Are We Making the Grade With Our Children?

From 1994 to 2001, a staff at the Department of Health and Human Services created model comprehensive school-based health centers (SBHCs), developed a comprehensive financing system and helped with SBHC start ups in many states.

The project was part of the Robert Wood Johnson Foundation (RWJF) ’Making the Grade: State and Local Partnerships to Establish School-Based Health Centers' national program.

School Based Health Centers (SBHCs)

SBHCs are health care centers, located in school settings that provide children and adolescents with comprehensive primary, acute, and preventive care for physical and mental health conditions. As developed particularly in two RWJF national programs (The School-Based Adolescent Health Care Program and Making the Grade), the centers, which have interdisciplinary staffs, not only deliver routine primary health care — physical exams, screening, and treatment for physical and mental health problems — but also teach students how to manage their own health.

School Based Health Centers (SBHCs) have grown rapidly over the past decade, from 200 in 1990 to 1,380 in 2000—an increase of almost 600 percent.


The original concept is a multifaceted model:

Over the years, School Based Health Centers have become dental centers, mental centers and recently, vaccination centers

School Based Mental Centers

New Freedom Commission on Mental Health [NFC]

According to the NFC: ‘Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. One of the goals of the NFC is “Early Mental Health Screening, Assessment, and Referrals to Services Are Common Practice”.

“If we look closely, we realise that health for all, according to the WHO, means medicalization and vaccinations for all. That is to say sickness for all.”

Guylaine Lancrot, M.D.
One of the recommendations to implement this goal is: Screen for co-occurring mental and substance use disorder and link with integrated treatment strategies.

This program can turn teachers and educators into psychiatric recruiters and can establish, in effect, a new Office of Children’s Mental Health and Substance Abuse to deliver psychiatric services to children.'

http://www.infowars.com/articles/ps/new_freedom_rears_head_tx_hb470.htm

Questions:

SBHC Mental Health Program

1- Do parents really want schools to function as recruiters for Big PhRMA mental health care providers that can put children on unnecessary and harmful drugs?

2- If test results indicate a child needs 'medications' for which the parent does not consent, will the parent be at risk of legal prosecution for child neglect and/or will the parent be at risk of losing custody of the child (or children)?

3- If the child suffers a permanent adverse reaction to the SBHC endorsed medical treatment plan, will the parent be able to sue to cover the cost of lifetime care for the child?

School Based Vaccination Centers

Thousands of Denver Children to Receive Immunizations in School

Denver recently was selected by the federal government as one of only two sites in the United States to test a new program aimed at increasing childhood immunization rates. The first-of-its-kind model increases access to vaccines by offering them in schools, to all students.
Under this new program, health insurance plans are billed directly for vaccines given. Parents do not receive a bill. This is a unique approach public health experts hope will keep the effort financially sustainable, allowing it to be replicated across the country if successful.

The CDC recently launched a new program in Denver designed to increase childhood immunization rates. It is the first school-located program in the country to offer vaccines to all students, regardless of socioeconomic status, experts say.

"Adolescents are a hard population to reach," said Dr. Matthew Daley, a pediatrician and vaccine research expert with Kaiser Permanente who is working with researchers at the University of Colorado and Denver Health Medical Center to evaluate the model.

“Improving access to vaccines by delivering them at school is only one step in the right direction,” said Matthew F. Daley, “What is unique about this initiative is that by billing health insurance plans we can also evaluate whether giving vaccines in schools can be financially sustainable over the long term.”

Offering inoculations at school makes life much easier for parents, who don't need to leave work to drive kids to a clinic or doctor's office. They just sign consent forms that are sent home, and then everything is done at school.

Parents never see a bill. The health insurance plans are billed directly. Funding for the program comes from two grants from the CDC totaling $1.6 million.

http://www.denverpost.com/commented/ci_14290838?source=commented-

VIDEO LINK: Child Receives Multiple Vaccinations At School In One Session

http://videocenter.denverpost.com/services/player/bcpid934052406?bctid=63938886001

How the school-based vaccine program works:

Consent packets are sent home by the school, completed by a parent/guardian, and then returned to the school. Vaccines are provided during the school day by Denver Health nursing staff. Parents are not required to be present. Insurers of students who have health coverage are billed for the vaccine and administration fee; parents do not receive a bill. The program will notify providers when their patients receive vaccines at school, either via fax or through the state vaccine registry.

The team:

The program is being administered and implemented by Denver Health in partnership with Denver Public Schools. Vaccine researchers from the University of Colorado
Denver, Kaiser Permanente, and Denver Health will evaluate the success of the model. In addition to the CDC funding, Kaiser Permanente also provided nearly $100,000 to add bilingual staff to ensure cultural competence and assist at the schools.

'Because of the sizable Medicaid population seen by the centers, the transformation of Medicaid from a fee-for-service to a managed care model has required the centers to forge relationships with managed care plans.

Last year's enactment of the State Children's Health Insurance Program (SCHIP), and the likelihood that managed care will be the dominant model of serving children under this program, leaves little doubt that partnering with managed care will be essential if school-based health centers are to receive reimbursement for serving the large portion of their clientele who are, or will be, publicly insured'.

http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Based-Health-Centers.aspx

Note: What this restructuring of funding does is shift the cost of grants and fee-for-service to third party billing under Medicaid (we, the taxpayers) and private insurance plans (increasing premiums) so the vaccination program can be promoted as free to parents who cannot afford it while big PhRMA, behind the scenes, increases sales. States like it because it is revenue neutral for their budgets. The target is the unvaccinated masses.

The federal government is initiating a massive drive to enroll school children on Medicaid in order restructure the funding of SBHC vaccination program:

**HHS Secretary Calls on States and Communities to Get Health Coverage to Uninsured Children**

Conference Kicks Off National Outreach Campaign

Wednesday, November 4, 2009

HHS Secretary Kathleen Sebelius today called on states and communities to join with HHS to redouble efforts to find and enroll the 5 million children who are currently eligible for Medicaid or the Children’s Health Insurance Program (CHIP), but are not yet covered. The Secretary issued this call to action as she opened the National Children’s Health Insurance Summit in Chicago, kicking off the nation’s largest campaign to find and enroll uninsured children in over a decade.

Much progress has been made in recent years, but the enactment of the Children’s Health Insurance Reauthorization Act (CHIPRA) creates new opportunities to move forward. At the same time, given the economic downturn, the need among families for affordable coverage for their children could not be greater. Not since the creation of
CHIP in 1997 has the federal government, in conjunction with states, concentrated so many resources on the effort to find and enroll children who are needlessly going without health insurance coverage.


