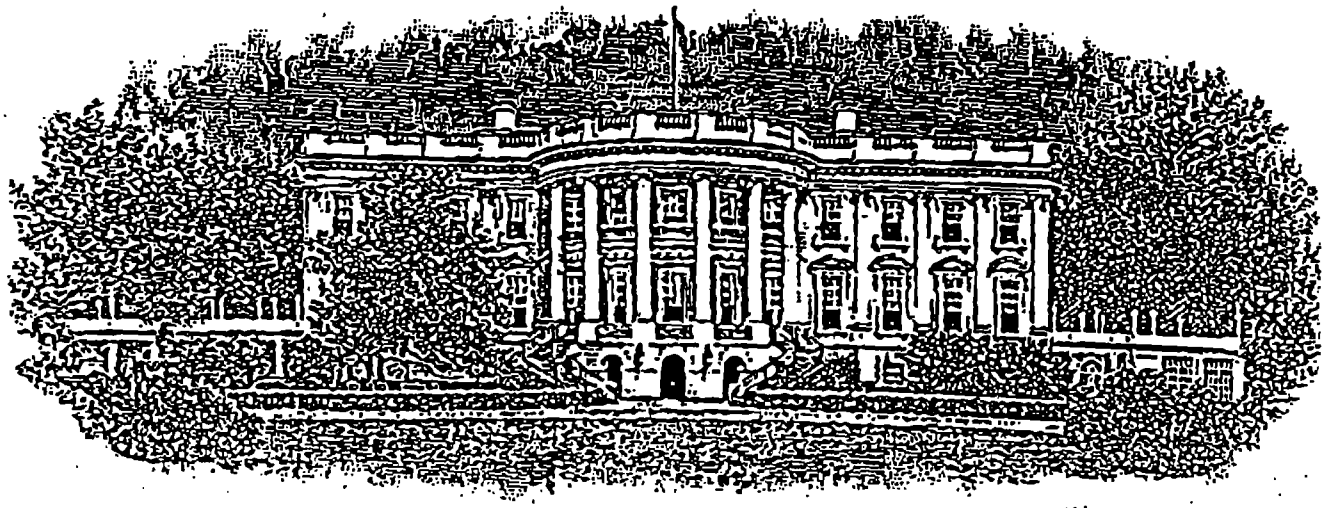
The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Nicole Rabner

FAX NUMBER: 62878

TELEPHONE NUMBER: 62263

FROM: Essence Washington

TELEPHONE NUMBER: 67732

PAGES (INCLUDING COVER): 4

COMMENTS: Today Conference Call Material 11:30AM 60766 #4441

United States Department of State

Washington, D.C. 20520

Dear Mr. Nadler:

This letter is to respond to your request for the views of the State Department on draft legislation exempting immediate relative immigrant orphans from the vaccination requirement imposed in Section 212(a)(1) of the Immigration and Nationality Act. (1)

The proposed language will accomplish the objective of exempting immediate relative immigrant orphans from the vaccination requirement. It will not impose any operational difficulties on overseas consular operations and will not require any additional expenditure of resources.

~~Although the Department does not express any opinion as to whether this legislation is needed,~~ we do wish to point out that while 12,000 children are expected to immigrate as immediate relative immigrant orphans, an additional 28,000 children are expected to immigrate as non-orphan children of American citizens. The Department estimates that a further 50,000 children will immigrate in other categories or as dependents of their immigrant parents. ~~Under these circumstances the Department would expect that some members of the public will question the equity of exempting only immediate relative immigrant orphans and not these other children.~~

while we are supportive of this exemption, (2)

other?

(1) The Clinton Administration maintains a strong commitment and record to promoting adoption and supporting measures to ease the foreign adoption process.

(2) It should be noted that Many of the health concerns raised by the adoption community regarding the vaccination requirement have broader applicability to ~~other~~ children immigrating in other categories as well. We hope we can work with the committees to address some of these issues.

The Honorable,
Jerrold Nadler,
House of Representatives.

The Office of Management and Budget advises that from the standpoint of the Administration's program, there is no objection to this language.

I hope this information is useful to you. Please do not hesitate to contact me if you have additional questions.

Sincerely,

Barbara Larkin
Assistant Secretary
Legislative Affairs

SECTION 1. EXCEPTION FROM VACCINATION REQUIREMENT.

Section 212(a)(1) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)) is amended--

(1) in subparagraph (A)(ii), by inserting `except as provided in subparagraph (C),' after `(ii)'; and

(2) by adding at the end the following:

`(C) EXCEPTION FOR ADOPTED CHILDREN- Subparagraph (A)(ii) shall not apply to a child who is--

`(i) described in section 101(b)(1)(F);

`(ii) seeking an immigrant visa as an immediate relative under section 201(b); and

`(iii) 10 years of age or younger at the time a petition is filed in the child's behalf to accord a classification as an immediate relative under such section.'.

LRM ID: IMS138 **SUBJECT:** OMB Report on HR2267 Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations, FY 1998

RESPONSE TO
LEGISLATIVE REFERRAL
MEMORANDUM

If your response to this request for views is short (e.g., concur/no comment), we prefer that you respond by e-mail or by faxing us this response sheet. If the response is short and you prefer to call, please call the branch-wide line shown below (NOT the analyst's line) to leave a message with a legislative assistant.

You may also respond by:
(1) calling the analyst/attorney's direct line (you will be connected to voice mail if the analyst does not answer); or
(2) sending us a memo or letter
Please include the LRM number shown above, and the subject shown below.

TO: Ingrid M. Schroeder **Phone: 395-3883 Fax: 395-3109**
Office of Management and Budget
Branch-Wide Line (to reach legislative assistant): 395-3454

FROM: 9/10/97 (Date)
Nicole Rabner / Jennifer Klein (Name)
DPC (Agency)
456-7263 (Telephone)

The following is the reponse of our agency to your request for views on the above-captioned subject:

____ Concur

____ No Objection

____ No Comment

_X_ See proposed edits on pages 1

____ Other: _____

____ FAX RETURN of 1 pages, attached to this reponse sheet

United States Department of State

Washington, D.C. 20520

Dear Mr. Nadler:

This letter is to respond to your request for the views of the State Department on draft legislation exempting immediate relative immigrant orphans from the vaccination requirement imposed in Section 212(a)(1) of the Immigration and Nationality Act.

The proposed language will accomplish the objective of exempting immediate relative immigrant orphans from the vaccination requirement. It will not impose any operational difficulties on overseas consular operations and will not require any additional expenditure of resources.

(1) (2) However,

~~Although~~ the Department does not express any opinion as to whether this particular legislation is needed, we do wish to point out that while 12,000 children are expected to immigrate as immediate relative immigrant orphans, an additional 28,000 children are expected to immigrate as non-orphan children of American citizens. The Department estimates that a further 50,000 children will immigrate in other categories or as dependents of their immigrant parents. Under these circumstances the Department would expect that some members of the public will question the equity of exempting only immediate relative immigrant orphans and not these other children.

(1) The Clinton Administration maintains a strong commitment to promoting adoption and supporting adoptive parents. While the Clinton Administration supports measures to ease the foreign adoption process, (2)

The Honorable,
Jerrold Nadler,
House of Representatives.

Total Pages: ___

LRM ID: IMS138

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001

Monday, September 8, 1997

LEGISLATIVE REFERRAL MEMORANDUM

TO: Legislative Liaison Officer - See Distribution below

FROM: James J. Jukes (for) Assistant Director for Legislative Reference
OMB CONTACT: Ingrid M. Schroeder
PHONE: (202)395-3883 FAX: (202)395-3109

SUBJECT: **OMB Report on HR2267 Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations, FY 1998**

DEADLINE: **Noon Tuesday, September 9, 1997**

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President. **Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.**

COMMENTS: State Department advises that the vaccination amendment (referenced in the letter) may be added to H.R. 2267 during House floor consideration, which may begin as early as 9/9/97.

DISTRIBUTION LIST

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Scott Busby
Jennifer L. Klein
Nicole R. Rabner
Charlee E. Kieffer

N -
Can you call me about this?
J

The Office of Management and Budget advises that from the standpoint of the Administration's program, there is no objection to this language.

I hope this information is useful to you. Please do not hesitate to contact me if you have additional questions.

Sincerely,

Barbara Larkin
Assistant Secretary
Legislative Affairs

F:\M6\NADLER\NADLER.087 H.L.C.

DRAFT

AMENDMENT TO H.R. 2267, AS REPORTED OFFERED BY MR. NADLER OF NEW YORK

Page 38, after line 11, insert the following new section:

EXCEPTION FROM VACCINATION REQUIREMENT FOR ORPHAN CHILDREN

SEC. 110. Section 212(a)(1) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)) is amended—

(1) in subparagraph (A)(ii), by inserting "except as provided in subparagraph (C)" after "(ii)", and

(2) by adding at the end the following new subparagraph:

"(C) EXCEPTION FOR ORPHAN CHILDREN.—Clause (ii) of subparagraph (A) shall not apply to a child who is described in section 101(b)(1)(F) and is seeking an immigrant visa as an immediate relative under section 201(b).".

Nicole - let's talk to Karen about this + after school

FAX TRANSMISSION

AFL-CIO
815 16TH STREET, N.W., ROOM 504
WASHINGTON, D.C. 20006
(202) 637-5178
FAX: (202) 508-6967

To: Melanne Verveer **Date:** Sept. 4, 1997

Fax #: 202-456-6244 **Pages:** 4 including this cover sheet.

From: Christine L. Owens

Subject: AFL-CIO Child Care Initiative

COMMENTS: Following up on the meeting you had with Karen and me a few weeks ago about a possible AFL-CIO Child Care Initiative, I am forwarding a copy of the press release we issued today, in advance of tomorrow's *Ask A Working Woman Conference*. The final page includes statements from President Sweeney to the effect that expanding the nation's supply of affordable, accessible and high quality child care will be a new priority for the AFL-CIO, and committing the AFL-CIO to work at the national and local levels to achieve this goal.

