



## **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 21<sup>st</sup> 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.

[1](#) Terry M. [Moderna's Coronavirus Vaccine Ready for Clinical Trials](#). *PharmaLive* Feb. 25, 2020.

[2](#) Zhang C, Maruggi G et al. [Advances in mRNA Vaccines for Infectious Diseases](#). *Front Immunol* 2019; 19(594).

[3](#) Precision Vaccinations. [mRNA Vaccine Elicited Strong Immune Responses in the Presence of Maternal Antibodies](#). Jan. 9, 2020.

[4](#) Roldao A, Mellado MCM et al. [Virus-like particles in vaccine development](#). *Exp Rev Vaccines* 2010; 10: 1149-1176.

[5](#) National Vaccine Information Center. [Merck's Gardasil Vaccine Not Proven Safe for Little Girls: NVIC Criticizes FDA for Fast Tracking Licensure](#). *NVIC Press Release* June 27, 2006.

[6](#) Institute of Medicine Committee to Review Adverse Effects of Vaccines. [Evaluation of Biologic Mechanisms of Adverse Effects: Increased Susceptibility](#). Chapter 3 (p. 82). Washington, D.C. *The National Academies Press* 2012.

[7](#) Shanmugam MK, Sethi G. [Role of Epigenetics in Inflammation-Associated Diseases](#). In: Epigenetics: Development and Disease. Subcellular Biochemistry (Vol.1) pp. 627-657. *Springer* 2013.

[8](#) McGarvey PB, Suzek BE, Baraniuk JN et al. [In ilico analysis of autoimmune diseases and genetic relationship to vaccination against infectious diseases](#). *BMC Immunol* 2014; 15: 6.

[9](#) Fisher BL. [Mast Cell Disease and Vaccination: Is There Increased Risk?](#) *The Vaccine Reaction* July 24, 2018.

[10](#) Mazzone R, Zwergel C et al. [The emerging role of epigenetics in human autoimmune disorders](#). *Clinical Epigenetics* 2019; 11(34).

[11](#) U.S. Centers for Disease Control & Prevention (CDC). [Advisory Committee on Immunization Practices \(ACIP\)](#).

[12](#) Smith JC. [The structure, role and procedures of the U.S. Advisory Committee on Immunization Practices \(ACIP\)](#). *Vaccine* 2010; 28(1).

[13](#) Public Law 99-660. Title III - [National Childhood Vaccine Injury Act of 1986](#). 42 USC 300aa. Nov. 14, 1986.

[14](#) CDC. [Vaccines for Children Program](#). Feb. 28, 2016.

[15](#) Robinson CA, Sepe SJ, Lin KF. [The president's child immunization initiative - a summary of the problem and the response](#). *Public Health Rep* 1993; 108(4): 419-425.

[16](#) Wood D, Saarlal KW et al. [Immunization Registries in the United States: Implications for the Practice of Public Health in a Changing Health Care System](#). *Annu Rev Public Health* 20: 231-255.

[17](#) Social Security Administration. [Disclosure and Verification of Social Security Numbers \(SSN\) Without Consent](#): Verification of SSN to

Federal, State and Local Agencies. *SSA Program Operations Manual System (POMS)* July 9, 2008.

[18](#) Fisher BL. [Public Comment to DHHS Assistant Secretary for Planning and Evaluation on behalf of NVIC on Proposed Standards for Privacy of Individually Identifiable Health Information: Social Security Numbers Appropriated to Tag, Track and Tell.](#) Feb. 15, 2000.

[19](#) CDC. [HIPPA and Access to Patient Records During IQIP and VFC Visits: Can patient records be reviewed by health department staff, or their contractual agents, such as the American Academy of Pediatrics \(AAP\) and Visiting Nurses Association \(VNA\) for the purpose of conducting IQIP visits? Can health care providers, daycare operators, Head Start and school officials share immunization information with another provider or school to update missing immunization history or bring children in compliance with daycare, Head Start and school requirements? Can patient identifiers, including name and birthdate, be collected and stored electronically, incidental to IQIP and VFC visits?](#) Sept. 30, 2016.

[20](#) U.S. Congress. [Health Insurance Portability and Accountability Act \(HIPPA\).](#) Passed by Congress Aug. 2, 1996; Signed by President Clinton into law Aug. 21, 1996.

[21](#) Fisher BL. [History of Forced Vaccination: How The Plan To Force Vaccination Gave Birth To The National ID, A Government Health Records Database, and the End of Medical Privacy.](#) *National Vaccine Information Center* July 1999.

