

U.S. Government Moves on Nationwide Adult Vaccination

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The transnational pharmaceutical cartel will be positioning itself to profit handsomely if a federally-mandated adult immunization program becomes law. The proposed US Department of Health and Human Services (HHS) policy will be implemented alongside the Obama administration's Affordable Care Act (ACA), thereby becoming a standard component of US national healthcare policy.

Published on February 6, 2015 amid the “measles outbreak” media frenzy, the HHS is accepting “public comment” on its [Draft National Adult Immunization Plan](#) (NAIP) until March 9, 2015. Under the NAIP, all adult American citizens will be compelled to receive current and retroactive vaccination regimens that may amount to several dozen “shots” per individual during their “catch-up” phase. Under the federally-mandated immunization schedule children presently receive [49 vaccines before the age of six](#).

The NAIP underscores how

[t]he adult schedule ... includes catch-up vaccinations for those adults who never initiated or did not complete a multi-dose series when vaccination was first recommended during childhood. Catch-up vaccinations include vaccines such as measles, mumps, rubella and varicella, which are routinely recommended for administration during childhood (p. 1).

The NAIP is intended to supplement the [National Vaccine Plan](#) (NVP), published in conjunction with the ACA. The HHS describes the NVP as “a guiding vision for vaccination for the decade 2010-2020 and strategic direction for coordination of the immunization enterprise in the United States” (NAIP, p. 9), by highlighting the alleged public health problem posed by the low vaccination rates of US adults.

“[T]he NAIP is intended to promote coordinated planning and action across all stakeholder groups,” the 52-page document reads, “[i]ncluding those within and outside of the federal government” (p. 6). In addition to the health and personnel-related agencies within HHS’ purview, such as the Centers for Disease Control and the Food and Drug Administration, other government and “stakeholder groups” include the Department of Defense, the Department of Homeland Security, the Department of Justice, the “vaccine industry” and “academic/research organizations” (p. 7).

Given the frequent and serious side effects of vaccines routinely documented in the inserts accompanying them, the government appears to be waging a high stakes game with public

health under the guise of prevention that will soon extend to the entire US adult population.

The NAIP is unambiguous in its ambition and intent. “The vision for adult immunization is to *protect the public health and achieve optimal prevention of infectious diseases and their consequences through vaccination of all adults*” (emphasis retained, p. 6).

The NAIP was developed in coordination with the RAND Corporation, whose services were “enlisted to review historic literature, interview stakeholders, and collect plan data to identify plan priorities and key indicators” (p. 8).

Specific “subgroups of adults” will be particularly targeted for vaccination, “such as healthcare workers and pregnant women.”

HHS lists four specific objectives in its NAIP policy. The subpoint strategies of each goal are summarized below, although it should be noted that the original document contains highly detailed strategies for achieving each (pp. 11-25) .

1: Strengthen the adult immunization infrastructure.

Objective 1.1: Monitor and report trends in adult vaccine-preventable disease levels and vaccination coverage data for all ACIP-recommended vaccines. In cases where there are associated Healthy People 2020 goals, measure progress toward established targets.

Objective 1.2: Enhance current vaccine safety monitoring systems and develop new methods to accurately and more rapidly assess vaccine safety and effectiveness in adult populations (e.g., pregnant women).

Objective 1.3: Continue to analyze claims filed as part of the National Vaccine Injury Compensation Program (VICP) to identify potential causal links between vaccines and adverse events.

Objective 1.4: Increase the use of electronic health records (EHRs) and immunization information systems (IIS) to collect and track adult immunization data.

Objective 1.5: Evaluate and advance targeted quality improvement initiatives.

Objective 1.6: Generate and disseminate evidence about the health and economic impact of adult immunization, including potential disease burden averted and cost-effectiveness with the use of current vaccines.

2: Improve access to adult vaccines.

Objective 2.1: Reduce financial barriers for individuals who receive vaccines routinely recommended for adults.

Objective 2.2: Assess and improve understanding of providers’ financial barriers to delivering vaccinations, including to stocking and administering vaccines.

Objective 2.3: Expand the adult immunization provider network.

Objective 2.4: Ensure a reliable supply of vaccines and the ability to track vaccine inventories, including during public health emergencies.

3. Increase community demand for adult immunizations.

Objective 3.1: Educate and encourage individuals to be aware of and receive recommended adult immunizations.

Objective 3.2: Educate, encourage, and motivate health care professionals to recommend and/or deliver adult vaccinations.

Objective 3.3: Educate and encourage other groups (e.g., community and faith-based groups, tribal organizations) to promote the importance of adult immunization.

4: Foster innovation in adult vaccine development and vaccination-related technologies.

Objective 4.1: Develop new vaccines and improve the effectiveness of existing vaccines for adults.

Objective 4.2: Encourage new technologies to improve the distribution, storage, and delivery of adult vaccines.

Despite religious and philosophical exemptions from vaccines offered in almost every state, not to mention the abundant side effects—including possible carcinogenesis—associated with such substances, roughly 95% of American families subject their children to the federally-mandated immunization schedule. Under the NAIP, government bureaucrats and the vaccine industry are now poised to foist a similarly intensive yet scientifically dubious program on the entire US population.

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James F. Tracy was a tenured Associate Professor of Journalism and Media Studies at Florida Atlantic University from 2002 to 2016. He was fired by FAU ostensibly for violating the university's policies imposed on the free speech rights of faculty. Tracy has filed a federal civil rights lawsuit against the university, with trial set to begin November 27, 2017. Tracy received his PhD from University of Iowa. His work on media history, politics and culture has appeared in a wide variety of academic journals, edited volumes, and alternative news and opinion

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