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THE WHITE HOUSE

WASHINGTON

January 24, 1983

FOR:	RICHARD G. DARMAN
THROUGH:	EDWIN L. HARPER
FROM:	WILLIAM P. BARRWPB
SUBJECT:	Addition to Tuition Tax Credit Legislation

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Attached is a clean copy of the tuition tax credit legislation. It is identical to the version you circulated Friday, except for the insertion of subsection (c) at the very end of the bill -- the last 11 lines.

This provision was in the original bill as reported by the Senate Finance Committee last Congress. Treasury first asked that it be deleted from the bill to be transmitted this week, but has now changed its mind and has asked that it be inserted again. It is a technical change relating to the mechanics of claiming the credit and has no significant policy implications.

DOCUMENT NO. 114052

OFFICE OF POLICY DEVELOPMENT

STAFFING MEMORANDUM

DATE:	1/24/83	ACTION/CONCURRENCE/COMMENT DUE BY:	ASAP	
SUBJECT		8:00 am Meetings 1/24/83		×

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REMARKS:

Uhlmann <u>Tuition Tax Credits</u> Barr <u>- Message</u>, Legislation and Event on Wednesday ACTION

Please return this tracking sheet with your response

in L. Harper Assistant to the President for Policy Development (x6515)

PD

THE WHITE HOUSE

WASHINGTON

January 25, 1983

FOR: EDWIN L. HARPER

FROM: WILLIAM P. BARR

SUBJECT: Comments on Fact Sheet for SOTU

1. In referring to the fair housing initiative, I think the word "improve" enforcement is preferable to "strengthen" enforcement. I realize this is a matter of nuance.

2. I think we should insert the word "employer" before the word "pensions" in our references to reform of pensions. This may help allay the fears of the insurance industry.

3.19

THE WHITE HOUSE

WASHINGTON

January 25, 1983

FOR: T. KENNETH CRIBB

FROM:

BILL BARR

- Star Street, Sec

SUBJECT: Proposed E. M. Article

I've made some changes I think are advisable.

I would also like to call your attention to the fact that Rader has used the <u>Hinckley</u> verdict to illustrate our reform of the insanity rule; see pages 1 and 3. I don't know if Mr. Meese wants to make a public comment on the Hinckley case.

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Other than these, I think the article can be approved for publication.

Infanticide

A CBS affiliate TV station is preparing a documentary, for possible airing nationwide, on the issue of infanticide. Persons interviewed by the station's reporter say the slant of the documentary appears to be (1) that starvation of handicapped infants or denial of routine care is a widespread practice in American hospitals, and (2) that the Administration has only given lip service to the problem, but has failed to take effective steps to remedy it.

When this problem came to nationwide attention last April, you promptly issued a directive to the Attorney General and Secretary of HHS to develop remedies. This action was widely applauded.

Although HHS sent a notice to health care providers in May, no visible enforcement action has occurred since. For some time, HHS has been considering possible regulations or guidelines, but none has yet come forward. The CBS documentary will apparently draw upon an interview with Bob D'Agostino, former Deputy Assistant Attorney General for Civil Rights, who alleges that HHS has been dragging its feet. Newsweek and the Murdock publications are also now pursuing this line of inquiry.

There is an immediate step we could take that would save lives and lay the foundation for effective future action. Senator Nickles has under consideration the idea of a <u>national</u> <u>hotline</u>, to enable nurses to report, anonymously, any case of withholding nourishment or routine nursing care from a handicapped infant.

A hotline would solve a tremendous threshold problem, i.e., that nurses often have nowhere to turn to report infanticide in their hospitals without risking dismissal from their jobs. Simply <u>discovering</u> instances of infanticide is at least half the battle: only if doctors are sure of secrecy are they likely to starve a handicapped child. Infanticide cannot stand the light of day.

A hotline can be set up administratively, with no need for legislation, and at nominal cost. As with other civil rights laws, federally funded hospitals could be required to post prominent notice of the applicable civil rights obligations and the number to call to report violations.

> A hotline is the most effective immediate step that can be taken for handicapped infants, while HHS proceeds to consider regulations in this area.

Office of Policy Development January 28, 1983

Fair Housing Improvements

The mention of improvements to the Fair Housing Act in the State of the Union Address has come at an especially opportune time. In our recent meetings with Congressional Republicans, key members have expressed concern that liberal Democrats will attempt to make fair housing a major partisan issue in the 98th Congress.

Since passage in 1968, fair housing laws have ended much discrimination. However, civil rights groups have attacked the enforcement provisions as lacking teeth. Others, by contrast, have warned of trends in the federal courts that override local decisions in the housing area and point toward a quota-based approach.