[22](#) Burke T. [The Health Information Technology Provisions in the American Recovery and Reinvestment Act of 2009: Implications for Public Health Policy and Practice.](#) *Public Health Rep* 2010; 125(1): 141-145.

[23](#) Goldstein MM, Pewen WF. [The HIPPA Omnibus Rule: Implications for Public Health Policy and Practice.](#) *Public Health Rep* 2013; 128(6): 554-558.

[24](#) Electronic Frontier Foundation. [Medical Privacy.](#)

- [25](#) O'Connor J, Matthews G. [Informational Privacy, Public Health and State Laws](#). *Am J Public Health* 2011; 101(10): 1845-1850.
- [26](#) DHHS. [Standards For Privacy of Individually Identifiable Health Information. Office of the Assistant Secretary for Planning and Evaluation \(ASPE\)](#). July 6, 2001. And [Summary of the HIPPA Privacy Rule](#).
- [27](#) American Civil Liberties Union (ACLU). [FAQ on Government Access to Medical Records \(under the USA Patriot Act and the HIPPA regulations\)](#).
- [28](#) CDC. [Electronic Health Records \(EHRs\) and Patient Work Information](#). *National Institute for Occupational Safety and Health* Apr. 2, 2015.
- [29](#) Health Information Exchange (HIMSS). Interoperability and Health Information Exchange. <https://www.himss.org/interoperability-and-health-information-exchange>
- [30](#) Shapiro JS, Mostashari F et al. [Using Health Information Exchange to Improve Public Health](#). *Am J Public Health* 2011; 101(4): 616-623.
- [31](#) U.S. Department of Health and Human Services. [HHS Proposes New Rules for Interoperability of Electronic Health Information](#). Press Release: Feb. 11, 2019.
- [32](#) Hinman AR, Ross DA. [Immunization Registries Can Be Building Blocks for National Health Information Systems](#). *Health Affairs* 2007; 29(4).
- [33](#) Daniel J, Coyle R, Chi A. [Immunization Information Systems Help Track Vaccinations](#). *HealthITBuzz* Aug. 27, 2014.
- [34](#) Parpia R. [Doctors Incentivized by CDC to Increase Vaccination Coverage](#). *The Vaccine Reaction* Aug. 11, 2016.
- [35](#) Murthy N, Rodgers L et al. [Progress in Childhood Vaccination Data in Immunization Information Systems - United States](#),

[2013-2016](#). *MMWR* 2017; 66(43): 1178-1181.

[36](#) CDC. [Immunization Information Systems \(IIS\)](#). June 2, 2019.

[37](#) CDC. [2018-2020 Immunization Information System \(IIS\) Strategic Plan](#). June 7, 2019.

[38](#) CDC. [Vaccine Tracking System \(VTrcks\)](#). May 1, 2019.

[39](#) National Childhood Vaccine Injury Act of 1986. 42 U.S.C. Part 1 - [National Vaccine Program](#). Sec. 300aa-1-Establishment. Sec. 300aa-2-[Program responsibilities](#). Sec. 300aa-3-[Plan](#).

[40](#) Institute of Medicine. [Appendix D: 1994 National Vaccine Plan Goals, Objectives and Anticipated Outcomes](#). In: Initial Guidance for an Update of the National Vaccine Plan: A Letter Report to the National Vaccine Program Office. *National Academies Press* 2008.

[41](#) DHHS. [U.S. National Vaccine Plan \(2010\)](#). *Office of Infectious Disease and HIV/AIDS Policy* Oct. 3, 2019. [National Vaccine Plan Development](#). Mar. 28, 2016.

[42](#) Institute of Medicine Vaccine Safety Committee. [Adverse Effects of Pertussis and Rubella Vaccines. Afterword on Research Needs](#). (p. 206). Washington, DC. *The National Academies Press* 1991.

[43](#) Institute of Medicine Vaccine Safety Committee. [Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality. Executive Summary](#) (p. 17). [Need for Research and Surveillance](#). (pp. 305 & 307). [Risk-Modifying Factors](#) (p. 307). Washington, D.C. *The National Academies Press* 1994.

[44](#) Institute of Medicine Committee to Study New Research on Vaccines. DPT Vaccine and Chronic Nervous System Dysfunction: A New Analysis. [Conclusion](#) (p. 15). Washington, D.C. *The National Academy Press* 1994.

[45](#) Fisher, BL. [Vaccine Safety Research Needs: Perspective from Parents](#). *Institute of Medicine Vaccine Safety Forum Public Workshop* Apr. 1, 1996.

