

# Legal Walls of the Covid-19 Kill Box

Report: Attorney Todd Callender's January 30, 2022 interview by Dr. Elizabeth Lee Vliet.

I encourage readers to listen to this podcast interview of Attorney Todd Callender, conducted by Dr. Elizabeth Lee Vliet on Jan. 30, 2022.<sup>1</sup>

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 is a full 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, and many of the crime victims who formerly would have been entitled to human rights protections under law, can be legally defined as not-humans.

But it's not the end of the world, or the end of time. So it's not a permanent or irreversible, or inevitable, state of human affairs.

## 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."*<sup>2</sup> - Jan Sobieski, Warrior King of Poland, Battle of Vienna, 1683

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<sup>1</sup> <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

<sup>2</sup> <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 to create and control a new sub-human, or trans-human, species.

In the first half of the interview, Callender outlined the 2005 International Health Regulations (to which 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.

Callender also laid out the legal significance of a 2013 US Supreme Court intellectual property case (*Association for Molecular Pathology v. Myriad Genetics*), which rendered genetically-modified organisms (such as plant seeds and mice) as legally chattel property of those who own the patents for the inserted genes.

If that US Supreme Court precedent stands, it could be used to legally render people who have been injected over the past year with the mRNA/DNA pharmaceutical products marketed as Covid-19 vaccines," as the chattel property of the injection patent holders: Pfizer, BioNTech, Moderna and Johnson & Johnson corporations.

The US Congress could adopt new legislation governing the legal status of genetically "vaccinated" citizens to define them as legally identical to natural humans, thus overriding the Supreme Court precedent and ensuring that they retain all the legal, human, constitutional, civil and other rights that they lack under the GMO case law.

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.

Callender described "intergovernmental agreements," 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<sup>3</sup> (amendments to Title 10 NYCRR) and Florida<sup>4</sup> (HB7021). It's paralleled at the federal level by, for example, President Biden's indefinite extension of the Covid-19 state of emergency, issued on Feb. 18, 2022.

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.

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<sup>3</sup> [https://margaretannaalice.substack.com/p/letter-to-the-new-york-state-department?utm\\_source=url](https://margaretannaalice.substack.com/p/letter-to-the-new-york-state-department?utm_source=url)

<sup>4</sup> [https://margaretannaalice.substack.com/p/letter-to-governor-ron-desantis?utm\\_source=url](https://margaretannaalice.substack.com/p/letter-to-governor-ron-desantis?utm_source=url)

“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.”

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## Outline

- Brief Analysis
- 1990 - Three United Nations conventions
- 2005 - The Owners, through the World Health Organization, create International Health Regulations
- 2003, 2005 and 2014 US Presidents' Executive Orders listing quarantinable communicable diseases
- 2004 - 2006 - Congress passes Project Bioshield Act of 2004, PREP Act of 2005 and Pandemic and All-Hazards Preparedness Act of 2006 [Section added 3/26/22]
- 2017 - Major rulemaking by US Department of Health and Human Services
- Cumulative legal effect of International Health Regulations (IHR) and implementing national regulations and executive orders
- 2013 - US Intellectual Property and Patent Law; Title 35 U.S.C. 101
- 2020 — Clinical Treatment Protocol and Financial Coercion of Hospitals, Doctors and Nurses
- 2008 — Merger of public health with law enforcement
- Pennsylvania case study; how the IHR voids constitutional and statutory law and underpins public health martial law.
- Ransom demand from World Health Organization to G20.
- World Health Organization now working toward an expansion of the 2005 International Health Regulations
- Conclusion
- Related essays

Note: The following report is focused on legal frameworks. It doesn't include information about the deadliness of the products marketed as Covid-19 vaccines, their inefficacy at infection control, or severe adverse effects: the debilitating and fatal damage they cause to human neurological, cardiovascular, reproductive and immune systems and organs. The inherent toxicity is far beyond proved, and if readers are interested in up-to-date coverage, please check out Steve Kirsch<sup>5</sup>, Jessica Rose<sup>6</sup> and Alex Berenson<sup>7</sup> on Substack for reporting and analysis, and RealNotRare<sup>8</sup> for firsthand accounts. Many people have been investigating the crimes and raising the alarm publicly since late 2020, with no access to legacy media and no response from the legally-responsible government entities.

