

October 2024

**STAND FOR**  
HEALTH FREEDOM

# Health Freedom Policy Blueprint

Under the  
Constitution,  
the family is the  
primary power  
structure.

*The policy solutions in  
this blueprint will  
prevent the erosion of  
essential freedoms  
under the guise of  
safety, and promote  
the health and welfare  
of every American.*

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*Sound policy can turn  
the tide for freedom, for  
health, for our children  
and for America.*

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## INTRODUCTION

***“They who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety.” -Benjamin Franklin***

Health freedom is one of the fastest growing issues across the globe. Stand For Health Freedom (SHF) provides a blueprint for policymakers and those who influence policy at the state, local, and federal levels of government as a guide for protecting and expanding health freedom. The last several years have given all of us a glimpse of how quickly we can experience the degradation of natural rights and the squandering of constitutional protections of individual freedom. With the threat of a virus, state and federal health agencies were afforded legislative authority to establish policies that threatened the autonomy and well-being of individual Americans and of America itself. Free speech, parental rights, informed consent, privacy, and religious freedom are the pillars of health freedom, and they all came under attack.



**While the issues that affect health freedom are innumerable, SHF identifies crucial policy opportunities to undergird the five pillars and thereby strengthen the American family and protect freedom for the next generation.**

The policy solutions in this blueprint will prevent the erosion of essential freedoms under the guise of safety and promote the health and welfare of every American.

In 2022 and 2023, Americans tuned in to the political process to protect their ability to make health care decisions for themselves and their children. Acquiescing was no longer an option for many, as first-time officeholders were motivated by the catastrophic harms caused by COVID policies. Again in 2024, hundreds of candidates endorsed by SHF are ready to champion their neighbors in the halls of government.

***“We have all one common cause; let it, therefore, be our only contest, who shall most contribute to the security of the liberties of America.”***

**-John Hancock**

SHF has empowered more than 700,000 Americans to use their voice, to cast an informed vote and to together make it clear that we will not be forced, coerced, or manipulated into undergoing medical treatment.



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## Executive Summary

### Under the Constitution, the family is the primary power structure.

The U.S. government was established to protect the rights of the individual. With this in mind, the U.S. Constitution and the constitutions of the respective states must be the lens through which a policymaker filters their decisions, with the goal of less government, not more. Additionally, policymakers should know that the federal government is a construct of the states, not the other way around. The 10th Amendment states, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people." State legislatures have a duty to stand against federal government overreach and protect citizens from unconstitutional edicts from federal agencies. The health and welfare of individual citizens was not a power delegated to the federal government and was thus reserved to the states.



Many assert that the Supreme Court's decision in *Jacobson v. Massachusetts* means that the government can force people to be vaccinated. It does not. The facts of the case and of the decision are misunderstood and have become distorted. The *Jacobson* case happened over 100 years ago and the world was quite different. Infectious disease was the leading cause of premature death and very little was known about the immune system. Some Supreme Court justices were Civil War veterans, and Jim Crow laws abounded. Germ theory was not universally accepted, but was gaining a foothold. Women didn't have the right to vote and were selectively and forcibly sterilized.



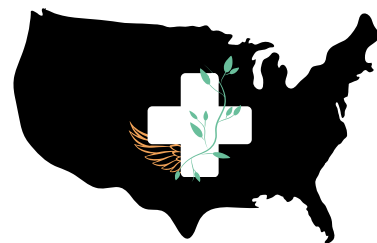
Cambridge pastor  
Henning Jacobson

The *Jacobson* case is an iconic Supreme Court case about health freedom, and it is widely misinterpreted and misused. It is a testament to the duty of the government to protect our informed consent, our free speech, our parental rights, and our privacy.

The facts in brief: During a smallpox outbreak, the defendant, Jacobson, refused to submit to vaccination because he had, "when a child," been caused great and extreme suffering for a long period by a disease produced by vaccination, and that he had witnessed a similar result of vaccination not only in the case of his son, but in the cases of others." He was thrown in jail, fought all the way to the Supreme Court, and lost. Since he lost, he was vaccinated... right? No. If that were the whole story, we'd all be doomed. But it is not. Jacobson lost his case, but he was not forcibly vaccinated. Jacobson was arrested for noncompliance with Massachusetts law, not for refusal to vaccinate. This was a criminal case. He declined to follow a law dictating a choice between a vaccine during an epidemic and a \$5 fine (about \$150 today). When he lost his case at the highest court in the land, he was only ordered to pay the \$5 fine.

In *South Bay United Pentecostal Church v. Newsom*, Chief Justice Roberts affirmed that health and welfare decisions should be left to "politically accountable officials of the States." Later Justice Alito pointed out the absurdity of making *Jacobson* an edict for mandatory vaccination: "It is a considerable

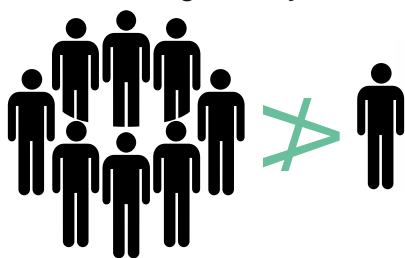
stretch to read the decision as establishing the test to be applied when statewide measures of indefinite duration are challenged under the First Amendment or other provisions not at issue in that case.” He continued, “in any event, it is a mistake to take language in *Jacobson* as the last word on what the Constitution allows public officials to do during the COVID-19 pandemic.” In *Roman Catholic Diocese of Brooklyn v. Cuomo*, Justice Gorsuch echoed, “*Jacobson* hardly supports cutting the Constitution loose during a pandemic.”



The Court stated in *Jacobson*, “It is for the legislature, and not for the courts, to determine in the first instance whether vaccination is or is not the best mode for the prevention of [disease] and the protection of public health.” The deference courts give to legislatures in matters of public health, and the acceptance of the medical consensus that vaccines are safe and effective, is over a century old. The Court assumed the legislature had weighed the evidence for and against smallpox vaccinations, and declined to review any scientific evidence themselves.

