

WITHDRAWAL SHEET

Ronald Reagan Library

Collection: Cicconi, James W.: Files
OA/Box: Box 21
File Folder: General Correspondence – Cicconi, Jim 1981-1982
 [GQ-I]

Archivist: kdb 9
FOIA ID: F1997-066/8, D. Cohen
Date: 08/13/2004

DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. note	Jim to John re Mark Heckman, 1p	n.d.	B6

RESTRICTIONS

- B-1 National security classified information [(b)(1) of the FOIA].
- B-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA].
- B-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- B-7a Release could reasonably be expected to interfere with enforcement proceedings [(b)(7)(A) of the FOIA].
- B-7b Release would deprive an individual of the right to a fair trial or impartial adjudication [(b)(7)(B) of the FOIA].
- B-7c Release could reasonably be expected to cause unwarranted invasion or privacy [(b)(7)(C) of the FOIA].
- B-7d Release could reasonably be expected to disclose the identity of a confidential source [(b)(7)(D) of the FOIA].
- B-7e Release would disclose techniques or procedures for law enforcement investigations or prosecutions or would disclose guidelines which could reasonably be expected to risk circumvention of the law [(b)(7)(E) of the FOIA].
- B-7f Release could reasonably be expected to endanger the life or physical safety of any individual [(b)(7)(F) of the FOIA].
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

C. Closed in accordance with restrictions contained in donor's deed of gift.

f cc
Princeton University DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 20, 1982

Mr. James W. Cicconi
The White House
Washington, DC 20500

Dear Jim:

This is a follow-up to my letter of August 16 requesting an interview in connection with our Woodrow Wilson School conference on "The Reagan Presidency at Mid-Term." As the enclosed copy of the letter will remind you, I chose the wholly inappropriate date of August 24 to seek to catch a wide range of White House staff. I would very much like to see you Friday, September 10, or Saturday, the 11th. My schedule is open after a 10:30 Friday appointment with Craig Fuller. I will call just after Labor Day to see if this is possible and to check on a meeting time.

Sincerely,



Fred Greenstein
Director, Presidency Studies Program
and Conference on "The Reagan
Presidency at Mid-Term"

FG/bjk

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. James W. Cicconi
The White House
Washington, DC 20500

Dear Jim:

I am setting up a day of interviewing in the White House, Tuesday, August 24. My purpose is to begin the interviews that will be necessary to enable me to begin weaving together the fragmentary threads of understanding I've culled of the Reagan EOP and Administration as an operating entity from the journalists who seem to have produced the most satisfactory coverage over the past two years. Realizing that at any time schedules are busy in the White House and that August is a vacation month, I've written to more people than I expect to be able to see. I've taken the liberty of mentioning both you and Roger Porter as people who know of our general project--the November 19 Princeton conference, for which the first version of my paper will be distributed, and the book that will ensue from the conference papers. I will phone you shortly to see if you will be available to see me that day. I also enclose copies of the form letters I've sent to a number of your colleagues.

Sincerely,

Fred Greenstein
Director, Presidency Studies Program
and Conference on "The Reagan
Presidency at Mid-Term"

FG/bjk
Enclosures

Princeton University

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Enclosures

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Lyndon K. Allin
The White House
Washington, DC 20500

Dear Mr. Allin:

I write to see if you will be available for an interview Tuesday, August 24. My purpose is to begin acquiring the understanding of the Reagan EOP and Administration as a working entity that will be necessary to write the introductory paper for a November 19 conference at our Woodrow Wilson School of Public and International Affairs on "The Reagan Presidency at Mid-Term." Having read most of the more responsible journalism (for example, the National Journal and CQ coverage), I clearly now need first hand reports.

Our conference has been organized on the premise that this presidency has entered office with more comprehensive aims and has been more successful in accomplishing them than virtually any other modern presidency. Hence the Reagan presidency demands the kind of rigorous, dispassionate analysis that presidencies rarely receive when they are in progress. We have commissioned papers by major scholars who will be writing on policy and policy-making in four areas: domestic, economic, foreign, and defense policy. At the conference we expect each paper writer to engage in give-and-take discussion with a representative of both the Reagan and a previous Administration. On the basis of this and many other sources of feedback we will revise our papers for publication in a book scheduled to appear a year from now. (Among your colleagues Jim Cicconi, Dave Gergen, and Roger Porter are best informed about this project.)

I have sent this letter to several members of the White House staff who newspaper men often mention to me in connection with their own coverage of the EOP. Needless to say I realize that White House schedules (and August vacation schedules) limit the number of you who will be able to see me. I will phone soon after you get this letter to see if you have time available on the 24th.

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and Conference on "The Reagan
Presidency at Mid-Term"

FG/bjk

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Edward J. Rollins
The White House
Washington, DC 20500

Dear Mr. Rollins:

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FG/bjk

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Richard G. Darman
The White House
Washington, DC 20500

Dear Mr. Darman:

I write to see if you will be available for an interview Tuesday, August 24. My purpose is to begin acquiring the understanding of the Reagan EOP and Administration as a working entity that will be necessary to write the introductory paper for a November 19 conference at our Woodrow Wilson School of Public and International Affairs on "The Reagan Presidency at Mid-Term." Having read most of the more responsible journalism (for example, the National Journal and CQ coverage), I clearly now need first hand reports.

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Director, Presidency Studies Program
and Conference on "The Reagan
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FG/bjk

P.S. One of the other paper writers is my colleague Dick Nathan, who I know already has been in touch with you.

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Richard S. Beal
The White House
Washington, DC 20500

Dear Mr. Beal:

I write to see if you will be available for an interview Tuesday, August 24. My purpose is to begin acquiring the understanding of the Reagan EOP and Administration as a working entity that will be necessary to write the introductory paper for a November 19 conference at our Woodrow Wilson School of Public and International Affairs on "The Reagan Presidency at Mid-Term." Having read most of the more responsible journalism (for example, the National Journal and CQ coverage), I clearly now need first hand reports.

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Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Edwin L. Harper
The White House
Washington, DC 20500

Dear Mr. Harper:

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Sincerely,

Fred Greenstein
Director, Presidency Studies Program
and Conference on "The Reagan
Presidency at Mid-Term"

FG/bjk

P.S. Please excuse the form phrasing of this letter. My invitation asking you to comment on Dick Nathan's paper on domestic policy at the conference itself of course gives you a better fill-in than this brief request for an interview.

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

August 16, 1982

Mr. Craig L. Fuller
The White House
Washington, DC 20500

Dear Mr. Fuller:

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Princeton University DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

f.g.c.

July 27, 1982

Mr. James Cicconi
The White House
Washington, D.C. 20500

Dear Jim:

Thanks for your words of advice. I enclose
the invitations to our conference for your in-
formation.

Sincerely,



Fred I. Greenstein

FIG/dk

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

July 28, 1982

The Honorable Caspar W. Weinberger
Secretary of Defense
Department of Defense
Washington, DC 20301

Dear Secretary Weinberger:

I write to invite you to be the principal Administration discussant on the panel on defense policy at a conference to be held here November 19 entitled "The Reagan Presidency at Mid-Term."

The conference, sponsored by the Woodrow Wilson School for Public and International Affairs and the Garfield Foundation, has been organized on the premise that this is one of the major presidencies of the modern era in terms of the broad sweep of its policy aims and the success it has had in bringing them about. Therefore, the policies and procedures of the Reagan presidency demand the kind of reasoned, dispassionate analysis that rarely is given to presidencies while they are in progress.

To this end we have commissioned papers by leading scholars analyzing the Administration's domestic, economic, foreign, and defense policies and policy-making.

