Exhibit 314

Legal Walls of the COVID-19 Kill Box

Militarization of public health/public health false-front for military campaigns as viewed through the Covid-19 lens.

https://bailiwicknewsarchives.files.wordpress.com/2023/02/kill-box-presentation-long-form-1.pdf

LEGAL WALLS of the COVID-19 KILL BOX

Militarization of public health/public health false-front for military campaigns as viewed through the Covid-19 lens

Presenter: Katherine Watt, writer and paralegal

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"A kill box is defined in Joint Publication (JP) 1-02, *Department of Defense Dictionary of Military and Associated Terms*, as: **A three-dimensional area reference that enables timely, effective coordination and control and facilitates rapid attacks."**

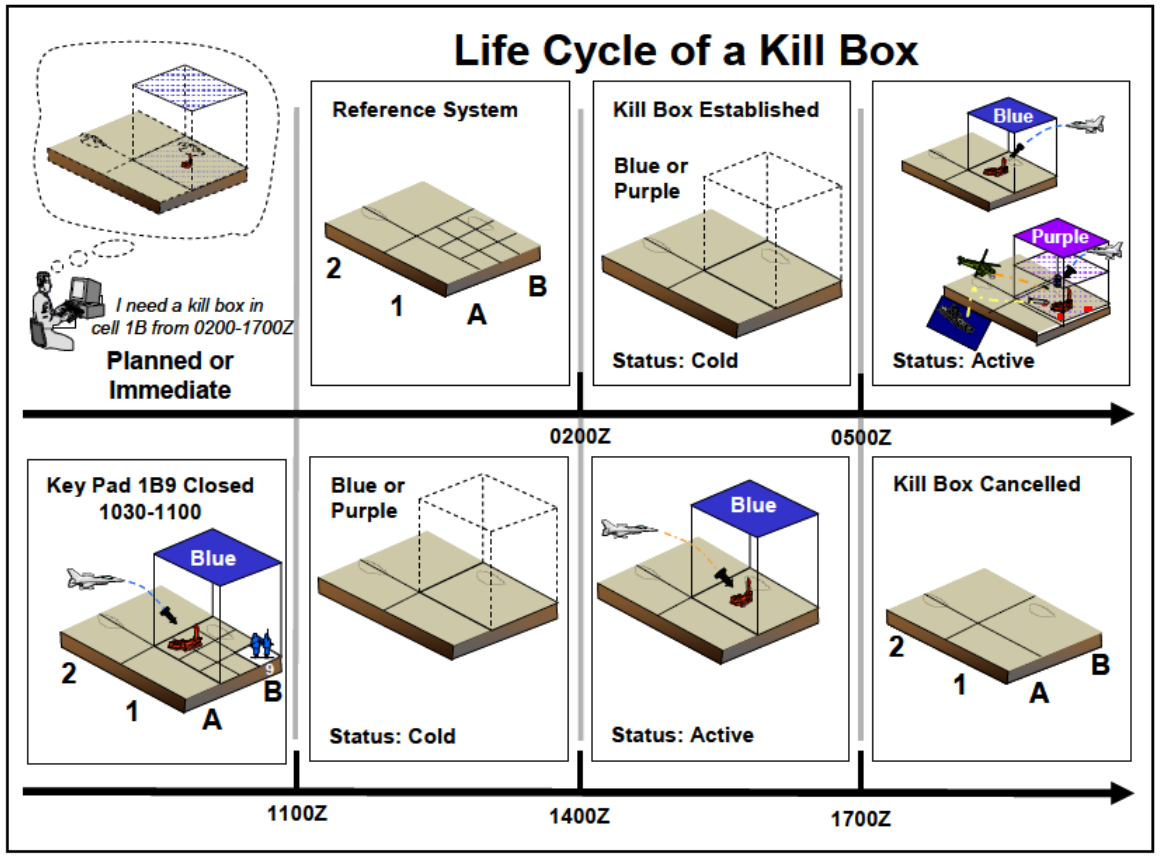


Figure I-1. Life Cycle of a Kill Box

Covid-19 Kill Box – DoD/WHO intent

- Geographic terrain: Whole world
- Targets: All people
- Duration: Permanent
- Weapons: **Informational** (fraud/propaganda/censorship); **Psychological** (fear/terrorism); **Chemical, Biological**, Radiological, Nuclear/CBRN (pharmaceuticals/toxins/pathogens)
- Also food supply, financial/currency, energy supplies

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

Q: When & How?