To this day, it remains exceedingly rare for courts to weigh scientific evidence regarding the safety or effectiveness of vaccination. In general, courts defer to “expert” consensus opinion and assume any law passed by a state legislature reflects the views of those who elected them. Unfortunately, most legislatures also defer to “expert” consensus opinion, which—as became very clear during COVID—is influenced by powerful industries with a vested interest in the use of their products. The “experts” are those who are following medical consensus “standards of care” or are parroting them as advisors or researchers. By design, courts defer to experts because they cannot and should not delve into scientific or medical expertise.

It has never been more important for legislators to take the time to carefully review the science and arguments on both sides of any vaccination or public health policy issue (like masking or social distancing) in order to ensure state police power is not abused, and the rights of the people are placed ahead of the profits of the drug industry. We cannot allow public health to act as the industry’s marketing arm.



Legislators created public health agencies to serve the public, and since the days of smallpox, those agencies have worked at the “population” level, not the individual. They chose vaccination as a public health tool because it is something they can control and monitor through policies, and they adopted a philosophy of silence, even denial, of vaccine harm at both the individual and

population level because it’s impossible to achieve high vaccination rates in the presence of inconvenient facts. This stance was recorded in the Federal Register in 1984 (vol 49, no 107): “... **any possible doubts, whether or not well founded, about the safety of the [polio] vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation’s public health objectives.**”

In the 1700’s, people came to America for freedom. Though they settled in different places on the East Coast, and had different backgrounds, there was a common value that ultimately weaved a country together. The people of America stand for freedom. They have and will put their lives on the line for it. Right now we are at a critical place where our health decisions are being used to erode our constitutional rights. This is why fighting for health freedom is so important. It is central to our freedom overall.

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## The Five Pillars Of Health Freedom

Stand for Health Freedom's (SHF) Policy Blueprint outlines a strategic approach to protecting and expanding health freedom through five pillars: **free speech, informed consent, parental rights, privacy, and religious freedom.**

1.

**Free Speech:** Access to information is required for informed healthcare decisions. Censorship has become a tool to shape the public health narrative. Key solutions to restore free speech include protecting election integrity, state attorneys general challenging federal overreach, defunding censorship in state institutions, ending direct-to-consumer pharmaceutical marketing, and unsealing the Vaccine Injury Compensation Program.

2.

**Informed Consent:** This foundational medical ethic is threatened when big industry and government hold hands to direct "population-based" healthcare. It is necessary to institute "no mandate" policies, restore product liability for medical products, undo agency capture at the federal level, and pass state laws criminalizing medical battery.

3.

**Parental Rights:** Medical groups and the U.S. government have referred to parents as a barrier to compliance with medical recommendations. Parents are a child's life-long and unbiased advocate, and the single biggest factor in a child's long-term success. States must pass robust parental bills of rights, oppose lowering the age of consent for health care, and require parental presence at all healthcare encounters for minors, especially in school settings. Safety cannot be traded for convenience for America's children.

4.

**Privacy:** Nothing to hide, nothing to fear is a myth, especially when it comes to progressive initiatives driving compliance with one-size-fits-all medical solutions. It is imperative to acknowledge and fix the inadequacies of HIPAA through stronger state-level protections. One of the sharpest tools will be to stop the influence of the WHO at home, in addition to providing oversight of AI in healthcare, prohibiting vaccine passports, and making vaccination tracking systems opt-in rather than opt-out, which affords no informed consent to the disclosure of personal health information.

5.

**Religious Freedom:** Without religious freedom, the state is god. Until all public and private vaccine mandates are repealed and prohibited, states, schools, and employers must include vaccine exemption information in all communications regarding shot requirements and apply constitutional standards to all religious exemptions in schools, the workplace and public square.

Stand for Health Freedom's Policy Blueprint is a guide for policymakers to protect constitutional rights, strengthen American families, and safeguard health freedom for future generations. State-level action is the key to protect individual rights and limit federal and global overreach in health policy. The COVID pandemic response exposed vulnerabilities in current systems and demonstrated the need for policies that prioritize individual freedom and informed decision-making in healthcare.

# 1 FREE SPEECH

**As is often stated, the remedy is always *more speech*, not less.**

The ability to voice concern or opposition to government policy is a bedrock of our country. It is for this reason that free speech is part of the First Amendment. Without free speech, we cannot keep our constitutional republic, and our health freedom depends on it. Further, the free exchange of ideas is an integral component of scientific discovery.

Access to information, especially during a declared public health emergency, is vitally important in fulfilling informed consent. In *Roman Catholic Diocese of Brooklyn v. Cuomo*, 2020, Justice Gorsuch reminded us, "Government is not free to disregard the First Amendment in times of crisis."

***"If men are to be precluded from offering their sentiments on a matter, which may involve the most serious and alarming consequences that can invite the consideration of mankind, reason is of no use to us; the freedom of speech may be taken away, and dumb and silent we may be led, like sheep, to the slaughter."***  
— George Washington, first U.S. president

The suppression of speech during COVID, as described in *Missouri v Biden*, the Twitter Files, and subsequent congressional hearings, was psychological manipulation to modify behavior on a global scale. In both the public realm and in scientific debate, the suppression of disfavored speech during COVID has likely cost millions of lives. Removing accurate news reports, suppressing information about effective therapies, covering up information about harms associated with recommended protocols, and the purposeful marginalization of dissenting voices were just a few of the tactics utilized to gain compliance with government demands. While the constitutional violations are easily recognized, the attack on human rights must be acknowledged. When our very thoughts are manipulated by and for the government through control of what is said and heard, America is in very grave danger. The most dangerous action our republic faces is the suppression of free speech, as the act of suppression threatens the very foundations of our society. As Supreme Court Justice Louis Brandeis famously stated, "If there be time to expose through discussion the falsehood and fallacies, to avert the evil by the processes of education, the remedy to be applied is more speech, not enforced silence."



**Free speech  
policy solutions**

**Protect Election Integrity.**

Americans rely on their elected officials to police and protect freedoms. One of the most essential

and sacred rights of Americans is the right to vote. Our voices are heard through the election process, and the people we elect are bound by oath to speak on our behalf and in our interests. Health freedom is a growing and essential voting bloc to protect our constitutional rights.

