[Proposed Legislation]

Genetically Engineered Vaccine Cessation Act

119TH CONGRESS **H. R. _____**

A Bill to halt the administration of *all* genetically engineered vaccines in the United States due to the unprecedented volume of reported deaths and injuries to Health and Human Services following administration of novel mRNA and DNA Coronavirus disease 2019 (COVID-19) vaccines between 2021 - 2025. Genetically engineered vaccines pose undetermined adverse-side effects that have directly impacted public welfare, but have also impacted military readiness and overall national security. Therefore, a full safety stand-down of novel mRNA and DNA vaccines is necessary to defend the United States.

This Bill does not halt any clinical trials for other mRNA and DNA biotechnologies and/or therapeutics intended to treat cancer or other disease processes; however this Bill does specifically stop the administration of all mRNA and DNA vaccines, i.e. genetic biotechnologies intended to impart immunity to the U.S. military personnel specifically, as well as the general public.

Concurrently, to inform U.S. policy makers and the public on potential safety concerns, this Bill requires the intelligence community to provide to the U.S. House of Representative a coordinated threat assessment outlining risks associated with genetically engineered mRNA and DNA therapeutic technologies. An unclassified version of this assessment will be made available to the United States public.

IN THE HOUSE OF REPRESENTATIVES
February 4, 2025

A BILL

To ensure the continued medical safety of all United States (U.S.) citizens the administration of all novel, mRNA and DNA vaccines will be halted immediately upon the enactment of this Bill. The U.S. intelligence community will also establish an Intelligence Task Force, led by the Office of the Director of National Intelligence (ODNI) to conduct an interagency risk assessment of mRNA and DNA biotechnology and therapeutics at all classification levels that will be provided to Congress for the purpose of oversight. The Task Force will also produce an unclassified version of this assessment to be made available to the U.S. public.

This Bill, be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, may be cited as the “mRNA Vaccine Cessation Act”.

IN GENERAL

As of December 27, 2024, over 37,700 deaths associated with mRNA and DNA coronavirus disease 2019 (COVID-19) vaccines have been reported to the Health and Human Service’s (HHS’s) Vaccine Adverse Event Reporting System (VAERS). The Center for Disease Control (CDC) website also lists the following side effects for COVID-19 mRNA vaccines: anaphylaxis shock, reports of death after vaccination, Guillain-Barré Syndrome (GBS), myocarditis and pericarditis. A cursory literature review reveals thrombosis, stroke, miscarriage, and changes to breast tissue, and according to the New York Times, one of every 10,000

adolescent males developed myocarditis following COVID-19 vaccination. (https://www.nytimes.com/2024/05/03/health/covid-vaccine-side-effects-takeaways.html)

It is of great concern that the Department of Defense (DOD) is planning additional wide-spread administration of novel mRNA vaccines to its military and civilian personnel. DOD is funding rapid, "30-day mRNA vaccine technology", which may be tested on service members as soon as the next decade with the intent to develop mRNA vaccines for viral threats within 30 days of an initial virus threat encounter. As of July 2024, HHS is also providing approximately $176 million research dollars to Moderna for development of mRNA-based influenza vaccines. Freedom of Information Act requests have revealed military personnel have already sustained injuries, including autoimmune diseases and heart injuries, following mRNA COVID-19 vaccines at unprecedented rates, most likely impacting U.S. military readiness. (https://www.hhs.gov/about/news/2024/07/02/hhs-provides-176-million-develop-pandemic-influenza-mrna-based-vaccine.html)

It is important to note that thousands of Federal workers have also expressed civil liberty and human experimentation concerns with such mRNA technologies, specifically following the now redacted Executive Order 14043, *"Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,"* issued on September 9, 2021, which required the Federal workforce to be fully "vaccinated" against COVID-19 with DNA and mRNA technology that had never been tested or administered in humans before by November 21, 202,1 or face employment termination. It is also U.S. policy that any medical product, treatment, or otherwise injectable substance, which contains modified genetic material, is defined as a "gene treatment" or "gene therapy" and not defined as a "vaccine," which opens up the possibility for U.S. civil liability should these drugs continue as vaccine candidates.

