
Swine Flu in Georgia

Georgia Public Health Department Says Vaccination Won't Be Mandatory

H1N1 is a sub-type of the influenza A virus that causes seasonal influenza worldwide each year. It is the most common form of flu affecting people. H refers to the viral hemagglutinin protein, while N refers to the type of neuraminidase enzyme on the surface of the virus. Both H and N are involved in the infection process.

Want some good news? (a) It came in a *Seattle Times* quote from Harvard-MIT Division of Health Sciences & Technology that said, "The new virus H1N1 has a protein on the surface that is not very efficient at binding with receptors in people's respiratory tracts." Want more? (b) In July New Zealand researchers said swine flu might be at least 40 times less lethal than reported. Want even more? (c) November 16th Georgia's Dr. Patrick O'Neal, Emergency Preparedness & Response Division, Community Health Department, said in a Capitol hearing, vaccination will be given on a voluntary basis, since swine flu is no more dangerous than an annual seasonal flu.

National Emergency Already Declared. After the March discovery of swine flu in Mexico, the acting Health & Human Services secretary declared the U.S. public health emergency April 26, 2009. Then in June, the World Health Organization declared the first swine flu pandemic in 41 years, saying most cases are mild and need no treatment. On July 24th Kathleen Sebelius, the newly appointed HHS Secretary, reiterated the acting secretary's earlier declaration.

Late on Friday, October 24th, President Obama declared a national flu emergency that affects all levels of government – federal, state and local – and authorizes the waiving of laws, rules and regulations to address the swine flu situation. With that increased federal power, Sebelius is authorized to temporarily waive or modify privacy requirements found in Medicare, Medicaid, Children's Health Insurance programs, and Health Insurance Portability & Accountability participants, all of which affect the 50 states.

Emergency powers to combat flu in Georgia were addressed directly in **H.B. 217** that passed in 2009, granting the governor increased flu-related authority as follows:

"In the event of actual or impending emergency or disaster of natural or human origin, or pandemic influenza emergency, or impending or actual enemy attack, or a public health emergency, within or affecting this state or against the United States, the Governor may declare that a state of emergency or disaster exists."

If the governor declares an emergency, he must call a special legislative session to convene at 8:00 A.M. the second day after the declaration. Legislators may agree or terminate the public health emergency. If they agree with the governor, the state of emergency will continue for 30 days, renewable by the governor, but the General Assembly may terminate it at any time.

Public Health Guidelines. **S.B. 385** of 2002 directed the Department of Public Health to create "Public Health Emergency Powers and Procedures" for use in public health emergencies. Chapter 290-5-62-0.19¹ was the result. Those procedures pertain to the swine flu virus.

¹ For details of the Public Health swine flu policy, see page 2.

Swine Flu: Public Health Emergency Powers and Procedures in Georgia

Authorized by S.B. 385 of 2002

Chapter 290-5-62-0.19 gives the Department of Public Health specific guidelines for the swine flu situation. Emergency tactics have *not* been implemented, although the federal Secretary of Health and Human Services and the President of the United States declared an emergency for swine flu. Its mildness and lower possibility of contagion have caused vaccination to remain voluntary in Georgia, where isolation and quarantine have not been implemented and schools and businesses remain open. Students are encouraged to stay home if they don't feel well.

What Could Trigger the Implementation of Emergency Power?

Dr. O'Neal of the Division of Public Health stated November 16th that infections of swine flu peaked in Georgia several weeks ago and emergency powers are unnecessary at this time. But that could change if the next wave of infection brings (a) a large number of deaths or (b) a large number of serious or long-term disabilities or (c) widespread exposure. If such occur, a health emergency could be declared and the Department of Community Health would appoint public health directors to lead local public health activities throughout the state. Those activities are:

Vaccination. County boards of health could implement mandatory vaccination and treatment. If exemptions are requested, a county may consider doctors' opinions, but a judge will make the final decision. *All religious exemptions would be cancelled during declared emergencies.* The federal government funds the vaccine, but recipients are charged an administration fee.