## Utilize the State Attorney General to sue the federal government.

As detailed in the Constitution, our federal government was created by We the People and given limited enumerated powers. When the federal government oversteps their constitutional authority – as they did during the declared COVID pandemic by covertly strong-arming the social media public square to censor Americans in violation of the First Amendment – state attorneys general must bring them to task.

**OVER 20 MILLION POSTS WERE REMOVED BY FACEBOOK DURING THE PANDEMIC**

## Defund censorship in state institutions including colleges and universities.

University and college students are the next generation of policymakers in America and abroad. We have a duty to instill the values of the First Amendment in these ripe minds. We must plant the seeds of freedom by protecting all speech, as the founding fathers intended, especially and including minority viewpoints. During the declared COVID pandemic, viewpoints against masking, arbitrary rules of social distancing, and experimental and dangerous shots were suppressed, censored, and at times punished.

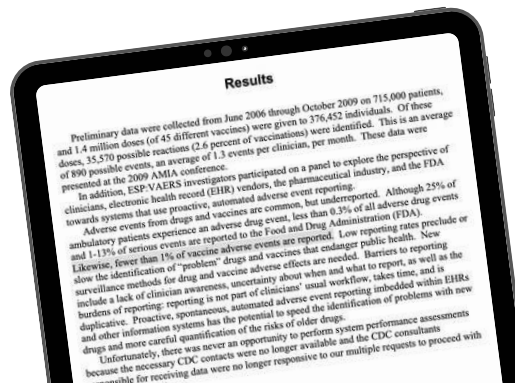
## End direct-to-consumer marketing of pharmaceutical products.

America is one of two nations across the globe that allows the capture of our media through direct-to-consumer advertising for pharmaceutical products. Why is such advertising problematic for free speech? Because a very large part of media dollars come directly from a single industry, allowing for other messages to be completely crowded out. This stops the free flow of and access to information.

Prohibiting direct-to-consumer marketing is a common sense approach to restoring free speech in news outlets, and protecting the public's access to health information.

## Unseal the Vaccine Injury Compensation Program.

We are told vaccine injury is “one-in-a-million” or rare, but we don’t have solid science or statistics on the truth, and anecdotal evidence tells us there is much more to the story. Health freedom policymakers must ask why governments will not fund the studies needed to give “science” the statistics that would definitively answer whether vaccines cause more harm than good. Further, if “science” will not do the studies we need, we must rely on mothers and fathers telling us of the grief and challenges they experience when a vaccine causes an injury or death. Policymakers must not discount these individual stories as anomalies and instead look at the collection of “real not rare” stories as data points. Unlike any other product, when a vaccine causes harm, Americans cannot sue vaccine manufacturers or doctors who administer vaccines, if the vaccine type is listed on the CDC Pediatric Recommended Schedule. However, we know these “unavoidably unsafe” products do cause injury, even if we don’t know how much. The vaccine court, where families must go for injury or death post vaccination, is sealed from public eyes. If families could litigate as the Constitution intended, all Americans could see records and make their own decisions about the safety of the products.

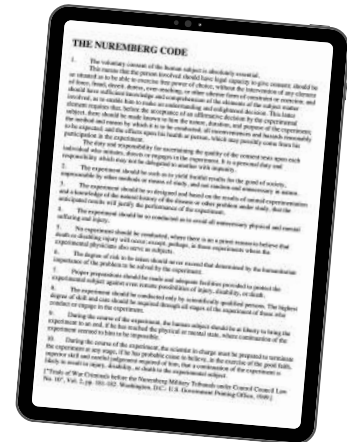


# 2.

## INFORMED CONSENT

**An individual must be given enough information to make a decision to accept or decline a medical intervention, without threat of consequences.**

Informed consent is the cornerstone of human rights and undergirds all medical ethics. Perhaps the most recognized historical document defining informed consent is the Nuremberg Code, drafted following the atrocities of World War II. The Nuremberg Code states that “the voluntary consent of the human subject is absolutely essential” and that the individual should be “able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreach, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.” Individuals with sufficient capacity to make decisions regarding medical interventions should be provided with *all* necessary information to make a medical decision free of any element of coercion or deceit. Unfortunately, there is a troubling trend toward less information and more coercion for *maximum* compliance.



### National Childhood Vaccine Injury Act (NCVIA) requirements for content of vaccine information materials under the original (1986) vs. amended (1993) law

#### The original (1986) law

- 1.) The frequency, severity, and potential long-term effects of the disease to be prevented by the vaccine.
- 2.) The symptoms or reactions to the vaccine which, if they occur, should be brought to the immediate attention of the health care provider.
- 3.) Precautionary measures legal reps should take to reduce the risk of any major adverse reaction to the vaccine may occur.
- 4.) Early warning signs or symptoms to which legal reps should be alert as possible precursors to such major adverse reactions.
- 5.) A description of the manner in which legal reps should monitor such major adverse reactions, including a form on which reactions can be recorded to assist legal reps in reporting information to appropriate authorities.
- 6.) A specification of when, how, and to whom legal reps should report any major adverse reactions.
- 7.) The contraindications to (and bases for the delay of) the administration of the vaccine.
- 8.) An identification of the groups, categories, or characteristics of potential recipient so of the vaccine who may be at significantly higher risk of major adverse reaction to the vaccine than the general population.
- 9.) A summary of: a. relevant federal recommendations concerning a complete schedule of childhood immunizations, and b. The availability of the National Vaccine Injury Compensation Program.
- 10.) Such other relevant information as may be determined by the secretary [of Health and Human Services].

#### Amended (1993) law

- 1.) A concise description of the benefits of the vaccine
- 2.) A concise description of the risks associated with the vaccine.
- 3.) A statement of the availability of the National Vaccine Injury Compensation Program.



The most crucial component of informed consent is that it must be voluntary. Once any element of coercion or deceit is introduced in the consent process, consent is no longer voluntary and the medical procedure becomes a human rights violation. Coercion can be enticements like a donut, a million-dollar lotto prize, or gainful employment in exchange for accepting a medical intervention. Duress includes public shaming for noncompliance. Deceit and fraud include withholding critical information about the drug's clinical trial, accepting kickbacks for patient compliance, or exaggerating the drug's necessity or usefulness.

