

Resist the Unique Patient Identifier!

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If people who torture animals are psychopaths, then what are government officials who use taxpayer dollars to fund animal torture? Many are asking this question in the wake of revelations that the National Institute of Allergy and Infectious Diseases, headed by Dr. Anthony Fauci – high priest of the COVID cult – funded medical “research” involving the torture of puppies. This led “Fire Fauci” to trend on Twitter, and People for the Ethical Treatment of Animals (PETA) to call for his resignation.

The puppy torture story was followed by disclosures that the federal government funded the testing of experimental AIDS vaccines on orphans. Many of the orphans used as human guinea pigs subsequently died, and nurses who assisted in these experiments reported that many children got sick immediately after receiving the vaccines.

Testing dangerous drugs on orphans and torturing puppies in the name of “science” is certainly shocking, but is it really surprising that government would fund these types of activities? What is the difference between using orphans and puppies for cruel experiments in the name of protecting public health and killing innocent children in drone attacks in the name of stopping terrorism?

Ironically, these revelations come when Congress is on the verge of allowing the federal bureaucracy to destroy what remains of our medical privacy. Both the Senate and House versions of the Labor, Education, and Health and Human Services Appropriations bill remove the prohibition on the development of a “unique patient identifier.”

The prohibition on funding for the unique patient identifier, which I sponsored, has been in place since 1998. The push to allow the government to force every American to obtain a unique patient identifier is being justified as a means to efficiently monitor Americans’ “contact and immunization” status.

When I began fighting the unique patient ID in the 1990s, my opponents denied that medical identifiers would make it impossible to ensure confidentiality of medical records. Now, they are saying we should support medical identifiers because they allow government officials, employers, schools, airlines, and even stores and restaurants to discover what, if any, vaccinations or other medical treatments we have or have not received. The result of the identifier will be a medical caste system, where those who refuse to follow the mandates or advice of the “experts” are denied opportunities to work, receive an education, or even go to church or enjoy a night out on the town.

A unique patient identifier will weaken health care by making individuals reluctant to share personal information—such as drug and alcohol use and past sexual history—with health care providers. It will also discourage sick individuals from seeking medical care for fear their physicians will discover they are unvaccinated, smoke, are overweight, or engage in other unapproved behaviors.

A unique medical ID could also be tied to government records of gun purchases. Someone with “too many” guns could be labeled a potential mental health risk and harassed by law enforcement. This is especially likely if the gun grabbers are successful in their push to enact “red flag” laws in every state.

Fortunately, there is a growing resistance to vaccines and other mandates. This resistance is unlikely to passively accept a federally-issued unique patient identifier. If those of us who know the truth take advantage of the opportunity presented by the resistance to COVID tyranny, we can not only stop the scheme to force every American to obtain a “unique patient identifier” but end all government control of our health care.

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