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RICHMOND TIMES-DISPATCH, THURS., JUNE 24, 1982, p. A-9

An Ounce of Prevention Saves Taxpayers Billions

By Nick Thimmesch

WASHINGTON — The American economy goes slow these days, but the health care business doesn't. The nation's health bill will likely hit $320 billion this year. If this inflation in health-care spending isn't stopped, it will reach an incredible $1 trillion by 1990.

The nation, and especially the taxpayer, can't afford this cost-escalation madness. Besides, there's a good argument that throwing billions at medical treatment doesn't necessarily improve the health of the citizenry.

The Reagan administration seems bound and determined to check the rise in health-care costs. Now, there are two ways to keep a pot from boiling over: Put a lid on it, and turn the fire down.

The former is called "health cost containment," and involves a complicated set of deregulatory actions and incentives geared to make the health care system more competitive. The second approach — turning down the fire — is, as Secretary of Health and Human Services Richard Schweiker puts it: "Make wellness instead of sickness our top priority."

Call it wellness, preventive medicine, self-health or whatever, there's no question that if people take care of themselves, they won't be constantly running to the doctor or entering hospitals — an undertaking sometimes as expensive as buying a Jaguar.

STUDIES BY THE University of California on 7,000 adults showed that if people follow seven hallowed rules for healthful living, they will prolong their lives and save themselves, their employers and the federal government big bucks. If a 45-year-old man lives up to three of the following rules, he can expect to live to 67, but if he practices six or seven, he'll likely make 78. The same age women can add up to seven years to their lives by the same measures. The rules:

- Seven to eight hours daily sleep.
- Regular breakfast.
- Keep weight normal.
- Occasional snacking only.
- Regular vigorous exercise.
- Don't smoke.
- Moderate use of alcohol, if at all.

"Until recently, the health establishment leadership wasn't very interested in the wellness approach," Schweiker told me. "But in the last two years, there's been a radical change in their attitude. They've gone from a focus on sickness to wellness. Instead of me having to crack the whip over my own department, they're out ahead of me.

"We've had a consequent shift in funding, too — $4 billion now at the National Institute of Health for research prizes for outstanding students in this field, and we're trying to motivate people through advertising."

Besides the $30 billion Americans spend annually on exercise and equipment, corporations and private organizations are increasingly active in promoting wellness.

Some 500 businesses now spend about $2 billion annually on physical fitness programs, and conclude they pay off. Premature deaths cost industry more than $25 billion and 132 million lost workdays a year. The American Heart Association estimates that industry pays $700 million a year to recruit replacements for heart attack victims.

One of the more interesting and respected wellness groups is the American Self-Health Association, whose members pay $35 a year for a continuing flow of information about rules for healthy living, a detailed personal health profile and use of a Self-Health toll-free number to call with questions about self-health programs.

Filling out the profile questionnaire involves answering rather personal questions about life style and family history, and is probably not recommended for hypochondriacs. The idea is for the member to know what illnesses his or her family is susceptible to and to adopt a life style that can forestall those illnesses.

"We're not for everybody," said Dr. Leroy A. Pesch, president of this self-health group. "Nor are we an alternative to the medical system. We just feel it is better to enjoy the 99 percent of life you spend outside of hospitals or away from doctors, than to focus on illness."

EVERY STUDY I've seen shows that the more medical service you make available to people, the more they use it — particularly if insurance or the government pays for it. People want to eat up medical care like popcorn and probably become illness-minded in the process.

Consequently, the federal bill is staggering. This year, the feds will spend an estimated $82 billion on health care, up 16 percent from 1981. Medicare and Medicaid alone cost $66 billion, or 26 percent of Schweiker's budget. And if unchecked, will reach $190 billion by 1990.

"So it could go bankrupt by the end of the decade," Schweiker says. "We've got to take short-range measures to cut these costs, and work toward a long-range reduction in medical spending through the wellness program."

There's a "No Smoking" sign on Schweiker's desk. And every lunch hour, he puts on his jogging suit and runs 2½ miles on the mall where tourists pay no attention to him because he is lost in an army of joggers. Schweiker shed 25 pounds by jogging and cutting out desserts.

He's also big for cutting salt from the diet, taking more vitamins and urging people to get a second opinion when a doctor recommends surgery.

I've never seen Schweiker looking better.

American
Self-Health
Association

President's Luncheon
July 28, 1982
American Self-Health Association

Morton Blackwell
Special Assistant to the President
Old Executive Office Building
Washington, DC

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President
Low & McManis, LTD
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President

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Copley News Service
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National Press Building
Washington, DC 20045

ASHA NEWS

BIOGRAPHY OF LEROY A. PESCH, M.D.

LeRoy A. Pesch, M.D., is one of America's leading experts in health care. With experience as physician, hospital director, university professor, and private medical consultant, Dr. Pesch has a singularly informed perspective on all phases of health care in America. After 25 years of thoroughly researching all aspects of medicine, Dr. Pesch in 1981 founded the American Self-Health Association, of which he is President.

Dr. Pesch has taught at such distinguished universities as Yale, Stanford, the University of Chicago, and the University of Illinois. He has authored more than 45 scientific papers, with particular emphasis on nutrition, and has been a keynote speaker at some 20 seminars and symposia on health care problems and organizations. His medical degree was awarded cum laude from Washington University, and he was elected to the national physicians' honor society, Alpha Omega Alpha.

His professional appointments match his outstanding academic appointments: After completing post-graduate training at the National Institutes of Health in Washington, DC, he began his career at the Yale-affiliated Grace-New Haven Hospital. He was Physician-in-Chief for the Rutgers Medical Service within two years, then Dean and Director of University Hospitals and Professor of Medicine at SUNY-Buffalo.

From Buffalo, Dr. Pesch moved to California, where he was Associate Physician for the Stanford University Medical Center and Attending Physician at the U.S. Veterans' Administration Hospital in Palo Alto.

For four years, Dr. Pesch served as President, Chief Executive Officer, and member of the Board of Trustees of the prestigious Michael Reese Hospital and Medical Center in Chicago. At the same time, Dr. Pesch established one of the first Health Maintenance Organizations (HMOs) in Chicago, KMB Health Systems of Illinois.

In 1976, Dr. Pesch founded L. A. Pesch Associates, Inc., a medical consulting firm which provides planning, organizational, financial, and management consulting services to organizations, government agencies, and human service institutions.

As consultant to the Office of the Executive Vice President of the University of California at Irvine, Dr. Pesch implemented a multi-phase process to integrate the functions of the UCI Medical Center with the main university campus. Dr. Pesch has also served as a Special Consultant for Manpower to the Secretary of Health, Education and Welfare in Washington, DC.

A member of such respected professional societies and organizations as the American Association for the Advancement of Science, the American Federation for Clinical Research, and Sigma Xi, the national science honor society, Dr. Pesch stresses that reform, not revolution, is what our nation's health care system needs.

Dr. Pesch feels that all Americans can and must draw upon the fundamental strengths of our society and its professions --both in the private and public sectors -- to build a better health care system. The key to good health, he declares, is not preventing illness but maintaining wellness.

The American Self-Health Association is the consummation of Dr. Pesch's 25 years of distinguished scholarship and practical experience in health care. ASHA encourages the basic concept of wellness through self-health in all its members and cooperating health care professionals and organizations.

ASHA NEWS

BIOGRAPHY OF CAROL B. BENJAMIN
MANAGING DIRECTOR
AMERICAN SELF-HEALTH ASSOCIATION, INC.

Carol B. Benjamin, Managing Director of the American Self-Health Association, brings to the position almost a decade's experience working in Washington-area associations. A native of Williamsburg, Virginia, Ms. Benjamin is the first Managing Director of ASHA, having come from a variety of positions which span the health care field and the administration of membership associations.

As Director of Membership and Computer Services of the American Society of Association Executives for four years, Ms. Benjamin began and administered the Society's first separate membership department, implementing programs to increase new membership and retain more of the existing members. She delivered over 80 presentations on association management subjects, planned and taught membership education courses, and developed a home study course for association membership staffs.

Before joining ASAE, Ms. Benjamin served as Associate Director and Education Director of the American Society of Consultant Pharmacists, in which capacity she planned and directed education, meetings, publication, committee and chapter liaison, and public relations. As the number two executive in the association, Ms. Benjamin managed the Society's annual meetings, planned the yearly program of activities, and developed the first state chapter manual for the Society.

While at the American Society of Consultant Pharmacists, Ms. Benjamin published "The Consultant Pharmacist: An Untapped Resource" in The Journal of Long-Term Care Administration.

As Professional Liaison Specialist and Researcher for the American Health Care Association, Ms. Benjamin conducted research and prepared background papers on subjects pertaining to long-term health care. Responsible for maintaining liaison with allied health, professional, and consumer organizations, Ms. Benjamin is thoroughly knowledgeable in the practical applications as well as the theoretical foundation of the American health care system.

A member of the Greater Washington Society of Association Executives, the National Council of Career Women, the American Management Associations, and the American Society of Association Executives, Ms. Benjamin was graduated from Radford College, Radford, VA, in 1973 with a Bachelor's degree in sociology. She is currently engaged in graduate studies.

American Self-Health Association

Self-Health

WORKING THINGS OUT: BRIDGING THE GAP BETWEEN HEALTH CARE CONSUMERS AND PROVIDERS

Dr. LeRoy A. Pesch, President ASHA

Welcome to the American Self-Health Association. We are a unique association of consumers of health care. We want to participate and have a say in the process of total wellness. We believe in the traditional administration of medicine. We're not replacing the medical care profession, but showing you a better way of using the system in relationship to your well-being. We want you and your physician to have a new way of working things out. There is a better way to do it, and we're here to show you how to achieve it.

As consumers of health care, you want to have an active decision-making role in not only the cost but the quality of health care. It is our task, through articles in the newsletter, to lend self-confidence and persuasive commentary to you when taking a position on health issues. For the issues that directly affect you — health care finances, allocation of health resources, health insurance and benefits coverage — are issues from which consumers have been excluded in the past.

It is our task to open the dialogue to active, not passive, participation in choosing your best wellness lifestyle.

Each article in *Self-Health* will explore areas of interest to you in your changing, wellness focus. For many of us, controlling modern day stress, featured in this first issue,

Continued on page 3

WHAT'S SO GREAT ABOUT BEING HEALTHY?

How are you today? Feeling good? Or just O.K.? Well, you could feel great, energetic, better than you've ever felt before — with a little work, that is.

It all depends on just how good you want to feel. And, how much effort you put into feeling better.

It's no secret that healthy people are more fun to be around. They seem to have boundless energy and enthusiasm for their jobs, their families, their friends. They seem to have time to pursue everything — sports, entertainment, cultural interests, and a variety of other activities.

Healthy people have lower health care costs. They lead active lives, and they don't get sick very often; and most health care costs are, after all, a result of illness.

To top it all off, healthy people live longer.

And, in a country where more than $200 billion was spent on health care in 1979, less than one percent of that amount was spent to prevent illness.

Even people who are feeling

Continued on page 3

INSIDE S-H

SPOTLIGHT: JACQUES D'AMBOISE

Philosophers say that dance is a celebration of life. Jacques d'Amboise, as a dancer, choreographer, and now teachers, is a study in the expression – "joie de vivre."

During his brilliant 20-year career with the New York City Ballet, he danced leading roles in works of George Balanchine, Jerome Robbins and Martha Graham. He also created several ballets, including The Chase and Quatuor, which are also danced by the company.

After years of stardom with the New York City Ballet, d'Amboise now concentrates on introducing

children to dance. He teaches police officers, nuns, and children. The children he teaches are often from poor neighborhoods, like the one he grew up in, and are of every race and ethnic background.

His intense desire to teach children is motivated in large part by his close family life with his wife, Carolyn, and their four children.

We welcome Jacques d'Amboise as a member of the National Advisory Board of the American Self-Health Association.

Each month we will spotlight one of the members of ASHA's National Advisory Board.

DON'T LET STRESS TAKE YOU FOR A RIDE

For better or worse, stress of varying degree and duration is an undeniable fact of life.

Handled badly, we know stress can make us sick – very sick. Everything from the common cold to cancer may have its roots in stress *mismanagement.*

Harold Rosenberg, M.D., co-author of *The Doctor's Book of Vitamin Therapy,* is involved in teaching business people how to avoid "falling apart, getting tired and uptight and underachieving in a fast-paced world."