It appears likely that the Democrats will propose a bill that goes well beyond reasonable strengthening of the fair housing laws:

- o They may seek creation of an unwieldy federal administrative procedure to hear and adjudicate unfair housing complaints.
- They may seek express adoption of an "effects test" that could lead to imposition of quotas in cases where no discrimination has occurred.

Congressional Republicans would welcome a reasonable Republican alternative that could move swiftly through the Senate before House Democrats succeed in placing us on the defensive. Republican members are willing to work with us to draft a proposal.

A Republican bill could propose effective ways to improve enforcement:

o We can augment enforcement powers of the Attorney General.

- We can oppose quota-type measures, which intrude upon local decision-making processes that are not discriminatory.
- We can provide incentives for stronger <u>local</u> remedies. (The Fair Housing Act gives deference to states with effective local enforcement mechanisms, which do not need intrusive federal supervision.)

If we proceed to develop a Republican bill over the coming weeks, we can then see what course the Democrats initiate in the House.

> If the Democrats choose to fight hard for a centralized enforcement bureaucracy and quota-type remedies, we can welcome the opportunity to contrast our more reasonable views against theirs. We can make a strong case that federal judges should not be given a license to play "social engineer" with neighborhoods, as they have with schools.

Office of Policy Development January 28, 1983

The Use of Civil Rights Statistics

Critics have used statistics to support the charge that this Administration is backsliding on civil rights enforcement. In response, we have cited our own statistics to show no decline in enforcement activity.

As in other contexts, statistical debate is a murky and inconclusive form of argument. If the number of cases filed is a valid index of our commitment to civil rights, then we have a mixed picture. EEOC figures show a significant drop-off in the number of lawsuits filed. However, we can point to the fact that the amounts recovered and the number of people benefited by these recoveries have significantly increased over the past two years.

Justice Department figures suggest record <u>high activity in</u> <u>criminal civil rights cases</u> and in the <u>voting rights</u> area and respectable levels of activity in the employment and housing areas. In other areas, the caseload is quite low. For example, we have filed <u>no new school desegregation cases</u>. Where case filings are low, there are good reasons for it. In the school desegregation area, <u>virtually all relevant school districts are</u> already the subject of court orders.

Whenever we are forced to use statistics, we should recognize that these arguments are based on a <u>questionable premise</u> -namely, <u>that progress in civil rights should be measured by an</u> <u>ever-escalating number of court cases</u> and that each administration should outdo the preceeding one in the number of lawsuits filed and the level of resources committed. Under this approach, the problem of discrimination will never be solved; it will always be getting worse. Of course, the opposite is actually true. As laws are passed and enforced and as attitudes change, one would expect to see instances of discrimination decline. And, indeed, most neutral observers would agree that the problem of discrimination today is nowhere near what it was in the 1960s.

While we can legitimately use statistics defensively in responding to attacks of inactivity, numbers are of little value in affirmatively communicating the positive aspects of what we are trying to do. This Administration's contribution to civil rights will not rest on whether we have filed more cases than the Carter Administration. The record will show our reaffirmation of civil rights as a personal right -- the right of the individual to be treated as an individual and not as a member of a group. By opposing forced busing, quotas, and reverse discrimination, we are in fact advancing those principles which underlie a racially neutral society.

Office of Policy Development January 28, 1983



THE WHITE HOUSE

WASHINGTON

February 2, 1983

FOR: EDWIN L. HARPER

FROM: ROBERT B. CARLESON

I think we should raise this issue with the President before it gets hot. The issue paper as now redrafted by Mike Uhlmann's shop looks good to me. Our point is not to come down hard on HHS, but to make sure the Administration succeeds in implementing the President's directive and does not suffer embarrassment from conspicuous inaction.

Infanticide

the last

We have been monitoring the efforts of HHS to enforce your "Baby Doe" directive against federally assisted institutions that withhold care from handicapped infants.

This issue is likely to arouse renewed media interest in coming months, as a CBS affiliate is now preparing a TV documentary on the practice of infanticide in American hospitals and the Administration's response to the problem.

While HHS has been considering guidelines or regulations to address this problem, they do not yet have a proposal ready to put into effect.

To ensure that we are ready to take some immediate effective action on this issue, Cabinet Council on Human Resources has begun work on a proposal to set up a national infanticide hotline. The proposal will soon be ready to transmit to Secretary Heckler for her consideration after she takes over the reins at HHS.

The hotline proposal starts from the premise that the greatest threshold problem in stopping infanticide is to discover these abuses in time to save the life of the handicapped child. Nurses fear disciplinary action and do not know where to turn to report abuses while maintaining anonymity.

