

In other words, the US government biomedical police state hasn't needed to use armed force yet, because most Americans just complied without any form of resistance.

[June 2024 Note: CDC did issue quarantine orders in March 2020, detaining more than 3,000 passengers of the Diamond Princess and Grand Princess cruise ships at military bases including: Lackland Air Force Base (San Antonio TX), Marine Corps Air Station Miramar (San Diego CA), Travis Air Force Base (Fairfield CA) and Dobbins Air Reserve Base (Marietta, GA). Children's Health Defense recently obtained some of the orders and extensions through a Freedom of Information Act request and Sasha Latypova reported on the quarantine orders in 2024...]

[90] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.21-jenkins-dona-arizona-intergovernmental-agreements-igas.pdf
[91] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.08-arizona-cochise-iga-example.pdf
[92] https://www.law.cornell.edu/cfr/text/42/70.6
[93] https://www.cdc.gov/quarantine/pdf/Public-Health-Order_Generic_FINAL_02-13-2020-p.pdf

Oct. 5, 2022 - State-level Mini-Me government-run bioterrorism programs. Turning Point Initiative, Model State Emergency Health Powers Act and progeny.

Reader comment on yesterday's post:[94]

> Important info from Maria Zeee. She interviewed Todd Callender, a lawyer and advocate in the US, who is leading the fight here against medical tyranny. Rumble video[95] (1 hr) Callender explained that 47 states have legislation pending to use public health as a legal weapon to suspend our rights and to make it permanent. Public health is moving under Department of Defense.
>
> The NDAA of 2021 and 2022 explicitly say Use of Force is authorized; this is medical military martial law. Three states already have Turning Point legislation enacted: Florida, Washington, and Alaska. Called the "Turning Point Model Health Act," it seeks to make emergency health powers permanent and eliminate your constitutional rights.
>
> There is info and links on the video page, including links to the Military Medical Martial Law/Five Small Stones symposium[96] happening tomorrow, Oct 6, to get involved in fighting this.

My reply, edited and expanded

...It relates back to 9/11 and the DOD anthrax attacks on Congress that began a week later, which were used to scare Congress to pass the Authorization for Use of Military Force (still in effect today), the PATRIOT Act and more in the series of biomedical police state laws.[97]

Bailiwick covered these topics a little bit in March and July:

- On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.[98]
- Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?[99]

[94] https://bailiwicknews.substack.com/p/notes-for-state-attorneys-general
[95] https://rumble.com/v1lng91-todd-callendar-stopping-the-who-camps-and-medical-tyranny-with-targeted-str.html
[96] https://app.clouthub.com/#/meetingdetail/MMML
[97] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program#%C2%A7presidents-william-clinton-george-w-bush-barack-h-obama
[98] https://bailiwicknews.substack.com/p/on-the-world-health-organizations
[99] https://bailiwicknews.substack.com/p/why-do-local-law-enforcement-officers

In 2001, Johns Hopkins University, Georgetown University and the CDC put together a Model State Emergency Health Powers Act (MSEHPA), which they tried to get through all 50 of the state legislatures.

From the MSEHPA:[100]

> "The Model Act is structured to reflect 5 basic public health functions to be facilitated by law:
>
> (1) preparedness, comprehensive planning for a public health emergency;
>
> (2) surveillance, measures to detect and track public health emergencies;
>
> (3) management of property, ensuring adequate availability of vaccines, pharmaceuticals, and hospitals, as well as providing power to abate hazards to the public's health;
>
> (4) protection of persons, powers to compel vaccination, testing, treatment, isolation, and quarantine when clearly necessary; and
>
> (5) communication, providing clear and authoritative information to the public."

The globalist Predator-Parasites drafted and pushed the MSEHPA because they realized that the American Constitutional, federalist system (separation of powers between federal government and state governments) meant that the people of some states might put up obstacles to the centralized medical martial law system that Congress was establishing at the federal level in compliance with WHO IRH 2005.

Some states passed the MSEHPA, or components of it. Other state legislators balked.

I recently learned (last couple of weeks in an email thread) that the architects, working under the name Turning Point Initiative and Turning Point National Collaborative, funded by Robert Wood Johnson Foundation, went back to the drawing board and came up with a slightly watered down version: the Model State Public Health Act,[101] in 2003.

Presumably they planned to get the state legislatures to adopt the weaker version, and then incrementally strengthen it to bring it to the totalitarian level of the original MSEHPA and the federal PREP Act/Project BioShield framework.

Lots of states have passed components of the MSEHPA and the MSPHA between 2003 and now.

[100] https://pubmed.ncbi.nlm.nih.gov/12150674/
[101] https://journalofethics.ama-assn.org/article/turning-point-model-state-public-health-act-emergency-public-health-law-versus-civil-liberties/2010-09

The architects kept a tally of state laws for a while, which has since become hard to find online. Archive.org has a version of the table.[102] And I posted a PDF at Bailiwick's backup site.[103]

Screenshot of the first table page of the 10-page document, showing the provisions that had been passed by each state as of May 2012:

State	§104(m) Defines PHE or Like Term	§301 PHE Reporting	§401 PHE Declaration	§404(a)(1) Suspension of Laws	§502 Access/ Control of Facilities & Properties	§505 Control of Health Care Supplies	§603 Vaccination/ Treatment	§§ 604, 605 Isolation & Quarantine	§608 Licensing of HCWs	§804 Immunity for State/Private Actors
AK[1]		7 A.C.C. 27.005, 27.007			A.S. § 18.15.390(3)			A.S. § 18.15.385	A.S. § 18.15.390(12)[2]	
AL	A.C. § 31-9-3(4)		A.C. § 31-9-8(b)	A.C. § 31-9-6(1)[3]						
AR										
AZ	A.R.S. § 36-787(A)	A.R.S. § 36-783	A.R.S. § 36-787(A)			A.R.S. § 36-787(B)(2),(4)	A.R.S. § 36-787(C)(1)	A.R.S. § 36-788; A.R.S. § 36-789	A.R.S. § 36-787(A)(7)	A.R.S. § 36-790
CA										
CO										
CT	CT § 19a-131(8)		CT § 19a-131a			CT § 19a-70	CT § 19a-131e[4]	CT § 19a-131b	CT § 19a-131j	CT § 19a-131l[5]
DC	D.C. § 7-2301(3)		D.C. § 7-2304.01				D.C. § 7-133	D.C. § 7-133	D.C. § 7-2304.01(d)	D.C. § 7-401
DE	20 D.C. § 3132 (11); 16 D.A.C. 4202-1.0	16 D.C. § 130; 16 D.A.C. 4202-3.0	20 D.C. § 3115	D.C. § 3116(a)(2)		20 D.C. § 3133	20 D.C. § 3137	20 D.C. § 3136; 16 D.A.C. 4202-6.0	20 D.C. § 3140	20 D.C. § 3144
FL	F.S.A § 381.00315(1)(b)		F.S.A § 381.00315(1)(b)[6]			F.S.A § 381.00315(1)(b)(1)	F.S.A § 381.00315(1)(b)(4)	F.S.A § 381.00315(1)(b)(4)	F.S.A § 381.00315(1)(b)(3)	F.S.A § 768.13(2)(a)

In other words, there are Mini-Me versions of the federal bioterrorism and population control grid — including state laws to suspend constitutional rights and conflicting laws — in each American state. And there is now an aggressive, renewed push by the Predator-Parasites — under the Covid pretext — to get more provisions into place at the state level in all 50 states.

So in addition to getting Congress to repeal the federal laws as unconstitutional, state legislators need to repeal their own state-level Military Medical Martial Law statutes too. The predators have given us a handy guide (the table linked above, even if 10 years out of date) to help angry people track down the laws that need to be repealed in each state.

[102] https://web.archive.org/web/20180722213558/https:/www.networkforphl.org/_asset/80p3y7/MSEHPA-States-Table-022812.pdf
[103] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf

Nov. 3, 2022 - Is bodily trespass under medical pretexts constitutional? No.

Reader comment:

Did you ever include Alan Dershowitz who openly said that if a citizen does not volunteer to take any jab, the police can come into their home, drag them out and force them to take it?

- May 2020 - Alan Dershowitz says the state has every right to 'plunge a needle into your arm' and forcibly vaccinate its citizens.[104] Sarah Taylor writing at The Blaze
- May 2020 - Dershowitz says forced coronavirus vaccination could happen: 'Police power of the state is very considerable.'[105] Charles Creitz, writing at Fox News.

He also said the constitutionality of forced vaccinations "is settled."

> "....It is not a debatable issue constitutionally. Look, they have a right to draft you and put your life in danger to help the country. The police power of the state is very considerable."
>
> The famed law professor added that if the disease in question is not contagious — for example, cancer — a person can refuse treatment.
>
> He continued, "[But] If you refuse to be vaccinated [for a contagious disease], the state has the power to literally take you to a doctor's office and plunge a needle into your arm."
>
> "You have no right to refuse to be vaccinated against a contagious disease," Dershowitz added. "Public health, the police power of the Constitution, gives the state the power to compel that. And there are cases in the United States Supreme Court."
>
> "Police Power of the state is considerable"

When I first heard about this, I thought it was propaganda specifically geared to spook people into taking it (vs having it forced). Based on your work so far on this Substack, I understand [thanks to your research] the Public health "laws" (e.g. declaring public emergencies giving the state some extra powers to administer/make available untested substances). But was the dramatic "drag you into a doctors office and force it" for dramatic effect or was he actually citing something real?

104 https://www.theblaze.com/news/alan-dershowitz-government-may-force-vaccination

105 https://www.foxnews.com/media/alan-dershowitz-forced-coronavirus-vaccinations-are-constitutional

Some responses

- May 2020 - Jason Goodman, Dershowitz Is A Liar, A Coward, A Social Engineer & Wrong About Mandatory Vaccination For Covid-19[106]
- December 2020 - Jason Goodman, Alan Dershowitz Returns to Discuss Constitutional Questions About Mandatory Covid-19 Vaccination[107]

My reply, revised and expanded:

The police power to forcibly inject people or otherwise forcibly medically treat them is real, and also unconstitutional.

It's real, under pseudo-statutes including 42 USC 264.[108]

And pseudo-regulations pseudo-authorized by those statutes, including 42 CFR 70.6.[109]

- May 2022 - On the federal government's plan to use force against American civilians[110]
- July 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?[111]
- September 2022 - On why Biden's comment that 'the pandemic is over' doesn't lift the bioterrorist police state jackboot off our necks.[112]

Plus the states have mini-versions of these same unconstitutional pseudo-statutes and pseudo-regulations. Column 7 of this table[113] shows which states had "vaccination and treatment" provisions on the books as of 2012.

- October 2022 - State-level Mini-Me government-run bioterrorism programs[114]

The problem is the lack of federal and state judges who understand how executives, using legislatures, have attempted to strip courts of their Constitutional power to review statutes and regulations for Constitutionality, and have the will to defy those unconstitutional usurpations of power by the executives, from the legislative and judicial branches.

This is a useful October 2001 American Civil Liberties Union report on that topic written before the ACLU went insane with wokeness and Covid-fear.

106 https://odysee.com/@Crowdsourcethetruth:d/dershowitz-is-a-liar-a-coward-a-social:e

107 https://odysee.com/@Crowdsourcethetruth:d/alan-dershowitz-returns-to-discuss:0

108 https://www.law.cornell.edu/uscode/text/42/264

109 https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.6

110 https://bailiwicknews.substack.com/p/on-the-federal-governments-plan-to

111 https://bailiwicknews.substack.com/p/why-do-local-law-enforcement-officers

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

113 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf

114 https://bailiwicknews.substack.com/p/state-level-mini-me-government-run

October 2001 - Upsetting Checks and Balances: Congressional Hostility Toward the Courts in Times of Crisis.[115]

ACLU wrote it five years after Congress passed a set of court-stripping laws in 1996 — analyzed in the report — and published it a month after 9/11, as Congress was preparing to pass more court-stripping laws through the PATRIOT Act.

> The very purpose of the Bill of Rights was to withdraw certain subjects from the vicissitudes of political controversy, to place them beyond the reach of majorities and officials and to establish them as legal principles to be applied by courts. One's right to life, liberty, and property, to free speech, a free press, freedom of worship and assembly, and other fundamental rights may not be submitted to vote; they depend on the outcome of no elections.'
>
> These were the words of U.S. Supreme Court Justice Robert Jackson in West Virginia Board of Education v. Barnette. The case arose when a group of Jehovah's Witnesses challenged public school regulations requiring students to salute the U.S. flag. The government sought conformity. A minority in the community sought freedom of expression. The Court upheld the rights of the minority and thwarted the will of the majority.
>
> The Barnette case, and Justice Jackson's words, illustrate a vital principle in American life. While the nation's founders celebrated democracy, they also recognized that certain individual freedoms must never be placed at the mercy of shifting political majorities.
>
> They adopted a Constitution which sets certain individual liberties apart from majoritarian rule, and carved out for the federal judiciary a unique role in preserving these liberties.

*

There's a line of federal cases and treatises on the inalienable individual right to bodily integrity, including in medical contexts.

The line carries forward a centuries-old common law precedent which American state and federal courts have been busily and illegitimately ignoring, or reversing, under the Covid national emergency fraud scheme, since January 2020.

The current task is to get those state and federal judges back onto the path where they uphold rather than destroy Constitutional rule of law.

115 https://www.aclu.org/sites/default/files/FilesPDFs/ACF47C9.pdf

May 2022 - Supreme Court cases, Constitutional amendments, related state cases and treatises on individual liberty; security of person; bodily integrity and legal definition of human being.

Timeline excerpts:

1879 - Thomas Cooley, Treatise on the Law of Torts, or the wrongs which arise independent of contract. p. 29:

> "Personal immunity: The right to one's person may be said to be a right of complete immunity: to be let alone."

1890 - Thomas Cooley on Constitutional limitations, quoted in Russ v. Commonwealth, 60 A. 169 (Pa. 1905) and in Wolf v. Scarnati, 104 MM 2020,

> "The protection against unwise and oppressive legislation, within constitutional bounds, is by an appeal to the justice and patriotism of the representatives of the people. If this fail[s], the people in their sovereign capacity can correct the evil, but courts cannot assume their rights. The judiciary can only arrest the execution of a statute when it conflicts with the Constitution. It cannot run a race of opinions upon points of right, reason, and expediency with the lawmaking power...
>
> If the courts are not at liberty to declare statutes void because of their apparent injustice or impolicy, neither can they do so because they appear to the minds of the judges to violate fundamental principles of republican government, unless it should be found that these principles are placed beyond legislative encroachment by the Constitution." Russ v. Commonwealth, 60 A. 169, 173

1890/12/15 - The Right to Privacy, Louis Brandeis and Samuel Warren, 4 Harvard Law Review 193. Right to privacy of person, against warrantless search and seizure without due process.

1891 - Union Pacific Railroad Co. v. Botsford, 141 US 250, 251.

> "No right is held more sacred, or is more carefully guarded by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others."

1914 - Schloendoerff v. Society of New York Hospital, 211 NY 125, 129. NY Superior Court. Justice Benjamin Cardozo:

> "Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages. This is true except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained."

1934, Snyder v. Massachusetts, 291 US 97, 105.

> "Freedom from unwanted medical attention is unquestionably among those principles so rooted in the traditions and conscience of our people as to be ranked as fundamental."

1990/06/25 - Cruzan v. Missouri Department of Health, 497 US 261.

> “Held: The United States Constitution does not forbid Missouri to require that evidence of an incompetent's wishes as to the withdrawal of life-sustaining treatment be proved by clear and convincing evidence….(a) Most state courts have based a right to refuse treatment on the common law right to informed consent, see, e.g., In re Storar, 52 N.Y.2d 363, 438 N.Y.S.2d 266, 420 N.E.2d 64, or on both that right and a constitutional privacy right, see, e.g., Superintendent of Belchertown State School v. Saikewicz, 373 Mass. 728, 370 N.E.2d 417.”

Nov. 4, 2022 - Forced internment on communicable disease and public health emergency pretexts.

Reader commented on yesterday's post: "If a poisonous needle was constitutional, then why not the death camps?"

Second reader replied: NY has been trying to enact legislation allowing those.[116] (Calling them "quarantine" camps, of course. For the good of society, you see.)

My reply:

NY is the outlier in not already having such laws on the books.

Column 8 of this table[117] lists which states had provisions on "Isolation/Quarantine" as of June 2012.

> Network for Public Health Law Model State Emergency Health Powers Act Summary Matrix
>
> At the completion of the Model State Emergency Health Powers Act (MSEHPA)[118] on December 21, 2001, its drafters at the Centers for Law and the Public's Health: A Collaborative at Georgetown and John Hopkins Universities initially tracked state legislative bills, statutes and regulations relating to the subject matter of the Act through July 15, 2006.
>
> In an effort to update the Centers' original legal tracking of MSEHPA provisions, this Table provides information regarding statutory or regulatory provisions among all 50 states and the District of Columbia that replicate, reflect or closely relate to several of its key provisions as of August 1, 2011.
>
> For each of the major sections of MSEHPA listed in the columns below, citations and active hyperlinks (where available) to related state statutes/ regulations/bills are provided. States for which no relevant results were located in any of the selected sections of MSEHPA are shaded. The fact that no results are noted for any state should not be used to evaluate that state's level of emergency legal preparedness.

The numbers of states whose laws relate to each of the specific provisions of MSEHPA are tallied in the final row.

At that time, 28 of 50 states had already enacted such pseudo-laws.

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[116] https://attorneycox.substack.com/p/coming-soon
[117] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf
[118] https://biotech.law.lsu.edu/blaw/bt/MSEHPA.pdf

Update from Kyle Young, Secular Heretic:[119]

> The list of states that have adopted isolation/quarantine provisions has been updated since 2012. National Conference of State Legislatures, 2021 list.[120] It now includes California, Colorado, and others not on the 2012 list, for a total of 48 states.
>
> For example, the Florida government adopted FSA 381.00315 - Public health advisories; public health emergencies; isolation and quarantines.
>
> > Section (2)(d)(4)
> >
> > Ordering an individual to be examined, tested, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.
> >
> > a. Examination, testing, or treatment may be performed by any qualified person authorized by the State Health Officer
> >
> > b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to treat the individual.
> >
> > c. Any order of the State Health Officer given to effectuate this paragraph is immediately enforceable by a law enforcement officer under FSA 381.0012
> >
> > Section (e)(4)
> >
> > The department has the duty and the authority to declare, enforce, modify, and abolish the isolation and quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in FSA 384.28 and 392.545-392.60. Any order of the department issued pursuant to this subsection shall be immediately enforceable by a law enforcement officer under FSA 381.0012

[119] https://secularheretic.substack.com/
[120] https://www.ncsl.org/research/health/state-quarantine-and-isolation-statutes.aspx

2023

The Last Supper. Juan de Juanes.

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

March 7, 2023 - How the biowarfare 'public health' sausage gets made at the state and local level

Model State Emergency Health Powers Act (MSEHPA) and Turning Point Model State Health Powers Act (MSHPA)

...I've done some reporting on the mechanisms by which the globalist's pseudo-legalized kill box programs have been translated down from the World Health Organization and other supranational organizations to the nation-state level (that's the American Domestic Bioterrorism Program[121] timeline and the European Union regulatory overview[122]) and also from the nation-state down to the state and local level.

- March 17, 2022 - On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.
- May 2022 - On the federal government's plan to use force against American civilians
- July 23, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?
- Sept. 27, 2022 - On why Biden's comment that 'the pandemic is over' doesn't lift the bioterrorist police state jackboot off our necks.
- Oct. 5, 2022 - State-level Mini-Me government-run bioterrorism programs. Turning Point Initiative, Model State Emergency Health Powers Act and progeny.
- Nov. 3, 2022 - Is bodily trespass under medical pretexts constitutional?
- Nov. 4, 2022 - Forced internment on communicable disease and public health emergency pretexts. New York is the outlier in not already having pseudo-laws pseudo-authorizing death camps. By 2021, 48 state governments had already put them in place.

These mechanisms are examples of what Iain Davis writes about[123]:

> …through global governance, the [Global Public-Private Partnership] creates policy initiatives at the global level, which then cascade down to people in every nation. This typically occurs via an intermediary policy distributor, such as the IMF or IPCC, and national governments then enact the recommended policies.
>
> The policy trajectory is set internationally by the authorised definition of problems and their prescribed solutions.
>
> Once the G3P enforces the consensus internationally, the policy framework is set. The G3P stakeholder partners then collaborate to ensure the desired policies are developed, implemented and enforced. This is the oft-quoted "international rules-based system."
>
> In this way, the G3P controls many nations at once without having to resort to legislation.

[121] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[122] https://bailiwicknews.substack.com/p/european-commission-regulations-implementing
[123] https://iaindavis.com/what-is-the-global-public-private-partnership/

This "consensus-building" process is also how the G3P controls many populations at once, without having to resort to soldiers, guns, tanks and bombs.

Because, again, not using guns and bombs gives them room to plausibly deny[124] that they're engaged in warfare to control and kill the world's people.

I've been doing more research on this topic — the mechanics of how globalists define problems without input from populations; develop consensus among nation-state leaders aimed at harmonizing what the globalists call solutions to the problems they've defined; and then write policies and model legislation for federal, state and local officials to adopt and enforce.

I think it's useful to understand the mechanics of how the legal cages have been constructed by war criminals committing war-crimes-written-into-law under 'public health' pretexts.

But I don't know how long it will take to pull a good report together. Among other things, I'd like to draft a "how-to" guide to help readers track down the public-health-pretext, mass-murder-enabling laws and regulations in each American state and county that need to be exposed and repealed.

In the meantime, for readers interested in digging more, key phrases, institutions and names to search include:

- Turning Point Public Health Statute Modernization Collaborative
- Model State Emergency Public Health Act (MSEPHA)
- Model State Public Health Act (MSPHA)
- Robert Wood Johnson Foundation
- W.K. Kellogg Foundation
- Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities
- Turning Point National Program Office at the University of Washington
- Temple University Center for Public Health Law Research
- Duke [University] Global Health Institute
- Duke-Margolis Center for Health Policy
- Duke Center for Policy Impact in Global Health
- Oak Ridge Associated Universities
- Network for Public Health Law
- O'Neill Institute for National and Global Health Law at Georgetown Law School
- American Public Health Association
- Association of State and Territorial Health Officials
- National Association of County & City Health Officials
- National Association of Local Boards of Health
- National Governor's Association
- National Conference of State Legislatures
- National Association of Attorneys General
- James G. Hodge, Jr., JD, LLM
- Lawrence O. Gostin, JD, LLD

[124] https://bailiwicknewsarchives.files.wordpress.com/2023/01/kill-box-presentation-1.pdf

April 6, 2023 - On enforcement mechanisms wielded against non-compliant nation-states.

Responding to a few comments from the post about James Roguski's[125] research on the World Health Organization procedures[126] for adoption of amendments to the 2005 International Health Regulations and adoption of new treaties, paraphrased:

> What entity or agency or person/people does the actual enforcing? Who? What form would the "enforcing" take? What would be the consequences of just refusing? …I doubt that agents or soldiers from the United Nations would come after leaders of the countries that just ignored it all.

Some national leaders have been assassinated. The most obvious was the President of Tanzania, John Magufuli, killed in March 2021 shortly after he began demonstrating and talking about some of the core frauds supporting the globally-coordinated mass murder and enslavement campaign disguised as a public health emergency. Those assassinations, like most assassinations, send a very clear message to other national leaders not to step out of line.

But the primary enforcement mechanism, as I understand the structure of the global extortion system, is financial. National governments that don't comply lose access to international banking systems: transaction processing; loans; manageable interest rates on borrowing; currency stability; aid packages. Everything. The lifeblood of their economies is drained.

At the top tier, the Bank for International Settlements owners do it, through their control of private central banks and treasury secretaries in each country; through World Bank, IMF, World Trade Organization, and WEF programs; and through BlackRock and similar transnational, parasitic financial/technology firms.

The same extortion mechanism works on smaller scales,[127] to enforce the compliance of commercial banks, state governments, hospitals, schools, counties, towns, private businesses subject to state licensure, families and individuals, and has been used extensively during the last three years. *See*, for example, Intergovernmental Agreements that condition county receipt of federal funding on county compliance[128] with current *and future* terms and conditions (not known to the county government when county officials sign the contracts) embedded in federal executive orders and federal agency directives. (Sec. 1.4 at p. 17, Cochise County, AZ IGA[129]).

John Perkins' *Confessions of an Economic Hitman*[130] (2004) lays out the mechanisms. Cyprus circa 2012-2013[131] was one demonstration of the system as it functions at the nation-state level, as was the 2013 Vatican shutdown to *de facto* (if not *de jure*) eject Benedict XVI from the papacy...

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[125] https://jamesroguski.substack.com/p/truth-bomb
[126] https://bailiwicknews.substack.com/p/government-by-silent-immobility-an
[127] https://bailiwicknews.substack.com/p/more-on-the-tiered-coercion-cascades
[128]https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.21-jenkins-dona-arizona-intergovernmental-agreements-igas.pdf
[129] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.08-arizona-cochise-iga-example.pdf
[130] https://resistir.info/livros/john_perkins_confessions_of_an_economic_hit_man.pdf
[131] https://en.wikipedia.org/wiki/2012%E2%80%932013_Cypriot_financial_crisis

Sept. 28, 2023 - On urging county, municipal and regional law enforcement and health officials to defy orders to capture and kill people under public health emergency pretexts.