Isolation. The Public Health Officer and district director could isolate those suspected of infection and separate them from others, while restricting their movements and activities until contagion and symptoms are gone. Care, treatment and protective measures will be provided throughout the time of isolation, that may be at home, in a hospital or a designated location.

Forced Isolation. Those refusing isolation will be issued an isolation order that gives reasons for isolation, the nature and symptoms of the disease, as well as the location of the isolation and its expected duration. Before issuing the order, the county board of health must inform the district director of the intent to detain and isolate a person, group or class of persons. Those isolated have the right to a hearing, to counsel, to call witnesses and question witnesses for the county. The decision of the hearing judge may be appealed to the county superior court.

Quarantine. The department could compel a person or group of persons to be examined (*via* blood, urine, x-ray, and other imaging tests) or quarantined, with or without symptoms, if the department suspects exposure to the swine flu. For those infected, movement and activities would be restricted during incubation or the early symptomatic period.

Social Distancing. This includes curfew, closure of businesses, as well as restricted movement and travel. In addition, there may be evacuation, the closing of borders, physical barriers that deny access to places or persons, "ribbons" of law enforcement officers to separate the infected from the healthy population, and cancellation of public gatherings and activities.

District Director. The Department of Community Health would appoint a director in each county or public health district to bring local plans into compliance with department plans.

Violations. Any individual violating these provisions would be guilty of a misdemeanor and, if convicted, would be fined from \$100.00 to \$500.00.

Surveillance by Microchip – the Hidden Threat

Prison Inmates – The Only People in Georgia Protected from Forced Microchip Implants

Problem: Georgia law does not prohibit mandatory microchip implantation of the general public.

Problem: microchips implanted surgically must be removed surgically.

Problem: if implanted for government tracking of disease, they may be permanent, regardless of health risks. Vaccination, quarantine and isolation are hot topics in the current swine flu emergency, but *surveillance should be added to the discussion.* When Dr. Patrick O’Neal of the Department of Public Health listed surveillance as the *most essential tool* for locating infected individuals or groups, *he did not mention the microchip.* But there’s no doubt microchips are discussed as a dandy form of surveillance for the instant detection and tracking of swine flu infection.

H.R. 3962, health care legislation that passed the U.S. House, includes a 59-page Section 2571, entitled “National Medical Device Registry.” If such registry is implemented, serial numbers of Class II¹ and Class III¹ medical devices will be registered and tracked. Class III devices are essential to life support, while Class II includes either life-supporting or life-sustaining devices.

Although FDA initially classified VeriChip as Class III, it was reclassified in October 2004 as an implantable Class II RFID transponder system for patient ID and health information and Digital Angel Corporation was granted permission to market it without further notification to FDA. At that time VeriChip was deemed reasonably safe and effective, but subject to special controls. At reclassification, FDA listed these adverse effects of VeriChip implants:

Adverse tissue reaction; migration of the implanted transponder; compromised data security; failure of the implanted transponder; failure of the inserter; failure of the electronic scanner; electromagnetic interference; electrical hazards; magnetic resonance imaging incompatibility; and needle stick.

However, the FDA list did not include data from years of research that uncovered far more serious effects, including death and malignant tumors in animals implanted with microchips.

Although no version of the federal health care bill authorizes the implantation of microchips in humans, it is not prohibited, either. The same is true of Georgia law, where gubernatorial power is increased over everything (including surveillance) in emergencies, natural disasters, actual or threatened disease, bioterrorism or attack. Suitable surveillance systems are not listed and none is prohibited, so the federal government, the governor and public health officials *could require microchip implants* capable of gathering and transmitting data, while tracking the host.

