

Immigration

PHOTOCOPY
PRESERVATION

**CONGRESSMAN WILLIAM D. DELAHUNT**

1517 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
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Date: November 14, 1997
To: Leanne Shimabukuro 456-7028
From: Mark D. Agrast, Counsel/Legislative Director
Pages: 6, including this cover sheet.
Comments: Per our discussion. We really appreciate your help in expediting this process -- we are already getting calls from people heading overseas to finalize their adoptions, who hope to benefit from the new law.

file-- existing
immig/adoption

TO EXEMPT INTERNATIONALLY ADOPTED CHILDREN 10
YEARS OF AGE OR YOUNGER FROM THE IMMUNIZATION
REQUIREMENT

OCTOBER 1, 1987.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mr. SMITH of Texas, from the Committee on the Judiciary,
submitted the following

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany H.R. 2464]

[Including cost estimate of the Congressional Budget Office]

The Committee on the Judiciary, to whom was referred the bill
(H.R. 2464) to amend the Immigration and Nationality Act to ex-
empt internationally adopted children under age 10 from the im-
munization requirement, having considered the same, reports fa-
vorably thereon with amendments and recommends that the bill as
amended do pass.

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The amendments are as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. EXEMPTION FOR INTERNATIONALLY ADOPTED CHILDREN 10 YEARS OF AGE OR YOUNGER FROM THE IMMUNIZATION 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 FROM IMMUNIZATION REQUIREMENT FOR ADOPTED CHILDREN 10 YEARS OF AGE OR YOUNGER.—Clause (i) of subparagraph (A) shall not apply to a child who—

"(i) is 10 years of age or younger;

"(ii) is described in section 101(b)(1)(F), and

"(iii) is seeking an immigrant visa as an immediate relative under section 201(b), if, prior to the admission of the child, a parent of the child, who has sponsored the child for admission as an immediate relative, has executed an affidavit stating that the parent is aware of the provisions of subparagraph (A)(i) and will ensure that, within 30 days of the child's admission, or at the earliest time that is medically appropriate, the child will receive the vaccinations identified in such subparagraph."

Amend the title so as to read:

A bill to amend the Immigration and Nationality Act to exempt internationally adopted children 10 years of age or younger from the immunization requirement.

PURPOSE AND SUMMARY

This legislation will exempt children age 10 years and under who are admitted to the United States as orphans being adopted (or having been adopted) by a United States citizen from the requirement adopted in section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (P.L. 104-208, Div. C) (IIRIRA) that immigrants, prior to lawful admission, have received vaccinations against specified communicable diseases.

BACKGROUND AND NEED FOR THE LEGISLATION

The intent of section 341 of the IIRIRA was to protect the public health by ensuring that immigrants entering the United States receive standard vaccinations against at least the following communicable diseases: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccinations against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices.

The case of orphan children being adopted by a United States citizen parent and sponsored for admission to the United States presents special circumstances that justify a waiver from this vaccination requirement. Adoptive parents of international orphans, who have often endured great financial cost and other sacrifice to become parents, can be presumed to be solicitous of the health needs

of their children, including ensuring that appropriate vaccines are administered. The Committee also is aware that requiring vaccines to be administered prior to departure for the United States could impose genuine hardship, especially in cases where parents (or prospective parents in cases where the adoption is to take place after arrival in the United States) meet their new children a few days or less prior to departure. Since adoptive parents may be concerned regarding the quality of vaccines administered in certain foreign countries, these parents are likely to have the vaccines repeated once the child arrives in the United States. Finally, for very young children, existing vaccination requirements under State law (especially those connected with admission to school) will help ensure that these children are vaccinated.

COMMITTEE CONSIDERATION

On September 17, 1997, the Committee met in open session and ordered reported favorably the bill H.R. 2464 with an amendment by voice vote, a quorum being present.

VOTE OF THE COMMITTEE

ROLLCALL NO. 1

Amendment in the nature of a substitute by Mr. Delahunt to the amendment by Mr. McCollum to modify the requirement in the underlying amendment that adoptive parents verify that they will ensure that the immigrant child receives appropriate vaccinations within 30 days of admission or at the earliest time that is medically appropriate. The amendment was defeated by a vote of 9–19.

AYES

Mr. Conyers
Mr. Frank
Mr. Nadler
Mr. Scott
Mr. Watt
Ms. Lofgren
Ms. Jackson Lee
Mr. Meehan
Mr. Delahunt

NAYS

Mr. Sensenbrenner
Mr. McCollum
Mr. Gekas
Mr. Coble
Mr. Smith
Mr. Canady
Mr. Inglis
Mr. Goodlatte
Mr. Buyer
Mr. Bono
Mr. Bryant
Mr. Chabot
Mr. Barr
Mr. Jenkins
Mr. Hutchinson
Mr. Pease
Mr. Cannon
Mr. Rothman
Mr. Hyde

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 2(1)(3)(A) of rule XI of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT FINDINGS

No findings or recommendations of the Committee on Government Reform and Oversight were received as referred to in clause 2(1)(3)(D) of rule XI of the Rules of the House of Representatives.

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 2(1)(3)(B) of House Rule XI is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In compliance with clause 2(1)(3)(C) of rule XI of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R. 2464, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 403 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 24, 1997.

Hon. HENRY J. HYDE,
*Chairman, Committee on the Judiciary,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2464, a bill to amend the Immigration and Nationality Act to exempt internationally adopted children under age 10 from the immunization requirement.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mark Grabowicz, who can be reached at 226-2860.

Sincerely,

JUNE E. O'NEILL, *Director.*

Enclosure.

H.R. 2464—Immigration and Nationality Act to exempt internationally adopted children under age 10 from the immunization requirement

CBO estimates that enacting H.R. 2464 would have no significant impact on the federal budget. The legislation would make it easier for a small number of adopted children under age 10 to obtain immigrant visas. Therefore, enacting H.R. 2464 could affect the amount of fees collected by the Immigration and Naturalization Service, and pay-as-you-go procedures would apply. Because the number of children affected would be very small, however, CBO es-

timates that any effects on direct spending would not be significant.

This legislation contains no new intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act of 1995 and would impose no cost on state, local, or tribal governments.

The CBO staff contact for this estimate is Mark Grabowicz, who can be reached at 226-2860. This estimate was approved by Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Rule XI, clause 2(1)(4) of the Rules of the House of Representatives, the Committee finds the authority for this legislation in Article I, section 8, clause 4 of the Constitution.

SECTION-BY-SECTION ANALYSIS

This legislation exempts a child age 10 years and under who is being sponsored for admission to the United States as an orphan being adopted (or having been adopted) by a United States citizen from the requirement adopted in section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (P.L. 104-208, Div. C) (IIRIRA) that immigrants, prior to lawful admission, have received vaccinations against specified communicable diseases.

The legislation amends section 212(a)(1) of the Immigration and Nationality Act (INA) by adding a new subparagraph (C) exempting children age 10 years and under who are described in section 101(b)(1)(F) of the INA from the vaccination requirement set forth in section 212(a)(1)(A)(ii) of the INA.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in *italics* and existing law in which no change is proposed is shown in *roman*):

SECTION 212 OF THE IMMIGRATION AND NATIONALITY ACT

* * * * *

GENERAL CLASSES OF ALIENS INELIGIBLE TO RECEIVE VISAS AND INELIGIBLE FOR ADMISSION; WAIVERS OF INADMISSIBILITY

SEC. 212. (a) CLASSES OF ALIENS INELIGIBLE FOR VISAS OR ADMISSION.—Except as otherwise provided in this Act, aliens who are inadmissible under the following paragraphs are ineligible to receive visas and ineligible to be admitted to the United States:

(1) HEALTH-RELATED GROUNDS.—

(A) IN GENERAL.—Any alien—

(i) who is determined (in accordance with regulations prescribed by the Secretary of Health and

Human Services) to have a communicable disease of public health significance, which shall include infection with the etiologic agent for acquired immune deficiency syndrome,

(ii) *except as provided in subparagraph (C), who seeks admission as an immigrant, or who seeks adjustment of status to the status of an alien lawfully admitted for permanent residence, and who has failed to present documentation of having received vaccination against vaccine-preventable diseases, which shall include at least the following diseases: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccinations against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices,*

* * * * *

(C) *EXCEPTION FROM IMMUNIZATION REQUIREMENT FOR ADOPTED CHILDREN 10 YEARS OF AGE OR YOUNGER.—Clause (ii) of subparagraph (A) shall not apply to a child who—*

(i) is 10 years of age or younger,

(ii) is described in section 101(b)(1)(F), and

(iii) is seeking an immigrant visa as an immediate relative under section 201(b),

if, prior to the admission of the child, a parent of the child, who has sponsored the child for admission as an immediate relative, has executed an affidavit stating that the parent is aware of the provisions of subparagraph (A)(ii) and will ensure that, within 30 days of the child's admission, or at the earliest time that is medically appropriate, the child will receive the vaccinations identified in such subparagraph.

* * * * *

ADDITIONAL VIEWS

We strongly support this corrective legislation. However, we wish to express our concern regarding the amendment adopted in committee to impose a new requirement on adoptive parents that is both gratuitous and unenforceable.

Every year, American families provide loving homes to some 12,000 orphaned and abandoned children living in countries that cannot care for them. These adoptive families endure innumerable bureaucratic obstacles and delays that frequently take many months or even years to overcome.

Last year, Congress enacted a new vaccination requirement that had the unintended consequence of making the international adoption process even more expensive, cumbersome and time-consuming for these families, while posing serious potential health risks to the children themselves.¹

Prior to the enactment of this requirement, internationally adopted children were routinely given the necessary immunizations once they had arrived in the United States. The bill would allow a return to this practice by exempting from the requirement foreign-born children aged 10 and younger who are adopted by American families.

We wish to emphasize that everyone wants these children to get the immunizations they need. The only question addressed by the bill is whether we will allow the adoptive parents to see that these medical procedures are conducted safely and in an orderly way.

Like most other parents, adoptive parents want to see that their child receives the best possible medical care—including the proper immunizations—from a physician they know and trust. Not from a stranger in a poor, war-torn nation, where their child is at risk from adverse reactions, vaccines that are unsafe or ineffective, and unsterile needles and syringes.

There is no evidence whatsoever that allowing the parents to have their children vaccinated in the United States has ever caused a public health problem, and there is no reason that this bill would do so either.

The bill is strongly supported by the adoption community, parent groups and physicians with expertise in the medical aspects of international adoption. These groups include the Joint Council on International Children's Services, Adoptive Families of America, the National Council for Adoption, the American Academy of Pedi-

¹Section 212 of the Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1182) provides that immigrant aliens are ineligible for admission if they fail to present documentation of having received, prior to their admission, a series of vaccinations against vaccine-preventable diseases. This provision applies to all immigrants, including young children adopted by U.S. citizens. While current law allows adoptive parents to seek a medical waiver of the requirement, this waiver must be granted on a case-by-case basis and is entirely within the discretion of the Attorney General.

11/14/97 10:16 202 225 5658 WILLIAM DELAHUNT

atrics, and the Child Welfare League. We strongly agree with them, and enthusiastically support the bill.

Our sole reservation concerns the amendment by Mr. McCollum that was adopted in committee, which adds to the bill a completely unnecessary requirement that the adoptive parents sign an affidavit that their children will be vaccinated within 30 days following their admission to the United States, or at the earliest time that is medically appropriate.

The requirement is unnecessary because that is precisely what the adoptive parents intend to do. Indeed, that is the entire purpose of the bill—to see to it that it is the parents who make the medical decisions for their newly adopted children.

When asked to justify their double standard, the proponents of the amendment could not cite a single case in which adoptive parents have failed to have them vaccinated. On the contrary, the evidence indicates that parents who have been through the rigors of the international adoption process do all they can to ensure that their adopted children receive prompt and regular medical care. Indeed, by the time that process is completed, parents who would hesitate to take their child to a physician have long since been weeded out.