A national hotline would be simple to set up:

- An 800 number could be staffed around the clock, as is now done for the runaway children hotline.
- Reports of abuses could be transmitted by the National Center on Child Abuse to state welfare agencies and to HHS and DOJ enforcement authorities for investigation.
- Federally funded hospitals would be required to post appropriate notices, informing personnel to call the hotline number whenever a handicapped infant is being denied food and water, being denied routine nursing care, or being given lethal substances to cause death.
- o Anonymity would be guaranteed for callers to the hotline.

We expect that HHS will be able to implement this proposal quickly while it continues to deliberate over regulations to govern this matter.

> A hotline will save lives immediately by deterring the most egregious forms of infanticide -starvation, withholding antibiotics, poisoning -which doctors will commit only if assured of secrecy.

Office of Policy Development February 4, 1983

THE WHITE HOUSE

WASHINGTON

February 3, 1983

FOR: EDWIN L. HARPER

FROM: STEPHEN H. GALEBA

SUBJECT: Adoption Tax Credits and Deductions

Tax deductions for the expense of adopting children make good policy sense. They promote the policy goal of providing low-cost care for children who would otherwise likely be wards of the state. Care is then provided in the context of the <u>family</u>, rather than the state, consistent with a repeated theme of the President.

The Family Protection Act, sponsored by Senator Jepsen, includes a provision for adoption expense tax deductions up to \$3500. Senator Metzenbaum and Congressman Oberstar have introduced similar bills without a cap on the amount of expense that is deductible. The Jepsen bill thus appears preferable. Supporting this bill would be a positive element in a general pro-family policy.

However, there may be other approaches that would be better, because:

- Despite the non-deductible costs of adopting children, there is no shortage of families seeking to adopt children; on the contrary, there is a large surplus.
- o There is a shortage of families seeking to adopt handicapped children, but in 1981 the ERTA provided a tax deduction for expenses of adopting hard-to-place children.
- The real problem is that many children who should be adopted are not adopted because (1) state foster homes often keep them in foster care when they could be placed for adoption, or (2) unwanted children are aborted by mothers who do not receive good information and counseling about adoption.

The federal government could address the real problems of the shortage of children placed for adoption by the following means:

- Redesign the federal entitlement program for foster care to stop creating incentives for the prolonged retention of adoptible children in state foster homes.
- o Focus public attention on alternatives to abortion.

Shift federal funds away from those grantees that counsel and promote abortion and toward those that counsel effectively for alternatives to abortion (the Adolescent Family Life Program was recently created to do exactly this, but has so far received little public promotion and relatively little in federal funds, compared to the proabortion counseling network).

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sheet with your response

Assistant to the President for Policy Development (x6515)

NATIONAL COMMITTEE FOR ADOPTION

SUITE 326

1346 CONNECTICUT AVENUE, N.W. WASHINGTON, D. C. 20036

202 - 463-7559

Wednesday, December 23, 1981 OPINION AND COMMENTARY Tax breaks for adoptive parents

THE CHRISTIAN SCIENCE MONITOR

By William L. Pierce

Thirteen years ago, California taxpayers got a break. Their governor, Ronald Reagan, signed a bill that gave a small tax deduction to people who adopt children. The whole country could benefit if a similar deduction is provided federal taxpayers.

And President Reagan may be the best person to make it happen. Like millions of other Americans, he's an adoptive parent. A word to officials at the Department of the Treasury is all that's needed, since there's strong, bipartisan support in Congress for the idea.

Here's the background. When a baby is born, there are a number of predictable costs, like those for doctors and hospitals. Depending on one's income, those costs are deductible from one's federal income taxes. But not If the baby is adopted.

This obviously unfair discrimination against couples who form their families through adoption is what led Ronald Reagan to sign the California tax deduction bill back in 1968. Similar bills were approved in Massachusetts, Minnesota, and Wisconsin, Average deductions in California, from fiscal years 1978-80, were \$413 per return. The average was \$437 in Minnesota, according to a 1978 sample of the state's returns.

The obvious benefits of deductions for adoption expenses were not the only reason Ronald Reagan and other governors approved them. There was another reason: the fact that the deductions saved taxpayers money. How? By moving thousands of children, who might otherwise have lingered in inappropriate foster care or institutions, into loving homes. Those foster care and institutional costs, from federal and state tax coffers, were much larger than the modest tax benefits given for adoption.

There was another saving for taxpayers as well. Adopting couples, not Medicaid or other public programs, paid hospital bills for babies and mothers. And adopting couples paid legal and other fees for the services babies and mothers received - it wasn't necessary for state employees to provide them.

A tax deduction with so many benefits for children, young mothers, waiting couples and taxpayers at large - should have been very popular with the US Treasury, right?