I help them get the most mileage out of themselves." Food awareness is first. "I tell patients to look for more natural substances, plenty of vegetables, the right starches, and protein from fish and fowl—especially fish."

Wee Pals by Morrie Turner ©Field Enterprises Inc., 1982. Courtesy of Field News Syndicate.

He also suggests a program of supplements: "At least 500 milligrams of vitamin C a day is essential." The B complex also disappears under stress, and since many of its members play a vital role in the mobilization of proteins and the smooth functioning of the nervous system, supplementation here is particularly important.

Exercise, as well, is valuable. "Regular aerobic athletic endeavors should be as much a part of life as making a sale or putting a magazine to bed," he says.

The real danger, of course, is when you don't choose to be in the thick of things and you're feeling totally out of control.

Then it's worth remembering the components of the "hardy" personality. According to Suzanne C. Kobasa, Ph.D., a University of Chicago psychologist who has examined the characteristics of stress-resistant people, those components are "control, commitment and openness to change."

Put them together and you can be an expert in "transformational coping," the fine art of turning anxiety into opportunity.

Excerpted by permission of *Prevention Magazine*

Self-Health

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Special thanks to Yvonne Forsbergh, Mark Golberg, and Amy Schultz.

RAGWEED AND SNIFFLES -- POLLEN COUNTDOWN

The scent of magnolia is in the air. Bees buzz, birds chirp, and AAACHOO! You're sneezing and wheezing . . . again. It's that time of year.

I recall, as a newlywed, picking flowers for my husband from outside our first home. I proudly presented him with, only to watch him recoil from, a great big bouquet of ragweed . . . Yes, I've learned, and according to Dr. Stanley Wolf who runs The Allergy Center in Silver Spring, Maryland, there are some helpful tips out there to lessen the sniffles this season:

- If you're a jogger or like a nice stroll after dinner, it's a good idea to do either one at lunchtime or before it gets cooler in the p.m. More pollen accumulates early in the morning or in the evening when the air gets nippier.
- Try washing your hair (use your favorite herbal variety shampoo) at night so the pollen doesn't get on your pillow. Ask your partner to do likewise.
- Try keeping your shoes European style in the vestibule or some other airy place in the house, except for the bedroom.
- If you plan a vacation to get away from all that pollen a'poppin, don't go North, Dr. Wolf advises. "The season at Cape Cod is about two weeks behind ours, and you may just be adding two weeks to your misery."

Maybe there *was* something to the saying, "Go West Young Man."

LET'S CELEBRATE WELLNESS

Seems that wellness is contagious; like spring, it's cropping up all over. In San Francisco, wellness has received the official blessing of Governor Edmund G. Brown, Jr. Brown has set up a wellness commission with a $100,000 budget and a staff of two. Their mission: explore ways of promoting the "five components of wellness." According to one commission staff member, the five components are: physical fitness, stress management, environmental sensitivity, nutritional awareness, and personal responsibility – all areas wellness buffs know inside and out . . .

Wellness has entered the poster business. In fact, see our insert in this issue.

And to top it all off, our Managing Director, Carol B. Benjamin's fame has blossomed outside of Washington, D.C. Radford College in southwest Virginia is expanding their department of nursing to a School of Nursing. They are tapping outstanding executives in the field of health care, and Ms. Benjamin is on the VIP list. We'll report the outcome of the Radford-Washington experience in the July issue.

RHETORIC AND VALUES

According to a recent survey conducted by the NRC, of what Americans value in life, there are 10 things people really care about. *First* on the list is *health*, followed by financial security and then a closer relationship to God.

Pretty interesting, yes? If you want more information, contact Self-Health Central for a detailed report on this survey.

"SELF-HEALTH QUOTE"

"The doctor of the future will often give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

–Thomas A. Edison

BRIDGING THE GAP *(from page 1)*

is a beginning step. Self-assessment of health records, the quality of insurance benefits coverage, and prevention programs will be examined in depth in later newsletters. Interviews with leading wellness and health luminaries and the introduction of ASHA's Advisory Board will spotlight national trends in our changing health and wellness world.

Overall, our aim is to help ASHA members build a wellness-oriented life and maximize the opportunities of the American health care system. We're in the business of wellness, not illness or the treatment of disease. The health care system responds when you are ill; ASHA offers to change your life. ASHA will address positively, through education and information, the dimensions and structure of a wellness lifestyle.

Such a lifestyle, however, will demand that each of us assume personal responsibility to preserve and enhance our well-being. Becoming a member of the American Self-Health Association is just such a commitment. With your participation, a self-health environment will emerge wherein knowledgable people concerned about their life potential will responsibly use the American health care system to the fullest, at the lowest cost.

We're here. We can help you create a new, self-health lifestyle. Use us!

WHAT'S SO GREAT *(from page 1)*

reasonably well often take their health for granted, not really doing anything to improve and protect it. Don't take your life for granted. It only takes a little effort on your part to do a lot for yourself.

ASHA HOME HEALTH DATA BASE HEALTH-TEX™

This July, the American Self-Health Association will offer Health-Tex™; an in-home health computer data base through the CompuServe Information Service.

Health Tex™ lets you maintain your own medical record and family history as well as the latest health news, and an extensive drug index. In addition, there will be health games: "healthy habits" games for the children and cumulative health hazard appraisal tests for everyone.

To enjoy Health-Tex™, all you need is access to the simplest home computer and a "modem" telephone hookup for your terminal.

If you have neither, both can be had for less than $400 from RCA, Tandy, or Commodore computer manufacturers. CompuServe members who are also ASHA members will be permitted free access to Health-Tex™. For more details on subscriptions to CompuServe and Health-Tex™, please call CompuServe at 1-800-848-9990 or the ASHA Self-Health Central at 1-800-424-2462.

SEE OUR INSERT for the newest offering — 4 colorful health posters designed for office or home.

A NEW LOOK AT AN OLD FRIEND: THE YMCA

Teri Domanski, head of the YMCA's Corporate Fitness Program in Washington, D.C., met with ASHA staff recently to speak about the Y's full fitness center and wellness programs developed to provide "Employee Health and Fitness."

"You know," Teri explained, "the YMCA was the first specialist on the block for physical fitness. In fact, in the old days, our members met to play basketball at the corner playground. They used a peach fruit basket to play ball with; it was only when a newcomer had the bright idea to take the bottom out of the fruit basket that they were able to play basketball without having to retrieve the ball every time they scored a point."

The bottom line, according to the YMCA, is the health needs of each organization. The successful organization not only meets the needs of its employees by providing medical insurance to cover illness, but offers health assurance through employee fitness and health. The Y's emphasis on wellness through physical fitness programs leads to healthier employees. Some of the ways employees and employers benefit from these programs are: improved cardiovascular function; greater energy to enjoy leisure time; decreased risk of heart attack; loss of weight; drop in blood pressure; look and feel better; be more relaxed — less tense; handle stress better; increased efficiency; increased productivity; increased employee morale; decreased employee absenteeism; decreased employee turnover; increased enjoyment of life.

To learn more about the YMCA's health and fitness programs, get in touch with us and we'll pass the word along to Ms. Domanski.

COMING ATTRACTIONS JULY 1982 ISSUE

* * * *

Sun-rays and Sun-bathers . . .
tips for the beach

* * * *

The NEW STAY-WELL CENTERS

* * * *

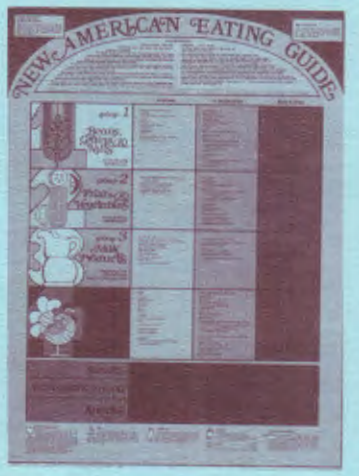
and much more!!!

POSTERS

COLORFUL, INFORMATIVE POSTERS will brighten up your kitchen, office, or classroom. These handy guides to nutrition and exercise go anywhere, so you can always have self-health at hand.

NEW AMERICAN EATING GUIDE

Is that lunchmeat full of balogna? This eye-catching poster gives the bottom line on dozens of common foods, slating them for "Anytime." "In Moderation," or "Now and Then" eating. Especially designed for people who are likely to be consuming too much fat, sugar, and salt.



NUTRITION SCOREBOARD

Perfect for the refrigerator, the "Nutrition Scoreboard" ranks the relative nutritional values of over 200 foods. Foods get points for their nutrient content and lose points for added sugar or sodium.

CHEMICAL CUISINE

Dozens of colorings, perservatives, emulsifiers, and other additives are described on this poster. Safe additives are printed in green, those to avoid in blue, and "caution" additives in yellow. "Chemical Cuisine" identifies the function of each additive, which processed food contains it, and why it is dangerous or safe.

EXER-GUIDE

Dozens of activities, from watching television to playing ice hockey or reading are categorized by per-hour calorie expenditure. Illustrations are by famed *New Yorker* cartoonist Ed Koren.

Check appropriate boxes: Number ordered

- ☐ New American Eating Guide ____
- ☐ Chemical Cuisine ____
- ☐ Nutrition Scoreboard ____
- ☐ Exer-Guide ____

Name: _____

Address: _____

City/State: _____ Zip: _____

Return this order blank with payment to: American Self-Health Assn., 1420 16th Street, N.W., Washington, D.C. 20036
Enclose $3.50 for each poster ordered.

American Self-Health Association

Self-Health

JULY, 1982
VOLUME ONE, ISSUE TWO

Health Care Costs - What Will Re-Slice the Pie?

There is strong and loud argument for looking once again at traditional methods of government regulation when applied to medical care. Considerable agreement exists that the present approach to regulating health care providers developed without a clear understanding of the problems inherent in the health care industry. However, there was a clear sense that "something" had to be done to contain medical costs.

"The present approach to... health care providers developed without a clear understanding of the problems inherent in the health care industry."

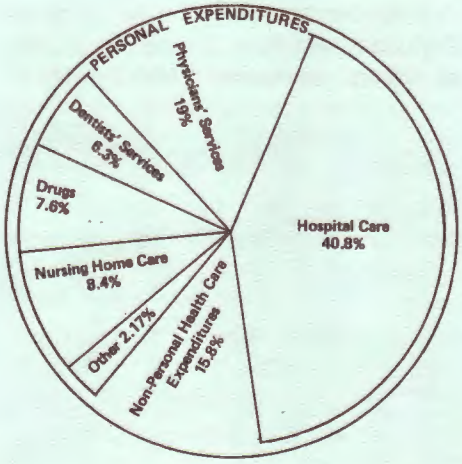
Growth in expenditures, prices, and federal budget commitments to health care raised political anxiety and led to legislation for traditional forms of regulation in health service delivery. Programs were introduced such as: PSRO's (case-by-case medical record review by a committee deciding on "appropriate practices"); CON's (certificate of needs); committees of local federally funded health planning agencies; and second-opinion programs. All of the programs tended to have little impact on streamlining the continuing rise in health care costs, according to numerous sources.

What are the characteristics that favor traditional regulation? These are: market failures or imperfections such as anticompetitive behavior; a belief that there is a crisis in the industry; inadequate information; and a concern for equal distribution of goods and services. These characteristics have traditionally prompted government interference into private economic transactions.

(Continued on Page 5)

CHART 1

Breakdown of National Health Expenditures as percentages of the total $274.8 billion spent in fiscal year 1981.



Source: National Health Statistics Health and Human Services, Washington, D.C.

Reference: Health Care Finance and Trends, *March, 1982.*

The Link Between Cancer and Nutrition

by Yvonne Forsbergh

Despite sometimes confusing advice from the medical field, diet doctors, and health food proponents — we have generally gotten the same message: consume less fat, salt, and alcohol and more fruits, vegetables, and whole-grain cereals. According to the National Research Council committee of the National Academy of Sciences, that's more than just sound nutrition. There is increasing evidence suggesting a direct link between cancer and diet.

After a two-year study compiling the research of scientists across the country, the committee has announced these "interim" guidelines to reduce the risks of cancer:

- Limit foods high in saturated and unsaturated fats.
- Eat daily: fruits, vegetables, whole grains, those which contain high amounts of vitamin C, and carotene which converts to vitamin A.