We will circulate the papers well in advance of the conference. At the panel meetings, we will encourage a give-and-take discussion in which the paper writer and Administration representative exchange comments with a prominent veteran of one of the previous Administrations whose work was in the same policy area. The audience, which we expect to be a further stimulus to fruitful discussion, will consist of a broad-based group of about sixty national authorities on public affairs as well as our own advanced students, and a number of the more reflective media representatives.

The paper on domestic policy is by Richard Nathan of the Woodrow Wilson School. Hugh Heclo of Harvard and Rudolph Penner of the American Enterprise Institute will be writing on economic policy. I. M. Destler of the Carnegie Endowment and Samuel Huntington of Harvard will write on foreign and defense policy respectively. (I have enclosed the resumes of the paper writers for your background.)

The Honorable Caspar W. Weinberger
July 28, 1982
Page Two

Let me add that in setting up the conference we have had helpful advice from James Baker and David Gergen and also note that Roger Porter is well acquainted with the paper writers. We are convinced that the conference will provide a major forum for discussion of the goals and achievements of the Reagan presidency. We very much hope you will be able to join us.

Sincerely,



Fred I. Greenstein
Director, Presidency Studies
Program and Conference on "The
Reagan Presidency at Mid-Term"

FIG/wpg
enclosure

P.S. I will be on vacation the week of August 2 and will call you the following week if I have not heard from you.

Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

July 28, 1982

The Honorable Donald T. Regan
Secretary of the Treasury
Department of the Treasury
Washington, DC 20220

Dear Secretary Regan:

I write to invite you to be the principal Administration discussant on the panel on economic policy at a conference to be held here November 19 entitled "The Reagan Presidency at Mid-Term."

The conference, sponsored by the Woodrow Wilson School for Public and International Affairs and the Garfield Foundation, has been organized on the premise that this is one of the major presidencies of the modern era in terms of the broad sweep of its policy aims and the success it has had in bringing them about. Therefore, the policies and procedures of the Reagan presidency demand the kind of reasoned, dispassionate analysis that rarely is given to presidencies while they are in progress.

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DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

July 28, 1982

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The White House
Washington, DC 20500

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Princeton University

DEPARTMENT OF POLITICS
PRINCETON, NEW JERSEY 08544

July 28, 1982

Mr. William P. Clark
The White House
Washington, DC 20500

Dear Mr. Clark:

I write to invite you to be the principal Administration discussant on the panel on foreign policy at a conference to be held here November 19 entitled "The Reagan Presidency at Mid-Term."

The conference, sponsored by the Woodrow Wilson School for Public and International Affairs and the Garfield Foundation, has been organized on the premise that this is one of the major presidencies of the modern era in terms of the broad sweep of its policy aims and the success it has had in bringing them about. Therefore, the policies and procedures of the Reagan presidency demand the kind of reasoned, dispassionate analysis that rarely is given to presidencies while they are in progress.

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FIG/wpg
enclosure

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THE WHITE HOUSE
WASHINGTON

May 25, 1982

Dear Bill:

Thanks for sending me a copy of The Family in the Modern World. I read Dave Swoap's address, and agree with you that he presents a strong defense of President Reagan's tax reduction program. I am pleased that you are giving it a somewhat wider circulation.

Sincerely,


James W. Cicconi
Special Assistant to the
President

Mr. Bill Gribbin
The American Family Institute
114 Fifth Street, SE
Washington, D. C. 20003

THE AMERICAN FAMILY INSTITUTE

114 Fifth Street, S.E.
Washington, D.C. 20003
(202) 544-1150

TO: Friends

FROM: Carl Anderson
Bill Gribbin

Enclosed is the latest from the American Family Institute: The Family in the Modern World, the proceedings of a symposium held at the U. S. Senate on March 10.

Of special note may be Dave Swoap's address, the strongest defense of President Reagan's tax reduction program we have heard of.

Let us take this opportunity to announce AFI's forthcoming The Wealth of Families: Ethics and Economics in the 1980s, a companion volume to Emblem of Freedom. Featuring AFI addresses by Mother Teresa, George Gilder, Midge Decter, Jim Buckley, Dr. Koop, Ernest Lefever, Hadley Arkes, and others, this book should be available fairly soon; and we will of course make sure you get an early copy.

Harter, Herschel R.

THE WHITE HOUSE

WASHINGTON

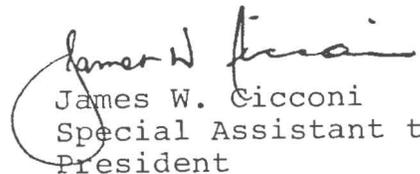
April 14, 1982

Dear Dr. Harter:

Thank you for your comments on the proposed ESRD regulations.

I have forwarded them to the Department of Health and Human Services, and am certain they will receive every consideration.

Sincerely,


James W. Cicconi
Special Assistant to the
President

Dr. Herschel R. Harter
Director and Associate
Professor of Medicine
Washington University
4949 Barnes Hospital Plaza
St. Louis, Missouri 63110

THE WHITE HOUSE
WASHINGTON

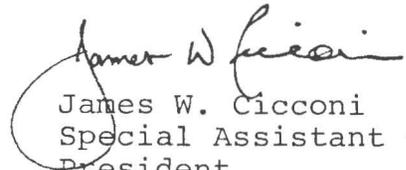
April 14, 1982

Dear Ms. Weerts:

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James W. Cicconi
Special Assistant to the
President

Ms. Carol A. Weerts
Research Associate in
Internal Medicine
Washington University
4949 Barnes Hospital Plaza
St. Louis, Missouri 63110

THE WHITE HOUSE

WASHINGTON

April 14, 1982

MEMORANDUM FOR CHRIS DEMUTH

FROM: Jim Cicconi
SUBJECT: Proposed Kidney Dialysis Regulations

Attached are comments sent to me (though I have no idea why) concerning the proposed ESRD regulations on kidney dialysis. I would appreciate it if you would take a quick look at them, and then pass them on to the appropriate person at HHS.

These proposals have, as you know, generated a certain amount of controversy, with allegations that the new reimbursement rates will force many (especially those serving the poor) out of dialysis services. These particular comments also argue that the proposed rates are based on data that is now out-of-date.

I raise this with you only to point out that, if we go forward with the regulations (as seems likely), there will be public criticism. Such criticism will probably focus on the impact on the poor of closings attributed to the new regulations, etc. To counter such allegations, we will need to be sure that our base data is reliable and that our cost and anticipated impact projections are defensible.

cc: Craig Fuller

WASHINGTON  UNIVERSITY

SCHOOL OF MEDICINE

CHROMALLOY AMERICAN KIDNEY CENTER
4949 BARNES HOSPITAL PLAZA
ST. LOUIS, MISSOURI 63110

April 12, 1982

James W. Cicconi
Special Assistant to the President
Special Assistant to the Chief of Staff
White House
Washington, D.D. 20500

Reference BPP-126-P

Dear Mr. Cicconi:

This letter is being written to respond to the proposed ESRD regulations published in the Federal Register on February 12, 1982. We represent Chromalloy American Kidney Center of Washington University School of Medicine in St. Louis, Missouri. This Kidney Center was begun in 1966, is operated by Washington University as an academic institution, and is located in the Barnes Hospital complex. This facility provides services to many of the inner city residents of St. Louis. As such, our population is older, black and often indigent. Because of the nature of our dialysis population, certain excess support services are required, including:

1. Funds for transportation, medications and home services;
2. Rehabilitation and occupation services to insure that those patients capable of returning to gainful employment do so, and
3. Added social work and dietary services to insure proper compliance and potential long term survival of our patients.

Our facility has been able to provide quality care at the free standing rate without an exception even though we are located within a hospital setting. The proposed reimbursement rate for our unit would result in a 12% or \$18 decrease per treatment.