Revised/edited/reorganized version of an email alert distributed by Attorney Todd Callender

Bottom Line Up Front (BLUF): Declarations of public health emergencies operate under, over and outside the law to suspend human rights, constitutional rights and create pretexts for governmental and private actors to commit bodily trespass, false arrest, false imprisonment, assault, battery, torture, kidnapping, and homicide without risk of criminal prosecution or civil liability.

Without local law enforcement, public health and emergency management officials who willingly carry out HHS-DoD-WHO-UN instructions to control and kill, the criminals running these programs from the international and federal level can't operate their control-and-kill campaigns.

Under the Project Bioshield Act, PREP Act and related Congressional legislation (codified mostly at 21 USC 360bbb, 42 USC 247d and related provisions), public health emergency (PHE) declarations as issued by the HHS Secretary at his or her sole, discretion:

1. consolidate federal government control and extrajudicial killing authority into the HHS Secretary's hands; and
2. authorize delegation of that ruling and killing authority to state, county, municipal and regional officials and private contractors to commit acts of false arrest, false imprisonment, assault, battery, kidnapping, torture and homicide without personal risk of criminal prosecution or civil liability. [42 USC 247d-6d(c)(4)]

As the laws are written, Congress cannot restrain HHS Secretary killing authority [42 USC 247d-6d(b)(9)] unless and until Congress repeals the Project Bioshield Act, PREP Act and all related public health emergency statutes.

Several 'public health emergency' determinations and declarations are currently in effect in the United States, including declarations covering countermeasure programs and products for coronavirus, influenza, marburgvirus and more.

- HHS-ASPR Declarations of a Public Health Emergency[132]
- HHS-ASPR Public Health Emergency Determinations to Support an Emergency Use Authorization[133]
- Aug. 28, 2023 - March 15, 2023 and May 11, 2023 HHS Dictator-Secretary determinations and declarations and related reporting and analysis.[134]

[132] https://aspr.hhs.gov/legal/PHE/Pages/default.aspx
[133] https://aspr.hhs.gov/legal/Section564/Pages/default.aspx
[134] https://bailiwicknews.substack.com/p/march-15-2023-and-may-11-2023-hhs

Now is a good time to educate the local people (nurses, police officers, sheriffs, EMTs, health and emergency management officials) about what is happening; about how their day-to-day local work carries out the federal HHS/DoD/WHO/UN control-and-kill orders; and about how important it is that they act to stop the program, by refusing to carry out the orders.

It is likely that the unindicted war criminals who orchestrated the Covid-19 PHE-predicated attack will attempt to build on their success during forthcoming, forecast events which will present coronavirus, influenza, RSV and hemorrhagic fever outbreaks — or data-fraud- and media panic-porn-driven simulations of such outbreaks — as new or extended national emergencies justifying even more obvious imposition of martial law implemented by municipal, regional and county public health officers, law enforcement officers, and private contractors.

For American Bailiwick readers interested in working at the county level (as of 2020, there were 3,100+ counties in the US), municipal level, and regional level..., below are lists of governmental and quasi-governmental/administrative/regulatory agencies and individuals to educate and embolden to increase the odds that they will refuse to take up the licenses to kill proffered by HHS and WHO. If you are interested in working at the local level, set up an appointment and try to have a conversation with these men and women about what they already understand, what they don't understand yet, and what they are willing to do and refuse to do during the next rounds of 'public health emergency' attacks on the American people.

Individuals:

- Sheriffs and deputy sheriffs (county)
- Health department directors/coordinators (county, municipal, regional)
- Hospital directors/CEOs/COOs (public or private)
- Police chiefs and officers (municipal and/or regional)
- Fire chiefs and firefighters (municipal and/or regional)
- Emergency Management directors/coordinators (county, municipal, regional)
- District attorneys or prosecutors (county)

Organizations

- Sheriffs' union (county law enforcement officers)
- Police union (municipal law enforcement officers)
- Emergency Medical Services union (Emergency Medical Technicians/EMTs)
- Hospital employees unions (nurses, technicians, custodial/maintenance staff, physicians)
- Public employees union (municipal, county and/or regional administrative staff)
- Bar association (lawyers' quasi-union, municipal and/or county)

New Mexico's Bernalillo County Sheriff John Allen has demonstrated how individuals standing their ground and following their oath can short circuit a governor's zealous use of public health emergencies to violate any right" [135]

[135] Sept. 13, 2023 - New Mexico Sheriff Will Not Enforce "Unconstitutional" Temporary Ban on Firearms by Gov. Grisham https://www.morningstarjournal.com/2023/09/13/new-mexico-sheriff-will-not-enforce-unconstitutional-temporary-ban-on-

Supporting documents

- 2003.04.04 Executive Order 13295 Bush SARS apprehension detention[136]
- 2003.08.20 Turning Point Model State Public Health Act report[137]
- 2006 Alaska Case Study in Public Health Law Reform the Turning Point Model Public Health Act[138]
- 2006.09 Bureau of Justice Assistance Pandemic Mutual Law Enforcement assistance planning guide[139]
- 2006.11.24 Marburg Ebola Planned Exercise IEM[140]
- 2007 The Law and Emergencies: Surveillance for Public Health–Related Legal Issues[141]
- 2007.08.15 Model Public Health Legislation State Tracker[142]
- 2008 CDC DOJ Legal Framework Response public health[143]
- 2019.09.19 Trump EO 13887 Modernizing Influenza[144]
- 2020.12.09 Marburg Declaration Dec 2020 Fed Register[145]
- 2021.08 Arizona Cochise IGA Example[146]
- 2021.11.15 Summary Analysis of Cochise County Intergovernmental Agreements[147]
- 2022 dl National Legislative Centers for Law and the Public's Health 50 states[148]
- 2023 Todd Callender Pete Chambers Slide Deck Militarized Public Health[149]
- National Conference of State Legislatures, 2021 list[150] (quarantine and isolation laws)
- Temple University Center for Public Health Law Research Policy Surveillance Program[151] including US data set for Reallocation of Public Authority[152]

firearms-by-gov-grisham/

[136] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2003.04.04-executive-order-13295-bush-sars-.pdf

[137] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2003.08.20-turning-point-model-state-public-health-act-report.pdf

[138] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2006-alaska-case-study-in-public-health-law-reform-the-turning-point-model-public-health-act.pdf

[139] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2006.09-bureau-of-justice-assistance-pandemic-mutual-law-enforcement-assistance-planning-guide.pdf

[140] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2006.11.24-marburg-ebola-planned-exercise-iem.pdf

[141] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2007-paper-law-public-health-emergencies-katrina.pdf

[142] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2007.08.15-model-public-health-legislation-state-tracker.pdf

[143] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2008-cdc-doj-legal-framework-response-public-health-2021-2.pdf

[144] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2019.09.19-trump-eo-13887-modernizing-influenza.pdf

[145] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2020.12.09-marburg-declaration-dec-2020-fed-register.pdf

[146] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2021.08-arizona-cochise-iga-example.pdf

[147] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2021.11.15-summary-analysis-of-cochise-county-intergovernmental-agreements.pdf

[148] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2022-dl-national-legislative-centers-for-law-and-the-publics-health-50-states.pdf

[149] https://bailiwicknewsarchives.files.wordpress.com/2023/09/2023-todd-callender-pete-chambers-slide-deck-militarized-public-health-.pdf

[150] https://www.ncsl.org/research/health/state-quarantine-and-isolation-statutes.aspx

[151] https://lawatlas.org/topics

[152] https://lawatlas.org/datasets/public-health-authority-shiftss

Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents

This is an important case, dismissed by US District Judge Terry R. Means of the USDC for the Northern District of Texas, Fort Worth Division, by order dated Aug. 18, 2023.

My understanding is that the plaintiffs (Texas and Oklahoma) had 60 days to file an appeal to the Fifth Circuit Court of Appeals because the parties include a US Government agency and a US Government official. The 60-day clock expires today, and to my knowledge (through PACER database), neither Texas nor Oklahoma has filed a notice of appeal.

The original petition for rulemaking was filed with HHS in July 2022 by the attorneys general of 15 American states: Oklahoma, Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Louisiana, Mississippi, Missouri, Montana, Nebraska, South Carolina, Texas, and Utah.

Only Oklahoma and Texas filed the federal case in US District Court in January 2023.

The states petitioned HHS to repeal three subsections of 42 CFR 70.1, through which HHS defined "public health emergency" conditions on US soil as potentially triggered by the actions of World Health Organization member nations (predicate 3) or the actions of the World Health Organization's Director-General (predicates 4 and 5).

42 CFR 70.1 - General Definitions[153]…

> *Public health emergency* as used in this part means:
>
> (1) Any communicable disease event as determined by the Director with either documented or significant potential for regional, national, or international communicable disease spread or that is highly likely to cause death or serious illness if not properly controlled; or
>
> (2) Any communicable disease event described in a declaration by the Secretary pursuant to 319(a) of the Public Health Service Act (42 U.S.C. 247d (a)[154]); or
>
> (3) Any communicable disease event the occurrence of which is notified to the World Health Organization, in accordance with Articles 6 and 7 of the International Health Regulations, as one that may constitute a Public Health Emergency of International Concern; or
>
> (4) Any communicable disease event the occurrence of which is determined by the Director-General of the World Health Organization, in accordance with Article 12 of the International Health Regulations, to constitute a Public Health Emergency of International Concern; or

[153] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.1
[154] https://www.govinfo.gov/link/uscode/42/247d

> (5) Any communicable disease event for which the Director-General of the World Health Organization, in accordance with Articles 15 or 16 of the International Health Regulations, has issued temporary or standing recommendations for purposes of preventing or promptly detecting the occurrence or reoccurrence of the communicable disease.

Judge Means dismissed the case without prejudice, meaning state plaintiffs can re-file a new complaint.

It would be good if some state AGs filed a new complaint, challenging the first two definitions of a "public health emergency" as promulgated by HHS by regulatory notice on Jan. 19, 2017,[155] in addition to the latter three definitions the states have already challenged during this first litigation.

The states should challenge HHS to provide any factual, evidentiary basis for the claim that a "public health emergency" is different from the mere fact that human beings sometimes get sick, sometimes recover (with or without treatment), and eventually, inevitably die.

This would help expose other fraud-based elements of the global criminal enterprise, including mass-testing of populations to present pseudo-diagnostic data to the public, fraudulently characterized as evidence that a pandemic is occurring.

To pursue this legal strategy, state AGs will need to reject the foundational lie they have swallowed hook, line and sinker to date: that a pandemic happened.

They will need to understand the Covid-19 fraud in its entirety — from the centuries of propaganda-based preparation (fear-mongering and pharmaceutical idolatry) that created the conditions for the present-day crimes to occur, right through to the intentional misrepresentation of illegal US DoD biochemical weapons as FDA-regulated "Covid-19 vaccines" and the injury and death toll caused by the intentional military attacks as conducted within each state.

They will also need to reckon with the role that their own states' disease surveillance, detention, quarantine and forced treatment laws play in 1) maintaining many mutually-reinforcing public fictions and 2) rendering their state populations vulnerable to State-sponsored mass theft, mass torture and mass murder conducted under public health law pretexts.

To the extent a federal court allowed the case to proceed, HHS would be challenged to prove that a "public health emergency" has ever existed, exists during the so-called Covid-19 outbreak, or ever can exist, as a set of circumstances morally and legally distinct from living creatures' intrinsic, God-given susceptibility to illness and God-given capacity for endurance of suffering and for recovery of health.

The fraud of "public health emergencies" has been used to morally and legally justify exercise of government police powers to control and restrict citizen use and enjoyment of God-given rights to life, liberty and property: to justify State-orchestrated torture, murder and theft.

[155] https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf

The actual exercise of these expansive government police powers was triggered upon the actual HHS PHE declaration of Jan. 31, 2020 (effective Jan. 27, 2020) in coordination with the actual WHO PHEIC declaration of Jan. 30, 2020. These illegitimate, fraudulent legal predicates have actually been used to injure and deprive citizens of life, liberty and property; and they remain in effect at the present time under a slightly modified form.

Through the case whose documents are provided below, HHS officials have clearly stated their plan to continue using false "public health emergencies" and collaboration with the World Health Organization and its legal instruments, to illegitimately concentrate even more power in the future: to torture more people, to kill more people and to rob more people. HHS officials have also clearly indicated (albeit in a footnote) their understanding — along with the judge — that if the three alleged WHO-based predicates to action are vulnerable to challenge by US states (as violations of the states' quasi-sovereign authority to protect, among other things, "the health and well-being—both physical and economic—of [state] residents in general") then so are the two predicates allegedly based on US statutory authority. *See* March 27, 2023 Defendant HHS brief in support of motion to dismiss, FN 3 at p. 6 and Aug. 18, 2023 Opinion and Order Granting Motion to Dismiss at FN 3, p. 11 and FN 4, p. 12.

Case documents, Texas, Oklahoma v. HHS, Becerra

- 2016.08.15 HHS Notice of Proposed Rulemaking 81 FR 54230 Communicable Disease Control Public Health Emergency[156]
- 2017.01.19 HHS Federal Register Final Rule Communicable Disease Control Public Health Emergency 82 FR 6890[157]
- 2022.07.18 Petition for Rulemaking Texas Oklahoma v. HHS[158]
- 2022.10.31 HHS refuse Oklahoma petition for rulemaking Texas Oklahoma v. HHS[159]
- 2023.01.18 Texas Oklahoma v HHS Becerra WHO PHE[160]
- 2023.03.27 Texas Oklahoma v. HHS Defendants Brief MtD[161]
- 2023.05.01 Texas Oklahoma v. HHS Plaintiffs Opposition to MtD[162]
- 2023.05.15 Texas Oklahoma v. HHS Defendants Reply in further support MtD[163]
- 2023.08.18 Texas Oklahoma v. HHS Order Dismissal Lack of Standing[164]

[156] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2016.08.15-81-fr-54230-notice-of-proposed-rulemaking-public-health-emergency-incorrectly-cited-as-81-fr-53240-in-texas-oklahoma-v.-hhs-becerra.pdf
[157] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2017.01.19-hhs-federal-register-communicable-disease-control-82-fr-6890.pdf
[158] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2022.07.18-petition-for-rulemaking-texas-oklahoma-v.-hhs.pdf
[159] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2022.10.31-hhs-refuse-oklahoma-petition-for-rulemaking-texas-oklahoma-v.-hhs.pdf
[160] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.01.18-texas-oklahoma-v-hhs-becerra-who-phe.pdf
[161] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.03.27-texas-oklahoma-v.-hhs-defendants-brief-mtd.pdf
[162] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.05.01-texas-oklahoma-v.-hhs-plaintiffs-opposition-to-mtd.pdf
[163] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.05.15-texas-oklahoma-v.-hhs-defendants-reply-in-further-support-mtd.pdf
[164] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.08.18-texas-oklahoma-v.-hhs-order-dismissal-lack-of-standing.pdf

Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.

Notes on the 2017 addition of "public health emergency" definitions to 42 CFR 70.1.

Incessant prattling of lobbyists for State-sponsored bioterrorism (code name "biodefense") notwithstanding, there hasn't ever been a deadly global pandemic, or a pathogen with the potential to circulate around the whole world and kill millions or billions of people.

So there can't be another one, or a next one, or any other future one for which the lessons of Covid must be learned; new treaties and laws must be drafted, signed and enforced; new surveillance and control programs developed; and billions of preparatory dollars spent.

There was a first theatrical production of the illusion of a deadly global pandemic: the 1918 Spanish flu.

And now there has been a second theatrical production of the illusion of a deadly global pandemic: Covid-19.

There are going to be more attempts to produce the same illusion under different titles; the producers routinely announce and demand funding for their road shows. Human men and women are the audience. Individual human minds are the private theaters into which the shows are projected.

I'm not going to go into a lot of detail on the microbiology, immunology, epidemiology and actuarial evidence that supports the proposition that there has never been a deadly global pandemic, and there will never be one.

The short version is that — once the legal definitions, laws, governing institutions and methods of information distribution are set up properly — a very realistic impression of a deadly global pandemic can be formed in the minds of individual human beings, by combining the legal and informational scenery with several props:

1. intentional, localized dispersal of synthetic, weaponized toxins (aerosols, food additives, medications, and 'vaccines')
2. background circulating vectors that contribute to the common human experience of mild, short-duration illnesses known as colds and flus.
3. social isolation policies
4. masking and physical distancing customs
5. mass false-positive-generating diagnostic testing programs

Other writers are far better equipped than I am to explain the biological mechanisms of action; tradeoffs between transmissibility and virulence that infectious disease vectors experience in their quest to propagate themselves without killing their hosts; the history of Rockefeller medicine; uses and limitations of PCR and lateral flow tests; how psychological pressure works on the human mind and in human social groups; and statistical data demonstrating that differences between pre-Covid mortality and "deadly global pandemic" mortality are fully attributable — not to any communicable disease — but to the intentional lethality of interventions (economic disruption and unemployment, social isolation, masks, and synthetic toxins) whose premeditated deployment was pseudo-authorized on grounds that a "public health emergency exists."

Most Bailiwick readers are already up to speed those subjects and how they fit into the big puzzle that close observers of anomalies and inconsistencies have been piecing together since January 2020, day by day as events have unfolded.

The Texas and Oklahoma v. HHS and Becerra case documents are a rich mine of information about elements of the giant lie variously known as one world health, global health security, pandemic preparedness, pathogens of pandemic potential, biodefense strategy and dozens of other non-sense, sub-rational phrases.

When I read legal documents, I look for phrases and arguments that seem odd or off-tone.

Public health and emergency preparedness law documents are full of such phrases, embedded into contorted sentences and paragraphs to obscure or shade or corrupt their meanings.

Example terms and phrases include precommunicable, asymptomatic, qualifying stage of a disease, existing circumstance, predicate to action, independent decision, "desirability of encouraging," "data, if available," "not feasible," and medical countermeasures.

The phrase that jumped out at me in reading the Texas v. HHS documents is "inform the public."

It's not a strange phrase in itself. It's strange for how it's used. It's used as a code word for cognitive and behavioral training.

In their original petition in July 2022, the attorneys general for Oklahoma, Texas and 13 other states asked HHS to revise 42 CFR 70.1 to remove three of the five definitions of "public health emergency" that authorize HHS officials to exercise and delegate federal police power to detain individuals suspected of carrying disease.

The AGs presented three arguments.

First, the petitioners argued that the WHO-based definitions of "public health emergency" promulgated in January 2017 "exceed HHS's authority," as granted by Congress.

Second, the petitioners argued that the listing of World Health Organization acts as predicates for "public health emergency" declarations is unlawful "because WHO is not a trustworthy agency for public health information."

This argument was derived from the petitioners' erroneous belief that Covid-19 was a deadly global pandemic, in response to which WHO officials provided poor global leadership.

In truth, Covid-19 was merely a theatrical production of a deadly global pandemic and WHO officials have been serving as producers and directors for the performance.

Third, they argued that since the HHS had conceded that "it does not intend to use" the WHO-predicates for public health emergency declarations, the three WHO predicates are unnecessary and could be removed without harm to the agency.

The petitioners wrote:

> "In the Federal Register notice issuing the definition of public health emergency, HHS indicated that it would make independent decisions regarding public health emergencies. 82 Fed. Reg. 6890, 6906. Those independent decisions would continue to be cognizable under definitions (1) and (2) were this Petition granted. Accordingly, HHS would suffer no harm from granting the petition."

The petitioners concluded:

> "The only potential reason to retain unlawful rules that HHS does not believe it needs is to permit a future HHS to change its mind in later years...
>
> By including the additional definitions deferring to the WHO, HHS is facilitating complete deferral to the WHO in the future even if it professes no intent to defer to WHO now...
>
> [I]f we believe its protestations in the Federal Register, the existing HHS does not believe it needs definitions (3), (4), and (5) to manage public health emergencies, [so] it should repeal them as unnecessary even if it does not want to address the legality issues and WHO concerns raised..."

In October 2022, Marvin Figueroa, HHS Director of Intergovernmental and External Affairs, responded to the petitioners, denying their request to remove the "public health emergency" definitions predicated on the acts of WHO member nations and the WHO Director-General.

In addressing petitioners' second argument, Figueroa cited the need to "inform the public" as driving the definitional rule-making.

Figueroa wrote, at p. 4:

> "Although we acknowledge the concerns noted in the petition regarding purported political influence on WHO decision-making, they do not support removing references to that organization. Rather, HHS/CDC considers it important to include references to WHO in the definition of "public health emergency" to inform the public of the circumstances that HHS/CDC may consider when determining whether a public health emergency exists using its own independent judgment.
>
> Furthermore, we are committed to strengthening WHO...to prepare for and respond to COVID-19 and the next pandemic. These efforts include strengthening the IHR (2005)..."

In his final paragraph on p. 6, he repeated the phrase:

> “Lastly, your assertion that HHS/CDC would not be harmed by deleting definitions 3, 4, and 5 of "public health emergency" as used in 42 CFR 70.1, even if accurate, does not justify the expenditure of agency resources to amend the regulations.
>
> Also, as explained in the 2017 Final Rule, HHS/CDC considered it important to include references to WHO in the definition of "public health emergency" to inform the public of the circumstances that HHS/CDC may consider when making such a determination using its own independent judgment.”

Petitioner states filed a federal complaint in January 2023, and the phrase "inform the public" shows up in each document as the two sides argued the point.

See Jan. 18, 2023 Complaint at p. 8; March 27, 2023 Defendants' Brief in Support of Motion to Dismiss at p. 10 and 19; May 1, 2023 Plaintiffs Response in Opposition to Motion to Dismiss at p. 4; May 15, 2023 Defendants’ Reply to Plaintiff’s Response to Defendants’ Motion to Dismiss at p. 2; and Aug. 18, 2023 Opinion and Order Granting Motion to Dismiss at p. 4.

This odd HHS focus on "informing the public" is telling.

I think the state AG petitioners are correct that HHS wants to keep the WHO-based predicates for "public health emergency" declarations so that they can be used to create more illusions of "deadly global pandemics" in future.

I also think that the treaties and statutes are already written with enough interlacing between international and domestic law, that the WHO-HHS International Health Regulations Public

Health Emergency of International Concern-Public Health Emergency automatic trigger system is already fully functional, even as the Monster works to make the treaties and statutes even more disordered in relation to natural and divine law.

But I think the "inform the public" rationale is mostly about manipulating individuals.

The globalist Monster has an intense desire to instill into human minds the fiction that the phrase "world health" corresponds to something in material, temporal reality; the Monster wants to justify the existence of a global organization to surveil and control, to coordinate field operations through subordinate organizations within member countries' governments.

In truth, there is only individual human health, corresponding with things in both material, temporal reality and in spiritual, eternal reality.

Individual well-being is organized by God in co-operation with the human creatures to whom He gives bodily, material form at conception, within the temporal human societies we build and arrange so that we can love, live, work, raise children, and conform our souls to the will of God in the hope of eternal salvation for ourselves and our neighbors.

The Monster wants to substitute — inside human bodies, minds, and souls — the fiction of "world health" defined in secular, materialist terms as the ultimate end of human life and the ultimate purpose of human society, for the truth that God created mankind as material and spiritual beings.

The Monster wants to cut us off from the knowledge that we are beings for whom temporal existence is a brief opportunity to know, love and serve God: directly through prayer and worship, and indirectly by knowing, loving and serving our neighbors as ourselves, in our human societies, vocations and stations in life.

Above all else, the Monster wants to cut us off from the knowledge that we are beings for whom spiritual existence is eternal: eternal happiness with God in heaven or eternal torment separated from God, in hell.

That's why it was so important, in 2016 and 2017, for the Monster to add the last few legal props ahead of the sequel to Spanish flu, the theatrical performance "Deadly Global Pandemic: Covid-19."

It was to further build up the cognitive and behaviorally-compliant connection between the phrases *public health emergency* and *World Health Organization,* and from there, to HHS authority to use police power to arrest, detain, torture and murder anyone, anywhere, at any time, on suspicion of carrying communicable disease.

One reason why the Texas federal judge dismissed the petitioner states' case against Xavier Becerra and the Department of Health and Human Services is that the judge didn't think the states presented any evidence of actual harm, concrete injury or threatened imminent injury to the people living in the states.

HHS argued, and the judge agreed, that the harm from the WHO-based definitions of "public health emergency" were speculative, hypothetical, conjectural, and therefore the states lacked standing.

Soon, the next "deadly global pandemic" performance will begin. If and when state AGs file new cases to protect state residents from “public health emergency”-predicated arrest, detention, torture and murder, it will be very important that they incorporate the information that has so painfully been brought into the light these last few years.

They must lay out the evidence that "deadly global pandemic" stories are fiction. They must incorporate the facts about the injuries and deaths caused in each state by use of products known as "Covid-19 vaccines" under Emergency Use Authorization status: the actual harms and concrete injuries. They must lay out how deployment of EUA products, as covert biochemical weapons, is directly connected to HHS declarations that a "public health emergency exists."

And they must lay out how HHS declarations that a "public health emergency exists" are directly connected to all five of the legal definitions inserted into American regulatory law through the January 19, 2017 edition of the Federal Register, and connected to the whole system of treaties and laws built to enable State-sponsored mass murder,[165] which grows more ripe for dismantling with every passing day.

[165] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.

Reply to an email about growing state interest in defending state populations against the federal government's public health emergency-predicated, armed biochemical invasions.