Should the parents nevertheless fail in their responsibilities, the states have ample rules in place to ensure that these children—and their American-born classmates—receive the necessary immunizations before they enter licensed day care centers or enroll in school. The bill would have no effect whatsoever on these state requirements and is entirely consistent with them.

It is unnecessary to require these parents to sign an affidavit that they will do their duty by their children. We might as well tell every parent that they have an obligation to immunize their child against these childhood diseases. We might add that they should be sure their child is given three healthy meals a day and clean and safe surroundings.

The requirement is also unenforceable. Unless we mean to establish a massive new federal bureaucracy to track compliance with this new parental mandate, we will continue to rely on the parents themselves to do that which they would have done in the absence of the requirement.

We do agree with the majority that we should do all we can to see that parents are given the most up-to-date information regarding the immunizations their child should receive.

At the markup, Mr. Delahunt offered an amendment to the McCollum amendment, which would have ensured that adoptive parents be given information as to the immunizations their child should receive, and that they be required to acknowledge their receipt of this information. Unfortunately, the Delahunt amendment was defeated on a party-line vote.

While we take strong exception to this portion of the bill, we are very supportive of the legislation as a whole and urge its prompt enactment.

JOHN CONYERS, Jr.
ZOE LOFGREN.
MAXINE WATERS.
WILLIAM D. DELAHUNT.

BARNEY FRANK.
JERROLD NADLER.
MELVIN L. WATT.
SHEILA JACKSON LEE.
MARTIN T. MEEHAN.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

LEGISLATIVE REFERENCE DIVISION
ECONOMICS , SCIENCE , AND GENERAL GOVERNMENT BRANCH

TO:

Leanne Shimabukuro

FROM: INGRID SCHROEDER
phone: (202) 395-3883
FAX: (202) 395-3109

DATE: 10/24/95

NUMBER OF PAGES (including this cover sheet): 1

COMMENTS:

Please call (202) 395-3454 to report any difficulties with transmission of this fax.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

October 21, 1997 (SENT)
(House)

STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

H.R. 2464 - Immunization Requirements Exemption
(McCollum (R) Florida and 7 cosponsors)

The Administration supports House passage of H.R. 2464, which would exempt certain immigrant children ages 10 or under who are being adopted (or have been adopted) by U.S. citizens from the requirement to receive certain vaccinations before entering the United States. The exemption would be contingent upon the adopting parents signing an affidavit that a child will receive the required vaccinations after entering the United States.

The Administration maintains a strong commitment and record promoting adoption and supporting measures to ease the foreign adoption process. In this context the Administration supports this exemption.

H.R. 2464 would exempt from the vaccination requirement the 12,000 children who are expected to immigrate as "immediate relative immigrant orphans." However, an additional 28,000 children who are expected to immigrate as non-orphan children of American citizens and approximately 50,000 children who will immigrate in other categories or as dependents of their immigrant parents will remain subject to the vaccination requirements. The Administration will continue to work with Congress to address the concerns related to the vaccination requirement and the immigrant children who are not covered by the exemption in H.R. 2464.

* * * * *



Ingrid M. Schroeder
10/02/97 04:34:48 PM

Record Type: Record

To: Leanne A. Shimabukuro/OPD/EOP, Nicole R. Rabner/WHO/EOP, Peter G. Jacoby/WHO/EOP
cc: See the distribution list at the bottom of this message
Subject: DRAFT SAP for HR 2464 - Immunization Requirements for Certain Children

HHS (Magana) advises that **HR 2464 may be on the House floor as early as next week** (the House Judiciary Committee reported the bill on 10/1/97).

Attached is a draft SAP - the language is similar to the State Dept. letter sent to Rep. Nadler on 9/17/97. I would like to circulate this SAP as soon as possible. Please let me know if you have any changes or edits by 10am Friday morning, 10/10.

Thanks

DRAFT -- NOT FOR RELEASE

October 2, 1997
(House)

H.R. 2464 -Immunization Requirements Exemption
(McCollum (R) Florida and 7 cosponsors)

The Administration supports House passage of H.R. 2464 which would exempt immediate relative immigrant orphans from certain vaccination requirements. The Administration maintains a strong commitment and record promoting adoption and supporting measures to ease the foreign adoption process. In this context the Administration supports this exemption.

remain subject to
H.R. 2464 would exempt from the vaccination requirement the 12,000 children who are expected to immigrate as immediate relative immigrant orphans. *However,* An additional 28,000 children who are expected to immigrate as non-orphan children of American citizens and approximately 50,000 children who will immigrate in other categories or as dependents of their immigrant parents will ~~not be exempted from~~ the vaccination requirements. The Administration will continue to work with Congress to address the concerns related to the vaccination requirement and the immigrant children who are not covered by the exemption in H.R. 2464.

* * * * *

Message Copied To: _____

Steven M. Mertens/OMB/EOP
Nicolette Highsmith/OMB/EOP
Joseph G. Pipan/OMB/EOP
James J. Jukes/OMB/EOP
Alice E. Shuffield/OMB/EOP

**United States Department of State***Washington, D.C. 20520***September 17, 1997**

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 Administration maintains a strong commitment and record promoting adoption and supporting measures to ease the foreign adoption process. In this context the Administration supports the exemption.

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.

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. It should be noted that many of the concerns related to the vaccination requirement have broader applicability to children immigrating in other categories as well. We hope we can work with the Committee to address some of these issues.

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,

A handwritten signature in cursive script, reading "Barbara Larkin".

Barbara Larkin
Assistant Secretary
Legislative Affairs

The Honorable,
Jerrold Nadler,
House of Representatives.



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.

While we are supportive of this exemption,
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-orphans 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. - added?*

① The ~~State~~ Administration maintains a strong commitment and record to promoting adoption and supporting measures to ease the foreign adoption process. add

It should be noted that
② Many of the ~~best~~ concerns raised *related to 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.

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Assistant Secretary
Legislative Affairs

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(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.'.



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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.

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

It should be noted that
② 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

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Dear Mr. Nadler:

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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, ^{while we are supportive of this exemption,} 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.~~ ^{I defer?}

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

It should be noted that
② 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

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House of Representatives.

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United States Department of State

Washington, D.C. 20520

Rabner/Klein

Dear Mr. Nadler:

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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.

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-orphans 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.



United States Department of State

Washington, D.C. 20520

Rabner/Klein

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 requirements 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.

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-orphans 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.

Delamin amendments

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.'

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

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“(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.”.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

LEGISLATIVE REFERENCE DIVISION

ECONOMICS, SCIENCE, AND GENERAL GOVERNMENT BRANCH

TO:

Vanessa Harrison- stake

Leanne Shimabukuro- DPC

FROM: INGRID SCHROEDER
phone: (202) 395-3883
FAX: (202) 395-3109

DATE: 9/15/97

NUMBER OF PAGES (including this cover sheet): 3

COMMENTS:

Edits to the vaccination letter.

* Vanessa- Please make the attached changes (which were agreed to during today's conference call) and send the letter back to OMB for recirculation by 2pm today.

Thanks



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 requirements imposed in Section 212(a)(1) of the Immigration and Nationality Act. ②

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.~~ ~~②~~ ~~relative of this exemption.~~ ~~②~~ ~~due?~~

- ① The ~~State~~ Administration maintains a strong commitment and record to promoting adoption and supporting measures to ease the foreign adoption process. In this ^{context} ~~connection~~ the Administration supports the exemption.

- It should be noted that ^{related to the} ~~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~~

The Honorable, ^{Work with the committee to}
Jerrold Nadler,
House of Representatives. ^{address some of these}
issues.

2

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**

Total Pages: _____

LRM ID: IMS141

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

Monday, September 15, 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: REVISED STATE Report on HR2267 Commerce, Justice, and State, the
Judiciary, and Related Agencies Appropriations, FY 1998

DEADLINE: 3pm Tuesday, September 16, 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:
DISTRIBUTION LIST

AGENCIES:

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83-National Security Council - Glyn T. Davies - (202) 456-9221
114-STATE - Julia C. Norton - (202) 647-4463

EOP:

Steven M. Mertens
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Evan T. Farley
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Debra J. Bond
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Leanne A. Shimabukuro
Jose Corda III
WARNATH_S
Scott Busby
Jennifer L. Klein
Nicole R. Rabner
Peter G. Jacoby
Charles Kiefer

LRM ID: IMS141 SUBJECT: REVISED STATE 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: _____ (Date)
 _____ (Name)
 _____ (Agency)
 _____ (Telephone)

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

_____ Concur

_____ No Objection

_____ No Comment

_____ See proposed edits on pages _____

_____ Other: _____

_____ FAX RETURN of _____ pages, attached to this response sheet



United States Department of State

Washington, D.C. 20520

Draft #2

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.

The Administration maintains a strong commitment and record ~~to~~ promoting adoption and supporting measures to ease the foreign adoption process. In this context the Administration supports the exemption.

It should be noted that many of the concerns related to the vaccination requirement have broader applicability to children immigrating in other categories as well. We hope we can work with the Committee to address some of these issues.

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. ↗

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

The Honorable,
Jerrold Nadler,
House of Representatives.

2

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

LRM ID: IMS145

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

Tuesday, September 16, 1997

LEGISLATIVE REFERRAL MEMORANDUM

TO: Legislative Liaison Officer - See Distribution below

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

SUBJECT: JUSTICE Amendment(s) on HR2464 To Exempt Internationally Adopted Children Under Age 10 from the Immunization Requirement

DEADLINE: 11am Wednesday, September 17, 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: HR 2464 is scheduled for H. Judiciary Committee markup on 9/17 at 2:30pm.

DISTRIBUTION LIST

AGENCIES:

52-HHS - Sondra S. Wallace - (202) 690-7760
83-National Security Council - Glyn T. Davies - (202) 456-9221
114-STATE - Julia C. Norton - (202) 647-4463

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Scott Busby
Jennifer L. Klein
Nicole R. Rabner
Peter G. Jacoby
Steven D. Aitken
William P. Marshall

Immigration

Immunizations/

Adoption

LRM ID: IMS145

SUBJECT: JUSTICE Amendment(s) on HR2464 To Exempt Internationally Adopted Children Under Age 10 from the Immunization Requirement

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: _____ (Date)
_____ (Name)
_____ (Agency)
_____ (Telephone)

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

_____ Concur

_____ No Objection

_____ No Comment

_____ See proposed edits on pages _____

_____ Other: _____

_____ FAX RETURN of _____ pages, attached to this response sheet

- concerns that the panel physician may not be a pediatrician and may not realize that the child is immunocompromised.

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 only covers orphans, and not other children or adults that might be exposed to the same potential dangers as adopted children, 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 adopted children, 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.

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. SUCCESS OF U.S. VACCINATION PROGRAM, I.E., RECENT WHITE HOUSE ROLL-OUT OF VACCINATION STATISTICS, RECORD HIGH NUMBER OF DOMESTIC VACCINATIONS, 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.

1 NO 10 ny nage
WORKING DRAFT #3 9/8/97

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, 245 and 245A of this Act to that of aliens lawfully admitted to the United States for permanent

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 in regulations 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, accounting and safeguarding of the fees collected.

"(B)(i) The fees imposed under subparagraph (7)(A)(i) of this subsection 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 to the Secretary, Health and Human Services, until expended.

"(iii) Amounts in the Medical Examinations Fee Account shall be available only to reimburse the amounts expended for medical examinations services, including applicable administrative and support costs."

Name

Phone

Fax

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Barbara Clark, HHS

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Traci Endo, HHS

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Bob Irwin, COO

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Nicole Rabner

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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 medical 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 filed 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 orphan children living in orphanages
- The potential use of unsterilized needles
- Adverse reactions to live virus vaccines resulting from malnutrition, or bad vaccines

¹CDC 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 medical 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 immunocompromised.