**Partners Involved With The School Based Health Center Programs**

**Robert Wood Johnson Foundation (RWJF)**

One of the trustees of RWJF is Robert Wood Johnson IV. He is on the 2001 Membership Roster of the Council on Foreign Relations.

The Robert Wood Johnson Foundation is the largest shareholder of Johnson & Johnson, and the company is the source of RWJF's funding.

Robert E. Campbell has been a RWJF company man since 1955. He has been Vice President of Finance and Treasurer, and is a Trustee of the Robert Wood Johnson Foundation and former Vice Chairman of the Board of Johnson & Johnson from 1989 until retiring in 1995.

http://www.smokershistory.com/RWJF.htm

**The Center for Health and Health Care in Schools [CHHCS]**

CHHCS is at The George Washington University School of Public Health and Health Services. **Core support for CHHS is provided by The Robert Wood Johnson Foundation.** Additional funding comes from the Bureau of Primary Health Care, US Department of Health and Human Services.” Until very recently it was called "Making the Grade," RWJF's controversial $25 million-plus program to establish school-based health centers.

"The Robert Wood Johnson Foundation placed five fellows on Hillary Clinton's secret health care task force (predecessor to Obamacare of 2010).

http://www.smokershistory.com/dynasty.htm
The Center for Health and Health Care in Schools (CHHCS) is a nonpartisan resource center at The George Washington University School of Public Health and Health Services.

Note: George Washington University [GWU] is infamous for being a reputed haunt for CIA spooks, as are many other prestigious universities, who teach as part of the academic program. Conspiratorialists claim it is a public relations front for propaganda and recruiting.

'Currently there are 10 officers in residence, according to Carlos D. Davis, deputy director of the CIA's Center for the Study of Intelligence, which administers the program. They are teaching at George Washington University, Georgetown University, the University of Southern California, the University of Maryland, New Mexico State University, Marquette University, the Defense Intelligence Agency's Joint Military Intelligence College and the Air Force and Naval Academies. The agency has also placed officers at Georgia Tech and West Point for next semester.'

http://www.cia-on-campus.org/foia/oir.html

Kaiser Permanente: The Big PhRMA Bag Man

Kaiser Permanente is the nation's largest nonprofit health plan and hospital system, serving more than 8.6 million members, with 14 thousand doctors under contract and generating $40 billion in annual revenue. The Health Plan and Hospitals operate under state and federal non-profit tax status, while the Medical Groups operate as for-profit partnerships or professional corporations in their respective regions.

Kaiser Permanente Colorado (KPC) has been providing influenza vaccination clinics each year for the past decade. The program is large—80,000 doses were administered in 2001.

More clinics are scheduled and thousands of influenza vaccines are administered daily at KPC’s facilities. In addition to vaccinating other high-risk populations, the KPC goal for the 2009-2010 season is to administer vaccine in 70 to 90 percent of all healthy children aged 6 to 23 months.

Question: How does a non-profit HMO that administers a profitable multi-million dollar vaccination program in part generating a $40 billion annual revenue (with over 35 hospitals and 14 thousand doctors on the payroll) not have to pay taxes?

Kaiser Permanente 'Conflict of Interest' Propaganda

Kaiser Permanente conducts and publishes effectiveness and safety studies (that are based on the companies hospital patients medical records) of the vaccines that that the company markets.
'Whooping cough returns in kids as parents skip vaccines'

Though more than 90% effective, the vaccine doesn't protect everyone, says Sean O'Leary, an infectious-disease fellow at Children's Hospital in Denver.

That's why vaccinating all children is crucial to creating 'herd immunity' for the entire community, including newborns who are too young to be immunized, O'Leary says.

"Refusing to vaccinate your child not only puts your child at risk but puts susceptible children at risk," says O'Leary, who was not involved in the study. "We immunize ourselves and our children for the good of the community. By keeping those immunization rates high, we protect the vulnerable people out there."

Some parents have refused vaccinations because of fear of mercury-based preservatives. But vaccines have been mercury-free since 2001, says Jason Glanz, a senior scientist at Kaiser Permanente's Institute for Health Research who headed the study.

Other parents space out vaccinations to avoid "overwhelming" a child's immune system. But Glanz says there's no evidence of such an effect. The Centers for Disease Control and Prevention bases its vaccine schedule recommendations on the results of clinical trials that have demonstrated their safety, he says.


Question: If Vaccines Work, Why Do The Immunized, Health Officials and The Government Need to Worry About 'Herd Immunity For The Entire Community?'

Note: Big PhRMA already recommends over 40 vaccinations by the time a child graduates from high school. The number of total shots will definitely increase once the SBHC programs are activated in every school, and, as seen in the embedded video, multiple shot per session will be the norm.
Evidently vaccines with mercury are still around despite the inserts clearly saying that there is a high risk to children and pregnant women:

CRIMINAL CHARGES FILED WITH THE FBI AGAINST MARY SELECKY, WASHINGTON STATE SECRETARY OF HEALTH-JANUARY 29, 2010

On September 23, 2009, Mary Selecky, Washington State Secretary of Health, signed an order waiving state regulations concerning the maximum amount of the highly toxic mercury preservative Thimerosal allowed in H1N1 influenza vaccines for two of our society's most vulnerable populations: pregnant women and children under four years of age for a minimum of six months' time.

The following action represents the privatization of state government vaccine policy:

SB 6263 creates a new vaccine commission that will purchase childhood vaccines. It replaces the role that DoH used to play.

The Oemig amendment adds the following requirement to the new vaccine commission:

"Vaccines manufactured with added mercury may not be purchased, unless the mercury-free orders cannot be filled, and the secretary declares a temporary emergency shortage."


'Is Vaccine Refusal Worth The Risk?'

In this study published in 'Pediatrics', researchers from Kaiser Permanente Colorado's Institute for Health Research used electronic health records to look for immunization refusal and possible pertussis infections.

Specifically, researchers examined the medical records of children 2 months old to 18 years old who were members of Kaiser Permanente Colorado between 1996 and 2007. First, investigators confirmed which children had pertussis infections. Next, they verified whether parents had refused some or all vaccines for their children.

Researchers found that children of parents who refused the vaccine were 23 times more likely to get whooping cough compared to fully immunized children. "A 23-fold increase is huge," says Jason Glanz, a senior scientist at Kaiser Permanente's Institute for Health Research who headed the study.


NOTE: The Next Two Articles Follow A 'Fill-In-The-Blank' Format
'Refusing Immunizations Increases the Risk of Varicella Illness in Children, Kaiser Permanente Study Finds'

Unvaccinated children are nine times more at risk for contracting varicella, commonly known as chickenpox, than those who are immunized.

