

# AK Medical Freedom Symposium




**Green  
Beret**

**Lieutenant Colonel  
PETER  
CHAMBERS, DO**

**Flight Surgeon**





# **PRIMUM NON NOCERE**

**LTC (RET.) PETER CONSTANTINE CHAMBERS  
SPECIAL OPERATIONS FLIGHT SURGEON  
GREEN BERET**



# **PRIMUM NON NOCERE**

**HAS THERE BEEN A WEAPONIZATION OF PUBLIC HEALTH?**

**LTC (Ret.) peter Constantine chambers  
Special operations flight surgeon  
Green beret**

**[drpetechambers.com](http://drpetechambers.com)**

## **US ARMY 1983 – 2022**

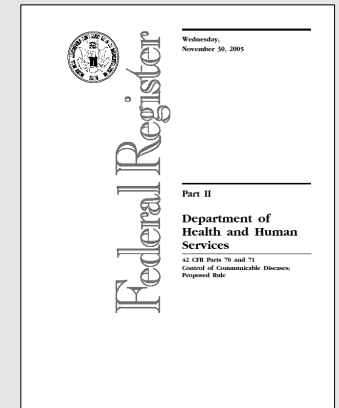
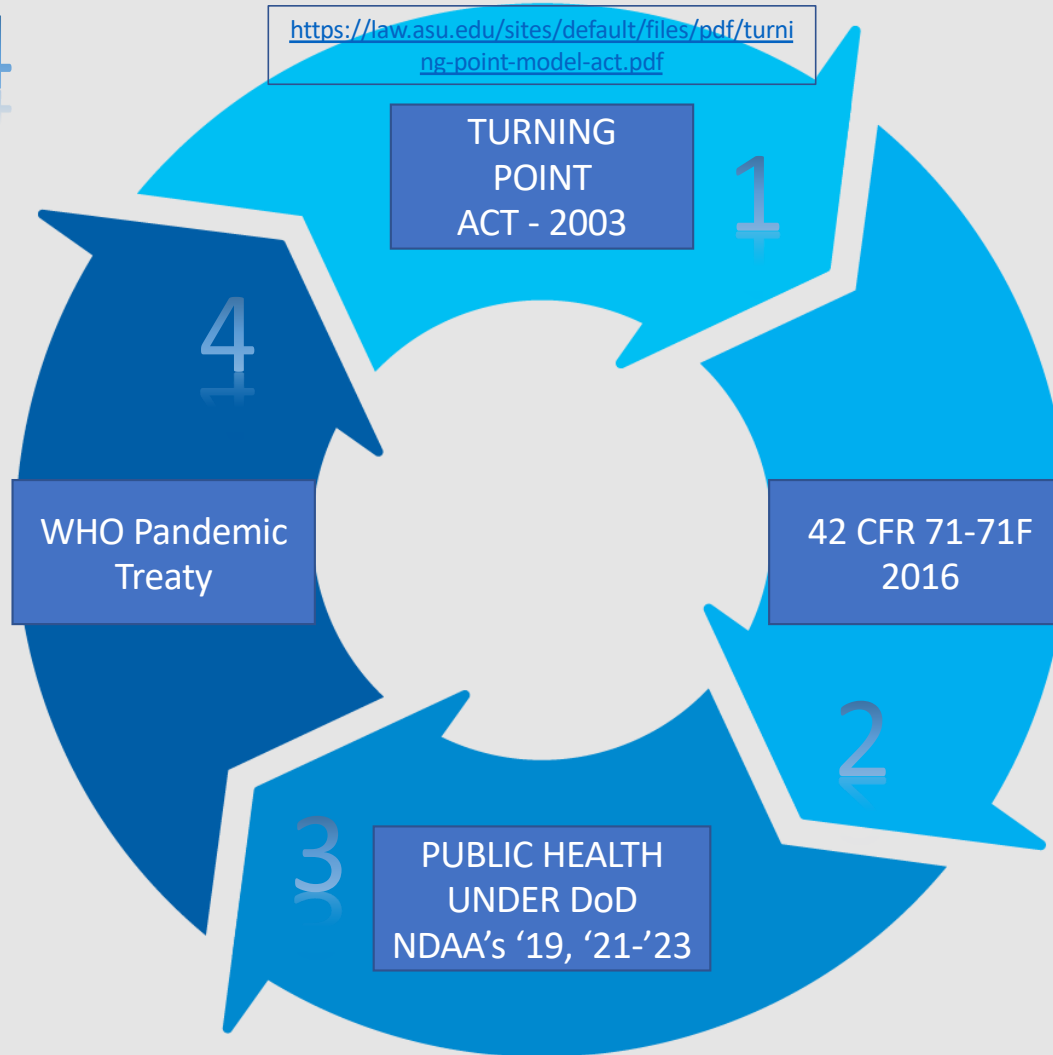
- **INFANTRYMAN**
- **PARATROOPER**
- **GREEN BERET**
- **FLIGHT SURGEON**
- **SPECIAL OPERATIONS SURGEON**
- **WHISTLEBLOWER**
- **HEALTH FREEDOM WARRIOR**