815 16TH STREET, NW • WASHINGTON, DC 20006 • 202-637-5064 • FAX 202-508-6902

NEWS RELEASE
September 4, 1997

CONTACT: Lisa Lederer
Gretchen Wright
202/371-1999
Deborah Dion
202/637-5036

FIRST PUBLIC OPINION SURVEY TO EXPLORE WOMEN'S VIEWS SINCE THE ECONOMIC RECOVERY FINDS FAIR PAY, JOB SECURITY AMONG WOMEN'S TOP PRIORITIES

AFL-CIO Launches Working Women Working Together Network

WASHINGTON, DC -- Working women say that, despite the economic recovery, making ends meet has become more difficult in the last five years and their job security is getting worse rather than better. Those are among the findings of a major new study released today by the AFL-CIO.

Part of an unprecedented outreach campaign run by the AFL-CIO Working Women's Department, the *Ask A Working Woman* study supplemented a popular survey that was returned by 50,000 working women with a scientific telephone survey of 725 working women that was conducted by the public opinion research firm of Lake, Sosin, Snell, Perry and Associates July 30 to August 3, 1997.

Nearly two-thirds of working women say they provide "about half or more" of their household income, according to the scientific survey. Equal pay is a top concern for working women, and time and respect are scarce commodities. The survey found that, by an overwhelming margin, women believe that joining together to work for change in the workplace is more effective than working individually for change.

"Sixty-one million American women work for pay, and their families rely on their paychecks," AFL-CIO President John Sweeney said in releasing the study. "By overwhelming margins, working women told us they want paychecks that let them make ends meet, better benefits and security, and respect on the job. The economic recovery alone will not solve these issues for working women. We intend to do even more organizing to address their concerns."

The scientific survey, which included oversamples of African American, Hispanic and Asian American working women, found that:

- Sixty-four percent of working women, 52 percent of married working women and 40 percent of part-time women workers provide about half or more of their household income. Two in five working women (41 percent) head their households.

more

Add One

- More women (37 percent) say that making ends meet has become more difficult in the last five years than say that it has gotten easier (29 percent).

- Nearly every working woman (99 percent) cites equal pay for equal work as important. Yet, nearly one-third of women workers (32 percent) say that their own job does *not* provide equal pay for equal work. Half of African American (50 percent) and two in five clerical and secretarial women workers (42 percent) say they do not have equal pay for equal work right now.

- Nine in ten working women (92 percent) say protection from lay-offs and down-sizing is important. Yet, just one in three respondents (34 percent) say they are protected from layoffs in their current jobs. Forty-one percent say job security has gotten worse for women in the last five years, while just 26 percent say it has gotten better. Many more union (55 percent) than non-union women (32 percent) say their current job is secure.

- Eighty-two percent of working women say sick leave is important to them, but three in ten (29 percent) do not have paid sick leave.

- Sixty-two percent of working mothers with children under age six say child care is "very important" to them. Just 13 percent of these mothers have jobs that provide child care. African American and Hispanic women are most likely to want and not have child care.

- Three in four working women (78 percent) say that punishment for sexual harassment is very important to them. Yet, 35 percent say this protection is not provided by their employer today.

- Four in five respondents (79 percent) say the best way to solve workplace problems is for women to "join together and work as a group" rather than to "work separately as individuals." At least three in four working women want employers, working women's organizations, government, community and civic groups, and labor unions to help solve the problems they face at work.

In addition to the scientific and popular surveys, the *Ask A Working Woman* campaign included meetings around the country with working women. Designed to listen to working women, the meetings featured a single mother who works the night-shift at a factory in Maine, hotel workers in Honolulu describing their struggles to meet family and work demands, flight attendants in Atlanta describing how they are treated on the job, and much more. The popular survey was distributed at worksites, grocery stores, beauty parlors, soccer games, prayer breakfasts, and other places where women gather.

To address the other issues women raised, the AFL-CIO launched a new *Working Women Working Together Network*. Already 50,000 members strong, the *Network* will work to organize at the local, state and federal levels, press for passage of legislation of concern to women, and promote women's involvement in elections at every level of government. **Women can join the *Working Women Working Together Network* by calling toll free, 888/971-9797.**

Add Two

"Our goal is to start a national conversation on working women's issues," AFL-CIO Working Women's Department Director Karen Nussbaum said. "Working women face deadlines at home and at work. A sick child or a demanding boss. A new muffler or the electric bill. Through this initiative, working women have expressed their priorities. They want pay and protection, benefits and economic security, and control of their time. The AFL-CIO stands ready to respond."

AFL-CIO Vice President and Chair of the Committee on Women Workers Gloria Johnson said the union will launch a new campaign to promote equal pay for women. "Equal pay is women's top concern, and we will respond with a grassroots campaign that makes women's wages the public issue it deserves to be," Johnson said. "Each woman should not have to fight individually for fair pay. The system needs to treat women fairly. Women can call 888/971-9797 for information on how to fight for equal pay." The AFL-CIO will also plan local actions on fair pay, and press for passage of two bills now before Congress -- the Fair Pay Act and the Paycheck Fairness Act.

The AFL-CIO also announced that expanding the nation's supply of high quality, affordable, and accessible child care will be a priority. "Working parents tell us they need safe, affordable, and convenient child care," Sweeney said. "Unions have worked hard to provide that to our members. But the labor movement's commitment is to *all* of the nation's children and to *all* working parents. That is why we are expanding our child care focus."

The AFL-CIO's child care program will combine support for greater federal funding for child care with local union activity to promote and shape new community-based initiatives designed to increase supply, set high standards, and raise providers' pay. Expanding the supply of school age care will be a priority. Today, seven out of ten public schools offer no pre- or after-school child care programs. After-school care also can provide educational help, including tutoring in key subjects. To be effective, such educational programs need to be staffed by qualified personnel, related to the regular school program, and make use of educational programs known to work. "We will be working to secure both adequate funding and standards of quality for such programs," Sweeney said.

A *Working Women Working Together* conference with more than 1,500 working women from around the country will be held September 5 - 7 in Washington, D.C. Speakers will include Vice President Al Gore, U.S. Secretary of Labor Alexis Herman, U.S. Senator Barbara Mikulski (D-MD), former Texas Governor Ann Richards, AFL-CIO President John Sweeney, and other Members of Congress and high-ranking labor officials. Plenary and workshop topics will address living wage campaigns, pay equity, flextime and flexible hours, bargaining for work and family issues, child and elder care, sexual harassment, workplace safety, welfare reform, organizing health care providers, and much more. The conference is open to the media.

AFL-CIO President John Sweeney created the Working Women's Department last year. Women make up almost one-half the workforce today, and their numbers are increasing. Ninety-nine percent of women in the U.S. will work for pay at some time in their lives. The AFL-CIO is the nation's largest working women's organization with 5.5 million women members.

- 30 -

NOTE: Copies of the *Ask A Working Woman* study are available to the media from Lisa Lederer or Gretchen Wright at 202/371-1999. The report is available to the public from the AFL-CIO Working Women's Department at 888/971-9797.

State Department letter to Hon. Jerold Nadler
Re: Exemption from Vaccination Requirement for Immigrating Adoptive Children

PARAGRAPH 3:

Strike language until "we do wish" on line 2

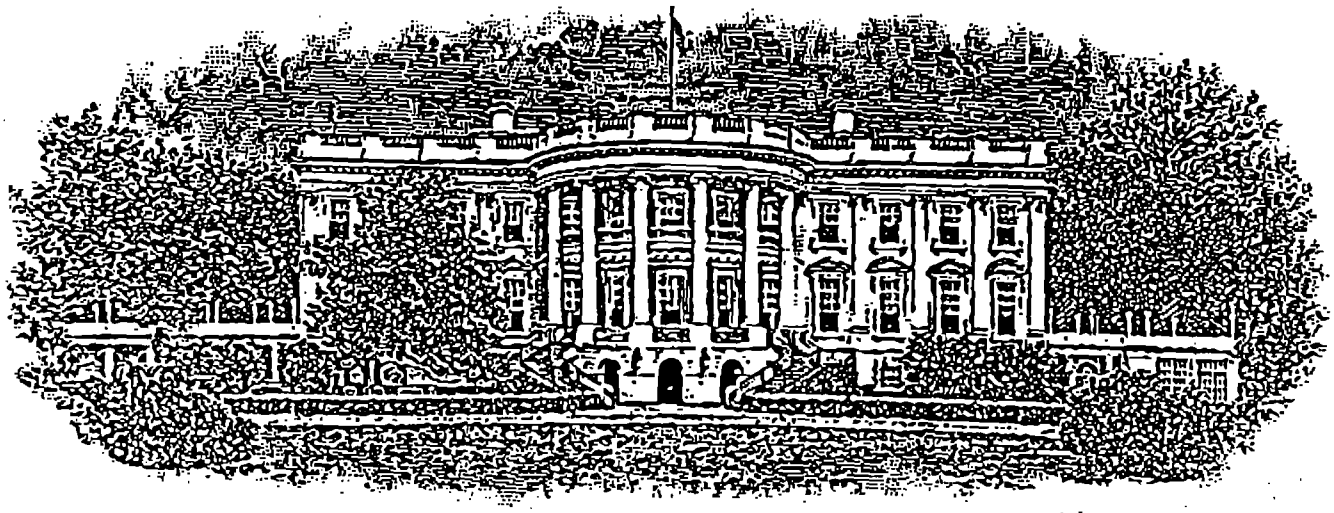
Begin with:

The Clinton Administration maintains a strong commitment to promoting adoption and supporting adoptive parents. While the Department is supportive of the intent of this legislation to ease the foreign adoption process, the Department does not express any opinion as to whether this legislation is needed. However, we do wish as [continue language]

Jen –
what do you think?
Lets discuss; it's tricky.
N

Nok → for discussion purposes.