Children of parents who refuse vaccines are nine times more likely to get chickenpox compared to fully immunized children, according to a new study led by a vaccine research team at Kaiser Permanente Colorado’s Institute for Health Research. The study was published today in the January issue of the journal Archives of Pediatrics & Adolescent Medicine.

Funded by the National Institute of Allergy and Infectious Diseases, this is the first study to examine the relationship between parental vaccine refusal and the risk of varicella infection in children, adding to the body of knowledge on the risk of vaccine refusal. The study used electronic health records of more than 86,000 children who were members of Kaiser Permanente Colorado between 1998 and 2008.


'Refusing Immunizations Puts Children at Increased Risk of Pertussis Infection, Kaiser Permanente Study Finds'

Unvaccinated children are 23 times more likely to get infected with pertussis, commonly known as whooping cough, than those who are immunized.

Lead author Jason Glanz, Ph.D., a senior scientist at Kaiser Permanente’s Institute for Health Research.

Children of parents who refuse vaccines are 23 times more likely to get whooping cough compared to fully immunized children, according to a new study led by a vaccine research team at Kaiser Permanente Colorado’s Institute for Health Research.

The study will appear in the June 2009 issue of the journal Pediatrics, the journal of the American Academy of Pediatrics.

Funded by the National Institute of Allergy and Infectious Diseases, this is the first study to use electronic health records to look for immunization refusal and possible pertussis infections, making it the most definitive on the risk of vaccine refusal to date.


Vaccine Surveillance Network [VSN] (CDC Target Acquisition Service?)

The new Vaccine Surveillance Network is a recently launched, small CDC network that includes sites in Rochester, NY, and Nashville, TN. The network conducts population-based surveillance of the burden of acute respiratory infections in children that are potentially vaccine preventable, provides data for policy decision making, and evaluates the impact of vaccines.

Question: Does VSN, a service by and for vaccine manufacturers to identify and record vaccine refusals, have a more sinister agenda?

Other Partners Involved With The School Based Health Center Programs

Other companies, foundations and organizations behind the SBHC programs include IPSCAN, the UN, the Kempe Foundation, the CDC, the National Foundation for Infectious Disease, the Rand Corporation and the National Vaccine Advisory Committee.

ISPCAN: The International Connection

ISPCAN Relocates Headquarters to the Denver Anschutz Medical Campus

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) recently relocated its main offices from Chicago to the Gary Pavilion at The Children’s Hospital Anschutz Medical Campus in Aurora, CO.

ISPCAN is the only multidisciplinary international organization that brings together a cross-section of professionals working towards the prevention and treatment of child abuse, neglect and exploitation globally under the auspices of the UN.

“The brand new facility provides ISPCAN with high-quality, state-of-the-art professional office and meeting areas as well as conference rooms and superb technical facilities for videoconferencing within the USA and internationally,” said Irene Intebi, ISPCAN’s President. “The facilities expand ISPCAN’s capabilities in terms of conducting trainings, meetings, and consultations from the Gary Pavilion in Denver to anywhere in the world.”
The Gary Pavilion currently houses The Kempe Foundation, The Kempe Center, and the National Association of Counsel for Children. Dr. Kempe founded ISPCAN in 1977, which now encompasses more than 1,500 members worldwide.

Beside the significant improvement from its previous facilities, moving to the medical campus in Colorado means moving back to the organization’s roots,” said Intebi. “It also means the possibility of linking up internationally with research centers, hospitals and universities and exploring alliances and partnerships with the Kempe Foundation.

http://www.ispcan.org/nationalpartners.htm

http://www.kempe.org/press

The Kempe Foundation Connection

The Kempe Foundation, a 501(c)(3) nonprofit organization founded in 1976, provides the education, advocacy and fundraising support for the work of The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect.

In child health outcomes, Dr. Allison Kempe, the director of the Childrens’ Outcomes Research (COR) program, continues to lead the CDC-funded Vaccine Policy Collaborative Initiative project (which was recently re-funded through 2011), a national, rapid-response survey program of physicians regarding new vaccines, new vaccine recommendations, and policy issues related to vaccination.

Additionally, Dr. Kempe received new CDC funding to evaluate vaccination reminder/recall systems for adolescent patients in pubic and private pediatric offices and school based health centers.

Dr. Matthew F. Daley continues his work in the areas of immunization delivery, immunization safety, and prevention of early childhood caries. Drs. Daley and Kempe constitute the evaluation team on 2 newly funded projects from the CDC, in which the Denver Public Health Department will work with the Denver Public School system to implement large-scale school-based vaccination.

Dr. Daley is the lead investigator on a CDC-funded grant to explore adolescent vaccination in non-traditional medical settings, and a co-investigator on the CDC-funded Vaccine Safety Datalink project, a study involving large linked databases that allows rigorous study of issues related to actual or potential adverse events following immunization.
The CDC Connection

United States Department of Health and Human Services (HHS)
Centers for Disease Control and Prevention (NCIRD/CDC)
National Center for Immunization and Respiratory Diseases (NCIRD/CDC)

Section I. Funding Opportunity Description School-based Vaccination Study

This program is authorized under section 317 (k) (1) [42 U.S.C. 247b (k) (1)] of the Public Health Service Act,

Applications submitted in response to this Funding Opportunity Announcement (FOA) for Federal assistance must be submitted electronically through Grants.gov (http://www.grants.gov) using the SF424 Research and Related (R&R) forms and the SF424 (R&R) Application Guide.

The National Center for Immunization and Respiratory Disease (NCIRD) of CDC within the Department of Health and Human Services [HHS] is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA).

The HHS/CDC U01 is a cooperative agreement assistance instrument. Under the U01 assistance instrument, the Recipient Organization retains the primary responsibility and dominant role for planning, directing, and executing the proposed project, and with HHS/CDC staff is substantially involved as a partner with the Recipient Organization.

The participating Centers, Institutes and Offices (CIO)(s) NCIRD intends to commit approximately up to $600,000 including both direct and indirect costs for the first 12-month budget period in FY2008 to fund 1-2 applications. The average award amount will be $300,000 including both direct and indirect costs for the first 12-month budget period.

This study focuses on feasibility issues around school-based vaccination, a potential means of efficiently vaccinating large numbers of adolescents. CDC funds all states, who in turn work with local health departments, to implement comprehensive immunization programs. These state and local public health immunization programs are responsible for leading the implementation of vaccinating adolescents.

http://www.cdc.gov/od/pgo/funding/IP08-006.htm
http://www.cdc.gov/od/pgo/funding/IP08-007.htm
'Mid Season Flu Immunization Rates Are Too Low'

A new survey of approximately 4,000 American adults reveals that fewer than one-third (29.6 percent) have been vaccinated against the flu this season...