(Continued on Page 3)

INSIDE S-H

SPOTLIGHT: Carol B. Benjamin

When you meet her, you're immediately struck by her vibrancy. When you find out she heads one of the hottest new associations in Washington, D.C., you're not surprised.

Meet Carol B. Benjamin — Managing Director of the American Self-Health Association. Ms. Benjamin brings to the position almost a decade's experience working for professional, Washington-based associations spanning the health care field and the administration of membership associations.

As Director of Membership and Computer Services for the American Society of Association Executives, she administered the Society's first separate membership department, and brought in innovative programs which increased new membership and retained more of the existing members. An accomplished public speaker, she has delivered over 80 presentations on association management subjects, planned and taught membership education courses, and designed a correspondence course for other association membership departments.

Prior to her move to ASAE, Ms. Benjamin served as Associate Director for the American Society of Consultant Pharmacists. In this capacity, she planned and directed a variety of meetings, publications, committee and chapter liaisons, public relations, and pharmacist education. She is author of "The Consultant Pharmacist: An Untapped Resource," which appeared in *The Journal of Long-Term Care Administration.*

While at the American Health Care Association as Professional Liaison Specialist and Researcher, Ms. Benjamin conducted research on subjects pertaining to long-term health care. She is thoroughly knowledgeable in the practical applications as well as the theoretical foundations of the American health care system.

A dedicated professional, Ms. Benjamin is committed to promoting upward mobility of women in the work place. A member of the Greater Washington Society of Association Executives, American Society of Association Executives, and the National Council of Career Women, she is often called upon to chair business and civic events.

A lover of schnauzer dogs and sailing, her open briefcase reveals three books: *Current Approaches to the Economics of Health Care; Intermediate Sailing;* and *Good Dog — Bad Dog.* That selection says a great deal about Carol B. Benjamin.

SUNBUMS . . .

by Amy Schultz

On June 21st, summer began officially. As is typical of this sunny season, people are stalking the perfect tan. Bronzed bodies are the feature of advertisements for everything from diet drinks to new cars.

But don't be fooled. A tanned body is not necessarily a healthy body; tanning is the result of injury to the skin.

Some facts: All tanning speeds the effects of aging on your skin. Exposure to the sun will aggravate most skin problems: dry skin, oily skin, sensitive skin.

Whatever the fashion industry dictates, tanned skin is not as healthy as protected skin. Also, since the effects of sun exposure are cumulative, you can suffer permanent damage after just a few years of sun abuse.

The damage may be as mild as dry skin, wrinkles, or age spots, or as severe as cancer. Melanoma, a form of skin cancer, is life-threatening. Other skin cancers are more superficial and usually curable.

It isn't as grim as it seems. A little common sense goes a long way. The key to summertime safety is moderation and protection.

If you're going to be exposed to those golden rays, even for a few minutes, apply a sunscreen — the higher the SPF (Sun Protection Factor) number, the better your protection.

People with fair skin who burn easily and don't tan should use products with SPF 15. If you tan easily, you can get away with less protection, an SPF between 6-8.

The more sensitive your skin, the less time you should spend in the sun at one sitting. It's helpful to apply moisturizers to your skin as well, especially after you've been outside — sun is a major cause of dry skin, and those beach-side breezes, and salt or chlorinated water, exacerbate the problem.

Sunscreens won't keep you from tanning, though they do slow down the process. If used carefully, they'll keep you from burning and sharply reduce the sun's damage to your birthday suit. And after all, it's the only one you'll ever have.

"SELF-HEALTH QUOTE"

Look to your health — and if you have it, value it next to a good conscience; for health is the second blessing that we mortals are capable of; a blessing that money cannot buy.

Izaak Walton
The Compleat Angler (1653)

ASHA Introduction Luncheon

June 9, 1982, the American Self-Health Association held its first in a series of luncheons designed to introduce the association and the president, Dr. LeRoy Pesch, to members of the Washington business, civic, government, and association community. The President's Luncheon drew such distinguished leaders as White House luminaries and members of the Washington Press Corps. Dr. Pesch spoke at length after a "metametrix" maintenance luncheon, a nutritionally controlled program developed by Dr. Pesch. He then spoke of the commitment ASHA has for the reform of the health care system, and explained ASHA's mission.

The audience responded with enthusiasm to Dr. Pesch's remarks, ". . .the time has come for the American consumer to recognize his role in bringing down the cost of health care and determining his own self-health."

A syndicated columnist in attendance has written an article on the private sector's response to the escalation of prices in the health care industry, and drew heavily on ASHA's contributions thus far.

Dorothy Maney Tella, economist and consultant, questioning Dr. Pesch after his presentation, went on to say that "ASHA is the most exciting and innovative plan for the health care system to emerge in years."

The New Stay Well Centers

Imagine, once sedentary Americans up and running, swimming, and engaging in other aerobic exercises — during lunch-hours, after work, and all in the name of the company they work for.

Businesses, in growing numbers, are more than ever aware of the link between exercise and productivity. Thus, many companies have begun wellness centers in their organizations.

Over 500 businesses already have physical fitness programs, including such well known names as: Bonne Bell, Chase Manhattan Bank, Exxon, Firestone, General Foods, IBM, and Xerox.

Of those companies with fitness first ideas, wellness is manifested with coffee carts heavy with fruit, vending machines that dispense yogurt as well as cola, cafeteria menus that show the number of calories in each item, and scales in some rest rooms.

To encourage desk-bound workers to attend its wellness center, one company in Nashville, Tennessee, pays each employee six cents for each mile they bike, twenty-four cents for each mile they walk or run, and ninety-six cents for each mile they swim.

Who says keeping fit doesn't pay off?

CANCER AND NUTRITION *(Cont. Page 1)*

- Eat "very little" salt-cured, salt-pickled, or smoked foods.
- Drink alcohol in moderation.

Laboratory scientists and epidemiologists concur that there is a relationship between eating more fats and cancers of the breast, large bowel, and prostate. There seems to be no difference in the risks posed by saturated fats and unsaturated fats, unlike cardiovascular disease; there also is no evidence to connect cholesterol and cancer. The committee suggests that both saturated and unsaturated fats, whole milk dairy products, and fatty meats should be restricted.

Salt - cured, salt - pickled, and smoked foods have been associated with esophageal and stomach cancers. Compounds such as nitrites and certain hydrocarbons found in these foods cause cancer in laboratory animals and are suspected of causing cancer in humans. The foods in this category include ham, bacon, sausages, and smoked fish, although there is inconclusive data that charcoaled foods contribute to the occurrence of cancer.

Moderate alcohol consumption is stressed, "especially in combination with cigarette smoking." The likelihood of cancers of the mouth, larynx, esophagus, and colon seem to be compounded. Alcohol "in moderation" is not explained in this report, but is usually considered to be not more than two drinks per day.

(Continued on Page 5)

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HEALTH CARE COSTS *(Cont. Page 1)*

These economic conditions are not seen in the health care industry, and would therefore suggest that a "mismatch" has been made between the medical care system and direct government intervention via regulation.

The conditions conducive to regulation are: natural monopoly; the industry produces one or a few homogenous products; where incentives, rewards or penalties have little effect on behavior; where the problem centers around a few poor performances; and where there is a single, measurable objective. In sum, none of the above criteria are elements of the health care sector as a few of the following examples show:

- With 7,000 hospitals and 380,000 physicians, the industry is far from being a natural monopoly.
- The problem is pervasive, not confined to a few extremely poor performers.
- Medical care is comprised of a complex array of goods and services that are difficult to standardize.

"If I'd known I was going to live this long I'd have taken better care of myself."

Where will this take us? With regulations impinging on the health care industry and the components so mismatched, what solutions are possible to influence the industry and promote competition? The next issue will discuss the historical and actual cost of health care.

(This is the first in a series of four articles that will explore some of the main problems and solutions facing the health care industry today. We'd like to express our thanks to the American Enterprise Institute, which held a conference on health care late last year and has since published excerpts from those distinguished economists, academicians, and government officals in attendance. The book **A New Approach to the Economics of Health Care** *is edited by Mancur Olson. In this first series we will excerpt from Richard Zeckhauser's and Christopher Zook's,* **Failure to Control Health Costs: Departures from First Principles.)**

Self-Health

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CANCER AND NUTRITION *(Cont. Page 3)*

The foods that seem to have preventive qualities are those containing large amounts of vitamin C, vitamin A in the form of carotene, and some other "non-nutritive compounds." In laboratory tests these have actually inhibited tumor growth and formation. Since the mechanism and relationship of these naturally-occurring compounds are not fully understood, it is recommended that fruits such as citrus, dark-green leafy vegetables, carrots, winter squash, tomatoes, and vegetables in the cabbage family, including broccoli, brussels sprouts, and cauliflower, be eaten instead of taking high dose vitamin supplements.

The overall view of the committee is that most cancers are preventable. Diet and habit influence the probability of cancer more than any other factors. There is still much to be learned about the relationship between certain foods and cancer. Even then, the committee stresses, following such a diet will not ensure a person that he or she will lead a cancer-free life. But it is about the simplest advice on cancer prevention we've heard so far.

COMING ATTRACTIONS AUGUST 1982 ISSUE

What Price Health Care?

(Second in a Continuing Series)

★★★

Before You Salt that Corn on the Cob...

Some Salty Facts !!!

Did You Know?

● That intuition plays a major part in corporate executives' decisions? That when asked how cost analysis, market surveys, and financial statements measure against intuition, executives will still decide to go by "a feeling in my bones." An intuitive conclusion seems to be what psychologists term selective perception. It is not a hunch or an impulsive act, says one CEO, but rather a feeling that persists "and gnaws and gnaws and gnaws at you," or as Albert Einstein once said, "that flash of insight we know as intuition."

● A new treatment called streptokinase, administered best 0 - 6 hours after the onset of a heart attack, appears capable of stopping heart attacks while they are underway.

The National Institutes of Health recently awarded a $3.1 million grant to specific hospitals who will test the theory that it makes an important difference if a clotted coronary artery is opened quickly in patients with heart attacks, as opposed to the usual treatment for heart attack victims.

If the findings from the NIH group substantiate that streptokinase is life saving, the implications are profound: it will become imperative that the nation is better educated to the signs of a heart attack; and ambulance units will have to train their personnel to send heart attack patients to the hospitals where cardiologists are on-call to administer this important new treatment.

● During the height of infestation, gypsy moths are everywhere — houses, cars, lawn furniture, trees and shrubs. But don't brush those fuzzy caterpillars off with your hand — you could be sorry.

Devouring your trees and shrubs isn't the only adversity attributed to gypsy moths. Some people experience allergic reactions to the caterpillar hairs ranging from a localized skin rash, caused by direct contact, to welts and swollen eyelids.

The best protection is to keep the skin covered in moth-infested areas. If you do develop a rash, Calamine lotion and over-the-counter hydrocortisone ointments often give temporary relief. A dermatologist can prescribe a more effective preparation to clear up a severe reaction.

Be cautious! This summer as you protect your trees and shrubs, protect your skin too.

● It's that time of year again when certain plants, flowers, spices, and vegetables, when ingested, are harmful or fatal; and that goes for pets too. Here are a few samples of what to avoid consuming or even nibbling — daffodils, lily of the valley, azalea, wild mushrooms, fools parsley (poison hemlock), the pits or seeds of plums, peaches, apples, apricots, pears, and raw tapioca, "greened" potatoes (and sprouted eyes) and raw green tomatoes, to name only a few. Over 700 species of plants grow in the United States that have been identified as dangerous if consumed. Plants that blossom indoors, (such as the evergreen yet) are sometimes poisonous. If you know or suspect someone has eaten a poisonous plant, call the nearest poison control center and your physician.

It's easy to become a member of the AMERICAN SELF-HEALTH ASSOCIATION. Simply enclose a check or credit card number for $35.00 for a one-year ASHA membership, effective immediately. I understand that I will receive my ASHA membership card, pin, handbook, newsletter and decal by return mail.

Charge to my credit card: Master Card ☐ VISA ☐

Credit Card # _____ Expiration Date: _____

Signature: _____

Name: _____ Zip Code: _____

Address: _____ City/State: _____

Telephone: _____ Office: _____ Profession: _____

Please enroll my spouse for a one-year ASHA membership, at the low price of $15.00, effective immediately. I understand that s/he will receive the same benefits as I do. Spouse's Name: _____

Please enroll my children (under 18 years of age) for one-year ASHA membership, effective immediately, for $5.00 per child. I understand that each child will receive an ASHA membership card and decal.

