## THE OBAMINATION OF DESOLATION AMERICA

WHY AND HOW PRESIDENT BARACK OBAMA IS WORKING TO ENSURE YOU DIE FROM ANYTHING BUT OLD AGE RELATED NATURAL CAUSES

A commentary series four years in the making.



Written by

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#### Introduction

Individuals, both Democrat and Republican, in the Federal Government, several State Governments, and the dark soul elites who give them marching and voting orders want you dead so they can have everything. If you do not get that while there is still time to resolve the situation without resorting to armed violence, you will suffer one of several varieties of ugly death. The minimum actions you must take immediately are to see that the resources of your State are organized to protect you from three types of death squads coordinated by the Department of Justice and the National Intelligence Apparatus and to demand that State and Federal Health Departments fully enforce provisions of the United State Code and Code of Federal Regulation enacted and promulgated to prevent legal and illegal immigrants from bringing diseases into the United States that will kill you and your children.

This is the last commentary article of an unannounced three part series on President Barrack Obama's mass murder of American citizens currently underway. Obama's effort is comprehensive and involves many more aspects than are covered in these three articles, but are documented by others elsewhere. Two commentary articles have already been published, one on The PPJ Gazette website and one on Veterans Today. The one published on Veterans Today was intercepted and altered in transit. It has a substantial number of extraneous special characters inserted into the text to demarcate various types of text strings, for whose benefit I have not been able to determine.

All three articles will be available on my website in a free downloadable book format, as well as the existing sites where they are individually published. The book format may be downloaded at:

http://thesociologycenter.com/GeneralBibliography/CommentaryBook.pdf

# 1. (A) What Americans Need to Know About Death Squads and Model Legislation to Control Death Squads published October 24, 2012

http://ppjg.me/2012/10/24/what-americans-need-to-know-about-death-squads/ (B) Model Death Squad Prohibition Legislation

http://ppjg.me/2012/10/24/model-death-squad-prohibition-legislation/

## 2. President Barrack Obama, America's Pol Pot published April 2014

(vandalized version)

http://www.veteranstoday.com/2014/04/16/president-barack-obama-americas-pol-pot/?ut m\_source=rss&utm\_medium=rss&utm\_campaign=president-barack-obama-americas-po I-pot

## 3. BLACK DAWN: BARACK OBAMA'S DREAMERS\* BIOLOGICAL ATTACK ON AMERICA

\*(Disease Redistribution Eliminating America's Mindless Eating Redundant Stooges) (Published here below. This may look like a lot of information to read through, but it is probably the most important material you will read this year. A fact about one of the diseases covered or an obscure section of Code may provide you with some course of action that could save your or someone you love's life.

## WHAT AMERICANS NEED TO KNOW ABOUT DEATH SQUADS and MODEL DEATH SQUAD PROHIBITION LEGISLATION (WHICH EXISTS NOWHERE ELSE!)

October 15, 2012

by James Roger Brown Sociologist, Intelligence Collection and Analysis Methodologist

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#### Foundation

Alexander Solzhenitsyn, survivor of the Russian Gulag, had many profound insights from his experience that will help us understand the foundation death squads and torture squads are built upon:

"To do evil a human being must first of all believe that what he's doing is good, or else that it's a well-considered act in conformity with natural law. Fortunately, it is in the nature of the human being to seek justification for his actions.

Macbeth's self-justifications were feeble – and his conscience devoured him. Yes, even lago was a little lamb too. The imagination and the spiritual strength of Shakespeare's evildoers stopped short at a dozen corpses. Because they had no ideology.

Ideology – that is what gives evildoing its long-sought justification and gives the evildoer the necessary steadfastness and determination. That is the social theory which helps to make his acts seem good instead of bad in his own and other's eyes, so that he won't hear reproaches and curses but will receive praise and honors. That was how the agents of the Inquisition fortified their wills: by invoking Christianity; the conquerors of foreign lands, by extolling the grandeur of their Motherland; the colonizers, by civilization; the Nazis by race; and the Jacobins (early and late), by equality, brotherhood, and the happiness of future generations.

Thanks to ideology, the twentieth century was fated to experience evildoing on a scale calculated in the millions. This cannot be denied, nor passed over, nor suppressed. How, then, do we dare insist that evildoers do not exist? And who was it that destroyed these millions? Without evildoers there would have been no Archipelago."

#### Mass Grave Forensics

Including information about mass graves left behind by previous death squads in other nations is important because the significance of the reported stockpiling of plastic coffins and body bags has been missed. The plastic coffins and body bags are most likely for the worst case scenario number of *their* casualties projected from the effort to kill a couple of hundred million Americans and a few additional billions around the world deemed "useless eaters" or some other label connoting collective inferiority. Since the main purpose of using death squads is to make the executed all vanish, the inferior dead will be interred in unmarked mass graves, probably with industrial solvents to expedite the breakdown of human flesh and bones. Enterprising investigative reporters should search government purchases for unusually large orders of human flesh dissolving chemicals to pair with the massive purchases of ammunition.

If you are confused about who has been targeted, that means *you*, the one who has not been given the location map and pass code to find and enter the giant underground safety bunker while all the killing is going on.

The self-appointed elites behind the death squads will not want future generations getting curious about why there are entire cemeteries filled with tombstones indicating millions of Americans and billions of people worldwide all died in the same year. If your name is on a .40 caliber problem solving recipient list, it is doubtful you will be using a body bag or plastic coffin.

Mass grave forensic statistics do not include the average number of bullets used per execution victim. This lack of useful information may explain why the death squad elements in the United States Government continue to order more ammunition. They are not certain how many rounds per person it will take to execute everyone they intend to make disappear.

One additional noteworthy pattern is that people in mass graves who were not restrained in some manner were shot in the hips or feet to keep them from running.

## Identify Torture and Death Squads by Their Recruitment and Training

1. Screening of death and torture squad members is based upon physical strength and animosity toward specific political, religious or other beliefs, ethnic groups or other social distinctions (depending upon the population targeted for torture or mass execution).

2. They are offered the distinction of being drafted or recruited into "elite" units that require them to torture or execute prisoners or "detainees."

3. They must demonstrate the ability to never discuss what the torture or execution squad does.

4. Loyalty is also tested by requiring them to snitch on other torture or death squad members who do not follow rules or orders.

5. They must demonstrate aggression toward targeted groups, individuals, and detainees.

6. They follow orders without question.

7. Training involves treatment that binds squad members to command authority:

(a) Trainees are physically and psychologically abused while being told how fortunate they are to be members of the unit (physical and psychological abuse of torture squad members will include the tortures they will be expected to apply to torture victims);

(b) They are kept in a constant state of fatigue and prevented from relieving themselves for long periods of time to keep them from thinking clearly;

(c) Trainees are required to swear allegiance to some physical symbol of unit or government authority;

(d) Trainees are told they will have protected special powers or authority over their fellow citizens;

(e) They are told their actions will never be questioned; (Anyone familiar with the trials of death and torture squad members in Argentina, Greece, and other places should know that is a falsehood. It may take years, but their crimes are documented and they are held accountable. In the case of the Greek military junta that held power from April 21, 1967 to July 23, 1974, the first torture related trials began in August 1975.)

(f) Trainees are told that if they show mercy to anyone ordered tortured or executed, they will take that person's place;

(g) A special in-house language is used with code words and euphemisms for various types of torture, nicknames for victims to dehumanize them, nicknames for unit members to conceal identities, and classifying nonmembers as "outside world";

(h) Frequent "training classes" are held depicting the target population as

dangerous, criminal, conspirators, traitors, terrorists or other undesirable labels;

(I) Torturers are desensitized to pain and learn the torture techniques from the physical and psychological abuse incorporated into their training; and

(j) Successful torturers are given specific rewards for each confession or each desired piece of information obtained.

## Adding It All Up

If you are wondering what kind of mind and reasoning produces death squads and torture squads, there are revealing quotes from administrations which actually created them.

Former Argentine Dictator Jorge Rafael Videla is quoted in a Daily Mail article by Leon Watson as providing the rationale for "disappearing" perceived enemies of the status quo:

'In every war people are crippled, killed and disappeared, their whereabouts unknown, that is a fact,' Videla said in an interview broadcast on local television.

'Let's say there were 7,000 or 8,000 people who needed to die to win the war against subversion,' newspaper La Nacion quoted Videla as saying in a new book 'Final Mandate,' by journalist Ceferino Reato, based on a series of interviews with Videla.

'There was no other solution,' La Nacion reported Videla as saying. 'We were agreed that was the price to win the war against subversion and that we needed it not to be evident so that society didn't notice.'

'For that reason, to avoid provoking protests inside and outside the country, it was decided that those people disappear. Each disappearance can certainly be understood as the cover-up of a death.'

To get some idea of the demeanor of former Dictator Videla discussing the actions of his administration, you may view a Spanish language video of the public confession at

http://www.lanacion.com.ar/1466050-el-video-completo-de-la-confesion-publica-de-videl a-sobre-los-desaparecidos.

For additional insight revelations, compare and contrast Videla with the statements, demeanor and conduct of Henry Kissinger, Dick Cheney, Karl Rove, Leon Panetta, Eric H. Holder, Jr, Janet Napolitano and President Barack Obama.

We also have an excellent example of these bizarre and evil mental processes from the Bush Administration, which established both torture and death squads,

purportedly to operate abroad.

In the 2004 New York Times article "Faith, Certainty and the Presidency of George W. Bush," Ron Suskind reported the following experience during "a meeting with a senior adviser to Bush" [subsequently purported to be Karl Rove]:

In the summer of 2002, after I had written an article in Esquire that the White House didn't like about Bush's former communications director, Karen Hughes, I had a meeting with a senior adviser to Bush. He expressed the White House's displeasure, and then he told me something that at the time I didn't fully comprehend -- but which I now believe gets to the very heart of the Bush presidency.

The aide said that guys like me were "in what we call the reality-based community," which he defined as people who "believe that solutions emerge from your judicious study of discernible reality." I nodded and murmured something about enlightenment principles and empiricism. He cut me off. "That's not the way the world really works anymore," he continued. "We're an empire now, and when we act, we create our own reality. And while you're studying that reality -- judiciously, as you will -- we'll act again, creating other new realities, which you can study too, and that's how things will sort out. We're history's actors . . . and you, all of you, will be left to just study what we do."