The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Nicole Rabner

FAX NUMBER: 6 9412

TELEPHONE NUMBER: _____

FROM: Liana Shimabukuro

TELEPHONE NUMBER: _____

PAGES (INCLUDING COVER): _____

COMMENTS: _____

WORKING DRAFT -- 8/22/97

Chronology/Summary/Purpose of Amendment

Summary of Overall Purpose

The purpose of this amendment is to address the growing public health problem in the United States by ensuring proper medical screening of arriving immigrants, and by educating arriving immigrants on the importance of vaccinations. This public education effort hopes to achieve the same success enjoyed by the vaccination program in the United States.

Chronology

December 1995: In December 1995, INS, DOS, HHS and CDC met with the subcommittee members to discuss section 154 in S. 1664, which created a new medical ground of inadmissibility under section 212 of the Act relating to vaccinations.

April 1996: The agencies expressed serious concerns about the vaccination requirements as a new medical ground of inadmissibility. The Administration was particularly concerned about certain implementation and other difficulties that may actually jeopardize the public health in the United States. An excerpt of the views letter submitted to Senator Bob Dole dated April 16, 1996, is attached.

May 1996: The Administration drafted an alternative amendment, which was offered on the Senate floor and adopted in Section 154 of S. 4743. A copy of the relevant excerpt from the Congressional Record dated May 6, 1996 is attached.

The amendment offered by the Administration took the vaccination requirements out of section 212 of the Act, where they would be a ground of inadmissibility, and put them in section 234 (subsequently redesignated as section 232(b) by the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA)). The idea was to ensure proper medial screening of arriving aliens, by incorporating a vaccination assessment into the medical examination process and educating arriving aliens on the importance of vaccinations, and by creating a new medical examinations fee account to be used for training and overseeing the physicians who conduct the medical examinations.

Under the amendment passed in S. 4743, the vaccination assessment was to be incorporated into the existing medical examination requirements, and was to include a review of the alien's record of vaccination against mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, Hemophilus-influenzae type b, hepatitis B, any other vaccines recommended by the ACIP.

The new Medical Examinations Fee Account was intended to provide a direct funding mechanism to cover the cost of creating viable civil surgeon programs (for medical examinations performed in the United States) and panel physician programs (for medical examinations performed abroad),

which includes, but is not limited to, training and quality control.[1] The fee account was to be funded through fees imposed by INS on adjustment of status applications field in the U.S. and by DOS on visa applications filed at U.S. consular posts abroad. The fee was to be determined by the Department of Health and Human Services, and was to be collected when the Attorney General conferred upon the Secretary of HHS the authority to designate the civil surgeons who perform the required medical examinations in the U.S.

The approach taken in section 154 of S. 4748 was one of public education, because the public education approach taken towards vaccination programs in the U.S. had been so successful. **[MAYBE HHS CAN ADD A BLURB HERE].**

September 1996: The vaccination provisions in the final legislation, section 341 of IIRIRA, did not adopt the approach taken in section 154 of S. 4743. The vaccination requirements were retained in section 212 of the Act, which makes them a medical ground of inadmissibility. The fee account, which was needed to delegate to CDC the authority to oversee the civil surgeon and panel physician programs, also was not adopted.

March 1997 - Present: The adoption advocacy groups vehemently protested the vaccination requirements adopted in the final legislation because of the following concerns, which include:

- The accuracy of health records of orpahn children living in orpahnages
- The potential use of unsterilized needles
- Adverse reactions to live virus vaccines resulting from malnutrition, or bad vaccines

---

[1]CDC published a study on TB in the April 1995 issue of the New England Journal of Medicine. This study reported an increase of TB among the foreign born population living in the United States from 21.6% in 1986 to 29.6% in 1993. This study also called for "major improvements" in TB screening, to include improvements in the medical screening process. The underlying problem, however, lies in existing law. The law currently states that PHS medical officers should perform the medial exam, and that in the absence of available PHS medical officers, INS can designate civil surgeons who have at least 4 years of experience. Because PHS medical officers have not been available since the early 1970s (only 8 U.S. ports of entry are staffed by PHS medical officers), INS became responsible for designating the civil surgeons in the United States and for monitoring their activities. (Panel physicians performing the medical screening abroad are designated by DOS consular officers in consultation with CDC). Because of the dramatic increase of the number of designated civil surgeons in the United States, the resurgence of TB, and the emergence of HIV and AIDS, the need for enhanced quality control over the medical examination process is absolutely essential. INS, however, lacks the needed medical expertise. Provisions for a special CDC medical exam fee account were therefore included in the legislation so that the necessary funds can be made available for HHS/CDC to oversee the designated civil surgeons in the United States and the panel physicians abroad. This measure, in turn, will contribute immensely to the effort to curtail the spread of TB in the United States, and to public health in general.

- Inability to test children for immune dysfunctions while abroad
- Lack of informed consent for vaccines.
- The panel physician may not be a pediatrician and may not realize that the child is immunocomrpmised.

The Administration's Concerns About the McCain and Kyl Amendment No. 1015

The McCain-Kyle Amendment proposes to amend section 212 of the Act to add a new paragraph (p) stating that the attorney General should exercise the waiver authority provided in subsection (g)(2)(B) for any alien orphan applying for an IR3 or IR4 category visa. The administration has concerns with this amendment, because section 212(g)(2)(B) of the Act provides that the Attorney General may waive the requirement for one or more of the specified vaccines when the panel physician or civil surgeon or panel physician certifies, in accordance with HHS regulations, that the vaccine would not be medically appropriate. The McCain-Kyle amendment is directing the Attorney General to exercise discretion in IR3 and IR4 orphan cases independently of the examining physician. All findings of inadmissibility on medical grounds, however, are made by the Attorney General based on the information provided by the examining physician. The examining physician, in turn, must prepare that information according to the specific regulations prescribed by HHS. The Attorney General, therefore, cannot and should not second-guess the findings made by the medical experts. the Attorney General does not have the medical expertise needed to make independent medical assessments. Moreover, the McCain-Kyle amendment covers only orphans and not other children or adults who might be exposed to the same potential dangers as orpahns, such as live vaccines and unsterile needles.

Purpose and Scope of the Administration's Proposed Amendment

The Administration appreciates the concerns about the current vaccination requirements raised by the adoption advocacy groups but wishes to point out to Congress that the issues are not only of concern to orphans, but to all children, and even to adults in some cases. For these reasons, the Administration would favor legislation that would not only promote vaccinations in a positive way, by encouraging arriving immigrants to participate in the system, but also address other health concerns, such as TB and the need to assure adequate quality control measures in the overall medical examination process.

[HHS SHOULD ADD HERE WHY THE ENFORCEMENT MEASURES CALLED FOR IN PENDING LEGISLATION WOULD NOT BE AS EFFECTIVE AND DESIRABLE AS THE PUBLIC EDUCATION EFFORTS PRESCRIBED BY THE ALTERNATIVE AMENDMENT RECOMMENDED BY THE ADMINISTRATION. CITE SUCCESS OF U.S. VACCINATION PROGRAM, I.E., RECENT WHITE HOUSE ROLL-OUT OF VACCINATION STATISTICS, RECORD HIGH NUMBER OF DOMESTIC VACCINATIONS, THAT SUCCESS OF THE PROGRAM WAS DUE IN LARGE PART TO AN EXTENSIVE PUBLIC EDUCATION EFFORT, AND THAT THIS IS WHAT WE HOPE TO DUPLICATE HERE IN THE ALTERNATIVE AMENDMENT OFFERED.]

WORKING DRAFT #2 8/21/97

Sec. __ VACCINATION REQUIREMENTS FOR IMMIGRANTS

(a) Section 212(a)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)(A)) is amended--

(1) by striking clause (ii); and

(2) by redesignating clauses (iii) and (iv) as clauses (ii) and (iii), respectively.

(b) Section 212(g) of the Immigration and Nationality Act (8 U.S.C. 1182(g)) is amended--

(1) by striking paragraph (2); and

(2) by redesignating paragraph (3) as paragraph (2).

(c) Section 232 of the Immigration and Nationality Act (8 U.S.C. 1252) is amended--

(1) by revising the title of section 232 to read "PHYSICAL AND MENTAL EXAMINATION OF ALIENS"; and

"(2) by amending paragraph (b) to read as follows:

"(b) Physical and Mental Examination of Aliens.--

"(1) ALIENS COVERED.-- Each alien within any of the following classes of aliens who is seeking admission into the United States shall undergo a physical and mental examination in accordance with this subsection and section 221(d) of this Act:

"(A) Aliens applying for visas for admission to the United States for permanent residence;

"(B) Aliens seeking admission to the United States for permanent residence for whom examinations were not made under paragraph (1) of this subsection;

"(C) Aliens within the United States seeking adjustment of status under section 209, 210,

residence; and

"(D) Any other alien or class of aliens, including alien crewmembers, applying for a visa, seeking admission to or transiting the United States, applying for an immigration benefit or in detention in the United States, for whom the Attorney General, the Secretary of State, or the Secretary of Health and Human Services requires an examination.

"(2) DESCRIPTION OF EXAMINATION.-- (A) Each examination required by paragraph (1) of this subsection shall include--

"(i) An examination of the alien for any physical or mental condition that is a ground of inadmissibility under section 212(a)(1)(A) of this Act; and

"(ii) An assessment of the vaccination record of the alien in accordance with paragraph (5) of this subsection.

"(B) The Secretary of Health and Human Services shall prescribe such regulations as may be necessary to carry out the medical examinations required by paragraph (1) of this subsection.

"(3) MEDICAL EXAMINERS.--

"(A) MEDICAL OFFICERS.-- (i) Except as provided in subparagraphs (3)(B) and (C) of this subsection, the medical examinations shall be conducted by medical officers of the United States Public Health Service.