This survey was administered by health care researchers at the RAND Corporation, a non-profit, research organization. The survey was conducted online within the United States on behalf of GlaxoSmithKline between November 7, 2008 and November 19, 2008 among 3,969 U.S. adults aged 18 and older...

The CDC Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for any adult who wants to reduce the risk for becoming ill with influenza or of transmitting it to others...

...Today a panel of infectious disease experts will convene to review the survey’s findings and discuss the implications for the remainder of the flu season.

The National Foundation for Infectious Diseases will host the discussion with Dr. Schaffner and colleagues Litjen (L.J.) Tan, MS, PhD, Co-Chair, National Influenza Vaccination Summit and Director of Medicine and Public Health at the American Medical Association, Claire Hannan, MPH, Executive Director, Association of Immunization Managers and Katherine Harris, PhD, Economist, RAND Corporation.

Today's media briefing, hosted by the National Foundation for Infectious Diseases, is supported by GlaxoSmithKline.

The National Foundation for Infectious Diseases (NFID) is a non-profit, tax-exempt 501(c)(3) organization founded in 1973 and dedicated to educating the public and healthcare professionals about the causes, treatment and prevention of infectious diseases.

http://www.medicalnewstoday.com/articles/132569.php

Question:  Is the CDC a front organization for Big PhRMA, and a front organization for the US/NWO/UN agenda(s), meaning government domestic and foreign policies are authenticated by cooperative CDC employees who, as corrupt medical 'experts', validate the governments policies?

Answer:  'Called Big PhRMA with good reason, the drug companies wield inordinate power over policies affecting their industry. Poorly tested new drugs are fast-tracked and only withdrawn after hundreds, often thousands, are harmed. Yet no congressional committee ever investigated a process endangering millions of lives because lawmakers reap huge campaign contributions regularly in return for industry-friendly legislation and regulations.'
Former CDC Director Dr Julie Gerberding and Merck

'...the pharmaceutical industry has a giant "revolving door" through which corporations and government agencies frequently exchange key employees. That reality was driven home in a huge way today when news broke that Dr. Julie Gerberding, who headed the CDC from 2002 through 2009, landed a top job with Merck, one of the largest drug companies in the world. Her job there? She's the new president of the vaccine division.

Dr Gerberding...' heads up a $5 billion division that sells cervical cancer vaccines (like Gardasil), chickenpox vaccines and of course H1N1 swine flu vaccines, too.'

http://www.naturalnews.com/027789_Dr_Julie_Gerberding_Merck.html

CDC's Vaccine Advisory Committee

The CDC's Advisory Committee on Immunization Practices [ACIP] helps the agency decide what vaccines are safe enough to recommend. It is made up of 12 experts from hospitals, universities and state health departments.

In June 1998 (reversing that decision in October 1999), the committee recommended that all infants be vaccinated against rotavirus. The virus causes bad diarrhea that can be fatal.

At the time, vaccine maker Wyeth had a vaccine called Rotashield. Merck hoped to soon follow with its own version.

Wyeth ended up pulling its vaccine off the U.S. market in October 1999 after it was suspected of causing an excruciating contortion where a child's large intestine folds over the small one.

For Rotashield, the CDC's public database contains 664 total reports possibly caused by the vaccine, including 288 emergency room visits, 63 life-threatening reactions, 232 hospitalizations, 10 disabilities and eight deaths.

Republican staff on the House Government Reform Committee looked into the CDC panel that recommended the vaccination. Their August 2001 report found that "four out of eight CDC advisory committee members who voted to approve guidelines for the rotavirus vaccine in June 1998 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."

The 2001 Government Reform Committee's investigation noted potential conflicts with another committee member. The chairman of the CDC’s Vaccine Advisory Committee, Dartmouth Medical School Professor Dr. John Modlin, owned $26,000 in Merck stock. In a telephone interview with UPI, Modlin said he had sold that stock, but that he had recently agreed to chair a committee to oversee Merck vaccine clinical trials.
In October 1999, the committee reversed its recommendation that all infants should get rotavirus vaccinations. Meeting transcripts over the past decade showed that at some meetings, half of the members present had potential conflicts with vaccine manufacturers.

At the June 2002 committee meeting -- the last meeting for which minutes are available -- four of the 11 members present acknowledged conflicts with Wyeth, GlaxoSmithKline, Merck, Pfizer, Bayer and Aventis Pasteur. Two of the four did research or vaccine trials for manufacturers. One of the four was a co-holder of a vaccine patent as well as a consultant to Merck.

Note: There is a large population of scientists and doctors with conflict of interests who serve on supposedly independent committees such as the CDC's Vaccine Advisory Committee and the National Foundation For Infectious Diseases that abuse their authority as medical experts by falsely validating the safety and effectiveness of vaccines with fraudulent clinical trials and studies. These investigative committees are funded by vaccine producers.

**National Foundation for Infectious Disease Connection**

The National Foundation for Infectious Diseases (NFID) is a non-profit tax-exempt 501(c)(3) organization founded in 1973 and dedicated to encouraging and sponsoring public and professional education about infectious diseases, supporting research and training in infectious diseases, and aiding in the prevention and treatment of infectious diseases.

Samuel L. Katz, MD (NFID co-chairman)
Duke University Medical Center

For 22 years, Dr. Samuel L. Katz was Chairman of the Department of Pediatrics at Duke University School of Medicine. He was former Advisory Committee of Immunization Practices [ACIP] Chairman (Katz sat for year on the ACIP committee having been the developer of the MMR vaccine). He simultaneously consulted with all of the vaccine manufacturers and the CDC's Advisory Committee on Immunization Practices. While having ties to the American Academy of Pediatrics and Infectious Disease Society of America, he LIED UNDER OATH (perjury) and was exposed for doing so by a congressional committee chairman U. S. Rep. Dan Burton.

Dr Katz has chaired the Committee on Infectious Diseases of the American Academy of Pediatrics (the Redbook Committee). Dr Katz also co-chairs a group called the Vaccine Initiative which is an information and advocacy group that benefited from start-up funds from at least six vaccine manufacturers. He is listed as an advisory board member to the Immunization Action Coalition [IAC](which includes the Coalition for Hepatitis B), an advocacy group that receives funding from several vaccine makers, including SmithKline Beecham, Merck and Wyeth-Lederle." ABCNEWS.com
Katz developed a measles vaccine now manufactured by Merck, which also manufactures a Hepatitis B vaccine. Katz has acknowledged that when he was chairman of the IAC in 1991 he also worked as a paid consultant for Merck, SmithKline Beecham, Merck and Wyeth-Lederle.