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 orphans, 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.]

May 6, 1996

CONGRESSIONAL RECORD—SENATE

S4743

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 Service.

"(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)".

Conference Call list

✓	Irene Buend (HHS)	456-6755
Left message	Barbara Clark (HHS)	- 6766
Left message	Michelle Bernie-Toth (State)	6766
✓ message	Ruth Tintary (INS)	6766
message	Nicole Rabner	6766
message	Niki Highsmith omb	6755
✓	Steve Warnath	6755
✓	Ingrid Schroeder omb	6755
✓	Karen Deasy (CDC)	6755

U.S. Department of Justice
Immigration and Naturalization Service
IIRIRA Implementation Team (HQIRT)
820 First Street, N.E.
Washington, D.C. 20536



TELEFAX COVER

TO: Leanne Shimabukuro--Domestic Policy Council **FAX NUMBER:** 456-7028

DATE: August 22, 1997

TOTAL NUMBER OF PAGES: 14

Leanne: Enclosed is a working draft of the vaccination amendment to be proposed by the Administration during Conference. This working draft contains essentially the same language as the amendment that was adopted last year in section 154 of S4743. We made some modifications to correct certain technical errors, and to address the concerns raised by the adoption advocacy groups.

Also enclosed is a working draft of the summary you requested. This summary contains a brief chronology of the events that lead to last year's vaccination amendment, as well as a summary/justification of the amendment the Administration now seeks to offer during Conference in September.

We are seeking staff level comments at this time. I have also sent copies of the enclosed materials to CDC (Washington and Atlanta), DOS, and HHS. We have indicated where additional information needs to be provided by CDC/HHS. We would like to have staff comments by COB, Wednesday, August 27, so we can finalize the documents and obtain formal clearance within INS/DOJ ASAP in time for Conference (Do you have any idea as to when that might be??)

If you have any questions, or see any potential problems, please do not hesitate to call or fax me. My phone # is 842-9246. I am working at an off-site location, so I don't have voice mail. If you can't reach me at this #, you can always leave a voice mail message on my regular line, 616-7437, which I check periodically for messages.

FROM: Sophia Cox

TELEPHONE: 842-9236
(Voicemail) 616-7437

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 Services.

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 13 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.

Sec. 234 ~~134~~ We suggest modifying this provision and making immunization part of the medical examination process now covered by section ~~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.

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.'

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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

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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.

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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.

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Sec. 234 ~~134~~ We suggest modifying this provision and making immunization part of the medical examination process now covered by section ~~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.

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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.

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, 245 and 245A of this Act to that of aliens lawfully admitted to the United States for permanent

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."



facsimile

TRANSMITTAL

to: Leanne Shimabukuno
fax #: 456-7028
re: Senator Kyl + 31 other House & Senate Members, re: Immunization Requirements
date: August 13, 1997
pages: 5, including cover sheet.

FOR YOUR IMMEDIATE ATTENTION

Leanne-

Allen Erenbaum asked me to fax you this draft response letter to Senator Kyl and 31 other House and Senate Members regarding the immunization requirements. If you have any comments about our response, please give me a call.

From the desk of...

Judy C. Rogers
Congressional Relations Liaison
Immigration and Naturalization Service
425 I St., N.W. - Rm 7016
Washington, D.C. 20536

202-514-2907
Fax: 202-514-1117

CO 703.3053

DRAFT

The Honorable Jon Kyl
United States Senate
Washington, DC 20510

Dear Senator Kyl:

Thank you for your letter dated July 22, 1997, regarding the new immunization requirements of section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act (P. L. 104-208). A similar letter has been sent to 31 other Senate and House members.

The Immigration and Naturalization Service has issued instructions providing for blanket waivers of vaccination requirements in certain circumstances. Specifically, INS has delegated authority to grant blanket waivers in cases where a panel physician, civil surgeon or medical officer determines that it would be 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. In such cases, the waiver can be granted without the need to file an application form or pay a fee. I have enclosed a copy of the Service field guidance on the new vaccination requirements (HQ 50/5.12 96ACT.008, January 17, 1997).

If you have questions regarding this or any other matter, please do not hesitate to contact this office.

Sincerely,

Andrew Foiss
Assistant Attorney General

Enclosure

354019

Congress of the United States

Washington, DC 20510

July 22, 1997

The Honorable Janet Reno
Attorney General of the United States
Department of Justice
950 Pennsylvania Ave., N.W.
Washington, D.C. 20530

Dear Attorney General Reno:

In section 341 of last year's Illegal Immigration Reform and Immigrant Responsibility Act (P.L. 104-208), Congress included a public health provision that requires incoming immigrants to receive certain immunizations before entering the United States. In recent months, members of the international adoption community have raised a variety of health concerns with respect to section 341 of IIRIRA and the immunization of international adoptees. Specifically, they are concerned with the adverse health implications of administering vaccinations under the following circumstances:

- The exact age of the child is unknown.
- The child's medical history is unavailable or inadequate.
- Contraindications, such as fevers and colds, are not clearly defined.
- The child's immunodeficiency status is difficult to ascertain.
- There is a danger that unsterile or reconstituted needles could be used to vaccinate.
- There are inadequate conditions for appropriate medical assessments or evaluations.

The clear intent of this provision is to protect public health and we would naturally be concerned if IIRIRA itself, or the implementing regulations, produced the opposite result. To ensure that the vaccination requirement would not result in any increased health risks, section 341(b) of IIRIRA grants the Attorney General the authority to provide waivers from the vaccination requirement whenever a "civil surgeon, medical officer, or panel physician" certifies, according to regulations prescribed by the Secretary of Health and Human Services, that obtaining such immunizations would be "medically inappropriate." We request that you, in conjunction with the Secretary of HHS, generously use the discretion provided in section 341(b) of IIRIRA to permit waivers to be granted in cases where it would be medically inappropriate to require vaccinations, especially in response to health concerns such as those raised by the international adoption community.

Since section 341 of IIRIRA became effective starting July 1, we request that you respond to this letter by August 11, 1997. Thank you for your prompt attention to this matter.

Sincerely,

Xanthopoulos
James Abraham
John A. Crockett
Kent Lamb
Alfred P. Amato
Chris Drab
Don Davis
Wayne Allard
Chuck Kennedy
Herb Kohl
Cluck Robb
Alvin Snow
[Signature]

[Signature]
Ted Kennedy
Alan Cranston
Long E. Hunting
Mike DeLoe
Barry Z. [Signature]
Bill Frist
F. Hutchinson
John McCain
W. R. Rogers
[Signature]
W. J. Garland
Jon Christensen

James L. Oberstar
Albert R. Upton
Pete Stenger

Bart Gordon
Ed Roney
Sammy Franklin

Senator Jon Kyl

Senator Spencer Abraham

Senator John Ashcroft

Senator Kent Conrad

Senator Alfonse D'Amato

Senator Christopher Dodd

Senator Richard Durbin

Senator Wayne Allard

Senator Charles Grassley

Senator Herb Kohl

Senator Chuck Robb

Senator Olympia Snowe

Senator Daniel Inouye

Representative James Oberstar

Representative Albert Wynn

Representative Peter DeFazio

Representative Bill McCollum

Senator Ted Kennedy

Senator Dan Coats

Senator Larry Craig

Senator Mike De Wine

Senator Byon Dorgan

Senator Bill Frist

Senator Tim Hutchinson

Senator John McCain

Senator Daniel Patrick Moynihan

Senator Gordon Smith

Senator Mary Landrieu

Representative Jon Christensen

Representative Bart Gordon

Representative Earl Pomeroy

Representative Barney Frank

(purpose: To provide a waiver from certain immunization requirements for certain aliens entering the United States)

At the appropriate place, insert the following: **WAIVER OF CERTAIN VACCINATION REQUIREMENTS**

SEC. . (a) IN GENERAL.—Section 212 of the Immigration and Nationality Act (8 U.S.C. 1182) is amended by adding at the end the following:

"(p) The Attorney General should exercise the waiver authority provided for in subsection (g)(2)(B) for any alien orphan applying for an IR3 or IR4 category visa."

Mr. MCCAIN. Mr. President, This is intended to resolve a potentially seri-

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ous problem involving foreign children emigrating to the United States for the purpose of being united with their adoptive parents. Quite simply, the amendment urges the Attorney General to exercise that authority to waive vaccination requirements for certain categories of emigres that is part of current law.

Last year, my colleague from Arizona, Senator KYL, succeeded in getting passed legislation authorizing the Attorney General to waive the immunization requirements for legal aliens entering the country if medical, moral or religious considerations so warrant. Unfortunately, that authority has not been exercised, despite extenuating circumstances that clearly argue for such a waiver from the immunization requirement. No where is this failure to exercise that authority more damaging than in the area of foreign-borne orphans being adopted by U.S. citizens.

Neither Senator KYL nor I would argue that immigrants with serious communicable diseases should be allowed into the United States. What we are saying is that children whose medical conditions cannot be accurately determined without a more thorough examination than can be administered in their home country should not be subjected to vaccinations that may trigger unforeseen reactions, for instance, from allergies to a specific serum. Additionally, other medical conditions may exist that make immunization at a specific time unadvisable, as would be the case with a child suffering from influenza. All this amendment does is tell the Attorney General to do what common sense dictates should be done anyway: not subject children to vaccinations to which their systems may not be immediately adaptable.

Mr. President, I urge my colleagues to support this amendment. It would do nothing that could pose a health risk to the American public; it only eliminates the risk to children, often from countries with far more primitive health care than is available here, of immunizations if their individual medical conditions indicate such treatment would pose a serious risk to the health of the child.

July 29, 1997

should not be jeopardized by an attempt to avoid the real choices necessary to produce a balanced budget by the year 2002.

Thank you, Mr. President.

AMENDMENT NO. 1028

(Purpose: To improve the bill)

At the end of the section in title I regarding the "WAIVER OF CERTAIN VACCINATION REQUIREMENTS", insert the following new subsection:

"(b) **REPORT.**—The Attorney General, in conjunction with the Secretaries of Health and Human Services and State, shall report to Congress within 6 months of the date of enactment of this Act on how to establish an enforcement program to ensure that immigrants who receive waivers from the immunization requirement pursuant to section 212 of the Immigration and Nationality Act comply with the requirement of that section after the immigrants enter the United States, except when such immunizations would not be medically appropriate in the United States or would be contrary to the alien's religious or moral convictions."

AMENDMENT NO. 1029

At the appropriate place, insert the following:

SEC. . EXTENSION OF VIOLENT CRIME REDUCTION TRUST FUND.

Section 310001(b) of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 14211(b)) is amended—

(1) in paragraph (6), by striking "and" at the end;

(2) in paragraph (6), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

"(7) for fiscal year 2001, \$4,355,000,000; and

"(8) for fiscal year 2002, \$4,455,000,000.

Beginning on the date of enactment of this legislation, the discretionary spending limits contained in Section 201 of H.Con.Res. 84 (105th Congress) are reduced as follows:

for fiscal year 2001, \$4,355,000,000 in new budget authority and \$5,838,000,000 in outlays;

for fiscal year 2002, \$4,455,000,000 in new budget authority and \$4,485,000,000 in outlays.

Mr. BIDEN. Mr. President, this amendment extends the crime law

we do not pass my amendment, there will be no trust fund in 2001 and 2002, and there will be no more funding for prisons and no more to fight violence against women.

I also want to point out to my colleagues that I believe that there are Budget Act points of order which could be lodged against my amendment. I say that just so all of us are clear about my amendment. I would move to waive such a point of order were it raised. I just want my colleagues to understand this fact as we pass this amendment.

I urge my colleagues to support my amendment.