Attaching a few key documents:

- Dec. 21, 2001 - Model State Emergency Health Powers Act[166] (draft template by Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities, for the CDC, to assist National Governors Association, National Conference of State Legislatures, Association of State and Territorial Health Officials, and National Association of County and City Health Officials
- Sept. 16, 2003 - Turning Point Collaborative Model State Public Health Act: A Tool for Assessing Public Health Laws[167]
- Aug. 15, 2007 - Turning Point Model State Public Health Act State Legislative Update Table[168] (report by Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities)
- June 2012 - Network for Public Health Law Model State Emergency Health Powers Act Summary Matrix.[169]

In 2001, Lawrence Gostin, James Hodge and other public health lawyers developed a Model State Emergency Health Powers Act template.[170]

The template laid out, in several sections, how public health law lobbyists should use the fear momentum from 9/11 and the anthrax attacks to drive state laws into state codes that would concentrate unreviewable emergency management power to control people and property, into the state health officials' and law enforcement hands during declared "public health emergencies," identical to the mechanisms also put in place at the national and international levels.

Most state lawmakers and populations did not understand that these laws would be used to override and suspend constitutional and criminal law during outbreaks of common communicable diseases (such as colds and flus).

[166] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2001.12.21-johns-hopkins-model-state-emergency-health-powers-act-msehpa-copy.pdf
[167] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2003.09.16-turning-point-mspha-model-state-public-health-act.pdf
[168] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2007.08.15-georgetown-rwj-tracking-table-mshpa-turning-point-full-report-32-p.pdf
[169] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf
[170] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2001.12.21-johns-hopkins-model-state-emergency-health-powers-act-msehpa-copy.pdf

However, colds and flus were brought into the list of communicable diseases authorizing centralized government response through three Presidential Executive orders signed in 2003 (symptomatic SARS[171]), 2005 (symptomatic influenza[172]) and 2014 (asyptomatic SARS[173]).

If you only have time to read a few pages of the 2001 MSEHPA template,[174] read the outline from pages 2 to 5, because it lays out the sections that the enslavers and murderers sought to have the state legislators put into their state laws.

At the same time, the public health law groups (centered at Georgetown, Johns Hopkins, Robert Wood Johnson and a few other institutions) ramped up their lobbying efforts in each state capital.

Over the next few years, most states passed at least a few of the provisions, and some states passed most or all of them.

For example, in 2002, Florida and South Carolina lawmakers passed most of the provisions, codified at FSA 381.00315[175] and FSA 768.13[176] for Florida, and SCA 44-4-100[177] et seq ("Emergency Health Powers Act") for South Carolina.

By 2012, the public health law lobbyists had prepared several reports tracking the progress of the campaign. The column headers for the table in the June 2012 report[178] correspond to sections of the 2001 MSEHPA regarding definition of PHE; reporting requirements; how to declare a PHE at the state level; how to orchestrate suspension of other laws during PHEs; how to authorize state health and law enforcement officials' access to and control of people through isolation and quarantine; access to and control of facilities, property and health care supplies; forced treatments (including vaccinations); licensing of health care workers; and civil immunity under tort law for "Good Samaritans," defined as state or private actors providing health care services during emergencies.

This civil immunity can now be understood — through the Covid-19 lens 2020-present — as simply a license to kill, whether or not individual health care workers understand that the products they're using are biochemical weapons and the acts they're committing are assault, sterilization, torture and homicide.

The row titles list the US states in alphabetical order by two-letter abbreviation, and the table cells contain the citations for the laws adopted in each state as of June 2012.

The laws were generally put into four sections of state law: public health/health and human welfare sections; military, militia and emergency management sections; governor/executive authority

[171] https://www.govinfo.gov/content/pkg/FR-2003-04-09/pdf/03-8832.pdf
[172] https://www.govinfo.gov/content/pkg/FR-2005-04-05/pdf/05-6907.pdf
[173] https://www.govinfo.gov/content/pkg/FR-2014-08-06/pdf/2014-18682.pdf
[174] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2001.12.21-johns-hopkins-model-state-emergency-health-powers-act-msehpa-copy.pdf
[175] http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0381/Sections/0381.00315.html
[176] http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0768/Sections/0768.13.html
[177] https://www.scstatehouse.gov/code/t44c004.php
[178] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf

sections; and civil tort sections. Some of the citations may have been renumbered since 2012, but I checked many of them last night and most are still numbered as they were in 2012.

The public health lawyers also maintain "policy surveillance" databases[179] that people in each state can use to get a sense of what's happened in the last couple of years.

The first priority, for any state lawmakers who understand what's truly happening (as contrasted with the false story presented by federal officials), is to introduce bills to repeal the public health emergency laws that their own legislatures adopted over the past few decades.

These bills can be very simply written, titled "An Act to Repeal [insert citation]..." with a "Findings" section that lays out what state lawmakers and people have learned in the last four years about federal falsification of data — especially cause of death coding fraud and diagnostic testing fraud — for the purpose of characterizing common communicable diseases (colds, flus, etc.) as "public health emergencies" justifying concentration of power and direct government control of persons and property to enable theft, sterilization, injury and homicide without constitutional, civil or criminal law interfering with the programs.

[179] https://lawatlas.org/topics

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

By Conspiracy Sarah[180]

Hey…did you guys hear about that very concerning ruling that took place in New York last week? I heard about it from the Epoch Times.[181]

> New Ruling Allows for Indefinite Detention of Unvaccinated at Governor's Whim | Facts Matter[182]
>
> Because of a new court ruling that just came down last week, the state of New York has just gotten one step closer to attaining the ultimate pandemic power—being able to designate certain classes of individuals as a health threat, forcibly relocating those individuals to specially designated "housing facilities" and keeping them there for as long as the government wants. They'd also have the power to control what that person does or does not do.

However, if these new government powers sound like the very definition of a "quarantine camp," according to the AP fact-checkers, you would be wrong.

The linked article above focuses heavily on the fact checkers, who have of course been busy at work with plenty of the journalistic integrity that we have come to know and love.

> AP FACT CHECK: New York Gov. Kathy Hochul is not trying to create 'quarantine camps'[183]
>
> The rule said that people can be isolated or quarantined in interim housing, rather than just their own homes, but doesn't mention camps. It was deemed unconstitutional by a judge, who said the state overreached, but also did not mention camps.
>
> "Given the language, it is clear that the Commissioner of Health or a local health department could quarantine individuals against their will at a location of the Commissioner or Health Department's choosing - a gross abuse of due process and New Yorkers' civil rights," Borrello said.
>
> But nothing in the rule mentions "camps" nor suggests the state has plans to erect them, Lawrence Gostin, a professor of global health law at Georgetown University, confirmed.

[180] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[181] https://www.theepochtimes.com/opinion/courts-pave-way-for-new-york-quarantine-camps-5533685
[182] https://www.theepochtimes.com/epochtv/new-ruling-allows-for-indefinite-detention-of-unvaccinated-at-governors-whim-facts-matter-5536821
[183] https://apnews.com/article/fact-check-quarantine-camps-kathy-hochul-653636651000

I guess they aren't quarantine camps if we call them "interim housing". Thinking out loud…I wonder if concentration camps were better when they were called transit camps?

Anywho…here are some highlights from the NY ruling for your review:

> 10 CRR-NY 2.13NY-CRR[184]
>
> 2.13 Isolation and quarantine procedures.
>
> (a) Duty to issue isolation and quarantine orders.
>
> (1) Whenever appropriate to control the spread of a highly contagious communicable disease, the State Commissioner of Health may issue and/or may direct the local health authority to issue isolation and/or quarantine orders, consistent with due process of law, to all such persons as the State Commissioner of Health shall determine appropriate.
>
> (3) For the purposes of isolation orders, isolation locations may include home isolation or such other residential or temporary housing location that the public health authority issuing the order determines appropriate, where symptoms or conditions indicate that medical care in a general hospital is not expected to be required, and consistent with any direction that the State Commissioner of Health may issue. Where symptoms or conditions indicate that medical care in a general hospital is expected to be required, the isolation location shall be a general hospital.
>
> (4) For the purposes of quarantine orders quarantine locations may include home quarantine, other residential or temporary housing quarantine, or quarantine at such other locations as the public health authority issuing the order deems appropriate, consistent with any direction that the State Commissioner of Health may issue.
>
> (3) the extent such items and services are not available to such person, provide or arrange for the provision of appropriate supports, supplies and services, including, but not limited to: food, laundry, medical care, and medications.

Sounds concerning, right?

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184 https://govt.westlaw.com/nycrr/Document/I3783ab18c22411dd80c2c6f42ff0193c?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

Want to know what is more concerning about this article (aside from the Epoch Times focusing largely on the "Fact Checkers'" well known knack for twisting words and obfuscating truth)?

That the Epoch Times didn't move past this NY stuff and dig just a leeeeeettle deeper. I'm not a journalist, so I don't know for sure how hard researching is. And I definitely don't have an assistant, or a budget, or a fucking team of helper-researchers…yet within the afternoon, I was able to dig up some much more concerning and noteworthy news, that I daresay people might be *more* interested in.

I'll now point again to the extensive work of Katherine Watt,[185] and the very clear map she has laid out; elucidating the legal framework that has been carefully calculated, and systematically put into place, over many decades. She covers the information relevant to this topic here.[186]

I'm going to break it down for you now.

Let's start with the Model State Emergency Health Powers Act[187]. It was drafted in the wake of…wait for it… 9/11.

> Purposes. The purposes of this Act are—
>
> (a) To authorize the collection of data and records, the control of property, the management of persons, and access to communications.
>
> (b) To facilitate the early detection of a health emergency, and allow for immediate investigation of such an emergency by granting access to individuals' health information under specified circumstances.
>
> (c) To grant State officials the authority to use and appropriate property as necessary for the care, treatment, and housing of patients, and for the destruction of contaminated materials.
>
> (d) To grant State officials the authority to provide care and treatment to persons who are ill or who have been exposed to infection, and to separate affected individuals from the population at large for the purpose of interrupting the transmission of infectious disease.
>
> (e) To ensure that the needs of infected or exposed persons will be addressed to the fullest extent possible, given the primary goal of controlling serious health threats.
>
> (f) To provide State officials with the ability to prevent, detect, manage, and contain emergency health threats without unduly interfering with civil rights and liberties.

[185] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[186] https://bailiwicknews.substack.com/p/forced-internment-on-communicable
[187] https://biotech.law.lsu.edu/blaw/bt/MSEHPA.pdf

> (g) To require the development of a comprehensive plan to provide for a coordinated, appropriate response in the event of a public health emergency.

Sounds like a little warm safety hug, doesn't it.

Here's the Spookepedia description:

> The Model State Emergency Health Powers Act (MSEHPA) is a public health act originally drafted by the Centers for Disease Control and Prevention to aid the United States' state legislatures in revising their public health laws to control epidemics and respond to bioterrorism. The CDC's draft was revised by the Center for Law and the Public's Health, a collaboration between Georgetown University and Johns Hopkins University. By December 21, 2001, the act was released to state legislatures for review and approval. Critics immediately charged that the MSEHPA failed to protect the general public from abuses arising from the tremendous powers it would grant individual states in an emergency. The MSEHPA provisions also went beyond the scope of addressing bioterrorism while disregarding medical privacy standards. As of August 1, 2011, forty states have passed various forms of MSEHPA legislation.

Exciting News: As of 2012, 48 of the 50 states have ALREADY adopted this "gentle" approach. For your safety, of course. "Kyle Young, Secular Heretic: The list of states that have adopted isolation/quarantine provisions has been updated since 2012. National Conference of State Legislatures, 2021 list.[188] It now includes California, Colorado, and others not on the 2012 list, for a total of 48 states.

Edited to include an even more EXCITING UPDATE(thank you Kitten)...correction, 50/50…went through the list,[189] every state is on it.

I have to say, this NY hullabaloo that the Epoch Times has everyone riled up about seems a bit redundant, considering the MSEHPA stuff.

[188] https://www.ncsl.org/research/health/state-quarantine-and-isolation-statutes.aspx
[189] https://www.ncsl.org/health/state-quarantine-and-isolation-statutes

See for yourself:

New York	N.Y. Public Health Law § 2100	Authority. Every local board of health and every health officer may provide for care and isolation of cases of communicable disease in a hospital or elsewhere when necessary for protection of the public health.
New York	N.Y. Public Health Law § 2120	Penalties. 1. Whenever a complaint is made by a physician to a health officer that any person is afflicted with a communicable disease or is a carrier of typhoid fever, tuberculosis, diphtheria or other communicable disease and is unable or unwilling to conduct himself and to live in such a manner as not to expose members of his family or household or other persons with whom he may be associated to danger of infection, the health officer shall forthwith investigate the circumstances alleged. 2. If the health officer finds after investigation that a person so afflicted is a menace to others, he shall make and file a complaint against such person with a magistrate, and on such complaint the said person shall be brought before such magistrate. 3. The magistrate after due notice and a hearing, if satisfied that the complaint of the health officer is well-founded and that the afflicted person is a source of danger to others, may commit the said person to any hospital or institution established for the care of persons suffering from any such communicable disease or maintaining a room, ward or wards for such persons. 4. In making such commitment the magistrate shall make such order for payment for the care and maintenance of the person committed as he may deem proper. 5. A person who is committed pursuant to the provisions of this section shall be deemed to be committed until discharged in the manner authorized by section 2,123 of this chapter. See more at: http://codes.lp.findlaw.com/nycode/PBH/21/2/2120#sthash.pK1brPk2.dpuf

"Every local board of health and every health officer may provide for care and isolation of cases of communicable disease in a hospital OR ELSEWHERE WHEN NECESSARY for the protection of the public health. "

Here's California:

California	Cal. Health & Safety Code § 120175-120250; § 120195-120235	Authority. Health officers should take all necessary steps to prevent the spread of a contagious disease within their jurisdiction. Officers are required to enforce quarantine of state Department of Health and cannot enforce a quarantine against another jurisdiction without state approval.
California	Cal. Health & Safety Code § 120275-120305	Penalties. Anyone who violates or refuses a regulation or order of quarantine is guilty of a misdemeanor. A first offense is punishable by forced compliance with quarantine up to a year and two years probation with a repeat offense punishable by confinement of not more than a year.
California	Cal. Health & Safety Code § 120175-120250 (1995)	Police Power and Limitations. In the event of the outbreak of a communicable disease, a health official may have access to all supplies necessary from health providers that can either assist in responding to the outbreak or are implicated in the outbreak. If disinfection of goods or property would be unsafe, officers may destroy items, with proper compensation to owner.

Remember when all those people fled Kalifornia to bask in that free state, Florida. Let's check out that free state of Florida:

Florida	Fla. Stat. § 381.0011 (2012) Fla. Stat. § 381.00315 (2012)	Authority. The state health officer is responsible for declaring public health emergencies, under which an order can be given to quarantine individuals who pose a threat to public health. Requires the Department of Health to develop a plan that exclusively uses private and non-state public hospitals to provide treatment to cure, hospitalize and isolate persons with contagious cases of tuberculosis who pose a threat to the public.
Florida	Fla. Stat. § 381.0025 (1996)	Penalties. Any person who violates quarantine rules or regulations is guilty of a second-degree misdemeanor.

Gosh, orders "can be given to quarantine individuals who pose a threat to public health" does sound pretty free. And you know how everyone loves exclusivity. Like exclusively using private and non-state public hospitals to provide treatment to cure, hospitalize and isolate persons."

What about Texas?

State/Jurisdiction	Statute Citation (Last Amend)	Statute Summary
Texas	Texas Health and Safety Code § 81.001 et seq.	Authority. The executive commissioner is responsible for the general statewide administration of the control and prevention of communicable disease in the state. The commissioner may impose an area quarantine, if he or she has reasonable cause to believe that individuals or property in the area may be infected or contaminated with a communicable disease, for the period necessary to determine whether an outbreak of communicable disease has occurred. A health authority may impose a quarantine only within the boundaries of the health authority's jurisdiction. The department, or the local health department having jurisdiction over the location where an individual who is subject to supervision is found, may issue an order for the individual's temporary involuntary treatment, quarantine or isolation.
Texas	Texas Health and Safety Code §§ 122.005, 122.006	A home-rule municipality may adopt rules to protect the health of persons in the municipality, including quarantine rules to protect the residents against communicable disease.
Texas	Texas Health and Safety Code § 81.085 (h)	Penalties. A person commits an offense if the person knowingly fails or refuses to obey a rule, order or instruction of the department or an order or instruction of a health authority issued under a department rule and published during an area quarantine under this section. An offense under this subsection is a felony of the third degree.

All of those images are from the State Quarantine and Isolation Statutes[190] at the National Conference of State Legislatures site. From there, you can click on any of the hyperlinked statute citations to read the entire statute.

[190] https://www.ncsl.org/health/state-quarantine-and-isolation-statutes

For example, I just looked at Texas…and I have to say, Texas is sounding pretty *New York-y*:

Sec. 81.083 (f) In this section, "control measures" includes:

(1) immunization;
(2) detention;
(3) restriction;
(4) disinfection;
(5) decontamination;
(6) isolation;
(7) quarantine;
(8) disinfestation;
(9) chemoprophylaxis;
(10) preventive therapy;
(11) prevention; and
(12) education.

Sec. 81.083. APPLICATION OF CONTROL MEASURES TO INDIVIDUAL.

(b) If the department or a health authority has reasonable cause to believe that an individual is ill with, has been exposed to, or is the carrier of a communicable disease, the department or health authority may order the individual, or the individual's parent, legal guardian, or managing conservator if the individual is a minor, to implement control measures that are reasonable and necessary to prevent the introduction, transmission, and spread of the disease in this state...

(i) On request of the department during a public health disaster, an individual shall disclose the individual's immunization information. If the individual does not have updated or appropriate immunizations, the department may take appropriate action during a quarantine to protect that individual and the public from the communicable disease...

(j) A peace officer, including a sheriff or constable, may use reasonable force to:

(1) secure a quarantine area; and

(2) except as directed by the department or health authority, prevent an individual from entering or leaving the quarantine area.

Sec. 81.163. APPREHENSION UNDER ORDER.

(a) A protective custody order shall direct a peace officer, including a sheriff or constable, to take the person who is the subject of the order into protective custody and transport the person immediately to an appropriate inpatient health facility that has been designated by the commissioner as a suitable place.

> (b) If an appropriate inpatient health facility is not available, the person shall be transported to a facility considered suitable by the health authority.
>
> (c) The person shall be detained in the facility until a hearing is held under Section 81.165.

I am still wondering if camps felt less concentration-y when they were just called transit camps…

At this early stage, the Nazis themselves used a variety of terms, such as detention, work, or transit camps, to describe these facilities. (source[191])

Or maybe the Japanese Americans felt less detained because they were called Assembly Centers…

Following the Japanese attack on Pearl Harbor on December 7, 1941, President Franklin D. Roosevelt issued Executive Order 9066[192], which permitted the military to circumvent the constitutional safeguards of American citizens in the name of national defense.

The order set into motion the exclusion from certain areas, and the evacuation and mass incarceration of 120,000 persons of Japanese ancestry living on the West Coast, most of whom were U.S. citizens or legal permanent resident aliens.

These Japanese Americans, half of whom were children, were incarcerated for up to 4 years, without due process of law or any factual basis, in bleak, remote camps[193] surrounded by barbed wire and armed guards. (source[194])

> These camps were called Interim Housing Assembly Centers, and Exclusion Zones were the areas where Japanese Americans were to be removed.
>
> Assembly Centers – temporary detention camps maintained by the Army that held Japanese Americans who were removed from their West Coast homes. Most assembly centers were located at fairgrounds, racetracks, or former Civilian Conservation Corps (CCC) camps. By mid-1942, Japanese Americans were transferred to more permanent war relocation centers.
>
> Exclusion Zones – areas described in each Civilian Exclusion Order from which all Japanese Americans were removed. Civilian Exclusion Orders were issued by the Western Defense Command and Fourth Army to implement the provisions of Executive Order 9066.(source[195])

Check out your state. Click the hyperlinks and read the statutes.

[191] https://encyclopedia.ushmm.org/content/en/article/the-nazi-camp-system-terminology
[192] https://www.pbs.org/childofcamp/history/eo9066.html
[193] https://www.pbs.org/childofcamp/history/camps.html
[194] https://www.pbs.org/childofcamp/history/
[195] https://www.nps.gov/museum/exhibits/manz/glossary.html

I don't wonder why the mainstream isn't reporting this…I don't expect anything from them but propaganda.

But the counter narrative… "new and improved" "free" media…you know, the "other side" news…

Do they have researchers? Ones that can look up statutes and stuff? I bet they probably do.

Why would they highlight one state? And not keep going on…to the bigger story…Which is that pretty much every state has a version of the Not a Quarantine Camp Quarantine Camp Model FOR YOUR SAFETY.

2024

Longinus piercing Christ's side with a spear. Gerard de la Vallee

Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

A reader asked me to provide my understanding of the legal instruments governing exercise of political authority during declared public health emergencies, and how the United Nations World Health Organization International Health Regulations (IHR, 2005); the current proposed amendments; and American statutes, regulations, executive orders and other domestic legal instruments, fit together within that legal framework.

Nutshell: My understanding is that all officers of US federal and state governments are subordinated to the US Secretary of Health and Human Services for the duration of any 'public health emergency,' as unilaterally declared by the HHS Secretary, using authority placed in his hands through domestic kill box laws enacted through the mechanisms of Congressional votes and presidential signatures.

And the HHS Secretary himself, and the US federal and state government officials he controls for the duration of any declared 'public health emergency,' are subordinated to the UN and WHO, under the terms of international agreements adopted and sustained by the mechanism of silence/inaction/non-rejection/non-withdrawal by Congress, presidents, federal and state courts, and state legislatures.

The HHS Secretary serves two functions: he's an administrator**,** tasked by his United Nations supervisors with implementing and directing UN-WHO military-public health policies and programs in the US, and he's a dictator in his relationship to other branches and officers of the US government, the governments of the 50 states, and the people.

I disagree with Meryl Nass, James Roguski, Bret Weinstein and others who focus public time and attention on current proposed IHR amendments and a proposed new pandemic treaty. I've briefly indicated my disagreement with Nass, Roguski and others in personal correspondence and also in public presentations. I haven't belabored it for two reasons.

First, I support the work they do to the extent it helps lawmakers and populations around the world better recognize that:

1. The WHO is a military branch of the United Nations;
2. The UN is engaged in a military attack on the world's people under 'public health emergency' pretexts, using totalitarian policies and programs (informational, surveillance, testing, masking, social distancing); military, law enforcement and public health proxies (DoD-directed biological weapons manufacturers, FDA officials, pharmacists, and nurses) and toxic products (poisons/weapons) that are falsely presented as medicinal treatments;
3. National governments legally can and prudently should withdraw from the United Nations and the World Health Organization, under their own domestic laws and Article 62 of the Vienna Convention on Treaties, due to the "fundamental change of circumstances:" public understanding of the two preceding facts gained through the Covid-19 events that have occurred since January 2020.

See Sept. 24, 2023 - 51 Congress members co-sponsoring Rep. Andy Biggs HR-79, WHO Withdrawal Act. *See also* H.R. 6645 and S. 3428 (Disengaging Entirely from the United Nations Debacle Act of 2023).

*

Second, I don't want to fuel personal conflicts that distract readers from what I regard as the most effective forms of resistance to the ongoing mass murder programs and strengthening of the walls of the global kill box: Repeal and nullification of the domestic implementing laws, at the federal and state level, by Congress, state legislatures, and federal and state courts whose members understand that 'public health emergencies' are camouflaged power grabs...

*

I think US domestic law has already transferred sovereign government functions to the United Nations World Health Organization, such that current IHR amendments, (if the United States remains a UN and WHO member), and when they enter into force, will increase the speed, expand the scope and strengthen the force of the geopolitical coup that that has already taken place.

But they won't comprise a new theft of sovereignty.

The already-completed sovereignty transfer, or de facto UN coup, was enacted through a sequence of Congressional and presidential acts that began in 1944 with enactment of the Public Health Service Act and US Senate ratification (in 1945) of the United Nations Charter, followed by Congressional authorization given in 1948 to President Truman to accept membership in the WHO on behalf of the US government, followed by hundreds of other implementing statutes, executive orders, presidential directives, and agency regulations.

Further, I don't think there are any substantive political mechanisms to directly intervene or stop the adoption or amendment of international legal instruments, because there is no political nexus between ordinary people and global governing institutions. Treaties are contracts between nation-states, not between governments and those who are governed. The men and women coercing public submission to their edicts — through supranational institutions — have no political subjects or constituents. There is no hereditary line of succession, and there are no electoral, recall or impeachment procedures.

As Roguski has reported, the World Health Assembly adopts IHR amendments by “silence procedure,” consensus mechanisms; there is no recorded vote. IHR amendments then enter into force in member-states through non-rejection mechanisms, which are also silent. Unless the legislature and executive formally file notice of rejection or reservation with the WHO Director-General, before the end of the interval specified in Article 59 of the IHR (2005), the amendments enter into force at the end of another, short interval.

They are self-executing.

As also laid out in Article 59, member-states are obligated to "adjust domestic legislative and administrative arrangements fully" to align them with IHR provisions within that entry-into-force time interval, by adopting implementing statutes and regulations (kill box laws) that are triggered when trigger conditions are met.

For example, by the WHO Director-General declaring a PHEIC (public health emergency of international concern) and/or by the in-country health administrator (HHS Secretary in the US) declaring a public health emergency.

Article 56, Sections 1-3 of the IHR lay out procedures for state parties to resolve disputes about the "interpretation or application" of the regulations, including mechanisms for negotiation, mediation, conciliation, and compulsory arbitration.

As a June 2022 Congressional Research Service report noted, "To date, no WHO Member State has ever invoked the Article 56 process against another Member State."

None have needed to, because Article 56, Section 4 recognizes that WHO member-states, including the United States, are also controlled by the coercive power of other "international agreements and "intergovernmental organizations," such as the Bank for International Settlements and World Trade Organization, which are empowered to use financial mechanisms to enforce the terms of the WHO Constitution and the IHR on the US Government and the people of the United States.