Wrong, Every administration's Treasury Department witnesses - including the Reagan administration's - have opposed this sensible tax break. And every administration's used the traditional, weak, inaccurate reasoning in opposing it: that tax law should not be used to make social policy.

The Economic Recovery Tax Act of 1981, signed Aug. 13, did make limited deduction for costs of adopting "special needs" children part of the federal tax code.

What's needed now is to take the deduction idea the rest of the way and bring full equity for adoption to the federal tax code. And there's an ideal bill to accomplish this pur pose. In the Senate it's S. 1479, with Sen. How ard Metzenbaum (D) of Ohio as chief sponsor In the House the companion bill is H. R. 4158 with Rep. James Oberstar (D) of Minnesota as chief sponsor. This legislation would pro vide the essential tax break as well as providtwo related features.

The latter would encourage the farsighte companies who are providing "adoption bene fits" to their employees - firms such a American Can, Foote Cone & Belding, Hall mark, IBM, and Xerox. One change woul treat the income received by employees as a "adoption benefit" like other fringe benefit - it would not be taxed. The other chang would allow employers to treat the costs (providing the adoption benefits as an ord nary and necessary business expense.

Never has there been such a need for thi legislation as now. Public funding is droppin for many programs serving pregnant gir and waiting, adoptable children. Oversea the orphans and homeless wait - and wai The voluntary agencies have to take up th slack. And, since combined fund-raising can paigns are recommending that adoption ar maternity care be "self-supported" by fee making those fees fully deductible is critical

William L. Pierce is president and chief executive officer of the National Committee for Adoption, a voluntary organization with headquarters in Washington, D. C.

THE WHITE HOUSE washington February 7, 1983

FOR: EDWIN L. HARPER

FROM: MICHAEL M. UHLMANN STEPHEN H. GALEBACH

SUBJECT: American Life Lobby Letter Concerning Title X Budget for FY 1984

American Life Lobby has accused the Administration of surrendering to government waste and abuse by proposing to fund the Title X family planning program at the "usual levels" for FY 1984, despite a GAO report that identified waste and abuse totaling \$48 million per year in the Title X program.

Steve has examined the GAO report, and it does substantiate the claim that tens of millions of dollars could be saved through various cost-cutting reforms in federally subsidized family planning programs.

Ken Clarkson of OMB reports that OMB decided on a \$48 million cut in family planning funds for FY 1984. HHS appealed, however, and the Budget Review Board granted the appeal and rejected the \$48 million cut.

Figures show that in past years we have cut funding for the Title X program to some extent, reducing it from \$156 million in FY 1980 to \$124.1 million in FY 1983. (Title X is only part of the overall federal spending on family planning services, which totaled \$375 million in FY 1980.)

As a political matter, of course, family planning enjoys the support of a strong lobby. If we wish to make cuts in this program for the future, it would be helpful to have HHS begin now to do a study of the usefulness of the overall program.

The original rationale for federal involvement in family planning in the late 1960s and early 1970s was essentially twofold: to prevent overpopulation and to reduce unmarried teenage pregnancy. There is certainly no foreseeable danger of overpopulation given current birth rates (to the contrary, we face a long-term squeeze on social security and military manpower because of an impending <u>shortage</u> of young people); and, since the inception of federally subsidized family planning, the rate of pregnancies among unwed teenage girls has increased dramatically. If an HHS study bore out this hypothesis, it would make our task considerably easier when we attempt to effect cost economies in the Title X program.



Recommendation

o Check with HHS Director of Population Programs and with appropriate outside authorities to learn whether such a study would be likely to produce clear-cut results. If it would, have HHS or an outside consultant perform the study.

STAFFING MEMORANDUM 2/6/83 DATE: 1/31/83 2/6/83 American Life Lobby Tetter American Life Lobby Tetter Subject: SUBJECT: Action FYI Action HARPER DRUG POLICY DRUG POLICY PORTER DLEONARD BARR BARR D.LEONARD BLEDSOE BLEDSOE OFFICE OF POLICY INFORMATION BOGGS HOPKINS DRUG POLICY INFORMATION BARR DATE: DENEND GARLESON OTHER DENEND FERRARA DENEND DENEND GALEBACH DENEND DENEND GALEBACH DENEND DENEND GALEBACH DENEND DENEND GARFINKEL DENEND DENEND GALEBACH DENEND DENEND GARFINKEL DENEND DENEND GARFINKEL DENEND DENEND GONN DENEND DENEND B.LEONARD DENEND DENEND GUNN DENEND DENEND SMITH DENEND DENEND </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
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REMARKS:

Please check the facts with OMB and report to me.