- When/how were legal frameworks set up, to make the Covid-19 capture, control and kill program function **without Constitutional or legal impediment**? When and how were military/martial law aspects of the kill box established?
- When/how were financial coercion mechanisms set up?
- Project has been centuries in the making – globalist central bankers have always pursued complete control of human beings, including population numbers, through banking and military programs.
- Kicked into higher gear 1913, Federal Reserve Act, 1930s and 40s, public health.

When & How, cont.

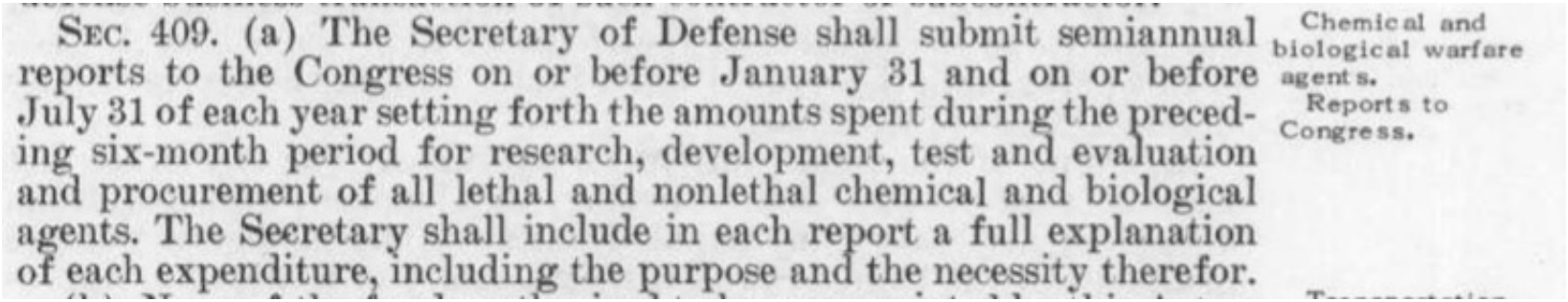
- Prior to late 1960s, methods mostly non-pharmaceutical, under pretexts other than 'public health.' Orchestrated armed conflicts, wars, famines, financial crises, Constitutional crises. Often loud, messy/bloody. destructive to infrastructure (cities, transit, factories, mines, farms).
- Plausible deniability and legal impunity challenging.
- From 1969, worked to induce suicide and homicide by fraudulently labeling poisons as medicines, vaccines, prophylactics, and submission to poisoning/self-sterilization as civic duty. Quieter, cleaner and leaves more 'critical infrastructure' intact.
- Plausible deniability and legal impunity easier.

Tiered Coercion Cascades - $$$$

- Top = Bank for International Settlements/SWIFT
- Bottom = You, your kids, your local elementary school, hospital and workplace…
- Actors (men and women all along the chain) are given $$$ incentives to cooperate with the killing program, under the lie that it's for the common good, benevolent, public health-driven, "to save Grandma." I.e. mask, test, isolate, vaxx.
- Actors are given $$$ dis-incentives to resist; access to banking, transaction services and jobs/income will be cut off for non-compliance.
- Carrot and stick: BIS → federal central banks → national governments → state/provincial governments → county/municipal governments → school districts, universities, hospitals, nursing homes, private employers → You and your family, friends, neighbors and co-workers.

1969

- US Chemical and Biological Warfare Program established by US Congress and President Richard Nixon (50 USC Ch. 32)



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

Chemical and biological warfare agents.
Reports to Congress.

- Important translational terms: "protective" "prophylactic" "defensive" = FALSE
- All biologically-active products are intrinsically aggressive, offensive, toxic, lethal. I.e. toxicology, dose dependency, pharmacokinetics, pharmacodynamics, genotoxicity, contra-indications, allergies, metabolic disorders, drug-drug interactions, purity/adulterations etc.

1983; 1986 - US

- 1983 Public Health Service Act amendment - Amended 1944 PHSA to add a '**Public Health Emergencies**' program, granting new powers to Health and Human Services Secretary and establishing a $30 million slush fund = Public Health Emergencies Fund. 42 USC 247d
- 1986 National Vaccine Program and National Childhood Vaccine Injury Act. Set up and funded **National Vaccine Program**; grant vaccine manufactures legal immunity for injuries and deaths caused by their products; establish and fund a tax revenue/debt-funded National Vaccine Injury Compensation Program. Codified at 42 USC 300aa. Model for civil liability immunities through Countermeasures Injury Compensation Program.