To avoid or reduce the financially destructive wrath of the BIS, WTO and other supranational organizations, governments of sovereign countries have subordinated themselves to the United Nations: they have "adjusted domestic legislative and regulatory arrangements" to comply with the WHO-IHR.

Nutshell again:

The US federal and state government officials — for so long as they silently defer to illegitimate, unconstitutional international legal instruments and domestic, implementing kill box laws — are subordinate to the HHS Secretary during a public health emergency.

And the HHS Secretary and all other US federal and state government officials are subordinate to the UN-WHO — for so long as they silently defer to illegitimate, unconstitutional international legal instruments — under the terms of international treaties and other "binding instruments of international law..."

Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'

The legal framework supporting federal and state government use of police power to apprehend, detain and quarantine individuals sits on three legs.

I'm writing about the federal framework because I speculate that the quarantine provisions, directed by the Secretary of Health and Human Services and Surgeon General, are provisions that the globalists will try to use more forcefully during the next pandemic simulation, through local law enforcement and public health officials: kidnappers working for the federal government while wearing local law enforcement and health care worker uniforms.

The legal tripod includes:

1. Enabling statute, 42 USC 264, passed by Congress and signed by President Roosevelt in July 1944 and amended several times since;
2. Presidential executive orders (currently EO 13295 of 2003, as amended 2005, 2014 and 2021); and
3. Two administrative regulations: one for interstate quarantine (42 CFR 70), and one for foreign quarantine, 42 CFR 71, as amended January 2017.

Current list of quarantinable communicable diseases:

- Cholera
- Diphtheria
- infectious Tuberculosis
- Measles
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled.
- Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

*

STATUTE

The enabling statute is Public Health Service Act (PHSA) Section 361, codified at 42 US Code 264, "Regulations to control communicable diseases." [42 USC 264 et seq is among the killbox laws that should be repealed by Congress. *See* draft Ending National Suicide Act[196] at Section 1.]

First few provisions:

> 42 USC 264(a) Promulgation and enforcement by Surgeon General
>
> The Surgeon General, with the approval of the [Health and Human Services] Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.
>
> 42 USC 264(b) Apprehension, detention, or conditional release of individuals
>
> Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the Secretary, in consultation with the Surgeon General.
>
> 42 USC 264(c) Application of regulations to persons entering from foreign countries
>
> Except as provided in subsection (d), regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into a State or possession from a foreign country or a possession.
>
> [Translation: regulations "only" apply to people entering the United States from abroad, except they also apply, per (d)(1), below, to people traveling between US states, or spending time with other people who might be traveling between US states.]

[196] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

> 42 USC 264(d)(1) Apprehension and examination of persons reasonably believed to be infected
>
> Regulations prescribed under this section may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage and (A) to be moving or about to move from a State to another State; or (B) to be a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary. For purposes of this subsection, the term "State" includes, in addition to the several States, only the District of Columbia.

On June 12, 2002, Congress and President Bush added 42 USC 264(d)(2), introducing the term "precommunicable stage" and "likely to cause a public health emergency" as legal predicates authorizing apprehension and detention of individuals.

> 42 USC 264(d)(2) For purposes of this subsection, the term ‘‘qualifying stage’’, with respect to a communicable disease, means that such disease—
>
> (A) is in a communicable stage; or
>
> (B) is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals.

ADMINISTRATIVE REGULATIONS

For this post, I didn't do a detailed analysis of the development of the two quarantine regulations: 42 CFR 70 and 42 CFR 71, and changes over time in definitions of *communicable disease*, *quarantinable communicable disease*, *quarantine*, *isolation*, *qualifying stage*, *precommunicable*, *asymptomatic*, *is transmitted*, *is capable of being transmitted*, *cause*, *have the potential to cause*, *non-invasive* and many other terms and phrases.

For readers interested in that development process, below at the footnote[197] are links to some of the relevant Federal Register entries.

Start with Section V, Overview of Public Comments (82 FR 6894-6930) of the 89-page Jan. 19, 2017 Federal Register Final Rule entry (82 FR 6890).

Several commenters responded to HHS' Aug. 15, 2016 Notice of Proposed Rulemaking, raising concerns about violations of the Fourth Amendment due to lack of probable cause and warrants:

> US Constitution, Fourth Amendment: The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

[197] 42 USC 264/42 CFR 70/42 CFR 71 – Control of Communicable Disease, Quarantine: 1975.02.06 40 FR 5620 re FDA 21 CFR 1240 Control of Communicable Diseases definition of communicable disease; 1985.01.11 50 FR 1519 Control of Communicable Disease Final Rule Foreign definition communicable disease 42 CFR 71; 1989.03.21 SCOTUS Skinner v. Railway Fourth Amendment drug test; 1989.03.21 SCOTUS Treasury Department v. Von Raab Fourth Amendment blood and urine test; 2000.08.16 65 FR 49906 Control of Communicable Disease move from FDA to CDC definition communicable disease 42 CFR 70 prev 21 CFR 1240; 2002.06.12 Public Health Security and Bioterrorism Preparedness and Response Act PHSBPRA 107-188 qualifying stage precommunicable; 2005.11.30 70 FR 71892 Control of Communicable Disease Notice of Proposed Rulemaking 42 CFR 70 42 CFR 71 withdrawn 2016.08.15 54230; 2006.05 DHS National Strategy Pandemic Influenza Plan cites 71892 NPRM at p. 225 of 233 asymptomatic; 2011 Federal Register Guide to Agency Rulemaking Direct Final Rule; 2012.12.26 77 FR 75880 Control Communicable Disease 42 CFR 70 Direct Final Rule Interstate Scope Definitions; 2012.12.26 77 FR 75885 Control Communicable Disease 42 CFR 71 Direct Final Rule Interstate Scope Definitions; 2012.12.26 77 FR 75936 Control Communicable Disease 42 CFR 70 NPRM Interstate Scope Definitions; 2013.02.25 77 FR 75939 Control Communicable Disease 42 CFR 71 NPRM Foreign Scope Definitions; 2013.02.25 78 FR 12621 Control Communicable Disease 42 CFR 70 Confirmation and Effective Date Direct Final Rule; 2013.02.25 78 FR 12622 Control Communicable Disease 42 CFR 71 Confirm and Effective Date Direct Final Rule; 2013.02.25 78 FR 12702 Control Communicable Disease 42 CFR 71 withdraw NPRM 75939; 2016.08.15 81 FR 54230 Control Communicable Disease Public Health Emergency 42 CFR 70 42 CFR 71 NPRM withdrawal of 2005 71892 NPRM; 2017.01.19 82 FR 6890 Control of Communicable Disease Final Rule re NPRM 54230; 2020.02.13 Draft HHS SARS-COV Apprehension Order 42 CFR 70 42 CFR 71. Live links here: https://bailiwicknews.substack.com/p/on-the-historical-development-and#footnote-1-140867928

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

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

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

> ...Several commenters questioned whether quarantine and isolation may be carried out consistent with the Fourth Amendment to the U.S. Constitution. One commenter also suggested that implementation of public health prevention measures at airports would lead to ''unreasonable searches and seizures'' under the Fourth Amendment.
>
> HHS/CDC disagrees with these assertions. The Fourth Amendment protects the rights of persons to be free in their persons, houses, papers, and effects, against unreasonable government searches and seizures.
>
> HHS/CDC notes that at ports of entry, routine apprehensions and examinations related to quarantine and isolation may fall under the border-search doctrine, which provides that, in general, searches conducted by CBP officers at the border are not subject to the requirements of first establishing probable cause or obtaining a warrant. *See United States* v. *Roberts,* 274 F.3d 1007, 1011 (5th Cir. 2001); *see also United States* v. *Bravo,* 295 F.3d 1002, 1006 (9th Cir. 2002) (noting that only in circumstances involving extended detentions or intrusive medical examinations have courts required that border searches be premised upon reasonable suspicion).
>
> Similarly, apprehensions and examination of persons traveling interstate under this rule are authorized under the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n,* 489 U.S. 602 (1989) because of the ''special need'' in preventing communicable disease spread.
>
> Furthermore, to the extent that ''probable cause,'' rather than ''special needs,'' would be the applicable Fourth Amendment standard, HHS/CDC contends that meeting the requirements of 42 U.S.C. 264 satisfies this standard. *See Villanova* v. *Abrams,* 972 F.2d 792, 795 (7th Cir.1992) (noting that probable cause for emergency civil commitment exists where "there are reasonable grounds for believing that the person seized is subject to the governing legal standard.")...
>
> HHS/CDC received a comment citing *Missouri* v. *McNeely,* where the U.S. Supreme Court ruled that police must generally obtain a warrant before subjecting a drunken-driving suspect to a blood test, and that the natural metabolism of blood alcohol does not establish a *per se* exigency that would justify a blood draw without consent.

In response, HHS/CDC notes that courts have recognized that while the requirements for probable cause and a warrant generally apply in a criminal context, these standards do not apply when the government is conducting a non-law enforcement related activity. *See Nat'l Treasury Employees Union* v. *Von Raab,* 489 U.S. 665 (1989) (reaffirming the general principle that a government search may be conducted without probable cause and a warrant when there is a special governmental need, beyond the normal need for law enforcement).

HHS/CDC reiterates that the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n.,* 489 U.S. 602 (1989) provides the appropriate legal standard under the Fourth Amendment for apprehensions and detentions under this final rule...

EXECUTIVE ORDERS

- 1946.03.26 EO 9708 communicable disease list
- 1954.05.28 EO 10532 communicable disease list
- 1962.12.12 EO 11070 communicable disease list
- 1983.12.22 EO 12452 communicable disease list
- 2003.04.04 EO 13295 Bush SARS
- 2005.04.01 EO 13375 Bush influenza
- 2014.07.31 EO 13674 Obama SARS quarantinable communicable disease
- 2021.09.17 EO 14047 Biden Measles

The first president to issue an executive order specifying quarantinable communicable diseases under 42 USC 264(b) was Truman.

March 26, 1946, Executive Order 9708, *Specifying Communicable Diseases for the Purpose of Regulations Providing for the Apprehension, Detention, or Conditional Release of Individuals to Prevent the Introduction, Transmission, or Spread of Communicable Diseases,* listed Anthrax, Chancroid, Cholera, Dengue, Diphtheria, Favus, Gonorrhea, Granuloma Inguinale, Infectious Encephalitis, Leprosy, Lymphogranuloma Venereum, Meningococcus Meningitis, Plague, Poliomyelitis, Psittacosis, Ringworm of the Scalp, Scarlet Fever, Smallpox, Streptococcic Sore Throat, Syphilis, Trachoma, Tuberculosis, Typhoid Fever, Typhus, Yellow Fever.

In May 1954, President Eisenhower issued Executive Order 10532, adding Relapsing Fever (louse-borne) to the list.

In December 1962, President Kennedy issued Executive Order 11070, adding Chickenpox and replacing Scarlet Fever and Streptococcic Sore Throat with Hemolytic Streptococcal Infections.

In December 1983, President Reagan issued Executive Order 12452, revoking Executive Orders 9708, 10532 and 11070 and providing a new list: "Cholera or suspected Cholera; Diphtheria; infectious Tuberculosis; Plague; suspected Smallpox; Yellow Fever; suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean and others not yet isolated or named)."

In April 2003, President Bush issued Executive Order 13295, revoking EO 12452.

At Section 1(a), Bush listed Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named).

At Section 1(b), Bush added common respiratory illnesses under the new name "SARS":

> "Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences."

At Section 2, Bush decreed that the HHS Secretary, "in the Secretary's discretion, shall determine whether a particular condition constitutes a communicable disease of the type specified."

At Section 3, Bush assigned "the functions of the President" under 42 U.S.C. 265 [Suspension of entries and imports from designated places to prevent spread of communicable diseases] and 267(a)) [Quarantine stations, grounds, and anchorages - Control and management] to the HHS Secretary.

In April 2005, President Bush issued Executive Order 13375, amending his 2003 EO by adding

> ''Section 1(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.''

The full list as of April 2005 included Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named); Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences; Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

In July 2014, President Obama issued Executive Order 13674, amending the 2003 Bush EO, to replace the SARS section with a new version:

> "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza.''

In September 2021, President Biden issued Executive Order 14047, adding Measles.

The current, complete list is as follows:

- Cholera
- Diphtheria
- infectious Tuberculosis
- Measles
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being

transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled.

- Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

*

To coordinate and deploy state and local law enforcement officer and health care worker use of apprehension and detention authority, the HHS Secretary, Surgeon General or possibly a delegate working at the CDC, will probably issue written quarantine orders, in conjunction with state-level orders issued by state health officials under state public health emergency/Model State Emergency Health Powers Act laws.[198]

CDC prepared a draft order for SARS-CoV-2: Feb. 13, 2020 - Draft Order for Quarantine under Section 361 of the Public Health Service Act, 42 Code Of Federal Regulations Part 70 (Interstate) And Part 71 (Foreign)[199]

[May 2024 Note: CDC issued quarantine orders in March 2020, detaining more than 3,000 passengers of the Diamond Princess and Grand Princess cruise ships at military bases including: Lackland Air Force Base (San Antonio TX), Marine Corps Air Station Miramar (San Diego CA), Travis Air Force Base (Fairfield CA) and Dobbins Air Reserve Base (Marietta, GA). Children's Health Defense obtained some of the orders and extensions in May 2024 through a Freedom of Information Act request and Sasha Latypova reported on the quarantine orders:

- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense[200] (Sasha Latypova)
- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2 The government's ability to declare pandemics based on nothing enables imprisonment without due process and must be nullified.[201] (Sasha Latypova)]

[198] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[199] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2020.02.13-draft-hhs-sars-cov-apprehension-order-42-cfr-70-42-cfr-71-1.pdf
[200] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[201] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders-6d4?utm_source=publication-search

Self-defense advice:

Local law enforcement and public health officials — acting under the legal authority they believe is delegated by HHS Secretary or Surgeon General federal quarantine orders and corresponding state-level quarantine orders — may at some point engage in door-to-door visits indicating an interest in conducting diagnostic tests, providing treatments, or escorting people to a nearby vehicle for transport to a hospital or medical holding facility.

Such law enforcement officers (LEO) and health care workers (HCW) will verbally suggest that they have the targets' best interests in mind. They do not. LEOs and HCWs will be tasked with transporting targets to secondary locations at which additional crimes will take place, committed by a different team of law enforcement and public health officers.

Politely, verbally decline these invitations, and indicate your preparedness to reinforce your polite refusal with more forceful self-defense tactics should the law enforcement officers and health care workers refuse to quietly return to their vehicles.

Discuss your self-defense plans openly on the phone, in emails and in person for the benefit of the federal government eavesdroppers.

It's plausible that if American quarantine targets respond to early attempted assaults and kidnappings in these ways, the federal quarantine, apprehension and detention programs will be discontinued.

*

Aleksandr I. Solzhenitsyn , The Gulag Archipelago:

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

Jan. 29, 2024 - Legal challenges that can terminate the 'public health emergencies' kill box programs and revoke the other 'emergency' powers wielded by the federal executive branch for 90+ years

Below is an edited email discussion about three potential legal paths that lead to stripping the federal executive branch of legal authorities it has wielded unconstitutionally and criminally for at least 90 years.

List of the federal laws that should be formally nullified by one or more states, to create an actual controversy for constitutional review by SCOTUS:

- Dec. 20, 2023 - Draft Ending National Suicide Act.[202]

States should nullify those federal laws, and also repeal their own state quarantine and 'public health emergency' management laws (MSEHPA).[203]

It's important to understand that the seven statutes listed in the draft are the foundational laws for the 'public health emergency'-predicated mass murder programs that have become much more visible and better-understood since January 2020:

1. Quarantine and Inspection, 42 USC §264 to 272
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528
3. Licensing of Biological Products, 42 USC §262 to 263
4. Public health emergencies, 42 USC § 247d to 247d-12
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34
6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37

Nullification of those seven federal statutes would terminate the PHE mass murder programs in the states that nullify them.

202 https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

203 https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules

However, there are 90+ years' worth of other 'emergency'-predicated federal abuse of power acts that also need to be nullified and/or repealed.

- Jan. 25, 2024 - Law and Antilaw: 1995 report by Constitution Society

Here's information about why repeal or nullification of the federal laws listed in the Ending National Suicide Act is necessary for terminating the PHE-EUA-MCM mass murder programs:

- Weaponization of Language and Law: US Government Bioterrorism Program from 1969 to Covid.[204] (January 2023, 2-page abstract)

- Legal History: American Domestic Bioterrorism Program. Enabling statutes, regulations, executive orders, guidance documents, etc.[205] (May 2023 version, 14 pages)

*

Here's a draft nullification-procedure bill under consideration by the Tennessee legislature:

- Aug. 21, 2023 Draft - Tennessee House Bill 0726 (PDF):

…SECTION 4. As used in this chapter:

> (1) "Federal action" includes federal law; a federal agency rule, policy, or standard; an executive order of the president of the United States; an order or decision of a federal court; and the making or enforcing of a treaty; and
>
> (2) "Unconstitutional federal action" means a federal action enacted, adopted, or implemented without authority specifically delegated to the federal government by the people and the states through the United States Constitution…

SECTION 8.

> (a) Nullification is the process whereby this state makes an official declaration that:
>
> (1) A specific federal action has exceeded the prescribed authority under the United States Constitution;
>
> (2) That said action, as being *ultra vires*, will not be recognized as valid within the bounds of this state;
>
> (3) That said action, as being *ultra vires*, is null and void in this state;

204 https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf

205 https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf

https://bailiwicknewsarchives.files.wordpress.com/2023/11/2023.08.21-tennessee-hb0726-draft.pdf

(4) That an officeholder, agency, or government employee, whether state, county, or city, serving under the authority of the Constitution of Tennessee shall not assist in any attempted enforcement of said federal action; and

(5) That state or local funds collected under the authority of the Constitution of Tennessee shall not be used to assist in any attempted enforcement of said federal action...

SECTION 9. State nullification of federal action may be accomplished in any of the following ways:

(1) The governor may, by the governor's own executive authority, issue an executive order nullifying the same, whereby all executive departments of the state are bound by said order;

(2) Any member of the general assembly may introduce a bill of nullification in the general assembly. For any such proposed bill of nullification, the bill is not subject to debate or passage in committees, and proceeds directly to the floor of each house, where said bill shall, within five (5) legislative days, be scheduled for debate on the floor of each house, and thereafter, within three (3) legislative days after the debate is closed, shall be presented for a roll call vote on each floor. The bill, if passed in the same manner as other general law, has the force and effect of law, and becomes effective immediately upon enactment. The time constraints listed in this subdivision (2) may be changed by majority vote of any house of subsequent general assemblies;

(3) Any court operating under the authority of the Constitution of Tennessee may render a finding or a holding of nullification in any case of which it otherwise has proper venue and jurisdiction, wherein the parties to said case will, upon final judgment, be bound thereby in the same manner as in other cases;

(4) Any combination of ten (10) counties and municipalities may… submit a petition of nullification [leading to] the same methods and protocols as described in subdivision (2); and

(5) The signed petitions of two thousand (2,000) registered voters of this state may submit a petition of nullification [leading to] the same methods and protocols as described in subdivision (2).

Edited email exchange on how state nullification acts represent one possible step in a sequence whose ultimate goal is restoration of constitutional rule of law nationwide.

Paraphrase of email correspondent's position:

> In your view, if I understand it correctly, a state act of nullification amounts to an act of secession, through which the state transfers the US Constitution as supreme law of the land to its own jurisdiction/territory, and simultaneously takes over the judicial review function of the US Supreme Court.

My views

I don't think your view of state legislatures, through nullification acts, superseding or displacing the US Supreme Court's constitutional review functions, is accurate.

In my view, the Supreme Court is empowered by the US Constitution to conduct constitutional review of statutes, regulations, executive orders and other laws, when an actual controversy is presented to them.

Meaningful litigation requires states to directly challenge the federal government to elicit violent federal backlash (lawsuits filed by federal government officials, against state government officials) and use the legal fight itself to expose and dismantle the unconstitutional, criminal enterprise that the federal government has become.

So far, I'm not aware of any constitutional lawyers, or even any other lawyer who practices any other type of law, who publicly discusses or is litigating these issues: the constitutional implications of the public health emergency laws, regulations and executive orders enacted since 1944 [American Domestic Bioterrorism Program laws[206]] and most forcefully executed since January 2020. I'm also not in contact with any lawyers privately who are willing to acknowledge the implications of the 'public health emergency' laws, regulations and EOs, and develop legal strategies based on those facts.

If and when such lawyers can be mobilized, their constitutional law credentials would enable them to draw the constitutional conflicts presented — emergency ruling power, which is also killing power through 'medical countermeasures' and other poisons and weapons falsely presented as regulated medicinal products, unconstitutionally concentrated in executive hands — further into public view and into federal court for SCOTUS to address.

SCOTUS would address the controversy by either ruling that the executive power as concentrated and exercised is unconstitutional and the laws are null and void, or by ruling that the constitution is suspended/superseded under 'emergency' conditions, such that America is under a federal executive dictatorship that will continue to kill and steal with legal impunity until citizens develop an alternative means to restore constitutional rule of law and stop the mass murder and mass theft programs.

206 https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

As states consider codifying and using their nullification power, many appear to be focused on possible future federal laws they would potentially want to nullify at later dates, including what they erroneously construe as possible, future sovereignty-stripping federal acts related to the World Health Organization's international legal instruments (i.e. treaties) governing global management of worldwide 'pandemics.'

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

State governors, lawmakers, lawyers and judges need to understand the massive volume of unconstitutional federal and state kill box laws *already* on the books.

In proportion to their understanding of how federal and state, unconstitutional, emergency-powers laws are *already* being used to enable killing of Americans with complete preemption[207] — complete, wrap-around civil and criminal legal impunity — state-level government officials will be better equipped to handle debates on nullification-procedure bills and specific nullification acts in their respective state capitols.

All 50 state governments currently have the legal authority to adopt legislation (nullification acts) or issue governor's executive orders nullifying unconstitutional federal laws.

If and when a state or a group of states uses their legal authority to nullify unconstitutional federal laws, their action will elicit a legal response from the federal government's executive and legislative branches.

The President, Cabinet secretaries and Congress will file suit — at the US Supreme Court — to defend their own actions as constitutional and demand judicial review of the constitutionality of the state nullification acts themselves.

See also: Dec. 6, 2023 - Litigation proposals for state Attorneys General.[208]

Those cases will be heard by SCOTUS, and they will be useful cases because they will actually present the real disputed issues that have bulit up for many, many decades, and became more visible, more forceful, and more-rapidly deadly in 2020:

Does the US Constitution authorize the federal executive branch to centralize and use legal authority under self-declared emergency conditions to injure and kill American citizens and steal their property?

Or does the US Constitution prohibit such executive centralization and abuse of legal authority?

As comprised currently, the Supreme Court may rule that the federal executive branch is empowered to kill and steal from Americans with impunity.

207 https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/2101081078-jo-advisory-opinion-prep-act-complete-preemption-01-08-2021-final-hhs-web.pdf

208 https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

If they do, however, the status of the American people as disposable chattel in a post-constitutional-rule-of-law, brute-force-based, totalitarian dictatorship will become more widely understood, allowing Americans the opportunity to better address the situation at the state and local level based on an accurate understanding of how Americans are legally construed by the federal government...

I think states can and should take action to nullify bad federal laws, articulating their reasons in terms of their assessment that the bad federal laws and acts (as passed by Congress and signed and implemented by Presidents/executive officials) are unconstitutional.

The federal executive branch and Congress hold the opposing view: they believe and are acting as if the laws they've passed and implemented are constitutionally-sound. They will defend their legal position and their acts by attacking/suing any state that dares to nullify federal acts.

But I think the Supreme Court is the institution, empowered by the US Constitution itself, to review and rule on the conflict (between the states' claim that the federal executive and legislative acts are unconstitutional, and the federal executive and legislature claims that the federal laws are constitutionally-sound) once that controversy becomes live or actual and is presented to SCOTUS.

The role to be fulfilled by states in passing nullification acts and/or filing federal complaints against the US Congress and US presidents,[209] is to create the real or actual controversy that can be put to the Supreme Court.

Without a state taking direct, open, legal action to challenge the federal laws, by using legal, constitutional state government authority, and in doing so, drawing the backlash lawsuit from the federal executive and legislative branches, there is no actual controversy for the Supreme Court to review and rule on.

SCOTUS does not review or rule on hypothetical controversies. SCOTUS only reviews and rules on actual controversies.

After the SCOTUS ruling, whether SCOTUS finds the federal laws and acts constitutional or unconstitutional, the states and the people will have better information about how the federal executive, legislative and judicial branches interpret the constitution and the legal status of states and people, and can make decisions about further actions to take in light of that information.

In my view, the necessary sequence is

1. State governments nullify (or challenge[210]) federal acts.
2. President and Congress counter-attack by filing suit asking SCOTUS to void the nullification acts or rule on the state challenge.
3. SCOTUS rules.

209 https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

210 https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

From there, two possible paths open up.

If SCOTUS rules the US Constitution as supreme law of the land prohibits federal acts and programs to kill and steal from the population, then mass murder programs terminate and restoration of constitutional rule of law can begin.

If SCOTUS rules that the US Constitution as supreme law of land allows federal acts and programs to kill and steal from the population, then states understand that SCOTUS, president and Congress are at war with the people, secede and begin to properly defend their state sovereignty, state populations and territory.

Email correspondent added:

4. State refuses to comply....the Constitution wins.

My reply:

I agree. My view of the nullification work by the states is that it's one of the three most effective, fastest ways to get the country through Steps 1 through 3, and on to Step 4 if needed.