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Informed consent was perhaps the first fatality of COVID as the entire country was subjected to cherry-picked science about the virus while minimized risks and overinflated benefits of medical interventions were standard. It is difficult to comprehend the extent to which informed consent was violated over the last several years and how the violation continues. The government is the worst offender. We've experienced illegal and unconstitutional medical mandates issued through executive orders or agency edicts. To prevent the public conscience from ever again forgetting how humanity is betrayed when informed consent is violated, there must be barriers in place to deter bullies and tyrants.



**Informed consent policy is “no mandate policy.”**  
**Any product that is truly safe and effective will**  
**be voluntarily chosen by most people.**

Converting all medical mandates to information about medical products that is unbiased, accurate, and up-to-date upholds the medical ethical principle of informed consent and fundamental rights. This allows individuals and doctors to be properly informed when making decisions. **Any product that is truly safe and effective will be voluntarily chosen by most people.** Individuals must be free to choose or reject any medical procedure, free from threats or compulsion. “No-mandates” policies are not intended to discourage, dissuade, or prohibit medical procedures, including vaccination. Rather, these policies shield individuals from forced vaccination and other medical procedures by outlawing mandates and medical bullying. It is helpful to understand what a “no mandate policy” does not do:

- No-mandates policies are not about the appropriateness of a medical intervention, including vaccination, as a practice. They focus on establishing policies that afford citizens the opportunity to opt out of interventions without scrutiny or harassment should they feel that intervention is not in their (or their child’s) best interest.

- No-mandates policies are not intended to eliminate a state’s ability to educate on childhood vaccines.
- No-mandates policies do not prevent the exclusion of infected students during an outbreak.
- Most of all, no-mandates policies do not discourage access to medical care.

The real impact of no-mandates policies is empowering individuals to determine which medical procedures are in their and their children’s best interest. Regarding vaccinations, families would no longer have to obtain an exemption or win the approval of any individual or institution to obtain that exemption. Exemptions are problematic because they can be difficult to obtain, and they can be removed at any time by lawmakers. They also open up the door for discrimination and make it acceptable to interrogate others about their religious beliefs. We live in a free society; presumably, the state should allow citizens to make choices that are in their best interest and their family’s best interest.

### **Restore product liability for medical products.**

The National Childhood Vaccine Injury Act (NCVIA), known as the “1986 Act” removed liability for manufacturers or providers due to vaccine death or injury. Next, the Public Readiness and Emergency Preparedness (PREP) Act broadened the liability shielding, exonerating everyone at every stage from public health emergency countermeasure product injury liability. Manufacturers, distributors, product

**AS OF OCTOBER 2024,  
THE VACCINE INJURY  
COMPENSATION  
PROGRAM HAS PAID A  
TOTAL OF 5.2 BILLION  
DOLLARS FOR 11,326  
VACCINE-RELATED  
INJURY CLAIMS**

administrators, and public and private individuals who mandate the products are all shielded from lawsuits.

Humans do not behave well in the absence of responsibility or accountability. The fallout of these immunity shields has been devastating. At the federal level, a law must be passed to restore product liability to all pharmaceutical manufacturers for all products including vaccination. The 118th Congress has bill, H.R. 9828 to do just that.

### Undo and end agency capture at the federal government.

The revolving door between government officials and industry executives is one of the root causes

of corruption within regulatory agencies. Not only do government agency employees go back and forth to directly related industry jobs, they are allowed to influence their former agencies behind the scenes. People considered experts sit on advisory boards for federal agencies despite conflicts of interest. Restrictions must be put in place and enforced to remove this industry capture and to restore integrity in public policy.

### States and localities must be hyper-vigilant about strings tied to grants.

When the federal government doesn't have the power to make policy locally, they give out grants to state or local level government entities with strings attached. They use our own tax dollars against us. States and localities find their hands tied and voices co-opted when highly-sought federal dollars roll in the door. Further, federal research grant approvals are frequently influenced by industry sponsorship. State and local governments have unintentionally centralized control through strings attached within grants. It is possible to claw back this control going forward and nullify strings that dilute state or local sovereignty.



### Pass state laws criminalizing medical battery.

There are several issues with forced medical interventions within the hospital system. One of the most notable is a vaccine requirement prior to an organ transplant. There have also been class action lawsuits for hospital policies that incentivize forcing parents to allow a newborn to receive a vitamin K injection against their will or be faced with loss of physical custody of the newborn. In the instance of psychiatric care, it is too often recorded that a parent was forced to sign a form that said they are going against medical recommendations, which is later used against those parents in court. Every state needs to have a statute that defines and prohibits medical battery.

# 3.

## PARENTAL RIGHTS

Under the Constitution, the family is the primary power structure.

Societal norms and courts have long acknowledged that the relationship between a parent and a child is sacred — that parents have the God-given right and responsibility to direct the health, education, and faith formation of their minor children. No one knows a child better than their parents. Despite this important relationship and the long-standing precedent of the inability of a minor child to enter into contracts, legislators across the country have launched a direct attack on parental rights by attempting to lower the age

of consent for medical procedures – in some cases as young as eleven. Generally, children are not considered mature enough to make decisions about practices or medical interventions that could have serious health ramifications. However, lawmakers nationwide are pushing to lower the age of consent so minors can make their own healthcare decisions. In addition to this direct attack, School-based Health



Centers (SBHCs) have stealthily subverted parental rights by removing parents from the examination room altogether – with written pre-consent from the parent for “all SBHC services.” While policymakers market SBHCs for convenience, the result is unattended access to millions of children. The underlying agenda is to suggest that the real problem lies with the parents, as they are the obstacle standing between children and compliance with medical mandates. To thwart these efforts, lawmakers must make every effort to recognize the importance of parental involvement in a child’s healthcare.