Children under 18: _____

ASHA NEWS

HEALTH-TEX: ELECTRONIC HOME HEALTH

With the invention of the microcircuit and silicon chip in the late 1950's, the second industrial revolution began. It's been going strong ever since then. Increasingly, microcomputers are becoming a regular part of office equipment and home appliances. To keep pace with the information processing explosion, Health Resources Corporation of America, in cooperation with CompuServe, Inc. of Columbus, Ohio, is offering Health-Tex™, a computerized health information database.

Health-Tex™ offers the user a menu of choices -- emergency information, general information and games, ans information about the American Self-Health Association, plus a catalog of ASHA products and services, all accessible by home computer.

Subscribers to CompuServe, a home computer version of cable television, can tap into Health-Tex™ files. Under emergency information, they receive step-by-step instructions on how to handle common household emergencies from poisoning to heart attack or stroke to insect bites or sun burns. The emergency menu includes CPR and the Heimlich maneuver, carefully outlined in an easy-to-follow format.

General information and games lists several choices, including a personal health quiz game, an annotated bibliography of health books, self-health manuals, and popular magazines, and a monthly feature. The interactive service also offers users the chance to "correspond" by electronic mail with HRCA. Consumers can ask questions or suggest products and services they'd like to see. ASHA is taking advantage of the interactive capabilities of the service by providing an ongoing survey of the interests and opinions of Health-Tex users.

General information also includes detailed information on prescription and over-the-counter drugs you may have in your home. Drugs are listed by generic and brand names, with data provided on their effects and side effects, and warnings of who should and should not use a particular substance.

For ASHA members, Health-Tex™ provides special information, including the electronic edition of Self-Health, the monthly newsletter, educational and health products, and a home medical records file in which users can enter and update their personal medical file. The files can be accessed by any doctor who is a subscriber to CompuServe; electronic transfer of the files from one city to another, if necessary, is automatic.

The Health-Tex™ database is compiled from extensive public and private sources, and is continually revised and updated as new information becomes available.

July 28, 1982

American Self-Health Association

METAMETRIX

One of the important benefits available to American Self-Health Association members is a Metametrix program. Metametrix offers a formula for life. All too often, people repeatedly try the latest "fad diet." They lose weight only to watch the weight come right back once they begin eating normal foods again.

The philosophy behind Metametrix is not simply weight loss. Rather, it is a nutrition-controlled program based on sound, portioned nutrients and a look at the ways and means of individual eating patterns. On a given day, you might want to find out how you eat. Conciously write down the times you eat, what food and the amount you consume, and your thoughts at the time. In this way, you can begin to see a connection between certain foods, times, and events.

Metametrix is a comprehensive program that helps you maintain your weight, shows you the importance of good nutrition, and resolves to help you work on your new self-image for life. According to Janet T. Robbins, Vice President of Metametrix, feelings of self-esteem are very important to those who take off excess weight. Counseling on a one-to-one basis is arranged, as well as business seminars on nutrition and productivity.

With 7 out of 10 Americans overweight and looking for direction, Metametrix's sound principles based on nutrition will enhance your total wellness lifestyle. Do it for yourself. Get healthy!

SELF-HEALTH FACTS

- As a nation, we have come to expect the latest and most advanced medical equipment and technology available. As one executive of an insurance company stated, "One reason medical costs are so high in this country is that a lot of people don't know how high the bill is."[1]

- Americans devote one month of their work each year to pay the nation's health care bill through hidden taxes and insurance premiums.[2]

- As Stanford University economist Alain C. Enthoven sees it, "The health care industry is a classic example of market failure. We have allowed it to evolve in a direction in which waste, overuse, and an upward spiral of fees are encouraged; while efficiency and economy are discouraged."[3]

- An ounce of prevention is worth a pound of cure.[4]

- Most people view health as a state you are in when you are not sick, without disease, free of pain. In other words, health is associated with the absence of something - illness. When you believe this, the best you can hope for is not to be sick. The alternative, which wellness invites, is to describe health as having a positive dimension. The idea of wellness is to help you recognize, pursue, and achieve a state of health beyond "not sick".[5]

- Wellness is a positive approach to living where the payoffs are pleasurable. The wellness lifestyle is unique to each person. Wellness has 5 dimensions to its' make-up: self-responsibility, nutritional awareness, physical fitness, stress management, and environmental sensitivity.[6]

- Often, normative shaping influences in our society get in the way of a robust wellness lifestyle. For example, there is a widespread belief that health education and prevention programs do not work - the negative message often only points out causes but not solutions.[7]

- The medical system neglects the whole person, for it is a system targeted exclusively on the treatment of disease and disability, while neglecting prevention and health promotion.[8]

- Often, the physician is expected to be a godlike healer and fixer. Consumers often feel intimidated, passive, and do not take their becoming well as their responsibility.[9]

- The American Self-Health Association embraces the principles of self-health, and has tools consumers and health care professionals need to make reasoned and articulate choices about their health care needs. ASHA believes that now is the time to take charge of our lives through the simple prescription that living well is living at its best.[10]

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CompuServe Information Service

Today Magazine
July / Aug. 1982

HEALTH-TEX MEDICAL INFORMATION

In a health emergency, would you be able to remember the steps to take for CPR? How would you administer the Heimlich maneuver? What antidote should you administer for a child who has eaten a bottle of aspirin?

Now you can have emergency health information as well as a virtual library of preventative medicine in a new videotex offering called Health-Tex on CompuServe. Developed by Health Resources Corporation of America, Health-Tex offers informative and factual data to keep you and your family in tip-top shape. For those who want more than just the basics, there's a membership option. You can join the American Self-Health Association, a part of the Health Resources Corporation of America — at a special membership rate — through the CompuServe Informtion Service. With membership, you'll have access to even more health related information as well as opportunities to purchase health items at a discount.

Health-Tex offers 11 standard menu items and an additional 25 for members. Topics range from a guide to prescription drugs to positive mental attitude courses.

A capsulized version of Health-Tex shows what you might find on your own video screen. Whenever you tune to Health-Tex, you will first be asked, "Is this an emergency?" For any answer but no, the system immediately goes to the emergency mode to allow for the real panic that may take place in an actual emergency situation. The emergency menu offers poison antidotes, CPR and mouth-to-mouth resuscitation, Heimlich maneuver and first aid. You have to pick the one you need. You'll then find step-by-step instructions, good for beginners and the more experienced alike when handling a real emergency.

If you are not facing an emergency, you'll push N for no and select from a menu that offers general information, as well as a host of American Self-Health products and services. Under general information alone you'll find, for example, information on prescription drugs you may be taking. Drug information is revised and updated as soon as any new information about a prescription drug becomes available. The guide lets you know the pluses and minuses behind medicines you may have in your home. A guide to over-the-counter drugs completes the picture and even includes home remedies.

But perhaps you want to read a list of information on beta blockers, the new drugs used to prevent heart attacks. General reference and popular magazines are two Health-Tex choices that put today's latest medical information at your fingertips. Since Health-Tex scans print media daily for news that affects your health and well being, you can be sure to find all the news you need.

In the listing of ASHA, services, you will find MetaMetrix, a personalized nutrition program. You can use it to develop a personal diet, geared to your lifestyle. In concert with new member benefits, ASHA offers a comprehensive personal health profile. The profile, developed by General Health Inc. in Washington D.C., charts each person's current and past behavior and lifestyle and gives specific suggestions for your future health. Although the personal health profile is not a diagnosis, it provides you with information about yourself and your health so that rather than simply preventing illness, you can maintain wellness.

Although the primary goal of Health-Tex is to develop self-health for individuals, other benefits are planned as well. One is to develop a referral system of doctors and nurses who are sensitive to patient's needs. Another is to help users establish their own personal medical records which can be kept and transferred as necessary. Electronic mail between members can offer a yet-to-be-tapped information base for all users who want to devote at least a portion of their time to maintaining good health.

by Kathy Bissell

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Part 84

Nondiscrimination on the Basis of Handicap

AGENCY: Office of the Secretary, HHS.

ACTION: Interim final rule.

SUMMARY: The interim final rule modifies existing regulations to meet the exigent needs that can arise when a handicapped infant is discriminatorily denied food or other medical care. Three current regulatory provisions are modified to allow timely reporting of violations, expeditious investigation, and immediate enforcement action when necessary to protect a handicapped infant whose life is endangered by discrimination in a program or activity receiving federal financial assistance.

Recipients that provide health care to infants will be required to post a conspicuous notice in locations that provide such care. The notice will describe the protections under federal law against discrimination toward the handicapped, and will provide a contact point in the Department of HHS for reporting violations immediately by telephone.

Notice and complaint procedures have been effective instruments for deterrence and enforcement in a variety of civil rights contexts. The Secretary believes that the interim final rule provides the best means to ensure that violations can be reported in time to save the lives of handicapped children who are denied food or are otherwise imperiled by discrimination in the provision of health care by federally assisted programs or activities.

The procedures to be followed for investigation of complaints are outlined in the supplementary information below. The Secretary intends to rely heavily on the voluntary cooperation of State and local agencies, which are closest to the scene of violations, and which have traditionally played the key role in the investigation of complaints of child abuse and neglect. This will not exclude, of course, a vigorous federal role in enforcing the federal civil rights that are at issue.

The Secretary invites comments on all aspects of the interim final rule. Aspects on which comment is particularly invited are set forth in the supplementary information.

DATES: The interim final rule becomes effective March 22, 1983.

Comments should be submitted by May 6, 1983.

ADDRESSES: Comments should be submitted in writing to the Director, Office for Civil Rights, Department of Health and Human Services, 330 Independence Avenue, S.W., Room 5400, Washington, D.C. 20201, or delivered to the above address between 9:00 a.m. and 5:30 p.m. on regular business days. Comments received may be inspected during these same hours by making arrangements with the contact person shown below.

FOR FURTHER INFORMATION CONTACT: Susan Shalhoub at (202) 245–6585, Office for Civil Rights, Department of Health and Human Services, 330 Independence Avenue, S.W., Room 5514, Washington, D.C. 20201.

SUPPLEMENTARY INFORMATION: The President's directive of April 30, 1982, and the HHS Office for Civil Rights "Notice to Health Care Providers" of May 18, 1982, reminded recipients of federal financial assistance of the applicability of Section 504 of the Rehabilitation Act of 1973. Section 504 provides: "No otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from participation in, be denied the benfits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The Notice to Health Care Providers explained what is already clear from the language of Section 504 and the implementing regulations (45 CFR Part 84): The discriminatory failure of a federally assisted health care provider to feed a handicapped infant, or to provide medical treatment essential to correct a life-threatening condition, can constitute a violation of Section 504.

This interim final rule does not in any way change the substantive obligations of health care providers previously set forth in the statutory language of Section 504, in the implementing regulations, and in the Notice to Health Care Providers. The interim final rule sets forth procedural specifications designed: (1) To specify a notice and complaint procedure, within the context of the existing regulations, and (2) to modify existing regulations to recognize the exigent circumstances that may exist when a handicapped infant is denied food or other necessary medical care.

The interim final rule affects the following portions of existing regulations:

1. *45 CFR 80.6(d),* as referenced by 45 CFR 84.61, which requires recipients to make available such information, in such a manner, as the Department finds necessary to apprise appropriate persons of the protections afforded under Section 504. The interim final rule specifies the type of information and manner of posting that is necessary to bring the protections of Section 504 for handicapped infants to the attention of those persons within the recipient program or activity who are most likely to have knowledge of possible violations as they occur.

2. *45 CFR 80.8,* as referenced by 45 CFR 84.61, which sets forth procedures for the Secretary to effect compliance with Section 504, including referrals to the Department of Justice for the initiation of appropriate legal proceedings. The existing regulations require a 10-day waiting period from the time the Secretary notifies a recipient of its failure to comply to the time the Secretary makes a referral to the Department of Justice or takes other legal actions to effect compliance. When a handicapped infant is being denied food or other necessary medical care, however, more expeditious action may be required. New § 84.61(c) creates a narrow exception to the 10-day waiting period when, in the judgment of the responsible Department official, immediate remedial action is necessary to protect the life or health of a handicapped individual.