But if Step 3 goes well, by God's grace and human cooperation with it, the whole country gets back to constitutional rule of law, instead of just individual states one by one.

The other two most effective, fastest paths are state Attorney Generals filing constitutional challenges at SCOTUS, and Congressional repeal of the kill box enabling laws,[211] both of which would also elicit a federal executive and/or legislative branch backlash, and thereby also present actual controversies to SCOTUS, leading to either nationwide termination of the kill box programs, or to the greater public understanding that would make it politically possible for more states to openly defy the feds and uphold constitutional rule of law in their own states.

211 https://bailiwicknews.substack.com/p/ending-national-suicide-act

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

How to draft a bill for a state legislature to repeal state-level emergency management, public health emergency, and communicable disease control laws. (PDF[212])

Contents:

- Note about intended users
- Synopsis: Model State Emergency Health Powers Act (MSEHPA)
- Steps for state legislators and governors to repeal public health emergency laws
- Sample repeal bill

Note about intended users

This how-to guide is intended for readers who have read and understood the documentary evidence base for three premises:

1. Global pandemics of deadly communicable disease pathogens are not possible, whether the allegedly highly-transmissible and highly-virulent pathogen is natural or lab-manipulated.
2. Global pandemics of deadly communicable disease can and have been simulated, using laws (communicable disease control law, public health emergency law); local, self-limiting dispersal of biologically-active poisons; falsified/manipulated diagnostic, medical coding and epidemiological data; and mass media propaganda.
3. Public health emergency law is part of a mass-deception program used to generate public fear, facilitate biodefense racketeering, promote compliance with economic and military-pharmaceutical homicide programs, and shorten human lives.

Supporting the conclusions:

Public health emergency law is about centralizing political power to legalize crime, and lawmakers who understand and object to the legalization of crime have sound moral and legal reasons to repeal public health emergency and communicable disease control laws, and shut down public health, emergency management and communicable disease control programs.

If you do not yet understand the evidence, and would like more information, please see legal and regulatory analysis by Katherine Watt[213] and Sasha Latypova.[214]

*

[212] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[213] https://bailiwicknews.substack.com/p/orientation-for-new-readers
[214] https://sashalatypova.substack.com/p/summary-of-everything-and-quick-links

Synopsis: Model State Emergency Health Powers Act (MSEHPA)

Emergency-predicated centralization of government authority within the federal executive branch has a long history in the United States.

Examples of Congressional acts signed by US Presidents to consolidate executive power in response to circumstances construed as national emergencies include the Trading with the Enemy Act (1917), Emergency Banking Act (1933), Reorganization Act (1939), Public Health Service Act (1944), War Powers Resolution (1973), National Emergencies Act (1976), Robert T. Stafford Disaster Relief and Emergency Assistance Act (1988), PATRIOT Act (2001), Agricultural Bioterrorism Protection Act (2002), Public Health Security and Bioterrorism Preparedness and Response Act (2002), Homeland Security Act (2002).

Executive legislation has also been enacted to expand executive emergency power, taking the form of executive orders and agency regulations published in the *Federal Register*.

Many US states have also enacted state-level general emergency management laws, mostly during and since the 1970s.

In 2001, public health lawyers affiliated with Johns Hopkins University, Georgetown University and the US Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) published a Model State Emergency Health Powers Act (MSEHPA).[215] The MSEHPA was drafted to further override constitutional separation of powers and centralize state-level executive authority on public health emergency predicates, including communicable disease outbreaks. The ensuing lobbying campaign drew momentum from false-flag anthrax attacks in September 2001.

Several related model acts are in circulation, including the Model State Public Health Privacy Act (1999); Model State Public Health Act (MSPHA, 2003) and Uniform Emergency Volunteer Health Practitioners Act (UEVHPA, 2007), and Model Public Health Emergency Authority Act (MPHEAA, 2023).

These model acts, combined with deception campaigns providing false information to federal and state lawmakers and the public about biological threats, biodefense, biosecurity, bioterrorism, emerging infectious diseases and related topics, have been used to lobby state lawmakers to expand government authority to apprehend, detain, injure and kill people and seize private property during declared public health emergencies.

[215] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/11/2001.12.21-johns-hopkins-model-state-emergency-health-powers-act-msehpa-copy.pdf

Since 2001, state legislatures and governors have updated and amended state legal codes to enact many provisions of the MSEHPA.

> MSEHPA:
>
> "The Model Act is structured to reflect 5 basic public health functions to be facilitated by law:
>
> (1) preparedness, comprehensive planning for a public health emergency;
>
> (2) surveillance, measures to detect and track public health emergencies;
>
> (3) management of property, ensuring adequate availability of vaccines, pharmaceuticals, and hospitals, as well as providing power to abate hazards to the public's health;
>
> (4) protection of persons, powers to compel vaccination, testing, treatment, isolation, and quarantine when clearly necessary; and
>
> (5) communication, providing clear and authoritative information to the public."

Since January 2020, federal and state public health, military and law enforcement officials have demonstrably used federal and state public health emergency laws to commit acts of fraud, extortion, theft, torture, homicide, and other crimes, by characterizing Covid-19 as a global pandemic of a life-threatening communicable disease, and by characterizing criminal acts as components of a lawful, coordinated, necessary, life-saving, government emergency response program.

Under existing federal and state laws, fraudulent, non-validated government claims about the existence, transmissibility and virulence of communicable disease pathogens form the legal basis for government declarations, determinations, executive orders, expenditures, policies and programs.

Under existing federal and state laws, fraudulent, non-validated diagnostic tests form the legal basis for government acts to classify, apprehend, detain and treat tested persons as public health threats, as 'asymptomatic,' 'precommunicable,' or symptomatic carriers of non-validated communicable disease pathogens.

Note: Presidential Executive Order 13295, as amended by EO 13375, 13674 and 14047, currently in force under 42 USC 264, classifies non-specific respiratory diseases as "quarantinable" diseases,[216] including "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not

[216] https://bailiwicknews.substack.com/p/on-the-historical-development-and

properly controlled" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

Under existing federal and state laws, fraudulent, non-validated data about the safety, efficacy, purity, potency and sterility of drugs, devices and biological products form the legal basis for government officials to contract with pharmaceutical companies to develop, manufacture, purchase and deploy emergency "medical countermeasures" used to intentionally injure and kill recipients.

Federal and state government acts legalized by public health emergency laws include but are not limited to issuance of public health emergency declarations, determinations and executive orders; establishment of fraudulent diagnostic testing programs and epidemiological 'dashboards;' imposition of school and business occupancy limitations and closures; mask mandates; hospital homicide protocols (sedation, dehydration and starvation); and military-pharmaceutical homicide protocols (vaccine mandates).

Public health law, and especially civil and criminal liability exemptions under the Defense Production Act (1950), "Good Samaritan" laws, National Childhood Vaccine Injury Act (1986), and the PREP Act (2005), have given public health and military officials; manufacturers and regulators of biological products, drugs and devices; pharmacists, nurses, doctors, school administrators, public and private employers and other individuals, license to kill.

*

Steps for state legislators and governors to repeal public health emergency laws

If you are a state lawmaker interested in repealing your state's crime-enabling public health emergency laws, or a citizen interested in lobbying your state lawmakers to repeal crime-enabling public health emergency laws, the following information may be useful.

STEP 1 - Identify public health emergency laws enacted by your state legislature and governor.

Several organizations collect this data, including Network for Public Health Law,[217] Temple University Center for Public Health Law Research,[218] and National Conference of State Legislatures.[219] For example, the Network for Public Health Law produced a table in 2012,[220] summarizing some of the state-level public health emergency laws that had been enacted through 2011.

Column headers referred to sections of the 2001 Model State Emergency Health Powers Act:

§ 104(m) - Defines public health emergency or like term.
§ 301 - Public health emergency reporting
§ 401 - Public health emergency declaration
§ 404(a)(1) - Suspension of laws
§ 502 - Access/control of facilities and properties
§ 603 - Vaccination/Treatment
§ 604, 605 - Isolation & Quarantine
§ 608 - Licensing of health care workers
§ 804 - Immunity for state/private actors.

For example, some of the Texas state laws identified in the 2012 table include:

§104(m) - Texas Codes Annotated §81.003(7). Defines "public health disaster" and "public health emergency."

§301 - T.C.A. §81.041(f) - Authorizes state health commissioner, "in a public health disaster," to "require reports of communicable diseases or other health conditions from providers."

§401 - T.C.A. § 81.003(7)(a) - Defines "public health emergency" as a "determination" issued by commissioner, in the form of an "emergency order."

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

[217] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf
[218] https://lawatlas.org/topics
[219] https://www.ncsl.org/health/state-quarantine-and-isolation-statutes
[220] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf

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

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

STEP 2 - Locate the online database for your state's laws and identify the public health emergency, emergency management and communicable disease control sections.

Titles of the laws vary from state to state.

You may find public health emergency law under titles such as:

- Public Health Emergency Response Authority
- Public Health Disaster
- State Public Health Emergency
- Public Health Emergencies
- Emergency Management
- Emergency Management and Security
- Emergency Services Act
- Military Affairs and Civil Defense
- Militia and Military Affairs
- Law Enforcement, Emergency Management and Military Affairs
- Military, Emergency Management and Veterans Affairs
- Disaster Preparedness Act
- State Disaster Preparedness Act
- Homeland Security Act
- Control of Diseases of Public Health Importance
- Disease Control and Threats to Public Health
- Prevention of Spread of Communicable Diseases
- Quarantine and Isolation
- Reporting requirements for infectious or contagious diseases and conditions
- Good Samaritan Act
- Limitation on liability for medical care or assistance in emergency situations

In Texas, for example, T.C.A. § 81 is located in the Texas Health and Safety Code, under Title 2, Health, Subtitle D, Prevention, Control, and Reports of Diseases; Public Health Disasters and Emergencies, at Chapter 81.

Chapter 81 is titled "Communicable Diseases; Public Health Disasters; Public Health Emergencies"[221]

Texas Health and Safety Code, Chapter 81 was enacted in 1989 as the "Communicable Disease Prevention and Control Act." It has been amended and expanded by Texas legislators and governors in 1991, 1997, 1999, 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021 and 2023.

[221] https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm

You can find related laws by reading.

For example, Texas Health and Safety Code §81.009(a) recognizes "exemption from medical treatment," and authorizes detention and isolation of an individual who declines treatment. §81.009(b) revokes recognition of the right to be "exempt from medical treatment," stating it "does not apply during an emergency or an area quarantine or after the issuance by the governor of an executive order or a proclamation under Chapter 418, Government Code (Texas Disaster Act of 1975)."

Chapter 418 is titled "Emergency Management"[222] and is located in the Texas Government Code, Title 4, Executive Branch, Subtitle B, Law Enforcement and Public Protection.

Texas Government Code Chapter 418 was first enacted in 1975 as the "Texas Disaster Act" and has been amended and expanded in 1987, 1995, 1997, 2005, 2007, 2009, 2011, 2013, 2019, 2021 and 2023.

Continue your legal research until you've located all the state laws addressing communicable disease control, public health emergencies, and emergency management in your state.

NOTE: The Texas example provided above, and used for the sample repeal act below, is not a complete list of all relevant Texas laws that should be repealed. It's a demonstration of how the investigation process starts, intended to help readers conduct legal research in their own states.

[222] https://statutes.capitol.texas.gov/Docs/GV/htm/GV.418.htm

STEP 3 - Draft a repeal bill and provide it to your state lawmakers.

If:

(1) You understand how state public health emergency laws have already been used to injure, kill and steal from the people of your state, because you have seen those laws invoked and applied since January 2020, and

(2) You don't want your governor or state health officials to exercise existing legal authority to extend Covid-19 emergency policies and programs further, and you don't want your governor or state health officials to declare additional public health or other emergencies in the future; exercise legal authority to deploy state and local public health and law enforcement officers and federal military officers (National Guard); expel you and your children from schools, businesses, workplaces and public facilities; enforce masking, social distancing, occupancy and medical treatment mandates; and apprehend, detain, assault, torture and kill people on false, non-validated and impossible-to-validate premises

Then:

(1) Draft a short bill (sample below) and give it to state lawmakers in your state who can repeal the relevant laws.

(2) Help your state lawmakers understand the lies that they and their predecessors have been told, which led to the passage of the state public health emergency, communicable disease control, and emergency management laws.

(3) Urge your state lawmakers to repeal the public health emergency, communicable disease control, and emergency management laws.

Sample repeal bill

XX TEXAS Legislature
YY Session
[Senate bill] S. XX or [House bill] H. YY

AN ACT to repeal T.C.A. § 81, Texas Health and Safety Code, Chapter 81, "Communicable Disease Prevention and Control Act," and T.C.A. §418, Government Code, Chapter 418, "Texas Disaster Act" [and related acts]

FINDING that public health emergency management and communicable disease control laws have been enacted under false pretenses and used to facilitate the commission of crimes and civil torts against the People of Texas,

Be it enacted by the Senate and House of Representatives of the State of Texas assembled,

SECTION 1. Repeal of Texas Disaster Act of 1975, as amended.

Texas Government Code, Chapter 418 "Texas Disaster Act of 1975," as amended 1987, 1995, 1997, 2005, 2007, 2009, 2011, 2013, 2019, 2021 and 2023, is hereby repealed.

SECTION 2 - Repeal of Texas Health and Safety Code, Communicable Disease Prevention and Control Act, 1989, as amended.

Texas Health and Safety Code, Communicable Disease Prevention and Control Act, 1989, as amended 1991, 1997, 1999, 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021 and 2023, is hereby repealed.

Passed the Senate: _____ [Date]
Passed the House: _____ [Date]

Attest:

April 30, 2024 - Repeal county PHE kill box law 'emergency operations plans' and withdraw from county-state and county-federal kill box contracts.

A reader emailed me asking about whether I've written templates for repeal and nullification of county-level public health emergency (PHE) laws and legal instruments (contracts).

Yesterday, Sasha Latypova posted her response to a Reuters 'fact-checker.'

- April 29, 2024 - Another false claim by Reuters fact checkers that must be fact checked...[223]

Latypova wrote:

…my hypothesis that Air BnB's email was indicative or their (or their insurance providers') realization that the governments of many countries have given themselves authority to interfere with lawful international travel under false pretenses of public health and climate threats is based on the following legal history in the US (this is only a brief summary, for details see the link below):

- Emergency-predicated centralization of government authority within the federal executive branch has a long history in the United States. Examples of Congressional acts signed by US Presidents to consolidate executive power in response to circumstances construed as national emergencies include the Trading with the Enemy Act (1917), Emergency Banking Act (1933), Reorganization Act (1939), Public Health Service Act (1944), War Powers Resolution (1973), National Emergencies Act (1976), Robert T. Stafford Disaster Relief and Emergency Assistance Act (1988), PATRIOT Act (2001), Agricultural Bioterrorism Protection Act (2002), Public Health Security and Bioterrorism Preparedness and Response Act (2002), Homeland Security Act (2002).
- Executive legislation has also been enacted to expand executive emergency power, taking the form of executive orders and agency regulations published in the Federal Register. Many US states have also enacted state-level general emergency management laws, mostly during and since the 1970s. In 2001, public health lawyers affiliated with Johns Hopkins University, Georgetown University and the US Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) published a Model State Emergency Health Powers Act (MSEHPA). The MSEHPA was drafted to further override constitutional separation of powers and centralize state-level executive authority on public health emergency predicates, including communicable disease outbreaks. The ensuing lobbying campaign drew momentum from false-flag anthrax attacks in September 2001. Several related model acts are in circulation, including the Model State Public Health Privacy Act (1999); Model State Public Health Act (2003) and Uniform Emergency Volunteer Health Practitioners Act (2007).
- These model acts, combined with deception campaigns providing false information to federal and state lawmakers and the public about biological threats, biodefense, biosecurity, bioterrorism, emerging infectious diseases and related topics, have been used to lobby state lawmakers to expand government authority to apprehend, detain, injure and

223 https://sashalatypova.substack.com/p/another-false-claim-by-reuters-fact

kill people and seize private property during declared public health emergencies. Since 2001, state legislatures and governors have updated and amended state legal codes to enact many provisions of the MSEHPA.

- Since January 2020, federal and state public health, military and law enforcement officials have demonstrably used federal and state public health emergency laws to commit acts of fraud, extortion, theft, torture, homicide, and other crimes, by characterizing Covid-19 as a global pandemic of a life-threatening communicable disease, and by characterizing criminal acts as components of a lawful, coordinated, necessary, life-saving government emergency response program. Under existing federal and state laws, fraudulent, non-validated government claims about the existence, transmissibility and virulence of communicable disease pathogens form the legal basis for government declarations, determinations, executive orders, expenditures, policies and programs.
- Under existing federal and state laws, fraudulent, non-validated diagnostic tests form the legal basis for government acts to classify, apprehend, detain and treat tested persons as public health threats, as 'asymptomatic,' 'precommunicable,' or symptomatic carriers of non-validated communicable disease pathogens. Note: Presidential Executive Order 13295, as amended by EO 13375, 13674 and 14047, currently in force under 42 USC 264, classifies non-specific respiratory diseases as "quarantinable" diseases, including "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."
- Under existing federal and state laws, fraudulent, non-validated data about the safety, efficacy, purity, potency and sterility of drugs, devices and biological products form the legal basis for government officials to contract with pharmaceutical companies to develop, manufacture, purchase and deploy emergency "medical countermeasures" used to intentionally injure and kill recipients. Federal and state government acts legalized by public health emergency laws include but are not limited to issuance of public health emergency declarations, determinations and executive orders; establishment of fraudulent diagnostic testing programs and epidemiological 'dashboards;' imposition of school and business occupancy limitations and closures; mask mandates; hospital homicide protocols (sedation, dehydration and starvation); and military-pharmaceutical homicide protocols (vaccine mandates). Public health law, and especially civil and criminal liability exemptions under the Defense Production Act (1950), "Good Samaritan" laws, National Childhood Vaccine Injury Act (1986), and the PREP Act (2005), have given public health and military officials, manufacturers and regulators of biological products, drugs and devices, pharmacists, nurses, doctors, school administrators, public and private employers and other individuals, license to kill.

For more information on how the government can legally interrupt your travel, detain and kill you under fabricated excuse of a public health emergency, I invite you to read my colleague Katherine Watt's publication, Bailiwick News.

*

I cross-posted and restacked Sasha's response to Reuters for Bailiwick readers with the following comment:

> Excellent response by Sasha to misleaders at Reuters.
>
> For readers interested in taking additional steps to block future execution of kill box programs founded on kill box laws, the text of Sasha's bullet-point list comes from this document:
>
> - March 2024 - Repeal state public health emergency, emergency management, communicable disease control laws (PDF)[224]
>
> It's a how-to guide for helping your state lawmakers understand why they need to repeal their states' public health emergency laws, and what steps they need to take to repeal those laws.
>
> Use it.
>
> Because of the American division of political authority between the federal government, headquartered in Washington DC, and the states, headquartered in each state capitol, none of the kill box programs that the US DoD-HHS-World Health Organization have carried out (including Covid-19) and none of the next kill box programs DoD-HHS-WHO want to carry out (including influenza[225]), can happen without explicit, sustained state government cooperation.
>
> So far, state governments have implemented the kill box programs as directed and financially incentivized by the DoD-HHS-WHO.
>
> State governments can repeal their public health emergency laws, and thereby break the legal links between the WHO, the US military/public health complex, and the targeted victims of their fake pandemics and toxic medicines.

*

224 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf

225 https://conspiracysarah.substack.com/p/federal-order-issued-mandatory-testing

For readers interested in working at the county level

I don't have a draft of the repeal bill how-to written specifically for county-level work.
The documents you would be looking for, and would ask your county commissioners to repeal or withdraw from, include

County-level emergency management plans that link the county to the state emergency management systems, and to the National Response Framework (NRF) and National Incident Management System (NIMS).

Example from my Pennsylvania county:

- Feb. 2021 - Centre County Emergency Operations Plan[226] (Vol. 1)

and

County-signed grant agreements (through which the county accepts state or federal funding) also known as Intergovernmental Agreements or IGAs.

Example from Cochise County, Arizona:

- May 2021 - Cochise County, AZ/Arizona Department of Health Services Intergovernmental Agreement.[227]
- Nov. 2021 - Summary analysis of Cochise County-ADHS IGA;[228] reporting by Colonel Don W. Jenkins (Ret.) and Master Sergeant F. Jack Dona (Ret.) Jan. 21, 2022;[229] Jan. 26, 2022;[230] Feb. 2, 2022.[231]

Of particular importance is the provision (see p. 17, Sec. 1.4 of the May 2021 Cochise County IGA) conditioning county receipt of federal funding on county compliance with current and future terms and conditions embedded in federal executive orders and federal agency directives.

Once you identify and get copies of those plans and contracts, you would explain to the county commissioners how they fit within the kill box framework, and list those in the draft repeal and/or contract withdrawal bill that you would present for them to adopt.

If you want to work at the county level, find a group of friends to work with you. Don't work alone.

226 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021.02-centre-county-emergency-operations-plan.pdf

227 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.08-arizona-cochise-iga-example.pdf

228 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.11.15-summary-analysis-of-cochise-county-intergovernmental-agreements.pdf

229 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.21-jenkins-dona-arizona-intergovernmental-agreements-igas.pdf

230 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.26-jenkins-dona-arizona-igas.pdf

231 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.02.02-jenkins-dona-arizonas-intergovernmental-agreements-county-ineptitude-or-planned-government-tyranny.pdf

Also, if you want to approach your county commissioners in a somewhat less confrontational way, Bailiwick reader Lydia Hazel drafted a Medical Countermeasures Awareness[232] bill a few months ago. It can be used by any tax-levying governmental entity, from school boards to Congress.

Feb. 14, 2024 - Medical Countermeasures Awareness Bill.[233]

> …To summarize the basis for the bill: the default position is that no compliance with any FDA regulation for drugs, devices or biological products is required of any EUA product manufacturer and/or enforced by FDA against any EUA product or product manufacturer, because by definition, under 21 USC 360bbb-3(k), once the product has the EUA classification, it cannot be the subject of valid clinical trials, Investigational New Drug (IND) applications, manufacturing standards, quality control testing, inspections of facilities where it's manufactured, or any other FDA product regulation pathway.
>
> Further, since a May 2019 HHS-FDA rule change,[234] the same non-regulation by default holds true for *all* biological products and biological products manufacturing facilities, whether they're making licensed, approved, unlicensed, unapproved, EUA, IND or any other class of products.

232 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/02/medical-countermeasures-awareness-bill.pdf

233 https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-3bd

234 https://bailiwicknews.substack.com/p/legalized-fda-non-regulation-of-biological

June 2, 204 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense[235]

By Sasha Latypova

…I wrote previously (May 3, 2024) about the lawsuit filed (and lost/not appealed) by the AGs of 15 states v HHS's definitions of pandemic: 'When "pandemics are declared" - what does this mean in practice?

Beware of any "freedom fighter" who supports the government's power to declare pandemics. They are fighting freedom and defending the tyranny.'[236] [*Texas, Oklahoma v. HHS* case documents[237]]

> "...In 2022 Attorneys General of 15 states sued HHS trying to repeal the HHS' definitions of "public health emergency." HHS refused to amend its definitions of a pandemic and insisted that they can claim absolutely anything is a pandemic. HHS ultimately prevailed, the case was re-filed by OK and TX, the judge dismissed it and it was not appealed. In the refusal to amend its definition of a pandemic, HHS stated that "any communicable disease event" - this means a single case of anything they claim "communicable" anywhere in the world (for example, a single cow that "tested positive" for "avian flu"), once announced by the WHO, can qualify for forced testing, tracing, detention and injections of humans or animals in any town or village in any state of the US....
>
> HHS in their argument against the 2022 petition for rulemaking from 15 AGs...described how they detained over 3000 people and held them at several DOD facilities (translation: arrested them on false pretenses without due process)..." (Sasha Latypova, May 3, 2024)

[235] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[236] https://sashalatypova.substack.com/p/pandemics-are-declared-what-does
[237] https://bailiwicknews.substack.com/p/texas-and-oklahoma-v-us-department

In response to that lawsuit, the HHS stated that they already have the authority to declare pandemics whenever they wish to, and do not need the WHO Pandemic Treaty or IHR Amendments to exercise this power.

The judge also ruled that the states did not have sovereignty on this matter.

In their response to the legal complaint by the AGs, the HHS stated that they already exercised this power in early 2020 by detaining people on false pretenses at several military bases,[238] and killing 10 of them and labeling it "covid".

Of course, they didn't word it like that, they said something about "asymptomatic," "pre-symptomatic," and "reasonable belief" that of course was based on secret PCR-enabled knowledge about an alleged pandemic virus that only CDC had and nobody could independently verify at the time, nor since, really…

The government, federal or state, can throw you into a facility and murder you any time, calling it Disease X, Y, Z, avian flu, etc. That's exactly how those CDC orders were written and dispensed for the Grand Princess passengers…

People who were not ill, without any symptoms were designated "pre-communicable" and a "threat" based on some handwaving "rules" that CDC uses and nobody can question or review were kept in detention, until CDC would decide if they can be released. They could appeal - to CDC of course, the same people who put them there! 10 people died as the result of this detention.

Ask the brave freedom warriors Governor DeSantis or AG Paxton or the 49 Republican politicians who signed "Stop the WHO" letter[239] to explain this one to you. Maybe they are interested in signing "Stop the CDC!" letter?"…

It is mine and Katherine's conclusion that under PHE, CDC Director becomes the judge, jury and executioner.