We feel that the proposed regulations will jeopardize our ability and the ability of many facilities to provide quality care. Although understanding the need to reduce the overall costs of the ESRD program, we believe that the regulations should be based on current and accurate information. Much of the data used for calculating the proposed new reimbursement rates were generated from data obtained between 1977-1979. The methodology used in determining the proposed rates seemed to be devised by a predetermined objective rather than an analysis of

true costs. The wage indices used indicate a wide variation from state to state. Furthermore, within individual states, cities that may be only 100 miles apart have significant differences in the rate of reimbursement (i.e. Springfield, Mo. -proposed rate \$117.97 and Columbia, Mo. - proposed rate \$131.99). One must really question how the cost per treatment can vary by \$14 in these two cities and it raises questions about the reliability of the data on which the wage indices were based. Apparently HCFA has information stating that over 50% of the exceptions to current reimbursement rates granted in the past have been given to dialysis facilities in five states while an additional five states have been granted almost no exceptions. It seems that this would indicate inequitable cost analysis and rate setting in the past which has resulted in excessive costs to the ESRD program.

We believe that incentives should be given to encourage a greater use of home dialysis. The Chromalloy American Kidney Center has been dedicated to the concept of home hemodialysis. Until 1974, approximately 60% of all patients accepted to our dialysis program became home hemodialysis patients. Our program was very successful and the cumulative survival of the first 100 patients was 80% for six years. At the present time only about 22% of our population are receiving treatment at home, including home hemodialysis (N=25) and chronic ambulatory peritoneal dialysis (N=15). This is partially due to the nature of our patient population which is older and often indigent. Furthermore, Barnes Hospital has a large transplant program and approximately 50 of our patients are transplanted each year. The same patients who qualify as good transplant candidates are good home hemodialysis candidates.

We feel that HCFA has overemphasized the use of CAPD as a method of encouraging home dialysis. Obviously they have done this without knowing the true costs or the results that are being reported. CAPD has not been cost effective in the past and will not be cost effective in the future as long as a monopolistic market exists for the solutions used in CAPD treatments. The major manufacturer of CAPD solutions has sought to preserve that monopoly with a restrictive physician consultancy program which involves over 50 nephrologists from leading CAPD programs in the country. The HCFA ESRD information as of December, 1981, indicates that the mean yearly hospitalization rates for peritoneal dialysis patients are 34.2 days per patient. This compares with 18.7 days per year for hemodialysis patients (Enclosure #1). This alone would increase the cost per patient per year by over \$5,000. The NIH CAPD patient registry (Nolph, et al.) indicates the probability of remaining on CAPD for one year is only 43.3%, and the median time until withdrawal from CAPD is 10.2 months (Enclosure #2). In our unit the probability of surviving for one year on hemodialysis is 88.7% and the median survival time is 7.85 years (Enclosure #3). This cannot be solely due to an older patient population receiving CAPD treatments since in our unit the probability of surviving for one year is 81.6% for hemodialysis patients over 50 years of age with a median survival time of 5.5 years (Enclosure #3). Furthermore, these results cannot be due to a disproportionately large number of diabetic patients treated with CAPD since in our unit the one year probability of survival for diabetics is 64.8% and the median survival time is 2.26 years (Enclosure #3). In many units in this country and in Europe the results for CAPD have been dismal as the NIH registry indicates (Enclosures 4, 5, 6). In our unit, 43% of the patients started on CAPD over the past 36 months were removed from this therapy or died. It is becoming evident that CAPD patients should be cautiously selected and that ESRD patients can best be served without the strong promotion of a treatment modality by the major manufacturer of the CAPD solution and/or the federal government.

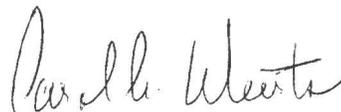
We can understand the government's need to cut the cost of the ESRD program but would hope that the rate setting would be based on reliable and current information. Updated accurate information would appropriately serve most ESRD patients and would not force the increased use of a treatment modality (CAPD) which has not been cost effective, and will not be as long as a monopolistic market exists. Many government officials have recently advocated the value of increased competition in the health care field. One wonders why they have ignored this philosophy in the ESRD program at the expense of ESRD facilities and patients.

We hope that the committee will carefully review their procedures for developing the new reimbursement rates. Furthermore, extreme care must be taken in recommending a therapeutic modality (CAPD) that is at present experimental and may be inadequate therapy for the majority of patients with end stage renal disease.

Sincerely,



Herschel R. Harter, M.D.
Director and
Associate Professor of Medicine



Carol A. Weerts
Coordinator
Research Associate in Internal Medicine

December 17, 1981

National Institutes of Health
Bethesda, Maryland 20205

Identical Letters sent to Tom Wiegmann, Kenneth James, Max Layard, Jack Coburn

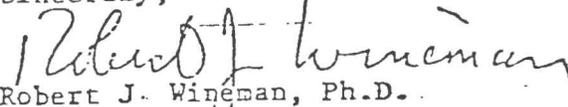
Westwood Building, Room 621
AC 8301) 496-7571

The following information is sent you for your information:

Ms. Michael McMullan of Health Care Financing ESRD Systems Branch has provided me with an analysis of hospitalization data of ESRD patients on maintenance therapies in 1977-1980. Patients included were either on hemodialysis or peritoneal dialysis for greater than one year. Hospitalization was calculated as days of hospitalization per year of risk. A summary of the data is attached. In this analysis it was not possible to distinguish CAPD patients from IPD patients.

The complete printouts include frequency bar charts on days of hospitalization per year of risk, and tables of distribution of patients into various levels of hospitalization days per year of risk. Please let me know if you would like a copy of the complete set of tables.

Sincerely,



Robert J. Wineman, Ph.D.

Program Director

Chronic Renal Disease Program

National Institute of Arthritis, Diabetes,
and Digestive and Kidney Diseases

Attachment

cc: Dr. Cummings

Summary of Statistics on
Days of Hospitalization per Year of Risk
By Age Group and Risk State

Age Group	Risk State HD				Risk State PD			
	n	Mean Age	Days Hosp/yr	Stan. Dev.	n	Mean Age	Days Hosp/ Yr	Stan. Dev.
<18	856	14	22.6	26.1	38	10.7	38.8	36.9
18-45	15,404	33.5	17.5	24.5	157	35.1	34.0	31.9
46-60	15,666	53.4	17.8	23.3	276	54.3	35.0	29.3
>61	13,853	68.1	21.1	24.3	420	69.3	33.7	31.1
All adults								
>18	44,923	51.1	18.7	24.1	853	58.2	34.2	30.6

THE NATIONAL INSTITUTES OF HEALTH

CAPD Patient Registry

THE REGISTRY PILOT PROJECT

PATIENT POPULATION DEMOGRAPHICS

AND

SELECTED OUTCOME MEASURES

for the period

January 1, 1981 through September 30, 1981

A Multi-center Project of the National Institutes of Health
Chronic Renal Disease Program
Contract NO1-AM-9-2208
"Continuous Ambulatory Peritoneal Dialysis"

Administration

Karl D. Nolph, M.D.
Principal Investigator
Division of Nephrology
University of Missouri

Data Coordinating Center

W. Keith Pyle, Ph.D.
Registry Director
Biomedical Engineering Program
University of Texas at Austin

December 15, 1981

LIFE TABLE ANALYSIS OF ALL REASONS FOR LEAVING CAPD

ALL REGISTRY PATIENTS BEGINNING CAPD DURING THE PERIOD JAN 1 - DEC 31, 1981

(REPORTS RECEIVED AS OF 2/25/82)

<u>MONTHS SINCE INITIATION OF CAPD</u>	<u>NUMBER STARTING INTERVAL</u>	<u>NUMBER NOT FOLLOWED TO NEXT INTERVAL</u>	<u>NUMBER EXPOSED TO RISK</u>	<u>NUMBER LEAVING CAPD</u>	<u>PROPORTION LEAVING CAPD</u>	<u>PROPORTION REMAINING ON CAPD</u>	<u>CUMULATIVE PROPORTION REMAINING ON CAPD</u>
1 - 3	213	83	171.5	22	.128	.872	.872
4 - 6	108	45	85.5	15	.175	.825	.719
7 - 9	48	31	32.5	8	.246	.754	.542
10 - 12	9	8	5.0	1	.200	.800	<u>.433</u>

MEDIAN TIME UNTIL WITHDRAWAL FROM CAPD IS 10.2 MONTHS.