Several documented incidents have highlighted the dangerous pitfalls of SBHCs when parents were not present or even informed. In Seattle, Washington, students were vaccinated for COVID-19 without parental consent. In California, a middle school provided birth control to students without parental notification. In Colorado, parents were unaware their child received mental health counseling until the student expressed suicidal ideation. A Maryland SBHC prescribed antidepressants to a student without consulting parents, who only learned after side effects occurred. In New York, a school provided gender identity counseling without involving the parents, resulting in a lawsuit. In Illinois, a student had an allergic reaction after being given medication at school without the SBHC knowing the student’s medical history. These specific situations illustrate the inherent risks of SBHCs.





## Parental rights policy solutions

### Create a state parental bill of rights.

A state's parental bill of rights should include a clause reinforcing the constitutionally protected natural rights of parents to direct the healthcare of their children. This is necessary because "for your safety" has justified the erosion of the parent's authority. The model clause is that "parents have the fundamental right to determine the medical interventions – including physical, mental, surgical, and preventive health care – that the child receives."

### Oppose lowering the age of consent for healthcare.

States are writing laws to allow minor children to consent to medical, mental, or reproductive health procedures without parental consent (and sometimes despite parents' open objections). This is bad public policy that plants seeds of distrust between parents and their children. Top psychologists call this predatory. Removing a parent from healthcare decisions removes the child's primary advocate, the sole advocate that has the child's best interest in mind long term, without ancillary concerns like conforming to a "standard of care," or insurance billing requirements. It is imperative that the state legislature oppose any efforts to lower the age of consent for medical procedures.

How can a minor have the ability to consent to medical procedures, but not be considered mature enough to enter into a contract, be held accountable for serious crimes, have certain sexual relations, or even lie in a tanning bed or get a tattoo? Preventing parents from knowing and/or accessing their child's health record can have disastrous consequences. If the child experiences health problems and the parent is

unsure why, it harms the child because they are delayed in getting proper care. The policy of allowing children to "consent" to medical procedures without parental involvement drives a huge wedge in families and causes children to become confused about who they can trust, which ultimately will cause them harm by cutting them off from those who can care for them best. Parents are responsible for their children physically, emotionally, and financially. Cutting parents out of medical decisions that could substantially undermine and burden those responsibilities is unethical and in bad faith. A myriad of privacy issues relate to minor consent laws. How can a parent advocate for privacy protections for the minor child if they're unable to know who is accessing the data and for what purposes?

Integrity of the family unit must be protected at all costs by the parent, public policymakers, and all involved in the care of children.

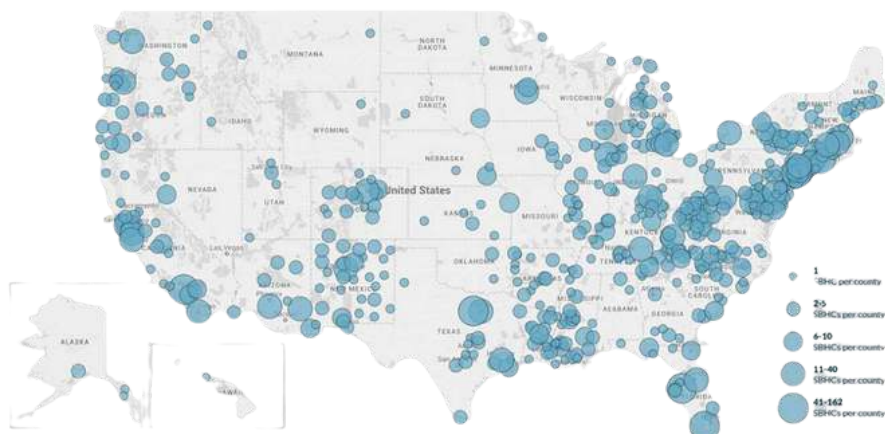
### Require parental presence at all healthcare encounters.

A federal agenda seeks to rapidly expand the use of School-based Health Centers (SBHC) – access to your children without your knowledge or consent – throughout America. The intent is that a SBHC will be a "medical home" for children. It is nothing like a school nurse, though many parents assume it is the same. Putting health care centers in schools is one of the loopholes used to effectively lower the age of consent without doing so statutorily.

Traditionally, schools have used school nurses to treat emergency and first aid situations (illness and injury) while the child is at school. School nurses assess, give basic aid, and refer if necessary (for example, call parents to pick up sick students or tell parents to take their children to health providers or emergency rooms). Recently, however, we are seeing a rapid

increase in the expansion of School-based Health Centers, which are exactly what they sound like – health clinics located at schools (many of which are open to people outside the school). In a pamphlet from Harvard's Center for Health Law and Policy Innovation, SBHCs are being sold as the most effective tool for overcoming parents as a barrier to vaccination, proving even more effective than vaccine mandates for school attendance. This agenda has legs because government agencies are funneling millions of grant dollars for school-based health services into states across the U.S.

SBHC LOCATIONS BY COUNTY AS OF 2017



Proponents claim SBHCs are necessary because children, especially minorities, cannot access doctors' offices, creating access and equity issues. The needs of those children can be met within existing systems. Ethics do not allow parents to drop their children off at the doctor's office and pick them up an hour later. We should not normalize the idea of doing so within a school setting, thereby lowering the standard of care for children.

The safety of our children must not be traded for convenience. States must pass laws to close the loophole of healthcare in schools

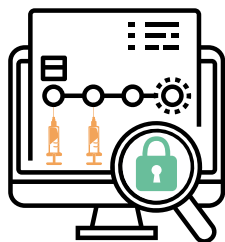
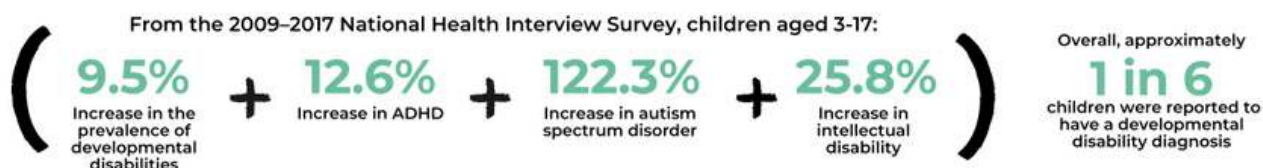
by either banning SBHCs in favor of the existing limited school-nurse model, or placing guardrails on SBHCs to protect parental consent and involvement in their minor children's medical care. This policy solution requires parents (or guardians) to be present at every health care encounter for a minor child. That is the only way to provide informed consent and for providers to comply with basic medical ethics. Federal vaccine laws specially require that a parent be given information on the vaccine to be given prior to administering the product. Therefore, lowering the age of consent or allowing blanket pre-consent for school healthcare is out of compliance with federal law.

