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Correspondence

MATRIX and Medical Privacy

This is in response to the editorial in your last issue.[1] Although we understand Dr. Huntoon's concerns, there are a number of points addressed in his article that require clarification.

The Multistate Anti-Terrorism Information Exchange (MATRIX) Project is governed by the MATRIX Board of Directors and utilizes the Factual Analysis Criminal Threat Solution (FACTS) application to search available records. Currently, five, not eight, states participate in the pilot (Connecticut, Florida, Michigan, Pennsylvania, and Ohio). In Dr. Huntoon's article, he proclaims that MATRIX is "designed to satisfy government's insatiable appetite for more and better access to our individual information."

On the contrary, MATRIX was designed by public officials and public-minded citizens anxious to do something to aid in the detection of terrorists like those who attacked the United States on September 11, 2001. There was absolutely no plan or design intended to gather data for data's sake.

In addition, his article asserts that "government has coerced expansion of electronic medical records." Dr. Huntoon also maintains that "government has now developed a way to search, compile, and analyze the data more quickly and thoroughly than ever before." These statements imply that FACTS is being used to supply medical records to law enforcement. This is incorrect. Seisint, Inc., does not maintain medical records or any other data regulated by the Health Insurance Portability and Accountability Act (HIPAA). Seisint does not license or buy data from insurance companies. As such, neither patient records nor any other medical-related information or information derived from an insurance company commercial database resides in MATRIX. *The MATRIX Project has never provided this information nor does it have any intention to do so.*

Furthermore, Dr. Huntoon argues that although policies are in place to monitor use, "in the end, the proper use of the system is dependent entirely on the honor system." FACTS does not allow indiscriminate surveillance of one's activities, and it does not monitor individuals. Law enforcement access is limited to ongoing criminal investigations or follow-up on active criminal intelligence or domestic security threat information.

Safeguards and sanctions exist to guard against misuse. Some of these include login restrictions, pop-up screens, encryption, and transmission over a secure network. The project's privacy policy addresses collective and use limitations, data quality, openness, and accountability. Policies must be adhered to by participating agencies. Users must pass background screening investigations, obtain approval from their agency executive, and receive appropriate training and the necessary security protocols that allow them to achieve access. Use of FACTS in an unauthorized or illegal manner will subject the user to denial of further use of FACTS, discipline by the user's employing agency, and/or criminal prosecution.

The FACTS application is a fast and modern search engine that helps law enforcement officers obtain the information needed to anticipate, detect, and respond to criminal and terrorist threats. The MATRIX Project has been described as one of the most efficient and effective law enforcement tools available today. Your readers deserve to hear the facts about MATRIX. I ask that you print this

response in full for the benefit of your readers and the public.

Guy M. Tunnell
Commissioner
MATRIX Board Chairman
Florida Department of Law Enforcement
P.O. Box 1489
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www.fdle.state.fl.us

[1] Huntoon LR. MATRIX: Threat to medical privacy? *J Am Phys Surg* 2004;9:36.

In Reply: For the record, I did earlier reach out to MATRIX for answers, but its agents refused to answer my questions concerning law enforcement's access to medical data using MATRIX. In an email dated Feb. 5, 2004, Mr. Clay Jester from MATRIX responded: "Please review our updated website at http://www.matrix-at.org/. You should be able to find answers to most of your questions on this site."

Moreover, far from being comforted by the Commissioner's response above, I am a bit alarmed that MATRIX is monitoring my articles in this publication so closely!

We are also not reassured by the commissioner's carefully worded statements that "Seisint, Inc., does not maintain medical records…" and that no patient records or medical-related information … resides in MATRIX." As the MATRIX website points out, MATRIX does not "maintain" information of any kind. It merely provides a powerful means to "search" information in other databases. Irrespective of the commissioner's statement that they do not intend to access medical information, the fact remains: HIPAA provides legal access to medical information by law enforcement agencies. To paraphrase the theme of the popular movie *Field of Dreams*: "allow the government to compile vast data about citizens and misuse will come."

As for the alleged safeguards in the MATRIX program, I note that the commissioner does not refute my statement that the proper use of the system ultimately depends on the honor system. Their own website indicates that this is the case: "User agencies and individual users are responsible for compliance with respect to use and further dissemination of such information and the purging and updating of data." Similar "safeguards" were supposedly in place to prevent misuse of information contained in FBI files on political opponents, but this did not stop the Clinton administration from obtaining and misusing this information. The IRS also has been known to have employees who have illegally accessed individual tax returns absent any nexus to audit or criminal activity.

And, finally, the commissioner is correct that only five states currently participate in MATRIX. After the editorial was written, three states dropped out of the program – Georgia, Utah, and New York. Apparently, there are others who share my concern regarding invasion of privacy by our government.

L.R. Huntoon, M.D., Ph.D.
Editor-in-Chief

Vaccines

I am writing to thank you for the excellent articles by Bradstreet et al.[1] and by Blaylock.[2] It is absolutely crucial that physicans lead the rest of humanity in understanding how damaging and dangerous vaccines (incorrectly termed "immunizations") can be. Now somebody needs to explain the brain inflammation problem to laypeople as well as medical professionals, many of whom consider mercury (in thimerosal) to be the only danger in vaccines. Thank you for having the courage to publish honest research about vaccines.

Colleen Huber
Chandler, AZ

Thanks very much for publishing the article by Bradstreet et al.[1] I have been following the autism/MMR controversy for years, primarily through articles and letters published in *The Lancet.* I have been very impressed by Dr. Wakefield's work in this area. Over the past year, *The Lancet* has been distancing itself from Dr. Wakefield and impugning the integrity of his work; I am interested to encounter it again in *J P&S.* I am glad to see that his work is gaining recognition and support in this country.

