

Each of these two feature articles appeared in the Well Beings Newsletter, published by Vaccination Alternatives (now defunct). They described the threats to our Constitutional freedoms from various Federal legislation and government mandates.

## **BIG BROTHER IS WATCHING: The New Mandates, Part 1**

**By Gary Krasner**

From *Well Beings*, October 1998

*In the past few years Federal agencies and local governments have been gearing up to implement far reaching programs that would affect everyone's privacy, medical rights, freedom to travel, and more. These plans are touted as a means to catch illegal aliens, welfare cheats, deadbeat parents, criminals and terrorists. But if you think law-abiding citizens shouldn't have anything to fear—think again.*

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A number of legislative initiatives that would drastically improve government's enforcement of mandatory vaccination laws have coalesced this Summer and Fall as we were preparing this issue. Computer registries to track people's vaccination status is just one part of it, and we will look at those in more detail in Part 2 of this series in the next issue of *WB*. Here we look at the new federal regulations that provided the legislative authority for vaccination tracking, and the events that gave rise to their development. In the following issue we will describe each individual legislative proposal.

Note: At press time we learned that Congress placed a one-year moratorium on the National ID regulations included in the omnibus appropriations bill. Since implementation of a National ID card will be automatically imposed on all states unless Congress takes action in 1999, we only have until next year to mount opposition to it to have it repealed. The one-year ban also includes the "National Provider ID" provisions, which hopefully may slow down the momentum of the sharing of data between, (a) immunization registries and other health databases, (b) the creation of a national immunization registry network, and (c) a national pediatric database.

In the novel "1984" by George Orwell, an omnipresent *Big Brother* watched every citizen at home and work from a giant television screen. Today, databases can accomplish similar surveillance almost as efficiently. In "1984", *Big Brother* was able to read the individual's secret diary hidden in his home. The Clinton Administration and the FBI right now are demanding the right to read our e-mail and computer files, listen in on our phone conversations, and track the whereabouts of our cell phone calls. Some of these databases are under the direct control of the government (e.g., Internal Revenue, Social Security, and the Department of Education, which has amassed 15 national databases), and some are privately owned but give access to the government. These databases convey enormous power to whoever controls them. In government hands, they provide the power to control our very life, our health care, our access to a job, our financial transactions, and our entry to school and college. In private hands, these databases are immensely profitable to the companies that own them and market them for commercial purposes. The Clinton Administration, Congress, big corporations that funnel million of dollars of soft money into political coffers, and some powerful foundations have cooperated in seeking federal legislation to establish a property right in these databases. But the power of all this information can't be realized without a number ... your number.

## THE POWER OF ONE ...

Policeman: “*So you don’t have any identification on you?*”  
Modern Cowboy: “*I don’t need any; I know who I am.*”

From the 1962 Kirk Douglas film,  
“Lonely Are The Brave”

You really can’t grasp the threat that these new laws pose to our freedom until you understand what a single, unique number represents. Unlike names, numbers assigned to people are unique and can therefore guarantee the accurate referencing of a person from very large samplings. It is also practically impossible for a central authority to obtain and maintain data about you from the wide array of different numbers we currently possess: drivers license, library card, checking accounts, club membership numbers, etc. But since 1935, the federal government has been assigning people unique numbers.

For well over half a century, the only law that required you to have such a number was the federal tax code. It states that if you are required by law to file documents with the IRS, you must have a taxpayer identification number (TIN). This number must be either a social security number or a number assigned to you by your employer. While it is true that many activities require your social security number, they are largely independent of each other. Your Realtor, bank, landlord, and doctor are not permitted to share information with each other using your SSN as a cross reference.

What the proposed new laws do is remove these restrictions for cross referencing your SSN, and to allow it to be used as an ID number by many more companies, institutions and agencies of government. These laws effectively overturn the 1974 Privacy Act, which declared that “It shall be unlawful for any Federal, State or local Government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual’s refusal to disclose his Social Security account number.”

Another important aspect to these proposed regulations are the federalism implications. We are all citizens of our individual states; not the United States federal government. It was specifically set up this way to protect us from the inherent overreaching powers of a centralized government. The federal government is supposed to be subordinate to the State governments. These proposed regulations are a direct affront to our 10th amendment protections. No agent of the federal government is supposed to be able to create or coerce state law. For example, one of proposed regulations gives the Secretary of Transportation the authority to tell your state government how, when, and if they will issue you identification documents. They must also get approval from a federal agency before they give it to you. However, this year President Clinton ran a steamroller over the Tenth Amendment to the Constitution by issuing Executive Order 13083, entitled *Federalism*. It effectively gives authority to the federal government to force anything it wants on states. No effort was made by Congress to overturn this Executive Order.