[46](#) Institute of Medicine Vaccine Safety Forum. Howe CJ, Johnston RB, Fenichel GM, Editors. [Summaries of Two Workshops](#). Washington, D.C. *The National Academy Press* 1997.

[47](#) Fisher BL. [Presentation on vaccine safety research needs to Institute of Medicine Immunization Safety Review Committee](#). *National Academy of Sciences* Jan. 22, 2001.

[48](#) Institute of Medicine Immunization Safety Review Committee. [Hepatitis B Vaccine and Demyelinating Neurological Disorders](#). Recommendations for Public Health Response: [Research, Surveillance, Basic and Clinical Science](#) (pp. 10-12). Washington, D.C. *National Academy Press* 2002.

[49](#) Institute of Medicine Immunization Safety Review Committee. Multiple Immunizations and Immune Dysfunction. Executive Summary: [Under Review](#) (p. 3). [Biological Mechanisms](#) (pp. 28-31). Recommendations Regarding Public Health Response: [Research](#) (pp. 107-108); [Basic and Clinical Science](#) (pp. 108-109). *National Academy Press* 2002.

[50](#) Institute of Medicine Immunization Safety Review Committee. [Influenza Vaccines and Neurological Complications](#). Recommendation for Public Health Response: [Research, Surveillance, Basic and Clinical Science](#) (pp. 10-12). Washington, D.C. *National Academy Press* 2003.

[51](#) Institute of Medicine Committee on the Review of the National Immunization Program's Research Procedures and Data Sharing Program. [Vaccine Safety Research, Data Access and Public Trust](#). Washington, D.C. *The National Academies Press* 2005. [Executive Summary: Independent Review of Vaccine Safety Datalink Activities](#). (p. 6).

[52](#) Fisher BL. [Vaccine Safety Research Priorities: Engaging the Public](#). Oral presentation. *National Vaccine Advisory Committee Vaccine Safety Working Group* Apr. 11, 2008.

[53](#) NVIC. [National Vaccine Information Center Calls 21<sup>st</sup> Century Cures](#)



[Act “A Wolf in Sheep’s Clothing” and Urges Presidential Veto to Protect Public Health.](#) *Business Wire* Dec. 8, 2016.

[54](#) Ben-Menachem G, Ferguson SM, Balakrishnan K. [Doing Business with NIH.](#) *Nat Biotechnol* 2006; 24(1): 17-20.

[55](#) U.S. Department of Health and Human Services (HHS). [National Institutes of Health \(NIH\) Research Funding Portfolio - Vaccine Related Projects.](#) Apr. 19, 2019.

[56](#) National Institutes of Health (NIH). [Disease-Specific Vaccines Research.](#) *NIAID* July 1, 2019.

[57](#) NIH. [2018 NIAID Strategic Plan for Research on Vaccine Adjuvants.](#)

[58](#) CDC. [Immunization Strategies for Healthcare Practices and Providers: The Need for Strategies to Increase Immunization Levels.](#) In: *Epidemiology & Prevention of Vaccine Preventable Diseases.* *Public Health Foundation* 2015.

[59](#) CDC. [Reminder Systems and Strategies for Increasing Childhood Vaccination Rates.](#) July 18, 2018.

[60](#) Cordero JF, Orenstein WA. [The Future of Immunization Registries.](#) In Supplement (Cordero JF, Guerra FA, Saarlans KN, Eds): [Developing Immunization Registries: Experiences from the All Kids Count Program](#) *American Journal of Preventive Medicine* 1997; 13(2): 1-128.

[61](#) Fisher BL. [The National Electronic Vaccine Tracking Registry: How the Plan to Force Vaccination Gave Birth To The National ID, A Government Health Records Database, and the End of Medical Privacy.](#) *National Vaccine Information Center* Summer 1999.

[62](#) Fisher BL. [Proposed Standards for Privacy of Individually Identifiable Health Information.](#) Public Comment to HHS Feb. 15, 2000.

[63](#) CDC. [Initiative on Immunization Registries: Response to a Report from the National Vaccine Advisory Committee.](#) *MMWR* Oct. 5, 2001; 50(RR17): 1-17.