2005 – World Health Organization

- WHO International Health Regulations amendments, adopted by World Health Assembly in 2005.
- Entered into force June 2007 after ratification by member states.
- Called on national governments to strengthen their own domestic laws and fund programs for population surveillance, testing, detention/quarantine, physical control and forced treatment during international outbreaks of communicable diseases.
- Pretext: protecting international trade from disruptions.
- True intent: establishing legal systems to transfer governance from nation states to one-world government silently, automatically, on trigger of PHEIC.
- US Congress, Presidents and Cabinet complied with the WHO demands.

1997 & 1998 - US

- **Laws:** 1997 NDAA for FY98; 1997 Food and Drug Administration Modernization Act; 1998 Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY99.
- **Products:** "Expanded access to unapproved [CBRN] products" = Expanded, pseudo-authorized deployment of prohibited CBRN weapons. After 2003 NDAA for FY04 and 2004 Project Bioshield Act, known as **EUA**/Emergency Use Authorization program. Esp. 21 USC 360bbb-3(k)=not clinical trials.
- **Targets:** Prohibitions on forcible CBRN attacks on troops replaced with pseudo-authorized forcible CBRN attacks on all Americans.
- **Rationale/pretext**: Military readiness → public health emergency preparedness
- **Stockpiles:** Illegal CBRN weapons stockpile reclassified as National Pharmaceutical Stockpile, later Strategic National Stockpile, and re-homed from DoD to HHS/CDC.

2000 – 2002 - US

- Setting up program management, war theatre/battlefield parameters, and enemy combatant classifications
- 2000 Public Health Threats and Emergencies Act. Funding and organizational/management structures for bioterrorism 'countermeasures' research and development.
- 2001 Authorization for Use of Military Force - Construed as putting the United States in a permanent state of war (Global War on Terror) with no limitations in time or geographically, and all people construed as presumptive combatants/enemy targets. *De facto* covert, global martial law.
- 2001 PATRIOT Act
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act
- 2002 Homeland Security Act

2003-2019 - US

- **Executive Orders,** directives, proclamations, declarations on public health emergencies, national security threats, continuity of government, homeland security drafted and published through Federal Register. Incl. Obama's 2016 EO 13747 re: Global Health Security Agenda
- Congressional PHE **statutes and appropriations**, building up the walls of the Killbox. I.e. Project Bioshield Act (2004), PREP Act (2005). Entered into US Code.
- **Agency regulations** drafted and published through Federal Register, entered into Code of Federal Regulations (CFR)
- Guidance reports drafted by DOJ and DHS, circulated to **state, local and tribal governments and law enforcement** for implementation/subordination to federal military during PHEs.
- More "**Guidance for Industry**" drafted by FDA/HHS and circulated to academic, pharmaceutical manufacturers, and non-governmental organization (ie BMGF) partners, re: clinical trials and product authorization procedures for biologics, vaccines, gene therapies, nanotech, etc.
- More **test runs**: 2003 SARS, 2006 MERS, 2009 H1N1, etc.

2015 – Other Transactions Authority for DoD Prototype Projects

- Revealed through Pfizer's April 2022 Motion to Dismiss whistleblower Brook Jackson's False Claims Act case; confirmed by US Gov on Oct. 4, 2022 Statement of Interest/Support for MtD.
- Authorizes DOD to use public funds to contract with and/or conscript private pharmaceutical manufactures to produce and deploy CBRN weapons on general public, with minimal Congressional oversight.
- Products classified as "prototypes," not drugs, biologics or vaccines.
- "Prototype" not defined by Congress; defined by DoD in 2018 "addressing certain needs, such as proof of concept, model, and novel application of commercial technologies for defense purposes."
- No requirement for valid clinical trials, valid **safety or efficacy** data review, valid FDA authorizations or approvals.
- Clinical trials not "material" or "necessary" for DOD payment to contractors.