The Framers of our Constitution had great foresight. Two of the principal mechanisms by which 20th century totalitarian police states maintained their control over their people were the *file*, and the internal passport. Technology has now made the task of building personal files on every citizen and tracking his movements easier and more efficient. Plans are well underway to give the Federal Government the power to input personal information on all Americans onto a government database. The computer will record our school, business, medical, financial, and personal activities, and track our movements as we travel about the United States. They plan to force all Americans to carry an ID card linked to a federal database, without which we will not be able to drive a car, get a job, board a plane, enter a hospital emergency room or school, have a bank account, cash a check, or have access to government benefits such as Social Security, Medicare, or Medicaid. Putting all that information on a central government database means the end of privacy as we know it.

For the purposes of more control over our lives, it is in the interest of bureaucrats in government to have as much information as possible on us. However, they're justifying these laws to halt illegal immigration, locate "deadbeat dads", etc. Aside from suggestions that there are more effective means to these ends without sacrificing the privacy rights of everybody else, there are strong historical lessons to observe: many totalitarian governments evolved from benign, well-meaning states. As Friedrich A. von Hayek once observed, the problem with well-meaning rulers is that "they mean well, but they mean to rule." While we do have civil and criminal protections, even a society as free as ours can have oppressive laws. For example, the tyranny of the majority—fueled by their belief in the transmissibility of disease—already forces medications and vaccines on those who do not want it. The proposed laws also don't contain sufficient safeguards against abuse by government and private parties, which will surely occur.

## A CHRONOLOGY OF EVENTS

The slow erosion of our liberties evolved from a list of legislative "achievements": In 1994, Congress enacted the Uruguay Rounds Agreements Act (H.R. 5110), to facilitate the implementation of provisions of the GATT treaty. Title VII, Subtitle E, Section 742, entitled "Taxpayer Identification Numbers Required at Birth," requires that dependent children be provided with an "identifying number" in order to be claimed as tax exemptions. In compliance with GATT, then, all children in the U.S. were required to have an ID number (e.g. a Social Security number) at birth.

In the meantime, there was a move to develop more efficient resources for identifying, tracking, and locating deadbeat dads. H.R. 785, the "Child Responsibility Act of 1995," for example, provided for the establishment of a national database for locating and tracking deadbeat fathers. The bill also sought to restrict professional, occupational, and business licenses of parents in arrears on child support payments, and to restrict the driver's licenses and vehicle registration of noncustodial parents who do not appear in child support proceedings. H.R. 1214 contained similar provisions, with the additional directive that states require Social Security numbers for the issue and renewal of marriage licenses, as well as commercial, professional, and occupational licenses, permits, and certificates. These two bills were eventually incorporated into H.R. 4, which Congress passed in December 1995. After a presidential veto, a nearly identical version of the bill (H.R. 3453, the "Personal Responsibility and Work Opportunity Reconciliation Act) was passed early in 1996 and signed into law by the President.

Thus Congress, in a few short years, had begun a new and aggressive campaign to convert the Social Security number into a national ID, in the name of compliance with GATT and tracking deadbeat parents. However, another politically attractive issue was providing an even greater excuse for a national ID system: illegal immigration. The latest and most comprehensive attempt to require a national ID card was the "Illegal Immigration Reform and Immigrant Responsibility Act of 1996" (H.R. 2202). The law prohibits the use of state driver's licenses after Oct. 1, 2000 unless they contain Social Security numbers as the unique numeric identifier "that can be read visually or by electronic means." (Section 656(b)). On 6/17/98, the Transportation Department's National Highway Traffic Safety Administration (NHTSA) issued a directive to implement the driver's license-ID provisions passed by Congress. Among other things, this directive contemplates requiring all states to submit certificates of compliance to the Department of Transportation by September 30, 2000. Representative Ron Paul (R-TX) elaborated on this heavy-handed state of affairs: "Under the current state of the law, the citizens of states which have driver's licenses that do not conform to the federal standards by October 1, 2000, will find themselves essentially stripped of their ability to participate in life as we know it. On that date, Americans will not be able to get a job, open a bank account, apply for Social Security or Medicare, exercise their Second Amendment rights, or even take an airplane flight, unless they can produce a state-issued ID that conforms to the federal specifications. Further, under the terms of the 1996 Kennedy-Kassebaum health-care law, Americans may be forced to present this federally approved driver's license before consulting a

physician for medical treatment! While no state is “forced” to accept the federal standards, it is unlikely they will refuse to comply when such action would mean none of their residents could get a job, receive Social Security, leave the state by plane, or have access to medical care.”