Donald W. Kreutzer, M.D.
Clarksville, MO

[1] Bradstreet JJ, El Dahr M, Anthony A, Kartzinel JJ, Wakefield MB. Detection of measles virus genomic RNA in cerebrospinal fluid of three children with regressive autism: A report of three cases. *J Am Phys Surg* 2004;9:38-45.

[2] Blaylock RL. Chronic microglial activation and excitotoxicity secondary to excessive immune stimulation: possible factors in Gulf War Syndrome and autism. *J Am Phys Surg* 2004;9:46-51.

On the Definition of Autism

With reference to my recent article,[1] some have asked whether the reported increase in autism is simply the result of including autistic spectrum disorders.

The cases counted by the U.S. Dept. of Education, in compliance with the IDEA (Individuals with Disabilities Education Act) program, almost certainly contain children with PDD.NOS (pervasive developmental disorder, not otherwise specified). These cases are referred to as "autism" in all official tables. The CDC (Centers for Disease Control and Prevention) uses the terms interchangeably. All states provide their IDEA and Kids Count figures as "autism." Those cases increased from 5,415 to 118,602 between 1991 and last year. Certainly it is not just the PDD.NOS cases that increased.

When I write about Washington State or Rhode Island, I use their figures, which they submitted to the U.S. Department of Education and which they sent to me when I requested "autism" figures. With regard to the California figures for *new* cases, I clearly specify type I autism, 299.00. Note that PDD-NOS 299.80 is a working diagnosis. After further investigations, the diagnosis is often changed to 299.00 (autism).

The Department of Health and Human Services, the CDC, and the American Academy of Pediatrics (AAP) have now confirmed the increase in autism in a publication that was sent to all pediatricians in the U.S. in the January 2004 issue of *AAP News*. The document is entitled "Autism

A.L.A.R.M." The *A* stands for "autism is prevalent." The paper states that 1 in 6 children is diagnosed with a developmental disorder or behavioral problem and 1 in 166 with autism spectrum disorder. The other letters stand for *L*isten to parents, *A*ct early, *R*efer, and *M*onitor. Pediatricians need this advice, and it is long overdue.

F. Edward Yazbak, M.D., F.A.A.P.
Falmouth, MA

[1] Yazbak FE. Autism in the United States: a perspective. *J Am Phys Surg* 2003;8:103-107.

Informed Consent for Abortion

In 2003, Texas was the first state to inform women that elective induced abortions increase their risk of a future newborn with cerebral palsy. In 2004 all women visiting abortion clinics are offered a copy of "A Woman's Right to Know" booklet. Warnings about adverse effects of induced abortion are also found on the Texas Department of Health web page: www.tdh.state.tx.us/wrtk/after-abortion.htm. This states that "some large studies have reported a doubling of the risk of premature birth in later pregnancy if a woman has had two induced abortions." It also informs women that the risk of cerebral palsy is higher in a preterm newborn. In addition, women are informed of a possible increased risk of breast cancer.

Evidence for the abortion-preterm birth risk has previously been presented in this Journal.[1]

The Michigan Department of Community Health's website warns about this risk and others at http://www.michigan.gov/mdch/0,1607,7-132-2940_4909-45202-,00.html: Adverse effects of induced abortion include "infection, heavy bleeding, perforation of the uterus (a hole or tear in the wall of the womb), cervical incompetence (a condition in which the cervix opens up too early in future pregnancies, increasing the risk of a miscarriage in future pregnancies), and injury to the cervix. Repeated abortions could increase the possibility of premature delivery or a low birth weight infant in future pregnancies." It is also noted that "as a result of an abortion, some women may experience depression, feelings of guilt, sleep disturbance, loss of interest in work or sex, or anger. If these symptoms occur and are intense or persistent, professional help is recommended."

There is international precedent for governmental concern about the risk of premature birth after induced abortions. The Hungarian government was alarmed about the evidence of an abortion-premature birth link as early as 1973: An article in a government-sponsored journal[2] contained detailed explanations for legislation reducing access to abortion. The columnist referred extensively to the research of Jeno Sarkany, who had presented evidence considered conclusive by the government that artificially induced abortions predisposed to premature births in subsequent pregnancies. His study of perinatal and infant morbidity statistics revealed a striking increase in physically and/or mentally handicapped babies among those born to mothers who had had a therapeutic abortion previously. Apparently, this unforeseen social burden outweighed the economic benefits of free abortion, and the government, while emphasizing the unchanged importance of population control, felt compelled to repeal its abortion laws.[2] Barriers to access, required counseling, and other factors reduced the abortion rate in Hungary from a high of 57 percent of pregnancies in 1969 to 35 percent in 1974. In 2001, it was 37 percent.[3] The long-term effect of a decreasing abortion rate on pregnancy outcome should be monitored.

Brent Rooney
Reduce Preterm Risk Coalition
Vancouver, Canada

[1] Rooney B, Calhoun B. Induced abortion and risk of later premature births. *J Am Phys Surg* 2003;8:46-49.
[2] Iffy L. Letter. *Obstet Gynecol* 1975;45:115-116. Citing: Kovacs J. Nepesedespolitikank nehany kerdese: A kulong utodokert. *Magyar Hirek* 1973:26;10.
[3] Johnston WR. Historical abortion statistics, Hungary. Available at: http://www.johnstonsarchive.net/policy/abortion/ab-hungary.html. Accessed July 18, 2004.

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