# 4.

## PRIVACY

**States are the solution to health privacy concerns.**

The Fourth Amendment assures us that our right to be secure in our “persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated.” For some of us, the Fourth Amendment may conjure images of our home being searched, but when we are required to present our private information, our “papers,” without due process, we are forced to expose information that the Fourth Amendment declares inviolate. **How are we to remain secure in our persons when proof of our medical history is required to gain access to goods and services, our workplace, our school, and society?** For decades, public health has been weaponized against children who have been forced to provide private medical information to gain access to education, supposedly for safety’s sake. Presenting immunization records to schools has normalized the idea that providing “papers” is justified when it is not. Immunity passports and vaccine passports were rationalized during COVID because of this long-standing practice that American children have endured. Has this exception to the Fourth Amendment benefited children? Are they healthier because of it? Are they safer because of it? The answer to all of these questions is no. America faces a chronic disease epidemic that threatens the health and security of all Americans. Securing private medical information so that no American, especially the youngest amongst us, is forced to show their “papers” may very well be the act that restores the health of American children.



**Privacy  
policy  
solutions**

**HIPAA is not a privacy statute.**

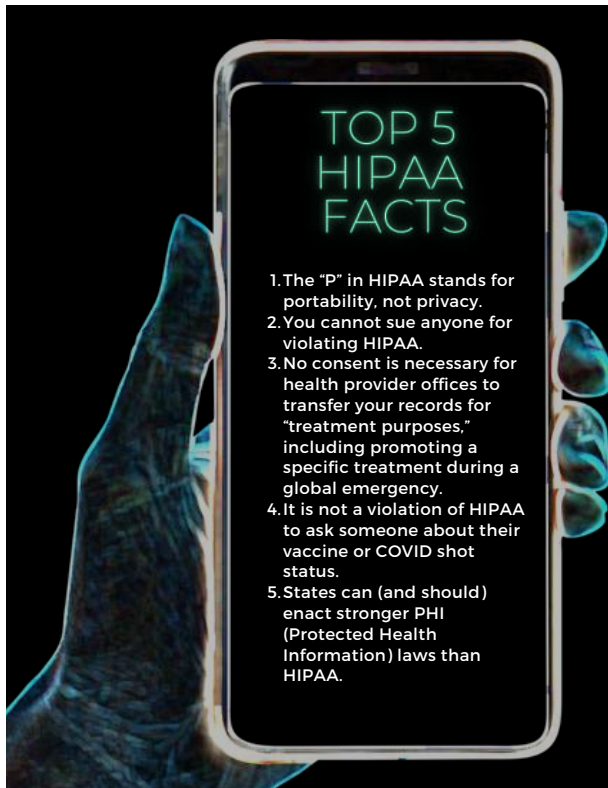
**States can protect more.**

Let’s set the record straight on the Health Insurance Portability and Accountability Act (HIPAA). HIPAA does not protect your privacy. HIPAA is a permissive collection of statutes and regulations that eliminates barriers to the flow of your protected health information (PHI), rather

than strengthening them. People use the term “HIPAA” interchangeably with “confidential” or “private,” but it is neither, and it applies in fewer circumstances than it is used. For example, it doesn’t apply to schools or to someone asking your COVID shot status.

A bird’s-eye view of HIPAA is that it applies to health information that can be linked to an individual, from point-of-care to payment, governing what can happen to that information outside of that container. HIPAA applies to health plans, health providers, and “clearinghouses” (entities that handle health information between providers and insurance).

What can happen to your health data outside of the transaction of getting care and paying for it? The possibilities are truly endless – and many have nothing to do with your care. Health data is used for marketing, law enforcement, public health surveillance and compliance measures, and more. **HIPAA is a floor, not a ceiling, and states can protect citizens more.**



### Stop The WHO At Home.

The World Health Organization (WHO) and the American Centers for Disease Control and Prevention (CDC) are two of the most influential public health agencies. Their policies and advisory guidance are often adopted instantly by state and local authorities.

The American public has lost trust in public health authorities, especially the CDC and the WHO after their disastrous policies during the COVID pandemic. The CDC's agenda is to save its credibility by ensuring that public health remains top of mind in our daily lives. By perpetuating fear, they can continue to request

large sums of money, used to gain access to our data, which can then be used to coerce compliance with CDC guidance. The CDC works in partnership with the WHO, an unelected organization that's unaccountable to American citizens. The federal administration has worked against our best interests to tie American tax dollars and American public policy to whatever the WHO decides. The U.S. is currently involved in negotiations that are intended to strengthen the power and autonomy of the WHO through an international treaty as well as through 2024 updates to the current regulations, the International Health Regulations (IHR 2005).

**We must stop this global power grab and focus on maintaining local control by strengthening state sovereignty and clawing back authority over the state's health and welfare.**

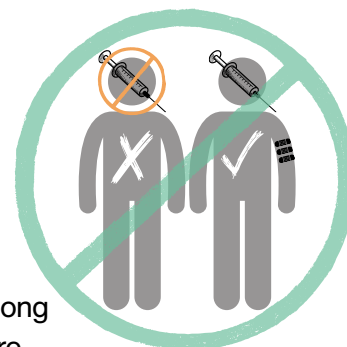
Health freedom policymakers must understand that health and public welfare powers rest first in the state governments and that the federal government (and the WHO) only have as much power locally as we give them. For authority contracted away through federal dollars, it can be clawed back. In 2024, Louisiana and Oklahoma both removed U.N., WHO and WEF jurisdiction from within their state and made it so that any guidance or edicts by these international organizations cannot be enforced within the state. It is also imperative to prohibit biosurveillance and collection of health data without informed consent.