2020-Present – Covid Big Reveal

- WHO – Public Health Emergency of International Concern (PHEIC)
- US-HHS Secretary Alex Azar – Public Health Emergency (PHE); PREP Act Declarations for "Medical Countermeasures;" FDA pseudo-regulation of 'vaccine' clinical trials, product review, authorization.
- Congress/Presidents – Coronavirus Preparedness and Response Supplemental Appropriations Act; Families First Coronavirus Act, Coronavirus Aid, Relief & Security (CARES) Act, NDAAs, Consolidated Appropriations, etc.
- Presidents/Cabinet: Executive Orders etc: Stafford Act, National Emergencies Act, Defense Production Act – directing and controlling manufacturing facilities and weapons production and deployment programs, 'mandates.'

1983 Public Health Emergencies
1997 Expanded access/EUA

21 USC CHAPTER 9, SUBCHAPTER V, Part E: General Provisions Relating to Drugs and Devices

From Title 21—FOOD AND DRUGS
CHAPTER 9—FEDERAL FOOD, DRUG, AND COSMETIC ACT
SUBCHAPTER V—DRUGS AND DEVICES

§360bbb. Expanded access to unapproved therapies and diagnostics

(a) Emergency situations

The Secretary may, under appropriate conditions determined by the Secretary, authorize the shipment of investigational drugs or investigational devices for the diagnosis, monitoring, or treatment of a serious disease or condition in emergency situations.

42 USC CHAPTER 6A, SUBCHAPTER II, Part B: Federal-State Cooperation

From Title 42—THE PUBLIC HEALTH AND WELFARE
CHAPTER 6A—PUBLIC HEALTH SERVICE
SUBCHAPTER II—GENERAL POWERS AND DUTIES

§247d. Public health emergencies

(a) Emergencies

If the Secretary determines, after consultation with such public health officials as may be necessary, that—
(1) a disease or disorder presents a public health emergency; or
(2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,

Elimination of informed consent standards

Two ways to think about it –

Gov point of view: Each person susceptible to communicable diseases (cold, flu) presumptive biohazard – threatening objects, not human subjects – apprehended, detained and destroyed against their will, by the State for the 'common good,' 'public health'/national security/war effort. 42 USC 264(b); 42 CFR 70.6 and Executive Orders 13295 (2003, symptomatic SARS), 13375 (2005, symptomatic flu), 13674 (2014, asymptomatic SARS, 14047 (2021, measles)

Keywords: informed consent "not feasible" or "is contrary to best interests of recipients," or intervention poses "no more than minimal risk."

Significance: **Informed consent irrelevant; military targets aren't asked for consent to be attacked.**

Individual target POV: risk-benefit analysis of the threat (SARS-CoV-2) and the "countermeasure" (bioweapons/vaccines), transferred from individual to HHS Secretary, unilaterally and on behalf of all, aggregate members of target population.

- **Unapproved products** - 21 USC 360bbb-3(e)(1)(A)(ii
- **Unapproved use of an approved product**. - 21 USC 360bbb-3(e)(2)(A)
- HHS-classified **minimal risk drugs** - 21 USC 355(i)(4)
- HHS-classified **minimal risk devices** - 21 USC 360j(g)(3)(D)(i

Elimination of Efficacy Standards

- 21 USC 360bbb-3(c)(2)(A): The only product **efficacy** standard authorizing EUA "use" is "based on the totality of scientific evidence **available** to the Secretary, including data from adequate and well-controlled clinical trials, **if available**, it is reasonable to believe that — the product **may be effective** in diagnosing, treating, or preventing—(i) such disease or condition [SARS-CoV-2]; or (ii) a serious or life-threatening disease or condition caused by a [EUA] product **authorized** under this section, **approved or cleared** under this chapter, or **licensed** under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent."
- Risk/benefit assessments reserved to HHS Secretary and designees – including assessment of **relative risks** posed by the disease or condition and the EUA countermeasure; no data required and no data or decisional review by Congress, courts or individual recipients. If there's no data available, HHS decision can still be made.

Elimination of Safety Standards

- 21 USC 360bbb-3(c)(2)(B)
- No **safety** standards required prior to "use" of medical countermeasures.
- Use authorized by HHS or designee "based on the totality of scientific evidence **available** to the Secretary, including data from adequate and well-controlled clinical trials, **if available**, it is reasonable to believe that... the **known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents** identified in a declaration."
- All risk and benefit assessments reserved to HHS Secretary alone, no data required and no data or decisional review by Congress, courts or individual recipients authorized. No data available? No problem; decision can be issued anyway.