These "history's actors," and their fellow custom fabricated reality pimps and bimbos, are the individuals responsible for getting us to where we are today. A place historian Michael Wood compares to events and individuals responsible for the fall of the Roman Empire.

Despite expectations and pretensions to the contrary, you should note that the history of death squads indicates it is not strong governments that produce them, but weak, ineffective governments which cannot solve contemporary problems.

There are actually three types of death squads. In addition to the death squads acting under color of government authority described so far, there are two other types of death squads. There are vigilante death squads formed by "off duty" law enforcement or military, members of a political party or faction, members of a religion or religious faction, and ethnic or other self-identified groups with an ideology that justifies mass killing.

The last category of death squads is crime related. Drug cartels and street gangs both have death squads operating in the United States now. There are few, if any, actual random drive by shootings. These executions are gang death squad actions produced by their ideology. Consistent with the death squad training protocols, gang member trainees must "make their bones" (gang death squad jargon), demonstrate lack of mercy toward victims and demonstrate hostility toward the "outside world" by executing a stranger. A glimpse of the relevant street gang ideology can be seen in the statements made in a September 27, 2012 Chicago CBS affiliate Walter Jacobson interview of local gang members

(http://chicago.cbslocal.com/2012/09/27/killing-is-the-solution-gang-member-tells-walter-j

acobson/):

"There's no solution to the violence," one gang member tells him. "Killing, killing is the solution."...

"Rob, steal and kill. That's the only way. We didn't grow up in Beverly Hills. We don't get it handed to us," he said.

"We ain't living in Hyde Park," added a third young man....

"The police hate us," a young man said. "Every time they ride past us, they shoot us down and do all that. Do what you want to do, I don't care about you all, keep riding. Who are you all? We're not scare of you all. I'll fight you too. Take that badge off."

But he says the police cannot catch them or exact any consequences.

"I laugh at the police," he said. "They're a joke to me."

There is another glaring example of death squad activity that has gone unrecognized. Regardless of whether you believe the Zionist Israelis, Illuminati, Al Qaeda, or International Bankers are responsible for 9/11, the act itself was carried out by a trained death squad. The ideologies attributed to each of these groups contain elements, such as the benefits of using false flag operations, which would justify to each of them the mass killings that occurred on 9/11.

## Only One Way Out

Mass grave forensics and death squad murder prosecution evidence in other nations communicate a clear warning. If you allow yourself to be taken into custody by a death squad or torture squad, you will no longer have any control over how long you live, how you die, where you die, or how much pain and humiliation you will experience before you die. If taken, you can be absolutely certain you and all those you love taken with you will die by death squad or torture squad member hands.

Researching death squad information for this commentary, I found one thing missing from every nation on the planet, including nations who have lived through the terror and dealt with the aftermath of death squads formed by arrogant members of their own governments. No one anywhere has enacted laws to prevent the formation and operation of death squads or torture squads. No model legislation exists anywhere I looked.

The ugly reality here in the United States, right now, is that we face all three types of death squads as threats to our lives and liberty. As with other nations afflicted before us, elitist, arrogant individuals with access to United States Government authority are training and equipping death squads to eliminate those of us who do not meet their criteria for safe citizens. Foreign, criminal and vigilante death squads are already killing United States citizens or have killed citizens.

On an individual basis you have no chance of surviving or remaining unaffected in an environment with all three types of death squads operating, any of which may place your name or the name of a loved one on their final solution list. You cannot rely on the United States Government to protect you because individuals in positions of authority are training their own death squads and allow the death squads of nations they consider friendly to kill us, Israel and Chile being prime examples.

The minimum level of organized resources that will give you and your family some chance of staying out of death squad or torture squad hands is the State level. For that to happen, someone in your State Government must be given responsibility for protecting citizens from death squads. No problem gets solved until someone is made responsible for finding a solution. Knowing from my research that no law exists to accomplish this, I found that I could not just write and publish this warning. I was compelled to develop model legislation to establish a State Police Death Squad Monitoring Task Force with appropriate delineated responsibility and authority.

As best I can determine, this is the only practical way out of the current multiple death squad threat mess for all of us. The draft text of this Death Squad Prohibition Model Legislation is at the end of this article after the Bibliography. I hope it will begin to fill the void for a solution to the recurring death squad problem. With the enactment of effective antideath squad laws, death squads and torture squads will hopefully become the weak link in the criminal, elite and arrogant having their way with the rest of us.

For those not privy, a key lobbyist secret is knowledge that few, if any, legislators have the time and skills to draft effective legislation. The best way to get what you want out of any legislative body is to hand your legislator a draft bill that does exactly what you want. All the legislator then has to do is send or hand deliver the draft bill to the Legislature staff specialist who registers and turns the draft into the proper format to introduce as an actual Bill. Five thousand people calling their legislator demanding something be done about death squads will not be as effective as you printing off a copy of this Model Legislation and handing it to your State Representative and Senator. If you then add in five thousand people calling for something to be done, your chances for success will improve.

Remember that the Bill must be processed as emergency legislation to take effect immediately. A regular Bill enacted into law will not take effect for up to a year later. We do not have that much time before we will need effective protection.

You may also consider printing and sending this entire article and Model Legislation to your State Representative and Senator as your request. If the Legislator or his staff has time to read the article, it will provide some powerful context for the need to have a law.

If you live in a State which fails to enact antideath squad legislation to protect you or enacts weak, ineffective legislation, you should seriously examine moving to a State that has enacted strong, effective legislation that does provide protection to its citizens.

If anyone has specific suggestions for improving the power of this Model Legislation to prevent or hasten the shutting down of operating death squads or torture squads, please send them to <u>thesociologist@roadrunner.com</u>. I will put a PDF file copy of this model legislation, and update with any effective improvements, on the Special Research Projects page of my website <u>www.thesociologycenter.com</u>.

## Bibliography

Cesereanu, Ruxandra Portrait of the Torturer in the 20th Century University of Cluj, Romania http://ece.columbia.edu/research/intermarium/vol10no1/Portrait%20of%20the%20Tortur er%20in%20the%2020th%20Century.pdf

Gibson, Janice T. and Haritos-Fatouros, Mika. "The education of a torturer; there is a cruel method in the madness of teaching people to torture. Almost anyone can learn it." Psychology Today v20.(Nov,1986) :pp50(6). www.psychology.uiowa.edu/Classes/31015sca/GibsonArticle.doc

Suskind, Ron. "Faith, Certainty and the Presidency of George W. Bush." New York Times Magazine, October 17, 2004 [NOTE: At the end of the article on the New Your Times Magazine website appears "Correction: Nov. 14, 2004, Sunday"]. http://www.nytimes.com/2004/10/17/magazine/17BUSH.html?\_r=1&ei=5090&en=890a9 6189e162076&ex=1255665600&adxnnl=1&partner=rssuserland&adxnnlx=1338160106q9/zK475RyV3DfF4NrJm9A

## History Repeating Itself: Current Context Parallels

"Viewpoint: The time Britain slid into chaos" http://www.bbc.co.uk/news/magazine-18159752

"The social unrest, economic gloom and austerity in Europe today mirrors one of the greatest crises in British history, says the historian Michael Wood."

[NOTE: This should provide some guidance on whom to hold responsible now. It should also provide some insights on why you should abandon any ideologies you have been recruited to that are used to jerk you around emotionally and use you to support destructive processes. Follow the God of Truth instead of human manipulators. In case you are unaware, truth is derived from reality, not imposed upon reality from some ideology. JRB]

## Real World Examples of How Torture Squads and Death Squads Work

A History of Greece: The Rise of the Junta in Greece http://www.ahistoryofgreece.com/junta.htm

CIA Torture Secrets: 'Nazi-like' Polish black site confession (news video) http://www.youtube.com/watch?v=mcrhoEp4TrE

Kirsh, David. Death Squads in El Salvador: A Pattern of US Complicity. Covert Action Information Bulletin #34 (Summer 1990) http://www.skeptictank.org/files/socialis/usdeaths.htm

Oakes, Dan and Hedge, Mike. Death squad members in Australia, refugee says. July 20, 2011

http://www.smh.com.au/national/death-squad-members-in-australia-refugee-says-20110 719-1hn5y.html#ixzz1tFM0u86c

Watson, Leon. "Former dictator, 86, finally admits his regime 'disappeared' 7,000 or 8,000 left-wing opponents in Argentina." Mail Online News, April 26, 2012. http://www.dailymail.co.uk/news/article-2130651/Jorge-Rafael-Videla-86-admits-regime-

disappeared-8-000-left-wing-opponents-Argentina.html

[NOTE: "The full video of the public confession on missing" (Former Dictator Jorge Rafael Videla). Not in English.

http://www.lanacion.com.ar/1466050-el-video-completo-de-la-confesion-publica-de-videl a-sobre-los-desaparecidos]

## Example of Typical Operating Manual for "Detainee" Collection and Mass Management (Necessary for systematic centralized torture and mass executions.)

US Army Field Manual 3-39.40: INTERNMENT AND RESETTLEMENT OPERATIONS http://info.publicintelligence.net/USArmy-InternmentResettlement.pdf [NOTE: You will need to be thoroughly familiar with these "detainee" management principles to plan escape attempts if you become a "detainee" for purposes of torture or mass execution. The best escape plan is to never let yourself be taken into custody for torture and/or mass execution. Even if you are taken into custody by mistake, Management will have to consider you radicalized at that point and you will suffer the same fate as your fellow "detainees."]