AMENDMENT NO. 1030

(Purpose: To provide funding for the Community Policing to Combat Domestic Violence Program)

On page 29, line 18, insert "That of the amount made available for Local Law Enforcement Block Grants under this heading, 10,000,000 shall be for the Community Policing to Combat Domestic Violence Program established pursuant to section 1701(d) of part Q of the Omnibus Crime Control and Safe Streets Act of 1968: *Provided further,*" after "*Provided,*".

AMENDMENT NO. 1031

On page 65, on line 25 after "expenses" insert the following: *Provided further,* That the number of political appointees on board as of May 1, 1996, shall constitute not more than fifteen percentum of the total full-time equivalent positions at the Office of the United States Trade Representative."

Mr. GREGG. Mr. President, I ask unanimous consent that the amendments be agreed to.

The PRESIDING OFFICER. Is there objection?

Mr. HOLLINGS. Withholding, and I do not intend to object, I understand it is pretty well worked out, but there was one language inclusion.

Mr. GREGG. It is all done.

Mr. HOLLINGS. No objection.

The PRESIDING OFFICER. The amendments are agreed to.

The amendments (Nos. 1024-1031), en

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OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

To	Leanne Sh.	From	Bob Hannan
Dept./Agency	DPC	Phone #	663-1251
Fax #	456-7028	Fax #	663-3897
NSN 7540-01-317-7388		5099-101	
GENERAL SERVICES ADMINISTRATION			

August 25, 1997

TO: Bob Hannon, U.S. Dept. of State, by fax 663-3897

FROM: William Pierce, President

SUBJECT: Attached request for comments and suggestions from Rep. Nadler's office

As you know, we are anxious to see a resolution of the situation regarding the vaccination requirement. With this memo, I am providing you with a copy of a letter which contains the text of a proposed amendment Rep. Nadler is considering.

It has been my experience in the past that agencies charged with administering laws can frequently provide suggestions on making proposed changes work better. For that reason, I am sharing the letter from Rep. Nadler's office with you and asking you, as the lead person within CA on this issue, to please share it with appropriate persons within State, INS, CDC and any other federal agencies that might need to sign off at the point firm discussions begin in the Conference on the Appropriations bill.

From our viewpoint, this seems to be a simple way for the Congress to solve the problem without causing any undue burdens on State or other federal agencies.

Please feel free to share this memo and either provide me with formal or informal comments to guide me in preparing my response to Rep. Nadler's office. Calls can come to me or to Mr. Les Megyeri, Esq., who serves as a Consultant to our organization on this matter. Mr. Megyeri's office number is 202-939-8976.

If there are any questions about this or any other matter related to adoption that our nongovernmental organization can answer, please give me a call.

WP/ms

Enclosure: Aug. 25, 1997, letter from John Doty, Legislative Assistant, Office of Rep. Nadler

bhdos82597

DATE: Aug 6, 1997U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICESROOM 406G, HUMPHREY BUILDING
200 INDEPENDENCE AVE, SW
WASHINGTON, D.C. 20201

PHONE: (202)690-6786

FAX: (202)690-6351

OFFICE OF THE DEPUTY ASSISTANT SECRETARY
CONGRESSIONAL LIAISON OFFICE

TO: Leanne ShimabukuroOFFICE: W.H. Domestic Policy

ROOM: _____

PHONE: 456-5574FAX: 456-~~5574~~7028

FROM:

☒ IRENE BUENO *Jean Lee*☐ GERI GOINS☐ MARK MAGAÑA☐ MARION ROBINSON☐ CYNTHIA JOYCE☐ TIJUANA TRIPPLET☐ STACEYE ARRINGTON

DRAFT**DRAFT: ISSUE/RESPONSE, INTERNATIONAL ADOPTION (as of Aug. 1)**

We are concerned about the accuracy of health records of adopted children overseas.

Although the health records available to the panel physician examining a child overseas may be limited, they are the same as those available to a physician once the child is in the US. Immunization records provided to the panel physician are reviewed to determine whether additional vaccinations are required. There is no reason to believe that falsification of vaccination records is a common problem. However, based on their medical judgement, physicians may choose to re-vaccinate and this will not put the child in medical danger. In the U.S. and abroad, if no medical history is provided to the physician, immunizations should normally be provided to the child in the interest of protecting the child from disease.

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

Panel physicians are local practitioners who have been selected by the Embassy or Consulate under the auspices of the Department of State. They are obliged to administer vaccinations in accordance with the Centers for Disease Control and Prevention (CDC) guidelines using appropriate infection-control practices. We have no evidence to suggest that panel physicians use unsterile needles or syringes.

We have no reason to believe that the new US vaccination requirement will encourage orphanages or other institutions to administer vaccinations if they do not already do so.

Parents who are considering taking their own syringes and needles to the child's medical exam could face legal problems and possible detention upon entering a foreign country with what might appear to be illegal drug paraphernalia.

Immunization practices, bad vaccines, malnutrition may lead to adverse reactions to live virus vaccines in adopted children overseas.

DRAFT

Although severe protein calorie malnutrition may impair immune function and, therefore, diminish the efficacy of certain vaccines, these children are at increased risk of death or severe disease if they contract vaccine-preventable diseases. Therefore, it is especially important to ensure that these vulnerable children are appropriately immunized.

US pediatricians discount foreign vaccinations and start over again.

It is reasonable to assume that a vaccine received in other countries is of adequate potency, particularly WHO-approved vaccines, depending on vaccine potency, adequate documentation of receipt of the vaccine, and the vaccination schedule used. Although physician judgment must be used to determine which, if any, additional immunization would be recommended for each patient, in general immunizations received abroad are counted towards completion of U.S. required immunization series.

On April 11, 1997, all panel physicians were sent a new form (SUPPLEMENTAL FORM TO OF-157: Visa Applicant's Documentation of Immunization) to record vaccine administration and history for each visa applicant overseas. Once the infant has arrived in the U.S., pediatricians will be able to assess the need for additional vaccinations according to recommendations issued by the HHS Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP).

An adopted child cannot be tested for immune dysfunction while abroad.

The standard of care in the U.S. or abroad does not include testing a child for immune dysfunction before providing immunizations. Such testing for immune dysfunction is a very expensive procedure, and, therefore, is not commonly performed even in the U.S.

Panel physician may not be a pediatrician, and may not realize child is immunocompromised.

and physicians who conduct immigrant medical exams are local practitioners who have been selected by the Department of State's Embassy or Consulate, and do so in accordance with CDC guidelines on immunization practices and vaccine management to minimize risk for spreading disease. Their performance is monitored by -- to ensure compliance with these CDC guidelines.

Whether vaccines received in other countries meet the vaccination requirements in the US depends on vaccine potency, adequate documentation of receipt of the vaccine, and the vaccination schedule used. Although problems with vaccine potency have occasionally been detected (most notably with tetanus toxoid and oral polio vaccine), the majority of vaccine used worldwide is from reliable local or international manufacturers. World Health Organization (WHO)-approved vaccines received in other countries should, therefore, count towards completion of U.S. required immunization series.

DRAFT

There is no informed consent for vaccines.

The recommended immunization practice in the U.S. is that parents, guardians, legal representatives, and adolescent and adult patients be informed about the benefits and risks of vaccine in understandable language. The National Childhood Vaccine Injury Act (NCVIA) requires that vaccine information materials be developed for each vaccine covered by the Act, and the Vaccine Information Pamphlets must be used by all public and private providers of vaccines, although private providers may elect to develop their own materials. Such materials must contain specific, detailed elements required by the law.

CDC recognizes the importance of providing appropriate vaccine information to persons outside the U.S. who are required to receive certain vaccines as applicants for immigrant visas. Therefore, CDC is developing general vaccine information, based on WHO and Advisory Committee on Immunization Practices (ACIP) literature on vaccine-preventable diseases and vaccines for distribution to panel physicians who can share this information with visa applicants.

Although they may not be pediatricians, panel physicians are qualified medical professionals who conduct immigrant medical exams in accordance with CDC guidelines. In many countries, the Embassy or Consulate's staff rely on the same physicians for their own medical care.

Certain vaccines are medically contraindicated for immunocompromised children. Orphanage records may document recurring infections; however, immunosuppression, such as congenital immunodeficiency, HIV infection, malignancy, or immunosuppressive therapy, is rare and is not usually apparent on the first encounter with any physician in the U.S. or abroad. In the absence of a history of immunosuppression provided to the physician, immunizations should normally be provided to the child in the interest of protecting the child from disease.

Section 212(a)(1)(A)(ii) (8 U.S.C. 1182(a)(1)(A)(ii)) is amended--
by inserting after "residence," the following:

"unless the alien seeks admission as an immediate relative
pursuant to section 101(b)(1)(F),"

The section would read:

(ii) who seeks admission as an immigrant, or who seeks adjustment of status to the status of an alien lawfully admitted for permanent residence, **unless the alien seeks admission as an immediate relative pursuant to section 101(b)(1)(F)**, and who has failed to present documentation of having received vaccination against vaccine-preventable diseases, which shall include at least the following diseases: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccinations against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices, "

August 7, 1997

TO: Judy Rogers, INS 514-1117
Leanne Shimabukuno, DPC 456-7028
Bob Irwin, CDC 690-7519
Sophia Cox, INS 892-9220

FROM: Michelle Bernier-Toth, CA/VO/F/P, Department of State *MFB*

SUBJECT: Suggested language for 212(a)(1)(A)(ii) Amendment

Following is our draft of suggested language which would exempt IR3 and IR4 visa applicants from having to comply with the immigrant vaccination requirement in a manner that is operationally feasible.

In presenting this suggested amendment to Hill staffers, we should emphasize that exempting or waiving orphans from the vaccination requirement is likely to encourage pressure on behalf of other and much larger categories of immigrants, particularly the other immediate relatives of U.S. citizens.

If you have any questions, I can be reached at 663-1164.

DATE: Aug 6, 1997U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICESROOM 406G, HUMPHREY BUILDING
200 INDEPENDENCE AVE, SW
WASHINGTON, D.C. 20201

PHONE: (202)690-6786

FAX: (202)690-6351

OFFICE OF THE DEPUTY ASSISTANT SECRETARY
CONGRESSIONAL LIAISON OFFICETO: Leanne ShimabukuroOFFICE: W.H. Domestic Policy

ROOM: _____

PHONE: 456-5574FAX: 456-~~5581~~7028

FROM:

☒ IRENE BUENO *Jean Lee*☐ GERI GOINS☐ MARK MAGAÑA☐ MARION ROBINSON☐ CYNTHIA JOYCE☐ TIJUANA TRIPPLET☐ STACEYE ARRINGTON

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DRAFT

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DRAFT

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CONGRESSIONAL LIAISON OFFICE

TO: Leanne Shimabukuro

OFFICE: W.H. Domestic Policy

ROOM: _____

PHONE: 456 - 5574

FAX: 456 - 5581
7028

TOTAL PAGES
(INCLUDING COVER): 2

REMARKS: _____

FROM:

☒ IRENE BUENO *Jean Lee*

☐ GERI GOINS

☐ MARK MAGAÑA

☐ MARION ROBINSON

☐ CYNTHIA JOYCE

☐ TIJUANA TRIPPLET

☐ STACEYE ARRINGTON

☐ BEATRICE BUTLER

DATE: Aug 6, 1997



U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES
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OFFICE OF THE DEPUTY ASSISTANT SECRETARY

was reached late last night, and on my thoughts on this. This ment is obviously not everything everybody wanted. But it is a step in the right direction. It is really a giant step on the issue of taxes for the working American family, or that group of Americans in the middle-income brackets are struggling with the costs of raising children and sending those children to college.

For a family whose income is in the range of \$32,000 or \$35,000, this tax cut will represent a tax cut of almost 50 percent for a family of four. This is a big tax cut. For that same family, should they have a child who is going off to college, this could represent a tax cut of up to 75 percent. This is a huge tax cut.