"(ii) Medical officers of the United States Public Health Service shall be detailed for duty or employed at such ports of entry as the Secretary of Health and Human Services may designate, in consultation with the Attorney General.

"(B) CIVIL SURGEONS.-- (i) Whenever medical officers of the United States Public

Health Service are not available to perform examinations under this subsection, the Attorney General, in consultation with the Secretary of Health and Human Services, shall designate civil surgeons to perform the examinations.

"(ii) Each civil surgeon so designated shall--

"(I) Have at least 4 years of professional experience unless the Secretary of Health and Human Services determines that special or extenuating circumstances justify the designation of an individual having a less professional experience; and

"(II) Satisfy such other eligibility requirements as the Secretary of Health and Human Services may prescribe.

"(C) PANEL PHYSICIANS.-- In the case of examinations abroad under this subsection, the medical examiner shall be a panel physician designated by the Secretary of State, in consultation with the Secretary of Health and Human Services.

"(4) CERTIFICATION OF MEDICAL FINDINGS.-- The medical examiners shall certify for immigration officers, immigration judges, or consular officers, as the case may be, any communicable disease of public health significance or physical or mental disorder or behavior described in section 212(a)(1)(A) of this Act.

"(5) VACCINATION ASSESSMENT.-- (A) The assessment referred to in subparagraph (2)(A)(ii) of this subsection is an assessment of the alien's record of vaccination against vaccine-preventable diseases including mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, haemophilus-influenzae type b, and hepatitis B, as well as any vaccination against other diseases specified as vaccine-preventable by the Advisory Committee on Immunization Practices.

"(B) Medical examiners shall inform aliens of the importance of immunizations and shall create an immunization record for the alien at the time of examination.

"(C)(i) Adjustment of status applicants.-- Each alien applying for adjustment of status shall submit to the civil surgeon any available documents relating to the vaccinations described in subparagraph (5)(A) of this subsection. If the alien has not received the entire series of vaccines, the civil surgeon shall document on the vaccination record what steps, if any, the alien has taken to obtain the vaccines for the preventable diseases described in subparagraph (5)(A) of this subsection.

"(ii) Immigrant visa applicants.-- Each alien applying for an immigrant visa shall submit to the panel physician any available documents relating to the vaccinations described in subparagraph (5)(A) of this subsection. If the alien has not received the entire series of vaccines, the panel physician shall document on the vaccination record what steps, if any, the alien has taken steps to obtain the vaccines for the preventable diseases described in subparagraph (5)(A) of this subsection.

"(6) APPEAL OF MEDICAL EXAMINATION FINDINGS.-- Any alien found by a medical examiner described in subparagraph (b)(3) of this subsection to have a medical condition that is a ground of inadmissibility under 212(a)(1)(A) of this Act may appeal that determination to a board of medical officers of the Public Health Service, which shall be convened by the Secretary of Health and Human Services. The alien may introduce at least one expert medical witness before the board at his or her own cost and expense.

"(7) FUNDING.-- (A)(i) The Attorney General shall impose a fee upon any person applying for adjustment of status to that of an alien lawfully admitted for permanent residence

under section 209, 210, 245, or 245A of this Act, and the Secretary of State shall impose a fee on any person applying for a visa at a U.S. consulate abroad who is required to have a medical examination under paragraph (1) of this subsection.

"(ii) The amounts of the fees required by subparagraph (7)(A)(i) of this subsection shall be established by the Secretary of Health and Human Services, after obtaining the concurrence of the Attorney General or the Secretary of State, as the case may be, and shall be set at such amounts as may be necessary to recover the full costs of establishing and administering the civil surgeon and panel physician programs, including the costs to the Immigration and Naturalization Service, the Department of State, and the Department of Health and Human Services for any additional expenditures associated with the administration of the fees collected.

"(B)(i) The fees imposed under subparagraph (7)(A)(i) of this subsection may be collected as separate fees or as surcharges to any other fees that may be collected in connection with an application for adjustment of status under section 209, 210, 245, or 245A of this Act, for a visa, or for a waiver of inadmissibility under paragraph (1) or (2) of section 212(g) of this Act, as the case may be.

"(ii) The provisions of the Act of August 18, 1856 (Revised Statutes 1726-28, 22 U.S.C. 4212-14), concerning accounting for consular fees, shall not apply to fees collected by the Secretary of State under this section.

"(C)(i) There is established on the books of the Treasury of the United States a separate account on behalf of the Secretary of Health and Human Services which shall be known as the 'Medical Examinations Fee Account.'

"(ii) There shall be deposited as offsetting receipts into the Medical Examinations Fee

Account all fees collected under subparagraph (7)(A) of this subsection, to remain available until expended.

"(iii) Amounts in the Medical Examinations Fee Account shall be available only to reimburse any appropriation currently available for the programs established by this section."

U.S. Department of Justice

Office of Legislative Affairs

Office of the Assistant Attorney General

Washington, D.C. 20530

April 16, 1996

Honorable Robert Dole
Majority Leader
United States Senate
Washington, D.C. 20510

Dear Senator Dole:

This letter presents the views of the Administration concerning S. 1664, the "Immigration Control and Financial Responsibility Act of 1996", as reported by the Committee on the Judiciary on March 21, 1996.

Many of the provisions in S. 1664 advance the Administration's four-part strategy to control illegal immigration. This strategy calls for regaining control of our borders; protecting U.S. workers and removing the job magnet through worksite enforcement; aggressively removing criminal and other deportable aliens; and securing from Congress the resources to support the Administration's illegal immigration enforcement strategy and to assist states with the costs of illegal immigration. Many of the provisions of S. 1664 are identical or similar to provisions in the Administration's bill, S. 754, the "Immigration Enforcement Improvements Act of 1995."

While the Administration strongly supports reform of the current immigration law that deters illegal immigration, and S. 1664 contains many provisions that are similar or identical to the Administration's legislative proposal, enforcement initiatives, and overall strategy, S. 1664 raises serious concerns in specific areas that we hope the Senate will examine thoroughly during floor consideration of the bill. The Administration's concerns include, but are not limited to the following:

- If S. 1664 were presented to the President with provisions that would jeopardize any child's right to full participation in public elementary and secondary education, including pre-school and school lunch programs, the Secretary of Education and the Attorney General would recommend that the bill be vetoed.

- The Administration opposes broadening the application of deeming rules from a well-defined set of programs to all means-tested programs including Medicaid, the Maternal and Child Health Services program, the School Lunch program, student financial assistance programs for postsecondary education and scores of

they must submit a feasibility report to the House and Senate Committees on the Judiciary, and the House and Senate Committees on Armed Service.

The use of closed military bases would make additional detention space available to INS. For years, INS has been forced to release many aliens who are awaiting proceedings due to lack of detention space. We have worked with the Department of Defense in conjunction with the Bureau of Prisons and other agencies to explore the use of closed bases. Conversion costs and staffing have been the most difficult problems to resolve. Accordingly, this provision does not address the underlying obstacles that would permit such a pilot to be conducted.

Sec. 154 would amend section 212 of the INA to exclude aliens seeking permanent residency who have not received immunizations against vaccine-preventable diseases.

While reducing the number of unvaccinated persons in the United States is a laudable goal, the mechanism outlined in this section would present a number of implementation and other difficulties that may actually jeopardize the public health in the United States.

In many countries, the vaccines specified under this section might not be licensed. Even if these vaccines are licensed, they may not be readily available or the costs of these vaccines may be prohibitive for some prospective immigrants. In addition, an immigrant's visa could be delayed as much as 18 months in order to allow time to receive all recommended doses of the specified vaccines, over the interval recommended by the Advisory Committee Immunization Practices (ACIP).

The ACIP-recommended vaccine schedule is complex and lengthy and subject to regular revisions. It would be difficult and labor intensive for Department of State and INS officials to check individual immunizations records against ACIP schedule and to ensure that U.S. government officials are using the most up-to-date revisions. Neither the Department of State nor the INS have the resources to verify the authenticity of most vaccination certificates.

The requirements outlined in section 154 could subject immigrants to serious delays, considerable expense, and the prospect of having to choose between emigrating as a family or splitting up the family to allow, for example, an adult to emigrate to begin employment in the United States while other family members stay behind to complete the immunization requirements. The result might be that the immigrant will choose to secure false immunization records rather than attempt to comply with the requirements imposed by section 154. If that were to happen, the immigrant, once admitted to the U.S., would

be thought to have been vaccinated. Yet, the immigrant could become infected and could transmit a vaccine-preventable disease to others in the U.S. To further confound the matter, the unimmunized person may be unwilling to admit he was not vaccinated, fearing that he could become subject to deportation. We also note that because of the lack of centralized immunization records in most countries, it would be difficult, if not impossible, for the INS and the State Department officials to detect fraudulent vaccination certificates.

Under current state laws, children in the U.S. are required to comply with immunization requirements before they enter school. Therefore, the current public health system would "capture" school-aged immigrant children almost immediately upon entry into the U.S. Even without the proposed provision in the immigration bill, these children would be vaccinated once they came to the U.S. In addition, in many states, licensed day care establishments also have immunization requirements.

We suggest modifying this provision and making immunization part of the medical examination process now covered by section Sec. 234 ~~134~~ of the INA. In working with Senate staff, we understand that an amendment may be offered on the Senate floor that addresses our concerns regarding this section, which we support.

Sec. 155 requires immigrants and nonimmigrants, except physicians, who seek to work in the U.S. to obtain a qualifications certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS) or from an equivalent independent credentialing organization approved by the Attorney General in consultation with the Secretary of Health and Human Services. Such certificate must verify that (1) the individual's education, training, license, and experience meet statutory and regulatory requirements for admission to the U.S. under the classification specified, are comparable to that required for U.S. workers in the health care occupation, and any foreign license submitted is authentic and unencumbered; (2) the individual has English language proficiency as shown by passing a nationally recognized standardized test of speaking and writing ability; and (3) if a majority of states licensing the profession recognize a test predicting success on the profession's licensing and certification examination, the alien has passed such a test.