## Organizations

Redress: Ending Torture, Seeking Justice for Survivors <a href="http://www.redress.org/home/home">http://www.redress.org/home/home</a>

## DEATH SQUAD PROHIBITION MODEL LEGISLATION

# A Bill

## For An Act To Be Entitled

AN ACT TO PROHIBIT AND ESTABLISH CRIMINAL PENALTIES FOR THE FORMATION AND OPERATION OF A DEATH SQUAD OR TORTURE SQUAD; TO REQUIRE THE STATE POLICE ESTABLISH A DEATH SQUAD MONITORING TASK FORCE; TO REQUIRE ALL AGENTS OF FOREIGN GOVERNMENTS, FOREIGN MILITARY OR POLICE PERSONNEL AND UNITS OPERATING IN THE STATE TO REGISTER WITH THE STATE POLICE DEATH SQUAD MONITORING TASK FORCE, WHO SHALL HAVE AUTHORITY TO PLACE MONITORS WITH ANY SUCH FOREIGN INDIVIDUAL OR UNIT; TO ESTABLISH CRIMINAL PENALTIES FOR ANY FOREIGN NATIONAL OR ILLEGAL IMMIGRANT ENTERING THE STATE FOR THE PURPOSE OF PARTICIPATING IN THE OPERATION OR SUPPORT OF A DEATH SQUAD OR THE EXTRAJUDICIAL KIDNAPING, DETAINMENT, TORTURE, INTIMIDATION OR EXECUTION OF ANY CITIZEN OR RESIDENT; AND FOR OTHER PURPOSES.

## Subtitle

AN ACT TO PROHIBIT THE CREATION AND OPERATION OF DEATH SQUADS AND TORTURE SQUADS.

## BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF (name of State):

## SECTION 1. DEFINITIONS.

(A) "Death squad" shall mean:

(1) A person or group of persons falsely impersonating law enforcement or military personnel or operating under color of authority as armed military, law enforcement, or other government authority for the purpose of extrajudicial execution, assassination, kidnaping, forced disappearance, or torture conducted in a manner to conceal their identities and conceal criminal acts they commit;

(2) A person or group of persons operating as vigilantes to conduct extrajudicial execution, assassination, kidnaping, forced disappearance, or torture conducted in a manner to conceal their identities and conceal criminal acts they commit; or (3) A person or persons participating in a gang or organized criminal enterprise who execute, assassinate, kidnap, disappear, or torture nonmembers in a manner to conceal their identities and conceal criminal acts they commit.

(B) "Extrajudicial" shall mean actions taken without legal foundation, without judicial authorization and procedures in the form of proper appropriate valid warrants, without arrest warrants specifying criminal offenses, without filing of criminal charges within the specified time limits, without informing the person of the charges against them, denial of access to legal counsel, and the denial of human rights, legal rights and access to proper medical treatment for illness or injury.

SECTION 2. PROHIBITION. The creation, existence, operation, transportation, and support of any death squad, torture squad, death squad target list, or torture squad target list is hereby prohibited within the State of (name of State).

SECTION 3. LEVEL OF OFFENSE. Unless otherwise specified, violating any provision of this act shall be a First Degree Felony (or Class A Felony in States using the letter felony rating scale).

## SECTION 4. CRIMINAL OFFENSES.

(A) The following death squad and torture squad related acts or failures to act shall be criminal offenses under this Act:

(1) Constructing, distributing, transporting or storing a written or electronic list of names to be extrajudicial targets of a death squad or torture squad for execution, assassination, kidnaping, forced disappearance or torture shall be separate criminal offences under this Act.

(2) Engaging in threats, harassment, intimidation, stalking, or terrorist threats to protect the existence or operations of a death squad or torture squad shall be separate criminal offenses under this Act.

(3) Failure to report to the State Police, or other law enforcement agency, the existence of a death squad or torture squad operating within the State or targeting residents of the State.

(4) Failure to report to the State Police, or other law enforcement agency, the existence of a death squad or torture squad target list containing the names of residents of the State.

(5) The failure of agents of foreign governments, foreign military or police personnel and units to register their presence in the State with the State Police Death Squad Monitoring Task Force.

(6) Training any person to participate in or support a death squad, death squad activity, torture squad or torture squad activity.

(7) Providing financial support or economic management support for the creation and sustained operation of a death squad or torture squad.

(8) Supplying arms, ammunition, vehicles, communications equipment, computers, or any other material support to the creation and sustained operation of a

death squad or torture squad.

(9) Renting, leasing or donating buildings, housing, operation facilities, or any other physical plant to an operating death squad or torture squad.

(10) Contracting to provide services of any kind to an operating death squad or torture squad.

(11) Any action taken by any elected, appointed, or employed government official for the purpose of protecting or concealing the existence and operation of a death squad or torture squad or concealing the creation and existence of any death squad or torture squad target lists affecting citizens or residents of the State.

(12) Impersonating any member of the State Police Death Squad Monitoring Task Force or falsely claiming to be a member or representative of the State Police Death Squad Monitoring Task Force for any illicit or deceptive purpose.

(B) It shall be a separate criminal offense to acquire, pre-position, maintain, store, or transport weapons, ammunition or any other equipment, implements or tools for use by a death squad or torture squad.

(C) It shall be a separate criminal offense to acquire, construct, or maintain any land, property, facilities, or mass body disposal operation for use by a death squad or torture squad.

(D) The failure of any foreign agent, foreign military or police personnel and units operating in the State of (name of State) to register with the State Police Death Squad Monitoring Task Force.

(E) It shall be a criminal offense for any foreign national or illegal immigrant to enter the State for the purpose of participating in the operation or support of a death squad or the extrajudicial kidnaping, detainment, torture, intimidation or execution of any citizen or resident.

(F) It shall be a criminal offense to dispose of the living or deceased victims of a death squad or torture squad in a mass grave or dispose of their living or dead bodies in any other manner for the purpose or consequence of concealing their death and criminal acts involved in their death.

(G) It shall be a separate criminal offense to use drone technology or any other aerial observation or weapon platform to track, eavesdrop on, attempt to execute, execute, or take any action that results in the deaths of innocent persons in the vicinity of an individual because their name is contained in any death squad or torture squad related list.

(H) It shall be a criminal offense to deprive any citizen or resident of the means to defend themselves and their family against assault by a death squad or torture squad.

## SECTION 5. ASSET FORFEITURE.

(A) Any person, organization, political party, corporation, foundation, think tank, government agency or other group entity offering or providing compensation or remuneration for participating in or supporting a death squad or torture squad shall be subject to asset forfeiture with the whole of their individual and collective assets, property and capital in its entirety going to compensate death squad victims, torture squad victims and surviving family members.

(B) Any person receiving compensation or remuneration for any of the following

acts shall have committed a criminal offense under this Act and shall be subject to asset forfeiture with the whole of their assets, property and capital in its entirety going to compensate death squad victims, torture squad victims and surviving family members:

(1) Participating in the design, planning, creation, establishment or operation of a death squad or torture squad;

(2) Training any person to participate directly in the operations of a death squad or torture squad or support of a death squad or torture squad.

(C) Any corporation, business, individual sales agent or contracted supplier which provides drone technology or any other aerial spying or weapons platform for use by a death squad that is used to execute any individual or is used to take action resulting in the death of innocent persons in the vicinity of any person targeted because their name was taken from any death squad or torture squad related list shall be subject to asset forfeiture with the whole of their individual and collective assets, property and capital in its entirety going to compensate death squad victims or surviving family members and any persons injured or killed in the vicinity of a targeted person or their surviving family members.

## SECTION 6. GOVERNOR'S RESPONSIBILITY.

(A) Within ninety (90) days of enactment of this Bill, the Governor shall complete formulation of a plan to mobilize the general population to address death squad or torture squad activity within the State, including activity that originates and is coordinated out of State.

(B) Should it be determined that death squad or torture squad activity is occurring under color of Federal authority, the Governor shall have the authority to order the recall of any National Guard units deployed outside the State as may be required to protect the residents of the State.

## SECTION 7. STATE POLICE.

(A) The State Police shall establish a Death Squad Monitoring Task Force which shall have the following authority and responsibilities:

(1)Issue public warnings and advisories about the activities of death squads and torture squads that may operate or begin operating within the State.

(2) Monitor the arms and ammunition purchasing of State, United States, international and foreign government agencies and entities operating in the State;

(3) Monitor activity that may aid or abet current or future death squad or torture squad activities;

(4) Monitor missing person reports, kidnaping and other law enforcement information for patterns that may indicate death squad or torture squad activity within the State;

(5) Accompany all Federal Law Enforcement actions conducted within the State, determined beforehand to be for legitimate Constitutional legal purposes with valid search warrants and arrest warrants for the correct address, to inform the public that it is not a death squad or torture squad related action.

(B) The State Police shall establish a comprehensive electronic database of information regarding persons with no known or identifiable criminal, social or economic

reason to leave who have disappeared under suspicious or unexplained circumstances.

(1) An annual report of database statistics and emergent patterns shall be issued.

(2) The database shall be available for scientific research.

(C) Within ninety (90) days of enactment of this Act, the State Police shall establish and implement a program to train neighborhood watch organizations how to identify and defend their neighborhoods against death squad or torture squad raids or activity.

SECTION 8. REGISTRATION WITH STATE POLICE DEATH SQUAD MONITORING TASK FORCE.

(A) All foreign military or police personnel and units operating within the State shall register with the State Police Death Squad Monitoring Task Force and be subject to monitoring.

(B) Any Federal Agency which fails to inform the State Police Death Squad Monitoring Task Force of impending action within the State, fails to document that their action is not related to death squad or torture squad activity, and fails to be accompanied on their action by a State Police Death Squad Monitoring Task Force member or representative to inform the public that the action is not death squad or torture squad related, shall be liable for all resulting damages and consequences.

SECTION 9. RIGHT OF DEFENSE AGAINST DEATH SQUAD OR TORTURE SQUAD. Any resident of the State targeted by a death squad or torture squad shall have the right to defend themselves and members of their family and shall have the right to come to the aid of any neighbor targeted by a death squad or torture squad.