3. *45 CFR 80.6(c),* as referenced by 45 CFR 84.61, which requires each recipient to permit access by Department officials to facilities and information pertinent to ascertaining compliance with Section 504, during normal business hours. Allegations of denial of food or other necessary medical care to handicapped infants may require an immediate effort to ascertain compliance. The interim final rule provides that access to records and facilities of recipients shall not be limited to normal business hours when, in the judgment of the responsible Department official, immediate access is necessary to protect the life or health of a handicapped individual.

The purpose of the interim final rule is to acquire timely information concerning violations of Section 504 that are directed against handicapped infants, and to *save the life of the infant.* The Secretary believes that those having knowledge of violations of Section 504 against handicapped infants do not now have adequate opportunity to give immediate notice to federal authorities. A telephone complaint procedure can provide information to federal authorities in time to save the life of a handicapped infant who is being discriminatorily denied nutrition in a federally assisted program or activity.

Events of the past several years suggest that handicapped infants have died from denial of food in federally assisted programs. The full extent of discriminatory and life-threatening practices toward handicapped infants is not yet known, but the Secretary believes that for even a single infant to die due to lack of an adequate notice and complaint procedure is unacceptable.

For quick and effective response to complaints, the Secretary counts not only the enforcement resources of the federal government, but also on the assistance of state child protective agencies, which can respond quickly and effectively to referrals from the Federal government, and which are often closest to the scene for speedy investigation of life-threatening child abuse and neglect. The Secretary intends to contact state child protective agencies whenever a complaint is received that falls within the definition of child abuse or neglect, in order to give States an opportunity to make their own investigation and to take appropriate action.

The Secretary expects that States will follow their customary procedures for investigating allegations of child abuse and neglect that involve an imminent danger to life. State agencies that receive federal financial assistance are under the same obligation as other recipients not to provide a qualified handicapped person with benefits or services that are less effective than those provided to others.

For those complaints that are expeditiously and effectively investigated and pursued by State agencies, the Secretary anticipates that additional federal efforts will often be unnecessary. The Secretary will closely monitor all investigation and enforcement activity taken pursuant to complaints. The Secretary will make available to State agencies any information and assistance that is helpful and appropriate. For those cases where direct federal action appears helpful, the Secretary will have at his disposal the usual means of federal civil rights enforcement. The interim final rule makes it possible for the Secretary to conduct immediate investigations and to make immediate referrals to the Department of Justice for such legal action as may be necessary to save the life of a handicapped child who is subjected to discrimination by a recipient.

Federal enforcement action can also be taken against any recipient that intimidates or retaliates against any person who provides information concerning possible violations of Section 504. 45 CFR 80.7(e), as referenced by 45 CFR 84.61, prohibites intimidatory or retaliatory acts by recipients against individuals who make complaints or assist in investigations concerning possible violations of Section 504. This provision fully protects individuals who make complaints or assist in investigations concerning possible withholding of food or other necessary medical care from handicapped infants.

Comments solicited. The Secretary seeks public comment on all aspects of the interim final rule. Comments will be considered and modifications made to the rule, as appropriate, following the comment period.

The Secretary also solicits comments on the advisability of requiring (1) that recipients providing health care services to infants perform a self-evaluation, pursuant to 45 CFR 84.6(c)(1), with respect to their policies and practices concerning services to handicapped infants; and (2) that such recipients identify for parents of handicapped children those public and private agencies in the geographical vicinity that provide services to handicapped infants.

Regulatory impact analysis. This rule has been reviewed under Executive Order 12291. It is not a major rule and thus does not require a regulatory impact analysis.

Regulatory flexibility analysis. The Regulatory Flexibility Act (Pub. L. 96–354) requires the federal government to anticipate and reduce the impact of rules and paperwork requirements on small businesses and other small entities. This rule has no significant effect on small entities. Therefore, a regulatory flexibility analysis is not required.

Paperwork Reduction Act. This rule contains no information collection requirements subject to the Paperwork Reduction Act of 1980 (Pub. L. 96–511).

Public participation in rulemaking. With reference to the Secretary's Statement of Policy, dated January 28, 1971, concerning public participation in rulemaking (printed at 36 FR 2532; Feb. 5, 1971), the Secretary finds that this interim final rule is exempt from the requirements of 5 U.S.C. 553. Under 45 CFR 80.6(d) and 84.61, the Secretary is already authorized to specify the manner in which recipients make available information concerning federal legal protections against discrimination toward the handicapped. The exception to the 10-day waiting period of 45 CFR 80.8(d)(3) and the exception to 45 CFR 80.6(c) to allow access outside normal business hours are minor technical changes and are necessary to meet emergency situations. All modifications made by the interim final rule are necessary to protect life from imminent harm. Any delay would leave lives at risk. Immediate publication and implementation of this rule will not cause undue burden to any party. The Secretary therefore finds it necessary to publish this rule as an interim final rule taking effect less than 30 days following publication. The Secretary deems 15 days to be the minimum in which the necessary apparatus can be in place to receive and respond to telephone complaints. The interim final rule is therefore made effective March 22, 1983.

List of Subjects in 45 CFR Part 84

Civil rights, Education of handicapped, Handicapped.

Approved: March 2, 1983.

Thomas R. Donnelly, Jr.,

Acting Secretary.

PART 84—[AMENDED]

Interim Final Rule

45 CFR 84.61 is amended by designating the existing provision as paragraph (a) and by adding paragraphs (b), (c), and (d) to read as follows:

§ 84.61 . [Amended]

* * * * *

(b) Pursuant to 45 CFR 80.6(d), each recipient that provides covered health care services to infants shall post and keep posted in a conspicuous place in each delivery ward, each maternity ward, each pediatric ward, and each nursery, including each intensive care nursery, the following notice:

DISCRIMINATORY FAILURE TO FEED AND CARE FOR HANDICAPPED INFANTS IN THIS FACILITY IS PROHIBITED BY FEDERAL LAW

Section 504 of the Rehabilitation Act of 1973 states that no otherwise qualified handicapped individual shall, solely by reason of 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 discriminatorily denied food or customary medical care should immediately contact:

Handicapped Infant Hotline
U.S. Department of Health and Human Services
Washington, D.C. 20201
Phone 800–————— (Available 24 hours a day)

or

Your State Child Protective Agency

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

Identity of callers will be held confidential.

Failure to feed and care for infants may also violate the criminal and civil laws of your State.

(1) Recipients may add to the notice, in type face or handwriting, under the words "Your State Child Protective Agency," the identification of an appropriate State agency, with address and telephone number. No other alterations shall be made to such notice.

(2) Copies of such notice may be obtained on request from the Department of Health and Human Services.

(3) The required notice shall be posted within five days after the recipient is informed by the Department of the applicable toll-free national telephone number.

(c) Notwithstanding the provisions of paragraph (a), the requirement of 45 CFR 80.6(d)(3) shall not apply when, in the judgment of the responsible Department official, immediate remedial action is necessary to protect the life or health of a handicapped individual.

(d) Notwithstanding the provisions of paragraph (a), access to pertinent records and facilities of a recipient pursuant to 45 CFR 80.6(c) shall not be limited to normal business hours when, in the judgment of the responsible Department official, immediate access is necessary to protect the life or health of a handicapped individual.

[FR Doc. 83-5781 Filed 3-3-83; 9:42 am]
BILLING CODE 4150-04-M

Hospital says dad tried to bar care for deformed child

LANSING — (AP) — A deformed baby born to a surrogate mother was treated for an infection over the objections of the father, who had told the hospital not to care for the child, a lawsuit says.

Ingham County Circuit Judge Michael Harrison, acting on the suit by Lansing General Hospital, issued a temporary order allowing the hospital to conduct tests and treat the baby.

The suit filed in Ingham County Circuit Court says the father, Alexander Malahoff of Middle Village, N.Y., had told the hospital and doctors to "take no steps or measures to treat the strep infection or to otherwise care for" the baby.

Malahoff gave the order because of a "contract granting him rights to custody" of the baby, the suit says.

ACCORDING TO the suit, Judy Stiver of Lansing acted as a surrogate mother for Malahoff and his wife and delivered a microcephalic baby boy who also suffered from a strep infection. Microcephalism, which means the child's head is smaller than normal, frequently indicates retardation.

Pediatricians believed the child's life was endangered by the infection and wanted to administer intravenous antibiotics. They had the consent of the mother and her husband, Ray Stiver.

Malahoff, however, objected.

The baby was a day old Jan. 11 when Judge Harrison granted the hospital the temporary order allowing treatment and tests.

The baby remains in Lansing General Hospital. A hospital spokeswoman would not disclose his condition.

Under surrogate agreements, a woman conceives through artificial insemination for a male sperm donor who wants to father a child, then surrenders the baby when it is born.

A contract usually says that the father will take custody of the child and that the natural mother is paid for her medical expenses. Often the natural mother gets additional payment of $10,000 or more.

Kids of surrogate moms: Who are legal fathers?

By JOYCE WALKER-TYSON
Free Press Staff Writer

The state Court of Appeals ruled Thursday that a man who paid a married woman to bear his child cannot be named the legal father of the child.

In a 2-1 decision, a three-judge panel agreed with the state Attorney General's Office that the husband of the surrogate mother who bore the child is the child's father despite arrangements between the surrogate mother and the biological father. But the court did not rule such arrangements illegal and suggested legislation was needed to cope with such situations.

The ruling was handed down in a case involving Sheila and George Syrkowski, who paid Corinne Appleyard $10,000 to bear Syrkowski's child after artificial insemination.

"The courts should not be called upon to enlarge the scope of the paternity act," Judge Walter Cynar wrote in the majority opinion. "Studied legislation is needed before surrogate arrangements are recognized."

"That's what we've been saying all along," said Noel Keane, the Syrkowskis' attorney and a leading figure in arranging surrogate mother contracts. "We need legislation in that area. The court's decision is just plain unrealistic. The case will be appealed immediately."

Syrkowski had been denied legal paternity in Wayne County Circuit Court because Appleyard is married and her husband is considered the father of the child.

"If we'd used (an unmarried) surrogate, we wouldn't be confronted with this problem," Keane said. "Any man can just.

See SURROGATE, Page 11A

WITHDRAWAL SHEET

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1	Note ~~LETTER~~ DUKE TO MORTON BLACKWELL RE. DEPT. OF HEALTH AND HUMAN SERVICES	1	ND	B6

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]
B-2 Release would 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 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-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.

FYI

WEEKLY REPORT

I. ISSUE:

Mr. Martin A. Janis retired from his service as the Director of the Ohio Commission on Aging and a member of Governor James Rhodes' Cabinet on January 10, 1983.

II. BACKGROUND:

Martin A. Janis has served in the Cabinet of Governor Rhodes for 16 years. His first eight years were spent as director of the Department of Mental Hygiene and Correction; the last eight years were spent as the director of the Ohio Commission on Aging. His appointment has ended with the expiration of Governor James Rhodes' term of office.

III. DISCUSSION:

The newly inaugurated Governor, Richard F. Celeste, has not yet announced an appointment to the directorship of the Ohio Commission on Aging. Mr. Kenneth M. Mahan, Assistant Director of the State Agency will serve as the acting director until that announcement is made.

IV. OF IMPORTANCE TO:

The Commissioner and the Assistant Secretary.

CONTACT PERSON	OFFICE PHONE	AOA REGION
Eli Lipschultz	8-353-3141	V

Fact Sheet on HHS Family Planning Regulation

Background

HHS proposes to amend Federal family planning program regulations which presently permit minors to receive birth control prescription drugs and devices without the knowledge of their parents. Following discussion at the January 21 meeting of the Human Resources Cabinet Council, HHS has made several amendments to the original draft to provide for the maximum parental involvement that can be legally defended under the existing statute.

Major Provisions of Proposed Regulation

— Requires that in providing prescription drugs and devices to a child 17 or under, the family planning center would, within 10 days, provide notification to the child's parents, unless the director of the family planning center determines that the notification would result in substantial physical harm to the minor by the parents or guardian.

— Requires family planning centers to obey State laws that provide for parental consent for family planning services to minors (Utah has such a State law).

Revisions to Prior Draft

— The exception clause in the prior draft ("notification would have adverse physical health consequences for the minor") has been tightened to read "notification will result in physical harm to the minor by the parents or guardian." This exception is necessary to satisfy the legislative requirement that family involvement may not be mandated; we can only "encourage" family participation "to the extent practical." The new language, however, makes clear that the exception is very narrow —it applies only when there would be physical harm to theminor <u>by</u> the parents or guardian.