Other provisions

- **OTA** - DOD is authorized to contract with pharmaceutical corporations to produce and distribute 'prototype' products for use on the general public. 10 USC 4022

- **Not clinical investigation** : "…If a product is the subject of an authorization under this section, the use of such product within the scope of the authorization shall not be considered to constitute a clinical investigation..." 21 USC 360bbb-3(k)

- **Real world evidence** – Anticipated "Real world evidence" can be pre-deployment basis for authorization of use (mass administration of products to general public prior to or in parallel with standard nonclinical, preclinical and clinical safety and efficacy studies) followed by collection of private/proprietary information about the effects, from manufacturers, health insurance systems, government databases (Medicare, Medicaid, Defense Medical Epidemiology Database/DMED, VAERS, V-Safe, VA). 21 USC 355g

Other provisions, cont.

- **Tort Claims Act** - Manufacturers, as contractors, are considered HHS employees for purposes of legal immunity under Federal Tort Claims Act.
  42 USC 247d-6a(d)(2)(A)

- **No commercial market demand.** HHS secretary makes EUA determinations and use of Special Reserve Fund/Strategic National Stockpile appropriations for procurement, factoring in is "whether there is a lack of a significant commercial market for the product at the time of procurement, other than as a security countermeasure." 42 USC 247d-6b(c)(5)(B)(iii)

- **Just-following-orders defense** authorized. "A program planner or qualified person shall not have engaged in "willful misconduct" as a matter of law where such [planner or person] acted consistent with applicable directions, guidelines, or recommendations by the [HHS] Secretary 42 USC 247d-6d(c)(4):

Elimination of regs re: adulteration, misbranding, etc.

- EUA medical countermeasures "shall not be deemed adulterated or misbranded" even if noncompliant with regulations governing manufacturing (cGMP), testing, purity, quality, batch and lot variability, adulteration, expiration dates, labeling, serialization, marketing, branding, dispensing and prescriptions.
- 21 USC 360bbb-3a(c)
- 21 USC 360bbb-3a(d)
- 21 USC 360bbb-3(e)(2)(B)(ii)

Elimination of Oversight/ Decisional Review

- No access to courts for judicial review of the facts or law relating to HHS Secretary public health emergency declarations and medical countermeasures product classifications. 42 USC 247d-6d(b)(7):
- Preemption of authority of state, local and tribal governments and individuals to manage public health emergency and medical countermeasures classification and regulation outside of HHS/DOD control preempted. 42 USC 247d-6d(b)(8) (reinforced by state/local law)
- Extremely limited obligation for HHS to report to Congress on public health emergency status and medical countermeasures classifications. No authorization for Congress to override HHS declarations, determination, and decisions. 42 USC 247d-6d(b)(9)

Elimination of Injured Victims Access to Courts

- No access for plaintiffs, to civil courts for judicial review, and no entity to whom civil liability can attach, for injuries and deaths caused by covered medical countermeasures, unless and until HHS and/or Attorney General/DOJ first file enforcement action against manufacturers and prove willful misconduct proximate to injury or death - 42 USC 247d-6d(c)(5):
- *See* above re: just-following-orders defense.
- All injury claims funneled to Countermeasures Injury Compensation Program, modelled on 1986 Vaccine Injury Compensation Program. Insurmountably high burden of proof re: causation.

Premeditation and Intent – April 2003 Project Bioshield Hearings

Rep. Henry Waxman: "Some of those provisions give me some cause for concern. For example, the proposal removes important protections against waste and abuse that are standard for government contracts…This proposal would make it nearly impossible for the courts, for Congress and even the executive branch to rein in abuses. The provision eliminating the government's access rights to contractors' books and records is particularly troubling."

Premeditation & Intent – 2003 Project Bioshield Hearings

- "Another provision permits products to be distributed without FDA approval. Here again, I recognize there may be unusual circumstances that would require this step in case of a dire emergency. However, the proposal's language is overly broad and **could be used to support products that are simply not safe enough for FDA approval**. This provision could also permit widespread distribution of unapproved drugs without informed consent, record-keeping or reporting of adverse events.
- The BioShield proposal also provides for **unlimited guaranteed spending for procurement of vaccines and other countermeasures** with little congressional guidance or limits on how much to spend. This is a blank check approach. **It could be looked at as an abdication of congressional responsibility.**

Premeditation & Intent

November 2009 HHS Workshop

MCM Dispensing, EUA and the Postal Model

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

Premeditation & Intent
Aug. 2020 FDA/CDC Presentation

Presenter:
Elizabeth Sadove
Director, Medical Countermeasure Regulatory Policy, Office of Counterterrorism and Emerging Threats, Office of Chief Scientist, FDA

Why are legal/regulatory mechanisms for emergency use of MCMs needed?

