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<http://www.phe.gov/Preparedness/planning/authority/nhss/comments/Pages/NHSSComments.aspx>

CCHF PUBLIC COMMENT ON BIOSURVEILLANCE PLAN

Citizens' Council for Health Freedom opposes the proposed National Health Security Strategy 2015-2018 (Public Comment Draft, April 10, 2014). We will limit our comments to a few items.

The Strategy focuses on “diverse incidents with health consequence,” to rationalize ongoing, near real-time surveillance and federal responsibility to be involved in American lives at an unconstitutional level. For example:

Strategic Objective 1 calls for building and sustaining health resilience “to strengthen and sustain individual- and community-level health and well-being on an ongoing basis.” Its vision includes the statement “**Health-resilient individuals and communities will be able to handle daily adversities and a wide and unpredictable range of incidents with the potential for negative health consequences.**”

Strategic Objective 3 says “Health situational awareness is the active, continuous, accurate, and timely collection, analysis, interpretation, and sharing of data from multiple sources to support effective decision-making before, during, and after an incident with negative health consequences.” A written informed consent requirement specific to government and non-federal organization access to medical record data for this initiative is not mentioned here or in the Strategy’s implementation plan.

The Implementation Plan specifically notes tracking, access and harmonization, all of which propose to violate the constitutional rights of the American public relative to their personal lives and encounters with the health care system.

Our concerns remain irrespective of use or omission of individual identifiers. Individuals may not want their data used with or without their names for the proposed government purposes, and they have the right to say no to such access. But this Strategy does not provide them with such control over their personal data.

Specific to the Implementation Plan, we note specifically the following 15 items intrude on private lives and enlarge government controls:

- Integration with One Health and its “resource allocation” strategies (Activity 3.1.1 and 3.1.3 and 3.1.4)

- Integration of public health informatics professionals with the private health sector (3.1.7)
- Assuming that nonfederal partners in animal and environmental health should have any say “over the design of new electronic health information systems” for the purpose of sharing private data and conducting surveillance (3.1.5)
- Use of “data-use/data-sharing agreements” that are to “address privacy, security, ethical constraints, data ownership and stewardship” but violate privacy, security, ethics and data ownership by moving forward without patient or individual consent. (3.2.2)
- Federal and nonfederal partners working “to enable movement and exchange of health information to support patient health care needs as well as population-oriented uses in near-time.” (3.2.5)
- The “alignment of data systems and capabilities afforded by new administrative data systems, health information exchanges, EHRs and personal health records, and surveys.” (3.2.8)
- Funding and carrying out “research priorities under relevant areas identified by the” Biosurveillance Roadmap (3.2.9)
- Establishment of “state-level roadmaps” for “electronic health information exchange” (3.3.7)
- “Cross-jurisdictional networks of biosurveillance professionals and researchers in public health and health care” (3.3.9)
- Federal agencies to establish “governance for federal programs for human health information standards and integration,” thus moving toward a national medical records system accessible to government (3.4.2)
- Placing nonfederal public health experts in fusion centers to promote information sharing for “preventing and mitigating public health threats as well as assuring national security” clarifying that this Strategy is not focused on terrorist threats (3.4.7)
- Harmonization of HIPAA’ requirements that allow broad data-sharing (3.5.1)
- Standardization of data elements to promote interoperability of data systems. (3.5.3)

- “Federal partners will...determine the feasibility of and mechanisms for using health information exchanges to obtain population level data, perform public health analytics, and patient tracking.” (3.5.4)
- Conduct a “review of state policies regarding data use for health information exchanges that may act as barriers to data consolidation aggregation, and sharing in order to develop mechanisms for addressing barriers.” (3.5.7)

Finally, the proposals to adopt international standards (WHO International Health Regulations) and to “link global networks for surveillance” are also troubling, as laws outside of the U.S.A. could be imposed on Americans and their data could be shared without their consent outside of the United States.

Thus we oppose the proposed National Health Security Strategy 2015-2018, finding it to be counter to the government’s responsibility to secure Americans’ constitutional rights to be free of government surveillance, outside monitoring, tracking and profiling, federal allocation of medical treatment, and federal interference in personal lives and private choices.