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<sup>5</sup> <https://stevekirsch.substack.com/>

<sup>6</sup> <https://jessicar.substack.com/>

<sup>7</sup> <https://alexberenson.substack.com/>

<sup>8</sup> <https://www.realnotrare.com/>

Update 2/28/22: this report also doesn't cover the issue of lab leak vs. natural outbreak, nor the issue of intentional<sup>9</sup> design and release vs. accidental lab leak. Good sources for that subject are Igor Chudov<sup>10</sup>, Arkmedic<sup>11</sup>, and Charles Rixey<sup>12</sup>.

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## 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 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; and
- administration of mRNA and DNA bioweapon injections;
- 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 of International Settlements.

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## 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.

He observed that humans will trade liberty for security when they believe they are under a threat.

"It has worked for thousands of years," Callender said. "It has worked again, to a large extent. Probably not to the extent that they were hoping. A lot of people were aware that something was wrong. A lot of

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<sup>9</sup> <https://www.lifesitenews.com/news/dna-found-in-coronavirus-was-patented-by-moderna-3-years-before-the-pandemic/>

<sup>10</sup> <https://igorchudov.substack.com/>

<sup>11</sup> <https://arkmedic.substack.com/p/absolute-proof-the-gp-120-sequences?s=r>

<sup>12</sup> <https://prometheusshrugged.substack.com/p/theblindwatchmaker?s=r>

people were, I think, divinely --, were whispered to in their ear, and used their discernment to understand that things were not what they appeared."

Callender said that the human individuals behind the global Covid-19 crisis are the men and women who privately own the Bank of International Settlements (BIS).

He calls them "The Owners," as a shorthand. (The names of the current leaders of the Owner families<sup>13</sup> don't matter for understanding the legal frameworks put in place to expand their political power and wealth, but their identities will matter for holding them accountable someday.)

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 decide there are too many people in the world.*

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 extort 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)<sup>14</sup>, 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

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<sup>13</sup> <https://hannenabintuherland.com/usa/the-federal-reserve-cartel-the-eight-families-who-own-usa-dean-henderson-herlandreport/>

<sup>14</sup> <https://grist.org/politics/agenda-21-everything-you-need-to-know-about-the-secret-u-n-plot-in-one-comic/>

2. elimination of borders and national sovereignty
3. depopulation

# Immunization Agenda 2030

## A global strategy to leave no one behind

*Truth in World Health Organization advertising<sup>15</sup>*

*1992-1994 - The Owners extort 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<sup>16</sup> was also opened for nation-states to sign.

By 1994, enough nations had signed for the convention<sup>17</sup> to enter into force.

*1994 - The Owners extort 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.<sup>18</sup>

The population control project was framed using keywords including empowerment of women, reproductive health and people-centered development.

*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*

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<sup>15</sup> [https://www.who.int/immunization/IA2030\\_draft\\_4\\_WHA.pdf?ua=1](https://www.who.int/immunization/IA2030_draft_4_WHA.pdf?ua=1)

<sup>16</sup> <http://newsroom.unfccc.int/>

<sup>17</sup> <https://www.un.org/sustainabledevelopment/climate-negotiations-timeline/>

<sup>18</sup> <https://www.unfpa.org/resources/a6962-framework-actions-follow-programme-action-international-conference-population-and>

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<sup>19</sup>
- World Health Organization, Oct. 15, 2020<sup>20</sup>

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## **2005 - The Owners, through the World Health Organization, create International Health Regulations**

In 2005, through the World Health Organization, the individuals who control the Bank of International Settlements created the International Health Regulations (IHR).

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,

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<sup>19</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-uk-paper-re-increasing-fear-levels-in-population.pdf>

<sup>20</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.10-who-guidance-behavioral-psychology-of-covid-vaccine-manipulation-.pdf>

"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 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" or PHEICs.