The features of the card itself will drastically facilitate data collection and intrusiveness: The law orders the development of a Social Security card that “shall employ technologies that provide security features, such as magnetic stripes, holograms, and integrated circuits.” (Section 657(a)) A “smart card” with these technologies can contain a digitized fingerprint, retina scan, voice print, DNA print, or other biometric identifier, and will leave an electronic trail every time it is used. Already, tamper-resistant ID cards containing biometric information are being developed for Americans who live in remote areas near our northern and southern borders.

The other bill that ushered in the legislative authority for a mandatory national ID number was also passed in 1996: the Personal Responsibility and Work Opportunity Reform Act (known as welfare reform). The welfare reform law requires that, in order to receive federal welfare funds, states must collect Social Security numbers from applicants for any professional license, occupational license, or “commercial driver’s license.” (Section 317) The Balanced Budget Act of 1997, in the guise of making “technical corrections” to welfare reform, deleted the word “commercial,” thereby applying the requirement to all driver’s license applicants, and even added “recreational” (hunting and fishing) licenses. Another provision of welfare reform requires employers, since Oct. 1, 1997, to transmit the name, address, and Social Security number of every new worker to a Directory of New Hires. This is supposed to help track deadbeat dads, but the information is collected from all new workers (regardless of whether they are deadbeats or even dads) and maintained for 24 months.

We should recall the words of Phil Ochs: “Her glory shall rest on the strength of her freedom”, from his song, “Power And The Glory”.

## **The New Mandates, Part 2**

**By Gary Krasner**

From *Well Beings*, 12/98

*As the undisputed master of public relations and political flimflam, the Clinton Administration had led a mostly bipartisan coalition to pass the most Draconian laws since the old Sedition Acts. It has been dressed up for the public as consumer-friendly, happy-meal measures to deal with children’s health insurance, tax and welfare cheats, health Insurance portability, patients’ rights, illegal immigrants, and deadbeat parents. But will Americans swallow it?*

Last year Congress voted on whether to authorize funds, and thereby implement, several regulations proposed by the Clinton Administration that will significantly reduce our ability to keep our medical affairs private, make medical decisions for our children, travel or open a bank account, or apply for a broad range of licenses or government services. These regulations—authorized by legislation passed in the last few years—had also paved the way for individual states to commence computerized vaccination tracking programs. Such programs have already improved the ability of many state health and welfare agencies to harass and coerce parents to vaccinate their children. It’s also going to facilitate the establishment of a national vaccination database on all children in the U.S.

Ironically, while the Administration characterizes the opponents of these overreaching laws as “anti-government libertarians”, “rigid Constitutional extremists”, and “gun nuts”, these groups will not be the most adversely affected by these laws. Instead, it will be average conscientious parents wishing to make appropriate medical decisions for their own children. In fact, look no further than the thirty or more states that are aggressively enforcing child vaccination requirements through their newly established, federally funded vaccination database tracking systems. In these states, so called “unfit” parents are losing custody of their own children to child protection agencies for having the “audacity” to say, “That vaccine disabled my first child. I will not allow it to be given to my other children.”

## HOW IT BEGAN

Initiating a national vaccination tracking infrastructure requires some form of national ID system to be in place. Clinton and his associates had sneaked in such a system by packaging it as health care reform. A National ID Card first appeared innocuously concealed in the Health Security Act of 1994 as a “health care benefits card” that Hillary Clinton insisted had to be carried by every American—even if they refused to be covered by the plan—under penalty of law. Jon Christian Ryter described how the Act became law:

“The Clintons knew a National ID Card spelled problems, regardless what name was put on it. However, as a health care card that provided each American with thousands of dollars of free medical care, they correctly surmised that the ramblings of the right wing zealots could be easily dismissed by the mainstream liberal media. The media did its job well. According to the media, the Health Security Act would provide health care for the millions upon millions of uninsured Americans. The media even obliged by ignoring the obviously flawed cost assessments as well. Hillary demanded that Congress pass the Health Security Act without any changes. But Congress rejected it as too expensive and experimental.