SECTION 10. EMERGENCY CLAUSE. It is found and determined by the General Assembly, that elements within the Federal government have created both death squads and torture squads and executive orders now allow them to target United States citizens, which may include citizens of this State. It is also recognized that the history of death squads and torture squads in nations which chose their use under the false assumption they would solve national problems, such as Argentina, Greece, Chile, Cambodia, and a long list of other nations, all ended with the same tragic results. Horrific atrocities were committed against the citizens of their own Nation and the members and commanders of the death squads and torture squads were subsequently prosecuted by their own Nation or by international tribunals for the atrocities committed. There is no valid reason for the citizens of this State to suffer death and indignities because Federal Officials and criminals have chosen the folly of repeating one of the proven mistakes of history. In addition to Federal death squads and torture squads, drug cartels and street gangs are operating death squads in the United States. Individuals within the Federal Government have even allowed death squads from "friendly" Nations to enter the United Sates and execute American citizens. The citizens of this State are entitled to and need immediate protection from Federal Government death squads and organized criminal death squads. When the Federal Government fails to protect citizens and in fact becomes the perpetrator of crimes against its people, then it becomes the responsibility

of each State to protect and defend its own citizens. Therefore, an emergency is hereby declared to exist and this Act being necessary for the immediate preservation of the public peace, health and safety shall be in full force and effect from and after (earliest date your State emergency legislation rules allow it to take effect).

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#### President Barack Obama America's Pol Pot

April 16, 2014

by

James Roger Brown Sociologist, Intelligence Collection and Analysis Methodologist

"His success was attributed to his ability to combine remarkable charm and grace with an unflinching ruthlessness." (BBC News, "Pol Pot, Life of a Tyrant," April 14, 2000)

"President Barack Obama bragged to his aides that he's 'really good at killing people,' according to explosive claims in a new book about the 2012 presidential campaign." (Mail Online, November 3, 2013.)

Depending upon the source, Saloth Sar was born in 1925 or 1928 to a farming family in Central Cambodia. He trained in a Buddhist monastery and also attended a Catholic School before obtaining a scholarship in 1949 to study radio electronics in Paris. In Paris he was attracted to the Communist movement and invested so much time he lost his scholarship.

In 1953 he returned to Phnom Penh and rose through the ranks of the Cambodian Communist underground using the name Pol Pot. In 1963 Pol Pot moved into the Cambodian jungle with his followers and began a guerrilla war which put him in control of the country in 1975. Pol Pot began implementing his Communist goal of turning Cambodia into an agrarian utopia.

The inhabitants of all the cities were forced into the countryside to live in collectives. Money, private property, foreign influence, and religion were abolished. Anyone with any intellectual skills, such as knowing another language or being a teacher, was executed. Pol Pot's policies resulted in the death of an estimated 25% of Cambodia's population through executions, starvation, and exhaustion.

An invading Vietnamese Army removed Pol Pot from power in 1979 as a result of a war Pol Pot started himself by invading Vietnam and slaughtering entire villages.

While in power, Pol Pot operated a government that was a comprehensive integrated administrative machine to kill Cambodians and destroy all commercial, educational, religious, medical, and foreign communication processes. The only difference between Barack Obama and Pol Pot is that Obama wants to drive the rural population into the cities to clear the land of all human consequences.

Barack Obama is in the process of doing the same thing to the United States using classified weapons technology and armed drones as well as every process of government, medicine, and economics he can subvert. Obama is using classified technology to destroy the agricultural food production capacity of the United States. Pol Pot used plastic trash bags to kill Cambodians. Obama has purchased enough ammunition to kill the entire population of the United States several times over. He has imported foreign troops to function as death squads. His Administration has made deals with Mexican Drug Cartels to function as death squads to kill Americans. He and his supporters have organized and motivated Black and Hispanic Race Warriors to attack and kill Whites and Asians. Obama has already killed enough foreign civilians and Americans abroad with drones to qualify as a mass murderer.

Those baffled by Obama's apparently wimpy response to Putin's moves in the Western manufactured crisis in Ukraine would be less confused if they knew Russian and Chinese mercenary death squads were imported by Obama to help murder American gun owners when that operation begins. Obama has placed himself in a position to be blackmailed by Putin who provided the Russian mercenaries as a favor to Obama.

Barack Obama's life is a Rorschach crazy quilt patchwork of name changes, aliases, falsified birth records, impossible academic attendance with his currently claimed credentials, a Social Security Number inconsistent with his claimed residential record, and enough verbal falsehoods to fill several volumes of infamous quotes.

To understand why the mass murder of Americans is the operational goal of the entire Obama Administration, we have historic parallels in the Range Wars of the Old West fought over control of water and land. You just need to look at how the Obama Administration has operated worldwide and substitute banking, natural resources, and the goals stated on the Georgia Guide Stones for land and water control. The stage managed "insurrections" in Egypt, Syria, and Ukraine provide the clearest examples of what is being done in America. In Egypt, Syria, and Ukraine, foreign fighters were smuggled into each nation in large numbers and supplied with arms and ammunition. These "freedom fighters" were equivalent to the thugs, assassins, and bar sweepings imported to fight in the Old West Range Wars. The Obama Administration is bringing the same cast of characters used in Egypt and Syria into the United States through Mexico and personally escorted through Customs and Immigration by Obama Administration Officials.

The operational structure of the entire Obama Administration is nothing but a bureaucratic machine designed to kill millions of Americans. The most blatant and brazen example is Obamacare. Apparently, no one in main stream media has any experience with or understanding of data management to implement new government programs. If they did, they would quickly understand the "somebody was incompetent" excuse is a cover story for Obamacare doing exactly what it was intended to do, destroy the health care system and kill Americans under the cover of medical plausible deniability.

The entire data management system, including password protected idiot proofed data entry screens, could have been constructed in two to four weeks by one person using one of several commercially available mainframe software packages. The mainframe SAS software package I used in the 1980s would have been adequate to set up the data management and entry screens for Obamacare.

Another dead giveaway is having a convicted felon write the enabling legislation. Organized criminal enterprises are bureaucracies just like corporations and government agencies. It would help to have the skills of an experienced criminal to ensure the methods and procedures to achieve the covert agendas were integrated into the operation of Obamacare in ways that appear to be legitimate health care goals.

For more on how this is achieved see my Congressional Evidence Book Compendium of Documentation of Organized Crime Methods and Procedures Integrated into State and Federal Agencies for the Purpose of Political and Economic Exploitation of Children and Families Through State and Federal Child Protection, Mental Health, and Social Work Systems (available as free download on the internet).

I have previously written about how organized crime and organized science fraud are integrated into the child protection, mental health and social work systems and about death squads operating in the United States (see "What Americans Need to Know About Death Squads").

In light of Nancy Pelosi's statement, "We have to pass the bill to find out what's in it," there is no reason not to accept that the negative outcomes resulting from implementing the Patient Protection and Affordable Care Act are the intent of the actual authors of the Bill. Intent is the mental attitude with which a person acts. Usually intent cannot be proven directly, it must be inferred from facts and circumstances. Two key supporting facts are that convicted criminals are not screened from being employed and organized crime methods and procedures I previously documented in the Congressional Evidence Book *Compendium of Documentation of Organized Crime Methods and Procedures Integrated into State and Federal Agencies for the Purpose of Political and Economic Exploitation of Children and Families Through State and Federal Child Protection, Mental Health, and Social Work Systems have been incorporated into the administrative bureaucracy and actually expanded in the implementation of Obamacare.* 

Intent can also be inferred from the consistency of consequences. People sign up and get no actual coverage. Hospitals are forced to close because Obamacare payments are delayed until the Hospital is no longer solvent. Doctors are closing their practices reducing the availability of care under any circumstance. Doctors calling for approval of procedures are put on hold and no one ever comes back to approve or deny the procedure.

Patterns of deception also indicate intent. There are clear patterns of deception about the startup of Obamacare, keeping your physician, keeping your insurance carrier, and more people are having their policies cancelled than signing up for Obamacare, among other examples.

The aggregate policies of the Obama Administration to murder American Citizens have the same level of benevolence as Pol Pot's inventory of plastic bags. Any time a Chicago politician brags about being good at killing people it should be considered a confession giving sufficient grounds to initiate a criminal investigation.

Barack Obama is just a high functioning black Chicago thug using all of the classified and unclassified military and economic assets available to him as President to play the Knockout Game on every human being in the United States, and as much of the rest of the world that he can get away with. By his own words he takes great pride in his murders and mayhem, past, present, and future.

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# **BLACK DAWN**

## BARACK OBAMA'S DREAMERS\* BIOLOGICAL ATTACK ON AMERICA

\*(Disease Redistribution Eliminating America's Mindless Eating Redundant Stooges)

February 9, 2015

by

James Roger Brown

(Sociologist and Intelligence Collection and Analysis Methodologist)

The following information is sufficient for you to comprehend how disease riddled illegal immigrants are being used to target American citizens for execution by disease and sufficient for you to communicate to others what must be done to stop the execution of American citizens using disease riddled illegal immigrants.

In Public Health and epidemiology, a vector is any organism that carries and transmits a disease into another organisms. Human beings infected with a communicable disease become human disease vectors. A comprehensive body of law and public health policy have been established to control diseases spread by human disease vectors.

The World Health Organization has published a statement regarding the scope and magnitude of "Public Health":

"Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease. The three main public health functions are:

The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.

The formulation of public policies designed to solve identified local and national health problems and priorities.

To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

Public health professionals monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviours to ensure that populations stay healthy. One way to illustrate the breadth of public health is to look at some notable public health campaigns:

Vaccination and control of infectious diseases

Motor-vehicle safety

Safer workplaces

Safer and healthier foods

Safe drinking water

Healthier mothers and babies and access to family planning

Decline in deaths from coronary heart disease and stroke

Recognition of tobacco use as a health hazard.

The term global public health recognizes that, as a result of globalization, forces that affect public health can and do come from outside state boundaries and that responding to public health issues now requires attention to cross-border health risks, including access to dangerous products and environmental change."

As a component of Public Health efforts to prevent the spread of diseases by human disease vectors across national boundaries, both the United States Center for Disease Control and the World Health Organization monitor and publish lists of diseases by Nation. The World Health Organization national disease information is one to three years out of date and relies on reported cases of those who interact with the medical establishment. Reported World disease totals are estimates.

The following table contains in column one a list of all the Nations in Central and South America. Column two contains the United States Center For Disease Control travel advisory which includes warning lists of specific dangerous diseases known to be present in the respective Nation. Column three contains the World Health Organization list of diseases reported to exist in each Nation.