Groups that provide financial support to the Immunization Action Coalition in 1999:--- Chiron Corporation, GlaxoWellcome, Merck & Co., Nabi, North American Vaccine, Pasteur Merieux Connaught, SmithKline Beecham, Wyeth Lederle.

Dr. Paul Offit, who sat on the Advisory Committee of Immunization Practices (ACIP) committee, the committee who approves all the vaccines given to children and adults, holds the patent for the Rotavirus vaccine, (the one that was withdrawn) and a patent on the current Rotavirus vaccine which is known to cause pneumonia and still some cases of intussusception. It is rumored that he made millions on his vaccine patent and that Big PhRMA bought all his books, so he could make millions more.

Dr. Neal Halsey of Johns Hopkins University. Like Katz, he is a vaccine pioneer and served on ACIP and the Red Book committees. He, too, is an advisor to the Immunization Action Coalition and the Hepatitis B Coalition.

Halsey is a former CDC employee who has done research paid for by most of the major vaccine manufacturers. When he testified before the House Government Reform Committee in 1999, he disclosed a salary at that time for work on a Lyme vaccine.

He also established the Johns Hopkins Institute for Vaccine Safety, started in part with "unrestricted educational grants in 1997 from several vaccine manufacturers and some private donations," according to Halsey. Congressional investigators said that support included $50,000 in start-up funds from Merck and a payment from Wyeth. Halsey said vaccine manufacturers do not fund the center's vaccine education activities.

The RAND Corporation Connection


Rand Corporation, which now employs over 600 professionals, was established as a
nonprofit think tank by the U.S. Air Force in 1948. Two-thirds of Rand’s research involves national security issues.

This is divided into Project Air Force, the Arroyo Center (serving the needs of the Army), and the National Defense Research Institute (providing research and analysis for the Office of the Secretary of Defense, the Joint Staff, and the defense agencies).

The other third of Rand's research is devoted to issues involving health, education, civil and criminal justice, labor and population studies, and international economics.

The RAND Corporation is a notoriously powerful NGO with deep ties to the U.S. military-industrial complex as well as interlocking connections with the Ford, Rockefeller, and Carnegie foundations.

Current directors or trustee of RAND include Frank Charles Carlucci III, former Defense Secretary and Deputy Director of the CIA, Ronald L. Olson, Council on Foreign Relations luminary and former Secretary of Labor, and Carl Bildt, top Bilderberg member and former Swedish Prime Minister.

Carlucci was chairman of the Carlyle Group from 1989-2005 and oversaw gargantuan profits the defense contractor made in the aftermath of 9/11 following the invasion of Afghanistan. The Carlyle Group has also received investment money from the Bin Laden family.

Frank Charles Carlucci III has been a member of the Council on Foreign Relations since at least 1995. Carlucci either serves or has served on the following corporate board: Pharmacia & Upjohn, Inc. Carlucci was a director of Upjohn from 1990 through its merger with Pharmacia, and has continued to 2003.

He is affiliated with the Project for the New American Century, or PNAC, a neo-conservative thinktank that issued a policy paper recommending that 'what America needs is a new Pearl Habor' to galvanize public support for anti-liberty legislation like The Patriot Act.
Other Rand Corp executives biographies:

2008 Trilateral Commission attendee list member: Lynn Davis, The RAND Corp.

According to `9/11 Exposed` one of the personalities that participated in the infamous 'Rebuilding America’s Defences project' (PNAC): Abram Shulsky - The RAND Corporation.

http://www.rense.com/general87/nex8.htm

According to reports out of top Chinese mainstream news outlets, the RAND Corporation recently presented a shocking proposal to the Pentagon in which it lobbied for a war to be started with a major foreign power in an attempt to stimulate the American economy and prevent a recession.


Note: The academics who work for politically connected think-tanks, like Rand Corp (Rand directors and trustees sit on the boards of drug companies), are hired to publish studies and models that are presented to non-profit advisory committee's financed by vaccine manufacturers whose members work for vaccine manufacturers and possess patents on vaccines.

These peer review medical journal studies and models are also presented to U. S. Congressional Health committees for rubber stamp approval and funding of SBHC programs.

'Strategies and Models for Promoting Adolescent Vaccination for Low-Income Populations'

(Sponsored by Sanofi Pasteur)

By: Katherine M. Harris, Laurie T. Martin, Nicole Lurie

One of the most recent studies by Rand Health (a division of Rand Corp) employees was published in 2009 at the behest of Sanofi Pasteur, a vaccine manufacturer, to recommend 'strategies' to increase the immunization rates of low income adolescents.

Among some of their model recommendations:

1- Have school systems develop extended parental consent forms for multiple vaccines that last the whole school year.

2- Restructure SBHC funding from grants and ‘fee-for-service’ to third party private insurance company billing (recommending state legislatures pass laws making immunization programs required coverage in private insurance plans) and Medicaid.
3- Maintain vaccine 'registries' that are part of the DMV record system (this would enable law enforcement to instantly determine if the subject was immunized in the event of a declared emergency) thus repealing privacy of medical records laws.


'Strategies and Models for Promoting Adolescent Vaccination for Adult Populations'

Dr. Nicole Lurie and Dr. Katherine Harris presented results of a study of the current policy and practice climate surrounding adult immunization and of promising strategies and models that may improve that picture in a speech they made at the 2008 National Vaccine Advisory Committee meeting also sponsored by vaccine manufacturer Sanofi Pasteur.


Note: At this time, it is not known if Rand Health has publicly promoted immunization without parental consent programs, however the state of New York legislature is in fact considering doing just that:

**States Move to Restrict Parent Consent**

The Big Money Politics of Vaccines Have Moved to the State and Local Level:

These Bills (S4779)( A6702) (A0778) are in a New York State legislative committee as of February 14th, 2010 that if passed would;

1. Permit ALL Present and Future Vaccines and Drugs for Sexually Transmitted Diseases to be Given to New York Children WITHOUT Parental Consent (S4779 and A6702)

2. Legally Force Controversial HPV Vaccine on 6th Grade New York Schoolchildren (A0778)

http://vactruth.com/2010/02/12/new-york-adds-hpv-to-the-list-of-vaccinations-required-for-school-entry/

http://open.nysenate.gov/openleg/bill/S4779B

Note: If these draconian bills are passed into law, it could set a dangerous legal precedent for other states and Canadian provinces to follow.

