IMMUNE HEALTH & FREEDOM ACT

AN ACT TO DECENTRALIZE DECISION-MAKING ON MATTERS CONCERNING THE IMMUNE HEALTH OF AN INDIVIDUAL BY RESTORING THE HEALTHCARE PROVIDER-PATIENT RELATIONSHIP'S SOVEREIGNTY AND TO ELIMINATE THE UNDUE INTERVENTION OF SAID SOVEREIGNTY BY THE FEDERAL GOVERNMENT SO AS TO ENABLE THE DELIVERY OF MODERN PRECISION AND PERSONALIZED MEDICAL INTERVENTIONS FOR ADVANCING IMMUNE HEALTH & RESILIENCE.

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Whereas the health and resilience of the immune system is of utmost importance to the health and well-being of an individual;

Whereas the 1962 Vaccination Assistance Act signed by President John F. Kennedy ("President Kennedy") created the federal vaccine program;

> Whereas the development and passage of the 1962 Vaccination Assistance Act was based on an emerging and nascent scientific understanding of the immune system, which, today, is widely understood to be outdated - over 60 to100 years old;
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> Whereas the science at the time of the 1962 Vaccination Assistance Act was ignorant to our current understanding of the complexity of the immune system, its interconnectedness, as well as the impact of an individual's personal genetics and epigenetics affecting the efficacy, toxicity, safety, side effects of specific medical interventions such as vaccines;
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> Whereas the science at the time of the 1962 Vaccination Assistance Act was ignorant to our current understanding of the potential toxicities, side effects and safety issues resulting from combinations of medical interventions such vaccines, delivered simultaneously e.g. DTAP, MMR;
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> Whereas the 1962 Vaccination Assistance Act created the immunization branch (today known as the National Center for Immunization and Respiratory Diseases ("NCIRD")) of the Communicable Disease Center (today known as the Centers for Disease Control and Prevention ("CDC"));
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> Whereas the 1962 Vaccination Assistance Act created the Advisory Committee on Immunization Practices ("ACIP");
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> Whereas both the NCIRD and ACIP, created by 1962 Vaccination Assistance Act, have had dual (and conflicting) roles for BOTH the marketing of vaccine use, adoption and proliferation AS WELL AS vaccine safety; wherein, both the NCIRD and ACIP have historically prioritized the marketing and promotion of vaccines over the safety, toxicity, and potential injuries of vaccines;

Whereas the 1986 National Childhood Vaccine Injury Act ("1986 Act") introduced by Representative Henry Waxman and co-sponsored by Senator Edward M. Kennedy has delivered unwarranted indemnification to vaccine manufacturers and healthcare providers resulting in the failed and inherently conflicted National Vaccine Advisory Committee, National Vaccine Program, National Vaccine Program Office, and National Vaccine Injury Compensation Program;

Whereas the 1986 National Childhood Vaccine Injury Act was opposed by advocates for vaccine injury victims, most notably Determined Parents To Stop Harming Our Tots (DPT-SHOT);

Whereas the 1986 National Childhood Vaccine Injury Act's passage, though highly unpopular at the time, was made only possible by purposefully being bundled with the more desirable health legislation (e.g. prescription drug exports) as part of Public Law 99-660;

Whereas President Ronald Reagan, reluctantly signing the 1986 Act, by stating, "I HAVE SERIOUS RESERVATIONS about the portion of the bill that would establish a federal vaccine injury compensation program," as President Reagan had concerns that the Act was removing liability away from market forces e.g. pharmaceutical companies and into government bureaucracies e. g. judicial and executive branches of government;

Whereas modern science and advances in the post-genomic era of systems biology and systems immunology, starting in 2003, now inform medical research and practice for the need for Precision and Personalized Medicine – "One Size Does Not Fit All" – and the need for the Right Medicine for the Right Person, at the Right Time;

Whereas the modern science of the immune system reveals that current vaccine development methods are predicated on a grossly simplified and reductionist understanding of the immune system, which are at best outdated, and at worst "junk science";

Whereas there is no need to create further government red tape and bureaucracy for "vaccine safety," given the Food and Drug Administration (FDA) already exists and has the infrastructure for providing much-needed Risk Assessment for vaccines;

Whereas the current vaccine schedules recommended by the CDC requiring a "One Size Fit All" model were predicated not only on an outdated and/or "junk science" but also from ignorance of an individual vaccine recipient's particular genetic and epigenetic variations;

Whereas the aforementioned laws have removed the sovereign rights of the healthcare provider-patient relationship in determining the "right medicine, for the right person, at the right time," as to if and what intervention be it immunizations or therapies e.g. foods and supplements should be delivered to the patient to ensure a resilient immune system;

Therefore Let It Be Enacted

SECTION 1. The 1962 Vaccination Assistance Act creating the federal vaccine program and Advisory Committee on Immunization Practices shall be repealed;

SECTION 2. The National Center for Immunization and Respiratory Diseases (NCIRD) shall be disbanded and all non-immunization activities moved out of the center;

SECTION 3. Any and all vaccine manufacturers shall comply with the Food and Drug Administration (FDA) and the FDA's regulatory process as required of pharmaceutical manufacturers such as Phase 1, Phase 2, and Phase 3 clinical trials for safety and toxicity testing;

SECTION 4. The Advisory Committee on Immunization Practices shall be dissolved;

SECTION 5. The 1986 National Childhood Vaccine Injury Act creating the National Vaccine Program Office, National Vaccine Program, National Vaccine Advisory Committee and National Vaccine Injury Compensation Program shall be repealed notwithstanding the specific exemptions in SECTION 12;

SECTION 6. The National Vaccine Program Office, National Vaccine Program and National Vaccine Advisory Committee shall all be disbanded or dissolved;

SECTION 7. The Assistant Secretary for Health shall no longer retain the title of Director of the National Vaccine Program;

SECTION 8. The National Vaccine Injury Compensation Program shielding vaccine manufacturers and healthcare providers from personal injury liability shall be disbanded;

SECTION 9. Vaccine manufacturers, like any pharmaceutical manufacturer, will become liable for any injury caused by vaccinations they manufacture;

SECTION 10. Healthcare providers liability for vaccine injuries will be on parity with liability for any other medical interventions provisioned by the healthcare provider;

SECTION 11. Healthcare providers in consult with their patients, given the patient's particular needs and condition, will solely make recommendations as to the medical interventions and/or protocols to support the patient's specific immune system towards health and resilience; and,

SECTION 12. This new Act will retain the following provisions of the 1986 National Childhood Vaccine Injury Act:

A) The requirement of healthcare providers to give Vaccine Information Statements (VIS) to their patients, parents, or guardians; and,

B) The creation and ongoing maintenance of the Vaccine Adverse Event Reporting System (VAERS);

SECTION 12. This Act shall take effect _____.