Please return this tracking sheet with your response

Edwin L. Harper Assistant to the President for Policy Development (x6515) and the second second

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS: MAILING ADDRESS: P.O. BOX 490, STAFFORD, VA 22554 OFFICES: ROUTE #6, BOX 162-F, STAFFORD, VA 22554 (763) 659-4171 METRO DC 690-2049

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PRESS RELEASE

January 29, 1983 FOR IMMEDIATE RELEASE

Mrs. Judie Brown, President of the American Life Lobby, Inc., the largest pro-life organization (108,000 members) in the country, today attacked President Reagan's FY1984 budget as "raising a white flag of surrender to government waste and abuse because the proposed budget does not reduce funding for the U.S. Department of Health and Human Services (DHHS) Title X (of the Public Health Service Act) family planning program."

Mrs. Brown continued, "An almost two year old Government Accounting Office (GAO) Report identified waste and abuse totalling \$48 million per year in the Title X program. I have repeatedly brought this GAO Report to the attention of officials at the White House, the Office of Management and Budget (OMB) and DHHS, but the Reagan Administration 's FY1984 budget request ignores this documented waste.", Mrs. Brown Said.

"By so doing, the Reagan Administration discredits its own budget the day it appears. Acceptance of such waste means the budget as a plan to reduced deficits is a fraud. If you don't cut waste you will never stop the budget hemorrhage.", said Mrs. Brown.

Mrs. Brown concluded, "By continued funding of the Title X program at the usual levels, the Reagan Administration has joined the social pork barrel mentality that you can't cut even documented waste if it is considered a 'people program'. Unfortunately, the President's budget raises the white flag of surrender to waste and abuse."

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A.L.L. "... for God, for Life, for the Family, for the Nation"

THE WHITE HOUSE

WASHINGTON

February 10, 1983

FOR: EDWIN L. HARPER

FROM: MICHAEL M. UHLMANN

SUBJECT: Infanticide

You have asked us to report on the status of our response concerning the infanticide issue. We have prepared talking points for the press office (Attachment A) and a draft response to Judie Brown's letter to the President (Attachment B).

As a more general response to the President's directive and the recent media interest, and as a follow-up to the issues paper on infanticide and comments received on it, we now have a plan ready to implement. In accordance with Bob Carleson's instructions, Steve Galebach has developed a plan of action that is consistent with federalism, does not threaten harrassment of doctors and hospitals, and will be effective in saving lives of handicapped infants who are denied routine care. Attachment C lays out the details of this plan of action.

I. Nature of the Problem

The denial of food and routine care to handicapped infants appears, by all accounts, to be a continuing practice in many American hospitals. We have received reports from media investigations which show that doctors do not fear federal enforcement -- that even in the few cases brought to public light, HHS and state authorities will not move against them. For example, the New Haven Register has reported extensively on admissions by doctors at Yale-New Haven Hospital that they deny care to handicapped newborns, and complaints have been filed with HHS, but Yale-New Haven continues to enjoy total impunity.

II. HHS Response to Problem

In May of last year, HHS notified federally assisted health care providers of their obligation under federal law not to deny food and other essential care to handicapped newborn infants. Since that time, no further public action has been forthcoming from HHS.

HHS did draft guidelines as alleged by American Life Lobby. A.L.L. is also correct in alleging that HHS General Counsel Juan del Real wrote a memo to Schweiker saying that guidelines would avoid OMB and Justice Department review. HHS has now changed its guidelines to draft regulations (which A.L.L. has apparently not seen). We have obtained a copy of the draft. It contains two flaws serious enough to call into question our commitment to vigorous enforcement:

- It relies exclusively on state authorities to enforce federal laws against infanticide. This would be the first time to our knowledge that anyone has ever attempted to enforce a federal civil rights law without any federal enforcement authority.
- It fails to give nurses any reliable way to report instances of infanticide, which is generally the only way we can learn about these problems.

If the draft regulations were amended to incorporate our proposal contained in Attachment C, they would be an effective enforcement mechanism.

III. HHS Response to Requests for Investigations

A number of complaints have been filed with HHS and DOJ requesting investigations into alleged instances of infanticide. DOJ has allowed HHS to take the lead in the investigations. HHS has not yet produced any results in the investigations and has not divulged information concerning their progress. Some embarrassment was caused when HHS lost the complaint of a state senator from Connecticut against Yale-New Haven Hospital last summer, and then lost the telegram from American Life Lobby last month complaining about an alleged case in Michigan.

IV. Follow-up

We are continuing to work along with Bob Carleson to flesh out details of a plan that can be implemented by HHS. The plan outlined in Attachment C is ready except for one remaining open issue: whether all hospitals receiving Medicaid reimbursement are subject to federal anti-discrimination laws, or only those hospitals built with Hill-Burton funds or otherwise directly subsidized.