1-3

CHROMALLOY AMERICAN KIDNEY CENTER

Probability of Remaining on Therapy for one year(%) and Estimated
Median Survival (years)

<u>number</u>		<u>%</u>	<u>years</u>
491	All Hemodialysis Patients (Diabetic Included)	88.7	7.9
61	Hemodialysis Patients - Diabetics Only	63.8	2.3
176	Hemodialysis Patients over 50 years of Age	81.6	5.5

Continuous Ambulatory Peritoneal Dialysis (CAPD): Some Psychosocial Observations

Introduction. CAPD is a process in which dialysate fluid is instilled into the peritoneal cavity through a permanent catheter. By diffusion and osmosis, the fluid gains volume and equilibrates with blood chemistries. Approximately three to four times per day, the fluid is drained and fresh dialysate is added to the peritoneal cavity. The patient learns a sterile technique in order to do the exchange without causing infection. The patients do CAPD at home or, if away from home, in a clean area where the supplies can be laid out.

The major medical complication of CAPD is peritonitis.¹ Other complications include obesity, hernias, nutritional problems, and elevated serum lipids. Peritonitis may be caused by non-sterile technique, accidental break in the tubing, or contamination of the peritoneal cavity from the bowel. In our unit, CAPD has most often been used as a treatment for the patient with multiple medical problems on hemodialysis or intermittent peritoneal dialysis.

Patients and Methods. Forty-two patients, 19 of them diabetic, have been seen in the CAPD Clinic at Iowa Lutheran Hospital over a period of three and one-half years, beginning in May of 1978. Eleven diabetic patients were legally or totally blind. Twenty patients were female and 23 were male. The age range was six months to 82 years old. Only three were under the age of 20. All of the adults had at least a sixth-grade education, with 10 patients college-educated. Twenty-seven patients were married, six widowed, two divorced, and seven single.

All patients and significant family members were interviewed by the social worker prior to the initiation of

CAPD. Information regarding support systems, life-style, employment, and future plans was gathered.^{2,3} Special attention was paid to the patients' reasons for wanting to initiate CAPD and their past history of coping with dialysis. Contact was maintained with patients and families in the clinic and by home visits.

Results. At the end of three and one-half years of CAPD in our unit, 12 patients have died, five returned to hemodialysis, one was transplanted, and 23 remain on CAPD.

Long distance from the dialysis unit and lack of a partner to assist with home hemodialysis were a significant part of

the decision to initiate CAPD for 16 of the patients. Five patients began CAPD because they preferred a self-care treatment without the use of a dialysis machine. Three patients began CAPD simply because they wished to change from hemodialysis. Medical complications contributed to the initiation of CAPD in 25 of the patients.

Of the patients returning to hemodialysis, one had recurrent peritonitis at home (even though CAPD was done properly and without infection while in the hospital), two had several bouts of peritonitis, and another had an intense dislike for her distended abdomen.

Table I: Current patient profile.

Sex	Females = 11 Males = 12
Age	Range = 27-82 yrs Mean = 50 yrs
Diabetic	10 patients
Blind/severely impaired vision	7 patients
Marital status	Married = 18 Widowed = 3 Single = 1 Divorced = 1
Employment status	Outside the home = 3 School = 1 Homemakers = 7 Social Security retirement = 2 Disability/minimal activity = 10
Length of CAPD treatment	2-3 yrs = 6 patients 1-2 yrs = 9 patients 6 mo-1 yr = 3 patients 6 mo or less = 5 patients
Length of hemodialysis prior to CAPD	3-8 yrs = 4 patients 1-8 mo = 7 patients 1 mo or less = 4 patients
Previous transplant	3 patients
Distance from dialysis unit	20 miles or less = 10 patients 20-90 miles = 13 patients

Among the patients who died, seven found CAPD an effective treatment in terms of infrequent peritonitis and hospitalizations, while five had repeated hospitalizations from peritonitis or other medical complications.

Eleven patients with visual impairment were able to complete successful CAPD training. One was returned to hemodialysis because of peritonitis, but the overall peritonitis rate was less than that of the sighted.⁴

Details of the 23 patients currently on CAPD are seen in Table 1.

Discussion. Patients who showed an enthusiasm and determination about CAPD did best. Mental acuity was

found to be important as the patient must be able to comprehend sterile technique, the need for regular exchanges, and the observance of fluid intake and correct fluid balance. Patients having good support systems had more motivation to achieve successful CAPD. In only a minority of patients was the presence of a bloated abdomen sufficiently unpleasant to decrease motivation. CAPD is tedious, but this had a negative impact on few patients.

The lack of need for machine or helper distinguishes the CAPD patient from both home hemodialysis and home intermittent peritoneal dialysis. Thus, CAPD resembles renal transplantation

more closely than other forms of dialysis. The two procedures also share some similarities in their complications. The fear of rejection may be compared to the fear of peritonitis. Obesity and a change in body image may occur with both techniques. Lastly, many of the complications of CAPD and transplant may be denied by patients and staff because of the desire for the treatment to succeed compared to other forms of dialysis. Perhaps CAPD can be viewed as the "transplant" of a medically-complicated patient.

Successful CAPD patients were satisfied with their treatment and their relationship with the staff was straightforward, differing from the dependent relationship which sometimes occurs with incenter dialysis patients.

CAPD was found to be a positive treatment for diabetics. Blood sugar levels can be controlled by intraperitoneal insulin. Visual difficulties have not been a contraindication. Indeed, the handicap of visual impairment may actually lead them to a more conscientious application of the sterile technique.⁵ Self care may be even more important to the blind diabetic than to less disabled patients.

Conclusions. With CAPD the success or failure of the treatment is literally in the hands of the patient. It is therefore important that the patients be selected for CAPD by an assessment of their ability to succeed. Blindness may, in some cases, be a positive indication. Factors such as motivation, determination, enthusiasm, mental acuity, social support systems, concern over body image, willingness for self care, and desire for independence require evaluation before CAPD is initiated.

Acknowledgment. I would like to thank Dr. Flynn, our nephrologist, for his assistance in the research and preparation of this paper. Appreciation also goes to Kris Hugley for her secretarial assistance.

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5. Flynn, C.T. A comparison of continuous ambulatory peritoneal dialysis in diabetic and nondiabetic patients. *Am. J. Kidney Dis.* 1:1, 1981.