Without these mechanisms, certain preparedness and response activities could otherwise violate provisions of the Federal Food, Drug, and Cosmetic (FD&C) Act:

- Some MCMs needed for a response might not be approved, licensed, or cleared by FDA
- Some MCMs needed for a response might be approved by FDA, but not for the emergency use (e.g., for a new indication)
- Some might be approved for the emergency use, but mass dispensed without individual prescriptions, with special instructions, or beyond expiry their dates
- Also, to ensure any available HHS Public Readiness and Emergency Preparedness (PREP) Act protections apply

Premeditation & Intent
Aug. 2020 FDA/CDC Presentation

Legal/Regulatory Mechanisms for Emergency Use of MCMs

- **Expanded Access (EA) to Investigational Drugs and Devices**
  - FD&C Act § 561
  - Investigational New Drug Application (IND) (21 CFR Parts 312.300-320)
  - Investigational Device Exemption (IDE) (21 CFR Part 812)
- **Emergency Use Authorization (EUA)**
  - FD&C Act § 564
- **Other Emergency Use Authorities**
  - FD&C Act §§ 564A, 505-1, and 564B
  - Only applicable to FDA-approved MCMs

21 USC 360bbb-3 layers established/ refined 1997, 2004, 2013, 2016, 2017, 2022

Comparison of Access Mechanisms

Consideration	Clinical Trial	Expanded Access (IND/IDE)	EUA
Ability to inform effectiveness	Yes – designed to provide evidence of safety and effectiveness	Not likely; possibly anecdotal information with larger population size	Not likely
Ability to inform safety	Yes – designed to provide evidence of safety and effectiveness	Safety signals might be identified	Safety signals might be identified
Ability to obtain useful information to benefit future patients	Yes - designed and intended to benefit future patients – randomized/blinded	Not likely; with larger sized populations, possibly some safety data in patient subgroups that could inform broader labeling	Not likely
Availability of findings	Eventually published in medical journals. If part of a regulatory approval, FDA makes reviews public.	Individual medical records are not released to the general public. Case reports might be published in medical journals.	Generally there is no systematic data collection. Retrospectives studies may be conducted and published.
Informed consent required?	Yes	Yes	No, but requires informing the volunteer of 1) right to refuse and 2) that product is unapproved/available under an EUA
Institutional review board (IRB) required?	Yes	Yes, but no prior approval needed for individual patient access	No
Level of access to investigational product	Depends on trial design P1 typically 20 – 100 P2 typically several 100 P3 typically 300 – 3,000	Depends on type of expanded access, which ranges from individual patient (e-IND/IDE) to large (e.g., 100-1,000) populations	Can enable access to a large number of patients

What the Laws Built

- Set up huge public and private **funding** streams for military-led biological/chemical/neurological weapons research, development and deployment programs, sold to Congress and public as public health emergency programs.
- Eliminated informed consent in PHE contexts by reclassifying potential **carriers of disease** (each human) as a presumptive **national security threat**, authorizing incapacitation and destruction of same. (war footing) and transferring risk-benefit analysis rights from targeted individual to HHS Secretary/designee.
- Shield **products/weapons** from product liability. No safety/efficacy standards.
- Shield **manufacturers, distributors and 'vaccinators'** from civil and criminal liability for their harmful/lethal actions.
- Shield government **funders, developers, regulators** from CBRN WMD/terrorism criminal prosecution by classifying weapons as scheduled toxins, communicable pathogens, etc., and R&D on those weapons as defensive/protective.