In addition, Bob Carleson needs to give this plan a close review when he returns to town.

Infanticide -- Talking Points for Press

- The President is firmly committed to vigorous enforcement of federal laws to prevent federally assisted hospitals from denying food and essential care to handicapped infants.
- Handicapped infants are citizens of the United States and are entitled to full protection of our civil rights laws.
- Section 504 of the Rehabilitation Act of 1973 prohibits federally funded institutions from withholding benefits and services from otherwise qualified individuals on grounds of handicap -- that means, for instance, that food and routine care cannot be denied because a baby has Down's Syndrome and is likely to be retarded.
 - The President is deeply concerned that infanticide may be continuing in some American hospitals despite his directive following the Baby Doe case in Indiana last year.
- HHS is preparing regulations to address this problem, to make sure that instances of infanticide in federally assisted hospitals can be quickly identified and prompt action taken so that the babies in question can be saved.
 - The President and the American people believe strongly in the principle of the sanctity of all human life -- we are not going to pick and choose which lives are worth living.

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Doctors and nurses have traditionally been the ones who <u>care</u> for human life -- the President will not be satisfied until the entire medical profession returns to its true principles so that the life of every handicapped child is safe in hospitals across our land.

Attachment A

February 10, 1983

Dear Judie:

Thank you for your diligence in pursuing federal investigation and enforcement in cases of alleged withholding of care from handicapped newborns. As you know, this is a cause that I deem most important for guaranteeing equal rights under the law, especially for the most helpless of our society.

Last April I issued a directive to the Secretary of Health and Human Services and the Attorney General to enforce federal laws against discrimination toward handicapped infants. Under Acting Secretary Thomas Donnelly, the Department of Health and Human Services is now preparing regulations -- not guidelines -- to carry out my directive. We are working closely with the Department, and with the Attorney General, to ensure effective enforcement.

I applaud your efforts on behalf of the least of our brothers and sisters in this land of ours, and I wish you God's blessing in your efforts.

Sincerely yours,

Ronald Reagan

Mrs. Judie Brown American Life Lobby 6B Library Court, Southeast Washington, D.C. 20003

Attachment B

Plan to Identify and Deal With Cases of Infanticide

The major purpose of this plan is to save the lives of handicapped children who are being denied food or other routine care in federally assisted hospitals. Criminal prosecution is not intended for federal authorities, but is left to states.

The system for reporting and investigating cases of infanticide is designed to be consistent with standard approaches in other civil rights contexts, to minimize federal intrusion, and to maximize the chance of saving lives.

Basic Features of Plan:

- o Each federally assisted hospital will post a notice in its pediatrics ward and intensive care nursery stating:
 - -- Obligations of the hospital under federal civil rights laws not to deny food or routine nursing care to handicapped infants.
 - -- Duty of any person having knowledge of a violation to report to appropriate authority.

(This is the standard technique used for enforcement of Title VII and many other civil rights, safety, and whistle-blowing statutes.)

- Reports of violations will go to the National Center on Child Abuse and Neglect.
 - -- This Center was set up by statute in 1974 under HHS to improve reporting investigation and prevention of child abuse by state child abuse authorities.
 - -- The Center already has a liaison network with child abuse authorities in all states.
- o The Center will immediately transmit reports to state child abuse authorities.
 - -- State authorities will then be the agency of first resort to go to the hospital, investigate allegations, and ensure care for the child as appropriate.
 - -- Federal regulations will require federally assisted hospitals to open their facilities and records to state child abuse authorities, as they are already required to do for federal authorities.

- o The Center will also immediately transmit reports to HHS Office of Civil Rights and to Department of Justice.
 - -- DOJ, acting through U.S. attorneys, will act only as backup authority in case state agencies are derelict.
 - -- HHS will investigate those cases where hospital policy appears to condone infanticide and will take appropriate action, as per current policy.
- DOJ will consider criminal prosecution only in federal enclaves; otherwise states will be left to enforce their own criminal laws without federal intrusion.
- Emphasis of federal involvement will be to save lives, not to punish doctors.
- Screening of complaints to sort out unjust and harrassing allegations will be done by state child abuse authorities, as they now do routinely in such cases.
- Confidentiality of reported information will be maintained by both state and federal authorities.

Attachment C

THE WHITE HOUSE

WASHINGTON

FEBRUARY 11, 1983

MEMORANDUM FOR EDWIN L. HARPER

FROM: MICHAEL M. UHLMANN

SUBJECT:

Cover Note for Issues Paper on School Prayer

The Supreme Court recently refused to review the Lubbock school prayer case.