In addition, if you are in a working family situation and you are trying to make ends meet, you are going to be able to take advantage of this child tax credit coming to you to help you support the cost of raising your children—per child. And all of these tax cuts I am talking about are directed at middle-income Americans. In fact, almost all of them phase out as you get incomes over \$100,000.

Further, if you are a family where one of the spouses is staying at home to raise your children, under today's law, you can't have an IRA account that is deductible. That stay-at-home spouse can't have an IRA account that is deductible. Under this new law, the mother that is home raising children will have the opportunity to have an IRA account that will be deductible and safe for her retirement. This is a major step forward.

In addition, there is a significant estate tax savings, especially for small business people and for farmers. Estate tax savings, which means that when somebody works all their life to build a grocery store, a restaurant, or a

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OFFICE OF THE DEPUTY ASSISTANT SECRETARY
CONGRESSIONAL LIAISON OFFICETO: Leanne ShimabukuroOFFICE: W.H. Domestic Policy

ROOM: _____

PHONE: 456-5574FAX: 456-~~5581~~7028

FROM:

☒ IRENE BUENO Jean Lee☐ GERI GOINS☐ MARK MAGAÑA☐ MARION ROBINSON☐ CYNTHIA JOYCE☐ TIJUANA TRIPPLET☐ STACEYE ARRINGTON

TOTAL PAGES
(INCLUDING COVER):

~~42~~ 4

[] BEATRICE BUTLER

REMARKS:

DRAFT**DRAFT: ISSUE/RESPONSE, INTERNATIONAL ADOPTION (as of Aug. 1)**

We are concerned about the accuracy of health records of adopted children overseas.

Although the health records available to the panel physician examining a child overseas may be limited, they are the same as those available to a physician once the child is in the US. Immunization records provided to the panel physician are reviewed to determine whether additional vaccinations are required. There is no reason to believe that falsification of vaccination records is a common problem. However, based on their medical judgement, physicians may choose to re-vaccinate and this will not put the child in medical danger. In the U.S. and abroad, if no medical history is provided to the physician, immunizations should normally be provided to the child in the interest of protecting the child from disease.

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

Panel physicians are local practitioners who have been selected by the Embassy or Consulate under the auspices of the Department of State. They are obliged to administer vaccinations in accordance with the Centers for Disease Control and Prevention (CDC) guidelines using appropriate infection-control practices. We have no evidence to suggest that panel physicians use unsterile needles or syringes.

We have no reason to believe that the new US vaccination requirement will encourage orphanages or other institutions to administer vaccinations if they do not already do so.

Parents who are considering taking their own syringes and needles to the child's medical exam could face legal problems and possible detention upon entering a foreign country with what might appear to be illegal drug paraphernalia.

Immunization practices, bad vaccines, malnutrition may lead to adverse reactions to live virus vaccines in adopted children overseas.

Panel physicians who conduct immigrant medical exams are local practitioners who are selected by the Embassy or Consulate under the auspices of the Department of State.

Travel physicians who conduct immigrant medical exams are local practitioners who have been selected by the Department of State's Embassy or Consulate, and do so in accordance with CDC guidelines on immunization practices and vaccine management to minimize risk for spreading disease. Their performance is monitored by -- to ensure compliance with these CDC guidelines.

Whether vaccines received in other countries meet the vaccination requirements in the US depends on vaccine potency, adequate documentation of receipt of the vaccine, and the vaccination schedule used. Although problems with vaccine potency have occasionally been detected (most notably with tetanus toxoid and oral polio vaccine), the majority of vaccine used worldwide is from reliable local or international manufacturers. World Health Organization (WHO)-approved vaccines received in other countries should, therefore, count towards completion of U.S. required immunization series.

DRAFT

Although severe protein calorie malnutrition may impair immune function and, therefore, diminish the efficacy of certain vaccines, these children are at increased risk of death or severe disease if they contract vaccine-preventable diseases. Therefore, it is especially important to ensure that these vulnerable children are appropriately immunized.

US pediatricians discount foreign vaccinations and start over again.

It is reasonable to assume that a vaccine received in other countries is of adequate potency, particularly WHO-approved vaccines, depending on vaccine potency, adequate documentation of receipt of the vaccine, and the vaccination schedule used. Although physician judgment must be used to determine which, if any, additional immunization would be recommended for each patient, in general immunizations received abroad are counted towards completion of U.S. required immunization series.

On April 11, 1997, all panel physicians were sent a new form (SUPPLEMENTAL FORM TO OF-157: Visa Applicant's Documentation of Immunization) to record vaccine administration and history for each visa applicant overseas. Once the infant has arrived in the U.S., pediatricians will be able to assess the need for additional vaccinations according to recommendations issued by the HHS Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP).

An adopted child cannot be tested for immune dysfunction while abroad.

The standard of care in the U.S. or abroad does not include testing a child for immune dysfunction before providing immunizations. Such testing for immune dysfunction is a very expensive procedure, and, therefore, is not commonly performed even in the U.S.

Panel physician may not be a pediatrician, and may not realize child is immunocompromised.

DRAFT

There is no informed consent for vaccines.

The recommended immunization practice in the U.S. is that parents, guardians, legal representatives, and adolescent and adult patients be informed about the benefits and risks of vaccine in understandable language. The National Childhood Vaccine Injury Act (NCVIA) requires that vaccine information materials be developed for each vaccine covered by the Act, and the Vaccine Information Pamphlets must be used by all public and private providers of vaccines, although private providers may elect to develop their own materials. Such materials must contain specific, detailed elements required by the law.

CDC recognizes the importance of providing appropriate vaccine information to persons outside the U.S. who are required to receive certain vaccines as applicants for immigrant visas. Therefore, CDC is developing general vaccine information, based on WHO and Advisory Committee on Immunization Practices (ACIP) literature on vaccine-preventable diseases and vaccines for distribution to panel physicians who can share this information with visa applicants.

Although they may not be pediatricians, panel physicians are qualified medical professionals who conduct immigrant medical exams in accordance with CDC guidelines. In many countries, the Embassy or Consulate's staff rely on the same physicians for their own medical care.

Certain vaccines are medically contraindicated for immunocompromised children. Orphanage records may document recurring infections; however, immunosuppression, such as congenital immunodeficiency, HIV infection, malignancy, or immunosuppressive therapy, is rare and is not usually apparent on the first encounter with any physician in the U.S. or abroad. In the absence of a history of immunosuppression provided to the physician, immunizations should normally be provided to the child in the interest of protecting the child from disease.

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.

Immediately undertake appropriate measures, including actions pursuant to the dispute settlement provisions of the World Trade Organization.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FOREIGN RELATIONS

Mr. HAGEL. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Friday, July 25, 1997, at 9:30 a.m. to hold a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON GOVERNMENTAL AFFAIRS

Mr. HAGEL. Mr. President, I ask unanimous consent of behalf of the Governmental Affairs Committee, Special Investigation to meet on Friday, July 25, at 10 a.m., for a hearing on campaign financing issues.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON VETERANS' AFFAIRS

Mr. HAGEL. The Committee on Veterans' Affairs would like to request unanimous consent to hold a hearing on pending legislation on July 25, 1997, at 10 a.m., in room 418 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

SUPPORT OF THE MCCAIN/KYL INTERNATIONAL ADOPTION AMENDMENT

• Mr. KYL. Mr. President, last year, the Senate Judiciary Committee unanimously passed an amendment I sponsored to the Illegal Immigration Reform and Immigrant Responsibility Act that requires incoming immigrants to be immunized before they enter the United States.

The amendment makes public health sense. Between 800,000 and 1 million individuals emigrate from their home country to the United States every year. And, the Department of Health and Human Services has made immunization of the U.S. population against vaccine-preventable diseases one of its top health priorities. But before the passage of last year's Immigration Act, there was no Federal policy with regard to the immunization of foreign nationals seeking permanent residency in the United States. With passage of the Immigration Reform Act, we can be assured that incoming immigrants will be immunized against vaccine-preventable diseases.

There are special circumstances, however, when requiring an immigrant to be immunized in his or her home country before traveling to the United States doesn't make sense. The law allows the Attorney General the authority to waive the immunization requirement whenever the requirement "would not be medically appropriate"

or when such immunizations "would be contrary to the alien's religious or moral convictions."

So, the Attorney General has complete authority to waive the immunization requirement. Some House and Senate offices, however, including mine, have heard from representatives of the international adoption community about the difficulties this requirement has caused for such parents and their children.

To address this issue, Senator McCain and I offer this amendment to instruct the Attorney General "to exercise the waiver authority provided for in subsection (g)(2)(B) for any alien applying for an IR3 or IR4 category visa." That is, for any orphan in another country who is to be adopted by a U.S. citizen.

I have heard from adoptive parents and agencies in Arizona about the unique difficulties the immunization requirement is creating for some adoptive parents and their babies and young children. Their unique concerns focus on a number of issues, including:

Unavailable background records: Children from orphanages, which comprise over 50 percent of international adoptions, often do not have health records on which to base recommendations for vaccinations.

Immunocompromised children: According to medical professionals, many children who have lived in orphanages exhibit significant immune defects. These immunocompromised children should not receive certain immunizations. Requiring such immunizations could cause the child to acquire the very disease the immunization is supposed to prevent.

The exact age of the child is unknown and, therefore, some children could be forced to receive age-inappropriate immunizations.

The adoptive parents often have limited time and resources to travel to the adoptee's home country. Forcing the child to undergo as many as five immunizations at one time, in order to reduce the amount of time and money a parent must spend in the child's home country, will drive up the cost of the adoption.

There is a danger that unsterile or reconstituted needles, or substandard immunizations, may be used to vaccinate children in some orphanages in some countries.

It is also important to ensure that any immigrant who has received a waiver be immunized once he or she has arrived in the United States. The McCain/Kyl amendment requires the Attorney General and Secretaries of HHS and State to report back in 6 months on how to establish an enforcement program to ensure that immigrants who receive waivers be immunized once they arrive in the United States. The enforcement program would not apply to immunizations that would not be medically appropriate in the foreign country or the United States or would be contrary to the alien's religious or moral convictions.

On July 22, 23 of my colleagues, including Senators ABRAHAM, KENNEDY, ALLARD, ASHCROFT, COATS, CONRAD, CRAIG, D'AMATO, DEWINE, DODD, DORGAN, DURBIN, FRIST, GRASSLEY, HUTCHINSON, INOUE, KOHL, LANDRIEU, MCCAIN, MOYNIHAN, ROBB, GORDON SMITH, and SNOWE joined me in sending a letter to Attorney General Reno urging her to generously use her authority to provide waivers from the immunization requirement for these babies and children awaiting adoption. I am pleased that the Senate has adopted this timely amendment.

DARRELL COLSON, HOOSIER HERO

• Mr. COATS. Mr. President, I rise today in recognition of a true Hoosier hero, Mr. Darrell Colson of Indianapolis. On July 15, 1997, Mr. Colson performed a heroic act. While getting ready to leave his apartment complex pool, he noticed that his neighbor, Orian Williams, who moments earlier was swimming laps, was now drowning at the bottom of the pool. After an attempt by Kim Williams, his fiancé, to rescue the young woman, Mr. Colson dove into the water and pulled Ms. Williams to safety. Once he was able to remove her from the water, Darrell Colson and Kim Williams performed CPR until the rescue team arrived. Orian Williams, who by then was in a coma, was rushed to a nearby community hospital where she regained consciousness after receiving medical treatment.

This is a remarkable act, by a remarkable individual. However, what makes Ms. Williams' rescue truly amazing is that Mr. Colson is a paraplegic. Four years ago, Mr. Colson suffered a tragic accident when he fell 40 feet from a tree; he is now confined to a wheelchair. To save Ms. Williams, Darrell Colson maneuvered his wheelchair to the pool, dove in, held onto her with one arm and used the other to swim her to the surface. Despite his condition, Mr. Colson found the courage to risk his own life for a fellow human being. Mr. Colson may not think of himself as special, but he is a hero to both Orian Williams and to all of us who look to his selfless example for inspiration.