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## **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<sup>21</sup>.

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.

*Executive Order 13375 of April 1, 2014*

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<sup>21</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2003-executive-order-bush-.pdf>



On April 1, 2005, President Bush signed Executive Order 13375<sup>22</sup>, 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<sup>23</sup>, 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.

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

[Section added 3/26/22 and updated 3/29/22. More information here<sup>24</sup>.]

The Project Bioshield Act<sup>25</sup> (30 pages) was passed by Congress and signed by President George W. Bush on July 21, 2004.

The PREP Act<sup>26</sup> 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.

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<sup>22</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2005-executive-order-bush.pdf>

<sup>23</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2014-executive-order-obama.pdf>

<sup>24</sup> <https://bailiwicknews.substack.com/p/project-bioshield-act-of-2004-and?s=w>

<sup>25</sup> <https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf>

<sup>26</sup> <https://www.congress.gov/109/plaws/publ148/PLAW-109publ148.pdf#page=140>

The Pandemic and All-Hazards Preparedness Act of 2006<sup>27</sup> was passed by Congress and signed into law on Dec. 17, 2006.

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

Together with several other laws<sup>28</sup>, 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 effective February 4, 2020<sup>29</sup>, 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<sup>30</sup> 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.

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 42 USC 360bbb-3<sup>31</sup>, 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."

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## **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* 6890 Federal Register. Vol. 82, No. 12)

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<sup>27</sup> <https://www.congress.gov/109/plaws/publ417/PLAW-109publ417.pdf>

<sup>28</sup> <https://www.phe.gov/Preparedness/legal/Pages/default.aspx>

<sup>29</sup> <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

<sup>30</sup> <https://s3.documentcloud.org/documents/21206071/brook-jackson-lawsuit.pdf>

<sup>31</sup> <https://www.govinfo.gov/content/pkg/USCODE-2019-title21/pdf/USCODE-2019-title21-chap9-subchapV-partE-sec360bbb-3.pdf>

- 2017-01-19 — Federal Register on HHS Revisions<sup>32</sup> to 42 CFR Parts 70 and 71
- 42 CFR 70 — US Domestic Interstate Quarantine Regulations<sup>33</sup> as revised by HHS in 2017
- 42 CFR 71 — US Foreign Quarantine Regulations<sup>34</sup> 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<sup>35</sup>, June 2017 and *SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators*. Johns Hopkins Center for Health Security<sup>36</sup>, 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.”

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.”

<sup>32</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-federal-register-re-42-cfr-70-and-71.pdf>

<sup>33</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-70-us-domestic-interstate-quarantine-statute-as-revised-by-hhs-1.pdf>

<sup>34</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-71-us-foreign-quarantine-statute-as-revised-by-hhs.pdf>

<sup>35</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.06-johns-hopkins-global-pandemic-response-technology.pdf>

<sup>36</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.10-spars-pandemic-scenario-johns-hopkins.pdf>

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)

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## **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<sup>37</sup>, 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; and
4. 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<sup>38</sup>, Attorney Todd Callender stated: “It allows for, in every instance, a suspension of your human rights, your sovereign rights, your Constitutional rights, charter rights.”

<sup>37</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-hhs-trump-lockdown-order.pdf>

<sup>38</sup> <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

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<sup>39</sup> 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.

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## 2013 — US Intellectual Property and Patent Law; Title 35 U.S.C. 101

Case law, or legal precedents derived from judicial rulings in court cases, form another reinforcing strut of the kill box structure.

Callender cited *Association for Molecular Pathology v. Myriad Genetics*, a 2013 US Supreme Court case. According to the published Supreme Court opinion, Myriad was a company that

“obtained several patents after discovering the precise location and sequence of the [human] BRCA1 and BRCA2 genes, mutations of which can dramatically increase the risk of breast and ovarian cancer. This knowledge allowed Myriad to determine the genes’ typical nucleotide sequence, which, in turn, enabled it to develop medical tests useful for detecting mutations in these genes in a particular patient to assess the patient’s cancer risk. If valid, Myriad’s patents would give it the exclusive right to isolate an individual’s BRCA1 and BRCA2 genes, and would give Myriad the exclusive right to synthetically create BRCA cDNA.”