The imposition of the credentialing requirement may not be in conformity with certain U.S. international obligations. We recommend that the Senate adopt an amendment that would permit the Administration to address these concerns.

Sec. 156 increases the bar to reentry for aliens previously removed under an exclusion order from one year to five years and to twenty years for any second or subsequent removal. This section also makes technical changes to section 276 of the INA.

SEC. 152. PILOT PROGRAM ON INTERIOR REPATRIATION AND OTHER METHODS TO DETER MULTIPLE UNLAWFUL ENTRIES.

(a) ESTABLISHMENT.—Not later than 180 days after the date of the enactment of this Act, the Attorney General, after consultation with the Secretary of State, shall establish a pilot program for up to two years which provides for methods to deter multiple unlawful entries by aliens into the United States. The pilot program may include the development and use of interior repatriation, third country repatriation, and other disincentives for multiple unlawful entries into the United States.

(b) REPORT.—Not later than 35 months after the date of the enactment of this Act, the Attorney General, together with the Secretary of State, shall submit a report to the Committees on the Judiciary of the House of Representatives and of the Senate on the operation of the pilot program under this section and whether the pilot program or any part thereof should be extended or made permanent.

SEC. 153. PILOT PROGRAM ON USE OF CLOSED MILITARY BASES FOR THE DETENTION OF EXCLUDABLE OR DEPORTABLE ALIENS.

(a) ESTABLISHMENT.—The Attorney General and the Secretary of Defense shall jointly establish a pilot program for up to two years to determine the feasibility of the use of military bases available through the defense base realignment and closure process as detention centers for the Immigration and Naturalization Service.

(b) REPORT.—Not later than 35 months after the date of the enactment of this Act, the Attorney General, together with the Secretary of State, shall submit a report to the Committees on the Judiciary of the House of Representatives and of the Senate, the Committee on National Security of the House of Representatives, and the Committee on Armed Services of the Senate, on the feasibility of using military bases closed through the defense base realignment and closure process as detention centers by the Immigration and Naturalization Service.

SEC. 154. PHYSICAL AND MENTAL EXAMINATIONS.

Section 234 (8 U.S.C. 1224) is amended to read as follows:

"PHYSICAL AND MENTAL EXAMINATIONS

"SEC. 234. (a) ALIENS COVERED.—Each alien within any of the following classes of aliens who is seeking entry into the United States shall undergo a physical and mental examination in accordance with this section:

"(1) Aliens applying for visas for admission to the United States for permanent residence.

"(2) Aliens seeking admission to the United States for permanent residence for whom examinations were not made under paragraph (1).

"(3) Aliens within the United States seeking adjustment of status under section 245 to that of aliens lawfully admitted to the United States for permanent residence.

"(4) Alien crewmen entering or in transit across the United States.

"(b) DESCRIPTION OF EXAMINATION.—(1) Each examination required by subsection (a) shall include—

"(A) an examination of the alien for any physical or mental defect or disease and a certification of medical findings made in accordance with subsection (d); and

"(B) an assessment of the vaccination record of the alien in accordance with subsection (e).

"(2) The Secretary of Health and Human Services shall prescribe such regulations as may be necessary to carry out the medical examinations required by subsection (a).

"(c) MEDICAL EXAMINERS.—

"(1) MEDICAL OFFICERS.—(A) Except as provided in paragraphs (2) and (3), examinations under this section shall be conducted by medical officers of the United States Public Health Services.

"(B) Medical officers of the United States Public Health Service who have had specialized training in the diagnosis of insanity and mental defects shall be detailed for duty or employed at such ports of entry as the Secretary may designate, in consultation with the Attorney General.

"(2) CIVIL SURGEONS.—(A) Whenever medical officers of the United States Public Health Service are not available to perform examinations under this section, the Attorney General, in consultation with the Secretary, shall designate civil surgeons to perform the examinations.

"(B) Each civil surgeon designated under subparagraph (A) shall—

"(i) have at least 4 years of professional experience unless the Secretary determines that special or extenuating circumstances justify the designation of an individual having a lesser amount of professional experience; and

"(ii) satisfy such other eligibility requirements as the Secretary may prescribe.

"(3) PANEL PHYSICIANS.—In the case of examinations under this section abroad, the medical examiner shall be a panel physician designated by the Secretary of State, in consultation with the Secretary.

"(d) CERTIFICATION OF MEDICAL FINDINGS.—The medical examiners shall certify for the information of immigration officers and special inquiry officers, or consular officers, as the case may be, any physical or mental defect or disease observed by such examiners in any such alien.

"(e) VACCINATION ASSESSMENT.—(1) The assessment referred to in subsection (b)(1)(B) is an assessment of the alien's record of required vaccines for preventable diseases, including mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, hemophilus influenza type B, hepatitis type B, as well as any other diseases specified as vaccine-preventable by the Advisory Committee on Immunization Practices.

"(2) Medical examiners shall educate aliens on the importance of immunizations and shall create an immunization record for the alien at the time of examination.

"(3)(A) Each alien who has not been vaccinated against measles, and each alien under the age of 5 years who has not been vaccinated against polio, must receive such vaccination, unless waived by the Secretary, and must receive any other vaccination determined necessary by the Secretary prior to arrival in the United States.

"(B) Aliens who have not received the entire series of vaccinations prescribed in paragraph (1) (other than measles) shall return to a designated civil surgeon within 30 days of arrival in the United States, or within 30 days of adjustment of status, for the remainder of the vaccinations.

"(f) APPEAL OF MEDICAL EXAMINATION FINDINGS.—Any alien determined to have a health-related grounds of exclusion under paragraph (1) of section 212(a) may appeal that determination to a board of medical officers of the Public Health Service, which shall be convened by the Secretary. The alien may introduce at least one expert medical witness before the board at his or her own cost and expense.

"(g) FUNDING.—(1)(A) The Attorney General shall impose a fee upon any person applying for adjustment of status to that of an alien lawfully admitted to permanent residence under section 209, 210, 245, or 245A, and the Secretary of State shall impose a fee upon any person applying for a visa at a United States consulate abroad who is required to have a medical examination in accordance with subsection (a).

"(B) The amounts of the fees required by subparagraph (A) shall be established by the Secretary, in consultation with the Attorney General and the Secretary of State, as the case may be, and shall be set at such amounts as may be necessary to recover the full costs of establishing and administering the civil surgeon and panel physician programs, including the costs to the Service, the Department of State, and the Department of Health and Human Services for any additional expenditures associated with the administration of the fees collected.

"(2)(A) The fees imposed under paragraph (1) may be collected as separate fees or as surcharges to any other fees that may be collected in connection with an application for adjustment of status under section 209, 210, 245, or 245A, for a visa, or for a waiver of excludability under paragraph (1) or (2) of section 212(g), as the case may be.

"(B) The provisions of the Act of August 18, 1856 (Revised Statutes 1726–28, 22 U.S.C. 4212–14), concerning accounting for consular fees, shall not apply to fees collected by the Secretary of State under this section.

"(3)(A) There is established on the books of the Treasury of the United States a separate account which shall be known as the 'Medical Examinations Fee Account'.

"(B) There shall be deposited as offsetting receipts into the Medical Examinations Fee Account all fees collected under paragraph (1), to remain available until expended.

"(C) Amounts in the Medical Examinations Fee Account shall be available only to reimburse any appropriation currently available for the programs established by this section.

"(h) DEFINITIONS.—As used in this section—

"(1) the term 'medical examiner' refers to a medical officer, civil surgeon, or panel physician, as described in subsection (c); and

"(2) the term 'Secretary' means the Secretary of Health and Human Services.".

SEC. 155. CERTIFICATION REQUIREMENTS FOR FOREIGN HEALTH-CARE WORKERS.

(a) IN GENERAL.—Section 212(a) (8 U.S.C. 1182(a)) is amended—

(1) by redesignating paragraph (9) as paragraph (10); and

(2) by inserting after paragraph (8) the following new paragraph:

"(9) UNCERTIFIED FOREIGN HEALTH-CARE WORKERS.—(A) Any alien who seeks to enter the United States for the purpose of performing labor as a health-care worker, other than a physician, is excludable unless the alien presents to the consular officer, or, in the case of an adjustment of status, the Attorney General, a certificate from the Commission on Graduates of Foreign Nursing Schools, or a certificate from an equivalent independent credentialing organization approved by the Attorney General in consultation with the Secretary of Health and Human Services, verifying that—

"(i) the alien's education, training, license, and experience—

"(I) meet all applicable statutory and regulatory requirements for entry into the United States under the classification specified in the application;

"(II) are comparable with that required for an American health-care worker of the same type; and

"(III) are authentic and, in the case of a license, unencumbered;

"(ii) the alien has the level of competence in oral and written English considered by the Secretary of Health and Human Services, in consultation with the Secretary of Education, to be appropriate for health care work of the kind in which the alien will be engaged, as shown by an appropriate score on one or more nationally recognized, commercially available, standardized assessments of the applicant's ability to speak and write; and

"(iii) if a majority of States licensing the profession in which the alien intends to work recognize a test predicting the success on the profession's licensing and certification examination, the alien has passed such a test.

"(B) For purposes of subparagraph (A)(ii), determination of the standardized tests required and of the minimum scores that are appropriate are within the sole discretion of the Secretary of Health and Human Services and are not subject to further administrative or judicial review.".

(b) CONFORMING AMENDMENTS.—

(1) Section 101(f)(3) is amended by striking "(9)(A) of section 212(a)" and inserting "(10)(A) of section 212(a)".