Buried in the National Archives, in the working papers of the Hillary Clinton health care plan, was the game plan in the event the Health Security Act went down in defeat. It was to implement another health care act that provided health care for children. They thought, no one would dare deny health care to children. Senators Ted Kennedy and Orrin Hatch introduced the plan in Congress, and the Health Security Act passed in 1994.”

Once it became law, the bureaucracy possessed the authority to simply expand it to include anyone and everyone. But the legislation still required funding to create a biometric health care card. The authority to do it was there, but not the money. For the money, the Clinton administration turned to the Robert Wood Johnson Foundation (RWJF). The foundation, created by the founder of the Johnson & Johnson pharmaceutical and health supply company, obliged and funded the experimental program which was kicked off in three western cities. (Note: The lawsuit by groups that were barred from the First Lady’s health care reform meetings revealed that Hillary Clinton—a past Program Director of RWJF—and nearly 1000 of the 2000 people on Ira Magaziner’s Interdepartmental Working Group were either employees, officials, health policy fellows, grantees, contractors or grantee institutions of RWJF.) The card recorded the inoculation records of children, as well as everything from DNA typing, to the individual’s medical, psychiatric and financial history. And unlike an ID in the form of a National Driver’s License (described later), this Health Passport Card for at least one of the pilot cities (Denver) contained a tracking chip that could track the movements of each Health Passport card holder.

## HOW IT WAS EXPANDED

In addition to children’s health, The Clinton Administration wanted to establish a national ID number system to deal with “welfare reform”, “illegal immigration”, “health care portability”, and “gun control”. They ignored arguments that it was not essential to deal effectively with these issues by placing our individual liberties at risk.

As we pointed out in our last issue (“Big Brother Is Watching”), there must be a unique number for a government to efficiently track your activities. To use Social Security numbers for this purpose, the 1974 Social Security Privacy Act and other protections were nullified (by permitting the SSA to send SSNs of babies born since 12/31/90 to each State’s Bureau of Vital Statistics, without securing parental consent, for the purpose of establishing and maintaining vaccination registries) by legislation enacted between 1994 and 1996. In the guise of complying with the GATT provisions and to locate “deadbeat dads”, H.R.3453 was passed in 1995. To deal with illegal immigration, H.R. 2202 was passed in 1996. In effect, this allowed the Transportation Department to mandate that Social Security numbers (SSN) be included on state-issued driver’s licenses. Before that could proceed, Clinton first had to issue Executive Order 13083, which many believe violated the Tenth Amendment to the Constitution. Finally, in 1996 welfare reform added further to the sharing and cross referencing of our SSNs, such as requiring them for all kinds of professional, commercial and recreational state license applications, and to require employers to report to the Feds all newly hired employees.

Although using a centralized unique number system reduces the costs and redundancy of many functions of government, there are great dangers as well. Lack of safeguards invites a variety of abuses, such as theft of data or unauthorized access by persons or corporations, or the spread of inaccurate information. The damages from the latter are usually irreversible, because computer data that is so widely dispersed is much harder to correct or delete than it had been to create it. Also, more Social Security fraud and rip-offs would occur because more people would have access to the numbers with the cross-referencing data (the SSN is, in effect, similar to a person’s bank account number). Finally, as we’ll see with vaccination mandates, concerns about privacy pale in comparison to the overwhelming power of the state to coerce or penalize dissenters or non-participants. Dr. Richard Sobel, a research fellow at Harvard Law School said, “The American political system was set up to be inefficient; to divide power. What ID numbers do is centralize power, and in a time when knowledge is power, then centralized information is centralized power.”

## FROM LAW TO ENFORCEMENT

Before any of these laws can actually affect us, implementation mechanisms and guidelines must be proposed by the intended enforcement agencies, and then Congress must decide whether to appropriate funds for them. Much of that activity began last year. But groups as diverse as civil libertarians and ultra conservatives had managed to delay some of the laws from being implemented. Before we discuss vaccination tracking specifically, here’s an itemized list of the various implementation proposals considered in the previous session of Congress, the dangers they pose to our liberties, and their current status:

(EIN) Tracking Health Care through Employers. As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Human Services (DHHS) had proposed rules to identify patients through the tax identification number (TIN or SSN) already assigned by the IRS. The National Standard Employer Identifier (EIN) is intended to help eliminate paperwork, simplify activities such as enrollment in health plans and payment of health insurance premiums, and save money for consumers. Under the proposed rule, health care providers, health care clearinghouses, and health plans would use this number to identify the employer on electronic health transactions. Currently, health plans, providers, and employers use different ID numbers for an employer when they conduct business. Objections: Since this rule would require employers to record employees’ private health transactions in a database, Congressman Ron Paul, M.D. (R-TX) pointed out that, “this will allow coworkers, hackers, government agents and other unscrupulous persons to access the health transactions of every employee in a company simply by typing the company’s identifier into their PC”.