I initiated the Hoosier Hero program in 1991 to recognize individuals who have made significant contributions to Indiana life, while at the same time serving as an inspirational example to the entire Nation. I cannot think of a more inspirational display of courage than saving the life of another individual. Last week, Mr. President, I was pleased to officially recognize Mr. Colson as a true Hoosier hero and awarded him a Hoosier Hero plaque.

Mr. Colson never expected to save a life that day while he was relaxing at the pool. Yet, he demonstrated how we all need to be prepared if we are called upon to help others.

Today I ask that my colleagues join me in commending Darrell Colson,

7

Congress of the United States

Washington, DC 20510

July 22, 1997

The Honorable Janet Reno
Attorney General of the United States
Department of Justice
950 Pennsylvania Ave., N.W.
Washington, D.C. 20530

Dear Attorney General Reno:

In section 341 of last year's Illegal Immigration Reform and Immigrant Responsibility Act (P.L. 104-208), Congress included a public health provision that requires incoming immigrants to receive certain immunizations before entering the United States. In recent months, members of the international adoption community have raised a variety of health concerns with respect to section 341 of IIRIRA and the immunization of international adoptees. Specifically, they are concerned with the adverse health implications of administering vaccinations under the following circumstances:

- The exact age of the child is unknown.
- The child's medical history is unavailable or inadequate.
- Contraindications, such as fevers and colds, are not clearly defined.
- The child's immunodeficiency status is difficult to ascertain.
- There is a danger that unsterile or reconstituted needles could be used to vaccinate.
- There are inadequate conditions for appropriate medical assessments or evaluations.

The clear intent of this provision is to protect public health and we would naturally be concerned if IIRIRA itself, or the implementing regulations, produced the opposite result. To ensure that the vaccination requirement would not result in any increased health risks, section 341(b) of IIRIRA grants the Attorney General the authority to provide waivers from the vaccination requirement whenever a "civil surgeon, medical officer, or panel physician" certifies, according to regulations prescribed by the Secretary of Health and Human Services, that obtaining such immunizations would be "medically inappropriate." We request that you, in conjunction with the Secretary of HHS, generously use the discretion provided in section 341(b) of IIRIRA to permit waivers to be granted in cases where it would be medically inappropriate to require vaccinations, especially in response to health concerns such as those raised by the international adoption community.

Since section 341 of IIRIRA became effective starting July 1, we request that you respond to this letter by August 11, 1997. Thank you for your prompt attention to this matter.

Sincerely,

Xanthyl

Sam Abraham

Joan Aschroft

Kent Cant

Alfonse D'Amato

Chris Drab

Don Durbin

Wayne Allard

Chuck Grassley

Herb Kohl

Clude Robb

Alvin Snow

Ed Kennedy

Sam Coats

Greg Ewing

Mike DeWine

Byron Dorgan

Bill Frist

T. Hutchinson

John McCain

Richard Lugar

Mike Ensign

Wendell Ford

Jon Christensen

James L. Oberstar
Albert R. Uhl
Pete A. Meyer

Bart Gordon
Ed Roney
Sam Frank

**SEC. 152. PILOT PROGRAM ON INTERIOR REPA-
TRATION AND OTHER METHODS TO
DETERMINE MULTIPLE UNLAWFUL EN-
TRIES.**

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 DETEN-
TION OF EXCLUDABLE OR DEPORT-
ABLE 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 for 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.—

"(A) 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 Service.

"(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, 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)".

TRANSMISSION RECORD

IMMIGRATION AND NATURALIZATION SERVICE
OFFICE OF CONGRESSIONAL RELATIONS
425 I STREET, N.W.
WASHINGTON, D.C. 20536

TO: LEE ANN SHIMABUKURO	FROM: ALLEN ERENBAUM
ORGANIZATION:	TELEPHONE: (202) 514-5231
TELEPHONE: (202) 456-5574	FAX NUMBER: (202) 514-1117
FAX TELEPHONE: 456-7028	DATE: JUNE 25, 1997

NUMBER OF PAGES (including cover sheet): 2 3

COMMENT/MESSAGE:

The attached e-mail from Sarah Taylor of my staff reports on the vaccination meeting and the Congressional and agencies' response. Please let me know if you need additional information.

Author: Sarah T Taylor at HQ-002
Date: 6/24/97 5:32 PM
Priority: Normal
TO: Allen Erenbaum
CC: Hal Griffin
CC: Sophia Cox at HQ-ITF-001
CC: Joanna London at HQ-ITF-001
CC: Joyce Chiang at HQ-007
Subject: 6/24 vaccination meeting

----- Message Contents -----

Today we met with Karl Kaufman (Rep. McCollum), Elizabeth Maier (Sen. Kyl), Patty First (Sen. Kennedy--Senate Immigration Subcommittee) and Ed Grant (Rep. Smith--House Immigration Subcommittee) regarding concerns raised by representatives of the international adoption community regarding the vaccination provisions of IIRIRA. INS was represented by Sophia Cox, Joanna London and myself, and DOS, HHS, and CDC were also represented.

Basically, there appears to be a calling/writing campaign to both the agencies and Congress regarding a number of concerns about the vaccination provisions as they relate to adopted children.

Specifically:

1. Lack of accurate health records.
2. Bad immunization practices, bad vaccines, malnutrition may lead to adverse reactions to live vaccines.
3. Panel physician may not be a pediatrician, and may not realize child is immunocompromised.
4. Cannot be tested for immune dysfunction while abroad.
5. Unsanitary immunization procedures.
6. U.S. pediatricians discount foreign vaccinations and start over again.
7. No informed consent for vaccines.

One of the most visceral objections raised by opponents was a concern about the use and re-use of dirty needles in institutional settings. Both CDC and DOS said that panel physicians are under strict CDC guidelines, and would lose their certification if they were found to be using dirty needles. The problem of orphanages using unsterile needles for immunizations that they give due to their local ordinances, or their own concern about the spread of disease, is a bad practice certainly of public health concern, but unfortunately neither related to this particular regulation, nor is it under the control of State Department. In the end, they seem quite sure that panel physicians would not be using dirty needles.

The concern about institutionalized children being more likely to be immunocompromised was raised. However, Kennedy's office raised (and CDC and DOS agreed) that children in any country with poor health conditions are likely to be similarly at risk. This concern, in other words, would not be unique to institutionalized children.

One of the CDC representatives, who is herself a physician, raised the fact that if a child is immunodeficient, there would likely be other symptoms such as cold, fever, recurring infections, and the vaccinations for those children would be deemed under the reg as medically inappropriate.

In the end, Karl Kaufman asked if anyone thought there should be a legislative remedy to any of this and no one spoke up. The Subcommittees will likely be sending a "softball" letter to the Attorney General to ask some of these questions so that the Hill will have something with which to respond to the international adoption community, and the State Department will have something to give to their panel physicians which urges the exercise of discretion if there is any question as to the risk of a vaccination to the health of a child.]

7/8/97

TO: LeAnn Shimabukuro
Fax 202-456-7028

FR: Dan Hannaher
Fax 218-233-5931
Ph. 218-233-2424 (work)
Ph. 701-237-5769 (home)

URGENT

Dear Ms. Shimabukuro:

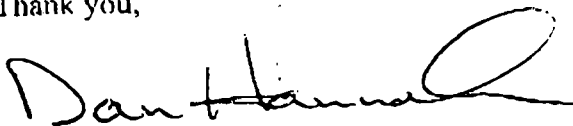
The worst fears of international adoption advocates appear to be becoming true. There has been no action regarding additional waivers for children being adopted from the requirements for vaccinations prior to immigration.

And now comes word from China of the harmful results of the requirements. I'm attaching a message sent to our internet group, Adoption-Parents-China, concerning the re-immunization of a baby and the disregarding of medical records.

The health and safety of all these children is now at risk, and the international adoption community is in an uproar. Some are considering a temporary restraining order. Others want to travel to Washington to petition. We need help.

Can you advise?

Thank you,



attachment

Date: Tuesday, July 8, 1997 2:16:06 AM
From: Elmcnamara@aol.com
Subj: APC Call from the White Swan!
To: a-parents-china@shore.net
cc: 107700.1616@compuserve.com

I just got a phone call from Paul and Tricia Hancock, now residing at the White Swan with the beautiful Sophia. Everything has gone beautifully and

Sophia is very firmly attached to her new Mom and Dad. Paul and Tricia couldn't have sounded happier. I won't steal their thunder by relating the details surrounding their first meeting with Sophia but I DID ask them how the vaccinations had gone.

Tricia said that Sophia arrived from Yu Yang with a complete vaccination record, which they were able to verify by the various and obvious needle marks in her arm and her very cranky and feverish behavior the first day.

When they arrived at the Guangzhou clinic, however, the doctor there disregarded the records (and wouldn't give it back to them) and said that they couldn't be trusted and proceeded in giving little Sophia all her vaccinations ALL OVER AGAIN. This in the space of a week!!!

Now, the Hancocks will be taking Sophia to our pediatrician when they get back and I KNOW that his policy is to disregard any vaccinations given in third world countries and START ALL OVER AGAIN.

I don't know about you guys, but I'm filing for my waiver through the INS as soon as possible.

Evelyne

----- Headers -----

From a-parents-china-owner@shore.net Mon Jul 7 16:24:45 1997
Return-Path: <a-parents-china-owner@shore.net>
Received: from aquarium.shore.net (aquarium.shore.net [192.233.85.13])

Immigration/Adoption Vaccination Meeting July 11, 1997

Issues for Discussion

1. Accuracy of health records of adopted children. *stable*
2. Immunization practices, bad vaccines, malnutrition may lead to adverse reactions to live vaccines for adopted children.
3. Panel physician may not be a pediatrician, and may not realize child is immunocompromised. *- CDC*
4. Child cannot be tested for immune dysfunction while abroad. *- CDC*
5. Unsanitary immunization procedures.

→ 6. U.S. pediatricians discount foreign vaccinations and start over again. *- CDC*

→ 7. No informed consent for vaccines. *HTS*

*re. vaccin
not harmful*

Vaccination Meeting

1. Lack of accurate Health Records.

Children adopted from orphanages often times do not have adequate health records on which to base recommendations for immunization. Under the new requirements, panel physicians would make their decisions on whether to vaccinate based on orphanage records.

2. Bad Immunization practices, bad vaccines, malnutrition may lead to adverse reactions to live vaccines.

Many countries cannot afford high-quality vaccinations which are more readily available in the U.S.

3. Panel physician may not be a pediatrician, and may not realize child is immunocompromised.

A qualified assessor may not be the person actually assessing the child in question. This puts the child in great risk for disease precisely because they get the live vaccinations, such as polio.

4. Cannot be tested for immune dysfunction while abroad.

5. Unsanitary immunization procedures.

A major concern raised by opponents is the use and re-use of dirty needles. Due to local ordinances in different countries, the standards which other nations require are not as high as the standards in the U.S.

6. U.S. pediatricians discount foreign vaccinations and start over again.

Before being adopted, many children are given vaccinations abroad. When they arrive in the United States, many of the pediatricians do not trust that the vaccinations have been conducted properly and vaccinate the child for a second time.

7. No informed consent for vaccines.

THE WHITE HOUSE
WASHINGTON

CIB at
8:30 pm 6/30

~~3/3~~ DAN HANNANER

IR3/4

→ BLANKET WAIVER

→ SEND UPDATE TO
SYLVIA MATTHEWS
WHEN YOU FOLLOW-UP.