## TABLE OF CDC\* AND WHO\*\* LISTS OF PREVALENT DISEASES BY NATION

NATION	CDC DISEASE LIST	WHO DISEASE LIST
Argentina	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Argentina: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute respiratory infections, Diphtheria, AIDS, Cholera, HIV and other sexually transmitted diseases, Influenza, Malaria, Measles, Meningococcal Meningitis, Mumphs, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Belize	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Belize: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute respiratory infection, Chagas' Disease, Dengue, Diarrhea, Diphtheria, HIV and AIDS, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rabies, Rubella, Sexually transmitted infections, Tuberculosis, Tetanus. Yellow Fever (NOTE: A number of diseases are listed in "Country Collaboration Strategy" a WHO document which is not available for all Nations in Central and South America.)
Bolivia	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Bolivia: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute respiratory infection, Diarrhea, HIV and AIDS, Malaria, Measles, Mumps, Poliomyelitis, Rubella, Tuberculosis, Tetanus, Yellow Fever

Brazil	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Brazil: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Chagas' Disease, Cholera, Dengue Fever, Diarrhea, Diphtheria, Filariasis, Hansen's Disease (Leprosy), Hepatitis, HIV and AIDS, Influenza, Leishmaniasis, Malaria, Measles, Mumps, Pertussis, Pneumonia, Poliomyelitis, Rubella, Schistosomiasis, Tetanus, Tuberculosis, Yellow Fever
Chile	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Chile: Hepatitis A & B, Rabies, and Typhoid.	Acute Respiratory Infection, Cholera, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Colombia	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Colombia: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever

Costa Rica	Diphtheria, HIV and AID Du should be up to date on routine accinations while traveling to any Diphtheria, HIV and AID Malaria, Measles, Mum Poliomyelitis, Rubella, T	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Ecuador	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Ecuador Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever

El Salvador	"All travelors	Acute Respiratory Infection Diarrhea
El Salvador	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in El Salvdore Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
	Chikungunya in El Salvador	
	Watch - Level 1, Practice Usual Precautions	
	Released: July 25, 2014	
	What is the current situation?	
	As of July 12, 2014, 37 chikungunya cases were confirmed in El Salvador. In June 2014, El Salvador reported locally transmitted cases for the first time. Local transmission means that mosquitoes in the area have been infected with chikungunya and are spreading it to people.	
	CDC recommends that travelers to the El Salvador protect themselves from mosquito bites. Some travelers may be more likely to get chikungunya, have severe disease, or be at higher risk for other reasons. CDC advises travelers in high-risk groups to discuss their travel plans with their health care provider. These groups include the following:	
	People who have arthritis	
	People with serious underlying medical conditions (such as high blood pressure, heart disease, or diabetes)	
	People older than 65	

French Guyana An administrative region of France located in South America. Also referred to as simply Guyana.	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in French Guyana: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Guatemala	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Guatemala: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Honduras	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Guyana: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever

Mexico	"All travelers	Acute Respiratory Infection, Cholera,
	You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Mexico: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
	Watch - Level 1, Practice Usual Precautions	
	Cholera in Mexico	
	Updated: December 20, 2013	
	What is the Current Situation?	
	According to the Pan American Health OrganizationExternal Web Site Icon (PAHO), there have been 184 confirmed cholera cases, including one death, reported in Mexico since August 2013. Two of the cases occurred in the Federal District (Mexico City), 160 cases occurred in the state of Hidalgo, 9 cases occurred in the state of Mexico, 2 cases occurred in the state of San Luis Postosi, and 11 cases occurred in the state of Veracruz. Mexican health authorities continue to work to control the outbreak.	
	What is Cholera?	
	Cholera is a bacterial disease that can cause diarrhea and dehydration. Cholera is most often spread through contaminated food or water. Water may be contaminated by the feces of an infected person or by untreated sewage. Food may be contaminated by being handled by a person with cholera.	

Nicaragua	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Nicaragua: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Panama	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Panama: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Paraguay	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Paraguay: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever

Peru	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Peru: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Plague, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
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Suriname	"All travelers	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis,
	You should be up to date on routine vaccinations while traveling to any	Poliomyelitis, Rubella, Tetanus,
	destination. Some vaccines may also be	Tuberculosis, Yellow Fever
	required for travel. Make sure you are	
	up-to-date on routine vaccines before	
	every trip. These vaccines include	
	measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis	
	vaccine, varicella (chickenpox) vaccine,	
	polio vaccine, and your yearly flu shot."	
	Additional diseases present in Surinam: Hepatitis A & B, Malaria, Rabies,	
	Typhoid, and Yellow Fever.	
	Watch - Level 1, Practice Usual	
	Precautions	
	New! Chikungunya in Suriname	
	Released: July 25, 2014	
	What is the current situation?	
	As of June 27, 2014, 13 cases of	
	chikungunya were confirmed in	
	Suriname. In June 2014, Suriname reported locally transmitted cases for	
	the first time. Local transmission means	
	that mosquitoes in the area have been	
	infected with chikungunya and are	
	spreading it to people.	
	CDC recommends that travelers to	
	Suriname protect themselves from	
	mosquito bites. Some travelers may be	
	more likely to get chikungunya, have severe disease, or be at higher risk for	
	other reasons. CDC advises travelers in	
	high-risk groups to discuss their travel	
	plans with their health care provider. These groups include the following:	
	People who have arthritis	
	People with serious underlying medical	
	conditions (such as high blood pressure,	
	heart disease, or diabetes)	
	People older than 65	

Uruguay	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Uruguay: Hepatitis A & B, Malaria, Rabies, and Typhoid.	Acute Respiratory Infection, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever
Venezuela	"All travelers You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel. Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot." Additional diseases present in Venezuela: Hepatitis A & B, Malaria, Rabies, Typhoid, and Yellow Fever.	Acute Respiratory Infection, Cholera, Diarrhea, Diphtheria, HIV and AIDS, Leprosy, Malaria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Tuberculosis, Yellow Fever

\* http://wwwnc.cdc.gov/travel/

\*\* http://www.who.int/countries/en/

There are two things to emphasize about the CDC and WHO diseases lists in this table. Only nations from Mexico to the tip of South America are included. Neither list of diseases is comprehensive. The importance of these facts will become evident.

New York City has been an illegal immigrant "Safe Haven" since 1985 when Mayor Ed Koch issued an executive order prohibiting city employees from reporting illegal immigrants to federal authorities. In a paper scheduled to be published July 29, 2015, authors Ebrahim Afshinnekoo, *et al*, report the results of genetic analysis of organisms found in swab samples taken throughout the New York City Subway System and other public facilities. **48.313% of the DNA extracted from the 1,457 swab samples did not match any known organism.** 48% of the DNA identified cellular organism with 46.9% of all the DNA identifying bacteria. Bacterial DNA from the samples identified 1,688 taxa with 31% being able to attack immune or physically compromised bodies and 12% being known pathogens, including anthrax and Bubonic plague. The presence of any disease organisms in the samples taken due to the presence of illegal immigrants would be impossible to determine because New York City employees are still prohibited from reporting illegal immigrant related information. There is also no way to determine what organisms among the unknown species were carried in by illegal immigrants in the 30 years New York City has been a Safe Haven.

Building upon this insanity, President Obama has weaponized disease carrying illegal immigrants and turned them into targeted weapons aimed at infecting and killing Americans. To fully comprehend the gross and horrific violations of Public Health Code and Regulations the Obama Administration is inflicting on the total population of the United States and the individuals manipulated into entering this Country illegally, it is necessary to extensively quote Federal Code and Code of Federal Regulations. The Center For Disease Control and Prevention provides a central reference source for the Laws and Regulations regarding Immigrant and Refugee Health at:

#### http://www.cdc.gov/immigrantrefugeehealth/laws-regulations.html

Everyone needs to go to this website and read all of the linked documents. The life you save by doing something about the government allowing millions of human disease vectors to pour across the Mexican Border may be your own.

## Legal Authorities for Medical Examination of Aliens

The Department of Health and Human Services has regulatory authority to promulgate regulations that establish requirements for the medical examination of aliens (immigrants, refugees, asylees, and parolees) **before they may be admitted into the United States**. [emphasis added] Under this authority, the Division of Global Migration and Quarantine administers the regulations which include the health-related conditions that make aliens ineligible for entry into the United States.

The legal foundation for this authority is found in Title 8 and 42 of the U.S. Code and relevant supporting regulations.

# United States Federal Laws and Regulations for Medical Examination of Aliens United States Code

The United States Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. Section 252 of the following portion of the code applies: Title 42 - The Public Health and Welfare, Chapter 6A - Public Health Service, Subchapter II - General Powers and Duties, Part C – Hospitals, Medical Examination, and Medical Care. Also, Section 1182 and 1122 of the following portion of the

code apply: Title 8- Aliens and Nationality, Chapter 12 – Immigration and Nationality, Subchapter II – Immigration, Part II – Admission Qualifications for Aliens; Travel Control of Citizens and Aliens and Part IV – Inspection, Apprehension, Examination, Exclusion, and Removal. Links are provided by the Government Printing Office External Web Site Icon.

42 USC 252. Medical Examination of Aliens

8 USC 1182. Aliens with Diseases of Public Health Significance

8 USC 1222. Detention of aliens for physical and mental examination

[NOTE: Go to the CDC Web page link above to access links to this code and PDF documents containing the code.]

The Electronic Code of Federal Regulations (current as of July 10, 2014) states the following in Title 42 Public Health, Part 34 MEDICAL EXAMINATION OF ALIENS:

## §34.1 Applicability.

The provisions of this part shall apply to the medical examination of:

(a) Aliens applying for a visa at an embassy or consulate of the United States;

(b) Aliens arriving in the United States;

(c) Aliens required by the INS to have a medical examination in connection with determination of their admissibility into the United States; and

(d) Aliens applying for adjustment status.

[56 FR 25001, May 31, 1991]

## §34.2 Definitions.

As used in this part, terms shall have the following meanings:

(a) CDC. Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

(b) Communicable disease of public health significance. Any of the following diseases:

(1) Chancroid.