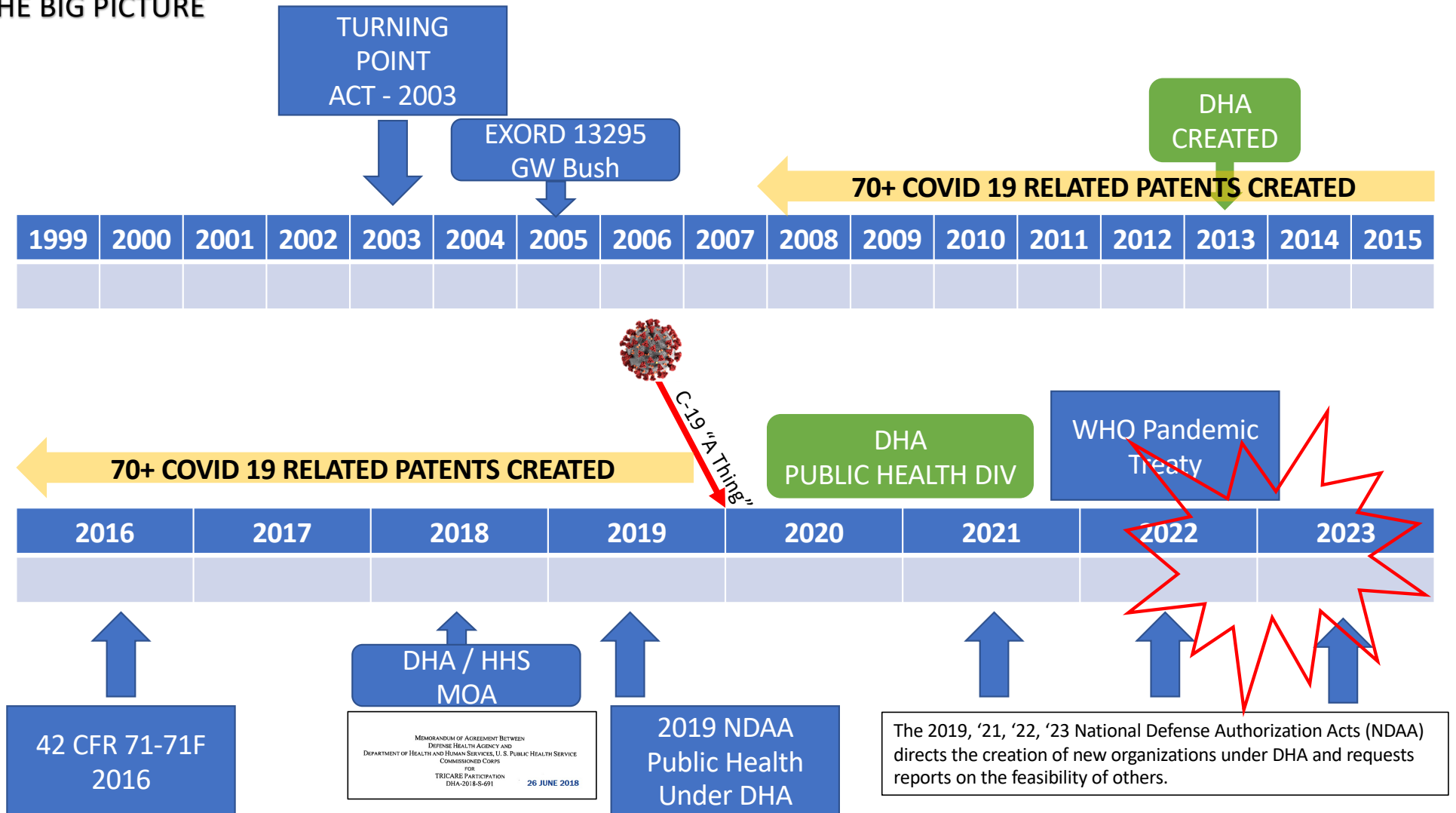
# THE BIG 4



World Health  
Organization



## THE BIG PICTURE





## The Model State Public Health Act

*A Tool for Reforming Public Health Laws*

20 AUG 2003

Presented by

**The Turning Point  
Public Health Statute Modernization  
Collaborative**

<http://www.hss.state.ak.us/dph/deu/turningpoint/nav.htm>

# ALASKA MODEL

Formation of  
Turning Point  
Collaborative

Turning  
Point Act  
Completed

Drafting of  
Governor's  
Bill Begins

Governor's  
Bill Signed  
into Law

1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006

Alaska Selected  
as Chair of  
Turning Pint  
Collaborative

Emergency  
SARS  
Legislation

Cissna Bill  
(HB369)  
Introduced

Governor's  
Bill  
(HB95/SB75)  
Introduced



2003

## The Turning Point Model State Public Health Act

The Turning Point Model State Public Health Act (Turning Point Act), published in September 2003, provides a comprehensive template for states interested in public health law reform and modernization. This case study is the first in a series examining the political and policy efforts undertaken by states following the development of the Turning Point Act. Through this eighteen-month project, we will compare four to five states that have acted (or failed to act) to reform their public health laws pursuant to the Turning Point Act. Through this comparative case study and ongoing legislative tracking in all fifty states, we can investigate how the Turning Point Act is codified into state law and how these modernized state laws can influence or change public health practice, leading to improved health outcomes. The series of case studies is intended to provide the public health practice community with information that can facilitate successful modernization of public health statutes across the country and inform scholarship on the role of law and policy in building enhanced public health infrastructure.