(218) 233-2424

* Bill Pierce -	Alan E 514 5231 Paty F ✓
-----------------	-----------------------------

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.

7/2/97

TO: LeAnn Shimabukuro
The White House
Fax #202-456-7028

FR: Dan Hannaher
Ph. 218-233-2424
Fax 218-233-5931

LeAnn:

I was wondering if you have come up with any information related to the concerns I discussed with you on Monday related to the new immigration vaccination requirements and their effects on adopted children?

I am having dinner this evening with Congressmen Gephardt and Pomeroy here in Fargo, and would like to be able to share with them any information you might provide.

Thanks for your help on this matter.

7/9/97

TO: Sylvia Mathews
Fax 202-456-6703

CC: LeAnn Shimabukuro ✓
Fax 202-456-7028

FR: Dan Hannaher
Fax 218-233-5931
Ph. 218-233-2424 (office)
Ph. 701-237-5769 (home)
email dhannaher@aol.com

Sorry to be a pest.

Just an update. Attached is another report on immunizations taking place in China.

Subj: APC Immunizations
Date: 97-07-09 08:46:10 EDT
From: sjordan@webtv.net (Susan Jordan)
Sender: owner-a-parents-china@shore.net
Reply-to: sjordan@webtv.net (Susan Jordan)
To: a-parents-china@shore.net

I have just spoken with a friend is in China now and received her baby's visa yesterday. She said that the consular officer, Sarah Metzger, is making no exceptions to the immunization requirement. My friend even had a letter from her senator recommending a waiver that was ignored. The Chinese doctor at the clinic is disregarding immunization records provided by the orphanages and vaccinating all of the children who are applying for visas. My friend's six month old daughter was given shots for hepatitis and other vaccines deemed to be appropriate for her age and was given oral polio vaccine.

Apparently the clinic was a madhouse, with screaming babies and frightened toddlers. The older children were particularly traumatized, having just been taken away from the only home that they had known and now being subjected to shots, sometimes over a period of several days. In my opinion, and hers, this is child abuse.

I would appreciate it if someone would either post to the list or email to me privately the best way to protest and demand a repeal of this ridiculous law.

Susan Jordan
Mother of Sarah, born 9/4/95
Adopted in Nanjing, 2/5/96
Independent facilitator and Laura Cerere
.....

CONCERN #1: INADEQUATE BACKGROUND RECORDS

Children adopted from orphanages do not have accurate or adequate health records on which to base recommendations for immunization. 50% of the children adopted internationally to the U.S. in 1996 came from orphanages. Some, if not all, of past vaccinations may have occurred before a child is referred for adoptive placement. Under the new requirements, panel physicians would make their decisions on whether to vaccinate based on orphanage records, which many adoption professionals have often found to be inadequate or inaccurate.

CONCERN #2: IMMUNOCOMPROMISED CHILDREN

Many children adopted internationally are immunocompromised, putting them at great risk for disease precisely because they get the live vaccinations, such as polio. Data from the International Adoption Clinic in Minneapolis shows that vaccines administered in foreign orphanages may not induce an immune response, perhaps due to factitious immunization practices, use of outdated, poorly stored, or biologically impotent vaccines, or malnutrition in the child.

Children placed for international adoption cannot be appropriately tested for immune dysfunction while abroad. Panel physicians are typically not pediatricians and may in any case have little experience with children who are going to be adopted internationally. If the panel does not recommend the child as immunocompromised and recommends certain vaccinations, the child's health can be endangered. Thus, mandating a vaccination may expose immunocompromised children to a life-threatening disease.

CONCERN #3: UNSAFE ADMINISTERING OF VACCINES

Immunizations in the country of origin pose a substantial health risk to children. There is a world-wide shortage of disposable needles and syringes, and sterilization procedures for non-disposable needles and syringes are often grossly inadequate. Mandating immunization prior to arrival in the country could actually increase the transmission of infectious diseases unless all immunizations are closely monitored. How will this monitoring possibly be put into place before July 1st?

Hepatitis B and C as well as HIV have already been transmitted to some adoptees via injections in their countries of origin.

In addition, vaccinations may not be immunogenic because of poor manufacturing, transport and storage practices of the countries where children are vaccinated. Without the guarantee of cold storage for example, there is no guarantee of effectiveness of the vaccine. The vaccines may also be out of date, making them ineffective, or worse, downright dangerous to a child's health.

CONCERN #4: LACK OF PARENTAL CONSENT AND CARE

Good medical practice should involve assessment of the child's medical records and include appropriate input from the parents. A battery of immunizations without parental

involvement and a positive context may have a devastating impact on a child's attitude toward preventative health care and toward the adoption. With no "informed consent", who has responsibility if the child has a dramatic reaction to an immunization overseas?

Family pediatricians in the U.S. may discount the veracity and reliability of immunizations, and they often start the immunizations over, regardless of the records. It is important to note the conscientiousness of adoptive parents in medical procedures as they currently stand; the vast majority of parents take their internationally adopted children for full physical checkups and administer appropriate vaccinations based on the recommendations of their physicians. Costs for these newly required vaccines will vary from country to country, but they could be substantial. Most parents would prefer the immunizations to be provided under their health insurance plans.

Some children develop reactions to the vaccines such as high fevers and rashes, some of which occur immediately and others at a later point. Tylenol and other "comforts", not to mention a parent's love are far more readily available stateside rather than before adoption and travel, which is when the vaccinations would have to be administered.

THE BOTTOM LINE is that sometimes things that seem like good ideas really aren't! This vaccination program has the real potential for exposing international adoptees to infectious diseases while not inducing protective immunity. All adoptive parents support the need for immunizations. The problem is not compliance with the requirement. The problem is in the TIME and the PLACE of the required immunizations. We as adoptive parents are not suggesting that our children not be immunized against disease they may get in the U.S. To the contrary, we want them to be vaccinated in a timely and safe fashion while under our guidance and care and in the midst of the American medical community.

WHAT'S THE SOLUTION?

I am asking that you support a blanket waiver for immunizations for children receiving IR-3 or IR-4 visas without qualifications. Apparently there has been doubt expressed by some of your colleagues about an actual amendment by July 1st, but a more hopeful solution might be a Letter of Advice from the Senate and House to the CDC, expressing their hope to have blanket waivers put into place for IR-3 and IR-4 visas. It is also thought that a Letter of Advice requesting a delay in the implementation date might help, allowing for maybe three months of further study on these issues.

In summary, a recent LA Times article on the subject (June 5th) quotes Dr. Laurie Miller, director of the International Adoption Clinic at New England Medical Center in Boston as saying, "The risk is very real in most countries from which international adoptees come"...the requirement "potentially endangers vulnerable children."

Thanks in advance for anything you can do to assist. It will mean a lot to not only the Hannahers and their infant daughter from China, but to tens of thousands of other children and families.

June 25, 1997

Post-It® Fax Note	7671	Date	6-30	# of pages	3
To	LeAnn S.	From	Dan H.		
Co./Dept.	White House	Co.			
Phone #		Phone #	218-233-2424		
Fax #	202-456-7028	Fax #	218-233-5931		

TO: Sylvia Mathews
Deputy Chief of Staff
The White House
Fax 202-456-6703

FR: Dan Hannaher
1213 South 7th Street
Fargo, ND 58103
Fax 218-233-5931
Home Ph. 701-237-5769
Office Ph. 218-233-2424
email dhannaher@aol.com

Dear Sylvia:

I have been attempting to get some Congressional action related to provisions of the Immigration Reforms that can adversely affect adopted children coming to the United States. However, with a July 1st deadline approaching I am beginning to think that administrative action is now imperative, and that's why I've contacted you.

Kirsten Gullickson in Congressman Pomeroy's office has been my most helpful and informative contact on the Hill, and she indicates that a meeting between the CDC, INS and State Dept. is supposed to take place this week but she had no details. Some action is needed this week, and we could use your help. Is there anything the White House might consider in terms of an Executive Order?

My message to members of Congress has been:

ACTION IS NEEDED IMMEDIATELY to remedy a potentially disastrous law regarding immigration, vaccinations and internationally adopted children. Last year, Congress passed the Immigration Reform and Immigrant Responsibility Act of 1996 as part of P.L. 104-208.

The vaccination portion of this law goes into effect July 1st, and requires all immigrants to the U.S. to have an array of vaccinations before their visas can be granted in their country of origin. The impact of this law on internationally adopted children (including the daughter that Loral and I are anxiously awaiting from China) is of enormous proportions, and it endangers the lives of children with the possibility of reused needles, inaccurate dosages, potential reactions to the vaccinations and inadequate medical controls.

Please consider the following four concerns, and possible action steps:

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.

Leanne Shima bukuro - LF 456-7028

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,

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

cc: US Representative 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



UNITED STATES DEPARTMENT OF STATE

**Bureau of Consular Affairs
Office of Visa Services
Post Liaison Division**

663/251
D26 Human

Pages Transmitted: 1 plus cover

Date: 6/23/97

To:	<u>Leanne</u>
Phone:	
Fax:	<u>456-7028</u>

From:	<u>M. Bernier Toth</u>
	<u>CA/VO / F/P</u>
Phone:	<u>663-1164</u>
Fax:	<u>202/663-3897</u>

REMARKS:

This is the notice that AmConsulate
Guangzhou is distributing to adoptive
parents + has placed on the Internet
homepage.

Michelle

6/25 - I wasn't sure this went out
on Monday, so am sending it again - just in
case. M.

June 18, 1997

The U.S. Consulate in Guangzhou, China has requested that the following notice be disseminated to adoptive parents and adoption agencies:

"Due to the new vaccination requirements for all immigrant visa applicants, the U.S. Consulate in Guangzhou wishes to advise adoption agencies and adoptive parents that processing times for the immigrant medical exam will increase substantially. Parents should now plan to spend one full day in Guangzhou to obtain the medical exam and any needed inoculations of their adopted children in advance of the immigrant visa interview. Assuming that all medical requirements have been met prior to the immigrant visa interview, the Consulate does not now foresee any change in processing visas, which will still be available the day following the visa interview. The Quarantine Bureau in Guangzhou (where most adopted children's medical exams are processed) advises that its hours are: Monday through Friday, 8:00 - 11:30 a.m. and 2:00 - 4:30 p.m.; Saturday, 8:00 - 11:30 a.m. They are closed on Sunday. For additional information, please contact the U.S. Consulate Guangzhou, Adoption Unit, 86-20-8188-8911 (telephone) or 86-20-8186-2341 (fax)."

**UNITED STATES DEPARTMENT OF STATE**

***Bureau of Consular Affairs
Office of Visa Services
Post Liaison Division***

Pages Transmitted: 1 plus coverDate: 6/23/97

To:	<u>Leanne</u>
Phone:	<u></u>
Fax:	<u>456-7028</u>

From:	<u>M. Bernier Toth</u>
	<u>CA/VO / F/P</u>
Phone:	<u>663-1164</u>
Fax:	<u>202/663-3897</u>

REMARKS:

This is the notice that Am Consulate
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Michelle

June 18, 1997

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He advised that the
statute in the Immigration
bill directed the AG
to write the appropriate
regs w/ advice from
CDC (but he wasn't sure).
Let me know if I can
help. Nicole 67263

Jose -

Thanks for your attention
to this. The person I
spoke with at State who
works on International
adoption is Gary Shaffer
at 663-1173.

**FAXED**
6-6-97**PERSONAL AND CONFIDENTIAL**

June 6, 1997

The First Lady
The White House**DETERMINED TO BE AN
ADMINISTRATIVE MARKING**INITIALS: By DATE: 8/16/2017
2017-1120-5

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 Cimon, 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

L.A. Times

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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.

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UNITED STATES DEPARTMENT OF STATE

Bureau of Consular Affairs
Office of Visa Services
Post Liaison Division

P.S. A colleague informs me that in Guangzhou, which issues more 12-3 + 12-4 visas than any other post, medical exams are typically done

a day or two before the interview.