(2) Communicable diseases as listed in a Presidential Executive Order, as provided under Section 361(b) of the Public Health Service Act. The current revised list of quarantinable communicable diseases is available at http://www.cdc.gov and

http://www.archives.gov/federal-register.

(3) Communicable diseases that may pose a public health emergency of international concern if it meets one or more of the factors listed in §34.3(d) and for which the CDC Director has determined (A) a threat exists for importation into the United States, and (B) such disease may potentially affect the health of the American public. The determination will be made consistent with criteria established in Annex 2 of the revised International Health Regulations (http://www.who.int/csr/ihr/en/), as adopted by the Fifty-Eighth World Health Assembly in 2005, and as entered into effect in the United States in July, 2007, subject to the U.S. Government's reservation and understandings:

> (i) Any of the communicable diseases for which a single case requires notification to the World Health Organization (WHO) as an event that may constitute a public health emergency of international concern, or

(ii) Any other communicable disease the occurrence of which requires notification to the WHO as an event that may constitute a public health emergency of international concern. HHS/CDC's determinations will be announced by notice in the Federal Register.

- (4) Gonorrhea.
- (5) Granuloma inguinale.
- (6) Leprosy, infectious.

(7) Lymphogranuloma venereum.

(8) Syphilis, infectious stage.

(9) Tuberculosis, active.

(c) Civil surgeon. A physician, with not less than 4 years' professional experience, selected by the District Director of INS to conduct medical examinations of aliens in the United States who are applying for adjustment of status to permanent residence or who are required by the INS to have a medical examination. [Emphasis added.]

(d) Class A medical notification. Medical notification of:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

> (ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior; or

(3) Drug abuse or addiction.

(e) Class B medical notification. Medical notification of a physical or mental abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

(f) Director. The Director of the Centers for Disease Control.

(g) Drug abuse. The non-medical use of a substance listed in section 202 of the Controlled Substances Act, as amended (21 U.S.C. 802) which has not necessarily resulted in physical or psychological dependence.

(h) Drug addiction. The non-medical use of a substance listed in section

202 of the Controlled Substances Act, as amended (21 U.S.C. 802) which has resulted in physical or psychological dependence.

(i) INS. Immigration and Naturalization Service, U.S. Department of Justice.

(j) Medical examiner. A panel physician, civil surgeon, or other physician designated by the Director to perform medical examinations of aliens.

(k) Medical hold document. A document issued to the INS by a quarantine inspector of the Public Health Service at a port of entry which defers the inspection for admission until the cause of the medical hold is resolved.

(I) Medical notification. A document issued to a consular authority or the INS by a medical examiner, certifying the presence or absence of:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

(ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior;

(3) Drug abuse or addiction; or

(4) Any other physical abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

(m) Medical officer. A physician of the Public Health Service Commissioned Corps assigned by the Director to conduct physical and mental examinations of aliens.

(n) Mental disorder. A currently accepted psychiatric diagnosis, as defined by the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, or by other authoritative sources.

(o) Panel physician. A physician selected by a United States

embassy or consulate to conduct medical examinations of aliens applying for visas.

(p) Physical disorder. A currently accepted medical diagnosis, as defined by the Manual of the International Classification of Diseases, Injuries, and Causes of Death published by the World Health Organization, or by other authoritative sources.

[21 FR 9829, Dec. 12, 1956, as amended at 52 FR 32543, Aug. 28, 1987; 56 FR 25001, May 31, 1991; 73 FR 58056, Oct. 6, 2008; 74 FR 56562, Nov. 2, 2009]

#### §34.3 Scope of examinations.

(a) General. In performing examinations, medical examiners shall consider those matters that relate to the following:

(1) A communicable disease of public health significance;

(2)(i) A physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others;

> (ii) A history of a physical or mental disorder and behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior;

(3) Drug abuse or addiction; and

(4) Any other physical abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being.

(b) Scope of all medical examinations.

(1) All medical examinations will include the following:

(i) A general physical examination and medical history, evaluation for tuberculosis, and serologic testing for syphilis.

(ii) A physical examination and medical history for diseases

specified in §§34.2(b)(1), and 34.2(b)(4) through 34.2(b)(10).

(2) The scope of the examination shall include any laboratory or additional studies that are deemed necessary, either as a result of the physical examination or pertinent information elicited from the alien's medical history, for the examining physician to reach a conclusion about the presence or absence of a physical or mental abnormality, disease, or disability.

(c) Additional medical screening and testing for examinations performed outside the United States.

(1) HHS/CDC may require additional medical screening and testing for medical examinations performed outside the United States for diseases specified in §§34.2(b)(2) and 34.2(b)(3) by applying the risk-based medical and epidemiologic factors in paragraph (d)(2) of this section.

(2) Such examinations shall be conducted in a defined population in a geographic region or area outside the United States as determined by HHS/CDC.

(3) Additional medical screening and testing shall include a medical interview, physical examination, laboratory testing, radiologic exam, or other diagnostic procedure, as determined by HHS/CDC.

(4) Additional medical screening and testing will continue until HHS/CDC determines such screening and testing is no longer warranted based on factors such as the following: Results of disease outbreak investigations and response efforts; effectiveness of containment and control measures; and the status of an applicable determination of public health emergency of international concern declared by the Director General of the WHO.

(5) HHS/CDC will directly provide medical examiners information pertaining to all applicable additional requirements for medical screening and testing, and will post these at the following Internet addresses: http://www.cdc.gov/ncidod/dq/technica.htm and http://www.globalhealth.gov.

(d) Risk-based approach. (1) HHS/CDC will use the medical and epidemiological factors listed in paragraph (d)(2) of this section to

determine the following:

(i) Whether a disease as specified in §34.2(b)(3)(ii) is a communicable disease of public health significance.

(ii) Which diseases in §§34.2(b)(2) and (b)(3) merit additional screening and testing, and the geographic area in which HHS/CDC will require this screening.

(2) Medical and epidemiological factors include the following:

(i) The seriousness of the disease's public health impact;

(ii) Whether the emergence of the disease was unusual or unexpected;

(iii) The risk of the spread of the disease in the United States;

(iv) The transmissibility and virulence of the disease;

(v) The impact of the disease at the geographic location of medical screening; and

(vi) Other specific pathogenic factors that would bear on a disease's ability to threaten the health security of the United States.

(e) Persons subject to requirement for chest X-ray examination and serologic testing. (1) As provided in paragraph (e)(2) of this section, a chest x-ray examination and serologic testing for syphilis shall be required as part of the examination of the following:

(i) Applicants for immigrant visas;

(ii) Students, exchange visitors, and other applicants for non-immigrant visas required by a U.S. consular authority to have a medical examination;

(iii) Applicants outside the United States who apply for refugee status;

(iv) Applicants in the United States who apply for adjustment of their status under the immigration statute and regulations.

(2) Chest X-ray examination and serologic testing. Except as provided in paragraph (e)(2)(iv) of this section, applicants described in paragraph (e)(1) of this section shall be required to have the following:

(i) For applicants 15 years of age and older, a chest x-ray examination;

(ii) For applicants under 15 years of age, a chest x-ray examination if the applicant has symptoms of tuberculosis, a history of tuberculosis, or evidence of possible exposure to a transmissible tuberculosis case in a household or other enclosed environment for a prolonged period;

(iii) For applicants 15 years of age and older, serologic testing for syphilis and HIV.

(iv) Exceptions. Serologic testing for syphilis shall not be required if the alien is under the age of 15, unless there is reason to suspect infection with syphilis. An alien, regardless of age, in the United States, who applies for adjustment of status to lawful permanent resident shall not be required to have a chest x-ray examination unless their tuberculin skin test, or an equivalent test for showing an immune response to Mycobacterium tuberculosis antigens, is positive. HHS/CDC may authorize exceptions to the requirement for a tuberculin skin test, an equivalent test for showing an immune response to M. tuberculosis antigens, or chest x-ray examination for good cause, upon application approved by the Director.

(3) Immune response to Mycobacterium tuberculosis antigens.

(i) All aliens 2 years of age or older in the United States who apply for adjustment of status to permanent residents, under the immigration laws and regulations, or other aliens in the United States who are required by the U.S. Department of Homeland Security to have a medical examination in connection with a determination of their admissibility, shall be required to have a tuberculin skin test or an equivalent test for showing an immune response to Mycobacterium tuberculosis antigens. Exceptions to this requirement may be authorized for good cause upon application approved by the Director. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.

(ii) Aliens less than 2 years old shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis. In the event of a positive tuberculin reaction, a chest X-ray examination shall be required. If the chest radiograph is consistent with tuberculosis, the alien shall be referred to the local health authority for evaluation. Evidence of this evaluation shall be provided to the civil surgeon before a medical notification may be issued.

(iii) Aliens outside the United States required to have a medical examination shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, and, if indicated, a chest radiograph.

(iv) Aliens outside the United States required to have a medical examination shall be required to have a tuberculin skin test, or an equivalent, appropriate test to show an immune response to Mycobacterium tuberculosis antigens, and a chest radiograph, regardless of age, if they have symptoms of tuberculosis, a history of tuberculosis, or evidence of possible exposure to a transmissible tuberculosis case in a household or other enclosed environment for a prolonged period.

(4) Additional testing requirements. All applicants subject to the chest radiograph requirement, and for whom the radiograph shows an abnormality suggestive of tuberculosis disease, shall be required to undergo additional testing for tuberculosis.

(5) How and where performed. All chest x-ray images used in medical examinations performed under the regulations to this part shall be large enough to encompass the entire chest (approximately 14×17 inches; 35.6×32.2 cm).

(6) Chest x-ray, laboratory, and treatment reports. The chest radiograph reading and serologic test results for syphilis shall be included in the medical notification. When the medical examiner's conclusions are based on a study of more than one chest x-ray image, the medical notification

shall include at least a summary statement of findings of the earlier images, followed by a complete reading of the last image, and dates and details of any laboratory tests and treatment for tuberculosis.