DRAFT

Q: **What is the ~~Department~~ Administration doing in repsonse to the requirement in the 1996 Immigration law requiring immunizations for children being adopted internationally?**

A: The ~~Department~~ Administration has been made aware of the concerns voiced in the international adoption community regarding the immunization requirements in the 1996 Immigration Law. The CDC is exploring this requirement from a public health perspective to ensure that technical guidance provided to the Immigration and Naturalization Service and the Department of State to assist in implementing this law does not interfere with the ability of doctors to exercise sound medical judgement regarding their patients.

Background

The 1996 amendments to the Immigration Act requires immunizations for the first time as part of the medical examination immigrants must pass before they are given a permanent resident visa. We provided technical and medical guidance to INS and DOS. INS decided that the new requirement would go into effect on July 1, 1997.

The international adoption community believe that children adopted abroad and brought to the United States by American parents should be exempt from the new requirement. They argue that vaccines and vaccine practice may not be safe in some foreign countries and that the scanty medical records of foreign orphans are generally insufficient to allow determination of whether a medical contraindication might exist. INS believes they do not have authority to grant a blanket waiver to adoptees.

The Department is receiving many calls from the Hill and others on this issue. We are working with INS, DOS, and the Hill to determine, what, if anything can be done to assuage the concerns for the international adoption community.

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Leanne A. Shimabukuro 07/11/97 08:20:20 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP

cc: Jose Cerda III/OPD/EOP, Nicole R. Rabner/WHO/EOP
Subject: Immunization and immigration

I'm sorry that you had to miss the meeting today-- I hope everything is ok with the baby.

The meeting went pretty well: we had representatives from State, INS, HHS, and CDC. In a nutshell, there is general consensus that we do not think we have the ability to waive the new immunization requirement in the immigration law for adopted children. Moreover, equity issues over the immunization requirement were raised with respect to children coming in on other, non-adoption visas. For instance, if vaccinations are unsafe for adopted children abroad, they are probably unsafe for all immigrant children coming from that country, and possibly adults as well.

The State Department said that they have been doing outreach to their consular offices on this specific issue and have not heard that implementation of the new requirement is turning into a big problem. They are sending/posting on the Internet some really useful questions and answers aimed at parents adopting children, which should clear up some of the confusion. I have red-dotted a copy of this to you.

I have also tasked HHS (Traci Endo, Irene Bueno) to help coordinate our positions on the 7 key concerns that the adoptions community keep raising. Different agencies have been responding to different pieces of the puzzle and I thought it would be useful to pull it all together in one document. I think they should have something next week.

I told the participants at the meeting that the WH was expecting to have an immunization event soon. I heard this afternoon from Christa that it is scheduled for the 23rd. HHS (Traci Endo) will be coordinating with some of the other agencies to get some Q&A to you on this issue which could be raised in the context of the event.

The people who will be expecting your call are:
Traci Endo at HHS: 690-6786
Bob Hannan at State: 663-1251

You should also give Steve Warnath a call. Sorry this is so long...

Leanne

Jen - This is a State Dept document. Thanks, Leanne

from State Dept 7/97

212(a)(1)(A)(ii) Vaccination Requirement and Adoptions

Adoptive parents and adoption agencies have raised concerns about the impact of the immigrant vaccination requirement on adopted children. These concerns, and our responses, are outlined below for your reference and use in responding to inquiries.

Can't you waive this requirement for my adopted child?

Consular officers do not have the authority to exempt adopted children from the requirement. The legal authority for granting and denying waivers rests with the Immigration and Naturalization Service INS. The law does authorize waivers in situations where the panel physician determines that it would be medically inappropriate for an applicant to receive a specific vaccine, whether due to the applicant's age or medical history/condition, or the local unavailability of the vaccine. INS has delegated authority to Consular officers to grant blanket waivers in these cases. This means that the waiver can be granted without the need for the applicant to file an application form or to pay a fee.

Can I get a waiver if I have moral or religious objections to my child receiving vaccinations?

Persons who have religious or moral objections to receiving vaccinations can apply for an individual waiver from the INS. Individual waivers are adjudicated by INS on a case-by-case basis, and can take significant time to process.

We're afraid our child will be vaccinated using unsterilized needles.

Reports concerning the use of unsterilized needles involve vaccinations administered to children in orphanages, either as a result of the institution's policy or local government law. We have no reason to believe that the U.S. vaccination requirement will encourage these institutions to administer vaccinations if they do not already do so. Panel physicians, who administer the vaccinations in accordance with the Center for Disease Control (CDC) guidelines, use sterilized needles and syringes.

Parents who are considering taking their own syringes and needles to the medical exam should be warned that they could face problems entering a foreign country with what might appear to be drug paraphernalia.

Who are panel physicians?

Panel physicians are local practitioners who have been selected by the Embassy or Consulate to conduct immigrant medical exams in accordance with CDC guidelines, and whose performance is monitored to ensure compliance with these guidelines. In many countries, the Embassy or Consulate's staff rely on the same physicians for their own medical care. Consular officers have been working closely with their panel physicians to ensure that they understand the CDC guidelines and have identified potential problems. We are confident that panel physicians will follow basic safe medical practices in administering the vaccines, starting with the use of sterilized needles. Should we learn

that a panel physician is not practicing safe procedures, we would take immediate action to remedy the situation.

I know that a child who is immunocompromised should not receive the required vaccinations. It takes extensive and highly sophisticated tests, however, to determine that a child is immunocompromised. I am afraid that my child will experience a major adverse reaction to a vaccination on the flight home.
Such medical issues should be referred to the CDC, which is responsible for promulgating the technical instructions which panel physicians follow in implementing the vaccination requirement.

I don't want to fly back to the U.S. with a child who has just received a battery of vaccinations.
We strongly encourage adoptive parents to take their child(ren) into the panel physician for the medical exam and vaccination assessment as early as possible. This should ensure that children have adequately recuperated from any minor reactions to the vaccinations by the time they travel.

(ATTACHED) 6/6/97 from **William Pierce**, Pres., National Council For Adoption, requesting your assistance regarding regulations for vaccinating children coming to the U.S., scheduled to take effect July 1. He encloses *L.A. Times* story which nicely summarizes the issue.

√ To Melanne & Nicole r Jen for review/response per HRC

Melanne Verveer

Nicole - any comment on this?

PERSONAL AND ~~CONFIDENTIAL~~

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: [illegible] DATE: 10/17/12

June 6, 1997

The First Lady
The White House

By fax 456-6244

Dear Mrs. Clinton:

At our recent event, I had the opportunity to thank you publicly for your work on adoption. Again, many thanks. I can also report to you that one of our staff was at an HHS briefing this morning and it appears that the MEPA regulations are on target.

I am also writing about a unique opportunity for you to get involved on behalf of adoption. In brief, last year's changes in the immigration law require vaccinations for all children coming to the U.S. Except for children who are to be adopted, this may be sound policy. To my knowledge, the entire adoption community and that part of the medical community which specializes in pediatrics and international medical issues agrees that it would be a health error of major proportions to allow the regulation implementing this requirement to take effect July 1. You can help avert this crisis.

Many groups and people have been working on this, each in their own way. I've been trying to find some simple, non-confrontive administrative solution but although people at State and elsewhere have been very understanding, the law does not provide enough flexibility to deal with the problem.

The issue is nicely summarized in a Los Angeles Times story by Marlene Cimons, a copy of which (from the internet) is provided for you with this letter.

At this stage, it seems to me what would work would be for you to get personally involved and present the case to the President, seeking an Executive Order keeping the regulation from going into effect. It would be wonderful to have you and the President make the announcement as soon as possible, or in a Saturday radio address before July 1, for instance.

The practical effects? Imagine taking a child who's just had 11 shots on a 14-hour plane ride. Or waiting five extra days in Moscow, while your child gets these shots that make her sick, paying an extra $200 a day. We're talking about 2,500 children, 200 a month.

Sincerely,

William Pierce, President

Enclosure: as stated

1930 Seventeenth Street, N.W.
Washington, D.C. 20009-6207
202-328-1200
FAX 202-332-0935

From: "Brenda McFarland" <bmcfa@metronet.com>
To: A.PARENT.RUSS@mail.serve.com
Critics Finding Holes in Overseas Vaccination Law
By MARLENE CIMONS, Times Staff Writer

WASHINGTON--At first glance, the regulation seems beyond debate. As part of the immigration law passed last year, all individuals seeking permanent entry into this country must prove that they have been inoculated against all vaccine-preventable diseases.

But health experts, especially those who specialize in medical issues for children adopted from abroad, are alarmed that the rule will do more harm than good to the thousands of foreign-born youngsters who arrive here for adoption.

Among other things, the experts are worried about the quality of the vaccines available, as well as the possibility that substandard medical practices will contribute to the transmission of dangerous diseases as vaccines are administered.

"Sometimes, things that seem like good ideas really aren't," said Dr. Dana Johnson, director of the University of Minnesota's division of neonatology. "Apparently no one thought through all the ramifications."

The requirement, which goes into effect July 1, "potentially endangers vulnerable children," said Dr. Laurie C. Miller, director of the International Adoption Clinic at New England Medical Center in Boston. "The risk is very real in most countries from which international adoptees come."

* * *

Johnson said he would prefer that the State Department assume responsibility for overseas vaccination programs rather than trusting local physicians to do the job, but this is considered unlikely.

An alternative touted by some health experts is to waive the requirement for infants and children and allow adoptive families to have the shots administered by their own pediatricians when children arrive--which already occurs in most instances, he said.

Last year, 11,316 children were adopted from overseas, the Immigration and Naturalization Service says. The numbers of such adoptions have been on the upswing in recent years. As it has become more difficult to adopt U.S.-born babies, Americans have turned to other countries, among them Russia, Romania, India, China and Latin

American nations.

