



Power Grab: The National Plan To Vaccinate Every American

The proper role of science is to advise government but not to be government. As this critical and fully sourced report reveals, the vaccine industry has totally usurped and compromised the role of government in order to promote its own business of selling vaccines.

Further, this is the heartbeat of Technocracy and social engineering. In the 1930s, the Technocracy Study Course stated,

*Among the Service Sequences are education (this would embrace the complete training of the younger generation), and public health (medicine, dentistry, public hygiene, and all hospitals and pharmaceutical plants **as well as institutions for defectives**).*

Decisions were not to be left to the individual, but to the self-appointed Technocrats who believed that only science could determine what is best for society. This group/herd management ideology is fully showcased by modern Technocrats.

Yes, they actually had a program to institutionalize 'defectives' who could not be brought into compliance with public health standards. □ TN

Scientists at the National Institutes of Health are working with a biotech company to quickly start clinical trials of an experimental messenger RNA vaccine and fast track it to licensure. [1](#) The FDA has not yet licensed messenger RNA vaccines that use part of the RNA of a virus to manipulate the body's immune system into stimulating a potent immune response. [2](#) [3](#) It looks like the coronavirus vaccine will be the first genetically engineered messenger RNA vaccine to be fast tracked to licensure, just like Gardasil was the first genetically engineered virus-like particle vaccine to be fast tracked to licensure. [4](#) [5](#)

There likely will be lots of questions about whether the fast tracked coronavirus vaccine was studied long enough to adequately demonstrate safety, especially for people who have trouble resolving strong inflammatory responses in their bodies and may be at greater risk for vaccine reactions.[6](#) [7](#) [8](#) [9](#) [10](#) However, there is no question about what will happen if the Centers for Disease Control's (CDC) Advisory Committee on Immunization Practices (ACIP) [11](#) [12](#) recommends that all Americans get the newly licensed coronavirus vaccine.

The government has a National Vaccine Plan. It is a Plan designed to make sure you, your child and everyone in America gets every dose of every vaccine that government officials recommend now and in the future.

1986-1996: Establishing & Creating The Plan

Established under the 1986 National Childhood Vaccine Injury Act during the Reagan Administration, [13](#) the Plan didn't really get traction until Congress funded the Vaccines for Children program in 1993 under the Clinton Administration [14](#) [15](#) and gave the Department of Health and Human Services authority to fund a network of state-based electronic vaccine tracking registries [16](#) that can monitor the vaccination histories of children without the informed consent of their parents.

In 1995, then Secretary of Health Donna Shalala used rule-making authority to authorize the Social Security Administration to disclose the social security number of every baby born in the country to state governments without parental consent.[17](#) Federal officials explained that - quote - “public health program uses of the social security numbers would include, but are not limited to, establishing immunization registries” and that new routine use of social security numbers would help the government operate “a national network of coordinated statewide immunization registries.” [18](#)

By 1996, when Congress established a national Electronic Health Records (EHR) system under HIPPA, [19](#) the stage had been set for a **government-operated electronic surveillance system to monitor the personal medical records and vaccination status of all Americans.** [20](#) [21](#) [22](#) [23](#) The justification for this big data grab by the government, which clearly violated the privacy of Americans, was to- quote - “protect the public by reducing disease.”

Nationwide Electronic Health Records & Vaccine Tracking Systems

Today, the nationwide federally funded Electronic Health Records system captures the details of every visit you make to a doctor’s office, hospital, pharmacy, laboratory or other medical facility; every medical diagnosis you get; every drug you have been prescribed and every vaccine you accept or refuse. Your Electronic Health Record can be accessed not only by government health agencies like the Social Security Administration, Medicaid and federal and state health and law enforcement agencies, [24](#) [25](#) but also can be shared with authorized third parties such as doctors, health insurance companies, HMOs and other corporations, hospitals, labs, nursing homes and medical researchers. [26](#) [27](#) [28](#)

A new Health Information Exchange [29](#) [30](#) [31](#) initiative funded by the government will make it even easier for computerized health and vaccine records databases to tag, track down and sanction Americans who do not go along with the National Vaccine Plan in the future.

[32](#) [33](#) [34](#) [35](#) [36](#) [37](#) [38](#)

What Happened to the Plan's Duty to Prevent Adverse Reactions to Vaccines?

Ironically, when Congress directed the Department of Health and Human Services to create a National Vaccine Program in the 1986 Act, federal health officials were told to put together a Plan to - quote - "achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines." [39](#) The Plan was not supposed to focus solely on vaccine development and promotion but to equally focus on preventing vaccine reactions.