On the local level, in February 2023, SHF reported that Florida's Collier County Board of Commissioners unanimously voted to reject a \$1.2 million grant from the CDC and return the funds. Collier County realized that by accepting the grant, they would be required to comply with unsatisfactory CDC requirements and bypass informed consent. Local vigilance provides the necessary oversight and protections that the American public need.

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### Oversight of AI in healthcare is needed.

The disclosure of individual health data is a violation of data privacy which results in discrimination. We see that in schools, in the workplace, and as customers. Disclosure of personal health information occurs through capturing consumer data and through public health agency data sharing with third parties such as research institutions.



A larger agenda exists to create universal digital IDs, and was agreed to among the U.N. member nations, including the U.S. as part of the Pact of The Future in September 2024. This will result in millions of data points being collected and combined to create a digital profile (an "avatar"), which can be used by artificial intelligence to predict behavior and outcomes. These profiles are used to set rates, premiums, and coverage levels in the insurance and finance worlds; target advertising; and influence policy. Digital infrastructure is being created that will eliminate the doctor-patient relationship by replacing the practice of medicine with protocols. It is the ultimate end point of the "one-ill-one-pill" mentality. This means no individual care; it all becomes standardized care.

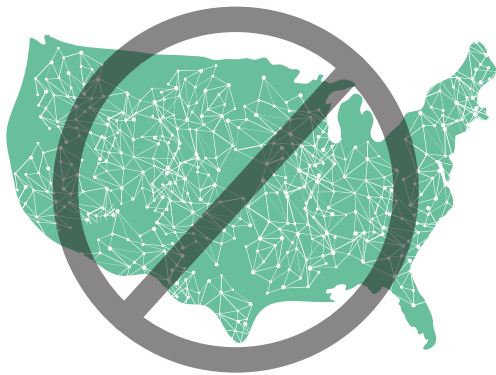
The patient is being turned into a collection of data points collected not just at the doctor's office, but also through public health agency data sharing, social media platforms (if it's free, you're the product!), cell phone apps, and more. Massive privacy issues will arise with the implementation of technology that connects our health data to AI.



Health freedom policymakers must review all policies through the lens of strengthening privacy in order to slow the flow of sensitive information being collected. States can pass legislation that will prevent certain kinds of data from being collected and protect citizen data from being misused. The federal government is considering a bill that would provide universal protections, but these protections are not nearly strong enough and are slow to pass.

### We must prohibit vaccine passports.

It is imperative to decline funding infrastructure that could be used to support digital ID or health passport programs. Vaccination and other health records must be kept within state lines and federal collection of such individual records needs to be prohibited.



Public health purposes can be served with de-identified and aggregated data. De-identified is not enough because AI can re-identify data with 95% certainty.

States have the ability to prohibit the establishment of central bank digital currency and to instead establish sovereign banks that do not rely upon federal transactions. This is one of the greatest tools of protection as the global control threat continues to rise. Likewise, states can prohibit the establishment of mandatory digital identification.

### Prohibit discrimination based on medical choices.

Currently, in all states, except Louisiana, children are mandated to receive shots before school (45 states readily accept exemptions, 5 are very difficult to near impossible to secure an exemption). In Louisiana, a child must report the shots received but can opt out of reporting their shot record. In the instance of an outbreak of a vaccine-preventable illness, a child that does not have shot records on file at school, would be treated as unvaccinated and potentially excluded from school for a defined period of time. Sound policy takes into consideration that scientific integrity in public health policy would never exclude a child during an outbreak if a) the child is not infected, thus is in no danger of spreading infection to anyone, and b) the vaccine product on the market is incapable of preventing

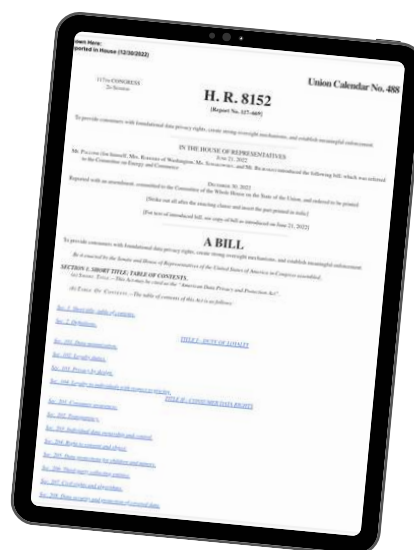
transmission. In all of history until COVID, society excluded or quarantined only those believed sick or infectious. It is important to remember that unvaccinated does not equal infectious. Further, if vaccines work, there is no reason to fear the very small number of people who are not vaccinated.

### Make all vaccination tracking systems opt-in only.

It is a violation of privacy to have “opt-out” tracking systems of health records. An individual needs to give informed consent for private information to be shared in a database. State lawmakers can fix these state laws by changing any health information databases to opt-in rather than opt-out which affords no informed consent to the disclosure of personal health information.

### Pass privacy laws in your state, before federal preemption.

The American Data Privacy and Protection Act (ADPPA) was introduced in the House in 2022 because of a recognition that privacy protections have not kept up with technology advancements. The Act did not become law. States can act more quickly to close the gaps in privacy protections.



One congresswoman highlighted the importance of privacy in health by describing the CDC's purchase of location data to track lockdown

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compliance and for other “numerous CDC priorities.” She cited the activity as a reason to pass ADPPA. The ADPPA focused on consumer protection from third-party data handlers, like social media, cell phones, and more. It is imperative to include personal health information in these protections because HIPAA does not cover the entities in question.

**ADPPA also included a clause that would allow stronger, existing state privacy laws to remain in force but preempt later passed laws.** Thus, it is in the best interest of state citizens for the state to pass strong privacy protections. Federal privacy laws that may pass in the future could be a floor, not a ceiling to protecting privacy, just like HIPAA.