D&T



THE HAHNEMANN MEDICAL COLLEGE & HOSPITAL OF PHILADELPHIA

SELF CARE DIALYSIS THE 54TH HAHNEMANN INTERNATIONAL SYMPOSIUM

VENEZIA, ITALY, FONDAZIONE CINI
APRIL 2 and 3, 1982

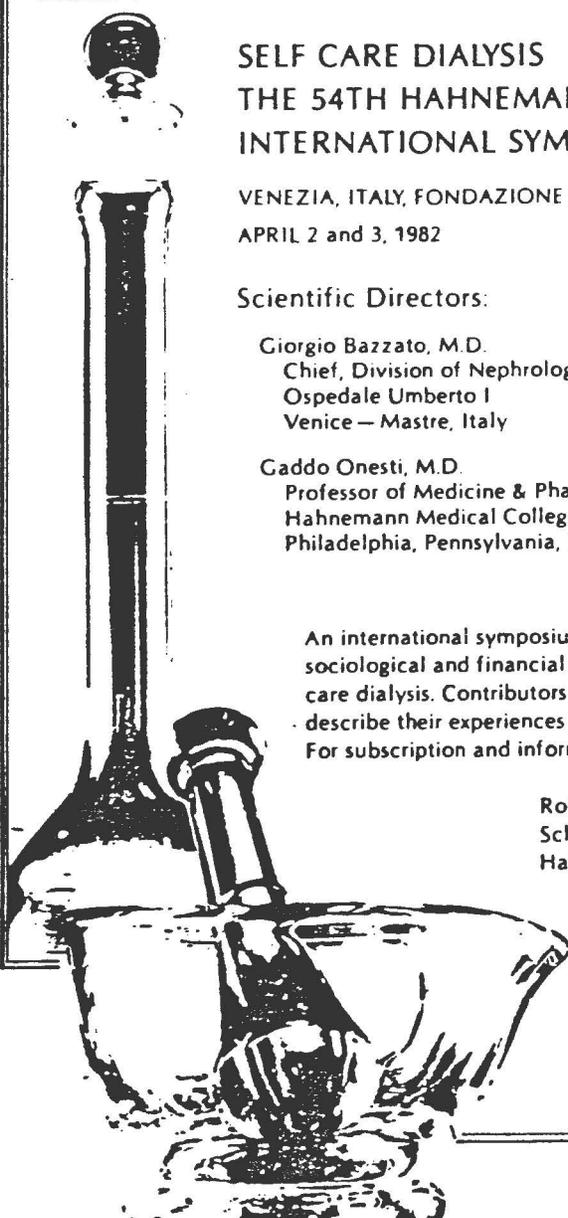
Scientific Directors:

Giorgio Bazzato, M.D.
Chief, Division of Nephrology & Dialysis
Ospedale Umberto I
Venice—Mastre, Italy

Gaddo Onesti, M.D.
Professor of Medicine & Pharmacology
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CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) VERSUS HOME HEMO DIALYSIS (HHD). J. Rubin, R. Ray, J. Bower. Univ. of Miss. Med. Ctr., Dept. of Med., Jackson, Mississippi.

We have followed all HHD (n=37) and CAPD (n=56) patients (pts) from 2/79-8/81. Hospitalization (H) (hospital days/time of dialysis days, (TOD)), 7% CAPD, 1.5% HHD, and withdrawal from dialysis (24/56 6/37) were greater with CAPD. We sought to determine whether preselection influenced results. Race, Sex, Age, Education (yrs), Martial Status (MAR) (married, or not), income (<\$10,000, >\$10,000 (I)), rural/urban home, and diagnosis causing uremia (DX) were reviewed. CAPD and HHD Demographic (DEM) features were similar. We matched 16 for race, sex, MAR, age (40, 40-60, 60+ yrs) and education (7, 7-12, 12+ yrs (E)). TOD was less with CAPD (231±52, 452±99, p<.07), 8/16 withdrew from CAPD (encompassing 1 transplant, 1 transfer) vs 2/16, and H was greater with CAPD (.06±.01, .007±.005, p<.026). Since these 16 pts included 8 on CAPD for heart disease (CHF) we analyzed the 8 matches without CHF. Again H was greater (.08±.02, .007±.005, p<.026). To evaluate the results we sought subsets among the CAPD pts. As a group I was associated with less H (.09±.01, .05±.01, p<.05). E, age, race, sex, DX, rural/urban home were not. Pts with CHF (n=16) accounted for 75% of all deaths (6/8). H was not increased in this group. Among 13 pts without peritonitis (P) vs 43 with at least 1 episode of P we found more whites (11/13) and a greater I (<\$10,000, >\$10,000, 4/9 vs 36/7 however TOD was less (141±42, 289±35, p<.03). There were no DEM differences among those removed within 240 days and those on at least 365 days. Our data suggest that CAPD is useful in the high risk patient. Our results for well selected CAPD pts are not as good as HHD. We feel CAPD should be prescribed with caution.

pg. 50A

CLINICAL EXPERIENCE WITH CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD). S. Mulgaonkar*, M.G. Jacobs, R. Viscuso, N. Lyman. Saint Barnabas Medical Center, Livingston, New Jersey.

We have reviewed our 1178 patient (pt) week (wk) experience with CAPD. In 22 months, 50 pts were trained and 24 currently remain on this modality.

In 14 pts on CAPD greater than 8 months ($\bar{x} \pm S.D.$): Hgb 10.0 ± 2.2, Na 137.1 ± 5.8, K 4.6 ± 0.6, HCO₃ 23.1 ± 3.2, creatinine 11.8 ± 4.2, BUN 69.4 ± 20.7, phosphorus 5.1 ± 1.4, calcium 8.9 ± 1.1, glucose 194.2 ± 128.5, albumin 3.5 ± 0.5, cholesterol 222.9 ± 98.9, and triglycerides 378 ± 277.5. HDL cholesterol was 44.0 ± 5.0 in 5 pts after one year.

The peritonitis (P) rate at our center is 17.3 pt wks/infection, despite the use of titanium adapters, monthly tube changes by the staff, and plastic dialysate bags. Eleven of 50 pts had 42 (62%) of the 68 cases of P. Of these 22 pts, 7 had 2 episodes of P the first 12 wks of CAPD and 10 ultimately failed on this modality. A methicillin and cephalosporin-resistant Staph. epidermidis has emerged as an important pathogen in our pts with P. This organism responded clinically to intraperitoneal (i.p.) vancomycin in a concentration of 30mg/L in 8 of 9 cases. All pts with Pseud. aeruginosa and fungal P required catheter removal for cure and temporary subclavian access for hemodialysis obviated the use of Scribner shunts and femoral vein cannulation. Conclusion: 1) Hypertriglyceridemia and recurrent P still remain major obstacles to the long term use of CAPD. 2) A methicillin and cephalosporin-resistant Staph. epidermidis can be successfully treated with 30mg/L i.p. vancomycin. 3) Most pts with 2 or more episodes of P during the first 3 months on CAPD will ultimately fail on this modality.