The Myriad court distinguished naturally-occurring DNA from synthetic or cDNA (complementary DNA):

“...One such method begins with an mRNA molecule and uses the natural bonding properties of nucleotides to create a new, synthetic DNA molecule. The result is the inverse of the mRNA’s inverse image of the original DNA, with one important distinction: Because the natural creation of mRNA involves splicing that removes introns, the synthetic DNA created from mRNA also contains only the exon sequences. This synthetic DNA created in the laboratory from mRNA is known as complementary DNA (cDNA).”

The US federal government intervened in the case<sup>40</sup>, through an amicus brief filed by the US Department of Justice, taking the position that “isolated, but otherwise unmodified DNA should not be patent eligible, but that cDNA should be patent eligible.”

The *Myriad* court found in favor of the biotech corporation and the federal government, ruling that naturally-occurring DNA is not patentable, but synthetic cDNA is patentable.

The Myriad case is the most recent intellectual property case in a line that goes back to a 1980 case called *Diamond v. Chakrabarty*, 447 U. S. 303.

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<sup>39</sup> <https://en.wikipedia.org/wiki/Democide>

<sup>40</sup> <https://www.genome.gov/about-genomics/policy-issues/Intellectual-Property>

*Chakrabarty* was a case about a US patent granted to the inventor of a "human-made, genetically engineered bacterium capable of breaking down crude oil" and upheld by the Supreme Court.

“Title 35 U.S.C. 101 provides for the issuance of a patent to a person who invents or discovers “any” new and useful “manufacture” or “composition of matter.” Respondent filed a patent application relating to his invention of a human-made, genetically engineered bacterium capable of breaking down crude oil, a property which is possessed by no naturally occurring bacteria. A patent examiner's rejection of the patent application's claims for the new bacteria was affirmed by the Patent Office Board of Appeals on the ground that living things are not patentable subject matter under 101. The Court of Customs and Patent Appeals reversed, concluding that the fact that micro-organisms are alive is without legal significance for purposes of the patent law.

Held: A live, human-made micro-organism is patentable subject matter under 101. Respondent's micro-organism constitutes a “manufacture” or “composition of matter” within that statute.”

The *Chakrabarty* court highlighted the potential moral hazards of its decision:

“[T]he petitioner, with the support of amicus, points to grave risks that may be generated by research endeavors such as respondent's. The briefs present a gruesome parade of horrors. Scientists, among them Nobel laureates, are quoted suggesting that genetic research may pose a serious threat to the human race, or, at the very least, that the dangers are far too substantial to permit such research to proceed apace at this time. We are told that genetic research and related technological developments may spread pollution and disease, that it may result in a loss of genetic diversity, and that its practice may tend to depreciate the value of human life.”

But the *Chakrabarty* court concluded that such moral, ethical and biological risks were beyond its judicial purview; the judges deferred to elected members of Congress for resolution.

Between *Chakrabarty* in 1980 and *Myriad* in 2013, and since, several court cases involving Monsanto, Dupont, Syngenta and other biotech corporations developed an ownership and licensing paradigm for patented living organisms such as plant seeds and research animals.

For example, farmers obtain licenses from biotech corporations to grow and use patented seed lines, but the farmers don't own the seeds. So Monsanto and other companies have successfully prosecuted farmers, and been awarded millions of dollars in fines. Farmers have been prosecuted for saving seeds and replanting them in following growing seasons, for example, and they've been prosecuted for GMO crops that have grown, unlicensed, on their land from seeds blown from nearby, licensed crops. *See Seed Giants v. US Farmers report*<sup>41</sup>, 2013.

The result: under international and American intellectual property and patent law, the act of genetic modification results in the modification-device patent holders owning the modified biological subject.

#### *Judicial precedent applicable to human recipients of mRNA/DNA injections*

After injection with the mRNA or DNA spike protein instructions, the human body and its cells become “a spike-protein factory,” as countless explainer pieces have informed the public since late 2020.