There are reports that public school systems will be denied federal support funds if they do not meet guidelines or quotas for placing students on medical treatment plans.
Children are prescribed 'behavior enhancing' drugs if they are a little hyperactive or appear to be day dreaming. There are laws and regulations that require schools to maintain mental health profiles of students in the earliest grades. A large percentage of the elementary student population is now being put on drugs like Ritalin and Prozac. If mandatory rather than recommended vaccinations are legalized, the school kids will be forced to take over 40 vaccines before they graduate high school.

There is a legal drug culture developing in the public school systems. Instead of telling children to 'just say no to drugs', it should be changed to telling children to 'just say no to drugs not controlled by Big PhRMA'.

The Washington State Legislature has appointed a special vaccine committee that will have the authority to deny parents informed consent in an emergency and allow mercury in vaccines to be legalized in an emergency.

In Ohio and other states, the politics of drugs and vaccines is reaching ever higher levels of corruption:

'Profits, not Science, Motivates Vaccine Mandates'

by Kristine M. Severyn, Ph.D

Dependent on federal CDC funding, administrators of state vaccination programs follow CDC directives by influencing state legislators to mandate new vaccines. Federal vaccine funds can be denied to states that do not "vigorously enforce" mandatory vaccination laws...

Conversely, the CDC offers financial bounties to state departments of health for each "fully vaccinated" child. In a recent year, the Ohio Department of Health received $1 million in such CDC bonus payments...

The American Academy of Pediatrics (AAP), a major supporter of mandatory chicken pox and other vaccine mandates across the country, shares incestuous financial ties with Merck. When constructing its new headquarters in suburban Chicago, the AAP solicited funds from Merck, and received $100,000 for its building campaign...

The senator (Grace Drake, R-Solon) who presides over the committee (Health and Human Services) hearings for SB 254 accepted significant campaign contributions from Merck. (Sen. Drake, at the request of a Merck lobbyist, had sponsored a bill in the previous year to mandate hepatitis B vaccine for Ohio kindergartners...

To hide the legislation from the public, the mandate language was buried in a hazardous waste bill. The other hepatitis B vaccine manufacturer, SmithKline Beecham, lobbied the House Health Committee.
In previous years, Sen. Drake opposed legislation to restore vaccine informed consent to Ohio parents. Despite a 94-3 vote in the Ohio House favoring informed consent, Sen. Drake refused to hold hearings on the bill [effectively killing the bill] after its assignment to her committee)...

Further, Merck consultant, vaccine patent holder and ACIP member Dr. Paul Offit of Philadelphia spoke at a recent American Legislative Exchange Councils meeting in Nashville. State lawmakers from around the country were treated to a well-rehearsed performance extolling the virtues of mandatory vaccination.

Special interests continue to push for mandatory vaccines for schoolchildren. Recently, in Ohio, it was the chicken pox vaccine (varicella). If the bill passes, chicken pox vaccine, manufactured in human fetal tissue, will be the ninth in the cocktail mix of vaccines required for school attendance.

In Ohio, at the urging of vaccine manufacturer Merck, Sen. Bruce Johnson introduced SB 254, which mandates the vaccine for schoolchildren in grades K-12. Ohio marks only one of Merck’s latest efforts to require chicken pox vaccine in every state "a plan that would guarantee Merck annual sales of nearly $7 million for each new class of kindergartners in Ohio alone.


The Big PhRMA Propaganda Machine

Note: To fully understand the threat to our school children in regards to SBHCs, it is important to be aware of the extent of corruption in regards to government and Big PhRMA polices. If the truth be known about the Dr Andrew Wakefield scandal, it would become apparent that controlled media plays a vital role in shaping the attitudes and knowledge about medicine among doctors as well as the public.

Andrew Wakefield, Scientific Censorship, and Fourteen Monkeys

Los Angeles, February 5, 2010

Dr. Andrew Wakefield is being discredited to prevent an historic study from being published that for the first time looks at vaccinated versus unvaccinated primates and compares health outcomes, with potentially devastating consequences for vaccine makers and public health officials.

It is our most sincere belief that Dr. Wakefield and parents of children with autism around the world are being subjected to a remarkable media campaign engineered by vaccine manufacturers reporting on the retraction of a paper published in The Lancet in 1998 by Dr. Wakefield and his colleagues.
The retraction from The Lancet was a response to a ruling from England's General Medical Council, a kangaroo court where public health officials in the pocket of vaccine makers served as judge and jury. Dr. Wakefield strenuously denies all the findings of the GMC and plans a vigorous appeal.

Despite rampant misreporting, Dr. Wakefield's original paper

(http://www.generationrescue.org/pdf/wakefield2.pdf)

regarding 12 children with severe bowel disease and autism never rendered any judgment whatsoever on whether or not vaccines cause autism, and The Lancet's retraction gets us no closer to understanding this complex issue.

http://www.generationrescue.org/wakefield_statement2.html

'Big Pharma researcher admits to faking dozens of research studies for Pfizer, Merck'

Dr. Reuben accepted a $75,000 grant from Pfizer to study Celebrex in 2005. His research, which was published in a medical journal, has since been quoted by hundreds of other doctors and researchers as “proof” that Celebrex helped reduce pain during post-surgical recovery. There’s only one problem with all this: No patients were ever enrolled in the study!

Dr. Scott Reuben, it turns out, faked the entire study and got it published anyway. It wasn’t the first study faked by Dr. Reuben: He also faked study data on Bextra and Vioxx drugs, reports the Wall Street Journal.

As a result of Dr. Reuben’s faked studies, the peer-reviewed medical journal Anesthesia & Analgesia was forced to retract 10 “scientific” papers authored by Reuben. The Day of London reports that 21 articles written by Dr. Reuben that appear in medical journals have apparently been fabricated, too, and must be retracted.

After being caught fabricating research for Big Pharma, Dr. Reuben has reportedly signed a plea agreement that will require him to return $420,000 that he received from drug companies. He also faces up to a 10-year prison sentence and a $250,000 fine. He was also fired from his job at the Baystate Medical Center in Springfield, Mass. after an internal audit there found that Dr. Reuben had been faking research data for 13 years.

http://www.naturalnews.com/028194_Scott_Reuben_research_fraud.html
Pharmaganda: A Study of Conflicting Interests

by Editor-in-Chief Dr. Leonard Horowitz, and investigative journalist Sherri Kane

Vast corruption of medicine is administered by persuasion through health science publications according to the authors who indict The Lancet--an esteemed medical journal--and other Reed-Elsevier periodicals for gross conflicting interests.