(NPI) National Provider Identifier, (also part of HIPAA, see above) will track all those who provide health care services or equipment through one or several linked registries. Since every electronic, and perhaps paper,

transaction will be required to use the NPI, tracking of patient data may be possible. Using NPI, government can track the whereabouts, residence, credentials, and practice of every health care professional in the nation, from doctors to nursing assistants. Government can track not only providers who treat government recipients (Medicare and Medicaid), but all providers. No provider will be able to relocate w/o informing government of his whereabouts. Objections: NPI is invasion of personal and professional privacy, and a prohibition on freedom to practice. Government determinations of medical necessity or cost controls may be used to increase revenue from fines and penalties. Providers may fear government reprisal regarding diagnosis and treatment decisions and treat patients less aggressively than their professional judgment prescribes. Since all health care transactions must use the NPI, the government may be able to track individual patients through their providers without the patient's consent. May push citizens into black market medicine particularly for privacy reasons. Places government in the role to decide what constitutes "acceptable" health care.

(NID) National ID. Social Security number (SSN) to be used on state driver's licenses. As a result of the 1996 Illegal Immigration Reform and Immigrant Responsibility Act of 1996, a federal agency may only accept as proof of identity a driver's license or identification document that contains a visible or electronically readable SSN, with one or more security features (magnetic strip, bar code, hologram, etc.). In addition, the SSN may become the unique patient identifier and allow medical record linkages. Objections: If implemented, this will allow all citizen transactions to be monitored, all data on citizens to be linked, and identities to be stolen (it happened in Virginia until they took the visible SSN off the card). As a de facto national ID card/internal passport, it would enable the federal government (not the states) to track, and potentially control everyone's movements throughout North America. As such, it is contrary to the original intent and guarantee that SSNs would not be used for identification. (Rules were issued by the National Highway Traffic Safety Administration.)

(UPI) Unique Patient Identifier. (also authorized from HIPAA above). The purpose is to assign every American a "unique health identifier": a number that could be used to create a national database that would track every citizen's medical history from cradle to grave. Patient health records could be moved as they switch from one insurance plan to the next. Old records would be easier to retrieve. Billing would be streamlined and more efficient. A national disease database could be created, offering unlimited opportunities for scientific study. Objections: No penalties for violations of privacy and confidentiality, and is virtually unenforceable if there were. Abuse could be widespread, and very damaging in that medical information is inherently more personal by its nature. Currently, computers at one managed-care company cannot communicate with those at another. But once different plans can talk to one another via a single reference number, patient privacy will be virtually nonexistent.

## CURRENT STATUS OF THE REGULATIONS

Essentially, EIN requires employers to use SSNs; NPI requires health providers to use them; UPI requires you (and possibly others) to use them; and NID will require state motor vehicle departments to use them. Many arguments were made against these rules. Rep. Ron Paul, whose amendment to place a one-year moratorium on financing these rules had failed, said that they lacked constitutional authority: "Any federal action that oversteps constitutional limitations violates liberty for it ratifies the principle that the federal government, not the Constitution, is the ultimate arbitrator of its own jurisdiction over the people."

By the end of the legislative session, Congress merely disallowed any money that was appropriated in the general funding bill to be used for issuing a final federal regulation to implement the NID (federal drivers license). But other funds, even reserve or slush funds from other legislation, could be used to do so. But given the fact that it was the major government funding bill, it would be difficult. But there was no language to prohibit it either. Another clause had suspended Clinton's Executive Order 13083, which had, in effect, authorized the National Highway Traffic Safety Administration to issue the NID rules. This year there's still a

fair chance for an outright repeal of the NID section of the bill in the wake of the widespread public opposition that was demonstrated last year, and after the American Association of Motor Vehicle Administrators—an influential pseudo-private, quasi-government organization—had withdrawn its decade-long support for the use of SSNs on driver’s licenses, and recommended the repeal of the provision.