- Law is an essential tool for improving public health infrastructure and outcomes; however, existing state statutory public health laws may be insufficient. Built over decades in response to various diseases/conditions, public health laws are antiquated, divergent, and confusing. The Turning Point Public Health Statute Modernization National Collaborative addressed the need for public health law reform by producing a comprehensive model state act. The Act provides scientifically, ethically, and legally sound provisions on public health infrastructure, powers, duties, and practice. This article examines (1) how statutory law can be a tool for improving the public's health, (2) existing needs for public health law reform, (3) themes and provisions of the Turning Point Act, and (4) how it is being used by public health practitioners.



2016

**42 CODE of FEDERAL REGULATIONS (CFR)**  
**Parts 70 and 71 (federal) is put in place in 2016**  
**(Just as the pathogen is getting close to release)**

The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is issuing this final rule (FR) to amend its regulations governing its domestic (interstate) and foreign quarantine regulations to best protect the public health of the United States. These amendments have been made to aid public health responses to outbreaks of new or re-emerging communicable diseases and to accord due process to individuals subject to Federal public health orders.

In response to public comment received, the updated provisions in this final rule clarify various safeguards to prevent the importation and spread of communicable diseases affecting human health into the United States and interstate.



Federal Register

Wednesday,  
November 30, 2005

Part II

Department of  
Health and Human  
Services

42 CFR Parts 70 and 71  
Control of Communicable Diseases;  
Proposed Rule

# 2009

## A Non-Traditional Role for Dietitians: Centers for Disease Control Quarantine Stations

CDR Kirsten Warwar, RD, MHA, CAAMA  
Officer in Charge  
CDC Miami Quarantine Station

Quarantine and Border Health Services Branch  
Division of Global Migration and Quarantine  
Centers for Disease Control and Prevention



SAFER • HEALTHIER • PEOPLE™



## U.S. Quarantine System Expansion

### Precipitating Events

- Speed and high volume of global travel
- Bioterrorism risks and 9/11
- SARS and Monkeypox
- Avian influenza and risk for pandemic
- MDR-TB incident in 2007