Yet, in the very first 1994 National Vaccine Plan only four out of 25 "objectives" and only two out of 14 anticipated "outcomes" addressed preventing vaccine reactions. [40](#) The 2010 version of the Plan [41](#) also largely ignored the legal duty of HHS to conduct vaccine safety research to fill in long standing knowledge gaps and take steps to make vaccines and vaccine policies less likely to cause harm. [42](#) [43](#) [44](#) [45](#) [46](#) [47](#) [48](#) [49](#) [50](#) [51](#) [52](#)

Looking back, it appears Congress was not really committed to funding research and creating substantive initiatives to reduce vaccine risks, regardless of what was stated in the 1986 Act, or there would be congressional oversight and federal agencies would have been directed to follow the law rather than ignore it for more than 30 years. [53](#)

Government's Vaccine Marketing Plan for the Pharmaceutical Industry

Instead, government agencies have brazenly forged lucrative public private business partnerships with the pharmaceutical industry and the medical establishment to:

- develop many new vaccines; [54](#) [55](#) [56](#) [57](#)
- increase public demand for vaccines; [58](#)
- raise vaccination rates among children to nearly 100 percent; [59](#)

- create and expand electronic vaccine tracking registries; [60](#) [61](#) [62](#) [63](#) [64](#) and
- promote global vaccination programs, [65](#) [66](#) even though the primary purpose of the 1986 Act was to reduce vaccine reactions and protect the U.S. childhood vaccine supply, [67](#) not fund and expand global vaccination programs.

In fact, federal health officials accurately characterize the U.S. vaccination system in the 21st century as a business. A decade ago they admitted that - quote -“The 2010 National Vaccine Plan provides a vision for the U.S. vaccine and immunization enterprise for the next decade.” [68](#) That’s because they know the National Vaccine Plan is really a Vaccine Marketing Plan for the pharmaceutical industry. [69](#) [70](#) [71](#) [72](#)

So, if you are wondering why many states are trying to pass laws eliminating all vaccine exemptions and mandate every vaccine the pharmaceutical industry produces and the CDC recommends, [73](#) [74](#) [75](#) [76](#) you don’t have to look any further than the government’s well-financed National Vaccine Plan.

Implementation of The Plan Accelerated in 2011

Implementation of the Plan was accelerated in 2011 after the U.S. Supreme Court declared FDA licensed vaccines to be -quote - “unavoidably unsafe” for the purpose of removing almost all remaining liability from drug companies when vaccines hurt people. [77](#) [78](#)

Since 2011, two powerful CDC-appointed vaccine advisory committees influenced by members associated with the pharmaceutical and medical trade industries - the Advisory Committee on Immunization Practices (ACIP) [79](#) [80](#) [81](#) [82](#) [83](#) and the National Vaccine Advisory Committee (NVAC) [84](#) [85](#) [86](#) - have been busy coming up with new ways to meet strategic goals of the National Vaccine Plan.

When highly publicized cases of measles were reported in California’s Disneyland in 2015 [87](#) and in New York in 2019, [88](#) [89](#) with military precision pursuit of the Plan was kicked into even high gear. [90](#) [91](#)

During the past five years, California, Vermont, New York, Maine and Hawaii have lost vaccine exemptions, even though tens of thousands of Americans rose up in protest. [92](#) In 2019, the people managed to hold on to exemptions in states like Oregon, Arizona and New Jersey [93](#) but this year, bills to force vaccine use are already threatening parental, civil and human rights in Virginia, Massachusetts, Florida, Washington, Pennsylvania and more. [94](#)

Five Main Types of Vaccine Laws Being Proposed in States

These are the five main types of laws being proposed in the states and your state may be one of them:

Number One: *State laws that eliminate all personal belief vaccine exemptions allowing you to follow your conscience or religious beliefs and make it illegal for physicians to grant a medical exemption unless it strictly conforms to very narrow CDC-approved contraindications to vaccination.*

National vaccine coverage rates among school children are at 95 percent for core vaccines like polio, pertussis, measles and chickenpox, yet, government health officials are not satisfied. [95](#) They have narrowed vaccine contraindications so that almost no medical history or health condition qualifies as a reason for a medical exemption. [96](#)

If you or your child have had previous vaccine reactions, are vaccine injured, have a brother or sister who was injured or died after vaccination, or are suffering with a brain or immune system disorder that the CDC's Advisory Committee on Immunization Practices (ACIP) does not consider to be a contraindication to vaccination, states like California [97](#) [98](#) are denying physicians the right to exercise professional judgment and give children a medical exemption to vaccination are threatening human rights. [99](#)

No wonder less than one percent of vaccine reactions are ever reported to the federal Vaccine Adverse Events Reporting System [100](#) and doctors feel free to discriminate against and deny medical care to anyone who is

not vaccinated according to CDC schedules. [101](#)

Laws that eliminate medical, religious and conscience exemptions to vaccination and ban citizens from getting a school education - even a college education - do violate civil and human rights and so do vaccine mandates by employers who fire or refuse to hire workers based on their vaccination status. [102](#) [103](#) [104](#) The two professions being targeted first for workplace vaccine mandates are healthcare [105](#) [106](#) [107](#) and childcare workers, [108](#) [109](#) but they certainly will not be the last. [110](#)

Number Two: *State laws that turn unelected members of the CDC's Advisory Committee on Immunization Practices into de facto lawmakers and automatically mandate all current and future federally recommended vaccines without any public discussion or vote by duly elected state legislators.*

Under the U.S. Constitution, state legislatures hold the majority of power to pass public health laws, so vaccine laws are state laws. [111](#) [112](#) If states hand that constitutional authority over to an unelected federal government committee, the people no longer can work through their elected state representatives to make sure laws do not force involuntary medical risk taking and punish citizens exercising civil and human rights. [113](#)

It is clear that Pharma and medical trade lobbyists partnering with government officials to implement the National Vaccine Plan are unhappy they have to spend so much time and money trying to strong arm state legislators into mandating every CDC recommended vaccine. At the same time, some politicians are not happy that a growing number of Americans are showing up in state Capitols to oppose oppressive vaccine mandates.