The group of health identifiers did not fare as well. The unique patient ID (UPI) was not repealed, however it cannot be instituted unless it is specifically re-enacted into law by new legislation. On the other hand, Congress allowed the use of funds to enact the Provider ID system (NPI)—a federally issued number and national tracking system on all health practitioners, and the inclusion of the employer tax identification number (EIN) on every medical bill, claim, treatment approval or denial, and patient record that is electronically transacted.

On January 8th, 1999, Congressman Ron Paul introduced the Freedom and Privacy Restoration Act of 1999. This amendment to the 1999 Labor, HHS Appropriations Bill was supported by the American Assoc. of Physicians and Surgeons, the ACLU, and others. Fortunately, the amendment had passed and the funding for federal health agencies to create and assign UPIs was removed for this year. This bar to funding UPI will have to be renewed for next years’ HHS Appropriations bill, and the year following that, until we elect a president who understands the problem with this law. Send a “thank you” letter to Congressman Paul: 202-225-5785 fax, 202-225-2831 phone, <rep.paul@mail.house.gov> email.

Finally, the often-mentioned “Patient’s Bill of Rights” was the latest among the Administration’s talking points, and has bipartisan support for many of the provisions that rely on the same mandated tracking of patients (UPI, NPI, EIN) and the accompanying privacy and confidentiality risks already discussed.

## VACCINATION TRACKING

The most oppressive and pernicious use of a unique identifier involves tracking the vaccination status of children. In the hands of state health bureaucrats intent on carrying out a (spurious) mandate, the medical, philosophical, or religious convictions and rights of people are inevitably violated. As the most pro vaccination president since Jimmy Carter, the incentives and mandates coming from Clinton’s Administration have never been greater than they are now. It requires an inexhaustible supply of arrogance to claim to know better than you what is best for your child. As the following events clearly show, Clinton and his associates were up to the task.

During the 1993 public policy debate over the massive Health Care Plan proposed by First Lady Hillary Clinton, a broad-based, non-partisan coalition had defeated the implementation of a federally-funded vaccination database that was a component of the Comprehensive Child Immunization Act. This database would have established a tracking mechanism for every child born in the United States. The coalition was successful in having the database authorization removed from the legislation. Six months later in September 1993, an amendment was covertly attached to a bill that allowed for the creation of state and local inoculation databases, in contrast to the federal database that raised so much opposition. A \$417 million federal price tag was initially attached to pay for the implementation of the state databases, with additional funds awarded as incentives to states, proportional to their vaccination compliance rates. At the earmarked rate, these “incentives” given to state health departments can amount to about \$20 billion nationally. What administration would rationally consider spending these sums—and allow drug companies to reap enormous profits—just to increase vaccination rates among pre 2 year-olds a mere 10%. Nevertheless, the amendment was approved, and to date about two-thirds of the states in the U.S. have fully functioning vaccination databases.

The creation of these state databases have been accomplished in no small measure to several federal agency mandates and the passage of the mammoth Health Insurance Portability and Accountability Act (HIPAA) in 1996. HHS Secretary Donna Shalala signed an order that allowed the Social Security Administration to release



all newborn's SSN to the states for the establishment of the state databases. HIPAA mandated that every patient, employer, provider, and health plan be given a unique health identifier number; that standards for electronic transmission be enacted; and that national code sets for collection of individually identifiable medical information be established. The bill allows the HHS Secretary to establish her own privacy guidelines for federally-funded medical databases—including the state vaccination databases—if Congress does not enact their own privacy standards before August 1999. To date, HHS recommendations have opposed parental consent requirements for release of medical information when they define the situation to “be in the interest of public health.” Amendments that HHS endorses to protect privacy for implementation of HIPAA registry proposals have all included this imprecise, intentionally open-ended exception to consent. Early in 1993, HHS Secretary Donna Shalala represented the administration's position unequivocally: “This is an attempt to immunize every preschool child, not just poor children”. This is in spite of the fact that the U.S. has already achieved a 98 percent vaccination rate for children entering kindergarten, before any massive government-operated vaccine tracking registry.