Callender believes that because “synthetic genomes are the chattel property, the intellectual property, of the patent holders,” and because the mRNA and DNA pharmaceutical products marketed by the US government,

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<sup>41</sup> <https://www.centerforfoodsafety.org/reports/1770/seed-giants-vs-us-farmers>

Pfizer/BioNTech, Moderna and Johnson & Johnson alter the DNA in the cells of the recipients to cause the production of spike proteins and make other, as-yet-unknown changes to the human genome, “All the people that got those shots, are now the chattel property of the patent holders of those shots.”

Combining the 2013 Supreme Court precedent, with the 2021 injection of billions of people with genome-modifying medical devices, The Owners, who gained ownership of physical and financial assets (food supply, water supply, energy supplies, financial systems) starting in the late 1800s, and who added the political assets of national governments, through the militarized public health apparatus put in place between 1990 and 2020, now own a large portion of the world's human assets as well.

"Now they actually own our humanity," Callender summarized.

Dr. Lee asked about the implications:

“I'm not judging, negatively, the people who chose to get the shot. Because they were manipulated to think they were doing the right thing. They were not given all of this information. They were not given any risk assessments. So they were pawns in the bigger scheme that you are describing, that's been in the plans for a long time.”

Callender said control over “what used to be humanity...appears to be limitless” on the vaccinated.

“They are not human beings. They are no longer humans for purposes of the law...because willingly, for consideration of the shot, each person became somebody else's property.”

One of the legal implications relate to potential prosecution of governments and pharmaceutical companies for homicide.

However, if a person shoots a dog, Callender said, the shooter can't be prosecuted for homicide, because a dog is not a human and homicide legally refers to the intentional killing of a human being.

If — as the *Myriad* precedent implies — a vaccinated human is legally distinct from a natural, unvaccinated human, and is owned by the pharmaceutical companies rather than owned by him or herself:

“Do they enjoy human rights? Do they enjoy protections against homicide? Do they enjoy privacy rights? Do they enjoy any rights at all?” Callender asked. “Short answer is seemingly, No...That's how nefarious and detailed” the plan is.

Taken to the logical conclusion, for however long vaccinated humans are legally-distinct from natural humans, it will be difficult or impossible to prosecute the perpetrators for genocide on behalf of those killed by the injections. The victims, from a legal perspective, are not people and have no natural, God-given or Constitutionally-protected human sovereignty or rights to life or liberty.

As of late-February 2022, the US Congress has not acted to classify Covid-19-vaccinated humans as fully sovereign individuals or otherwise legislatively protect them from genome-based chattel slavery wrought by intellectual property law.

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

During the Jan. 30 interview, Dr. Lee 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)<sup>42</sup> and related funding<sup>43</sup> 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.

Once they were extremely sick and arrived at the hospital, they were admitted and classified as Covid-19 patients. Then they were forcibly<sup>44</sup> 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<sup>45</sup> to the hospitals and families<sup>46</sup>.

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<sup>42</sup> <https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-ncap>

<sup>43</sup> <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

<sup>44</sup> <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

<sup>45</sup> <https://fredbrownbill.wordpress.com/2021/12/26/bidens-bounty-on-your-life-hospitals-incentive-payments-for-covid-19-2/>

<sup>46</sup> <https://www.fema.gov/press-release/20210324/fema-help-pay-funeral-costs-covid-19-related-deaths>



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.

As of late-February 2022, these federal protocols are still in place, and still killing people.

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## **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"<sup>47</sup> 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?”

#### *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.

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<sup>47</sup> <https://intersector.com/resource/framework-improving-cross-sector-coordination-emergency-preparedness-response/>

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*<sup>48</sup>.

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<sup>49</sup>.

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<sup>50</sup>.

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).

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

On Feb. 4, 2022, the National File<sup>51</sup> 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*<sup>52</sup> 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.