## Federal Authorities\*

- Reporting and Surveillance
  - Oversee screening of international travelers for symptoms of illness that could be of public health significance and respond to reports of illness on board arriving aircraft
- Quarantine and Isolation
  - Detain, medically examine, or conditionally release persons suspected of carrying a communicable disease


\* Section 361 Public Health Service Act (42 U.S. Code, Section 264)  
Title 42 Code of Federal Regulations (CFR) Part 71 (Foreign Quarantine)  
42 CFR Part 70 (Domestic Quarantine)

## Executive Order 13295:

### Revised List Of Quarantinable Communicable Diseases

- Cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; and viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- Severe acute respiratory syndrome (SARS)
- Influenza caused by novel or reemergent influenza viruses that are causing or have the potential to cause a pandemic

*President George W. Bush*  
**April 1, 2005**



Public Health under the DOD starting with a consolidation of DOD health powers with very broad application in any **emergency situation**. NDA 2019, 2021, 2022 and 2023.

DoD

MHS

DHA



Public Health Division

The Defense Health Agency Public Health Division strives to be a cutting-edge, world-class public health capability that is lean, efficient, effective, **forward leaning**, strategically positioned to fully meet the MHS and **customer needs**.

### Our Mission

- Support the move from a health care system to a system of health by focusing on the prevention of disease, disability, and death in garrison and while deployed
- Create timely, standardized execution guidance, in collaboration with the Services
- Increase effectiveness and efficiencies (e.g., manpower and cost savings) through consolidation/re-engineering of functions
- Develop comprehensive portfolio management and DHA Public Health structure to best accommodate the integration and evolution of future product lines.

### Shared Service Functions

- Support the move from a health care system to a system of health by focusing on the prevention of disease, disability, and death in garrison and while deployed
- Create timely, standardized execution guidance, in collaboration with the Services
- Increase effectiveness and efficiencies (e.g., manpower and cost savings ) through consolidation/re-engineering of functions



It ends with the Military following WHO treaty induced mandates to enforce the provisions, locally, state and federally, in relation to compulsory shots, quarantine, execution, etc.

## “Global Health Engagement” Partners in a “Whole-of-Government” Approach

- DoS
- HHS
- Dept of Agriculture
- USAID (CIA)
- NGO’s (US and Foreign)
- Academia (UNC)
- Private Sector (US and Foreign)
  - Pfizer, Moderna, BIO-ENTECH
  - Unissant (\$\$\$ / OPSEC Breach)

<https://nitaac.nih.gov/gwacs/cio-sp3-small-business/contract-holder/unissant-inc>

### Global Health Engagement

The U.S. military has a long standing [history](#) in international public health issues as a result of our responsibility to protect the health of our forces and to ensure that they are ready to deploy anywhere in the world at a moment's notice. Global health engagement is an important priority for the Military Health System (MHS). Our work:

- Improves the health and safety of our warfighters,
- Expands our medical readiness,
- Builds trust and deepens professional medical relationships around the world, and
- Advances U.S. national security objectives.

### Why DOD Supports Global Health Engagement

The Department of Defense (DOD) recognizes that global health and security are linked, and our global health engagement efforts address the intersection of these concerns.

In addition to ensuring force health protection and medical readiness, DOD global health engagement efforts also address other DOD and U.S. government priorities. [These include enhancing interoperability by helping partner nations build health capacity, combatting global health threats like emerging infectious diseases and antibiotic-resistant bacteria, and supporting humanitarian assistance and disaster relief initiatives.](#)

### How the DOD Engages

The DOD works diligently with foreign nations to establish and develop [international partnerships through joint medical training exercises and public health initiatives](#). We aim to support and [strengthen the public health capabilities of our partner nations in these engagements](#), as well as to improve our [interoperability](#) with them.