## EVIDENCE OF ABUSE

Numerous abuses happening now on the state and local levels are just a preview of what's likely to occur with a national tracking and enforcement system. Children who are not part of the immunization registries are being denied health insurance coverage, and enrollment in public and private daycare, elementary schools, and colleges; parents have been denied public assistance benefits. Some parents that have not participated in the registries, or who veered from following the standard vaccination schedule have been charged with neglect, abuse, or endangerment, and have had their children seized merely on the word of health officials, even before any finding of fact in a court. State child welfare agencies have often assisted a vindictive former spouse to bring charges against a parent who decides—no matter how judiciously—that one or more vaccines are unsafe or unnecessary. In addition, not all states allow for religious exemptions for parents to use if they have doubts about privacy, or the safety of any of the vaccines on their child.

The National Immunization Program's (NIP) aggressive outreach activities, dubbed “Reminder/Recall methods,” have harassed and punished parents and health-care providers who do not comply with the government requirements. These activities would include mailings, phone calls and home visits that could lead to on-the-spot vaccinations. The NIP's goals to “gather wide-ranging information”, and “to identify and target interventions in every pocket of need”, may be a clue why they want information on extended adult family members included in the database.

To defer issues of vaccine safety and effectiveness, health officials have disseminated the myth of neglectful or ignorant parents. However, non-compliance does not necessarily mean the parents are irresponsible. It is more often to the contrary, as Barbara Loe Fisher, Co-Founder & President of NVIC (the national parent and educational organization leading the opposition to vaccination registries) had stated before the National Vaccine Advisory Committee Immunization Registries Workgroup on Privacy and Confidentiality on May 14, 1998: “Educated health care consumers instinctively know that a one-size-fits-all, narrow-minded approach to disease control is dangerous when genetic variability and unique environmental factors can put some children more at risk for vaccine-induced injury and death than other children, and yet almost no child is screened out of the mass vaccination program.”

This article has summarized various tracking databases that will soon be compiling profiles on U.S. citizens. But vaccination registries that have been in place for at least a year in many states demonstrates that government officials cannot be trusted with private medical information. The recent example of Texas Health Dept. officials that were caught building a vaccination database by “mining” birth certificate records and Social Security applications before it was legal to do so, should be a warning to the more trusting among us.

In the next issue, WB will survey the various state vaccination registries and tracking systems and detail some of the violations to privacy, medical, and parental rights. However, commenting on the abuses happening now on the state level, Agneta Breitenstein, director of the Health Law Institute in Boston, said: “There are three things that are always true when registries are created: One, there will always be more information collected than is needed to complete the task; two, it will always be kept longer than we are told; and, three, it will always be used for purposes other than intended.”

## THREATS ON THE HORIZON

With the establishment of state databases, the health care establishment has the necessary framework to initiate the National Immunization Registry Plan, which is being developed now by National Vaccine Advisory Committee (NVAC) and the CDC’s National Immunization Program (NIP). The intent of this registry effort is to integrate all of the state databases into one central (i.e. federal) tracking system controlled by the CDC and HHS. This new system will track every child, using information gathered from both public and private health systems. In the face of opposition by civil liberties and parent groups, NIP has openly and consistently favored mandatory inclusion of all children in the registry system without consent of the parents, and to include personal family data that goes far beyond medical and vaccination status, and with few limits on its dissemination. NIP’s position on privacy is clear: “State laws intended to ensure privacy have presented barriers to immunization registries in some areas. Preemptive Federal legislation is needed...” As one recent CDC publication stated: “CDC supports the ultimate goal of enrollment of all U.S. preschool children in a state or community immunization registry.” NVAC’s position is identical to NIP’s in all major respects.

Congress is also considering legislation that would implement a federally operated immunization database to tag, track down and force adults to comply with federal vaccination policies. People in professions like health care, education, or law enforcement are likely to be the most vulnerable to vaccination mandates enforced with this system. But it will expand to people working in the food industry, and other service-related professions. It will be accomplished through the assignment of a “unique personal identifier”, as outlined in the UPI regulations described earlier. UPI had not been repealed last year, but merely defunded for 1999.

Going beyond just vaccinations, most registry advocates hope that “immunization registries can contribute toward what could ultimately be more comprehensive clinical and preventive data bases.” (Immunization News, Pennsylvania Forum for Primary Health Care, Vol.2, Issue 2, Summer 1997). In other words, immunization registries can become the cornerstones for complete government patient databases. Today, immunizations. Tomorrow, diagnoses and prescribed medications. Next year, psychiatric or marital counseling records.

**Gary Krasner is Director of Coalition For Informed Choice  
188-34 87th Drive, Hollis, NY 11423 718-479-2939 CFIC@NYCT.NET**