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<sup>48</sup> <https://s3.documentcloud.org/documents/21055360/9321-petition-for-review-filed.pdf>

<sup>49</sup> <https://sullivan-simon.com/corman-v-acting-secy-of-the-pa-dept-of-health/>

<sup>50</sup> <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>

<sup>51</sup> <https://nationalfile.com/teddy-daniels-vows-arrest-government-officials-enforce-unconstitutional-mandates/>

<sup>52</sup> <https://bailiwicknews.substack.com/p/butler-v-wolf>

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<sup>53</sup>.

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<sup>54</sup> — helped drive the constitutional amendment proposed by the Pennsylvania legislature, which was put on the ballot in May 2021, approved by voters<sup>55</sup>, 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<sup>56</sup>, 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.

PennRecord reported on that August 2021 Third Circuit ruling<sup>57</sup>, 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<sup>58</sup>, although the story is behind a paywall so I can't read it in full.

#### *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.

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<sup>53</sup> <https://renzlaw.files.wordpress.com/2020/09/pa-butler-v.-wolf1.pdf>

<sup>54</sup> <https://bailiwicknews.substack.com/p/liberty-v-tyranny-pennsylvania-edition>

<sup>55</sup> <https://bailiwicknews.substack.com/p/hooray>

<sup>56</sup> <https://bailiwicknews.substack.com/p/pennsylvania-house-and-senate-have>

<sup>57</sup> <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>

<sup>58</sup> <https://www.law.com/thelegalintelligencer/2022/01/11/scotus-rejects-appeal-over-constitutionality-of-pa-s-covid-closures/>

So long as a WHO-declared public health emergency of international concern (PHEIC) is in effect, nation-states who have signed on to the 2005 International Health Regulations are legally obligated — presumably under penalty of losing access to the privately-owned Bank of 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.

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## **Ransom demand from World Health Organization to G20**

On February 9, 2022, the World Health Organization announced its ransom demand, seeking \$16 billion from high-income nation-states, to fund expanded testing and injections in middle- and low-income countries, to end WHO's "public health emergency of international concern."

WHO wants rich states to contribute to Covid-19 plan. ACT-Accelerator initiative requires \$16 billion to end the pandemic.<sup>59</sup> RT

"The Access to Covid-19 Tools Accelerator (ACT-A) is the WHO-led initiative that unites leading agencies in a bid to provide middle- and low-income countries with tests, vaccines, protective equipment, and other medical supplies needed to curb the pandemic worldwide.

Dr. Tedros Adhanom Ghebreyesus, director-general of the WHO, said the spread of the Omicron variant made it even more urgent to distribute medical supplies equitably around the globe.

"If higher-income countries pay their fair share of the ACT-Accelerator costs, the partnership can support low- and middle-income countries to overcome low Covid-19 vaccination levels, weak testing, and medicine shortages. Science gave us the tools to fight Covid-19; if they are shared globally in solidarity, we can end Covid-19 as a global health emergency this year," he stated.

The ACT-Accelerator representatives have contacted all high-income countries and upper-middle-income members of the G20. Their "fair share" contributions are calculated individually for each state, taking the private sector and philanthropic institutions into account as well."

Director-General Tedros Adhanom Ghebreyesus then explicitly — and falsely — linked low inoculation rates in low-income countries with an increased risk of viral variants capable of threatening highly-injected people in high-income countries.

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<sup>59</sup> <https://www.rt.com/news/548767-who-act-accelerator-initiative/>

“According to the WHO statement, only about 22 million tests, or 0.4% of the total number, were taken in low-income countries; and only 10% of people in these countries have received at least one vaccine dose.

“This massive inequity not only costs lives, it also hurts economies and risks the emergence of new, more dangerous variants that could rob current tools of their effectiveness and set even highly vaccinated populations back many months,” reported the organization.”

Most of the low- and middle-income populations in Africa, Asia and South America who are now targeted for expanded testing, psychological terrorism and inoculations of genetic toxins had far higher rates of early treatment and Covid recovery and far lower rates of Covid-related deaths over the past two years.

Those people now have far higher rates of natural immunity and mostly-intact personal immune systems that are coping well with all of the variants that have emerged.