(f) Procedure for transmitting records. For aliens issued immigrant visas, the medical notification and chest X-ray images, if any, shall be placed in a separate envelope which shall be sealed. When more than one chest X-ray image is used as a basis for the examiner's conclusions, all images shall be included.

(g) Failure to present records. When a determination of admissibility is to be made at the U.S. port of entry, a medical hold document shall be issued pending completion of any necessary examination procedures. A medical hold document may be issued for aliens who:

(1) Are not in possession of a valid medical notification, if required;

(2) Have a medical notification which is incomplete;

(3) Have a medical notification which is not written in English;

(4) Are suspected to have an excludable medical condition.

(h) The Secretary of Homeland Security, after consultation with the Secretary of State and the Secretary of Health and Human Services, may in emergency circumstances permit the medical examination of refugees to be completed in the United States.

(i) All medical examinations shall be carried out in accordance with such technical instructions for physicians conducting the medical examination of aliens as may be issued by the Director. Copies of such technical instructions are available upon request to the Director, Division of Global Migration and Quarantine, Mailstop E03, HHS/CDC, Atlanta GA 30333.

[73 FR 58056, Oct. 6, 2008, as amended at 73 FR 62211, Oct. 20, 2008; 74 FR 56562, Nov. 2, 2009]

Australia, Canada, Finland, Germany, Netherlands, New South Wales, New Zealand, Poland, Russia, Scotland, United Kingdom, and the United States have prosecuted individuals who knowingly engaged in sex while HIV infected or physically

assaulted another individual with the intent of infecting them.

October 7, 2011 a Minneapolis court convicted Daniel James Rick of first-degree assault for knowingly infecting another man with HIV in unprotected sex.

It has been established in international law that intentionally infecting another human being with a disease transmitted by a human disease vector constitutes a criminal offense of assault, attempted murder, or actual murder. President Obama has intentionally orchestrated a biological attack upon every legitimate citizen of the United States by inciting and organizing the entry of human disease vectors across the Mexican Border carrying virtually every disease known to medical science.

No leader in human history has ever contrived the mass murder of the citizens of their nation by intentionally exposing them to multiple diseases simultaneously. This surpasses by several orders of magnitude the US Army giving Small Pox infected blankets to Indian Tribes in the 1800s. Barrack Obama may have his name etched in human history as the villain who committed the greatest evil in the false name of doing good.

No one in the Obama Administration gives a flying fig about the welfare of children and adults manipulated into illegally crossing the US Border, the legal citizens who live here, or the animal, bird, and insect populations in the border area feeding on the diseased corpses. There are and will be thousands of rotting corpses being consumed by animals, birds and insects in the border area. Any diseases contained in those bodies that are common to animals, birds, insects and humans will transform whatever consumes the bodies into disease vectors that will spread the diseases. The American Southwest is being transformed into a disease contaminated Hell.

Two other factors will increase the adverse consequences of inciting human disease vectors to illegally cross the Mexican Border. First, the entire South West is subject to "Abnormally dry" to "Exceptional Drought" so persistent and severe that the entire population of towns and cities may have to be relocated. Second, one of two things will happen because of the high unemployment rate:

(1) it will be virtually impossible for adult illegal immigrants to find adequate employment and the unaccompanied minors entering illegally will be too young for legal employment; or

(2) illegal immigrant workers will be used to replace American workers with cheaper labor leaving Americans unemployed with increased health risks.

Barack Obama is acting in total disregard of Federal Law and Regulations designed to protect Americans from becoming infected with the communicable diseases of other nations. President Obama should be removed from office and prosecuted on

one count of attempted murder for each citizen exposed to an illegal immigrant infected with a fatal disease and one count of murder for every American and illegal alien who dies from the diseases carried by the human disease vectors he aided and abetted illegally crossing the border with Mexico and entering the United States.

Why should you demand that existing Federal Public Health Laws and Code of Federal Regulations be fully enforced regarding illegal immigrants and that President Barack Obama be removed from office immediately? Here are some very explicit reasons regarding diseases your children could bring home with them from the infected illegal immigrant children that have been intentionally placed in their classrooms..

## CHAGAS DISEASE (From CDC website)

Chagas disease has an acute and a chronic phase. If untreated, infection is lifelong.

Acute Chagas disease occurs immediately after infection, may last up to a few weeks or months, and parasites may be found in the circulating blood. Infection may be mild or asymptomatic. There may be fever or swelling around the site of inoculation (where the parasite entered into the skin or mucous membrane). Rarely, acute infection may result in severe inflammation of the heart muscle or the brain and lining around the brain.

Following the acute phase, most infected people enter into a prolonged asymptomatic form of disease (called "chronic indeterminate") during which few or no parasites are found in the blood. During this time, most people are unaware of their infection. Many people may remain asymptomatic for life and never develop Chagas-related symptoms. However, an estimated 20 - 30% of infected people will develop debilitating and sometimes life-threatening medical problems over the course of their lives.

Complications of chronic Chagas disease may include:

heart rhythm abnormalities that can cause sudden death;

a dilated heart that doesn't pump blood well;

a dilated esophagus or colon, leading to difficulties with eating or passing stool.

In people who have suppressed immune systems (for example, due to AIDS or chemotherapy), Chagas disease can reactivate with parasites found in

the circulating blood. This occurrence can potentially cause severe disease.

#### CHOLERA (From CDC website)

Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium Vibrio cholerae and is transmitted by contaminated food or water. The infection is often mild or without symptoms, but sometimes it can be severe.

Approximately 5-10% of persons will have severe cholera which in the early stages includes:

profuse watery diarrhea, sometimes described as "rice-water stools,"

vomiting

rapid heart rate

loss of skin elasticity

dry mucous membranes

low blood pressure

thirst

muscle cramps

restlessness or irritability

Persons with severe cholera can develop acute renal failure, severe electrolyte imbalances and coma. If untreated, severe dehydration can rapidly lead to shock and death.

Profuse diarrhea produced by cholera patients contains large amounts of infectious Vibrio cholerae bacteria that can infect others if ingested, and when these bacteria contaminate water or food will lead to additional cases. Dispose of human waste appropriately to prevent the spread of cholera.

## **DENGUE FEVER** (From CDC website)

With more than one-third of the world's population living in areas at risk for infection, dengue virus is a leading cause of illness and death in the tropics and subtropics. As many as 400 million people are infected yearly. Dengue is caused

by any one of four related viruses transmitted by mosquitoes. There are not yet any vaccines to prevent infection with dengue virus and the most effective protective measures are those that avoid mosquito bites. When infected, early recognition and prompt supportive treatment can substantially lower the risk of medical complications and death.

Dengue has emerged as a worldwide problem only since the 1950s. Although dengue rarely occurs in the continental United States, it is endemic in Puerto Rico and in many popular tourist destinations in Latin America, Southeast Asia and the Pacific islands

The principal symptoms of dengue are:

High fever and at least two of the following:

Severe headache

Severe eye pain (behind eyes)

Joint pain

Muscle and/or bone pain

Rash

Mild bleeding manifestation (e.g., nose or gum bleed, petechiae, or easy bruising)

Low white cell count

Generally, younger children and those with their first dengue infection have a milder illness than older children and adults.

Watch for warning signs as temperature declines 3 to 7 days after symptoms began.

Go IMMEDIATELY to an emergency room or the closest health care provider if any of the following warning signs appear:

Severe abdominal pain or persistent vomiting

Red spots or patches on the skin

Bleeding from nose or gums

Vomiting blood

Black, tarry stools (feces, excrement)

Drowsiness or irritability

Pale, cold, or clammy skin

Difficulty breathing

Dengue hemorrhagic fever (DHF) is characterized by a fever that lasts from 2 to 7 days, with general signs and symptoms consistent with dengue fever. When the fever declines, warning signs may develop. This marks the beginning of a 24 to 48 hour period when the smallest blood vessels (capillaries) become excessively permeable ("leaky"), allowing the fluid component to escape from the blood vessels into the peritoneum (causing ascites) and pleural cavity (leading to pleural effusions). This may lead to failure of the circulatory system and shock, and possibly death without prompt, appropriate treatment. In addition, the patient with DHF has a low platelet count and hemorrhagic manifestations, tendency to bruise easily or have other types of skin hemorrhages, bleeding nose or gums, and possibly internal bleeding.

## Treatment

There is no specific medication for treatment of a dengue infection. Persons who think they have dengue should use analgesics (pain relievers) with acetaminophen and avoid those containing ibuprofen, Naproxen, aspirin or aspirin containing drugs. They should also rest, drink plenty of fluids to prevent dehydration, avoid mosquito bites while febrile and consult a physician.

As with dengue, there is no specific medication for DHF. If a clinical diagnosis is made early, a health care provider can effectively treat DHF using fluid replacement therapy. Adequately management of DHF generally requires hospitalization.

## EBOLA HEMORRHAGIC FEVER (From CDC website)

Because the natural reservoir of Ebola viruses has not yet been proven, the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers have hypothesized that the first patient becomes infected through contact with an infected animal. When an infection does occur in humans, there are several ways in which the virus can be transmitted to others. These include:

direct contact with the blood or secretions of an infected person

exposure to objects (such as needles) that have been contaminated with infected secretions

The viruses that cause Ebola Hemorrhagic Fever are often spread through families and friends because they come in close contact with infectious secretions when caring for ill persons.

During outbreaks of Ebola Hemorrhagic Fever, the disease can spread quickly within health care settings (such as a clinic or hospital). Exposure to Ebola viruses can occur in health care settings where hospital staff are not wearing appropriate protective equipment, such as masks, gowns, and gloves.

Proper cleaning and disposal of instruments, such as needles and syringes, is also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue and amplify an outbreak.

Symptoms of Ebola HF typically include:

Fever

Headache

Joint and muscle aches

Weakness

Diarrhea

Vomiting

Stomach pain

Lack of appetite

Some patients may experience:

A Rash

Red Eyes

Hiccups

Cough

Sore throat

Chest pain

Difficulty breathing

Difficulty swallowing

Bleeding inside and outside of the body

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus though 8-10 days is most common.

Some who become sick with Ebola Hemorrhagic Fever are able to recover, while others do not. The reasons behind this are not yet fully understood. However, it is known that patients who die usually have not developed a significant immune response to the virus at the time of death.