pg. 47A

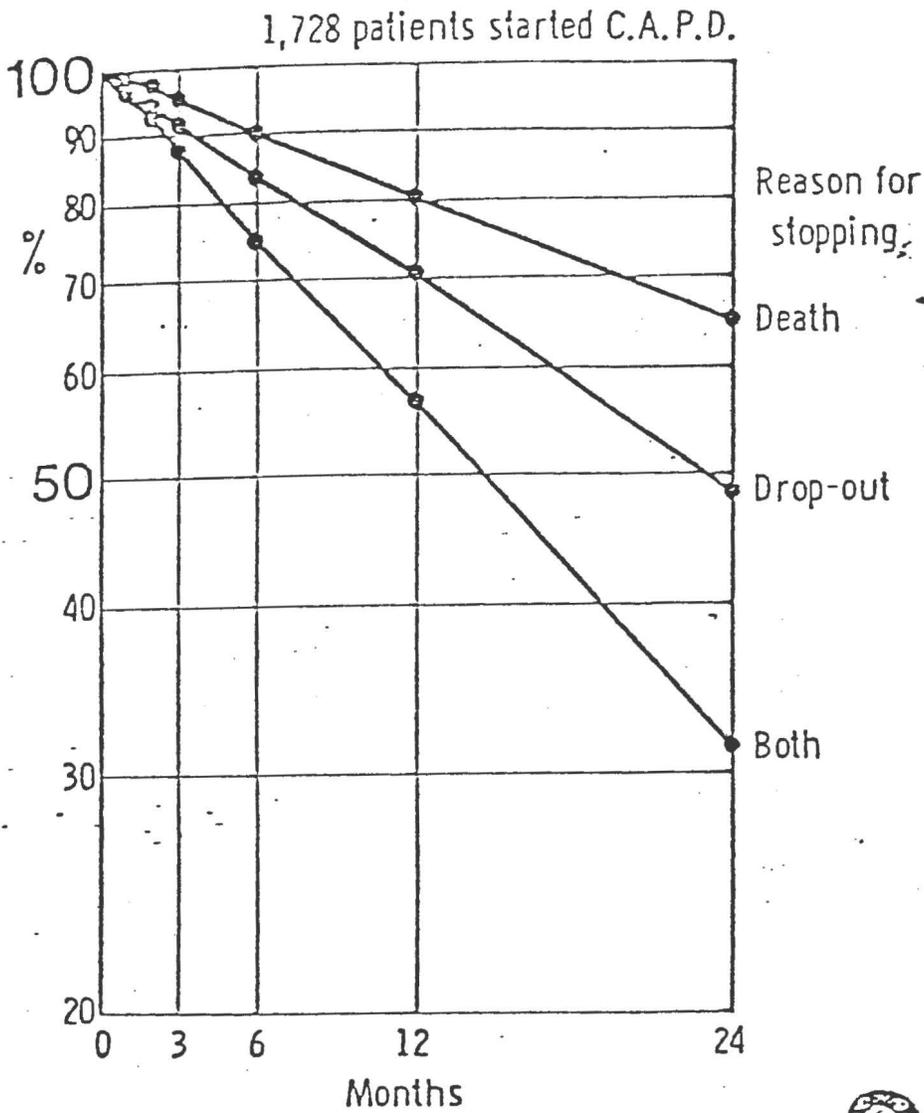


Figure 23. Actuarial survival of patients on CAPD with separate and combined calculations of cumulative mortality and drop out rates

Proceedings of EDTA, Vol 18 1981

PERITONEAL DIALYSIS DROP-OUTS

ALTHOUGH continuous ambulatory peritoneal dialysis (CAPD) has developed rapidly in Europe over the past few years—especially in the U.K. where four renal centres out of every five report using it—patients have not been in CAPD programmes long enough for an actuarial approach to outcome to be reliable. Of all live patients on the European dialysis and transplantation registry at the end of 1980, 2.4% were on CAPD but three-quarters of CAPD patients had been on this form of dialysis for less than a year. Clinicians have been asking about patients who abandon CAPD, and registry figures have been supplemented by questionnaires on 1748 patients to provide an answer. Drop-out rates (death and abandonment of CAPD) were 43% at one year and 68% at two years. There were 317 drop-outs in the questionnaire series on patients treated for less than a year and the most common reasons were: changed to other treatment (106), peritonitis (100), or psychological (50). These figures were presented in Paris in 1981, and data on children were similar: of 39 on CAPD for less than a year 7 had abandoned it because of peritonitis. CAPD cannot be regarded as first-choice treatment, in the opinion of C. Mion (Montpellier), but in his guest lecture—a review of seven years of home peritoneal dialysis in the Languedoc-Roussillon region—he paints a less statistical (and less gloomy) picture of CAPD than may be had from the stark registry figures.

THE WHITE HOUSE
WASHINGTON

December 3, 1982

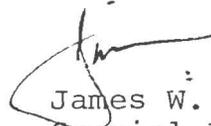
Dear Mark:

I received your letter and resume, and can only say I wish the circumstances surrounding your search for a new job were different. I followed the Texas races closely, and, needless to say, was very sorry to see Governor Clements lose.

I have forwarded a copy of your resume to the White House Personnel Office with a request that they contact you should any suitable openings come to their attention. I will also keep a copy in my office in case I hear of anything you might be interested in. I must tell you in all honesty, though, that the mid-term turnover in jobs at all levels has been surprisingly small.

In the meantime, I wish you, Susan, and the family the very best, and hope that you have a happy holiday season.

Sincerely,



James W. Cicconi
Special Assistant to the
President

Mr. Mark R. Heckmann
4000 Greenmountain Lane
Austin, Texas 78759

MARK R. HECKMANN

*4000 Greenmountain Lane
Austin, Texas 78759*

November 13, 1982

Mr. Jim Cicconi
The White House
Washington, D.C. 20500

Dear Jim:

Now that the tidal wave has swept over the Governor's Office, I am looking for employment in the field of public relations and/or speechwriting. Enclosed is my personal resume which details my experience since college.

I know you are familiar with my qualifications, and I would appreciate any suggestions or advice you can give me regarding potential employers.

In addition, should you know of someone who needs an experienced public relations and/or speechwriting professional, please feel free to give them my resume.

I am interested primarily in governmental or corporate public relations, and I am willing to relocate to Washington, D.C.

Jim, I have enjoyed our friendship, and I hope our paths continue to cross. Thanks for all your help.

Sincerely yours,



Mark R. Heckmann

encl.

MARK R. HECKMANN
4000 Greenmountain Lane
Austin, Texas 78759
residence: 512/345-4775
office: 512/475-4215

PROFESSIONAL EXPERIENCE:

Office of Governor William P. Clements, Jr. - 1979 to present.
Deputy Press Secretary and Chief Speechwriter

Consult with the Governor and senior staff in analyzing issues and preparing strategies to maximize positive media coverage.

Assist with daily liaison between the Governor and the State Capitol press corps, Washington press corps, statewide and national news media.

Write speeches, press releases, articles, and position papers for the Governor. Chief speechwriter for First Lady Rita Clements.

Reagan-Bush Campaign in Texas - 1980.
Communications Director

Organized and supervised public relations staff of four persons during the general election campaign, after taking a leave of absence from Governor Clements' staff.

Responsible for daily liaison between the State Campaign Headquarters and the State Capitol press corps, Washington press corps, statewide and national news media; press releases; campaign newsletter; articles on behalf of Mr. Reagan; radio actuality system; press advance arrangements; and letters-to-the-editor program.

Advised advertising agency in preparation of brochures and other campaign materials.

Bill Clements for Governor Campaign and Transition Office - 1978.
Press Director

Supervised public relations staff of three persons during successful general election campaign to elect William P. Clements, Jr. as first Republican Governor in Texas in more than 100 years.

Responsible for daily liaison between Mr. Clements and the State Capitol press corps, Washington press corps, statewide and national news media; press releases; campaign newsletter; radio actuality system; and press advance arrangements.

Advised advertising agency in preparation of brochures, direct mail, advertising copy, and other campaign materials.

Houston Chronicle - 1974 to 1978.
Newspaper Reporter

Hired by largest newspaper in the Southwest United States within six months of graduation from college.

Covered variety of news assignments, including police reporting, courts, politics, and general news. Experience in newspaper lay-out, paste-up, and production.

Beaumont Enterprise-Journal - 1974.
Newspaper Reporter

Assigned to features and education beat. Experience in photography, newspaper lay-out, copy editing, and production.

Prior to graduation from college, worked for the State Capitol Bureau in Austin on part-time basis during senior year, and on full-time basis at home office in Beaumont during summer of 1973.

EDUCATION:

The University of Texas at Austin - 1970 to 1974.
Bachelor of Journalism

Was graduated from the University of Texas School of Communication in May, 1974. Minors in government and history.