- [64](#) Wrangham T. [Adults Targeted as Federal Government Prepares to Track the Unvaccinated](#). *NVIC Newsletter* Mar. 18, 2015.
- [65](#) National Vaccine Advisory Committee. [Enhancing the Work of the Department of Health and Human Services National Vaccine Program in Global Immunization: Recommendations of the National Vaccine Advisory Committee](#). *Public Health Rep* 2014; 129 (Suppl 3): 12-85.
- [66](#) Fisher BL. [WHO, Pharma, Gates & Government: Who's Calling the Shots?](#) *NVIC Newsletter* Jan. 27, 2019.
- [67](#) Public Law 99-660. Title III - [National Childhood Vaccine Injury Act of 1986](#). 42 USC 300aa. Nov. 14, 1986. Sec. 300aa -1. [Establishment](#). Sec. 300aa-2. [Program Responsibilities](#). Sec. 300aa-3. [Plan](#). Sec. 300aa-5. [National Vaccine Advisory Committee](#).
- [68](#) U.S. Department of Health and Human Services (DHHS). Executive Summary (pg. 9). [U.S. National Vaccine Plan \(2010\)](#). Oct. 3, 2019.
- [69](#) DHHS. [U.S. National Vaccine Plan: Goal #1 - Develop New and Improved Vaccines](#). *Office of Infectious Diseases and HIV/AIDS Policy* June 24, 2016.
- [70](#) National Institutes of Health. [Licensing Opportunities - Vaccines](#). *Office of Technology Transfer* 2019.
- [71](#) National Institutes of Health. [Archives of Products Developed with Technologies from HHS Intramural Research Programs - HHS Licensed Products Approved by the FDA \(Vaccines: Havrix, Rotashield, Lymerix, Twinrix, Gardasil, Cervarix\)](#). *Office of Technology Transfer* 2019.
- [72](#) The Vaccine Reaction. [Drug Companies Pay FDA and NIH to Fast Track and Market Vaccines](#). Sept. 28, 2018.
- [73](#) NVIC Advocacy Team. [State Vaccine Legislation in America 2015-2017](#). *NVIC Newsletter* Oct. 25, 2017. [State Vaccine Legislation in America 2018](#). *NVIC Newsletter* Sept. 12, 2018.
- [74](#) National Vaccine Information Center. [New York Bill Removing Religious Exemptions Turned Into Law on One Day with No Public](#)

[Hearings](#). *The Vaccine Reaction* June 14, 2019.

[75](#) NVIC Advocacy Team. [Vaccine Exemptions Under Attack in 2019](#). Sept. 25, 2019.

[76](#) NVIC Advocacy Portal. [Vaccine-Related Bills Pending in States 2020 Legislative Session](#).

[77](#) U.S. Supreme Court. [Bruesewitz v. Wyeth](#) 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting (pg. 30).

[78](#) NVIC. [National Vaccine Information Center Cites “Betrayal” of Consumers by U.S. Supreme Court Giving Total Liability Shield to Big Pharma](#). *NVIC Press Release Feb. 23, 2011*.

[79](#) CDC. [Advisory Committee on Immunization Practices \(ACIP\)](#).

[80](#) U.S. House of Representatives. [Conflicts of Interest in Vaccine Policy Making](#). *Committee on Government Reform Majority Staff Report* June 15, 2000.

[81](#) Benjamin M. [The Vaccine Conflict](#). *UPI* July 21, 2003.

[82](#) Smith JC. [The structure, role and procedures of the U.S. Advisory Committee on Immunization Practices \(ACIP\)](#). *Vaccine* 2010; 28(1).

[83](#) CDC. [Conflict of Interests when Participating as a Member](#). Pg. 14. *Advisory Committee on Immunization Practices Policies and Procedures* December 2018.

[84](#) DHHS. [National Vaccine Advisory Committee](#). *Office of Infectious Disease and HIV/AIDS Policy* May 23, 2028. [NVAC Charter](#).

[85](#) National Vaccine Advisory Committee. [Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice](#). *Public Health Rep* 2014; 129(2): 15-123.

[86](#) National Vaccine Advisory Committee. [Strengthening the Effectiveness of National, State and Local Efforts to Improve HPV Vaccination Coverage in the United States: Recommendations of the National Vaccine Advisory Committee](#). *Public Health Rep* 2016; 133(5):

545-550.

[87](#) Fisher BL. [Measles in Disneyland: Third MMR Shot and Vaccine Exemption Ban?](#) *NVIC Newsletter* Jan. 28, 2015.

[88](#) CBS News. [Measles outbreak fueled by anti-vaccination movement, infectious disease expert says.](#) Jan. 30, 2019.

[89](#) Ricks D. [DeBlasio declares measles health emergency for parts of New York City.](#) Apr. 9, 2019.