Their functional and diverse immune systems are not placing evolutionary pressure on the circulating viruses to evolve into variants that circumvent the spike-protein at the foundation of all the mRNA- and DNA-based injections.

Their outcomes have been far better than the outcomes in wealthier countries with the highest testing, psychological terrorism and inoculation rates, such as Israel, Iceland, the UK, Australia, New Zealand, Denmark, Canada and the United States, where extremely degraded personal immune systems are now so focused on the spike protein that they are more vulnerable to reinfection, struggle more to overcome each reinfection, drive more variant evolutions and are also more susceptible to other infections and cancers.

As the infection rates and deaths rise in highly-injected G20 populations, the WHO is blaming those infections and deaths — not on toxic genetic injections destroying the hosts’ immune systems — but on the low levels of genetic poisoning in poor countries.

WHO is using this framing to further impoverish G20 nations, moving the resources of their people, through their legislatures, into the hands of The Owners, through the Bank of International Settlements.

Having held all the countries in the world legally-hostage, under the 2005 International Health Regulations (IHR), since the March 2020 WHO Director-General declaration of “public health emergency of international concern,” they are now extending the hostage crisis by demanding \$16 billion in ransom money, from developed countries, to be used to expand genocidal testing and inoculations to destroy the health and kill off populations living in middle-income and low-income nation-states.

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## **World Health Organization now working toward expansion of 2005 International Health Regulations**

An international treaty on pandemic prevention and preparedness<sup>60</sup> (European Council)

On 1 December 2021, the 194 members of the World Health Organization (WHO) reached consensus to kickstart the process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

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<sup>60</sup> <https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>



An intergovernmental negotiating body will now be constituted and hold its first meeting by 1 March 2022 (to agree on ways of working and timelines) and its second by 1 August 2022 (to discuss progress on a working draft). It will then deliver a progress report to the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

EU reportedly pushes for new pandemic prevention treaty<sup>61</sup> (RT)

Brussels proposed the launch of negotiations on the new pandemic prevention initiative backed by the World Health Organization in 2021. However, since then the EU has been struggling to get approval from other major countries, notably Brazil, India and the US, which wanted the agreement to be non-binding.

Synopsis<sup>62</sup> (Gab)

...WHO wants member states to sign a new treaty on Covid-19, which expands the 2005 treaty. Once signed by the Minister of Health, the WHO constitution (as per Article 19 of the same) will take precedence over a country's constitution (189 countries have signed the 2005 treaty) during natural disasters or pandemics.

Since the definition of pandemic was changed a few years ago, they will be able to impose obedience on any country and impose WHO guidelines on the public, which will be mandatory, not just recommended.

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## Conclusion

I'll write and post analysis and fight-back-better possibilities another day, but until then, here are three things to keep in mind:

1. God. "I am the Lord thy God; thou shalt not have strange gods before Me." Not power or social status. Not "the science." Not comfort or convenience. Not money. Not the World Health Organization, the World Economic Forum, the Bank of International Settlements, or the Club of Rome. Not David Rockefeller Jr., or Klaus Schwab, or Bill Gates, or Anthony Fauci.
2. Biological and chemical warfare acts are legally-distinct from pandemics. They fall under different international treaties. "Thou shalt not kill."
3. Fraud voids contracts, including implied 'informed consent' contracts and liability shields. "Thou shalt not bear false witness."

Related essays

- 2021.10.13 – Ternaries and Trinities<sup>63</sup>
- 2021.12.17 – Teleopolitics Plan of Study<sup>64</sup>
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<sup>61</sup> <https://www.rt.com/news/548752-eu-pandemic-prevention-treaty/>

<sup>62</sup> <https://gab.com/Bdw/posts/107768848169181150>

<sup>63</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2021.10.13-ternaries-and-trinities-1.pdf>

<sup>64</sup> <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2021.12.17-teleopolitics-plan-of-study.pdf>

<sup>65</sup> <https://bailiwicknewsarchives.files.wordpress.com/2022/01/2022.01.06-mass-formation-and-teleopolitics-poland.pdf>