The COVID-19 pandemic left the world in shock seeking medical interventions. Unfortunately, more analysis is necessary to understand the health impacts of these bio-therapeutics, and a safety stand down is absolutely warranted for this class of materials as they pertain to vaccine candidacy – *and given the data reported thus far, this revolutionary technology is unsuitable for use as vaccines.*

Although mRNA and DNA technologies have the potential to impart cures for cancer, diabetes, and a variety of other debilitating illnesses in the future, these materials are *not* mature enough for total population distribution as 'vaccines', particular to our Nation's military service members or other vulnerable populations. In fact, it is worth explaining that these genetic 'vaccines' more closely resemble manufactured, artificial viruses themselves because genetic material is actually inserted into a host's cells and control outcomes (i.e. protein production) the same way a virus would manipulate its host.

The complex interactions that arise between each vaccinated individual's cellular composition, immune response, and these novel genetic materials has not been characterized as yet; second and third order effects are of grave concern, including potential impacts to fertility and subsequent offspring's fertility, changes to human tissues that can develop into cancers, and changes to disease processes, which are not understood by the scientific community.

As of Feb 2023, several States, including Florida, Idaho, Missouri, and North Dakota, have cited safety concerns and introduced legislation to halt and/or make it illegal to administer mRNA vaccines in their States. Congress must also act now to protect the public from this little understood emerging technology – this Bill is a necessity to protect our military service members and citizens alike from continued mass vaccination and is

in the interest of U.S. National security.
(https://www.floridahealth.gov/newsroom/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.html)

IMPLEMENTATION

A. DISCONTINUATION

Upon implementation of this Bill, all mRNA and DNA 'vaccines' (i.e. mRNA and DNA gene therapeutics intended to impart immunity to the general public) will be discontinued in the U.S. and banned from any on-going or future public medical administration because of the overwhelming adverse safety side effects, including unprecedented high rates of heart damage, permanent disability, and death.

This Bill does not seek to halt clinical trials for other mRNA and DNA biotechnologies and/or therapeutics to include treatments for cancer; however, it does specifically stop the administration of all mRNA and DNA vaccines, i.e. any and all forms of mRNA and DNA technologies intended to impart immunity. Military personnel, Federal employees, and the general public will no longer serve as test subjects for the advancement of these drugs as viable vaccine technology.

B. INTELLIGENCE TASK FORCE

Not later than 30 days after enactment of this bill, the Office of the Director of National Intelligence (ODNI) will establish a joint intelligence task force to conduct an all source intelligence assessment, at any and all classification levels, necessary to inform policy makers of potential risks associated with emerging biotechnologies, particularly mRNA and DNA therapeutic technologies.

a. This task force will consist of a designated member from each of the following U.S. agencies and organizations; however, this agency list is not exhaustive, and other agencies may participate, as deemed appropriate: CIA, DHS (S&T), DOD (DIA, DTRA), DOJ (FBI), HHS (CDC, NIH, NIAID), and ODNI (NCPC, NCTC).

Within 120 days, this Intelligence Task Force will provide the House of Representatives the Intelligence Community's (I.C.'s) coordinated assessment on any risks associated with emerging biotechnologies to include mRNA and DNA therapeutics. The health and safety concerns of any mRNA and DNA therapeutics and/ or vaccines will specifically be addressed in the report. The returned response may be written at any level of classification necessary to provide full scope analysis; an accompanying IC unclassified level report is also required with downgraded information that will be released to the public.

The Intelligence Task Force will also provide guidance to the U.S. House of Representatives on mRNA/DNA safety, possible public health impacts, and impacts to military readiness.

C. SPECIAL CONSIDERATIONS

a. Each member of the Intelligence Task Force may not have conflicts of interest associated with mRNA and/or DNA technologies; specifically, each participant must not hold patents and/or sit on any advisory boards or research boards with Moderna or Pfizer or any other relevant stakeholder associated with mRNA and/or DNA vaccine technology, which could be deemed a conflict of interest to this effort.