Many of these children live in poverty, or have been in orphanages where medical care is scarce or nonexistent. Often there is little or no medical history available on the youngsters, according to the Joint Council on International Children's Services, a coalition of international adoption agencies.

A chief fear among health experts is that the required injections will be administered with unsterile needles--a frequent practice outside the United States because of a shortage of disposable needles and syringes. This can transmit such potentially deadly blood-borne infections as Hepatitis B and C and HIV. Diseases like Hepatitis B, rare in U.S.-born children, are endemic to Asia and Eastern Europe.

* * *

Furthermore, many countries cannot afford high-quality vaccines more readily available here. Instead, they use biologically impotent products, those that have expired or have not been properly refrigerated or stored.

The experts also are worried that foreign orphanages may not be equipped to deal with medical emergencies that could result from vaccinations. Some children, for example, are allergic to certain vaccines. And some vaccines, such as polio, are made from live but weakened virus and actually can cause the disease in a small number of children.

Rep. Bill McCollum (R-Fla.), House sponsor of the vaccination provision, expressed surprise at the concerns being raised. He said: "It certainly wasn't meant to put anyone's health at risk. If that's the case, then maybe we ought to explore it and, if necessary, correct it."

But a spokesman for Sen. Jon Kyl (R-Ariz.), who sponsored the provision in the Senate, said the law provides for waivers to the requirement in certain circumstances. These include religious objections or cases where the injections are deemed "medically inappropriate."

The latter includes situations in which a child is too young to be vaccinated or in which an individual is known to be allergic to a vaccine. However, the waiver provisions do not appear to apply to questionable vaccine standards or sterilization practices.

Jerri Ann Jenista, MD
551 Second Street
Ann Arbor, MI 48103 USA
313-668-0419
313-668-9492 (fax)

May 27, 1997

Ms. Mary Ryan
Deputy Assistant Secretary of State for Consular Affairs
US Department of State
2430 E Street NW
Washington, DC. 20037-2800

Dear Secretary Ryan,

I am writing to express concern about the new requirements for immunization of permanent resident aliens, scheduled to go into effect on July 1, 1997. These rules are inappropriate for the processing of visas for children adopted abroad by US citizens. As an adoptive parent, pediatrician specializing in infectious diseases and long-time researcher on the health of children adopted from abroad, I find significant areas of concern in these new requirements.

The safety of children may be compromised. Most immigrant children are traveling with family members or adults who know their past medical history. Even unaccompanied refugee children have spent some time in a processing center under medical observation. Different from these other immigrant or refugee children, adopted children are accompanied by parents who have had only a few days contact with the children and, for the most part, are unaware of the child's past medical history. Even when the child has been under appropriate medical supervision, the records typically do not accompany the child or are in a language the parents cannot read.

Adoptive parents may be unaware of any history of allergies or adverse reactions to past immunizations. Distressing and possibly even life-threatening reactions to vaccines would be very difficult to manage while staying in a hotel in a foreign country without access to familiar medical care. Most families travel immediately after the visa is issued and thus might have to deal with these serious problems while on a long intercontinental flight.

Children may be immunocompromised by any number of hidden problems such as:

- HIV infection
- undiagnosed tuberculosis
- chronic stress due to social problems and/or institutional living
- malnutrition
- other chronic disease

Good immunization practice requires a careful assessment of the child's health and immunologic status. This type of evaluation is neither appropriate nor possible in the typical visa medical evaluation. Numerous studies have shown that the majority of adopted immigrant children have significant health concerns which are not discovered until after arrival in the US. Giving immunizations hastily to these children is not only a waste of vaccine resources but also may risk infection from live vaccines such as polio, measles or varicella.

Nicole Radnor F: 456-2878
p. 1 of 3

There are significant concerns about the vaccine administration process itself. Children coming from orphanages and other institutions typically have the least access to good medical care.

> Even if vaccines and clean needles and syringes are available in the country, the adopted child may have no access to those resources. Adoptive parents cannot be expected to transport vaccines which may have to be refrigerated or otherwise handled carefully. Adoption agencies and lawyers cannot ethically supply vaccines to an orphanage for the sole use of children to be adopted, ignoring the other children unavailable for adoption. Some countries prohibit the use of unapproved vaccines or administration of vaccines by anyone except special government clinics. Again, adopted children are unlikely to have access to these resources.
>
> The quality of vaccines is in question in some countries. There is no way to assess the quality of any vaccine given to an individual child. In some regions where refrigeration cannot be guaranteed, the child may be vaccinated with a defective and ineffective product.
>
> Adoptive parents are not allowed the opportunity to give a fully informed consent before the child is immunized. Many adoptive parents will not have parented a child before and will not know the pros and cons of each vaccine. Vaccine information sheets, required in the US, are not likely to be available to adoptive parents. Even if attempts are made to inform parents, the visa examination is the end of a long and stressful adoption journey and it is likely that parents will be unable to evaluate the information in a thoughtful manner.

The costs of this program are potentially great. Because of the questions of quality and effectiveness of vaccines given in other countries under less than optimal circumstances and to children of unknown immune status, most US physicians repeat the entire series. Thus, a child will have to receive many more doses of vaccines, increasing the cost and the potential for adverse reactions. In addition, it is unlikely that US health insurance plans will cover the cost of vaccines administered overseas, increasing the out-of-pocket costs in an already very expensive adoption process.

The immunization process will cause unnecessary stress to children and parents. Typically, the visa medical examination is the last step before the adoptive family is ready to travel to the US. Overwhelmed by the process of becoming a new family and the stress of travel in a foreign country, often under very physically difficult circumstances, the last thing a family needs is to have to subject their new son or daughter to a painful (and probably unnecessary) medical procedure. Unable to communicate to the child in his own language, parents will have to deal with a child whose first impressions of his new family will be colored by a painful experience.

Immunizations given just prior to travel will not prevent cases of incubating infection such as measles or varicella. Thus, the intent of the law, to prevent importation of infectious diseases, will not be accomplished.

Adoptive parents are an extraordinarily health conscious group. In my 20 years of experience in dealing with this special group of parents, I know that they are usually in the doctor's office within hours of arrival in the US and are the first to demand any preventive health measure for their precious new child. Thus, it is unlikely that they will fail to complete the required immunization series.

Adoptive parents are US citizens and their children are US citizens by virtue of adoption. Unlike other immigrant children, adopted children do not have to undergo the legal process of naturalization to gain citizenship. Like any child born to an American citizen abroad, the child merely makes an application for a certificate of citizenship. Thus, adopted immigrant children should be treated as US citizens, not as immigrants, from the moment of adoption. They should receive the same consideration as any child born to an American parent, that is, immunization at the parent's discretion, with informed consent, following an appropriate medical evaluation. To treat adopted children as other immigrants is depriving them of rights they gained by adoption into a US family.

Increasing flexibility in the granting of waivers to the immunizations will not resolve the above issues. It is very likely that the rules for waivers would be interpreted differently in different countries, thus subjecting parents to an uncertain process, depending on which physician is providing the medical examination. The most appropriate solution to the question of immunization for adopted immigrant children is to provide a blanket waiver for all IR-3/IR-4 visas. By adding another box to the list of reasons for a blanket waiver, the examining physician need do nothing more than place a check and complete the usual process. This would allow for consistent processing worldwide for all adopted children, would eliminate the unnecessary risks to these new US citizens and would not prolong the visa process at the end of a long and stressful journey.

Thank you very much for your consideration., Please feel free to contact me for additional information.

Sincerely,

Jerri Ann Jenista, MD
Editor, Adoption/Medical News
Member, Committee on Early Childhood, Adoption and Dependent Care, American Academy of Pediatrics

cc: US Represenative Lynn Rivers
Robert Wainwright, MD, National Center for Infectious Diseases
Neal Halsey, MD, American Academy of Pediatrics Red Book Committee
US Senator Jon Kyl
US Representative Bill McCollum
US Senator Spencer Abraham

Nicole Radnor -
FYI
Bill

Cradle of Hope
Adoption Center, Inc.

TO: BILL PIERCE
MAUREEN EVANS

FR: LINDA PERILSTEIN

RE: IMMUNIZATION REQUIREMENTS

DT: 24 JUNE 97

Dear Maureen and Bill:

I want to share with you the first immunization nightmare that's been reported to me out of Moscow. This incident allegedly occurred to non-Cradle of Hope families, so I cannot independently confirm it, but here goes:

Several couples presented their children's immunization records to the US Embassy in Moscow, even though the requirement is not yet in effect. The children were lacking several immunizations, including Hep B. The Embassy told them to take the children to the American Medical Center in Moscow to obtain the missing shots. The American Medical Center said they wouldn't give the shots without authorization of the Russian Ministry of Health, which I don't understand because the children were already adopted and their new parents should be able to order any medical procedure they like. The Ministry of Health refused to authorize the shots, because the Hep B immunizations haven't been approved in Russia yet, and because of the concern of giving three different shots at one time.

I'm not sure how or if this problem was resolved, but it illustrates the kinds of hassles we're in for.

Linda

Post-it® Fax Note 7671	Date 6-24	# of pages ▶ 1
To Nicole Radnor	From William Pierce	
Co./Dept.	Co. NCFA	
Phone #	Phone # 202.328.1200	
Fax # 202.456.2878	Fax # 202.332.0935	

Main Office • 8630 Fenton Street, Suite 310 • Silver Spring, MD 20910 • 301.587.4400 • FAX 301.588.3091

D.C. Office • 1615 H Street, N.W., Suite 600 • Washington, D.C. 20062 • 202.298.4700

National Council For Adoption
"Help Build Happy Families"

Melanne Verveer

Nicole – Do we know anything more?

June 20, 1997

The First Lady
The White House
Washington DC

Dear Mrs. Clinton:

I am writing once again about the vaccination requirements due to take effect July 1. It has been helpful talking with your staff, who have recommended – as have others – that we take the issue up with the Congressional Committees that were responsible for the change in the procedure.