Today, it costs a staggering \$3,000 to give a child every one of the 69 doses of 16 vaccines on the federal government's schedule. [114](#) In addition to coronavirus vaccine, there are more than a dozen experimental vaccines being fast tracked to market for TB, influenza, HIV/AIDS, gonorrhea, herpes simplex, strep A and B, e-coli, RSV, salmonella, and malaria, [115](#) with several hundred more being

developed in a global vaccine market estimated to balloon to nearly \$100 billion by 2026. [116](#) [117](#)

State laws that automatically mandate all federally recommended vaccines are handing Big Pharma a big blank check and putting an unknown number of vaccine vulnerable children and adults at risk for serious health problems if they are forced to use every one of them. [118](#) [119](#) [120](#) [121](#) [122](#)

Number Three: *State laws that allow doctors to declare minor children mentally competent to consent to vaccination so children can be vaccinated without the knowledge of their parents.*

There is plenty of scientific evidence that children's brains are not developed enough before or during teenage years to support rational benefit and risk decision-making, especially if they are subjected to pressure. [123](#) [124](#) Giving doctors the legal authority to, in effect, go behind parents' backs and persuade a minor child to get liability free vaccines violates the legal right of parents to consent to medical interventions performed on their children. [125](#) It also puts vaccine vulnerable children at greater risk for suffering reactions. [126](#)

Parents know their child's personal and family medical history best and if parents are left in the dark, not only are they blocked from preventing vaccine reactions but there is no way for them to monitor a child after vaccination for signs of reactions so they can immediately take their child for treatment. [127](#)

Number Four: *State laws requiring schools to publicly post vaccine coverage rates for the purpose of shaming schools that allow students with vaccine exemptions to receive a school education.*

Publicly posting school vaccination rates and numbers of students with exemptions creates a hostile community environment by targeting certain schools and families, whose children have vaccine exemptions, for discrimination and abuse. [128](#) [129](#) [130](#)

It is an illusion that some schools are safer based on vaccination rates. For example, even schools with 100 percent vaccination rates and zero

exemptions have had outbreaks of pertussis [131](#) and schools with very high vaccination rates have had outbreaks of measles and mumps. [132](#) [133](#) That is because vaccinated children and adults can get infected with and transmit infectious diseases but sometimes show few or no symptoms and are never diagnosed or reported. [134](#) [135](#) [136](#) [137](#) [138](#) [139](#) [140](#)

Children and teachers interact with many other vaccinated and unvaccinated people outside of the school setting. It is discriminatory to require public posting of the numbers of healthy students with vaccine exemptions, when schools are not required to publicly post the numbers of students who are infected with transmissible diseases like hepatitis B and C, HIV, streptococcal, mononucleosis, cytomegalovirus, e-coli, Fifth disease, herpes simplex and more.

Number Five: *State laws that operate vaccine tracking registries and integrate them into Electronic Health Records systems without the consent of those being tracked.*

The National Vaccine Information Center has a two-decade public record of opposing the creation of national or state based electronic surveillance systems that automatically enroll children and adults without their informed consent to monitor their vaccination status and health histories. [141](#)

Not only have there been past security breaches with electronic databases dumping personally identifying information into the public domain, [142](#) but there is legitimate concern that the government should not be conducting electronic surveillance on citizens while pursuing a National Vaccine Plan that encourages punitive societal sanctions, such as the inability to get a school education or a job, for individuals who refuse to go along with the Plan.

Learn About Federal & State Government Police Powers to Compel Vaccine Use

For more information on the history and types of public health laws that allow the federal government and states to use police powers to compel

vaccine use, go to NVIC's website at [NVIC.org](https://www.nvic.org). [143](#) [144](#)

To learn more about vaccine legislation pending in your state and talking points you can use to educate your legislators, go to [NVIC Advocacy.org](https://www.nvic.org/advocacy) and become a user of NVIC's free online Advocacy Portal. You will be put into direct contact with your own state and federal representatives and sent emails when bills that threaten or expand your freedom to make voluntary vaccine choices are moving in your state so you can make your voice heard, including showing up at scheduled public hearings.

Making Government Work for Us

In America, we are governed by laws that the representatives we elect make, so it is important to vet all candidates for positions on issues you care about before going to the polls. Good laws can be enacted and bad laws can be repealed but only if we wake up, stand up and actively participate to make our representative government work for us.

Already this year, there have been more than 50 good bills introduced in a number of states that defend voluntary vaccine choices. This is a time for positive action.

It's your health. Your family. Your choice.

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