In <u>Lubbock</u> the Fifth Circuit held it was unconstitutional for a school district to adopt a policy giving equal treatment to all student groups -- religious and nonreligious -- that wished to meet during noninstructional time on a voluntary club basis. The Fifth Circuit's opinion expressed fear that students might be unduly influenced by seeing the football team captain or the lead actress in a school play going into a prayer meeting.

Since the Supreme Court refused to rule in the <u>Lubbock</u> case, it is still an open question whether the Constitution allows public schools to give equal treatment to religious and nonreligious forms of speech in student clubs. Last week Senator Denton introduced a bill that would require federally assisted public schools to give equal treatment.

Preventing discrimination against religious speech is an issue that places our opponents on the defensive and gives a boost to our efforts for school prayer in general. We are assessing the merits of Denton's bill and similar legislative approaches, and are preparing the School Prayer Amendment package for reintroduction in Congress.

THE WHITE HOUSE

WASHINGTON

February 15, 1983

FOR: ROBERT B. CARLESON

FROM: STEPHEN H. GALEBACH

SUBJECT: Preparation for Meeting on Infanticide

I have prepared the following for tomorrow's meeting:

- o Talking points;
- Summary of HHS Draft Regulations;
- Summary of Existing Regulations on discrimination against handicapped patients;
- o Proposed language for notice to be posted in pediatric wards and intensive care nurseries.

I have found that Section 80.6(d) of the existing regs already gives authority to require the posting of this type of notice. This should allow us to expedite matters considerably.

I have talked extensively with Department of Justice officials concerning the definition of "federal financial assistance." It will be best for us not to raise this issue at tomorrow's meeting, but rather to resolve it in separate talks with Justice.

I have also included a memorandum to Ed Harper, should you wish to send it, summarizing our action thus far.

THE WHITE HOUSE

WASHINGTON

February 15, 1983

FOR: EDWIN L. HARPER

FROM: ROBERT B. CARLESON

SUBJECT: Follow-up on Infanticide

I have looked into the plan for action on infanticide, and it appears well drafted to accomplish the President's objectives without undue federal intrusion. A closer look into the National Center on Child Abuse and Neglect shows that it is definitely the best agency to receive reports of starvation or non-treatment of infants: the Center already has an information network with child protective agencies in all 50 states; in fact, it often receives reports of child abuse and transmits them to state agencies for investigation.

The Surgeon General -- who is probably the nation's top pediatric surgeon -- says that posting notices in hospital pediatric wards and intensive care nurseries, so that nurses can report cases of infanticide, would be extremely helpful for nurses who have been intimidated from reporting abuses and who do not know where to turn in these cases.

There are signs of rising interest in the infanticide issue among outside groups -- last week's Library Court meeting of profamily groups was devoted to this issue.

We are proceeding to work with the Acting Secretary of HHS to implement our plan, and are coordinating with Department of Justice as well.

In addition, we have just learned that the CBS documentary, now being edited, includes allegations that HHS shelved a significant number of infanticide complaints without taking action. We are proceeding to look into the truth of these allegations.

Wording of Notice

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Section 504 of the Rehabilitation Act of 1973, a federal law, states that no otherwise qualified individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

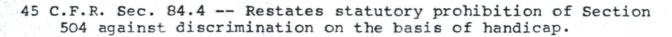
Any person having knowledge that a handicapped infant is being denied food, water, or routine nursing care, or is being administered lethal substances, in this or any other facility receiving federal financial assistance, should <u>immediately</u> contact:

National Center on Child Abuse and Neglect U.S. Department of Health and Human Services Washington, D.C. 205_____ phone 800- -

The starving or poisoning of any person may also violate the homicide laws of your state.

Federal law prohibits retaliation against any person who provides information about violations of the Rehabilitation Act of 1973.

Existing Regs



- 84.4(b)(1) -- States that a recipient, in providing any aid, benefit, or service, may not, directly or indirectly, through contractual, licensing, or other arrangement, deny a qualified handicapped person an opportunity to benefit from such aid, benefit, or service that is equal to opportunity afforded others.
- 84.8 -- Requires recipients with 15 or more employees to notify participants, beneficiaries, applicants, and employees that it does not discriminate based on handicap.
 - -- Such notification must include the identification of a designated employee to receive grievances.
 - -- Such notification may include posting of notices, as well as other means.
- 84.52 -- States that <u>health providers</u> may not deny benefits and services to qualified handicapped persons.
- 84.61 -- States that 45 C.F.R. Sec. 80.6-80.10 and Pt. 81, applicable to Title VI, also apply to Pt. 84.
- Title VI provisions are as follows:
- 80.6(b) -- Recipients must submit compliance reports.
- 80.6(c) -- Recipients must permit access to information by responsible HHS official or his designee, during normal business hours, to pertinent records.
- 80.6(d) -- Recipients must make available, to beneficiaries and other interested persons, such information concerning antidiscrimination regulations as the responsible HHS official finds necessary to apprise persons of the statutory and regulatory protections assured to them.
- 80.7(a) -- Compliance reviews.
- 80.7(b) -- Procedure for filing complaints.
- 80.7(c) -- Requires prompt investigation of complaints.
- 80.7(e) -- Prohibits retaliatory acts against complainants. Identity of complainants shall not be revealed unless necessary for enforcement.

