

| Stand for Health Freedom

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Health freedom is one of the fastest growing issues globally. The Stand for Health Freedom team, in partnership with our state directors across the country, is committed to keeping you in the loop on the top trends—both threats and progress—in health freedom.



Minor consent

States are writing laws to **allow minor children to consent to medical procedures without parental consent** (and sometimes despite parents' open objections).

Problem:

- This is bad public policy that plants seeds of distrust between parents and their children.
- How can a minor have the ability to consent to medical procedures, but not to enter into a contract, have sexual relations, or lie in a tanning bed?
- 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.
- 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?

Solution:

- Integrity of the family unit must be protected at all costs by the parent, public policymakers, and all involved in the care of children. A state's law may allow minor consent, but that doesn't relieve a professional of their ethical duties.
- Parents should avoid any health care provider who is willing to get between a parent and their child. A trusted provider should respect a parent's decision and encourage open communication between a child and their parents, rather than harbor a child's secrets from their parents.
- Parents can get plugged in with local health freedom advocacy groups to prevent minor consent bills from passing into law.



School-based health centers (SBHCs)

There's a federal agenda to rapidly expand the use of school-based health centers throughout America. Two events gave this agenda legs in 2022: the passage of the federal Bipartisan Safer Communities Act, and the designation of federal HHS grants to fund school-based health services.

Problem:

- Traditionally, schools have used school nurses to treat emergency and first aid situations (illness and injury) while the child is at school. Recently, we are seeing a rapid increase in the expansion of school-based health centers. These clinics are intended to replace pediatricians and provide primary care services within schools as a "medical home" for a child. But in Harvard's Center for Health Law and Policy Innovation's recent pamphlet, 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.

Solution:

- Proponents claim SBHCs are necessary because children, especially minorities, cannot access doctors' offices, creating "access" and "equity" issues. Be ready to talk about the real percentage of children in need, as well as how those needs can be met with existing structures. 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.
- Parents must engage politically and work with state health freedom leaders to ask lawmakers to either ban SBHCs in favor of the existing limited school-nurse model, or place guardrails on SBHCs to protect parental consent and involvement in their minor children's medical care. SHF has developed a model bill for how to set up these guardrails and is working with state directors to implement it.
- If your school utilizes an SBHC, make sure you have it documented that you do not consent for your child to receive any care through the SBHC.



Data privacy

Data privacy is fundamental to protecting against medical discrimination.

Problem:

- The disclosure of our health data is a violation of data privacy which results in discrimination. We see that in schools, in the workplace, and as customers.
- Disclosure occurs through data capture commercially and through public health agency data sharing with third parties such as research institutions.
- A larger agenda exists to create universal digital IDs, where millions of data points are 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.

Solution:

- Act in ways that protect your privacy 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.



WHO/CDC integrity

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.

Problem:

- 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. Our president is working against our best interest to tie American tax dollars and American public policy to whatever the WHO decides.

Solution:

- Elect officials who 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.
- In 2022, Louisiana passed a resolution which requires the approval of citizens, either through a public vote (referendum) or through legislative action, before any public health guidance from the WHO can be implemented within the state. It also prevented biosurveillance and collection of health data without informed consent.
- In the 2023 legislative session, Wyoming introduced a bill that stated that the CDC and the WHO have no jurisdiction in the state and any requirements, mandates, recommendations, instructions, or guidance provided by either organization cannot be used to justify any mask, vaccine, or testing mandates within the state.
- In February 2023, Stand for Health Freedom 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; they realized that by accepting the grant, they would be required to comply with unsatisfactory CDC requirements and bypass informed consent.
- Local vigilance and advocacy provide the necessary oversight and protections we need.