[90](#) Fisher BL. [Taking No Prisoners in the Vaccine Culture War.](#) *NVIC Newsletter* Mar. 13, 2020.

[91](#) Fisher BL. [What Is Going on with Measles? The Science and Politics of Eradicating Measles.](#) *NVIC Newsletter* May 25, 2019.

[92](#) Fisher BL. [Freedom to Dissent and the New Blacklist in America.](#) *NVIC Newsletter* July 1, 2019.

[93](#) NVIC Advocacy Team. [Vaccine Exemptions Under Attack in 2019.](#) Sept. 25, 2019.

[94](#) NVIC Advocacy Portal. [Vaccine-Related Bills Pending in States 2020 Legislative Session.](#)

[95](#) CDC. [Vaccination Coverage for Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2018-19 School Year.](#) *MMWR* October 18, 2019; 68(41):905-912.

[96](#) CDC. [Vaccine Recommendations and Guidelines of the ACIP: Contraindications and Precautions.](#) Aug. 20, 2019.

[97](#) Associated Press. [NYS issues stricter rules for vaccine medical exemptions.](#) *WBFO 88.7* Aug. 17, 2019.

[98](#) Grimes K. [California Bill to Restrict Vaccine Medical Exemptions Passes: 'SB714 is going to be a mockery of democracy.'](#) *The Vaccine Reaction* Sept. 10, 2019.

[99](#) Fisher BL. [The Disappearing Medical Exemption to](#)

[Vaccination](#). *NVIC Newsletter* Sept. 17, 2019.

[100](#) Harvard Pilgrim Health Care, Inc. [Electronic System for Public Health Vaccine Adverse Event Reporting System](#). *AHRQ* 2011.

[101](#) NVIC. [Cry for Vaccine Freedom Wall](#).

[102](#) Maine Legislature. [An Act to Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements \(LD798\)](#). Passed and enacted into law May 24, 2019.

[103](#) NVIC. [New York Bill Removing Religious Vaccine Exemption Turned Into Law on One Day with No Public Hearings](#). *The Vaccine Reaction* June 14, 2019.

[104](#) Fisher BL. [Freedom of Religion and Conscience in America](#). *NVIC Newsletter* Oct. 16, 2019.

[105](#) Fisher BL. [Women, Vaccines & Bodily Integrity](#). *NVIC Newsletter* Jan. 24, 2013.

[106](#) CDC. [State Healthcare Worker and Patient Vaccination Laws](#). Feb. 28, 2018.

[107](#) University of Michigan Institute of Healthcare Policy and Innovation. [Most hospitals now require workers to get flu shots - except those that treat veterans, study finds](#). June 1, 2018.

[108](#) California Legislature. [An act to amend Sections of the Health and Safety Code relating to daycare \(SB792\)](#). Enacted into law Oct. 11, 2015.

[109](#) Washington State Department of Health. [MMR Vaccine Exemption Law Change](#) 2019.

[110](#) National Vaccine Advisory Committee. [Adult Immunization Plans](#). *Office of Infectious Diseases and HIV/AIDS Policy* June 10, 2019.

[111](#) Cole JP, Swendiman KS. [Mandatory Vaccinations: Precedent and Current Laws](#). *Congressional Research Service* May 21, 2014.

[112 NVIC. State Law and Vaccine Requirements.](#)

[113 Fisher BL. Is a Bill Requiring Your Children to Get Every CDC Recommended Vaccination Coming to Your State? \*The Vaccine Reaction\*](#) Jan. 17, 2020.

[114 CDC. Vaccine Price List.](#) March 1, 2020.

[115 World Health Organization. WHO Product Development for Vaccines Advisory Committee \(PDVAC\) meeting.](#) June 26-27, 2018.

[116 BiotechNow. New PhRMA Report: Nearly 300 vaccines currently in Development.](#) 2013.

[117 Fortune Business Insights. Vaccines Market Share & Industry Analysis by Type, Route of Administration, Disease Indication, Age Group, Distribution Channel & Region Forecast 2019-2026.](#) February 2020.

[118 Fisher BL. Public Perspective on Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule.](#)

Institute of Medicine Workshop Feb. 9, 2012.

[119 Fisher, BL. IOM Issues Report on Safety of the Child Vaccine Schedule: When Will the Real Science Begin?](#) NVIC Press Release. Jan. 16, 2013.

[120 Karussis D, Petrou P. The spectrum of post-vaccination inflammatory CNS demyelinating syndromes.](#) *Autoimmunity Reviews* 2014; 13(3): 215-224.