We've done that, but frankly the sense of urgency that is felt by the adoption community is not fully reflected on the Hill. I've been told July 1 may come and go, without a resolution – and that perhaps INS has the power to do what's needed without additional tweaking of the Immigration and Nationality Act.

Therefore, we've informally said that we would wait until the end of June 23 for INS or other non-legislative action to solve the problem, but if that deadline passes our word to the adoption field will be: press for a Congressional solution before July 1. We do expect that people will be petitioning The President and you for help, as the July 1 deadline approaches – either to seek a response from INS or an Executive Order. That is why I wanted to give you an update.

On the adoption subject, but closer to home, Carolyn Lamm told me at her reception June 17th that she was excited about your interest in helping improve the situation in D.C. I told Carolyn that NCFA would be glad to help in any way, including in an off-the-record and behind the scenes fashion. Do call on us if we can be of assistance.

Thank you, as always, for your deep concern about adoption.

Sincerely,

Bill

William Pierce
President

WP/ms

hrc62097

1930 Seventeenth Street, N.W.
Washington, D.C. 20009-6207
202-328-1200
FAX 202-332-0935

Nicole Rodmer

FYI –

Bill Pierce

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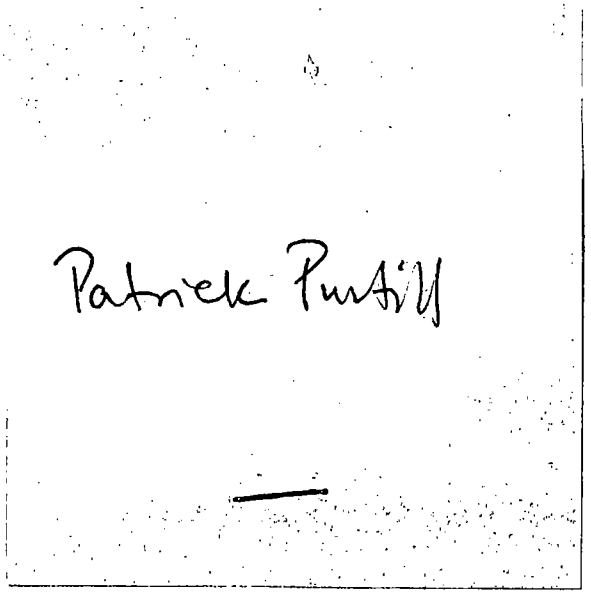

Patrick Purtill

National Council For Adoption
"Help Build Happy Families"

FAXED 6-6-97

PERSONAL AND ~~CONFIDENTIAL~~

June 6, 1997

The First Lady
The White House

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: MO DATE: 10/17/12

By fax 456-6244

Dear Mrs. Clinton:

At our recent event, I had the opportunity to thank you publicly for your work on adoption. Again, many thanks. I can also report to you that one of our staff was at an HHS briefing this morning and it appears that the MEPA regulations are on target.

I am also writing about a unique opportunity for you to get involved on behalf of adoption. In brief, last year's changes in the immigration law require vaccinations for all children coming to the U.S. Except for children who are to be adopted, this may be sound policy. To my knowledge, the entire adoption community and that part of the medical community which specializes in pediatrics and international medical issues agrees that it would be a health error of major proportions to allow the regulation implementing this requirement to take effect July 1. You can help avert this crisis.

Many groups and people have been working on this, each in their own way. I've been trying to find some simple, non-confrontive administrative solution but although people at State and elsewhere have been very understanding, the law does not provide enough flexibility to deal with the problem.

The issue is nicely summarized in a Los Angeles Times story by Marlene Cimons, a copy of which (from the internet) is provided for you with this letter.

At this stage, it seems to me what would work would be for you to get personally involved and present the case to the President, seeking an Executive Order keeping the regulation from going into effect. It would be wonderful to have you and the President make the announcement as soon as possible, or in a Saturday radio address before July 1, for instance.

The practical effects? Imagine taking a child who's just had 11 shots on a 14-hour plane ride. Or waiting five extra days in Moscow, while your child gets these shots that make her sick, paying an extra $200 a day. We're talking about 2,500 children, 200 a month.

Sincerely,

William Pierce, President

Enclosure: as stated

1930 Seventeenth Street, N.W.
Washington, D.C. 20009-6207
202-328-1200
FAX 202-332-0935

L.A. Times

From: "Brenda McFarland" <bmcfa@metronet.com>
To: A.PARENT.RUSS@mail.serve.com
Critics Finding Holes in Overseas Vaccination Law
By MARLENE CIMONS, Times Staff Writer

WASHINGTON--At first glance, the regulation seems beyond debate. As part of the immigration law passed last year, all individuals seeking permanent entry into this country must prove that they have been inoculated against all vaccine-preventable diseases.

But health experts, especially those who specialize in medical issues for children adopted from abroad, are alarmed that the rule will do more harm than good to the thousands of foreign-born youngsters who arrive here for adoption.

Among other things, the experts are worried about the quality of the vaccines available, as well as the possibility that substandard medical practices will contribute to the transmission of dangerous diseases as vaccines are administered.

"Sometimes, things that seem like good ideas really aren't," said Dr. Dana Johnson, director of the University of Minnesota's division of neonatology. "Apparently no one thought through all the ramifications."

The requirement, which goes into effect July 1, "potentially endangers vulnerable children," said Dr. Laurie C. Miller, director of the International Adoption Clinic at New England Medical Center in Boston. "The risk is very real in most countries from which international adoptees come."

* * *

Johnson said he would prefer that the State Department assume responsibility for overseas vaccination programs rather than trusting local physicians to do the job, but this is considered unlikely.

An alternative touted by some health experts is to waive the requirement for infants and children and allow adoptive families to have the shots administered by their own pediatricians when children arrive--which already occurs in most instances, he said.

Last year, 11,316 children were adopted from overseas, the Immigration and Naturalization Service says. The numbers of such adoptions have been on the upswing in recent years. As it has become more difficult to adopt U.S.-born babies, Americans have turned to other countries, among them Russia, Romania, India, China and Latin

American nations.

Many of these children live in poverty, or have been in orphanages where medical care is scarce or nonexistent. Often there is little or no medical history available on the youngsters, according to the Joint Council on International Children's Services, a coalition of international adoption agencies.

A chief fear among health experts is that the required injections will be administered with unsterile needles--a frequent practice outside the United States because of a shortage of disposable needles and syringes. This can transmit such potentially deadly blood-borne infections as Hepatitis B and C and HIV. Diseases like Hepatitis B, rare in U.S.-born children, are endemic to Asia and Eastern Europe.

• • •

Furthermore, many countries cannot afford high-quality vaccines more readily available here. Instead, they use biologically impotent products, those that have expired or have not been properly refrigerated or stored.

The experts also are worried that foreign orphanages may not be equipped to deal with medical emergencies that could result from vaccinations. Some children, for example, are allergic to certain vaccines. And some vaccines, such as polio, are made from live but weakened virus and actually can cause the disease in a small number of children.

Rep. Bill McCollum (R-Fla.), House sponsor of the vaccination provision, expressed surprise at the concerns being raised. He said: "It certainly wasn't meant to put anyone's health at risk. If that's the case, then maybe we ought to explore it and, if necessary, correct it."

But a spokesman for Sen. Jon Kyl (R-Ariz.), who sponsored the provision in the Senate, said the law provides for waivers to the requirement in certain circumstances. These include religious objections or cases where the injections are deemed "medically inappropriate."

The latter includes situations in which a child is too young to be vaccinated or in which an individual is known to be allergic to a vaccine. However, the waiver provisions do not appear to apply to questionable vaccine standards or sterilization practices.

Chris

663-1173

Gary Shaffer

Woman colleague

Bob Hannon 663-1251

International adoption till June 25 = vacation

Bill Pierce:

coordinator Ofc of Consular Affairs

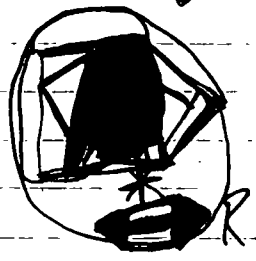
- tried to wk creatively w/ Center for Disease Control to mitigate problems
- Mary Baudette – Congressional inquiries – House debating bill.

Foreign adoption: no one talking leads

- interest: Pryce, Deborah (R)
  Authorization Bill amendment.
  Kiel, Senate
  Devine. no signal.

July 1: regulations go into effect.

Dept. of State authorization.



New requirement

prohibits entry of alien- dangerous disease of pub health significance

foreign nationals coming w/o a record of having been –

Foreign adoptions, come in as imm.

If a physician determines had part immuniz. – waived.

we contract foreign physicians.

basic childhood immuniz. – med.

inapprop. – gets waived.

CDC / AG – writes reg based on leg.

any exemption – statutory

P.O.C. 514-2907 fax 514-1117

CDC Bob
Judy Rogers, INS Cong / Cor INS Imp.
Steve Warrath, NSC
Michele Bernectos, State   Bob Hannon, State
Sophia Kote, INS?   Ed Odem, Reg,
Ron Acker

8/6/97
Senate Com, Just, State -
2 amendments - intended to exempt
adoptive children from
immunize
Greg - put in an enforcement piece -
waived wd be subject AG/State/HHS -
develop an enforcement state

Maureen, Intern'l Children Services, Joint Council
amendment doesn't provide legal ground for
exemption for orphans, concerned about

Wavier auth - use - doesn't do anything

~~If critic~~

Kyle/McCain - compromise language

May 6 '96 pg S-4743

R. Moove
416/252-7373
rm. 316

Bill Pierce
age appropriate vaccinations

* central data base for foster care kids
  * CDR1 - microenterprise - child care
    community schools
    scholarships - sup. institutions.
  * ABC

6/23
vaccination issue
up to age 4
0-11 mo 3 vacc/drops according to CDC