The Lancet is among 2,000 science journals published by the Reed-Elsevier-ChoicePoint conglomerate. The UK-based company sells more than 250,000 articles annually. Through its vast network of publications, combined with ChoicePoint's "intelligence services," control over scientific knowledge and medical practices are certain and have become disastrous. Medical intelligence and health practices have been monopolized and corrupted to the detriment of world health and every doctor and patient.

ChoicePoint was purchased by Reed-Elsevier in 2008 for $3.6 billion in cash. The conglomerate is a "prime intelligence service" supplying governments and multinational corporations with genetic and demographic data, including confidential social security numbers and voter records. The company is best known for administering the corrupted data used to certify George Bush’s contested 2000 presidential election.

Reed-Elsevier’s archives contain seven million publications read by doctors and scientists whose faith in their "intelligence" is fundamental to every aspect of public policy and governmental decision-making. The impact of this corruption of information, censored studies, and promoted pseudoscience, is shocking. Social progress in general, and public health policies in particular, are sabotaged by this breach of faith, ethical misconduct, and manipulation of basic knowledge needed to serve humanity in every way.

http://www.elsevier.com/wps/find/authored_newsitem.cws_home/companynews05_00963

Note: This article published by the National Vaccine Advisory Committee is an example of the kind of propaganda the Reed-Elsevier-ChoicePoint conglomerate can distribute.

National Vaccine Advisory Committee Recommends Increased Adolescent Immunization

The lead author, Gary L. Freed, MD, MPH, University of Michigan, begins by stressing the need for increased adolescent immunization by recommending three new vaccines at a estimated cost of $500 be given high priority because they are safe and effective.

Then the authors cite... 'six topics with unique applications to adolescent immunization....venues for vaccine administration, consent for immunizations, communication, financing, surveillance, and the potential for school mandates.' to
ensure the marketing of these new vaccines.

They call for a 'culture of immunization' to be developed in students so the next generation will be more psychologically conducive to vaccine use while advocating that school-entry requirements be mandated to require vaccine use.

http://www.elsevier.com/wps/find/authored_newsitem.cws_home/companynews05_009_63

Note: The politics of drugs and vaccines with the federal government has been historically corrupt. Let's take a closer look at previous legislation the National Vaccine Advisory Committee considers.

Are SBHCs being deployed for a more sinister agenda?

National Vaccine Advisory Committee Connection

Politics as usual in 2005

'Similar to the legislative sleight of hand employed in the Homeland Security Bill fiasco in 2002, the sponsors of senate bill S.3 are manipulating the political process by tying domestic programs affecting every American's health and safety to unrelated "anti-terrorism" programs. In this way they are attempting to make legitimate opposition to S. 3 politically unacceptable.

Under the guise of "Protecting America in the War on Terror" US Senators Gregg, Frist, Sessions, DeWine, Allen, Santorum, McConnell, and DeMint have introduced S. 3 which calls for many sweeping changes in pharmaceutical product liability, vaccine regulation, policy, research and The Vaccine Injury Compensation Act.

This horrendous piece of Federal legislation would even prohibit the warning or informed consent provisions for drugs, vaccines and biologics. Additionally, this bill would prohibit punitive damages and cap compensatory damages against any pharmaceutical company.

Furthermore, Sec. 761 (a)(1) would preempt any state legislation regulating vaccines. It would preempt State authority and legislation dealing with vaccines or vaccines components, such as Thimerosal (mercury).

This bill is being "fast-tracked" and is already on the agenda at the National Vaccine Advisory Committee meeting, scheduled for February 8, 2005...

The pharmaceutical industry gave almost $45 million in campaign contributions for Presidential and Congressional elections since 2002 (www.opensecrets.org) and the health care/pharmaceutical industry has over 600 lobbyists in Washington, D.C. alone.'
Note: The "Project Bioshield Act of 2004," authorizes the secretaries of the DHS and the Department of Health and Human Services (DHHS) to take virtual control of the bodies of all American citizens during a national emergency. Health officials are empowered to compel everyone to receive state-mandated medications or vaccinations and to comply with quarantine orders. With lavish Project Bioshield funding, state and local agencies have been drilling for the day when citizens are commanded to line up for the bio-terrorism counter measures being brewed for them by large pharmaceutical companies under lucrative federal contracts.

Absolute liability protection for those companies was inserted into The Public Readiness and Emergency Preparedness Act passed in December, 2005. Now if citizens are sickened or killed by Homeland's compulsory bio-warfare drugs and vaccines, they can neither sue the manufacturer nor seek compensation from the government.

Note: Now let's study what the U. S. Dept. of Health and Human Services and state governments have been doing in which the SBHC concept could play a major role.

**Schools Deemed Emergency Vaccination Sites**

This is background information on the U. S. Department of Health and Human Services Director Kathleen Sebelius while she was governor of Kansas.

**Mass Inoculation Exercise in Kansas**

KATHLEEN SEBELIUS, GOVERNOR
September 24, 2004

The Kansas Department of Health and Environment (KDHE), along with ten county health departments (12 clinic sites), is organizing a series of exercises designed to assist local health department officials to exercise their plans to mass vaccinate entire communities should an event arise requiring this.

[http://www.infowars.com/print/vaccines/mass_inoculations_kansas.htm](http://www.infowars.com/print/vaccines/mass_inoculations_kansas.htm)

**Other states have been exercising state of readiness plans**

Florida schools deemed emergency vaccination sites

(CDC/DSNS and others) can practise and streamline their efforts. Under the headline ‘Embedding Drills in Routine and Small- Scale Events Might Increase Relevance’

Public health department’s incident command structure

'National Disaster Medical System'
Five schools have been identified as sites to administer life-saving drugs in the case of a pandemic flu outbreak, an anthrax attack or other extreme emergency that might affect the county.

The schools were announced at the bi-monthly Marion County School Board workshop held at the School District headquarters in downtown Ocala this week.

Dr. Nate Grossman, the Marion County Health Department director, told the School Board that health department workers are completing the county’s plan in compliance with the Strategic National Stockpile Plan.

The Strategic National Stockpile of medicine is in secure locations throughout the state. It was created to be ready in case of any major emergency. The medicine is free to the public.

http://www.infowars.com/schools-deemed-emergency-vaccination-sites/

'CDC’s Strategic National Stockpile (SNS)'

http://www.bt.cdc.gov/stockpile

Texas schools deemed emergency vaccination sites

Gov. Rick Perry today bolstered the state’s precautionary measures to address the swine flu threat as a result of confirmed cases in certain parts of the state by issuing a disaster declaration for the entire state of Texas. The disaster declaration allows the state to implement emergency protective measures and seek reimbursement under the federal Stafford Act for protective measures associated with the state’s response to this public health threat.