80.8 -- Legal procedure for effecting compliance.

Institution must seek to prevent worsening of infant's condition during pendency of legal actions.

COMMENT: This duty should be obvious under existing statute and regs, but it may help to spell it out.

Institution may not permit physicians practicing in the institution to act in manner prohibited to the institution.

COMMENT: Good. Existing regs have this effect, but spelling out more clearly is helpful.

Defines responsibilities of state child protective agencies to investigate and vigorously pursue allegations of infanticide; threatens cut-off of federal funds.

COMMENT:

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- This looks too much like an effort to pass the buck -- as though we were to threaten cut-off of federal funds to state human relatioons agencies if they failed to enforce federal civil rights laws against racial discrimination.
- -- Tightening of standards for state child protective agencies could better be accomplished by amending the Child Abuse Prevention and Treatment Act (such changes are now being considered in Congress).

Authorizes HHS to seek legal remedies without usual 10-day waiting period, when exigent circumstances so warrant.

COMMENT: May be unnecessary.

HHS Draft Regulations

The draft regulations would amend 45 C.F.R. Part 84, pertaining to "Nondiscrimination on the Basis of Handicap," by adding a new Section 84.55 entitled "Health care for handicapped infants." Key provisions in the draft are as follows:

 Defines responsibility of recipient health care providers not to withhold life-sustaining medical treatment.

COMMENT:

- -- This section does not appear to add anything to obligations already defined under Section 504, existing regs, and HHS Notice to Health Care Providers of May 1982.
- -- The section calls attention to the hardest cases, without providing clear guidelines for handling them -it distracts attention from the more common and clear-cut cases of starvation and denial of routine care.
- The section will thus expose us to strong attack and will not substantially improve existing regs.
- Says that when a recipient institution cannot get parental consent for life-sustaining medical treatment, and such consent is required by state law, the institution shall notify the state child protective agency.

COMMENT:

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- -- This simply passes the buck; the hospital itself should immediately go the court to gain authorization for the necessary treatment.
 - Again, this section calls attention to the hardest cases; we should call attention to the more common case, in which a hospital can <u>feed</u> an infant without getting a court order.
- Institution must comply with requests of state child protective agency for records.

COMMENT: Good (state laws generally require such compliance already).

 Institution cannot escape its obligations by discharging or transferring the infant.

COMMENT: Good

Talking Points

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- We have reviewed HHS draft regulations. While some aspects of the draft represent clear improvements, we do not believe the overall proposal is adequate to save lives of infants who are being denied food and routine care.
- Specifically, the draft does not give nurses and others who have knowledge of infanticide cases a sufficient opportunity to report such cases.
- Further, the draft does not specify adequate federal enforcement role. While state child protection agencies are perhaps the best enforcer of first resort, we need a back-up federal enforcement authority to go in and save lives.
- Ed Meese has approved a plan that is designed to save the lives of handicapped children who are denied food or routine care.
- We will outline that plan; we want to have your comments on how it can most effectively be implemented.
- We also would like to know which parts of your draft regulations you believe are ready to implement as proposed regulations.
- Finally, we want to set timelines for our implementation of this plan.

THE WHITE HOUSE WASHINGTON February 15, 1983

FOR: EDWIN MEESE III EDWIN L. HARPER

FROM: MICHAEL M. UHLMANN

SUBJECT: School Prayer Package for Transmittal to the Hill

Attached is a copy of the school prayer package which the President sent to the Hill last year. It consists of a three-page transmittal message and a one-page "Joint Resolution". We recommend that the identical package be transmitted to the 98th Congress.

This should be circulated to Senior Staff for comment ASAP. I understand the President is meeting with some outside groups on the school prayer issue tomorrow at 5:30 p.m. We may want to have the package ready to go to the Hill by that time.

Last year we also made available to various outside groups and to the press some additional material, including (a) a 34-page Justice Department memorandum discussing the school prayer issue and the Administration's proposal and (b) three pages of questions and answers. These are technical legal discussions that were fully coordinated last year, and I see no reason to recirculate them for comment this time around. If you think they should be recirculated, I will send them to Dick Darman. They should be coordinated after the package for the Hill to avoid any confusion.