[121 Leung, J. Broder, KR et al. Severe varicella in persons vaccinated with varicella vaccine \(breakthrough varicella\): a systematic literature review.](#) *Expert Rev. Vaccines.* April 16, 2017.

[122 Gibney KB, Attwood LO et al. Emergence of attenuated measles illness among IgG positive/IgM negative measles cases, Victoria, Australia 2008-2017.](#) *Clin Infect Dis* May 6, 2019.

[123](#) Grootens-Weigers P, Hein IM et al. [Medical decision-making in children and adolescents: developmental and neuroscientific aspects](#). *BMC Pediatrics* 2017; 17:120.

[124](#) Steinberg, Laurence. [A Social Neuroscience Perspective on Adolescent Risk-Taking](#). *NCBI*. May 27, 2008.

[125](#) Klicka CJ. [Decisions of the United States Supreme Court Upholding Parental Rights as Fundamental](#). *Home School Legal Defense Association* Oct. 27, 2004.

[126](#) Institute of Medicine Committee to Review Adverse Effects of Vaccines. [Evaluation of Biologic Mechanisms of Adverse Effects: Increased Susceptibility](#). Chapter 3 (p. 82). Washington, D.C. *The National Academies Press* 2012.

[127](#) Fisher BL. [Do You Know How to Recognize A Vaccine Reaction?](#) *NVIC Newsletter* Aug. 27, 2018.

[128](#) Fisher BL. [Despite High Vaccination Rates, CDC Calls for Shaming Schools](#). *The Vaccine Reaction* Sept 2, 2015.

[129](#) Fisher BL. [Parents Deserve to Know So Much More Than School Vaccination Rates](#). *NVIC Newsletter* Sept. 8, 2015.

[130](#) Fisher BL. [The Vaccine Culture War in America: Are You Ready?](#) *NVIC Newsletter* Mar. 8, 2015.

[131](#) The Vaccine Reaction. [Fully Vaccinated School in Houston Closes Due to Pertussis Outbreak](#). Dec. 26, 2019.

[132](#) Poland GA, Jacobson RM. [Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons](#). *Arch Intern Med* 1994; 154(16): 1815-1820.

[133](#) Donohue M, Schneider A et al. [Notes from the Field: Complications of Mumps During a University Outbreak Among Students Who Had Received 2 Doses of Measles-Mumps-Rubella Vaccine — Iowa, July 2015–May 2016](#). *MMWR* Apr. 14, 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657803/>



[134](#) Zhang Q, Yin Z, Shao LH et al. [Prevalence of asymptomatic Bordetella pertussis and Bordetella parapertussis infections among school children in China as determined by pooled real-time PCR: a cross-sectional study](#). *Scand J Infect Dis* 2014; 46(4): 280-287.

[135](#) Bart MJ, Harris SR, Advani A et al. [Global Population Structure and Evolution of Bordetella pertussis and Their Relationship with Vaccination](#). *MBio* 2014; 5(2).

[136](#) Damien B, Huiss S et al. [Estimated susceptibility to asymptomatic secondary immune response against measles in late convalescent and vaccinated persons](#). *J Med Virol* 1998; 56(1): 85-90.

[137](#) Gibney KB, Attwood LO et al. [Emergence of attenuated measles illness among IgG positive/IgM negative measles cases, Victoria, Australia 2008-2017](#). *Clin Infect Dis* May 6, 2019.

[138](#) CDC. Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission: [Unvaccinated asymptomatic Persons, Including Those at High Risk for Influenza Complications](#). Mar. 5, 2019.

[139](#) Hayward AC, Fragaszy EB et al. [Comparative community burden and severity of seasonal and pandemic influenza: results of the Flu Watch cohort study](#). *Lancet Respir Med* 2014; 2(6): 445-454.

[140](#) CDC. [Past Seasons Influenza Vaccine Effectiveness Estimates](#). Jan. 29, 2020.

[141](#) Fisher BL. [Public Comment to DHHS Assistant Secretary for Planning and Evaluation on behalf of NVIC on Proposed Standards for Privacy of Individually Identifiable Health Information: Social Security Numbers Appropriated to Tag, Track and Tell](#). Feb. 15, 2000.

[142](#) Amerding T. [The 18 biggest data breaches of the 21<sup>st</sup> Century](#). *CSO United States* Dec. 20, 2018.

[143](#) Fisher BL. [CDC Wants to Expand Power to Eliminate Measles: What You Need to Know](#). *NVIC Newsletter* Sept. 12, 2016.