**Promote food freedom policies and make small scale farmers profitable.**

There is a growing demand to access healthy foods affordably. Small scale farmers that sell directly to the public are the best situated to meet these demands. Unfortunately, foreign subsidiaries have been buying up farmland, thereby stripping state residents of one of our most valuable resources. Turning farmland into data centers and solar farms is short-sighted



and not responsive to the needs of state citizens. There are creative ways to make farmers profitable by deregulating farming practices and sales of food directly to the consumer. With direct transactions, the consumer has informed consent about what they and their family members are consuming. It is impossible and irresponsible to deregulate third party sales through large grocery stores, but very feasible to allow the farmers and their patrons to engage in commerce without the regulatory costs. In order to do this, the state would define what a small-scale farmer is and place the onus on the consumer to be knowledgeable about their own consumption.

# 5. RELIGIOUS FREEDOM

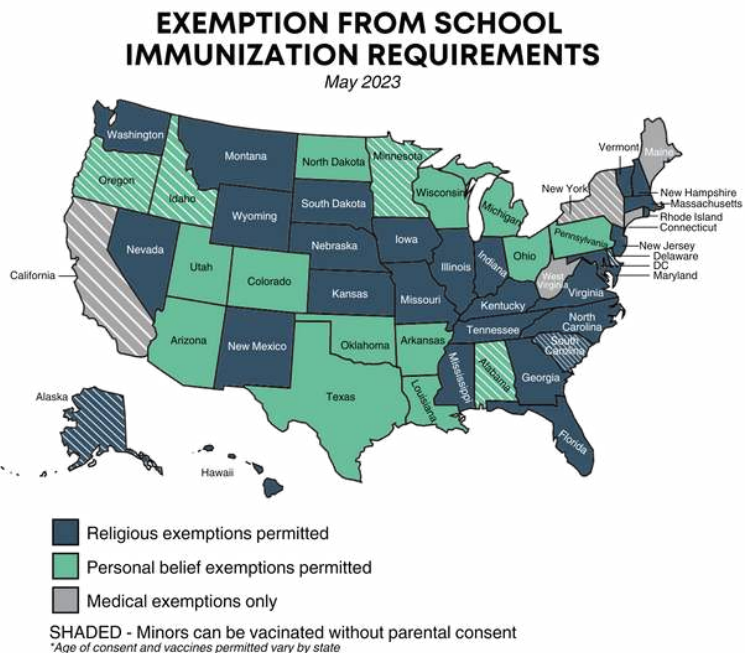
**Without religious freedom, the state is god.**

America’s founding fathers brilliantly incorporated religious freedom into the First Amendment, because they did not want a government coming between them and their God. Protecting religious freedom was so critical that it was a deal-breaker for many.

Not only is the government restrained from establishing a religion, but the founders’ understanding of faith and human nature inspired them to include a prohibition on the restriction of “the free exercise thereof.” They knew that a person’s strongly held beliefs guide and inform their day-to-day lives,

including their health and medical decisions.

People of various faiths acknowledge a supernatural component in health and healing that transcends evidence-based science or that which can be described in a textbook, yet our religious freedoms are under attack. States are eliminating religious objections to vaccines. In 2019, legislators in Maine and New York abolished the states' religious exemptions to mandatory vaccinations. Lawmakers in six other states — Florida, Iowa, New Jersey, Massachusetts, Pennsylvania, and Vermont — are attempting to do the same. Several others are trying to restrict religious and medical exemptions by making them more cumbersome to obtain.



## Religious freedom policy solutions

### Require the state and schools to include vaccine exemptions in all shot requirements.

“No shots, no school” is a common misunderstanding that is perpetuated by letters sent to parents by the health agencies and schools asking for compliance with shot requirements for school or day care attendance. When a state agency, school, or day care communicates shot requirements, they should be obligated to distinguish between required and recommended shots and to include information about any available exemptions within the state.

### Apply constitutional standards to all religious exemptions.

Title VII reinforces an employee's freedom of religion in the workplace, but policies pursuant to Title VII often relegate religious freedom to that which can be validated by an official doctrine or by the opinion of a religious authority. The freedom to live according to your personal relationship with your higher power is not so narrowly protected by the Constitution. Rather, there are only two requirements for a religious belief to be protected by law: the belief must be religious in nature, and it must be sincerely held. One does not have to belong to or be affiliated with an organized religion in order to have his or her religious rights protected under law. The media often looks to religious leaders to take a stand on certain matters (e.g., whether the religion endorses or prohibits vaccines). However, as stated previously, religious leaders cannot legitimize or delegitimize the beliefs of adherents. That is outside of the scope of both their authority and the state's authority.

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## Conclusion

**Stand for Health Freedom has worked at all levels of government to restore the people as the primary stakeholders in public health policy.** It is imperative for the health and freedom of our nation and our individual states that the pillars of health freedom – free speech, informed consent, parental rights, privacy, and religious freedom – are protected to the fullest extent possible. The Constitution laid the groundwork and provided the viable framework to enjoy freedom with limited government and separation of powers.

During the declared COVID pandemic, Americans saw their freedoms under attack in a way that has never happened before. We saw how governments and entities like the World Health Organization will leverage fear of disease on a global scale to promote and implement policies we would never agree to as Americans. We saw how the consolidation of health policy into global recommendations has catastrophic results because universal medical edicts can never take into account the individual needs of a community, family, or person.

We are in a critical place right now, because globalist interests have seen how powerful health scares can be. Illness is inextricably linked to a completely human fear of death, which makes people vulnerable to someone promising safety.

Sound policy can turn the tide for freedom, for health, for our children, and for America. As Americans, we must not yield any of our God-given natural rights. Protecting health freedom is tantamount to protecting all freedom envisioned by those who sacrificed to create our country with a revolutionary, sacred, and timeless Constitution.

**Stand for Health Freedom exists to be a resource for common-sense solutions to defend and expand health freedom.** Our team is available to assist with implementation of these policy solutions and to advise on other solutions within the scope of health freedom.

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## Stand for Health Freedom policy team



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For more information on our 5 pillars of health freedom, you can check out our “Battles Ahead,” pages here: [standforhealthfreedom.com/battles-ahead/](https://standforhealthfreedom.com/battles-ahead/)

# STAND FOR HEALTH FREEDOM

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