There is no due process and nowhere to appeal to but to the same MD, PhD goons who stuck you into the military prison. Dear freedom movement people, please, come back from Geneva, and let's start drafting those "Stop the CDC" campaigns asap!…

[238] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/10/2022.10.31-hhs-refuse-oklahoma-petition-for-rulemaking-texas-oklahoma-v.-hhs.pdf
[239] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2024.05-senator-letter-who.pdf

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

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

Sasha Latypova is working on a second report about this. Her first report was published in June 2024 in video (Jane Ruby interview) and written format: June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense.[240]

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

May 30, 2024 - KW email

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

HHS cites (82 FR 6890, 6915[241]) to Congress passing and amending 42 USC 264 (the quarantine statute) as denying courts judicial review authority, because Congress put the quarantine power into sole HHS Secretary control (delegated to CDC director) and (HHS argues) it would be an agency rewrite of federal statutes to "grant" federal courts "legal jurisdiction that they do not already possess:"

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

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

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

See p. 35/105 PDF of 2002 law, Public Health Security and Bioterrorism Preparedness and Response Act of 2002, PL 107-188.[242]

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

The expanded power was transferred to CDC director with the Jan. 19, 2017 Final Rule (82 FR 6890[243]) on communicable disease control. If you keyword search on 70.14 and 71.37 in the attached 2017 Federal Register notice, you'll find some citations about it.

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

For example:

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

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

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

Attaching another FR notice — they tried to put these rules in place in 2005 (70 FR 71892[244]) and ended up withdrawing them in 2016, only to push them through in Jan. 2017.

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

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

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

42 CFR 70.18 of the 2005 proposed rule,[245] which ended up as 42 CFR 70.16(m) in the 2017 version:

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

In the Jan. 19, 2017 Final Rule, (82 FR 6890[246]) HHS reported on these and other comments raising Constitutional concerns, emphasizing the "non-law enforcement," "border search," "special need, and "emergency civil commitment" character of apprehension and detention procedures carried out under public health pretexts.

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

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

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

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

Similarly, apprehensions and examination of persons traveling interstate under this rule are authorized under the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n,* 489 U.S. 602 (1989) because of the ''special need'' in preventing communicable disease spread.

Furthermore, to the extent that ''probable cause,'' rather than ''special needs,'' would be the applicable Fourth Amendment standard, HHS/CDC contends that meeting the requirements of 42 U.S.C. 264 satisfies this standard. *See Villanova* v. *Abrams,* 972 F.2d 792, 795 (7th Cir.1992) (noting that probable cause for emergency civil commitment exists where "there are reasonable grounds for believing that the person seized is subject to the governing legal standard.")...

HHS/CDC received a comment citing *Missouri* v. *McNeely,* where the U.S. Supreme Court ruled that police must generally obtain a warrant before subjecting a drunken- driving suspect to a blood test, and that the natural metabolism of blood alcohol does not establish a *per se* exigency that would justify a blood draw without consent.

In response, HHS/CDC notes that courts have recognized that while the requirements for probable cause and a warrant generally apply in a criminal context, these standards do not apply when the government is conducting a non-law enforcement related activity. *See Nat'l Treasury Employees Union* v. *Von Raab,* 489 U.S. 665 (1989) (reaffirming the general principle that a government search may be conducted without probable cause and a warrant when there is a special governmental need, beyond the normal need for law enforcement).

HHS/CDC reiterates that the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n.,* 489 U.S. 602 (1989) provides the appropriate legal standard under the Fourth Amendment for apprehensions and detentions under this final rule...

Aug. 8, 2024 - KW email

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

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

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

HHS specifically addresses habeas corpus at p. 9, 26 and 27 of the PDF (82 FR 6890) It's paid lip service, but HHS claims "HHS lacks the ability to rewrite Federal statutes or grant Federal courts with legal jurisdiction they do not already possess" to support its position that the only appeal venue in quarantine cases is HHS itself. HHS argues federal courts do not "possess" jurisdiction; Congress and executive branch stripped it through 42 USC 247d-6d(b)(7) and similar provisions of emergency powers law...

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

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

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

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

Reader reply:

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

Aug. 9, 2024 - KW email

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

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

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

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

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

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

1. *Smith v. HHS-HRSA*, an attempt to get a federal court to rule that CICP is an inadequate substitute for a jury trial. Siri has filed substantially similar cases in other federal districts, and Jeff Childers filed a substantially similar case in Florida in June 2024, *Moms v. HHS, HRSA...*
2. *Texas AG v. Pfizer*, an attempt to get a state court to rule that Pfizer violated state consumer protection laws. Removed to federal court. Pfizer filed MtD in March 2024. Kansas AG filed substantially similar case in Kansas state court in June 2024. [Texas case dismissed December 2024]
3. *Texas, Oklahoma AGs v. HHS* - States petitioned HHS to remove WHO acts from HHS' list of valid predicates for public health emergency determinations. HHS refused/ denied petition; their Oct. 2022 letter of denial is where Sasha Latypova found the info about use of 42 CFR 70 and 71 to detain cruise passengers at military bases in March 2020. Federal court upheld HHS decision, found states lack standing to challenge HHS policies. States did not appeal to circuit court of appeals.

Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2 - The government's ability to declare pandemics based on nothing enables imprisonment without due process and must be nullified.

By Sasha Latypova

I previously wrote about the "quarantine" of the Grand Princess and Diamond Princess passengers in March 2020.[248] The quarantine orders were FOIAed on my suggestion by Children's Health Defense fellow Risa Evans. We received the second tranche of the documents which contain the original medical opinion upon which people were put in quarantine at several Air Force bases, i.e. a military prison. Of course, the passengers were not told they are being imprisoned, they were lied to by the HHS/CDC representatives who scared them into compliance by the "you are asymptomatically ill/have been exposed to a deadly novel virus" story.

The full document of this FOIA production is available.[249]

The second production from HHS contained the documents I was originally looking for: the medical sign-off on the quarantine orders issued in March 2020.[250] Please read and forward to your friends and family, so that when the "health" authorities try to pull this weaponized-science-vaporware on you, you can be prepared.

Let's look at some key dates first.

Recall that on March 5, 2020, the Pentagon conducted the first Operation Warp Speed press conference,[251] where several fake pandemic warriors from Ft. Detrick (USAMRDC) announced a few curious things.

Note that Fort Detrick was the center of the U.S. biological weapons program from 1943 to 1969.[252] Since the renaming of the biological weapons program into "infectious disease research", it has hosted most elements of the United States biological defense program.[253] Meaning, the biological weapons programs continued at Ft. Detrick and in many academic and private labs around the U.S. and world-wide, but now at much greater scale, scope and funding.

Despite all this investment, they still can't make viruses that spread by themselves, so they need to fake pandemics by declaring them, producing fraudulent computer models, murdering some people, etc.

[248] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[249] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-extensions-2024.05.23-response-1-to-chd-foia-original-2024.04.23-grand-princess-diamond-42-cfr-70.6-dgmq-50-p.pdf
[250] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf
[251] https://sashalatypova.substack.com/p/world-exclusive-everything-you-wanted
[252] https://en.wikipedia.org/wiki/United_States_biological_weapons_program
[253] https://en.wikipedia.org/wiki/United_States_biological_defense_program

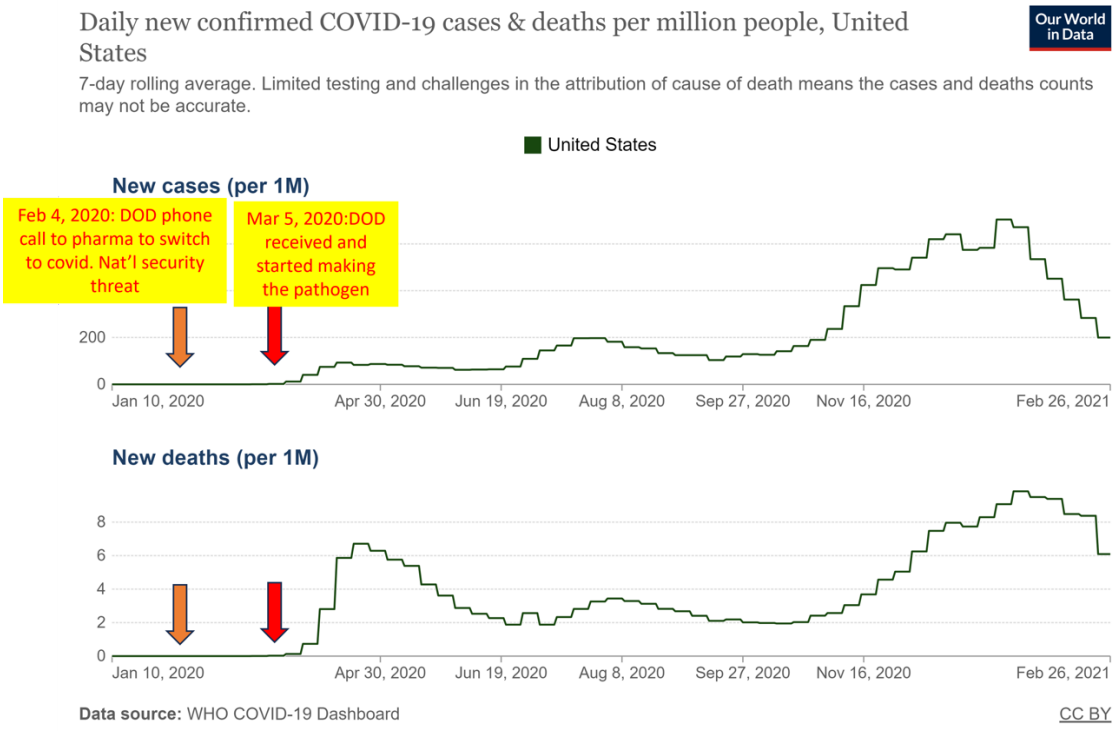
Critically, they need to claim they have a PCR "sample" of a totally scary pandemic potential "novel virus".

During the presser on March 5, 2020, Col Wendy Sammonds-Jackson announced that "we (the DOD/USAMRDC) have received the pathogen (SARS-Cov2) and we are growing it":

She's got THE SAMPLE! Yippee! We are off to the races. The DOD team stated that the alleged sample of the pathogen came from to 1 (one!) US patient from Washington state. Even if that really happened, a sample of one is absolutely meaningless for anything - diagnostic, treatment or vaccine development. I believe that 1 "sample" was only necessary to check the exemption box that allows to classify the activities that followed as "defense, infectious disease research," rather than making of the internationally prohibited bioweapons.

The production of these prohibited substances was necessary for seeding the subsequent "pandemic" and the deadly OWS EUA Countermeasures theatrics that it enabled.

Prior to March 5, 2020, there had been no "covid" disease in the US. CDC claims there were about 200 "cases" by that time, although nobody except CDC could have tested or verified anything. Immediately after Col Wendy started making stocks of it (whatever "it" was) at Ft. Detrick, the "pandemic" materialized in the US:



Three days after the DOD/USAMRDC announcing that they began growing the stock of “covid virus”, the CDC captured 3000+ people from two cruise ships, Diamond Princess (arriving internationally) and Grand Princess (domestic travel, the ship never left CA).

The detainees were lied to, sold a sci-fi script about asymptomatic deadly disease, for good measure, threatened with prosecution, and placed into a military prison (quarantine camps) at several US Air Force bases around the country with no means to appeal other than to the same people who imprisoned them, the CDC.

A quarantine order requires a sign off by a medical doctor. The original order for all passengers on the Grand Princess was issued by Nicole Cohen, MD, on March 8, 2020, titled "US Department of Health and Human Services, Centers for Disease Control and Prevention, Declaration of Medical Officer in Support of Reassessment under 42 CFR 70.15 and order pursuant to Section 361 of the Public Health Service Act (42 USC 264) for Continued Quarantine."

There are several almost identical orders and re-issues in this package[254]. They were signed by the following individuals: Douglas Hamilton, MD PhD, Quarantine Medical Officer, Quarantine and Border Health Services, Division of Global Migration and Quarantine, CDC; Nicole J. Cohen, MD, MS, Associate Director for Science (Acting), Division of Global Migration and Quarantine, Centers for Disease Control and Prevention; Debra R. Lubar, PhD, Deputy Director for Management and Operations, National Center for Emerging and Zoonotic Infectious Diseases, CDC; Lisa Rotz, MD, Deputy Director, Division of Global Migration and Quarantine, CDC; Francisco Alvarado Ramy, MD, Chief Medical Officer, Division of Global Migration and Quarantine, CDC

All of these doctors are employed by the CDC. The justification provided by Dr. Cohen boils down to the following statements.

She issues a “professional judgement” (she is the sole judge and jury here) that the detainees are in the “qualifying stages of Covid-19”:

> 5) It is my professional judgment, based on the following information and evidence, that the Persons in Quarantine are reasonably believed to be in the qualifying stage of COVID-19.* COVID-19 is a communicable disease for which quarantine is authorized under Section 361 of the Public Health Service Act (42 USC 264) and 42 CFR 70.6...
>
> *Qualifying stage is statutorily defined (42 USC 264(d)(2)) to mean:
>
> (1) The communicable stage of a quarantinable communicable disease; or
>
> (2) The precommunicable stage of the quarantinable communicable disease, but only if the quarantinable communicable disease would be likely to cause a public health emergency if transmitted to other individuals.

[254] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf

Cohen says that Severe Acute Respiratory Syndrome (SARS) is defined by executive orders 13295 (2003 Bush), 13375 (2005 Bush) and 13674 (2014 Obama):

> 6) Executive Order 13295, as amended by Executive Orders 13375 and 13674, defines "severe acute respiratory syndromes" as "diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza."

Note that an executive order is a directive issued by the President of the United States that manages the operations of the federal government. It is a written and published instruction that has the force of law, typically based on existing statutory powers. Executive orders do not require Congressional approval or legislative action to take effect, and Congress cannot overturn them. Executive orders have the authority of law, binding on executive branch agencies and employees.

I am not offering any legal advice here, just pointing out that this is a circle jerk of federal government that issues directives to itself that are only "law" to itself. In this case the federal government decided that it needs to hunt and imprison anyone with signs of seasonal cold or flu, or anyone they think MIGHT one day have signs of seasonal cold or flu. That's called "qualifying stages of Disease X". Whatever disease they want to claim. By these EOs the executive branch has authorized anyone to be put in military detention on their say-so. There is no need for actual illness to be demonstrated at all. Nice that they carved out influenza separately. No test has ever been clinically validated to differentiate influenza from covid.

Also note that the endless internet fights about "virus no isolated" are irrelevant to how the HHS announces pandemics or how CDC issues quarantine orders. No virus needs to exist at all!

The pandemic illness is defined by a presidential executive order as basically fever and cough that in the sole opinion of one CDC employee can potentially be world ending. As long as they think that and assert it in writing, no other proof is necessary. Thus, filing a thousand FOIA requests asking CDC for a proof of virus is a waste of time, and a distraction from what is going on in reality.

Please read Katherine Watt's detailed historical analysis of the relevant law, going back to the 18th century: Aug. 5, 2024 - History of federal communicable disease, quarantine and biological product law and appropriations in the United States.[255]

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

For example, here is an act from the 51st Congress, 1890 (way before substantial body of virology was developed and way before the computerized fakery such as PCR was introduced).

They simply state that whenever the President thinks that cholera, small-pox or plague exists… then the Sec of the TREASURY can make whatever rules and regulations he likes.

> March 27, 1890 - An act to prevent the introduction of contagious diseases from one State to another and for the punishment of certain offenses.[256]
>
> *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That whenever it shall be made to appear to the satisfaction of the President that cholera, yellow-fever, small-pox, or plague exists in any Stat or Territory, or in the District of Columbia, and that there is danger of the spread of such disease into other States, Territories, or the District of Columbia, he is hereby authorized to cause the Secretary of the Treasury to promulgate such rules and regulations as in his judgment may be necessary to prevent the spread of such disease...

Incidentally, fake pandemics are still the tools of the central bankers. Listen to the clip of Catherine Austin Fitts here.[257] Transcript and clip by Sense Receptor News:

> "Bird flu has nothing to do with health. It's a tool of the central bankers...when you're printing monetary inflation you need a way to create deflation on demand." Investment banker, former HUD official, and founder of the Solari Report) Catherine Austin Fitts...

At the time of the Grand Princess quarantine orders, in March 2020, the CDC (that had merged with the DOD via "the whole-of-government approach") were the sole possessor of the "test" to determine if someone has "SARS-cov-2."

Therefore they had the magic wand to wave around the quarantine ships, and, eenie-meenie-mo, into the military prison you go!

Cohen and other CDC officers further state that between January 2020 and March 2020, there has been sufficient "scientific" evidence collected showing that Covid-19 is SARS by the definitions of the cited EOs:

> 9) The scientific evidence collected concerning the outbreak of the COVID-19 disease indicates clearly that the disease meets the definition of "severe acute respiratory syndromes" as specified under Executive Order 13295, as amended by Executive Orders 13375 and 13674.

But of course! "Fever and signs of respiratory illness" is all that was needed, and the rest could be just asserted.

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[256] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1890.03.27-51st-congress-ch.-51-marine-hospital-service-interstate-communicable-disease-control-quarantine-read-summarize-upload-link.pdf
[257] https://x.com/SenseReceptor/status/1819145079371489754

Next, they cite that by March 7, 2020, 200 "cases" (by CDC's secret magic PCR wand that nobody else could scientifically check, validate or verify) were found in the US (out of 300M+ population):

> 13) As of March 7, 2020, there are over 100,000 cases of COVID-19 globally in over 90 locations. More than 200 cases have been identified in the United States.

And because they found 20 "cases" on board the ship, everyone on the ship was now tagged "pre-communicable stage of Covid-19":

> 22) It is my professional judgment that a reasonable belief has been established that the Persons in Quarantine are in the qualifying sage of COVID-19 by virtue of their having been onboard the Grand Princess cruise ship at a time when cases of COVID-19 were reported in significant numbers, indicating a high level of exposure across the ship.
>
> 23) It is also my professional judgment that a reasonable belief has been established that the Persons in Quarantine would be moving or are about to move from one State into another or constitute a probable source of infection to others who may be moving from one State into another. COVID-19 is a disease that is spread primarily by person-to-person contact through droplets produced when an infected person coughs or sneezes. If released from quarantine, the Persons in Quarantine would need to engage in additional movement and likely come into contact with unexposed persons before reaching their home destinations.

The quarantine orders are basically an arrest without due process based on an imaginary cause.

In several countries, including Canada, EU, Australia and New Zealand, military and police enforced quarantine was already used in 2020. The Blob is planning the next phase of global terrorism. Under a fake/PHEIC public health emergency declaration - they can round up people into indefinite detention, like they did with the cruise passengers, or shut down any city/town/community this way.

I am publishing this material because you will not find this information in any mainstream media. Most of the "freedom community leaders" ignore this, too. Having this information and sharing with your friends and family will prepare you to face the government goons who might try to bluff their way into detaining you. Traveling and crossing international borders, especially by cruise ships, puts you in a vulnerable position. Knowledge is power.

To help you think through this matter and prepare, here is a discussion that Katherine, I and one of our readers:

For example:

> "Courts have held, however, that not all types of searches and seizures necessarily require probable cause and a warrant.
>
> Searches and seizures conducted with the consent of an authorized person and those searches and seizures that are conducted to avert an imminent threat to health or safety do not run afoul of the Fourth Amendment even when conducted without probable cause and a warrant."
>
> It's meant to look like a form of probable cause, warrant, due process and judicial review, without being substantive, but instead being fake, like everything else.
>
> After being taken into detention, a detainee can file a habeas corpus petition for judicial review under 28 USC 2241, like any other criminal, [except they haven't been charged with a crime, but are detained for "non-law enforcement" reasons], and can also request an administrative hearing, not for constitutional or due process issues, only for medical and scientific issues.

From my own very simple perspective (informed by the history of totalitarianism), I can state with certainty that following the "health" commissars to the secondary crime scene (detention center) is a bad idea no matter what law you think applies.

In theory, there may exist some remnants of the constitutional procedure for you to theoretically appeal your undue imprisonment. But once you are locked up by the Red Guards, do you think that the judges that have sided with the Red Guards to date will look at your case fairly and apply the Constitution? I personally would not test this theory.

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

Washington state statutes, regulations, guidelines and forms.

A reader at Sasha Latypova's post (Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2[258]) commented with a link to a Washington State government website: Washington State Department of Health, Public Health Provider Resources, Emergency Preparedness, Isolation and Quarantine, Guidelines and Forms[259]

I downloaded the documents hosted at the WA-DOH site, converted them to PDFs, and provide links at the post[260] for readers interested in studying them.

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

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

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

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

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

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

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

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

Washington state law provides:

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

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

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

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

Following petition by a local health officer, any state court hearing will be held *ex parte*,[261] meaning without the presence or participation of the detainee and his or her lawyer, who therefore cannot provide evidence and argument disputing the "sole discretion" claims of the local health officer.

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

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

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

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

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

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

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

*

I corresponded recently with a reader interested in drafting habeas corpus petitions[262] for use by people facing arrest or already detained on public health and communicable disease pretexts. I published some of the habeas correspondence on Aug. 12, 2024.

There is useful information in the Washington State Department of Health forms for readers interested in drafting habeas petitions, about how state and local health officers will use state courts to enforce state-level Model State Emergency Health Powers Act (MSEHPA) laws, which their state legislatures adopted in compliance with federal public health emergency laws[263] and bribery schemes (i.e. CMS Medicare/Medicaid programs), which Congress adopted to fulfill terms of UN-WHO International Health Regulations and Bank for International Settlements/Federal Reserve/Treasury financial extortion schemes.

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

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

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

One is that I think the US military junta [PHEMCE[264]] that has been in power since the January 2020 coup (carried out under federal public health emergency law) pays attention to purchasing patterns, and the more people they think have guns and are prepared to try to defend themselves, the more reasons given to the military leaders and the military officers who may be sent door-to-door, to pause, think and back off.

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

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

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

The likelihood of a courageous sheriff or judge showing up, and using legal principles to not arrest people, or to release people from detention, is very small. The incentives for law enforcement officers and judges to cooperate with the federal military dictatorship are all in place, as are the disincentives for them to resist, and incentives and disincentives have been amply demonstrated to them for the last four years.

I also think it's worthwhile to write and publish solid and short habeas templates, as long as they accurately convey the kill box information[265] and don't pretend that the kill box laws are not in place, because every time someone reads such habeas petitions, considers the implications, thinks through trying to use them in an arrest scenario and then attempts to use them, more people become able to better see the kill box laws themselves, the underlying scientific, medical and other frauds, and Congress[266] and the state legislatures[267] as the source of the illegitimate, federal military HHS-CDC-DoD and local health officer authority and also the locus of repeal potential.

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

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

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[264] https://bailiwicknews.substack.com/p/public-health-emergency-medical-countermeasures
[265] https://x.com/realdrjaneruby/status/1820629361021607964?s=46
[266] https://bailiwicknews.substack.com/p/top-10-us-federal-laws-congress-should
[267] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

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

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

> "FIGHT - With everything you have, every ounce of energy, every possible weapon at your disposal, FIGHT. Your chances of survival if you are taken to a secondary location decrease dramatically. If you are going to die, let it happen then and there, not on their terms. I know this is a horrible thing to think about, but they have a plan in place to do what they want with you, you must have a plan in place to deny them that. FIGHT." (OPS Security Group, *Self-Defense Tips and Tactics for Kidnapping Survival*[268])

Washington State Department of Health, Public Health Provider Resources, Emergency Preparedness, Isolation and Quarantine, Guidelines and Forms,[269] live links to backup copies of these documents at post.[270]

[268] https://opssecuritygroup.com/blog-self-defense-tips-tactics-kidnapping-survival/
[269] https://doh.wa.gov/public-health-provider-resources/emergency-preparedness/isolation-and-quarantine
[270] https://bailiwicknews.substack.com/p/court-ordered-quarantine-involuntary

Sept. 7, 2024 - On 'non-law enforcement activity' carried out by law- enforcement officers and law-enforcement methods.

Reader sent a link to a template federal habeas corpus petition to me and to Sasha Latypova: Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241[271]

Sasha Latypova's reply to the sender:

My understanding is that this form will be rejected because the CDC/HHS will claim that it's not a federal imprisonment and not in the context of any crime, but "public health," i.e. the classic Nazi "for your safety." Quoting from the form:

> "Who Should Use This Form. You should use this form if
>
> - You are a federal prisoner and you wish to challenge the way your sentence is being carried out (for example, you claim that the Bureau of Prisons miscalculated your sentence or failed to properly award good time credits);
> - You are in federal or state custody because of something other than a judgment of conviction (for example, you are in pretrial detention or are awaiting extradition); or
> - You are alleging that you are illegally detained in immigration custody."

My reply to the sender, expanded:

Thank you. As I've written previously, I do think drafting habeas petition templates specific to quarantine and isolation orders issued by state and federal public health officers under communicable disease control pretexts is a good idea, for public education purposes.

People challenging state and federal quarantine and isolation orders placing them "in federal or state custody" would need to focus on the "something other than a judgment of conviction" provision, and try to make the case that quarantine and isolation detention is a form of criminal punishment imposed without commission of a crime, or on presumption-of-guilt for the presumed, non-proven and non-provable crime of susceptibility to alleged infection with allegedly transmissible, allegedly disease-causing pathogens.

I want to emphasize that, if/when habeas petitions are filed, the public health officers will probably defend their actions by insisting that what they're doing is not criminal prosecution. It's "non-law enforcement activity," and therefore habeas due process is inapplicable, because habeas is only applicable to detention for alleged criminal acts.