It’s *insignificant* that the Medical Device Registry is not included in the Senate health care bill. Likewise, it’s *insignificant* that abortion funding was modified in the House bill. Neither bill is final. If the Senate passes its version, a joint House and Senate committee would write the final compromise bill and would incorporate everything House and Senate leaders want.

¹ Class I devices have little potential of harm to users and are subject to general controls – proper branding and labeling.

It includes tongue depressors, bedpans, elastic bandages, examination gloves and hand-held surgical instruments. Class II medical devices require governmental approval with limited third-party initial review. They are life-supporting and life-sustaining. Though microchips are invasive, they are in Class II, with non-invasive items such as x-ray machines, powered wheelchairs, infusion pumps, surgical drapes, surgical needles, suture material, and acupuncture needles. Class III, the most stringent regulatory category of medical devices, requires governmental approval and limited third-party initial review. Class III devices are usually essential to supporting or sustaining human life and are often instrumental in maintaining human health. Examples of Class III devices are pacemakers, defibrillators, artificial joint implants, surgical reconstructive parts, implanted device grafting and suture points, heart pumps, urological implants and suture sleeves.

Reid Health Care Bill Gets 60-Vote Super Majority Required for Cloture Simple Majority Needed for Final Passage, Vote Expected After Thanksgiving

Two Independent Senators, Lieberman and Sanders, added their votes to 58 Democrats voting YES to get 60 cloture votes needed to bring H.R. 3590 closer to debate and final passage. H.R. 3590 is the bill Senator Reid chose to attach his Senate version of the government health care plan. Although Republicans came ever-so-close to a unanimous NO vote, Senator Volnovich (R-OH) declined to vote. With that huge 60-vote hurdle behind them, Senate Democrats are confident the bill will get the necessary 51 votes and pass in the coming weeks.

A Sampling of Taxes in the Senate Health Care Bill

With all the giddy talk of “affordable health care” comes the naked truth. “Affordable health care” won’t be affordable at all. Individuals and businesses will be hit with multiplied billions in new taxes and fines.

- **Statements in Congressional Budget Office Letter to Senator Harry Reid, 11-18-09**

“Firms with more than 50 workers that did not offer coverage would have to pay a penalty of \$750 for each full-time worker if any of their workers obtained subsidized coverage through the Insurance Exchanges. That dollar amount would be indexed.”

“Additional hospital insurance tax [during the years] 2010 – 2019 [would be] \$54 billion.”

Excise tax on high-premium plans from 2010 – 2019 would be \$149 billion dollars.”

“Fees on certain manufacturers and insurers from 2010 – 2019 equal \$102 billion dollars.”

- ***The New York Times* Statements, 11-19-09**

“A person without insurance could be required to pay a financial penalty, starting at \$95 in 2014 and rising to \$750 in 2016, with a maximum of \$2,250 for a family.”

“Senate Democratic aides said the payroll tax increase would raise \$54 billion over 10 years.”

“Under current law, employers and employees each pay a tax equal to 1.45 percent of wages. Mr. Reid would increase the rate to 1.95 percent for individuals with annual incomes over \$200,000 and couples over \$250,000.”

“Desperately seeking money to pay for the legislation, Mr. Reid came up with a new source of financing: a 5 percent tax on elective cosmetic medical procedures. The tax would be paid by patients, but collected by doctors and clinics and forwarded to the government. The tax would be calculated as 5 percent of the amount paid for an elective cosmetic procedure, whether by the patient, insurance or other sources.”

- ***Congress Daily* Statements, 11-19-09**

“The medical device tax has been cut in half to \$2 billion annually to appease Minnesota, Indiana and Massachusetts senators.”

“A fee on insurers remained at \$6 billion a year as well as a fee on drugmakers at \$2 billion annually.”

- ***Reuters* Statement, 11-19-09**

“Reid’s version of the Cadillac tax [on high earners, not on the car] is scaled back from the version in the Senate Finance Committee, which drew the ire of labor unions, a key democratic constituency, which said it would affect middle-income workers.”

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