THINGS GLOBALISTS DON'T LIKE & Try to Weaken and Destroy

- Happy, confident, people, families and communities enjoying privacy, trust-based relationships, good food, clean water and air, decent jobs and homes, and functional immune systems.
- Federal Constitutions & Charters protecting common law rights of People against governments.
- Conflicting US and international laws, criminalizing murder, conspiracy to murder, war crimes, genocide, torture, fraud, extortion, biological WMDs, chemical WMDs, terrorism.
- State/province/county laws protecting common law rights, i.e. self-defense during war, informed consent/Nuremberg Code re biomedical; civil laws re: product liability, consumer safety; and criminal laws prohibiting murder, fraud, extortion, terrorism*
- Examples: Oct. 2022 report, *State Laws Limiting Public Health Protections: Hazardous for Our Health*, by Network for Public Health Law.
- Christian Faith and thriving religious, social and family communities.
- **If the globalists don't like it, do it more and harder.**

What to do? Individuals

- **Eat right, exercise, hug your loved ones, worship God, enjoy the gift of your life.**
- Wean off Smartphone tracking devices; pay doctors in cash or check to stay out of ICD-10 biomedical-surveillance traps; shop and bank local; pay with cash/check as much as possible to stay out of banking-surveillance traps.
- **Speak out** against federal, state and local public health programs, esp. in hospitals and schools -- which are really military kill box programs. Call for disengagement, disarmament, de-funding.
- Push Congress to **#ExitWHO**, block further effects of **2005 IHR and any amended versions**. Also, without US membership in WHO, BMGF can be stripped of legal sovereign pseudo-immunities.
- **Refuse all 'vaccines'** and other government-sponsored medical treatments. Especially countermeasures: "qualified," "security," "medical," "military." They will come up with new names. Avoid those too.
- Push US state legislators, prosecutors/AGs, judges to **block bad federal law, prosecute crimes** (below)
- Push state and local governments to **set up alternative, decentralized financial systems** outside the BIS-controlled, centralized global systems.

State & County Government Action

- Under state constitutions and Article X of US Constitution, block the effects/ *de facto* repeal the enabling federal statutes, within each state or county. Block federal abuse/protect state populations. Wyoming.
- Under state laws and constitutions, investigate and prosecute fraud and homicide crimes, and enforce consumer safety laws.
- Anticipated federal response: withdrawal of federal $$$ - Medicare, Medicaid, school district, USDA food stamps.
- States need to plan and prepare: state sovereign banks, bullion depositories, currencies. North Dakota, Texas, Tennessee. *Solari*
- Less likely but possible federal response: armed invasion of states. States should prepare for that too.

True Congress

Hearings are good. **Repeal of enabling statutes would be better**.

Anticipated BIS/Federal Reserve punishment – no more $$$ to federal government. Congress needs to plan for that punishment, set up alternatives. Starter list --- there are many more laws that need to be repealed.

- 1913 – **Federal Reserve Act** at 12 USC Ch. 3
- 1969 – **Chemical and Biological Warfare Program** at 50 USC Ch. 32
- 1973 – **War Powers Resolution**, at 50 USC Ch. 33
- 1976 – **National Emergencies Act**, 50 USC Ch. 34; thus rescinding authority for Presidential proclamations 7463 (2001, Bush/Obama/Trump/Biden, Global War on Terror) and 9994 (2020, Trump/Biden, Global Health Security Agenda)
- 1983 – **Public Health Emergencies** program at 42 USC Ch. 6A, Subchapter 2, Part B, 42 USC 247d; rescinding authority for 2020 declaration of public health emergency (PHE)
- 1988 – **Stafford (Disaster Relief) Act** at 42 USC Ch. 68; rescind authority for 2020 Stafford Act declaration
- 1997 - **Expanded access/Emergency Use Authorization** program, at 21 USC Ch. 9, Subchapter V, Part E, 21 USC 360bbb, (1997)
- 2001 - Authorization for Use of Military Force (**AUMF**) under War Powers Resolution (Global War on Terror)

True Federal Courts

- If presented with cases directly challenging the enabling statutes themselves (not just administrative acts pseudo-authorized by Congress) on grounds of unconstitutionality, using evidence from 2020-2023 events to support the arguments…
- Federal judges could nullify and void the laws.

Closing thoughts

- Bad as it is, it could be much, much worse.
- Many people have been resisting the construction of the kill box all the way along, and their work makes it less tightly built now than it would otherwise be.
- Many who formerly reinforced the walls of the kill box with their own words and their own labor, have been walking away since Covid.
- Many who formerly were content to stay inside the box are trying to get out, and those on the outside have better informational tools to help them.
- A lot of evidence collected already, and **every day, new corroborating evidence comes to light**. Esp. "national security"-based resistance to FOIAs and other investigative efforts.
- Tipping point will come and criminal prosecutions will start.

https://bailiwicknews.substack.com/