— The notification requirement has been strengthened to require that the center <u>verify</u> that the parents received the notification. If the center is unable to verify that the notification was received, additional prescription drugs or devices may not be provided.

— To monitor compliance, the recordkeeping requirements have been strengthened to require that family planning centers keep records, not only on exceptions, but also on notifications and certifications that the notices were received. HHS must be given access to these records upon request.

Support for Regulation

The proposed regulation has the strong support of Senator Hatch (whose State has passed a parental consent law that cannot be enforced against federally funded centers without this regulation) and several pro-life and pro-family organizations.

1. The last sentence of the definition of "low income family" in 42 CFR 59.2 is revoked.

2. 42 CFR 59.5(a) is amended by adding thereto the following paragraph (12), to read as follows:

{ 59.5 What requirements must be met by a family planning project?

(a) **********

(12) Encourage, to the extent practical, family participation in the provision of the project's serivces to unemancipated minors. A project shall -

(i) (A) When prescription drugs or prescription devices are initially provided by the project to an unemancipated minor, notify the minor's parents or guardian that they were provided within 10 working days following their provision. The project must tell the minor prior to the provision of services about this notification requirement. The project shall verify that the notification was received. Where the project is unable to verify that the notification was received, the project shall not provide additional prescription drugs or prescription devices to the minor.

(B) A project is not required to comply with the first sentence of subparagraph (A) of this paragraph where the project director determines that such notification will result in physical harm to the minor by the parents or guardian.

(C) For the purpose of this paragraph (i), an "unemancipated minor" is an individual who is age 17 or under and is not, with respect to factors other than age, emancipated under State law.

(D) The project must keep records on notifications provided pursuant to the first sentence of subparagraph (A), and on verifications that those notifications were received. The project must also keep records of the number of determinations made under subparagraph (B) and the factual basis for such determinations. The project must make the records required by this subparagraph available to the Secretary on request.

(E) This paragraph (i) does not apply where prescription drugs are provided for the treatment of venereal disease.

(ii) Notwithstanding any other requirement of this subpart, where State law requires the notification or consent of a parent or guardian to the provision of family planning services to an individual who is unemancipated minor under State law, provide such services only in compliance with such law.

AUTHORITY: Sec. 6(c), Pub. L. 91-572, 84 Stat. 1507, 42 U.S.C. 300a-4(a).

TELEGRAM

To: The President
The White House
Washington, D. C.

Honorable Richard Schwieker, Chairman
Cabinet Council on Human Resources
DHHS RM 615F
200 Independence Ave., S. W.
Washington, D. C. 20201

Honorable Edwin Meese, III
Counselor to the President
The White House
Washington, D. C.

Honorable James A. Baker, III
Chief of Staff
The White House
Washington, D. C.

The Cabinet Council on Human Resources has under consideration changes in Department of Health and Human Services regulations concerning family planning services, particularly with respect to services to minor children (unemancipated teenagers).

As reported in the press notification of parents after a prescription has been given to a minor child is useless. It does not allow parents to excercise their parental rights and responsibilities.

1. It is much more important that the regulations address the question of using federal funds to counsel (in favor of) or refer minors for abortions. The new regulations should restrict taxpayer funds only to those organizations which refuse to provide counseling or "education" and referral of minors for abortion without prior written parental consent.

2. The new regulations should prohibit prescriptions for or distribution of free samples of birth control materials to minors without prior written consent of the parents.

3. The new regulations should require written consent of the parents before sex education is given to any minor child.

Judie Brown	-	American Life Lobby
Paul Brown	-	Life Amendment PAC
Rev. Don Wildmon	-	National Federation for Decency
Howard Phillips	-	The Conservative Caucus
John Becket	-	Intercessor for America
Father Charles Fiore, O.P.	-	National Pro-Life PAC
Gordon Jones	-	United Families of America

Family Policy Insights

Free Congress Foundation • 721 Second Street, N.E., Washington, D.C. 20002 • (202) 546-3004

Vol. I: Number 4
December 18, 1981

FREE CONGRESS FOUNDATION SURVEY

I. INTRODUCTION

In December, 1981, Decision Making Information of Santa Ana, California, issued the results of a survey commissioned by the Free Congress Foundation. The survey covered six major areas: education, economy, family and social issues, government, courts, and national defense. Results indicated strong conservative leanings on several issues of importance to the pro-family movement. Sixty-eight percent of those questioned said that the family is weaker now than several years ago. A large number attributed the degeneration to a decline in moral standards and increasing permissiveness of parents toward children. Seventy-five percent oppose allowing a teenager to have an abortion without informing her parents. Fifty-five percent favor removing issues such as busing and school prayer from federal court jurisdiction. Forty-nine percent believe the federal government to have too great an influence on public education, and 57% favor a system of tuition tax credits for parents of children in private and parochial schools.

The survey was taken by telephone from a random sample of 1,000 voters across the United States.

II. EDUCATION

Education was the first issue discussed in the survey. Voters were asked to name the major problems facing public education. Most frequently mentioned were problems related to quality of education and lack of discipline. Forty-six percent criticized the quality of education received in public schools, with one-third of these pointing specifically to a lack of emphasis on the basics. Forty-one percent expressed concern over a lack of discipline. The third and fourth most frequent answers concerned inadequate funding and poor teaching methods. Twenty-nine percent spoke of low funds, large classes and low teacher salaries while 26% blamed teachers themselves, referring to teachers as unqualified and lacking concern for students.

The second question dealt with the federal government's influence on education policy. Voters were asked whether the federal government has too much, too little, or about the right amount of influence. Nearly half (49%) said that the federal government exercises too much influence, 18% thought the federal government does not do enough, and

26% said that the right amount of influence is exercised. Suprisingly, those voters who categorized themselves as liberals tended more toward the opinion that federal government is too influential in education.

Overall, state governments fared better on this same question. The largest percentage of respondents (38%) said that state governments exert the right amount of influence on education policy, 27% said that state governments have too much influence, and 28% believe them to have too little influence. Blue collar workers and Blacks showed the greatest desire to increase state government influence on education.

When asked to rate the response of public schools to concerns expressed by parents about course offerings, textbook selection and facility maintenance, 48% rated their schools as excellent or good, 32% said "only fair," and 13% rated them as poor.

Over two-thirds (68%) agreed that taxpayers should have a chance to review textbooks before they are used in public school classrooms. Thirty-one percent disagreed.

An overwhelming number (93%) agreed that students should receive a high school diploma only if they are able to pass a test requiring a certain level of skill in reading, writing and mathematics. Seven percent were in disagreement with such a policy.

When asked whether they would favor or oppose a bill to permit parents to subtract up to $250 from annual taxes for each child enrolled in private or parochial elementary or secondary school, 57% favored the bill while 39% opposed it. Those voters who consider themselves "very liberal" joined younger voters and Catholics in showing particular support for the proposal.

III. FAMILY AND SOCIAL ISSUES

Over two-thirds (68%) of the voters questioned believe that American families are weaker now than they were several years ago. Thirty-one percent believe that they are not weaker. When asked, "What do you think has caused families to become weaker?" the largest response (mentioned by 45%) blames a lowering of standards and an increase in permissiveness. Two answers typical of the attitude expressed are:

"Parents have let down their standards and children need good standards to follow."
"...an attitude of permissiveness, the Doctor Spock syndrome, indulging of children and letting them do their own thing."

Specific causes mentioned in this category also include the influence of television, materialism, selfishness and a decline in religious activity. Thirty-one percent pointed to an increase in the number of families in which both parents are working, while 16% blamed economic conditions. However, of those who mentioned economic conditions, almost one-half said that a poor economy forces mothers to work and thereby weakens the family. In 35% of the cases in which the woman of the house worked full-time outside the home the respondent named working mothers as a strain on family unity.

Exactly three-fourths of those interviewed oppose the performance of an abortion on a teenager without informing her parents.

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS: MAILING ADDRESS: P.O. BOX 490, STAFFORD, VA 22554
OFFICES: ROUTE #6, BOX 162-F, STAFFORD, VA 22554
(703) 659-4171 METRO DC 690-2049

GOVERNMENT LIAISON OFFICE: 6B LIBRARY COURT SE (CAPITOL HILL) WASHINGTON, DC 20003 • (202) 546-5551

January 21, 1982

MEMORANDUM

To: Cabinet Council on Human Resources

From: Judie Brown, President, American Life Lobby (202) 546-5550

Subject: Meeting on DHHS Regulations on Federal Family Planning Programs

Attached are two letters and an information package concerning waste and abuse in a federal family planning program with recommended budget cuts and recommended changes in restrictions on federal family planning programs.

We also call your attention to the following letter President Reagan sent to Senator Hatch:

"I regret we do not have the votes to defeat the family planning program and assuming this is the best we can do under the circumstances, I reluctantly conclude that the best course is to enter into the proposed conference agreement. Perhaps we can remedy some of the problems in the family planning program administratively during the three years that it will remain as a categorical grant."

(Signed) Ronald Reagan

The pending DHHS regulations in our judgement do not solve the major problems in the federal family planning programs, let alone "defeat the family planning program."

With God for life,

Judie Brown

(Mrs.) Judie Brown
President, American Life Lobby, Inc.

AMERICAN LIFE LOBBY, INC.

December 8, 1981

Mr. David Stockman
Director
Office of Management and Budget
Old Executive Office Bldg.
Washington, D.C. 20503

Dear Mr. Stockman:

This will follow up my letter of October 13, 1981 concerning the F.Y. 1983 budget for the Title X Public Health Service Act Program. I write to propose restrictive appropriation language that will atone for and at the same time solve some very disturbing public policy questions and provide additional savings over and above those that have been calculated based on the June 1981 GAO study.

In addition to limiting the budget of the Title X program to $98 million, there are major public policy questions surrounding this program that the Authorizing and Appropriations Committee have not addressed, that can be solved through restrictive language. Among these are:

1. Should Federal funds be used by grantees to counsel minor child patients (in favor) or refer them for abortions without parental consent? Note: PPFA argues that existing DHHS Regulations and Guidelines require them to do so.

2. Should sex education courses including materials and lists of abortion clinics be given to minor children without parental consent?

3. There has been testimony before both House and Senate Authorizing Committees that Title X grantees are engaging in lobbying and political organizing even to the extent of loaning clinic patient names and addresses to certain political candidates. Is this a proper function of a recipient of Federal funds?

4. PPFA and its affiliates have engaged in a major advocacy campaign for abortion on demand as an acceptable form of birth control. PPFA has testified before Congress that HHS policy does not prohibit "promotion and encouragement of abortion" (p. 77 Oversite of Family Planning Programs, Labor and Human Resources Committee U.S. Senate). Is this advocacy a proper use of Federal funds? Is this advocacy within the spirit of Section 1008 of the Public Health Service Act?

In order to address these serious policy questions in an effort to limit Title X programs to its original and only legitimate function of providing Family Planning Services, I strongly urge that the following bill language be included in the Administration's F.Y. 1983 budget request for Title X of the Public Health Service Act:

"To carry out the non-research programs of Title X of the Public Health Service Act $85,000,000:

Provided that no part of the appropriation contained in this paragraph may be used to pay for the performance of an abortion, or the referral of the patient for the performance of an abortion except to save the life of the mother, or for the provision of Family Planning Services, materials, counseling or education without written Parental Consent, or to make any grant or contract without a provision requiring that all persons receiving compensation under such grant or contract shall be subject to chapter 29 and section 1913 of Title 18 of the United States Code, or to support or defeat any candidate for public office or any measure pending in congress, or for the advocacy by any means of abortion as an acceptable method of Family Planning."

This language restricts use of Title X funds in five ways:

1. It restates and clarifies the prohibition on abortion contained in section 1008 of the Authorizing Act. It makes clear the now ambiguous regulations concerning referrals of patients for abortions by restricting abortion referrals only to save the life of the mother.

2. Sets a clear and uniform standard for provision of Title X programs to minor children by requiring written Parental Consent.

3. Because of testimony before the Authorizing Committee concerning the involvement of the Title X funded clinics in Political and Lobbying campaigns. No grants or contracts may be made unless there is a requirement that all persons receiving Title X funds as compensation will be subject to the Hatch Act and Anti-Lobbying laws now applicable to Federal Employees.