## TUBERCULOSIS (From CDC website)

Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

## How TB Spreads

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

## Latent TB Infection and TB Disease

Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.

## Latent TB Infection

TB bacteria can live in the body without making you sick. This is called latent TB infection. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection do not feel sick and do not have any symptoms. People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will go from having latent TB infection to being sick with TB disease.

#### TB Disease

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active (multiplying in your body), this is called TB disease. People with TB disease are sick. They may also be able to spread the bacteria to people they spend time with every day.

Many people who have latent TB infection never develop TB disease. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later when their immune system becomes weak for another reason.

For people whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is much higher than for people with normal immune systems.

These five horrific diseases are just some of the reasons you should let your US Senator, US Representative and President Obama know that you want full enforcement of United States Public Health Laws and Regulations to end human disease vectors being allowed to illegally enter the United States and freely wander the landscape from coast to coast and Alaska spreading diseases. For a complete list of reasons you should want this, go to the following US Center for Disease Control web page for Diseases and Conditions and start reading:

## http://www.cdc.gov/diseasesconditions/

When you comprehend the vast number of diseases linked from the page by each letter of the alphabet, it should scare the crap out of you. Is it enough to motivate you to take action to protect yourself and those you love? The untreated child disease vectors will be attending school with your children all across the United States this fall and winter. Your children will then bring whatever diseases they contract home to you.

In a time when government leaders fear terrorists might release a mutated form of some disease like small pox to kill people or like foot-and-mouth disease to disrupt the economy, President Barack Obama has earned his place in history as an evil genius. He has singlehandedly orchestrated the simultaneous biological attack upon the United Sates exploiting at least ten to forty of the most deadly and debilitating diseases on the planet using violent child and adult criminals as human disease vectors. Taking a lesson from 9/11, Obama has ensured success of the multiple biological attacks by shutting down enforcement of all Federal Health Code Laws and Regulations put in place to defend United States Citizens from infectious diseases carried by any would be immigrants, legal or illegal. How low on the scale of humanity does one have to be to devise such evil?

Here is some additional relevant Federal Code that will allow you to make some important distinctions to determine what is coming at you from the White House.

18 U.S. Code § 113 - Assaults within maritime and territorial jurisdiction

(a) Whoever, within the special maritime and territorial jurisdiction of the United States, is guilty of an assault shall be punished as follows:

(1) Assault with intent to commit murder or a violation of section 2241 or 2242, by a fine under this title, imprisonment for not more than 20 years, or both.

(2) Assault with intent to commit any felony, except murder or a violation of section 2241 or 2242, by a fine under this title or imprisonment for not more than ten years, or both.

(3) Assault with a dangerous weapon, with intent to do bodily harm, by a fine under this title or imprisonment for not more than ten years, or both.

(4) Assault by striking, beating, or wounding, by a fine under this title or imprisonment for not more than 1 year, or both.

(5) Simple assault, by a fine under this title or imprisonment for not more than six months, or both, or if the victim of the assault is an individual who has not attained the age of 16 years, by fine under this title or imprisonment for not more than 1 year, or both.

(6) Assault resulting in serious bodily injury, by a fine under this title or imprisonment for not more than ten years, or both.

(7) Assault resulting in substantial bodily injury to a spouse or intimate partner, a dating partner, or an individual who has not attained the age of 16 years, by a fine under this title or

imprisonment for not more than 5 years, or both.

(8) Assault of a spouse, intimate partner, or dating partner by strangling, suffocating, or attempting to strangle or suffocate, by a fine under this title, imprisonment for not more than 10 years, or both.

(b) Definitions.— In this section—

(1) the term "substantial bodily injury" means bodily injury which involves—

(A) a temporary but substantial disfigurement; or

(B) a temporary but substantial loss or impairment of the function of any bodily member, organ, or mental faculty;

(2) the term "serious bodily injury" has the meaning given that term in section 1365 of this title;

(3) the terms "dating partner" and "spouse or intimate partner" have the meanings [1] given those terms in section 2266;

(4) the term "strangling" means intentionally, knowingly, or recklessly impeding the normal breathing or circulation of the blood of a person by applying pressure to the throat or neck, regardless of whether that conduct results in any visible injury or whether there is any intent to kill or protractedly injure the victim; and

(5) the term "suffocating" means intentionally, knowingly, or recklessly impeding the normal breathing of a person by covering the mouth of the person, the nose of the person, or both, regardless of whether that conduct results in any visible injury or whether there is any intent to kill or protractedly injure the victim.

#### 18 U.S. Code § 1111 - Murder

(a) Murder is the unlawful killing of a human being with malice aforethought. Every murder perpetrated by poison, lying in wait, or any other kind of willful, deliberate, malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary, or robbery; or perpetrated as part of a pattern or practice of assault or torture against a child or children; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree.

Any other murder is murder in the second degree.

(b) Within the special maritime and territorial jurisdiction of the United States,

Whoever is guilty of murder in the first degree shall be punished by death or by imprisonment for life;

Whoever is guilty of murder in the second degree, shall be imprisoned for any term of years or for life.

(c) For purposes of this section-

(1) the term "assault" has the same meaning as given that term in section 113;

(2) the term "child" means a person who has not attained the age of 18 years and is—

(A) under the perpetrator's care or control; or

(B) at least six years younger than the perpetrator;

(3) the term "child abuse" means intentionally or knowingly causing death or serious bodily injury to a child;

(4) the term "pattern or practice of assault or torture" means assault or torture engaged in on at least two occasions;

(5) the term "serious bodily injury" has the meaning set forth in section 1365; and

(6) the term "torture" means conduct, whether or not committed under the color of law, that otherwise satisfies the definition set forth in section 2340 (1)

18 U.S. Code § 1112 - Manslaughter

(a) Manslaughter is the unlawful killing of a human being without malice. It is of two kinds:

Voluntary—Upon a sudden quarrel or heat of passion.

Involuntary—In the commission of an unlawful act not amounting to a felony, or in the commission in an unlawful manner, or without due caution and circumspection, of a lawful act which might produce death.

(b) Within the special maritime and territorial jurisdiction of the United States,

Whoever is guilty of voluntary manslaughter, shall be fined under this title or imprisoned not more than 15 years, or both;

Whoever is guilty of involuntary manslaughter, shall be fined under this title or imprisoned not more than 8 years, or both.

18 U.S. Code § 1113 - Attempt to commit murder or manslaughter

Except as provided in section 113 of this title, whoever, within the special maritime and territorial jurisdiction of the United States, attempts to commit murder or manslaughter, shall, for an attempt to commit murder be imprisoned not more than twenty years or fined under this title, or both, and for an attempt to commit manslaughter be imprisoned not more than seven years or fined under this title, or both.

## FINAL COMMENTS

Release of this last commentary was delayed over six months while I attempted to track down some critical information on the relationship between illegal immigrants and the recent introduction of specific diseases into the United States population.

In 1962 Enterovirus D68 (EV-D68) was first detected in the United States in four children in California. I attempted to locate information on the nation of origin for the four children, but it was apparently never recorded. Neither the CDC nor the California Department of Public Health has the information. What I was able to find about the incident is contained in the journal article "A Probable New Human Picornavirus Associated With Respiratory Disease" listed under Schieble in the bibliography.

The CDC has this information on its website about the 2014 EV-D68 outbreak:

#### What We Know

In 2014, the United States experienced a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness.

From mid-August 2014 to January 15, 2015, CDC or state public health laboratories confirmed a total of 1,153 people in 49 states and the District of Columbia with respiratory illness caused by EV-D68.

Almost all of the confirmed cases were among children, many whom had asthma or a history of wheezing.

Additionally, there were likely millions of mild EV-D68 infections for which people did not seek medical treatment and/or get tested.

CDC received about 2,600 specimens for enterovirus lab testing during 2014, which is substantially more than usual.

About 36% of those tested positive for EV-D68. About 33% tested positive for an enterovirus or rhinovirus other than EV-D68.

EV-D68 was detected in specimens from 14 patients who died and had samples submitted for testing.

State and local officials have the authority to determine and release information about the cause of these deaths.

Also in 2014, a Bourbon County Kansas farmer died from a new member of the *Thogotovirus* genus never seen before in the United States. It has been named "Bourbon virus" after Bourbon County Kansas where it was first observed. Thogotovirus are know to exist in Eastern Europe, Asia, and Africa, but have never been detected before in the Western Hemisphere. The Bourbon virus is speculated to be tick born, but no one knows for certain how a Kansas farmer acquired the disease. He died from total organ failure after ten days in the hospital. Noticeably absent from information about the Bourbon virus is how a member of the *Thogotovirus* genus got to Kansas from Eastern Europe, Asia, or Africa.

My early childhood predated universal vaccinations for childhood diseases. I experienced having measles, mumps, and chickenpox. The first "vaccination" I remember was Salk polio vaccine administered orally in a sugar cube. I can personally attest that, yes, a spoon full of sugar does help the medicine go down. I also vaguely remember receiving a chickenpox vaccination after the fact because it was mandatory

and administered at school.

My reason for dragging in personal memories has to do with the Disney World measles outbreak. Having had measles myself, I find it incredible that neither the CDC nor the California Department of Public Health has identified measles patient zero. Those who contracted measles allegedly attended Disney World over a five day period

from December 15 through December 20, 2014. There are a limited number of possible explanations:

1. An employee at Disney World had measles and, despite being seriously ill, made it in to work for five days without being detected by supervisors;

2. An individual sick with measles managed to visit Disney World every day for five days without collapsing and requiring hospitalization; or

3. A series of individuals from populations in which measles still exist visited Disney World over a five day period and infected other visitors.

If you look closely at the CDC and WHO list of diseases by nation in the table, you should see that measles is on both lists for every nation. California is an illegal immigrant Safe Haven, diseased or not. President Obama has turned the United States into an illegal immigrant Safe Haven Nation, diseased of not. Which of the three possible explanations do you think is the most likely explanation? If the federal public health laws were being enforced, it should have been almost impossible for someone with measles from one of the nations listed to enter the United States and infect anyone here.

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