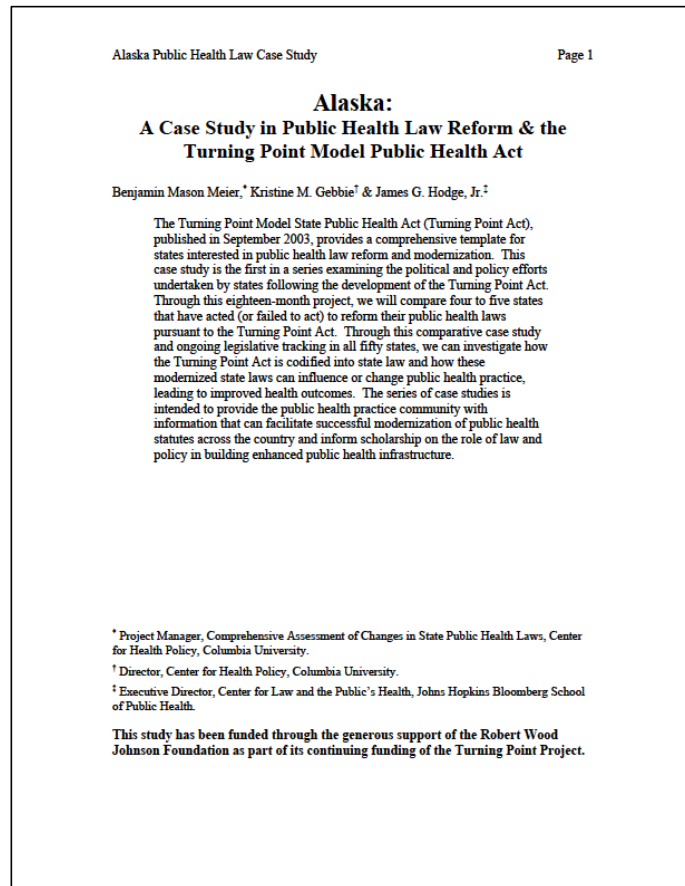
Our laboratories across the globe conduct essential surveillance of [biological threats as well as groundbreaking research on infectious diseases](#). The DOD's global reach also serves as a force for good around the world, offering humanitarian and disaster response assistance when requested.

The DOD's global health engagement efforts are part of a whole-of-government approach, conducted in close coordination with other U.S. Government agencies, including the Department of State, Department of Health and Human Services, Department of Agriculture, and the United States Agency for International Development (USAID). The DOD also engages with non-government organizations, academia and private-sector organizations to enhance global health objectives.

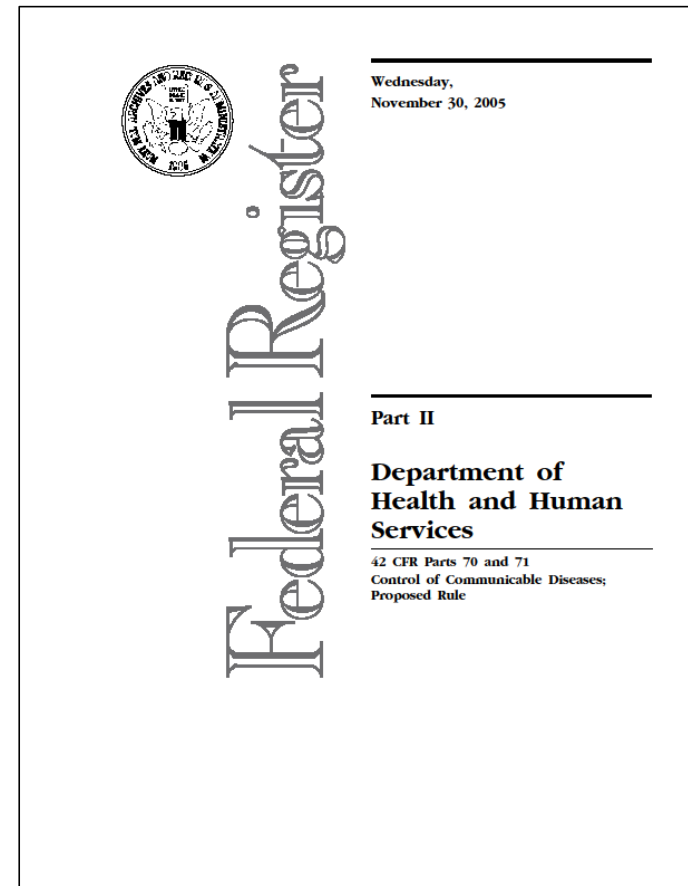


USNS Comfort anchors off Haiti for Continuing Promise 2015, during which its personnel conducted medical training exercises and exchanges with partner nations in Latin America.

## KEY REFERENCES



Case Study in Public Health  
(Alaska)



HHS 42 CFR  
Parts 70 - 71

# QUESTIONS