M:

- warning parents a day or 30 before interview

Pages Transmitted: 112 plus cover

Date: 6/13/97

To:	<u>Leanne Shumova-Carp</u>
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From:	<u>Michelle Bernier Toth</u>
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REMARKS:

Per our discussion, here are the CDC Technical Instructions on vaccination requirements for immigrants. It does go through the various grounds under which a panel physician would recommend a waiver. Consular offices have been granted authority (by INS) to approve blanket waivers at the time of the visa interview, with no need for forms or fees - making them "transparent" to the applicant. If you have any other questions, please don't hesitate to call. Regards,

"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS
JUNE 1991"

VACCINATION REQUIREMENTS FOR IMMIGRANT VISA APPLICANTS

April 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since panel physicians normally see applicants only one time, ACIP's recommendations are not completely translatable to practices that occur in foreign countries. As a result, these instructions and tables have been developed to provide guidance to panel physicians performing the medical examination. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants who are not Fully Vaccinated (or Have no Documentation) and Examined Overseas.
2. Table 2, Major Contraindications to Vaccinations Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, Procedure for Determining Vaccination Status for Each Vaccine.

5. Supplemental Form to OF-157.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.
- or
2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

The consul officer will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. Written Vaccination History

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine*.

administer a single dose of each missing vaccine at the time of the medical examination,¹ note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," except do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. Not Age Appropriate

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. Contraindication

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. Insufficient Time Interval Between Doses

Table 3 is the recommended routine schedule for vaccines administered in the United States. (You may also wish to consult your country's vaccination schedule, which may be available from your Ministry of Health or the vaccine manufacturer.) If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. Seasonal Administration of Influenza Vaccine

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. Vaccine Unavailable in Country Where Medical Examination Performed

When a required vaccine is not licensed and/or available in the country where the medical examination is performed, check the "Vaccine unavailable in country" waiver box for that vaccine.

F. Religious or Moral Objection to Vaccination

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. Vaccination Series Incomplete After Medical Examination - Waiver

* Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the panel physician and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination does not complete the series for that vaccine (or the series requirements are not known), check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the

box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above.")

5. Vaccination Series Complete After Medical Examination

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. Immunization Requirements Not Met - No Waiver Application

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. Copy of Supplemental Form to OF-157

A completed copy of Supplemental Form to OF-157 must be provided to each applicant. Note: Only the panel physician should complete the Supplemental Form to OF-157.

8. The panel physician should counsel all applicants who do not have a complete series for a vaccine to seek a private physician in the United States who can assist the applicant in becoming fully vaccinated.

[footnote] The panel physician may refer the applicant to another health care provider to receive required vaccinations. In such a case, the panel physician should not complete the Supplemental Form to OF-157 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

SUPPLEMENTAL FORM TO OF-157
Visa Applicant's Documentation of Immunization
To be completed by panel physician only

1. Applicant Identifying Information

(Family) _____ (Personal) _____ (Middle) _____ Date of Birth _____
 (Month, Day, Year)
 Male _____ Female _____ Passport # _____ Country _____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested				
							Blanket				
							Not Medically Appropriate				
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Panel Phy. Mo/Day/Yr		Not appropriate age	Contra-indication	Vaccine unavailable in country	Insufficient time interval	Not fall (flu) season
DT/DTp											//////
Td											//////
Polio (OPV/IPV)											//////
Measles (or MR or MMR)											//////
M s (or MMR)											//////
Rubella (or MR or MMR)											//////
Hib											//////
H is B											//////
Varicella											//////
Pneumococcal											//////
Influenza											

3. Results

- ☐ Applicant may be eligible for blanket waiver(s) as indicated above.
☐ Applicant will request an individual waiver based on religious or moral convictions.
☐ Vaccine history complete for each vaccine, all requirements met.
☐ Applicant does not meet immunization requirements.

4. Panel Physician's Identifying Information

Panel Physician's Name _____ Date _____
 (print or type)

Panel Physician's Signature _____

Table 1. REQUIREMENTS FOR ROUTINE VACCINATION OF IMMIGRANTS WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND ARE EXAMINED OVERSEAS. (all vaccines may be given at the same time in different sites of the body)

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-4 years	5-6 years	7-17 years	18-64 years	65 years or older
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES				NO	
Measles or MR or MMR *	NO		YES, if born after 1956 (if dose given prior to 12 months of age, repeat dose)				NO
Mumps if MMR * not used	NO		YES, if born after 1956				NO
Rubella if MR or MMR * not used	NO		YES, if born after 1956				NO
Hepatitis B	YES					NO	
Varicella	NO		YES				
Pneumococcal	NO						YES
Influenza	NO						YES annually, each flu season

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.

Vaccine	Major contraindication (Reasons to not give vaccine)
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 3. VACCINE SCHEDULE FOR ROUTINE IMMUNIZATIONS *

Vaccine	Vaccine Schedule ***
Tetanus and Diphtheria Toxoids combined and Pertussis Vaccine (DTP)	Three doses 4-6 weeks apart, fourth dose 6-12 months after third, fifth dose at 4-6 years old, if fourth dose given after four years old, no need for fifth dose at 4-6 years old. No need to repeat doses if the schedule is interrupted.
Tetanus and Diphtheria Toxoids Combined (Td)	Two doses 4-6 weeks apart, third dose 6-12 months after the second. No need to repeat doses if the schedule is interrupted. Boosters- single dose every 10 years following completion of DTP/DT/Td series.
<i>Haemophilus influenzae</i> type b Conjugated Vaccine	Three doses 2 months apart (for Pedvaxi Hib® [Merck] vaccine 2 doses only).
Poliovirus Vaccine: IPV - Inactivated vaccine; OPV - Oral (live) vaccine	OPV or IPV - two doses at 4-8 week intervals, third dose 6-12 months after second.
Measles Vaccine or MR or MMR**	At least one dose on or after first birthday.
Mumps Vaccine or MMR†	At least one dose on or after first birthday.
Rubella Vaccine or MR or MMR**	At least one dose on or after first birthday.
Hepatitis B Vaccine	Three doses: first two 1 month apart, third dose 6 months after first. No need to start series over if schedule interrupted. Can start series with one manufacturer's vaccine and finish with another.
Varicella Vaccine	Two doses separated by 4-8 weeks. If >8 weeks elapse following the first dose, the second dose can be administered without restarting the schedule. CHILDREN LESS THAN 13 YEARS OLD (12 months through 12 years): ONE DOSE ONLY.
Pneumococcal Vaccine	One dose
Influenza Vaccine	One dose annually each fall (flu) season

* Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP).

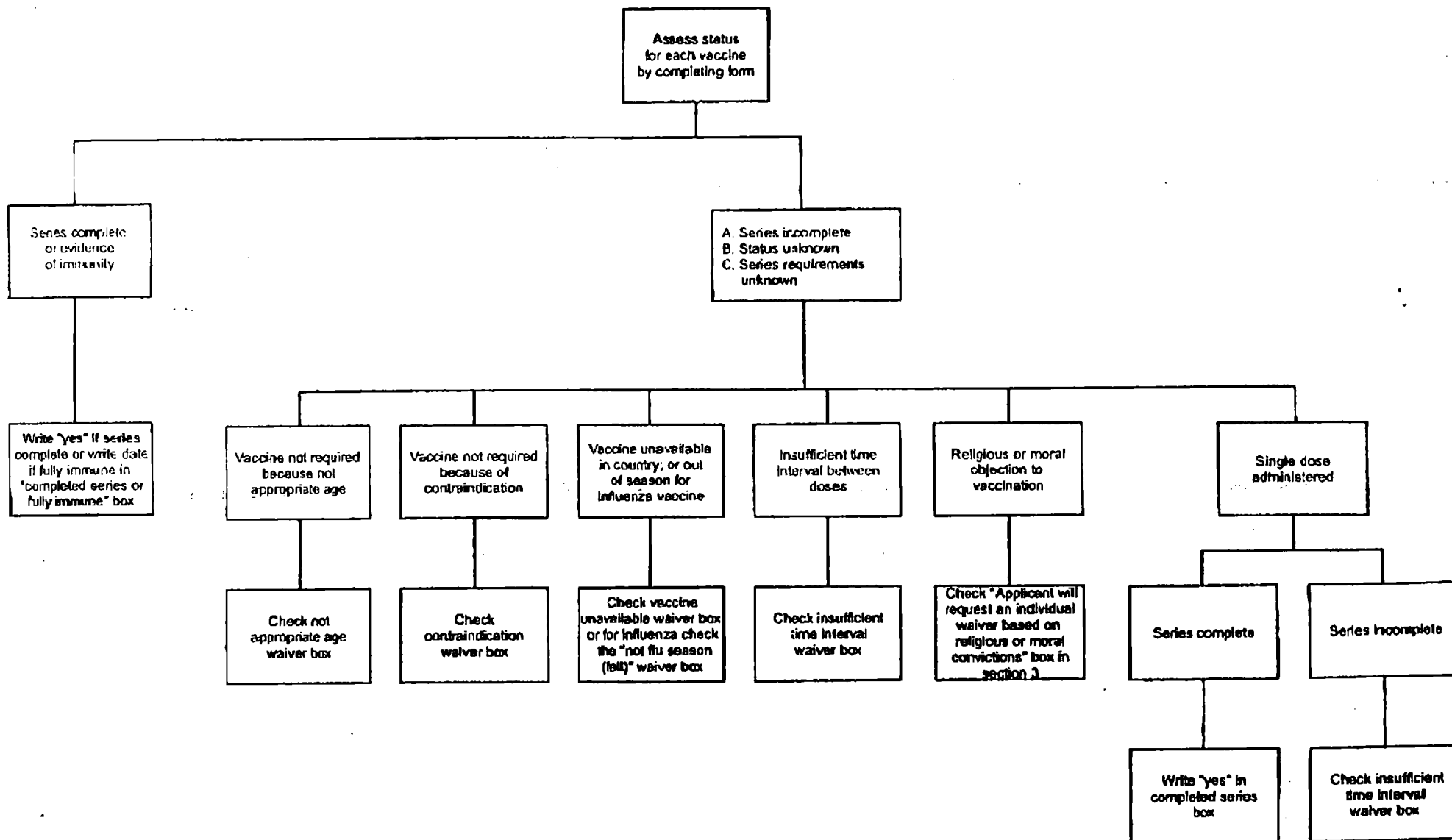
**These vaccines can be given in the combined form measles-mumps-rubella (MMR) or measles-rubella (MR). Persons already immune to one or more components can still receive MMR.

† This vaccine can be given in the combined form measles-mumps-rubella (MMR).

*** Number of doses required in a series and dose intervals may vary with vaccines used outside of the United States.

Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.



Top Twenty Source Countries for Adoptions FY'96

CHINA (Mainland born)	3,333
RUSSIA	2,454
KOREA	1,516
ROMANIA	555
GUATEMALA	427
INDIA	380
VIETNAM	354
PARAGUAY	258
COLOMBIA	255
PHILIPPINES	229
BULGARIA	163
BRAZIL	103
GEORGIA	77
LATVIA	77
MEXICO	76
LITHUANIA	73
HAITI	68
CHILE	63
POLAND	62
THAILAND	55
Total	11,340



Cradle of Hope
Adoption Center, Inc.

TO: BILL PIERCE
MAUREEN EVANS

FR: LINDA PERILSTEIN

RE: IMMUNIZATION REQUIREMENTS

DT: 24 JUNE 97

Leanne
Shimabukuro -

FYI

Bill Pierce
NCFA

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	Leanne Shimabukuro	From	William Pierce		
Co./Dept.		Co.	NCFA		
Phone #	202-456-5574	Phone #	202-328-1200		
Fax #	202-456-7028	Fax #	202-332-0935		