NATIONAL INFORMED CONSENT EXEMPTION ACT

H.R. 5816

www.NICEAct.org
What is the National Informed Consent Exemption (NICE) Act?

NICE is a federal bill designed to respect the scientific method and also civil rights, both of which allow unvaccinated people to exist and live normally. For example, the scientific method requires control groups, people who have not received the vaccination in question. The larger the control group size, the more robust the science. Constitutional lawyers and ethicists alike champion the fundamental right of natural and unvaccinated people to exist and live normally. So NICE is a commonsense answer to the problem of government ostracizing unvaccinated and natural people.

Here is the operative provision of the bill to uphold constitutional rights, “Vaccination shall henceforth be optional to citizens for their participation in society, including but not limited to education, travel, employment, government service, housing, social welfare programs, access to courts, and medical care.”

Is the NICE Act supported by doctors and scientists?

Yes, countless doctors and scientists support the NICE Act, including the Association of American Physicians and Surgeons (AAPS) and Physicians for Informed Consent (PIC), together with support from national consumer advocacy groups and parental rights organizations, such as the National Health Federation (NHF) and the National Vaccine Information Center (VIC). See the growing list of supporters at NICEAct.org

How does the NICE Act respect the scientific method and civil rights?

The NICE Act respects these virtues in two primary ways:

(1) Ending Vaccine Mandates. The bill would end vaccine mandates nationwide for Covid-19 and other vaccines (i.e., CDC schedule), by granting to every American the right to a personal belief exemption for school, work, travel, etc. The bill would eliminate vaccine passports and forced infectious disease testing such as mandatory Covid-19 testing of asymptomatic people. The exceptions are limited and reasonable (i.e., requiring an individualized due process court order specific to the person in question), which guarantees constitutional rights.

(2) Report on Control Group Science. The bill does not require a government study, but would require the US Surgeon General to oversee an Independent Vaccine Safety Commission staffed by 30 physicians without ties to a vaccine manufacturer, and for those 30 independent physicians to report on the status of control group science in the year 2026. The practical result: the bill encourages independent scientists to conduct fully unvaccinated control group studies in the next 4-years.

Is This An Anti-Vaccine Bill or a Pro-Vaccine Bill?

It is neither. Vaccinations remain available to those who want them. The bill does not prohibit anyone from voluntarily receiving a vaccination. The bill is only targeted to vaccine mandates, and in this sense the bill is pro-civil rights and pro-science, as for example by respecting the existence of scientific control groups and other groups of natural people (including people of faith) who decline the product in question.

If the bill is not anti-vaccine, then why does it reference scientific citations that question vaccine safety?

Legislative findings in the bill are scientific statements and quotes with government references (i.e., FDA, HHS). The bill is focused on admissions in government documents regarding vaccine risk, and government admissions regarding the lack of fully unvaccinated control group science. These are important points that have been underrepresented in Congress, which NICE aims to remedy. See more scientific references at NICEAct.org.

Will this bill result in a resurgence of infectious disease?

No. The bill does not prohibit anyone from voluntarily receiving a vaccination. Moreover, infectious disease
rates from both the pre-vaccine era and post-vaccine era confirm public health benefiting from large groups of people pursuing natural immunity and enjoying excellent health as a result. For example, government data shows that reductions in disease mortality in the 20th Century were due to improved living conditions (i.e., better sanitation, improved plumbing, less crowding in cities, refrigeration, year-round access to fresh food at supermarkets), and the role of vaccines was very small. It is actually offensive to certain historians that vaccines (pharma) took credit for progress made by engineering advances. After mortality rates were already on the rapid decline, vaccines were slowly introduced into licensure and widespread usage, which is why it was famously reported that of the approximately 74% total decline in mortality from 1900-1977, medical interventions such as antibiotics and vaccines were responsible for only approximately 1% to 3.5% of such decline. Additionally, whatever 1%-3.5% benefit received from vaccines must be offset by the mortality caused by vaccines and other medical interventions, which clearly emphasizes that vaccine science is not settled.

Is the NICE Act necessary?

Yes, heavy-handed Covid-19 responses have caused the American people to take a renewed awareness of vaccine risk. States are beginning to pass laws banning vaccine passports, which shows that Americans are seeking protection from mandatory vaccination, not by mandatory vaccination.