[144](#) Fisher BL. [U.S. Marines and Navy Prepare to Executive Pandemic](#)

[Plan as Questions Resurface About Coronavirus Origin.](#) *The Vaccine Reaction* Feb. 20, 2020.

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## Privacy Advocates Sound Alarms Over Coronavirus Surveillance

When public-private partnerships are created around sensitive public data, the public will always lose because the private company is not limited by the expected ethics of government to protect and defend. The only way to stop this practice is to stop public-private partnerships. □ TN Editor

As the coronavirus pandemic spreads across Asia, nations [leveraged significant surveillance networks](#) to trace the virus's spread and forced governments around the world to weigh the trade-offs of [public health and privacy for millions of people](#). Now, recent reports say the U.S.

government is in talks with controversial surveillance and data gathering companies to enlist them in addressing the coronavirus crisis, signaling an escalation in the use of surveillance tools.

Last week the [Wall Street Journal reported](#) the Centers for Disease Control (CDC) enlisted Palantir, a data scraping and modeling behemoth that works with law enforcement and other government security agencies, to model outbreak data. Palantir and [Clearview AI](#), the facial recognition startup that acquired billions of facial images through public web scraping, have been in contact with state governments about tracking people who came in contact with infected individuals.

The reports caused alarm among privacy advocates who, while noting the need to address the public health crisis, worry about the companies that are being pulled in to help.

“During times of crisis, civil liberties are most at risk because the normal balance of safety versus privacy becomes tilted toward safety,” says Michele Gilman, a privacy lawyer and fellow at Data & Society, a think tank that studies the social impact of data-centric tech.

“A major concern is that new surveillance technologies deployed during the coronavirus crises will become the ‘new normal’ and permanently embedded in everyday life after the crisis passes. This can result in ongoing mass surveillance of the population without adequate transparency, accountability or fairness,” she said.

There is a precedent for this, and from not long ago. The 9/11 terrorist attacks in 2001 led to an expansion of surveillance cameras and networks across the U.S. and [the Patriot Act](#), a federal law that removed legislative guardrails to government surveillance and decreased transparency, accelerating the National Security Agency’s intrusive and massive surveillance capabilities later [revealed by whistleblower Edward Snowden](#). Despite the public backlash against the NSA’s practices, lawmakers have [yet to de-authorize it](#).

“Many of the directives implemented as part of the Patriot Act led to the abuses that were exposed by Snowden,” says Steven Waterhouse, the CEO and co-founder of Orchid Labs, a privacy focused VPN company.

“What abuses will we learn about later, after this crisis has passed? What legislation will be rammed through the government during this time of crisis?”

Things that may now be considered mundane, such as an abundance of surveillance cameras, being subjected to full body screens at the airport and the idea that we are constantly being observed, weren't always the case. Often, public crises provide opportunities for surveillance architecture to move forward and become normalized fixtures of society, and create commercial opportunities for tech companies to provide new and ever more intrusive ways of tracking individuals.

That's the case with Clearview AI, a facial recognition startup that claims to have scraped billions of public images off the web and created software that can identify a face within seconds. It markets itself to law enforcement within the U.S. but also targeted authoritarian regimes around the world with records of human rights abuses as part of a rapid expansion plan, [according to documents obtained by BuzzFeed News](#). The company has also [overstated the effectiveness of its technology](#), claiming police departments solved cases after using it when that was not the case. The company now faces [legal challenges](#) from other companies, and state governments.

“Clearview has a pretty consistent pattern of not being forthcoming about information but also intentionally misleading their clients in my view,” says Clare Garvie, senior associate at the Georgetown University Law Center's Center on Privacy and Technology. “Whatever means the government implements or various state and local governments implement to combat the spread of this virus must be the least intrusive means possible. What Clearview AI is proposing is not the least intrusive means possible.”

Extensive research shows facial recognition is not equally accurate on everyone.

“Facial recognition is notoriously inaccurate for women and people of color,” says Gilman. “Given this, why would we adopt such technologies to battle coronavirus? Moreover, we need much more information on

how these technologies are effective in battling a global pandemic.”

China has facial recognition systems that detect elevated temperature, while South Korea has tracked people using cell phone data and [locations of financial transactions](#).

Palantir, meanwhile, has extensive contracts with law enforcement and has little to no transparency about its practices unless you’re a customer. In a [rare user manual for law enforcement obtained by Vice](#) in 2019, the program Palantir Gotham is said to be in use at law enforcement centers that target data sources including day care centers, email providers and traffic accidents for data that builds profiles of suspects, and their friends, family and business associates.