They'll cite to federal and state quarantine and isolation statutes, federal HHS and state health regulations and the case law since 1989 around "special needs doctrine," and the bare assertion,

[271] https://www.uscourts.gov/sites/default/files/AO_242_0.pdf

by the governments, that quarantinable communicable disease outbreaks are occurring, creating the “special needs” conditions.

Judges will probably find those arguments and factual assertions about the existence of disease, disease-causing pathogens, and the transmissibility of asserted pathogens, to be dispositive. They’ll deny the petitions as moot without further fact-finding, and uphold the detentions.

Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions.

Correspondence with a reader.

As reported at Bailiwick Sept. 7, 2024,[272] Sasha Latypova and I have been corresponding with a reader who is interested in drafting habeas corpus petition templates for use by those facing federal or state apprehension and detention on public health emergency (quarantine) pretexts.

Among other things, we've explained our support for drafting and circulating habeas petitions — for public education purposes, including educating state and federal judges, state lawmakers and Congress members — and our view that habeas corpus petitions will be rejected by courts, as Latypova put it, "because the CDC/HHS will claim that it's not a federal imprisonment and not in the context of any crime, but 'public health.' "

That is, courts will dismiss habeas and other legal challenges to quarantine orders, and uphold the challenged quarantine orders. The cases will be dismissed on standing, jurisdiction and mootness grounds, because the courts will defer to state and federal enabling laws, unless and until state legislatures, Congress and state and federal courts repeal and/or nullify the enabling laws. [Information about state-level repeal[273]; Congressional repeal[274] of public health laws.]

The reader is continuing to study the issues. Further correspondence, edited for clarity, is below.

Reader

The availability of habeas corpus relief for an apprehended individual to challenge their quarantine, isolation, or conditional release is the issue. That is, does habeas relief even apply?

The anticipated HHS-CDC argument that "it's not a federal imprisonment and not in the context of any crime" may be vulnerable as follows.

In *Boumediene v. Bush*, 553 U.S. 723 (2008),[275] a decision admittedly not directly on point and thus not binding, the persons for whom SCOTUS held habeas corpus *was* an available remedy, were *not* federally imprisoned for any crime.

Instead, they were "aliens designated as enemy combatants...detained at...Guantanamo Bay..." Some had been "apprehended on the battlefield in Afghanistan, others in places as far away from there as Bosnia and Gambia."

So, arguably, there is an argument that habeas extends beyond the context of imprisonment for crime, especially since a person who is merely "reasonably believed to be infected..." is such a low threshold, I'd argue it's unconstitutionally vague.

[272] https://bailiwicknews.substack.com/p/on-non-law-enforcement-activity-carried
[273] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[274] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[275] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2008.06.12-boumediene-v-bush-scotus.pdf

The argument that habeas is an available remedy for an apprehended, quarantined individual is buoyed by the applicable CFRs, which refer to habeas as a remedy four times, so HHS-CDC would have a hard time arguing habeas relief cannot be availed.

The more difficult aspect is the criteria by which the underlying threshold determination by CDC medical officers is made under 42 CFR 70.1, General definitions,[276] 'Reasonably believed to be infected, as applied to an individual,' defined as

> "specific articulable facts upon which a public health officer could reasonably draw the inference that an individual has been exposed, either directly or indirectly, to the infectious agent that causes a quarantinable communicable disease, as through contact with an infected person or an infected person's bodily fluids, a contaminated environment, or through an intermediate host or vector, and that as a consequence of the exposure, the individual is or may be harboring in the body the infectious agent of that quarantinable communicable disease."

I understand the arbitrary/nothing criteria under which the HHS Secretary may declare a 'public health emergency.'

But, when it comes to apprehending individuals, have you come across language in a quarantine order such as: "The people in the row in front of you on your flight from SFO to JFK yesterday just died of Marburg."

Are the criteria listed somewhere?

In the March 2020 quarantine orders from the cruise ship, do the orders contain "specific articulable criteria?"

Or is "specific articulable facts upon which a public health officer could reasonably draw the inference," 42 CFR § 70.1, all there is?

I ask because one place to challenge an apprehension and continued detention is to attack the underlying factual claim.

I take Katherine's point that "Judges will probably find those arguments and factual assertions about the existence of disease, disease-causing pathogens, and the transmissibility of asserted pathogens, to be dispositive. They'll deny the petitions as moot without fact-finding, and uphold the detentions," given the deference courts give the executive branch, and I take her point about the language in *South Bay Pentecostal v. Newsom* (courts should not second-guess executive and legislative branches on issues fraught with scientific and medical uncertainties).

But I have two thoughts in response.

First, this is where the last four years of piled up evidence about how wrong the testing procedures have been (PCR), how wrong and exaggerated mortality predictions have been, how wrong and

[276] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.1

discredited CDC has been, and all the rest, all would come into play to be used to challenge the "factual assertions" underlying the order of apprehension, quarantine.

Second, I need to read SCOTUS's recent repeal of the Chevron doctrine about deference to agencies' statutory interpretation, to see if it helps.

Katherine Watt

On whether there are specific scientific or medical criteria for public health emergency declarations and all government acts (such as quarantine orders) taken pursuant to PHE declarations, my understanding is that there are not, and there have never been, and none have ever been legally required to support governmental acts.

This gets into the interplay between

1. Scientific issues (i.e., whether 'viruses,' as physically and chemically undefined, invisible, non-isolatable, transmissible, allegedly disease-causing particles of matter, exist);

2. Non-validated and non-validatable diagnostic tests, which cannot be validated because the alleged causative agent pathogens cannot be identified or isolated;

3. Federal and state 'public health emergency' statutes (legislative) and regulations (executive-administrative) which do not define terms such as *virus* or *vaccine* by physical or chemical characteristics; but do authorize government conduct to quarantine, isolate and use diagnostics and products on allegedly exposed or infected persons; and do preempt fact-based challenges.

4. Federal and state case law (judicial) which blocks fact-finding on 1 and 2, to block challenges and uphold the laws and regulations.

In other words, arguments attacking government regulations as "unconstitutionally vague" cannot get a hearing, because *by statute* the emergency is presumed to exist upon HHS secretary declarations and determinations, which require no demonstration of any objectively measurable criteria, and the emergency status cannot be terminated by anyone other than HHS secretary.

On SCOTUS overturning Chevron through Loper, I did a brief analysis, main point of which is

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

Some details and examples of the clear Congressional intent to block all law-based attempted exits from the legal kill box in the post: July 12, 2024 - Preliminary analysis of Loper v. Raimondo[277]

The fact that HHS-CDC refer to habeas in the Jan. 19, 2017 Notice of Final Rule should not, in my view, be interpreted as HHS, CDC, or DOJ lawyers' belief that the remedy is applicable, or as their belief that courts will consider or apply the remedy.

From what I understand from having read HHS-CDC's work across many decades of Federal Register notices, they put those references in to suggest constitutional law is operative to cursory readers, but they know — and judges know — that it is not operative, because they know how it has been suspended: through the public health emergency and preemption statutes and the prior case law upholding those statutes.

Federal Register entries are part of the deception and misdirection toolkit. Elements of each notice are true, and other elements are lies, deliberately included to continue to obscure the legalized crimes from public view.

Reader

The CDC quarantine order screenshot embedded in Sasha's article linked here (1) Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby[278] (substack.com) states: "Based on the attached medical declaration, I find:..."

Have either of you acquired one of the medical declarations, that supposedly support the order?

I'm looking at how to challenge the "specific articulable facts upon which a public health officer could draw the inference that an individual has been exposed," 42 CFR § 70.1, that must support a "reasonable belief" that must exist before apprehension may be authorized under 42 CFR § 70.6, so I'd like a look at how CDC articulated the basis for the apprehensions and detentions.

Katherine Watt

Attaching a zip file of the documents I have from the Children's Health Defense FOIA sequence that began in April 2024.

The first production by HHS-CDC, May 2024, was a 50-page collection of quarantine order extensions.

- 2020.03 HHS CDC Quarantine orders Extensions, 2024.05.23 Response 1 to CHD FOIA original 2024.04.23, Grand Princess Diamond 42 CFR 70.6 DGMQ 50 p[279]

On appeal, CHD requested the original orders, even if those were group orders that didn't specify individuals.

[277] https://bailiwicknews.substack.com/p/preliminary-analysis-of-loper-v-raimondo
[278] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[279] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-extensions-2024.05.23-response-1-to-chd-foia-original-2024.04.23-grand-princess-diamond-42-cfr-70.6-dgmq-50-p.pdf

That led to the second production by CDC, July 2024, 85 pages.

- 2020.03 HHS CDC Quarantine orders Original, 2024.07.17 Response 2 to CHD FOIA appeal 2024.06.13 Grand Princess Diamond 42 CFR 70 DGMQ 85 p[280]

I haven't looked again (yet) at these documents with habeas strategy in mind, but want to emphasize that the regulations built in a group-notice system.

In a Nov. 30, 2005 Federal Register Notice of Proposed Rule, HHS-CDC indicated a plan to number the group notice provision as 42 CFR 70.18.

- 2005.11.30 70 FR 71892 Control of Communicable Disease Notice of Proposed Rulemaking 42 CFR 70 42 CFR 71 withdrawn 2016.08.15[281]

Through the Jan. 19, 2017 Final Rule, it ended up as 42 CFR 70.16(m).[282]

- 2017.01.19 82 FR 6890 Control of Communicable Disease Final Rule re NPRM 81 FR 54230[283]

If I understand it correctly, it's a version of collective presumed guilt, that covers quarantine of individuals without individual medical assessments as to exposure, risk, etc.

See "All persons," for example, at p. 25 of the 85-page collection,[284] dated March 8, 2020 and signed by Nicole S. Cohen.

This is also related to state-level public health and quarantine laws. For example, a Texas law that allows law enforcement to barricade neighborhoods and prohibit residents from leaving and entering the quarantined area.

- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws. (Katherine Watt) - "T.C.A. § 81.085(i) - Authorizes commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

[280] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf
[281] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2005.11.30-70-fr-71892-control-of-communicable-disease-notice-of-proposed-rulemaking-42-cfr-70-42-cfr-71-withdrawn-2016.08.15-54230.pdf
[282] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.16
[283] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf
[284] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf

One more document collection attached: CDC documents, February and March 2020, about "risk assessment." I haven't looked closely at these. I downloaded them in May 2024 for future reference and was intrigued by PUI status - "person under investigation."

- 2020.02.03 CDC Interim Guidance Risk Assessment Management of Persons with Potential Exposure[285]
- 2020.02.03 CDC Transcript Coronavirus Messonier [286]
- 2020.02.08 CDC Interim Guidance Risk Assessment Management Persons Exposure[287]
- 2020.02.27 CDC Person Under Investigation PUI Guidelines[288]
- 2020.03.07 CDC Interim Guidance Risk Assessment Management Persons Exposure[289]

Reader

To my original question asking for a sample medical declaration, the 85-page compilation CDC provided to CHD on July 17, 2024, helps a lot in terms of illustrating some of the conclusory statements I suspected a medical declaration might contain, as follows:

Paragraph 10: "The scientific evidence" "indicates clearly that."

Paragraph 16: "Additionally, I base my reasonable belief on information analyzed from epidemiologic and other data regarding the nature and transmission of COVID-19 on cruise ships."

Those conclusory statements in the declaration arguably do not meet 42 CFR § 70.1's standard requiring "specific articulable facts upon which a public health officer could draw the inference that an individual has been exposed," because the scientific evidence (specific articulable facts) is neither cited nor appended, so how can it be challenged by the individual under federal quarantine?

Thus, the medical declaration is legally deficient. Thus, the 42 CFR § 70.14(a) federal order authorizing quarantine made in reliance on a legally deficient medical declaration is also legally deficient.

That's how the argument would go, anyway.

I'm also looking at 42 CFR § 70.16's review process of an individual's quarantine status. Subsection 70.16(g) provides for the individual or his/her authorized advocate "to examine the available medical and other records" "that pertain to that individual."

[285] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.03-cdc-interim-guidance-risk-assessment-management-of-persons-with-potential-exposure.pdf
[286] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.03-cdc-transcript-coronavirus-messonier.pdf
[287] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.08-cdc-interim-guidance-risk-assessment-management-persons-exposure.pdf
[288] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.27-cdc-person-under-investigation-pui-guidelines.pdf
[289] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03.07-cdc-interim-guidance-risk-assessment-management-persons-exposure.pdf

Following up, do you have more information about how a disease becomes classified as a "quarantinable communicable disease?"

Katherine Watt

Diseases become classified as "quarantinable communicable diseases" by Presidential Executive Order.

Please read this post for an orientation:

- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' (Katherine Watt)

Non-specifically defined SARS was added to the list by Bush in 2003; influenza was added by Bush in 2005; Obama expanded the nonspecific definition of SARS in 2014; Biden added measles in 2021.

Executive Orders

- 1946.03.26 EO 9708 communicable disease list
- 1954.05.28 EO 10532 communicable disease list
- 1962.12.12 EO 11070 communicable disease list
- 1983.12.22 EO 12452 communicable disease list
- 2003.04.04 EO 13295 Bush SARS
- 2005.04.01 EO 13375 Bush influenza
- 2014.07.31 EO 13674 Obama SARS
- 2021.09.17 EO 14047 Biden Measles

Reader

What was unclear for me before was: what makes a "communicable disease" a "quarantinable communicable disease"? And I learned the answer, which is the disease's inclusion on the list of diseases in presidential executive orders.

Sasha Latypova

That's why I view the fight online about isolation of SARS-Cov-2 as largely a distraction. The "pandemic viruses" are declared by presidential EOs and require no science whatsoever.

Katherine Watt

More of the legal background on the lack of any scientific criteria for "quarantinable communicable disease" and the centralization of power in HHS Secretary control, below.

The 1944 Public Health Service Act, at Section 361, PL 78-410,[290] 58 Stat 703 [42 USC 264(b)] provided that

> "regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the National Advisory Health Council and the Surgeon General."

The National Advisory Health Council was formed in 1902, through PL 57-236[291] (act to rename Marine-Hospital Service as the Public Health and Marine-Hospital Service and reorganize its functions) as a nameless 9-member advisory board appointed to advise the director and employees of the Hygienic Lab (under Treasury Department) about research investigations and methods.

In 1930 (PL 71-106;[292] PL 71-251[293]), Congress changed the name of the Hygienic Lab to the National Institute of Health; expanded the membership of the advisory board to 14 by adding five "representatives of the public health profession;" named the board the National Advisory Health Council; and tasked the board with "advising the Surgeon-General...in respect to public-health activities."

In 1939, the Public Health Service was transferred from the Treasury Department to the newly-created Federal Security Agency, under the direction of the FSA Administrator.

In 1953, under the Congressional Reorganization Act of 1949 (PL 81-109) and President Eisenhower's Reorganization Plan No. 1 of 1953 (18 FR 2053[294]), the FSA was abolished and its functions transferred to the new Department of Health, Education and Welfare, with the HEW Secretary taking over the FSA Administrator's powers.

In 1966, also under the Congressional Reorganization Act of1949 (PL 81-109), President Johnson (Reorganization Plan No. 3 of 1966, 31 FR 8855[295]) transferred the Surgeon-General's functions to the Secretary of Health, Education and Welfare. The Office of Surgeon-General was abolished

[290] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1944.07.01-public-health-service-act-pl-78-410-58-stat-682.pdf
[291] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1902.07.01-pl-57-236-name-change-to-public-health-and-marine-hospital-service-directors-duties-32-stat-712-3-p.pdf
[292] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.04.09-pl-71-106-act-to-provide-for-coordination-of-public-health-activities.pdf
[293] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.05.26-pl-71-251-act-to-change-name-of-phs-hl-to-nih-create-fellowships-accept-donations-re-disease-cause-prevention-cure.pdf
[294] https://archives.federalregister.gov/issue_slice/1953/4/11/2053-2054.pdf#page=1
[295] https://archives.federalregister.gov/issue_slice/1966/6/25/8851-8855.pdf#page=5

through the same 1966 reorganization plan and then re-established as a subordinate office under the HHS Office of Assistant Secretary for Health in 1987 (52 FR 11754[296]).

In 1979, (PL 96-88) Congress set up the Education Department as a separate federal agency, and redesignated the US Health, Education and Welfare Department as the Health and Human Services Department and the HEW Secretary as the HHS Secretary.

In 2002 (PL 107-188[297]), at 116 Stat. 626, Congress eliminated the "prerequisite for National Advisory Health Council recommendation before issuing quarantine rules" and downgraded the Surgeon-General's role from "recommendation" provider to the President, to provider of "consultation" to the HHS Secretary.

Through that Public Health Security and Bioterrorism Preparedness Act of 2002, Congress amended 42 USC 264(b) [Public Health Service Act Section 361(b)], "Executive Orders Specifying Diseases Subject to Individual Detention by striking ''Executive orders of the President upon the recommendation of the National Advisory Health Council and the Surgeon General'' and inserting ''Executive orders of the President upon the recommendation of the [HHS] Secretary, in consultation with the Surgeon General."

In other words, between 1930 and 2002, the National Advisory Health Council and Surgeon General shared statutory responsibility (more or less), with the President and the Treasury Secretary, which became the Federal Security Agency Administrator, which became HEW Secretary, which became HHS Secretary, for designating quarantinable communicable diseases.

Whether the actual NAHC or any Surgeon-Generals did any substantive work or attempted to provide any valid scientific grounding for Presidential EOs, I don't know. I've found no documents to support the conclusion that they did.

Nor have I found any documents to support the conclusion that Presidents or HHS Secretaries have ever attempted to provide any valid scientific grounding for Presidential EOs.

There's a growing body of work (by Stefan Lanka, Jamie Andrews, Mike Stone, Mark and Sam Bailey and others) demonstrating that communicable disease science (i.e. 'virology') and public health policy and practice (including quarantine, isolation and vaccination) have been based on predominantly fabricated, manipulated and mischaracterized data.

That body of work supports the conclusion that the Surgeon-Generals, NAHC members, Treasury, FSA, HEW and HHS Secretaries and Presidents have never and still don't provide valid scientific grounding for Presidential EOs designating 'quarantinable communicable diseases,' because they couldn't and can't.

Regulatory amendments were made over time to build up layers of obscuring language, to keep the knowledge that the quarantine and vaccination programs are based on falsifiable and falsified scientific conclusions, away from the public targeted for systematic poisoning through vaccines.

[296] https://archives.federalregister.gov/issue_slice/1987/4/10/11752-11755.pdf#page=3
[297] https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf

In some of the Federal Register notices, there are comments from objectors, who realized that the wording was so loose, anything could be designated as a quarantinable communicable disease.

Example of the CDC's FR language obscuring the nonspecific, common illnesses of SARS and influenza having already been added in 2003, 2005 and 2014 is in Jan. 19, 2017 Final Rule (82 FR 6890[298]):

> "...Also regarding the definition of ''public health emergency,'' one public health association expressed concern that *any* disease considered to be a public health emergency may qualify it as quarantinable. Another commenter noted that some PHEICs ''most certainly do not qualify as public health emergencies'' under the proposed definition.
>
> HHS/CDC appreciates the opportunity to clarify. Only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease.
>
> The definition of *Public health emergency* is finalized as proposed."

Reader:

...While I understand the overall enormity of the problem (Surgeon General's power to set up detention camps), in cold terms the assignment of Presidential function/power to the HHS secretary is just about who approves the Surgeon-General actions. Do you agree?...

After the 2002 elimination of the "prerequisite for National Advisory Health Council recommendation before issuing quarantine rules" there are now no criteria at all — besides "consultation" with a two-org-chart-tiers-down-subordinate (the Surgeon-General) — constraining/limiting/vetting the HHS Director's choice of what disease he/she recommends the President add to the list of quarantinable communicable diseases. Is that correct?

And when one combines that recommendation power, with the power to set up detention camps, 42 USC 267(a), with the power to apprehend, 42 USC 264, and thus fill those detention camps, we have a problem, to make a spectacular understatement, and nobody besides you two and a few others are really talking about it or grasping it. Is that about right?

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

Katherine Watt

Briefly, re: your questions to me about Presidential delegation of authority to Surgeon General and HHS Secretary, I think the main significance lies in Congress unconstitutionally transferring legislative authority to the President, and the President then unconstitutionally transferring his illegitimate legislative authority to the appointed, unelected civil administrator (HHS Secretary), while Congress also purported to formally strip the judiciary of its judicial review authority over the acts of three other federal parties: Congress, President and HHS Secretary; and Congress purported to preempt the authority of state and local governments and state and local law, which are also unconstitutional Congressional acts.

I traced some of this history back to a 1939 Congressional act, the Reorganization Act of 1939 (PL 76-19), which created self-executing conditions for President and Cabinet secretaries to reorganize functions of federal agencies, and abolish and consolidate agency divisions, that Congress could only block after the reorganization plans were announced, by mounting majority votes in both houses.

It's an example of the inversion of "separation of powers" doctrine to enable concentration of power in executive/administrative branch. Congressional oversight and judicial review are construed as overstepping bounds and unduly interfering in executive functions.

Specific to the public health emergency history, the Reorganization Act of 1939 is when Congress authorized the President to create the Federal Security Agency, and transfer functions and divisions formerly under Treasury Secretary, including the Public Health Service, to the new FSA administrator. FSA later became Department of Health, Education and Welfare, and then became HHS...

HHS power to determine, declare and/or extend public health emergencies (PHEs) is a different section than the quarantine power and power to designate quarantinable communicable diseases, although they are related, for example, in the mechanism through which liability waivers are attached to products that are authorized or approved under declared/determined/extended PHE conditions.

If the PHE conditions are lifted, then the liability waivers derived from the PHE status are eliminated, although they also have redundancy built in, so that the other liability waivers remain in force and achieve the same effects.

The PHE power is mostly covered in 42 USC 247d-6d,[299] 'Targeted liability protections for pandemic and epidemic products and security measures' and 21 USC 360bbb-3,[300] 'Authorization for medical products for use in emergencies' as added and amended through the Project Bioshield Act, PREP Act and related Congressional acts.

Specifically, 42 USC 247d-6d(b), 'Declaration by Secretary' and 21 USC 360bbb-3(b), 'Declaration of emergency or threat justifying emergency authorized use.'

[299] https://www.law.cornell.edu/uscode/text/42/247d-6d
[300] https://www.law.cornell.edu/uscode/text/21/360bbb

At 42 USC 247d-6d(b)(6), 'Factors to be considered,' the enumerated "factors" are: "the desirability of encouraging the design, development, clinical testing or investigation, manufacture, labeling, distribution, formulation, packaging, marketing, promotion, sale, purchase, donation, dispensing, prescribing, administration, licensing, and use of such countermeasure."

Also important are the provisions

1. blocking all judicial review, whether by mandamus or otherwise, of "any action by the Secretary under this subsection" (42 USC 247d-6d(b)(7);

2. limiting Congressional oversight to receipt of occasional reports (42 USC 247d-6d(b)(8); and

3. preempting state and local law (42 USC 247d-6d(b)(9)

There are tentacles and redundancies built into other sections as well, that I can help you locate as you continue your orientation.

But those are the main two, and their significance lies mostly in what Congress remained silent about: Congress did not define or require any valid scientific data, or scientific data review or validation procedure, to support the HHS secretary's determinations and declarations.

Nov. 8, 2024 - On homes, neighborhoods, schools, businesses, churches and hospitals as open-air concentration camps.

A reader interested in preparing habeas corpus petitions for filing in public health emergency (quarantine) contexts, mobilizing state prosecutors to prosecute federal officials for violation of state criminal laws, and related legal issues asked about whether I know of any cases in which "a federal official…was a defendant in a criminal case brought by a state prosecutor…in the PREP Act/countermeasure context" and attached two reports about "quarantine camps."

- July 26, 2020 - Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings[301] (CDC)
- Nov. 7, 2024 - The CDC Planned Quarantine Camps Nationwide[302] (Jeffrey Tucker)

My replies, excerpts:

I have looked at the CDC quarantine camp document previously, downloaded a PDF in February 2023: July 29, 2020 - Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings[303] but had not seen the Brownstone article.

I tend to not read Brownstone because it's part of the narrative management program to keep public attention away from the intentionality of the federal poisoning programs and other government-run criminal enterprises.

I think it's worth attempting litigation on the state criminal law claims, but I think the state and federal responses can be anticipated from the cases that have already been filed, moved to federal court and/or dismissed over the past four years on standing, mootness and lack of jurisdiction grounds.

On whether I know of any cases brought by state prosecutors, the answer is no.

I know by hearsay of several attempts by civilians to engage sheriffs and prosecutors in reviewing evidence packages, to try to get them to move on to filing criminal charges. The most vivid description I've heard, about what has happened, is that the sheriff ran out the back of the building as the civilians were entering the front of the building, to avoid taking receipt of the information.

In the UK, there have been some reports of civilian teams, including former police officers, trying to file information with police officials, and the police officials, as far as I know, have accepted the information and then done nothing with it. [Mark Sexton and Philip Hyland v. The Commissioner of the Metropolitan Police[304]]**.**

[301] https://web.archive.org/web/20200728203549/https:/www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html
[302] https://brownstone.org/articles/the-cdc-planned-quarantine-camps-nationwide/
[303] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2020.07.29-cdc-quarantine-camps-interim-operational-considerations-implementing-shielding-approach-prevent-covid-19-infections-humanitarian-settings-1.pdf
[304] https://gibraltar-messenger.net/storage/2024/02/Mark-Sexton-Grounds-Final.pdf

One related case I'm aware of in the US is *Ealy et al v. Redfield et al*, an attempt to obtain a federal (not state) grand jury to investigate federal crimes (not state crimes) committed by CDC officers.