In the big picture, America is suffering from an unprecedented epidemic of chronic diseases. More American children are sick today than in any previous generation. They are suffering from a wide range of conditions: from asthma and autoimmune diseases to neurodevelopmental and mental health disorders that are increasingly known to be associated with an underlying dysregulated immune activation. The ballooning vaccine schedule is a reasonable suspect in the epidemic; and the only way to prove or disprove causality is with control group science.

What is certain is that the fallout from this chronic illness epidemic is an economic, healthcare and national security crisis for the Nation.

According to the CDC, chronic disease and mental illness account for most American deaths, consume 90% of the Nation’s $3.5 trillion in annual health care expenditures and are projected to account for more than $42 trillion in spending by 2030.

The burden of illness is straining America’s school systems as well, which are struggling to accommodate the demands of the growing population of students with special needs. The health crisis of America’s youth is a national security crisis as well; nearly a third (32 percent) of all young people have health problems – other than their weight – that prevent them from entering military service.

Citations:


Isn’t vaccine science settled?

No, gaps remain. The legislative findings in the bill confirm admissions by government officials regarding vaccine risk, and government admissions regarding the lack of fully unvaccinated control group science (the primary gap). Preliminary study of fully unvaccinated control groups shows the unvaccinated are statistically healthier than the vaccinated. In order to further study unvaccinated people, it is necessary for them to exist and not go extinct. The bill encourages independent scientists to fill the present vacuum of fully unvaccinated control group science. It is not necessary for scientists to like or agree with anyone’s preliminary findings on unvaccinated control groups; what is certain is that the only way to prove or disprove causality is with genuine control group science.

Citations:

Who is likely to oppose the NICE Act?

Big Pharma and various institutions and people supported financially by Big Pharma, which is a long and systemic list.

What about State rights? Is the NICE Act in harmony with State law?

Yes. State rights are always important, and the NICE Act is in harmony with State law because the bill is only directed to entities receiving Federal funding. Every State currently has good laws regarding testing for diseases like tuberculosis, as such laws provide clear procedures for individualized due process of law (meaning that the local public health department is required by statute to customize a health order specific to the individual suspected to have tuberculosis). These State laws are credited with helping to successfully manage tuberculosis across the country for decades, and so the NICE Act is designed to harmonize with such State laws and promote them as the constitutional solution that respects both individual rights and time-tested public health procedures.

For example, here is a good State law: California Health & Safety Code section 121370 regarding the patient’s right to religious exemption and due process for tuberculosis testing and treatment:

“No examination or inspection shall be required of any person who depends exclusively on prayer for healing in accordance with the teachings of any well recognized religious sect, denomination or organization and claims exemption on that ground, except that the provisions of this code regarding compulsory reporting of communicable diseases and isolation and quarantine shall apply where there is probable cause to suspect that the person is infected with the disease in a communicable stage.”

The NICE Act allows the same right to every American. One can cite to religion if desired or to science or any personal reason (i.e., personal belief) to exercise the right of informed consent.

Does the bill tie the hands of public health authorities?

No. The bill provides clear procedures for individualized court orders, in the same method already utilized for
diseases like tuberculosis. The bill also authorizes the President to intervene during emergencies if the vaccine can be proven to cause less injury than 1 in 200,000, and would not materially interfere with national security.

**Who are the authors of the NICE Act?**

There is no single author. The NICE Act draws upon decades of experience from constitutional lawyers and judges, including especially Congressman Louie Gohmert. NICE is a grassroots bill for people who love America and choose to be nice to one another.

**Who prepared this FAQ Document?**

The National Health Federation (NHF), which is the World’s first health-freedom organization (see www.thenhf.com). Founded in 1955, NHF’s not-for-profit mission is:

1. To protect the health rights and freedom of individuals and healthcare practitioners, including but not limited to access to safe foods and drinks, and dietary supplements in therapeutic values for optimal health, as well as freedom of choice and true informed consent in all matters concerning healthcare, treatments, and therapy. Individual rights in health must at all times be respected and honored.

2. To educate consumers, producers, healthcare professionals, and government and other leaders about health and healing modalities and how to secure and preserve health and health freedom.

3. To provide expert and positive representation in all matters relating to health and health freedom at international Codex Alimentarius meetings as the only health-freedom organization actively shaping global policy to protect food, drink, nutritional supplements, and our general health.