MEMBERSHIPS:

The Wheat Ridge Foundation - 1976 to present.
Board of Directors

International, church-related, charitable organization with headquarters in Chicago, Illinois. Chairman of public relations committee.

Redeemer Lutheran Church - 1981 to present.
Board of Elders

PERSONAL:

Family: Married, one child.

Date of Birth: May 4, 1952.

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THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 1 LISTED ON THE
WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

THE WHITE HOUSE

WASHINGTON

December 3, 1982

MEMORANDUM FOR JOHN SCHROTE

FROM: Jim Cicconi 
SUBJECT: Mark Heckmann

Attached is a resume for Mark Heckmann, who was Deputy Press Secretary to Governor Clements (handling speech writing chores in addition) during the time I was on staff there. Mark also handled press for the 1980 Reagan-Bush effort in Texas.

Should there be a suitable opening, I'd appreciate any consideration you might give him.

Thank you.

Page

Herndon, Dealey

Dear Jim,

I want to thank you again for our personal and very special tour of the West Wing. It was an opportunity I never dreamed I would have — and I certainly not with such a delightful friend as our guide. You were so thoughtful to allow all 9 of us to tag along and invade your exciting world.

I hope we see you and Tricia soon!!

Love,
Dealey

DEALEY HERNDON

Herndon, D.

THE WHITE HOUSE
WASHINGTON

March 2, 1982

Dear Dealey:

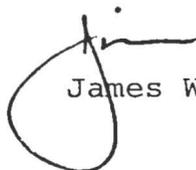
I wanted you and David to know that I am forwarding your letter concerning the income tax system to Buck Chapoton, a fellow Texan who is Assistant Secretary of the Treasury for Tax Policy. I realize the thought (and frustration) that went into writing it, and have experienced many of the same feelings (as I am sure most taxpayers have at one time or another).

Please be assured that the Administration is indeed forging ahead in getting government off the backs of the American people--but then you already knew that. Instead, I will assure you that I am working hard, not seeing my wife enough, but enjoying the challenge of being part of the Great Effort.

It was good seeing David last week, though it was such a short time, and things were so hectic, we barely had a chance to talk. I hope you both will visit sometime this spring or summer so we can all explore the city a little (including some of the great restaurants).

Please take care, and give our best to all.

Sincerely yours,



James W. Cicconi

Mrs. Dealey Herndon
2903 Tarry Trail
Austin, Texas 78703

Dear Jim,

I began writing this over four years ago when I was collecting materials for our income tax filing and David was complaining about the incomprehensible forms he had to fill out. I was so frustrated with the government that I stopped my "gathering" and started writing. David revised it and I meant to mail it but felt it was pointless with Jimmy Carter as President. While Reagan has done a great deal to slow government red tape and beaurocratic growth, the income tax system touches more individual Americans than any other single thing. To make every American's life a little simpler and at the same time save large sums of money seems to make ultimate sense in an administration that wants to get the Government off the backs of the people.

We miss you!!!! Keep up the good work.

Love,
Daley

Dear Dim,

We are writing concerning the Income Tax System.

We are in our 30's, we did our own tax returns until 2 years ago, and we have made no attempt to save an extra thousand dollars by abusing the tax system. We do not particularly object to the large dollar amount of our taxes so long as they are spent wisely (we are in the 70% bracket). We do strongly object to the way in which individuals must arrive at that figure. It is complicated, frustrating, and infuriating. I am a college graduate in Government and my husband is a graduate from the Texas Law School. If we have trouble with the forms, how can anyone expect the average American to feel comfortable with them?

The purpose of a tax is to raise money, yet our tax structure has become a tangled web of forms and bureaucracy that involves the Government in encouraging and discouraging, fostering and punishing, and in most areas, making a value judgment for the whole nation. In the process, we have disillusioned and frustrated every taxpayer, even those who use the present tax system to full advantage. We would like to restrict the lobbying and special interest demands to non-tax legislation and enact taxes simply to raise money to support direct legislative decisions.

The following are suggestions we hope you will seriously consider.

1. SIMPLIFY THE TAX SYSTEM - the simpler the income tax system is, the fairer it will be for all Americans.
In our opinion, the tax system cannot be "reformed". Efforts to do so have repeatedly failed. It must be totally restructured from the bottom up.
2. People in the lower income ranges - say \$5,000 to \$10,000 and below - should not have to fill out forms of any kind. Declaring their income and signing their name should be sufficient - two simple lines. These people are so resentful of government requirements now that they are unable to appreciate those positive things the government does for them.
3. Graduate the tax from that point upward strictly according

to income, dropping most if not all deductions.

Example: 5% tax on income under 50,000 dollars *Percentages are all
 15% tax on income between \$50,000 and \$100,000 totally arbitrary
 25% tax on income between \$100,000 and \$200,000
 35% tax on income over \$200,000

The system would raise the same revenue for the Government as is raised now if you determine your actual percentage by computing a combined gross income figure for each income bracket (add together all the taxpayers) and a combined tax revenue of the previous year for that same bracket based on all IRS information available. We believe that the percentages would be surprisingly low when applied across the board. The tax must fall below those taxes paid before at the lower end to compensate for the discontinuation of deductions - but it must also go no higher at the upper end because Americans still want and need the American dream - someday I too can be rich and important and beyond financial worry. To avoid controversial comparisons with past tax payments, this change could be coupled with proposed tax cuts.

4. Only two deductions or credits might warrant being retained. First, a credit for dependants is valid, (especially at lower income levels. Second, charitable deductions encourage giving and keep the Government out of direct involvement in many philanthropies. We believe the effective tax rate for the average American would remain equal to or below the present level even without the other business, interest, medical, etc. deductions. (The Government can use other ways of achieving the same goals - with more money in their pockets from lower tax rates, the American citizen can spend more on medical care if they take the initiative and save; the business and corporate tax structures can take into account business expenses and investment incentives; whereas interest deductions encourage credit, a lower tax rate could provide people with the same buying power without specifically encouraging loans.)
5. There would obviously be some specific problems difficult to solve short term, such as municipal bonds. But answers do exist even if they are not perfect. Under no circumstances continue the deductions in theory. Once a deduction is granted, the door is open to

lobbying from every area for additional deductions and the tax system is again aborted. Our present system of credits and deductions has bred disrespect for the tax system and anger against government officials on all levels from the IRS to the Senate of the United States. It has created an attitude that only a fool doesn't take full advantage of the system and in thousands of cases make business decisions based primarily on tax benefits. We should not continue a system that breeds disrespect and even cheating since that attitude will spread to other areas of Government and law enforcement.

It is staggering to contemplate tax reform - where can it begin or end? Citizens become indignant at any suggestion of change that effects them personally. But a total restructuring seems relatively simple and ultimately fair to all Americans. No personal tax form should exceed one page. The IRS could be reduced significantly, saving millions if not billions of government dollars.

At first, it would certainly be controversial, but any major change would be. In a year or two the benefits would outweigh the imagined fears and legitimate concerns and a new faith in the ability of Government to manage itself will follow. This is the one area where Government directly touches all productive Americans. Working Americans need to feel they can manage their own lives and the direction of their Government. It is difficult to imagine even one American taxpayer who thinks the laborious taxing procedures are either beneficial or necessary.

As politicians you will naturally be concerned about strong opposition from powerful supporters. Please remember that their interests can only be selfish because the only taxpayers this plan will hurt will be those who were not formerly paying their fair share of taxes on an objective percentage basis. Naturally it will put IRS employees, income tax companies, and many accountants out of business since Americans will be able to figure out their own forms, but we see that as an ultimate benefit. The taxpayer making \$25,000 who paid \$5,000 at tax time after taking advantage of deductions will still pay \$5,000 or less at tax time. But the taxpayer making \$200,000 who paid \$5,000 in taxes after deductions will pay a higher share at tax time. Under the proposed plan, every American is on an equal footing with all of the others in their income bracket regardless

of their spending and investment habits. Incentives can be handled in other ways. Above all this system can be fair and will get policy decisions of our Government out of our personal taxing system.