The company was co-founded by Peter Thiel, the libertarian billionaire who was also an early investor in Facebook. Privacy advocates have reason to fear his motives. In a 2009 [essay for the Cato Institute](#), a libertarian think tank in Washington, D.C., Thiel wrote that “most importantly, I no longer believe that freedom and democracy are compatible.”

## **Public-Private**

If privacy experts seem skeptical of companies like Clearview AI and Palantir, this is perhaps one reason why.

“Creating public-private partnerships to share sensitive data in times of crisis, such as a terrorism attack or a pandemic, brings short-term benefits but has an alarming impact on data privacy long after the emergency passes,” says Raullen Chai, CEO of [IoTeX](#), a Silicon Valley company that develops privacy-protecting smart devices using blockchain.

“Ambiguous policies around what happens to the data collected after its intended use, as well as subjective triggers of ‘emergency-only’ practices, rip away control and transparency for people.”

Experts recognize the fundamental need to address immediate consequences of the coronavirus pandemic, but there is skepticism



Clearview AI or Palantir would offer the required transparency and least intrusive approach.

Garvie worries about crisis profiteering. “It’s the use of fear to market surveillance tools,” says Garvie. “I just caution anyone considering contracting for these tools to make sure the decision is not being driven by the supplier, by the company, using the crisis to push through unnecessary surveillance mechanisms.”

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## **Pandemic Opportunity: It's Time For A Global Green New Deal**

The United Nations is at the heart of the Green New Deal and is also controlling the global pandemic through the World Health Organization. It's no surprise that Greens are trying to leverage their cause at the same time.

The UN has sworn to destroy Capitalism and Free Enterprise, and the

coronavirus is doing exactly that. The UN's plan has always been to replace the economic system with Sustainable Development, aka Technocracy. □ TN Editor

A burgeoning chorus of climate campaigners and experts is urging political leaders to learn from how governments handle the coronavirus outbreak and, as the pandemic subsides, to seize the opportunity to both revive the world's economy and battle the climate emergency by implementing a [global Green New Deal](#).

As the number of global COVID-19 cases [soared](#) past 200,000 and the death toll topped 8,700 on Wednesday, governments scrambled to continue managing the public health and economic crises while many offices, restaurants, schools, stores, and transportation services around the world remained shut down.

U.S. President Donald Trump on Wednesday invoked the Defense Production Act, war powers legislation from 1950 that—thanks to 2009 amendments by Congress—[enables](#) him to direct private industry to produce essential equipment to address the coronavirus outbreak.

Evan Weber, political director of the youth-led Sunrise Movement, [responded](#) to Trump's move on Twitter by pointing out that the president could do the same to tackle the climate crisis, which scientists [warn](#) requires “rapid, far-reaching, and unprecedented” societal changes, including a swift transition to renewable energy.

Weber noted that ambitious action by the government and private sector on a scale often reserved for wartime is “part of the vision behind” the Green New Deal, which aims to dramatically curb climate-heating emissions. “The second part,” he said, “is doing it in a way that is just and equitable.”

The Sunrise Movement, which supports the Green New Deal resolution [introduced](#) last year by Rep. Alexandria Ocasio-Cortez (D-N.Y.) and Sen. Ed Markey (D-Mass.), also highlighted the bold climate proposal on Twitter Wednesday in response to the mounting [consequences](#) of the COVID-19 crisis.



Arn Menconi, an environmental activist and Democratic candidate for Colorado state Senate, [tweeted](#) Wednesday that “coronavirus has proved we can afford the Green New Deal and Medicare for All.”

As the virus has spread across the United States—shuttering schools and businesses, spurring economic uncertainty, and sickening and killing people—critics of the country’s for-profit healthcare system, including Democratic presidential candidate Sen. Bernie Sanders (I-Vt.), [have doubled down](#) on calls for a nationwide single-payer program.

Faced with a healthcare system system that limits access and an “outrageous” and “ineffective” response to the pandemic from the government and employers, author and historian Jeremy Brecher, who co-founded the Labor Network for Sustainability, [wrote](#) for *Common Dreams* Wednesday that workers and communities can lead the way with a “do-it-yourself Green New Deal” that puts people to work meeting the most urgent needs of this current moment.

“So far the GND has been aimed primarily at challenging climate destruction and inequality. But our most urgent need right now is to protect against COVID-19 and the devastating impacts it will have on our communities and our jobs,” Brecher explained.

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