4. Because questions were raised in testimony before the Authorizing Committee that Title X funded clinics patients mailing lists and telephone numbers may have been used for Political campaign or Lobbying purposes. It makes clear, NO funds can be used to support or oppose any candidate for public office or any measure pending in Congress. This anti-lobbying provision is a restatement and clarification of the Moorhead Amendment which has been part of the Treasury Post Office Appropriation Bill for several years.

5. Because many Title X grantees and their employees are outspoken advocates for abortion as a proper and acceptable method of Family Planning or Birth Control, a very HIGHLY controversial position which is opposed by a huge number of Americans, it makes clear that Federal funds shall not be used for advocacy of this view. The opponents of such views do not have Federal funds with which to advocate their opposition. This makes sure that Title X funds are neutral in the debate on this issue. Individual Title X employees can continue to advocate a pro-abortion view but not with taxpayers dollars or on the taxpayers time.

This Bill language will, if adopted, result in further savings by eliminating ancillary functions now carried on by most of the 5100 Title X funded clinics. Even if this language resulted in a savings of over $2000 per clinic per year, that is an additional $10 million per year savings.

I again strongly urge that you submit this language with your F.Y. 1983 Title X budget request. Our office is available to you for research assistance, if needed.

With God for Life,

(Mrs.) Judie Brown,
President

JB:mb
cc: Mr. Donald W. Moran, Assoc. Director
Mr. David K. Kleinberg, Dep. Assoc. Dir.
Mr. Lee Mosedale, Budget Examiner
Mr. Michael J. Horowitz, Special Counsel
Mr. J. L. Cullen, Asst. Director

AMERICAN LIFE LOBBY INC.

EXECUTIVE OFFICES 6B LIBRARY COURT SE (CAPITOL HILL) • WASHINGTON DC 20003 • 202-546-5550
EDUCATION OFFICE P.O. BOX 490 • STAFFORD VIRGINIA 22554 • 703 659-4183 OR METRO DC 690-2041

September 14, 1981

Donald W. Moran
Associate Director of O.M.B.
262 Old EOB
Washington, D.C. 20503

Dear Donald:

President Reagan has asked all agencies of the Federal Government to find further budget cuts. We believe that based on the GAO Report HRD 81-68, the Title X (of the Public Health Service Act) Family Planning Program can be cut to $85 million for FY 1982.

This is a $77 million savings from the FY-1981 appropriation, and a $36.5 million reduction from the FY-1982 budget request if you allow for the 25% General reduction as envisaged by President Reagan in his block grant budget proposal of March 10, 1981.

The $36.5 million savings result from a very conservative estimate of excessive costs that GAO has identified in GAO Report HRD 81-68. A reduction of $36.5 million would not reduce services, it would only eliminate excessive patient visits, excessive testing, excessive education, increased recovery of fees and elimination of duplication with Title V Maternal and Child Health Program. Enclosed is an explaination of our computation of these cost savings with excerpts from the relevant pages of GAO Report HRD 81-68.

We strongley urge that DHHS and the Administration make a formal request to the Appropriation Committees of Congress that Title X receive no more than $85 million for FY 1982.

Please feel free to call us for any further information.

With God for Life,

Judie

(Mrs.) Judie Brown
President

Gary Curran

Title X Cost Savings

SOURCE: GAO Report HRD 81-68, June 19, 1981 state that Title X Family Planning Funds serve 3.8 million people in 5,125 clinics. (P-1) The Following is a very conservative estimate of Cost Savings that are indicated by this GAO Report.

	Source	Annual Savings
A.	GAO estimate of savings due to reduction of patient visits to American College of GYN and Obstetrics standards. (P-10 & 13).	$ 13,000,000
B.	Wrong type and too much education. GAO report indicates that education time can be reduced by half. (P-16) A very conservative estimate is this change could save $1,000 per clinic X 5,100 clinics.	$ 5,100,000
C.	Routine Anemia screening not needed (HCFA Reimbursements range from $1-$4) Us $2.00 average cost per test X 3.8 million X ½ = 2 million. (P-17)	$ 3,800,000
D.	2 Routine V.D. tests not cost effective by HHS own standards. $1.00 per test X ½ client population. (P-20)	$ 3,800,000
E.	Institution of Sliding Scale reimbursement for all grantees. (GA 6 month fee collection $150,000 X 2 X 50 states). (P-35)	$ 15,000,000
F.	Duplication of Maternal and Child Health Program. New Title V Authorization requires emphasis on Family Planning. (House Report 97-208, Page 786)	$ 8,000,000
	Total Savings	$ 48,700,000

FY 1982 Budget Request for Title X	$121,500,000
Minus Savings	$ 48,700,000
Balance	$ 72,800,000
Title X FY 1982 Appropriation. Should Not Exceed.	$ 85,000,000

TO THE UNITED STATES SENATE AND HOUSE OF REPRESENTATIVES

September 28, 1981

RE: HR 4560, FY 1982 Labor/HHS
Appropriation Bill

GAO Report HRD 81-68, June 19, 1981, entitled "Family Planning Clinics Can Provide Services at less cost but clearer Federal Policies are needed" identifies many areas of cost savings.

This report states that the clinics funded through Title X (of the Public Health Services Act) program have engaged in excessive patient visits, excessive education programs, excessive medical testing and insufficient fee collection. In addition, Title X program duplicates part of the Maternal and Child Health program.

A conservative estimate (copy attached) of the excessive costs associated with this program indicates that $48.7 million could be cut from the FY 1982 appropriation request.

Based on this estimate, we strongly urge you to vote to reduce the Title X funding in the FY 1982 Labor/HHS Appropriation Bill to $85 million.

This is a vital issue and we will be communicating with our members on how their elected officials represented them on this matter.

Sincerely,

American Life Lobby

Coalitions for America

Conservative Caucus

Concerned Women of America

Moral Majority

National Christian Action Coalition

National Pro-Family Coalition

United Families of America

REPORT BY THE

Comptroller General

OF THE UNITED STATES

Family Planning Clinics Can Provide Services At Less Cost But Clearer Federal Policies Are Needed

In fiscal year 1980, the Department of Health and Human Services spent about $375 million for family planning services through several programs. The Department could reduce the costs of such programs and make services less costly and more attractive to clients without compromising quality care by eliminating unnecessary medical procedures or tests. The cost of the title X program could be further reduced by more vigorously enforcing fee collections to ensure that only needy persons receive free or subsidized services. Also, the Department needs to resolve conflicts in fee policies between the title X program, which requires fee collections from persons with ability to pay, and the title XX program, which permits free service regardless of client income.

HRD-81-68
JUNE 19, 1981

CHAPTER 1

INTRODUCTION

In fiscal year 1980, the Department of Health and Human Services (HHS) spent about $375 million for family planning services and contraceptive supplies through several different programs. The program authorized under title X of the Public Health Service Act (42 U.S.C. 300) is the largest HHS family planning program. Since its enactment in 1970, HHS has provided over $1 billion for project grants for family planning services under title X. In fiscal year 1980, these funds went to about 5,125 clinics serving about 3.8 million people.

How well these clinics are managed can have a significant effect on the efficiency, effectiveness, and costs of federally funded family planning programs. This report focuses on management improvements needed or in process in several areas to reduce costs, improve efficiency, and possibly enhance effectiveness of HHS-funded organized family planning clinics. The issues discussed are of particular interest to representatives of the congressional committees having jurisdiction over the title X program--the Subcommittee on Health and the Environment, House Committee on Energy and Commerce, and the Subcommittee on Aging, Family and Human Services, Senate Committee and Labor and Human Resources. (See pp. 5 and 6.)

EVOLUTION OF FEDERAL ROLE IN FAMILY PLANNING

Before the 1960s, family planning services were generally available only to those who could afford them through private physicians and clinics. Federal policy concerning family planning services emerged gradually during the 1960s, as recognition of the health benefits associated with such services increased and the desire to provide access to those lacking services gained wide acceptance. Federal funds for family planning services for low-income women were provided under the broad authority of title V of the Social Security Act, the Maternal and Child Health program. These services were made available through maternal and child health formula grants and maternal and infant care project grants.

The Economic Opportunity Amendments of 1967 (Public Law 90-222) established family planning services for low-income persons as a special emphasis of the Office of Economic Opportunity. Family planning services funded by this office were later transferred to HHS.

be making at least one unnecessary visit to a title X clinic each year at an annual cost of over $6 million. (See p. 12.)

HHS' guidelines recommend too many routine visits

HHS' family planning program guidelines recommend that oral contraceptive clinic clients make two more clinic visits during the first year and another visit during subsequent years than required by ACOG's standards. Also, officials at nearly half of the clinics we visited believed that HHS' guidelines called for too many revisits.

Both HHS' guidelines and ACOG's standards require initial and annual visits, during which physical examinations, laboratory tests, and other services are performed and oral contraceptives are provided or prescribed. However, HHS' guidelines recommend two additional visits during the first year and one during subsequent years as shown below.

Comparison of Recommended Revisit Policies and Standards

HHS guidelines	Months elapsed from initial visit	ACOG standards
1st year:		
Initial examination	-	Initial examination
Limited examination	3	None
Limited examination	9	None
2nd year:		
Annual reexamination	12	Annual reexamination
Limited examination	18	None
3rd year:		
Annual reexamination	24	Annual reexamination

On routine revisits (limited examinations), HHS' guidelines require an update of the client's medical history, an examination of the client's weight and blood pressure, and an interview with the client to discuss possible problems and changes in contraceptive methods. Clients also receive a resupply of oral contraceptives at these visits.

--Data indicate that in 1979, title X clinics served 3.6 million persons nationally, of which about 2.3 million were taking oral contraceptives and could potentially make at least one unnecessary revisit, either as a first-year or continuing patient.

--Because we were unaware of any information nationally on the number of new or continuing oral contraceptive patients who remain in the program (do not drop out), we assumed that 50 percent of the new and continuing patients stayed in the program long enough in 1979 to have made one unnecessary revisit. 1/ Thus, 1.15 million (one-half of 2.3 million) women made one revisit that may not have been necessary if clinics had used ACOG's recommendations.

--To estimate the costs of unnecessary revisits, we used the fees that several of the clinics we visited would charge full-paying clients for routine supply visits. The fees ranged from $6 to $12. Therefore, the annual cost of the 1.15 million additional revisits could range from $6.9 million to $13.8 million.

Our estimate of the costs associated with unnecessary revisits could be overstated or understated depending on the variability nationally of such factors as the number and timing of client dropout, the types of revisits, and the actual costs of revisits. We discussed our assumptions and methodology for estimating the number and cost of unnecessary visits with Office for Family Planning officials. They believed the estimates and underlying assumptions are reasonable in view of the lack of national data needed to compute the actual costs.

In addition to direct costs of clinic operations, unnecessary visits to clinics increase the inconvenience and costs to the clients. Some clients must take time from work or other activities to travel to and from the clinic and to be served. As another consequence, limited clinic resources are not put to their best use. The clinics could serve others in need of services if efforts were not devoted to scheduling, serving, and keeping records on clients coming for unnecessary visits.

1/The 50-percent estimate is derived from data we obtained on the actual number of routine revisits made in excess of ACOG's recommendations at six of the seven clinics where we made statistical samples of new 1978 clients.

proceeding with the regular visit. Generally, clinics using group sessions had interpreted recommendations in HHS' guidelines as a requirement for all new clients, and they felt compelled to cover all topics regardless of the client's background or circumstances. Some clinics using individual sessions relied on handout material to cover part of the recommended topics and focused counseling on the needs of the individual.

We could not determine with certainty whether group sessions enabled clinics to provide services at a lower cost. In some instances, however, the use of group sessions for new clients (1) created bottlenecks in clinic operations because clients had to wait until the session began and could not receive other services until the session was completed and (2) usually increased the time clients had to spend at the clinic for education and for the entire initial visit, as shown below.

	Average time for education	Average time for initial visits
Clinics with group education (16 clinics)	53 minutes	2 hours 52 minutes
Clinics with individual education (10 clinics)	24 minutes	1 hour 57 minutes

According to an earlier evaluation (see p. 25) of teenager services made for HHS, group education sessions were often mandatory for all new patients, conducted as lectures, and entailed little, if any, group discussion. The report concluded:

> "While information about birth control methods presented by most clinics was very detailed, with a heavy emphasis on oral contraceptives, it was not organized in such a way as to help the teenagers make a decision, or even to communicate to the teenager that such a decision was her responsibility to make. Most presentations were didactic descriptions of what each method is, and how it works. Information on advantages and disadvantages of each method as they relate to one's particular situation * * * was rarely included. As a result, teenagers tended to be bored and impatient."