With tax time nearing, the radio stations are running hundreds of public service announcements about where and how to get help with your income tax forms. Poor and elderly people go to the library where volunteers help them and wealthy people collect together piles of papers and go to their accountants. In the middle the majority of Americans struggle through by themselves hoping they have done it correctly and that they won't have a dreaded audit. We have created a burdensome institution that no one really understands or wants to. Please do something about it.

Thank you for listening,

A handwritten signature in cursive script that reads "Dealey and David". The signature is written in black ink and is positioned below the typed text "Thank you for listening,".

David and Dealey Herndon
Austin, Texas

P.S. We would love to see this kind of simplicity in Unemployment Tax forms as well - they are even worse on both State and Federal levels.

INCOME TAX FORM *

NAME _____

ADDRESS _____

CITY AND STATE _____

INCOME FOR 1982

Total income for the year = _____

1. Income under \$50,000 _____ x 5% _____

2. Income between \$50,000 and \$100,000 _____ x15% _____

3. Income between \$100,000 and \$200,000 _____ x 25% _____

4. Income over \$200,000 _____ x 35% _____

5. Add lines 1 thru 4 _____

6. Number of dependents x \$1000.00 _____

7. Subtract line 6
from line 5 _____

8. Charitable deductions
Total dollar amount up to 1/5 Total Income x 50% _____

9. Subtract line 8
from line 7 _____

10. TOTAL TAX OWED IN 1982 from line 9 _____

* This is obviously very simplistic and we purposely did not try to refer to the present forms or to solve all the potential problems, but it will give you the idea we hope to see implemented.

Hickman, Howard

THE WHITE HOUSE
WASHINGTON

March 1, 1982

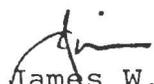
Dear Howard:

I appreciate your kind letter of congratulations. I am, as you can imagine, enjoying the challenge of working here, though I admit that in 1976 I had very different thoughts about which of us would be helping to implement Ronald Reagan's policies!

As for your comments on elimination of the completed contract method of accounting, we have been hearing much the same complaint from many in the construction industry. The proposal, which is one of the "loophole closings" promised by the President, is aimed more at the large contractors who (many feel) are able to take unfair advantage of the provision. There is no intention of hurting the small construction firms, and Treasury is confident the proposal they put forth will not have that effect.

Thanks again for your letter. I do hope we will be able to win as many "for the Gipper" this year as they did last year (before I got here).

Sincerely,


James W. Cicconi
Special Assistant to the
President

Mr. Howard A. Hickman
Commercial Contracting Company
Post Office Drawer 20350
San Antonio, Texas 78286

PHONE (512) 661-4251
5797 DIETRICH ROAD



COMMERCIAL CONTRACTING COMPANY
OF SAN ANTONIO, INC.

P. O. DRAWER 20350
SAN ANTONIO, TEXAS 78286

January 28, 1982

Mr. Jim Cicconi
Office of Chief of Staff
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Jim:

I note that you have moved up in the world since the days of Peveto. Congratulations on your enlistment in the ranks of the extreme Right's great American dream. I had intended to send you a letter of congratulations earlier, but, probably like you, I have been rather busy. Fortunately or unfortunately, depending on one's viewpoint, circumstances have arisen which require me to question the logic of your associates in the White House and complain to some poor governmental official. Being one to consolidate tasks as much as possible, I chose to gratulate you and at the same time designate you as that "poor governmental official."

My complaint relates to a change in tax policy relating to contractors using the completed contract method of accounting. I am aware that this complaint is rather self serving in light of my employer; however, this company can easily afford to pay the \$750,000 difference the elimination of the completed contract method would cost us. The problem relates more to the construction industry as a whole and particularly the smaller contractors. In the industry the completed contract method has allowed contractors to finance construction and to possess a more advantageous cash flow. The elimination would remove this method of financing from an industry that is already experiencing the impact of the recession, thus causing the economic collapse of numerous construction companies. As I understand the President's economic policy, one of the purposes is to promote industrial expansion. It is rather difficult to expand industry without the capability to construct it. I trust that someone thought about this aspect before the decision was made.

Again congratulations. I hope you enjoy yourself and find Washington to your liking. I trust the experience will not turn into a "Bedtime for Bonzo" for you.

Go out and win one (preferable more) for the Gipper.

Respectfully,

COMMERCIAL CONTRACTING COMPANY


Howard A. Hickman
Attorney-at-Law

HAH/rmj

Holland, Bob

JACKSON, WALKER, WINSTEAD, CANTWELL & MILLER
ATTORNEYS AND COUNSELORS
43RD FLOOR FIRST NATIONAL BANK BUILDING
DALLAS, TEXAS 75202
(214) 655-2911

CABLE-JWAL
TELEX-73-385
TELECOPIER-(214) 655-2032

February 3, 1982

Mr. Jim Ciccone
1600 Pennsylvania Avenue
The White House
Washington, D.C.

Dear Jim:

I just wanted to drop you a note to express my thanks to you for giving me the White House tour last week. I really enjoyed it and hope we can do it again sometime if I'm in Washington with Beth.

Best of luck to you in your job. We're all pulling for Ronnie.

Very truly yours,



Robert B. Holland, III

RBH/cem

1189t


**Union Texas
Petroleum**

One Riverway
P.O. Box 2120
Houston, Texas 77001
(713) 960-7500

Hughes, Knox

November 15, 1982

Jim Cicconi, Esquire
Office of James A. Baker, III
The White House
Washington, D.C. 20500

Dear Jim:

It was certainly good to talk with you Friday. Eileen called back to report the results of your inquiry. Again, many thanks for your efforts.

Sincerely,

Knox B. Hughes

Knox B. Hughes

KBH:mk

f cc
no resp nec

Ickes, R. Dennis

LAW OFFICES

R. Dennis Ickes

A Professional Corporation

STEWART MANSION
225 NORTH STATE SUITE 200
SALT LAKE CITY, UTAH 84103

R. DENNIS ICKES
TRISTAN C. CANNON
BICKNELL C. ROBBINS

801-532-7304
WASHINGTON D.C. OFFICE
1725 K STREET, N.W.
202-633-2984

March 16, 1982

Mr. James Sciconni
Assistant to James Baker
THE WHITE HOUSE
Washington, D. C.

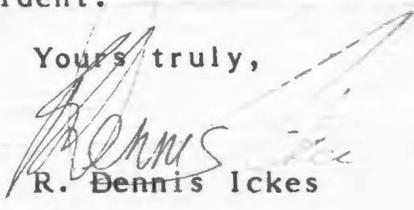
Dear Mr. Sciconni:

This is a belated note of appreciation to you for taking valuable time to meet with Jonathan Rose and me on February 26, 1982, to discuss several topics of national interest. Even though I have been to the White House a number of times, you gave me the additional privilege of eating breakfast with you which is a special treat for a citizen of the West.

Please feel free to contact me with regard to any matter with which you feel I can assist you. My professional and business interests cover the Rocky Mountain West, as well as Washington D.C. I remain interested in performing citizenship responsibilities and stand ready to assist you in any way I can.

Also, please give my personal regards to Jim Baker whom I continue to hold in high regard as a result of my association with him when he was the Undersecretary of Commerce, the campaign manager for President Ford and presidential candidate George Bush and now as Counselor to the President.

Yours truly,



R. Dennis Ickes

RDI:ld