The Ealy petition was dismissed by the Oregon US District Court in November 2022 and the dismissal was affirmed by the Ninth Circuit Court of Appeals in February 2024.

- 2022.03.07 Ealy Oregon Grand Jury Petition[305]
- 2022.11.11 Ealy v Redfield USDC Order Dismiss[306]
- 2023.02.16 Ealy v. Redfield Appellate Brief[307]
- 2024.02.22 Ealy v. Redfield Ninth Circuit affirm District Court dismissal[308]

My own experiences corroborate the accounts I've heard from others. In early 2022, I went to the local police department and the county sheriff, attempting to provide evidence and encourage prosecution of the school district for committing acts of criminal child abuse through masking and distancing policies. I was told by the local police officer that he had been instructed by superior officers not to accept any such information and not to pursue any investigations.

I was told by the county sheriff that he could not investigate or prosecute school officials because they are a separate government entity not subject to county law enforcement, and that if he (the sheriff) attempted to investigate or prosecute crimes related to Covid policies, his department would be de-funded by the Democrat-controlled county commission.

Those discussions happened in early 2022 along with my related attempt to use the Pennsylvania Right to Know law (state version of FOIA) to obtain any written directives given to district attorneys and sheriffs — possibly by state AG, possibly by federal Department of Justice — to ensure that they would steer clear of investigations and prosecutions.

No records were provided in response to the FOIAs, so I concluded that the mechanism of control was primarily financial, through the Intergovernmental Agreements (IGAs), CARES Act, ESSER funding for schools, coupled with pre-existing DOJ-CDC training programs that conveyed to local and state law enforcement that once the emergency conditions are in place, their function is to support federal military control of populations.

- 2006 - The Role of Law Enforcement in Public Health Emergencies, Special Considerations for an All-Hazards Approach[309]. (DOJ)
- 2008 - A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response[310] (DOJ, CDC)

[305] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/11/2022.03.07-ealy-oregon-grand-jury-petition.pdf
[306] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2022.11.11-ealy-v-redfield-order-dismiss.pdf
[307] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/02/2023.02.16-ealy-v.-redfield-appellate-brief.pdf
[308] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.02.22-ealy-v.-redfield-ninth-circuit-affirm-district-court-dismissal-22-35962.pdf
[309] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2006.09-bureau-of-justice-assistance-pandemic-mutual-law-enforcement-assistance-planning-guide.pdf
[310] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2008-cdc-doj-legal-framework-response-public-health-2021-2.pdf

- 2017 - Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans[311] (DHS-FEMA)
- 2023 - Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans[312] (DHS-FEMA)

The citation for the domestic deployment of federal military — and its deputized officers in state and local uniform per the emergency management training programs — is currently 10 USC 282,[313] previously 10 USC 382.

For what it's worth, I think the focus on "quarantine camps" is a bit of misdirection to get people imagining Auschwitz camps being set up in rural, suburban and urban America.

During Covid, the same direct control of the general population was achieved by stay-at-home orders, school closures, and business and church restrictions, (turning homes and neighborhoods into *de facto* open-air concentration camps) and the direct control of allegedly sick people, for purposes of killing them, was done in special hospital and nursing home "Covid wards."

When the time comes for the next round, hospitals and nursing homes will probably also be used again, in the same way they've been used to kill people on coronavirus pretexts.

The federal and state public health officers will probably also escalate by attempting to barricade neighborhoods with roadblocks and not allow people to leave or re-enter their homes or neighborhoods without submitting to inspection and vaccination at the roadblocks, which will be manned by armed local, state and federal law enforcement and public health officers, along with armed federal military officers.

Lahaina, Hawaii (during and after the 2023 fire) is an example of what it could look like, as is Paradise, California during and after the Camp Fire in 2018, and many other incidents in recent years.

One example of a state law on point is Texas' T.C.A. § 81.085(i)[314] which authorizes the state health commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

[311] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2017.01.23-dhs-dept-homeland-security-biological-incident-annex.pdf
[312] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2023.05-dhs-fema-biological-incident-annex.pdf
[313] https://www.law.cornell.edu/uscode/text/10/282
[314] https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm

2025

The Annunciation. Paolo de Matteis.

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

April 17, 2025 - Authorization 'to control ingress and egress to and from a disaster area, the movement of persons within the area and the occupancy of premises therein'

Also cross-post of Sasha Latypova comment summarizing how and why vaccines are not drugs, and how and why they are not regulated.

Question from Jessica Hockett:

> Can you confirm that the word "lockdown" does not appear in any part of the U.S. communicable disease code or any other formal/legal document applicable to control of communicable diseases?
>
> Also, am I correct in saying there is no explicit provision which allows federal or local officials to declare an emergency and tell everyone to "stay home, save lives" because some seen or unseen disease is 'spreading' or "out there".

My reply:

As far as I know, the word "lockdown" does not appear in federal or state laws. I may not have found it yet in federal laws, or the act (of locking people down) may be there as a different word or phrase, such as "detention" in the home or in facilities (hospitals, nursing homes, prisons) under quarantine and isolation laws and regulations.

I haven't looked at all state laws, but I anticipate that they each have something similar to orders of detention at home or in facilities. In Pennsylvania state law, the phrase is "control the ingress and egress to and from a disaster area, the movement of persons within the area and the occupancy of premises therein."

I think all of the actions that state and federal officers took and will take during future declared emergencies under the phrase "stay home, save lives" fall under these general, open-ended provisions in federal and state laws.

For example:

> "the [HHS] Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder" [42 USC 247d(a)].

This provision is combined with HHS Secretary's Congressionally-authorized, unilateral authority to determine or declare — also general, open-ended, no evidence required —

- that there "is a public health emergency or significant potential for a public health emergency" [21 USC 360bbb-3(b)(1)(C)];
- that "an agent…can cause serious or life threatening disease or condition;" [21 USC 360bbb-3(c)(1)];

- "that a disease or other health condition or other threat to health constitutes a public health emergency, or that there is a credible risk that the disease, condition, or threat may in the future constitute such an emergency," [42 USC 247d-6d(b)(1)];
- that designated actors (program planners and qualified persons as defined in the law, which includes everyone in the countermeasure supply and use chain) "shall not have engaged in 'willful misconduct' as a matter of law where such program planner or qualified person acted consistent with applicable directions, guidelines, or recommendations by the Secretary" [42 USC 247d-6d(c)(4)]
- and on and on.

The HHS Secretary's credibility assessments of the threats are the only legally relevant credibility assessments that can occur, because of the blocking of judicial review, Congressional review, and state laws under 42 USC 247d-6d(b)(7), (b)(8) and (b)(9).

Combined, all those general, open-ended, no-evidence-required, no-evidentiary-standards, no-evidentiary-review-process, all-inclusive provisions provide legal authority for any and all actions that the Secretary performs, recommends, or otherwise causes to occur lower down the chain of command in the federal government, and in the state, local and tribal authorities — called "authorities having jurisdiction" — to whom the authorities and liability immunities are delegated or extended or applied.

State laws have similar provisions, placing the general, open-ended, no-evidence-required authority to respond in the hands of the state governors and health officials.

For example, in Pennsylvania, the governor's "Order…for Individuals to Stay at Home[315]" and related orders were issued under provisions of 1955 Disease Prevention and Control Law, 1978 Emergency Management Services (EMS) Code, and related emergency powers laws addressing disaster response, on the model of Three Mile Island nuclear contamination incidents and geographically-designated disaster areas, but applying it in terms of presumptive, asymptomatic contamination of all Pennsylvania residents with an invisible, allegedly-transmissible virus, and limiting the movement of the contaminated physical space: living human beings.

The Pennsylvania governor's order dated March 23, 2020 stated that he had "proclaimed the existence of a disaster emergency" pursuant to 35 Pa. C.S. § 7301(c) (part of the law adopted in 1978), and included in the clauses,

> "in addition to general powers, during a disaster emergency I am authorized specifically to control ingress and egress to and from a disaster area and the movement of persons within it and the occupancy of premises therein." 35 Pa. C.S. § 7301(f).

The Pennsylvania health secretary's order, also dated March 23, 2020, cited implementing regulation "28 Pa. Code §§ 27.60- 27.68 (relating to disease control measures; isolation; quarantine; movement of persons subject to isolation or quarantine; and release from isolation and quarantine)."

[315] https://www.mbm-law.net/wp-content/uploads/03_23_20-Stay-at-Home-Order-and-SOH-Stay-at-Home-Order.pdf

April 24, 2025 - PREP Act, An act of treason video discussion, Stephanie Weidle, Sasha Latypova, Katherine Watt

Link to video on Rumble[316]

Transcript excerpt:

Stephanie Weidle: And do you have records of the money given to the states under the PREP Act?

Sasha Latypova: Yes, I have some examples of, they were intergovernmental contracts. There is a huge amount of those. Original appropriation was like two trillion, but I think it was more like four trillion spent on this. And I have, mostly I focused on contracts for countermeasures of which there are hundreds, like 400 or so that have been FOIA'ed [Freedom of Information Act]. That's not all. It's just a sampling. I mostly was focusing on that. But there were also intergovernmental agreements and contracts going to essentially not just the state, the states, and then directly to the municipalities, directly to the school districts, directly to large employers. So all of that exists. I haven't like reviewed all of it. I have some samples of them.

Katherine Watt: Also through things like the CARES Act. And it related those early congressional acts to funnel funds quickly to like small businesses and school districts and states. That's where the money.

SW: What was that money to be used as?

SL: Well, they were saying it's a relief. It's emergency relief funding. So, of course, everybody loves it, free money. But it also came with provisions such as you have to sign off, for these municipal ones that I've seen, you have to sign off on...to follow all HHS and CDC guidelines now and in the future. So you're like blank signing away that you're going to, otherwise you'll have to return this money, right? So it's a mafia tactic, right? So they're giving you money now and now you have to sign off and you're going to agree with everything that they're asking you to do and we'll do it.

SW: Yes. So up through January, I was homeschooling my children. I have put them into a private Christian school. It's amazing, this school. The school did not follow any of the COVID measures. They refused to shut down. They refused to mask the kids. They refused the money that they were offered to mask the kids. And I was stunned at the measures that the state would take or the district would take to try to bribe the schools into masking their children. It's disgusting.

SL: Yes. It's like this everywhere. We were talking to a friend of ours, another Substacker. She was running, she had children who were in the homeschooling co-op. It was like 25 kids, right? So 25 kids, like it's a tiny, tiny thing. They were offered bribes. They were, it was very aggressive. They were going direct to the final frontier, 25 kids over here. We have to get them, this, it was that important...

[316] https://rumble.com/v6secjx-83.-the-prep-act-an-act-of-treason-sasha-latypova-and-katherine-watt-the-fe.html?e9s=src_v1_ucp

SW: Was this done to any, now I know that there's separation between church and state, but was there any of the bribery to churches?

SL: Of course, yes, because there is no separation of church and state. Most of the churches are 503(c) corporations. So they're not separate from the government. They're part of the government. The church, to be completely separate, and because of this corporate status, now the government has all kinds of controls over the church. And that's why most of the churches shut down. Only the ones that were not incorporated like that...

Aug. 19, 2025 - Common law, statutory law and administrative law preclusion of judicial review of government acts allegedly undertaken for disease surveillance and control.[317]

Common law: disease causation and vaccination as method to prevent spread as matters of "common belief"

In 1905, the US Supreme Court issued a ruling in Jacobson v. Massachusetts, 197 US 11, quoting from a New York Court of Appeals decision, *Viemeister v. White*, 179 N. Y. 235 (1904), which upheld a school board's smallpox vaccination requirement for a child's school attendance:

> "...The appellant claims that vaccination does not tend to prevent smallpox, but tends to bring about other diseases, and that it does much harm with no good. It must be conceded that some laymen, both learned and unlearned, and some physicians of great skill and repute, do not believe that vaccination is a preventive of smallpox.
>
> The common belief, however, is that it has a decided tendency to prevent the spread of this fearful disease and to render it less dangerous to those who contract it. While not accepted by all, it is accepted by the mass of the people as well as by most members of the medical profession. It has been general in our state and in most civilized nations for generations. It is generally accepted in theory and generally applied in practice, both by the voluntary action of the people and in obedience to the command of law.
>
> A common belief, like common knowledge, does not require evidence to establish its existence, but may be acted upon without proof by the legislature and the courts.
>
> While the power to take judicial notice is to be exercised with caution and due care taken to see that the subject comes within the limits of common knowledge, still, when according to the memory and conscience of the judge, instructed by recourse to such sources of information as he deems trustworthy, the matter is clearly within those limits, the power may be exercised by treating the fact as proved without allegation or proof..." *Viemeister v. White*, 179 NY 235

In 1974, the Supreme Court issued a ruling in *Marshall v. US* (414 U. S. 417), a case about whether a thrice-convicted felon should be eligible for an experimental narcotics treatment program. The *Marshall* court cited a 1968 case (*Powell v. Texas*, 392 US 514), to point out

> "...the inescapable fact is that there is no agreement among members of the medical profession about what it means to say that "alcoholism" is a "disease." One of the principal works in this field [E. Jellinek, *The Disease Concept of Alcoholism* (1960)] states that 'alcoholism has too many definitions and disease has practically none.'…"

[317] October 2025 Note - A version of the information published Aug. 19, 2025 also incorporated into St. Benedict Memo published in September 2025.

The Marshall court continued:

> The holding in *Powell* was a candid acknowledgment that the medical uncertainties afford little basis for judicial responses in absolute terms. When Congress undertakes to act in areas fraught with medical and scientific uncertainties, legislative options must be especially broad and courts should be cautious not to rewrite legislation, even assuming, *arguendo,* that judges with more direct exposure to the problem might make wiser choices. *Marshall v. US*, 414 U. S. 417, 427

In 2020, the US Supreme Court issued a ruling in *South Bay Pentecostal v. Newsom* (590 U. S. ____ (2020), No. 19A1044.) Chief Justice John Roberts cited *Jacobson* in holding that:

> The precise question of when restrictions on particular social activities should be lifted during the pandemic is a dynamic and fact-intensive matter subject to reasonable disagreement. Our Constitution principally entrusts "[t]he safety and the health of the people" to the politically accountable officials of the States "to guard and protect." *Jacobson* v. *Massachusetts*, 197 U. S. 11, 38 (1905).

Justice Roberts cited *Marshall* in holding that

> "...When those officials "undertake[ ] to act in areas fraught with medical and scientific uncertainties," their latitude "must be especially broad." *Marshall* v. *United States*, 414 U. S. 417, 427 (1974).

Justice Roberts cited a 1985 case (*Garcia v. San Antonio Metropolitan Transit Authority*, 469 US 528) in holding that:

Where those broad limits are not exceeded, they should not be subject to second-guessing by an "unelected federal judiciary," which lacks the background, competence, and expertise to assess public health and is not accountable to the people. See *Garcia* v. *San Antonio Metropolitan Transit Authority*, 469 U. S. 528, 545 (1985).

Statutory law and administrative law: designation of "communicable diseases" by Presidential executive order

In 1944, when enacting 42 USC 262 (regulation of biological products "applicable to diseases of man") and 42 USC 264 (communicable disease control) through the Public Health Service Act (PL 78-410), Congress did not define the term "disease" and did not direct the PHS Surgeon General or FSA Administrator to prescribe regulations defining the term "disease."

Congress authorized the President to designate "such communicable diseases as may be specified from time to time" by Executive order, and authorized the Surgeon General with the approval of the FSA Administrators at the time (HEW and HHS Secretary subsequently, after reorganizations) to "make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession" and "provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings and other measures, as in his judgment may be necessary."

In 1944, Congress did not require the President, Surgeon General, FSA Administrator (later HEW Secretary, currently HHS Secretary) to present physico-chemical evidence supporting the legal classification of a disease as caused by a communicable, transmissible, infectious or contagious agent, nor to present physico-chemical evidence supporting assertions that any agent could be extracted from a living organism in stable form or readily passed from one living person or animal to another.

At no point since 1944 have Congress, Presidents or any federal agencies or officers required or presented physico-chemical evidence for any physico-chemically unique, identifiable, stable biological agent having the capacity to cause disease, or to transmit from one living organism to another, in a one-to-one, reproducible, predictable, preventable, cause-and-effect manner.

In 1946, President Truman issued the first Presidential executive order (EO 9708) specifying quarantinable communicable diseases under 42 USC 264(b), including anthrax, chancroid, cholera, dengue, diphtheria, favus, gonorrhea, granuloma inguinale, infectious encephalitis, leprosy, lymphogranuloma venereum, meningococcus meningitis, plague, poliomyelitis, psittacosis, ringworm of the scalp, scarlet fever, smallpox, streptococcic sore throat, syphilis, trachoma, tuberculosis, typhoid fever, typhus and yellow fever.

In 1954, President Eisenhower issued Executive Order 10532, adding relapsing fever (louse-borne) to the list. In 1962, President Kennedy issued Executive Order 11070, adding chickenpox and replacing scarlet fever and streptococcic sore throat with hemolytic streptococcal infections.

In 1983, President Reagan issued Executive Order 12452, revoking Executive Orders 9708, 10532 and 11070 and providing a new list: cholera or suspected cholera; diphtheria; infectious tuberculosis; plague; suspected smallpox; yellow fever; suspected viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean and others not yet isolated or named).

In 2003, President Bush issued Executive Order 13295, revoking EO 12452 and providing a new list: cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named), and Severe Acute Respiratory Syndrome (SARS), defined as "a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences."

EO 13295 ordered that the HHS Secretary: "in the Secretary's discretion, shall determine whether a particular condition constitutes a communicable disease of the type specified" and assigned "the functions of the President" under 42 U.S.C. 265 [suspension of entries and imports from designated places to prevent spread of communicable diseases] and 267(a)) [quarantine stations, grounds, and anchorages - control and management] to the HHS Secretary.

In 2005, President Bush issued Executive Order 13375, adding "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

In 2014, President Obama issued Executive Order 13674, amending the 2003 Bush EO, to replace the SARS section with a new version: "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza."

In 2021, President Biden issued Executive Order 14047, adding Measles.

As of 2025, the list of communicable diseases subject to regulatory control by the HHS Secretary, defined solely Presidential Executive Order, includes cholera; diphtheria; infectious tuberculosis; measles; plague; smallpox; yellow fever; viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named); "Severe acute respiratory syndromes [SARS], which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled;" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

Statutory and administrative law: Administrative Procedure Act of 1946; exclusion of judicial review

In 1966 (PL 89-554), Congress revised, codified, and enacted, as Title 5 of the United States Code, provisions relating to "the organization of the Government of the United States and to its civilian officers and employees."

The 1966 codification incorporated sections of the Administrative Procedure Act of 1946 (PL 79-404), which set forth procedures through which executive agencies adopt and publish agency rules and regulations.

In the 1946 law, Congress provided for judicial review "except so far as (1) statutes preclude judicial review or (2) agency action is by law committed to agency discretion." APA, PL 79-404, Section 10.

In the 1966 law, Congress codified this provision at 5 USC 701:

> "(a) This chapter applies, according to the provisions thereof, except to the extent that (1) statutes preclude judicial review; or (2) agency action is committed to agency discretion by law." 5 USC 701(a)

Administrative agency definitions for "communicable disease" and related terms

Layered atop the absence of any legal definition of the basic term 'disease' apart from lists of purported specific diseases established by Presidential executive order without physico-chemical evidentiary foundations, are circular definitions promulgated for adjectival forms such as communicable disease, infectious disease, quarantinable disease, vaccine-preventable disease, and disease "in a communicable stage," "in a precommunicable stage," and "in a qualifying stage."

As of 1988 and amended in 1999, for purposes of 21 CFR 312 (drugs intended to treat life-threatening and severely-debilitating illnesses), HHS defined the term “life-threatening” to mean "diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted; and diseases or conditions with potentially fatal outcomes, where the end point of clinical trial analysis is survival" and HHS defined the term “severely debilitating” to mean "diseases or conditions that cause major irreversible morbidity." 21 CFR 312.81 (53 FR 41523; 64 FR 401)

In 2000, HHS issued a Final Rule under the authority of 42 USC 264, addressing control of communicable diseases; apprehension and detention of persons with specific diseases; and transfer of regulations from 21 CFR 1240 to 42 CFR 70.

HHS defined "communicable diseases" to mean "illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment." 42 CFR 70 (65 FR 49908)

In 2002, Congress defined the term "qualifying stage with respect to a communicable disease" to mean "that such disease is in a communicable stage; or is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals." 42 USC 264(d)(2) (PL 107-188)

World Health Organization, International Health Regulations (2005) defined "disease" to mean "an illness or medical condition irrespective of origin or source that presents or could present significant harm to humans" and noted, among the "innovations" of the WHO-IHR (2005): "scope not limited to any specific disease or manner of transmission."

Wikipedia defines "notifiable diseases," also known as "reportable diseases," as "any disease that is required by law to be reported to government authorities," and cites the WHO-IHR (2005), describing notification as based on the identification within a State Party’s territory of an "event that may constitute a public health emergency of international concern." In the United States, notifiable diseases are defined by case definitions for each alleged disease, through lists maintained by the CDC National Notifiable Diseases Surveillance System.

In 2006, Congress defined the term “infectious disease" to mean "a disease potentially caused by a pathogenic organism (including a bacteria, virus, fungus, or parasite) that is acquired by a person and that reproduces in that person." 42 USC 247d-6a(a)(2)(B) (PL 109-417)

As of 2009, under provisions for "expanded access to investigational drugs for treatment use," HHS defined "immediately life-threatening disease or condition" to mean "a stage of disease in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment." 21 CFR 312.300 (74 FR 40943)

HHS defined "serious disease or condition" to mean "a disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible, provided it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one." 21 CFR 312.300 (74 FR 40943)

As of 2012, HHS defined "quarantinable communicable disease" to mean "any of the communicable diseases listed in an Executive Order, as provided under section 361 of the Public Health Service Act, [42 USC 264] Executive Order 13295, of April 4, 2003, as amended by Executive Order 13375 of April 1, 2005 and any subsequent Executive Orders." 42 CFR 70.1 (77 FR 75880 and 75885)

As of 2017, HHS defined "qualifying stage" of a quarantinable disease as "statutorily defined (42 U.S.C. 264(d)(2))" [as of 2002, PL 107-188] "to mean: (1) The communicable stage of a quarantinable communicable disease; or (2) The precommunicable stage of the quarantinable communicable disease, but only if the quarantinable communicable disease would be likely to cause a public health emergency if transmitted to other individuals." 42 CFR 70.1 (82 FR 6970)

As of 2017, HHS defined "communicable stage" to mean "the stage during which an infectious agent may be transmitted either directly or indirectly from an infected individual to another individual." 42 CFR 70.1 (82 FR 6969).

As of 2017, HHS defined "precommunicable stage" to mean "the stage beginning upon an individual's earliest opportunity for exposure to an infectious agent and ending upon the individual entering or reentering the communicable stage of the disease or, if the individual does not enter the communicable stage, the latest date at which the individual could reasonably be expected to have the potential to enter or reenter the communicable stage." 42 CFR 70.1 (82 FR 6969)

As of 2017, HHS defined "non-quarantinable communicable diseases of public health concern" as "those diseases that because of their potential for spread, particularly during travel, may require a public health intervention." HHS presented this definition, not as part of a Final Rule establishing a definition under a regulation, but simply as a paragraph in a Federal Register notice. (82 FR 6892)

A 2019 Congressional Research Service report, *Global Vaccination: Trends and U.S. Role*. (R45975), defined "vaccine-preventable disease" as "an infectious disease for which an effective preventive vaccine exists," citing as source "(CDC), *Vaccines and Preventable Diseases*, https://www.cdc.gov/vaccines/vpd/index.html" [As of August 2025, this link redirects to a page listing "Vaccines By Disease."]

Discussion

The 1905 *Jacobson* ruling and the 2020 *South Bay Pentecostal* ruling reinforce the principle of judicial non-review of scientific, medical and public "common beliefs" and executive and administrative agency acts predicated on those "common" beliefs, even if the beliefs are wholly false, and known to be false yet intentionally promoted for public belief by deceitful actors positioned and motivated to suppress contradicting evidence.

The principle of judicial non-review is also reinforced by provisions of the 1946 Administrative Procedure Act, as codified in 1966, and provisions of vaccination and public health emergency laws through which Congress has explicitly committed agency acts to agency discretion. 21 USC 360bbb-3(i), for example, commits to agency discretion actions taken by the HHS Secretary, DHS Secretary and Secretary of Defense to "determine" whether an emergency exists, and actions taken by the HHS Secretary to "conclude" that "an agent...can cause a serious or life-threatening disease or condition" and that a product "may be effective in diagnosing, treating, or preventing such disease or condition."

The more uncertain the scientific or medical basis for a government biomedical policy, program or product, the less judicial review is brought to bear on legislative and executive governmental acts.

At the extreme end of the spectrum, scientific and medical bases for government policies, programs and products are completely fraudulent for communicable disease classification and case diagnosis, for infectious agent classification, and for vaccination as a method to prevent alleged infection and alleged transmission.

Disease is presumed to be "an illness caused by an agent or toxin," as reflected in 7 USC 8401(a)(1)(B)(i)(III) and (IV) under "criteria" for determining whether to include an agent or toxin on the agricultural BSAT list.

A virus "is a product containing the minute living cause of an infectious disease" according to the first US regulatory definition published in 1919, and is currently "interpreted to be a product containing the minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa." 21 CFR 600.3(h)(1)

There are no required or feasible physico-chemical definitions, claim validation methods or evidentiary review procedures for events, conditions, substances or causation.

Scope for judicial review of government biomedical policies, programs and products approaches zero.