Maine schools deemed emergency vaccination sites

In accordance with recommendations from the U.S. Centers for Disease Control and Prevention, Gov. Baldacci and health officials in Maine are encouraging public schools to offer on-site immunization clinics for all children, including infants over 6 months and preschoolers as well as children who are home-schooled.

The emergency designation protects schools and health care providers against liability claims. The emergency proclamation allows for those clinicians, once their credentials have been approved, to become temporary employees of the state, relieving provider agencies from the administrative burden and legal liabilities associated with hiring them directly
(U. S. political leaders have closed the liability loophole that caused the failure of the small pox vaccination program in 1976 and 2002)

http://www.bangordailynews.com/detail/118627.html

Federal Government 'Template' for Mass Vaccination

It’s called “ring vaccination” or “traced vaccination” — a round ‘em up and vaccinate program forced on the population by the government. DHS and FEMA have plans in place to accomplish this, as D. H. Williams wrote for the Daily Newscaster in February.

An Indiana county municipal official in the vicinity of Chicago revealed a plan to “vaccinate the entire population within 48 hours” as part of a Hazard Mitigation Plan.

Now we have a “template” to be used for mass vaccination. In a document released by the Regional Counter Terrorism Task Forces, “specific dispensing site operational plans and standard operating procedures” for mass vaccination are put forward:

http://www.infowars.com/government-template-for-mass-vaccination/

MASS VACCINATION: FEMA AND DHS preparations

http://www.youtube.com/watch?v=7eXxlotxX0E&feature=player_embedded#

Yet another Crisis, Yet another Call for World Government

...the RAND Corporation did at the request of the Centres for Disease Control (CDC) on the existing Cities Readiness Initiative, the infamous globalist think- tank provided a favourable review of the existing program but added a few improvements of its own.

The tone is set at the very start of the ‘technical report’, where the authors explain:

...life-saving medical supplies to 100 percent of a planning jurisdiction's population within a 48-hour time frame. The program currently includes 72 metropolitan regions and covers an estimated 57 percent of the of the U.S. population.
...In a so-called ‘working paper’ issued by the RAND corporation prepared for the U.S. Department of Health in 2007, several drills are being proposed where different departments (CDC/DSNS and others) can practise and streamline their efforts.

...In the same RAND- working paper,

...'While there is strong evidence that CRI (Cities Readiness Initiative) has improved planning for mass countermeasure dispensing, we were unable to assess jurisdictions’ ability to implement their mass dispensing plans in emergency conditions. Given the rarity of large-scale public health emergencies, demonstrations of these operational capabilities must come largely through exercises.'

...’the (Rockefeller) Foundation published another document called The Global Challenge of Health Systems. ...The Rockefeller Foundation itself is supporting a joint initiative of the United Nations and the Council on Foreign Relations to rethink the architecture of international health institutions.’


Points of Dispensing

SNS Points Of Dispensing (POD) template

The CDC recommendation is one POD per 20,000 populace.

http://www.infowars.com/media/AttH_PODTemplatePlan.pdf

HHS Kathleen Sebelius is the lead person to exercise mandatory immunization emergency management policies through PODs and SBHCs

Under the Public Health Service Act, the Secretary of Health and Human Services has the authority to make and enforce regulations necessary "to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession.

Jacobson v. Massachusetts is viewed as the seminal case regarding a state’s or municipality’s authority to institute a mandatory vaccination program as an exercise of its police powers.

The Court addressed the constitutional concerns raised by the petitioner in Jacobson, but remained unconvinced that his rights were "contravened" by the mandatory vaccination program.

http://www.rense.com/general86/mandd.htm
Canadian laws are conducive to mandatory immunization emergency management readiness also

In 1996 Ontario passed the Health Care Consent Act, which allows treatment such as vaccination to be administered without consent of the individual in the case of a loosely defined “Emergency”.

In Quebec the Public Health Act clearly states: “Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the population,

(1) order compulsory vaccination of the entire population or any part of it against smallpox or any other contagious disease seriously threatening the health of the population and, if necessary, prepare a list of persons or groups who require priority vaccination.” Clearly it is not unforeseeable that mandatory vaccination could be a reality in Canada during this pandemic.

In 2005 a new Quarantine Act was passed to deal with the transmission of communicable diseases by travelers entering or leaving Canada. Powers are awarded under this act to a Quarantine Officer to issue an order for a traveler who may have come in contact with someone with a communicable disease, to comply with treatment (ie. vaccination) or any other preventative measure (Section 26).

If the traveler refuses to comply with the order he or she may face detention at a quarantine facility, until they decide to comply with treatment (ie. vaccination) or no longer pose a risk (Section 28). The threat posed by this act is diminished by the fact that it only applies to people leaving or entering Canada.

Unfortunately there is a real possibility that the definition of a traveler may be expanded to include internal travelers (ie. everyone). The 2004 Public Safety Act (Bill C-7 (2004) formerly Bill C-42 (2002)) amends the Quarantine Act, and in doing so grants powers to the Minister of Health to make an interim order without Parliamentary oversight, to expand the definition of a traveler to include anyone residing in Canada.


'HHS Secretary Kathleen Sebelius has taken the precaution of immunizing both government officials and vaccine manufacturers from lawsuits like those filed in 1976, by invoking the 2006 Public Readiness and Emergency Preparedness Act (PREPA).'

The Project BioShield Act of 2004 (S. 15) became law on July 21, 2004 "to provide protections and countermeasures against chemical, radiological, or nuclear agents that may be used in a terrorist attack against the United States by giving the National Institutes of Health contracting flexibility, infrastructure improvements, and expediting
the scientific peer review process, and streamlining the Food and Drug Administration approval process of countermeasures."

In other words, the FDA may now recklessly approve inadequately tested, potentially dangerous vaccines and other drugs if ever the Secretaries of Health and Human Services (HHS) or Defense (DOD) declare a national emergency, whether or not one exists and regardless of whether treatments available are safe and effective. Around $6 billion or more will be spent to develop, produce, and stockpile vaccines and other drugs to counteract claimed bioterror agents.


Will SBHCs be used as Points of Distribution in the event of a declared emergency? Should parents allow their children to be drugged with chemicals to enhance their behaviour? With thousands of biological warfare agents stockpiled worldwide, is it reasonable to believe that the remedy is injection with a vaccine for every one of them?

It is urgent that our society comtemplate these issues because the worst case scenario is not only possible, but highly probable if our society does not.

- Compiled by Phil Segrave (psegrave@yadtel.net)