We discussed clinics' interpretations of HHS' guidelines on education with Office for Family Planning officials. They said that the discussion of client education in the current guidelines was not intended to result in clinics providing education to clients regardless of need. Consequently, they clarified their draft revised guidelines to provide more flexibility to clinics in tailoring education to suit specific needs.

ROUTINE ANEMIA SCREENING QUESTIONABLE

HHS could reduce costs by relaxing or eliminating its requirement and recommendation for routine anemia screening. HHS' guidelines require clinics to do anemia tests on all clients during initial and annual visits. Although the clinics visited were generally performing anemia tests on their clients, as required in HHS' guidelines, several clinic officials believe that the requirement should be eliminated or relaxed.

Anemia screening entails taking a blood sample and testing it for iron deficiency. The tests are commonly called hematocrits or hemoglobins. ACOG's standards for basic gynecologic care call for routine anemia testing. However, the standard is prefaced by the statement that the obstetrician or gynecologist is often the sole physician relied on by women. The portion of ACOG's standards specifically discussing family planning services state that anemia tests should be done only when appropriate. ACOG's director of practice activities told us that he does not believe anemia tests need to be performed routinely on all family planning clients. The results of our survey of Cincinnati gynecologists support this view. Only 8 of 45 respondents said they routinely performed anemia tests on oral contraceptive clients during initial visits and only one said he routinely did such tests during annual visits.

This view was also supported by officials of several title X grantees we visited. For example, the directors of New York State's Bureau of Family Planning and the Cincinnati Health Department's Maternal and Infant Care Program believe that HHS should eliminate the requirement for routine anemia tests and allow them to be done as needed. Officials at Grady Memorial Hospital believe the test should be done every other year. Fayette County, Ohio, Health Department officials suggested that it be done only at the initial visit.

Only 4 of the 26 clinics visited had summary data on the results of anemia testing for recent periods. At three of the clinics, less than 1.5 percent of the clients had test results the clinics considered to be indicative of anemia. At the fourth clinic, which served teenagers, about 12.5 percent of the clients had such test results. However, the clinics did not always use the same standards for defining anemia. For example, the latter clinic considered hematocrit levels below 35 to be indicative of anemia, while another one used a hematocrit level of 33 or below.

The full charges for these tests at the clinics we visited in Ohio, for example, ranged from $1 to $5. Title XX reimbursement for these tests at several of the clinics ranged from $1 to $8. HHS' data indicate that family planning clinics did about 3 million anemia tests in 1978.

Gonorrhea Detection Results

Gonorrhea positive test results rates (percent)	Number of clinics
0 to 0.9	2
1.0 to 1.9	5
2.0 to 2.9	8
3.0 to 3.9	1
4.0 to 4.9	1
Total	17

At 10 of the 24 clinics making routine gonorrhea tests, officials said they did them because they thought HHS' guidelines required them. Since 1976, HHS' guidelines have not recommended routine venereal disease tests, except when circumstances indicate the need. The other 14 clinics made routine tests because of local or State requirements.

Cost of routine screening appears substantial

Although the clinic effort required to test any one client is not substantial, the total costs of routine venereal disease screening in cases where it is not justified may be substantial. The syphilis test involves drawing blood from clients and sending it to a laboratory for analysis, as well as completing and filing related paperwork. The gonorrhea test is done by taking a specimen culture during the pelvic examination, and it involves the same type of related efforts as the syphilis test.

Data are not available to estimate the number and cost of questionable routine venereal disease tests done by family planning clinics nationally. According to the Centers, costs of laboratory tests (exclusive of costs for collecting and transporting the samples or specimens) for syphilis range from $0.95 to $1.90 and range from $1 to $1.50 for gonorrhea. Clinics we visited charged clients up to $6 for each syphilis test and maximum charges for the gonorrhea test ranged from $3 to $12. (HHS expects the maximum charge to represent the reasonable cost of the service.) At one Ohio clinic, Medicaid paid $1.50 for collecting the gonorrhea culture, and at an Indiana clinic, the Social Services program paid $3 for a gonorrhea or syphilis test.

client fee system in September, but expected it to resume by the end of 1980. Clinic officials said the ensuing client confusion would probably make fee collection more difficult. Inequities resulted because some clients were not charged while collections were suspended, and others did not have visits during the free service period. Also, clients with greater ability to pay could receive free service while others with lower incomes would have to pay.

Clients often think services are free

Some clinics have been deterred from charging and collecting client fees because clients believe they offer free service. This is especially true of health departments which offer other services besides family planning. Some staff members at health departments believed fees would deter some clients from seeking service.

Officials at 14 clinics told us most clients expect family planning services to be offered free of charge. Eleven of these were health department clinics which are traditionally viewed as providing an array of free services to needy persons. For example, at the Whittier clinic of the Los Angeles County Health Department, officials said they had no fee scale because the department's policy is to provide free services. Clinic directors in Detroit told us they collect only modest amounts from clients because the city advertises its health department services as free. At a Cincinnati Health Department clinic, staff members said they have not charged for services because many of their family planning clients are "graduates" from the title V prenatal program, which does not require fee payment.

SOME CLINICS HAVE USED FEE SCALES SUCCESSFULLY

Some clinics have implemented workable fee policies and demonstrated their potential to generate additional income. Some of these clinics use techniques which could be applied elsewhere to increase the fee income of title X clinics.

Georgia and South Carolina clinics, which are primarily health departments, began charging fees recently when HHS' Region IV officials insisted that they do so. Georgia implemented a fee system in September 1979. In the first 6 months of 1980, Georgia clinics collected $183,105 compared with $38,793 collected in [illegible] has been accomplished without charging clients who met the State eligibility test for title XX which is about 150 percent of poverty. South Carolina began collecting fees in January 1980, and it had collected $176,040 by the end of June. Charleston County Health Department officials told us that they were surprised at the rate of collections. Charleston collected as much from July through September as in the first 6 months of

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do so, however, only after adequate notice and an opportunity for a hearing conducted within the State and after the Secretary has conducted an investigation.

AGE DISCRIMINATION AMENDMENT

Conference Agreement

Conferees agreed to H.R. 3831 with Senate amendments. The present law restricts any individual over the age of 64 from being appointed Surgeon General of the United States Public Health Service Corps. This bill removes this arbitrary age restriction and specifies that the nominee have significant experience and specialized training in public health programs.

The post of Surgeon General is filled by presidential appointment subject to confirmation by the United States Senate. It is not the intention of this amendment to limit the responsibility of the Senate to determine the qualifications of the nominee.

BLACK LUNG CLINICS

Senate Bill

The Senate bill proposed to repeal the authority for the black lung clinics contained in Section 427(n) of the Federal Mine Safety and Health Act of 1977 and to include this program in its health services block grant.

House Bill

No comparable provision.

Conference Agreement

The conference agreement does not repeal the black lung clinic authority and does not include it in a block grant.

MATERNAL AND CHILD HEALTH BLOCK GRANT

1. Authorization of Appropriations

(a) House bill.—The House bill provides for the consolidation of the following programs into a block grant to the States under Title V of the Social Security Act: Maternal and Child Health (MCH) and Crippled Children's (CC) Services; Supplemental Security Income for Disabled Children; Lead-based Paint Poisoning Prevention; Sudden Infant Death Syndrome; Hemophilia Treatment Centers; and Adolescent Pregnancy.

Senate amendment.—Similar provision, except does include Genetic Diseases programs in the MCH block grant but does not include Adolescent Pregnancy under the MCH block grant.

[redacted]

(b) House bill.—The House bill authorizes an appropriation of $394,000,000 in fiscal year 1982 for the MCH block grant.

Republican Study Committee

RSC

Chairman
REP. RICHARD T. SCHULZE

Executive Director
RICHARD B. DINGMAN

TITLE X (FAMILY PLANNING) BUDGET CUTS WILL REDUCE WASTE AND DUPLICATION

SCOPE: This Fact Sheet will identify areas in which the Title X family planning program can be reduced, based on (a) GAO's findings of waste and mismanagement, and (b) Title X's duplication of family planning services provided elsewhere.

Current Status

Title X will be funded in the FY '82 Labor/HHS/Education appropriations bill. Neither the House's nor the Senate's full Appropriations Committee has yet marked up this bill.

Background

The Administration proposed the consolidation of Title X into a preventive health services block grant at 75% of FY '81 appropriations, or $121.5 million. Instead, Congress authorized Title X as a categorical program, with a FY '82 funding level of $130 million.

Because of the unusually high level of waste and mismanagement in Title X, and because of its duplication of family planning services that are provided elsewhere, the Title X program can be drastically cut without adversely affecting services, and thereby contribute to a large reduction in the federal deficit.

The GAO Study of Federal Family Planning

On June 19, 1981, the GAO released a report entitled, "Family Planning Clinics Can Provide Services At Less Cost But Clearer Federal Policies Are Needed." According to the GAO, DHHS "could reduce the costs of such programs and make services less costly and more attractive to clients without compromising quality care."

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In FY '80, Title X served 3.8 million people in 5,125 clinics. It is the largest federal family planning program, and the only federal program devoted entirely to family planning issues. Some of the services provided by Title X clinics are reimbursed by other federal programs, such as Medicaid and social services (Titles XIX and XX). For the sake of budgetary convenience, this Fact Sheet will group together GAO-recommended savings in all the Title X-related federal family planning programs.

Just by reducing waste and mismanagement in areas identified by GAO, it is estimated that the federal goverment can save up to $39.3 million in Title X's clinics. Additional savings are possible in areas where Title X duplicates other federal family planning programs.

A. GAO-Identified Areas for Savings in Family Planning Programs

1. Unnecessary revisits to family planning clinics (1.15 million unnecessary revisits in 1979). GAO estimate of cost for unnecessary visits . . . . . $6.9 - 13.8 million

2. Unnecessary education provided to clients. GAO does not give a specific estimate. However, if each of the 5,125 Title X clinics wasted only $1,000, the total would be . . . . . $5.1 million

3. Unnecessary routine anemia screening. Reimbursement in sample clinics ranged from $1-4 per patient. If only half the 3.8 million clients received unnecessary screenings, at an average cost of $2.50, the waste would be $4.75 million . . $4.8 million

4. Unnecessary routine VD tests. Of 26 clinics visited by GAO, 24 routinely tested all clients for gonorrhea, and 14 for syphillis. This frequency is far in excess of normal medical standards and DHHS guidelines. Extra costs for VD tests include lab fees, transportation of samples, pelvic exams and paperwork. If half the 3.8 million clients received unnecessary VD routine tests at a cost of $4 each (conservative estimate), unnecessary costs would be . . . . . $7.6 million

5. Failure to implement sliding scale fee schedules. GAO does not estimate the loss nationally. But two states cited -- Georgia and South Carolina -- increased their clinic fees by $144,000 and $176,000 respectively in the first six months they began charging fees. This is an annual average of $320,000 for each of those states. If only half the states could make similar reforms in charging fees, the savings would be . . . . . $8.0 million

Total Savings in Areas Identified by GAO . . . . . $32.4 - 39.3 million

B. Title X Appropriations Can Be Further Reduced To Avoid Duplication of Other Family Planning Programs

1. The new Maternal and Child Health block grant includes $8 million for Adolescent Pregnancy. A large proportion of Adolescent Pregnancy money is used for family planning.

Since the states are most likely to spend their MCH adolescent pregnancy family planning money in existing Title X clinics, a sum equal to the money so spent can be removed from Title X with no overall loss of service . . . . up to $8 million

2. Up to $20 million can be transferred to the new Adolescent Family Life Program. AFL incorporates an innovative approach that is more likely than Title X to succeed in reducing unwanted pregnancy and abortions. By contrast, massive Title X funding has failed to achieve these objectives. According to Planned Parenthood statistics, adolescent pregnancy rates nearly doubled between 1971 and 1979, and the abortion rate nearly doubled between 1973 and 1979.

   Transferring funds from the ineffective Title X to the innovative AFL program will avoid unnecessary duplication of services that will be provided more effectively by the new AFL program . . . . . up to $20 million

Possible Additional Savings . . . . . up to $28 million

TOTAL POSSIBLE SAVINGS . . . . . up to $67.3 million

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Jack Klenk
September 18, 1981