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**national  
RIGHT TO LIFE**  
**committee, inc.**

Suite 402, 419 7th Street, N.W.  
Washington D.C. 20004 — (202) 638-4398

To: All NRLC Chapters  
From: J.C. Wilke, M.D., President  
Re: Proposed Health and Human Services Regulation  
Date: February 25, 1982

Enclosed is a copy from the Federal Register of the family planning regulation which Health and Human Services Secretary Richard Schweiker has proposed. From its date of Feb. 22 until April 23, 1982, written comments will be collected. These will be individually read and tabulated as pro and con for this proposed rule. The impact of this input will be very important as to whether this proposed rule will be promulgated as is, or be modified in minor or major ways.

Be sure that this strikes at a vital organ in the anti-family, pro-abortion complex of this nation. The current activities of most federally funded family planning clinics provide a fertile seed bed for abortion. The Planned Parenthood apparatus will be organizing and getting tens of thousands of letters written from private individuals and clinic groups opposing this.

Pro-life and pro-family groups should be getting just as many letters in.

Your response of support for this "proposed rule" can take any form and emphasize any aspect. It can come from a Right to Life group, a church group, an individual, an organization. Each letter will be counted as a "yes" or "no" and the "vote" recorded, so the number rather than the length is essential. You may say the regulation should be stricter or more lenient, but while such variations will be reported, the "yes" or "no" is the bottom line.

I'm enclosing my letter to Secretary Schweiker for ideas, but not to be copied. (Yours should go to Marjory Mecklenburg.)

May I strongly suggest that your chapter generate an absolute minimum of ten letters in support and hopefully 50 or more. Remember, if they arrive after April 23rd they will not be counted.



# **National RIGHT TO LIFE**

**committee, inc.**

Suite 402, 419 7th Street, N.W.  
Washington D.C. 20004 — (202) 638-4396

January 28, 1982

The Honorable Richard S. Schweiker  
Secretary, Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20045

Dear Secretary Schweicker:

The National Right to Life committee does not have an official policy on contraception per se as our interests extend only to the protection of life after it has begun. We number among our members large numbers who both approve and disapprove of contraceptives.

We do have a very strong conviction, universally held throughout our movement, that parents of minor daughters should be informed prior to an abortion.

While not official policy, this same conviction is part of our members' thinking on the dispensing of prescription drugs and devices to minors.

The prime question is not that of dispensing contraceptives, for some of our people would be permissive of dispensing non-prescription condoms, foam, etc. Rather, it is a question of the dispensing of medically hazardous drugs and devices without parental knowledge or consent.

I personally know of an 18-year-old girl, given the "pill" at a family planning clinic, who died of a stroke, almost certainly from the pill. She was buried without her parents knowing the cause. The IUD is known to produce permanent sterility in a distressing number of cases.

The total law and tradition of this nation has been to recognize parents' rights over medically hazardous treatment of their children. We strongly support this legal tradition.

If the state wishes to grant to unemancipated minors the right to obtain contraceptives at state expense it may apparently do so. But even granting such a social intrusion into the integrity of the family, the goal of providing contraceptives for minors can be accomplished by safer means.

There is absolutely no justification in violating another major parental prerogative by usurping their right to determine what medical treatment their children receive.

The Honorable Richard S. Schweicker  
January 28, 1982  
Page Two

We therefore strongly urge you at this time to require parental notification whenever any unemancipated minors are given prescription devices or drugs at family planning clinics.

Respectfully submitted,

J.C. Willke, M.D.  
President

JCW:sb

with the law. An estimated 546,000 are delinquent, the vast portion of them doubtless because of nonfeasance—as opposed to those who have decided to be defiant.

No one can say how many of the half-million who haven't registered are college students. But there is not the slightest reason under God's blue sky why those who are in school and using federal money should expect loans and grants to continue.

A number of colleges have signified willingness to comfort the poor lads who are cut off from the federal Treasury by providing tuition money from their own loan funds. We trust the alumni of institutions that decide to abet the disregard of the law will convey their opinions firmly.

There is nothing oppressive or repressive about the proposed regulation. The only strange element is that anyone believes it is strange.

[From the New York Daily News, Jan. 23, 1983]

#### PRIVILEGE AND DUTY

"The United States government is saying bluntly that taxpayer funds will not be used to provide a college education for students who do not comply with the Selective Service registration requirements." That's how Education Secretary T. H. Bell described a proposal to cut off federal loans to young men who fail to register with Selective Service. We couldn't have said it better ourselves.

There's a simple principle involved here: Citizenship in this great country brings certain privileges—and responsibilities. If young men want the privilege of getting low-cost, taxpayer-funded college loans, then they damn well ought to live up to their duty to obey the law.◊

### GUNDERSON UPPER MISSISSIPPI RIVER SYSTEM MANAGEMENT ACT

HON. STEVE GUNDERSON

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 3, 1983

◊ Mr. GUNDERSON. Mr. Speaker, the value of the Mississippi River system has long been recognized by the people of the Upper Midwest. And one of the true blessings of the mighty Mississippi is its multitude of uses. In fact, the Upper Mississippi River has the distinction of carrying two congressional mandates—one for national waterway transportation and the other as a national fish and wildlife refuge area.

In an attempt to reconcile the various uses of the Upper Mississippi River system, Congress created the Upper Mississippi River Basin Commission to develop a comprehensive master plan for future utilization of this portion of the river.

The Upper Mississippi River Basin Commission published a comprehensive master plan for the balanced management of the Upper Mississippi River system on January 1, 1983, pursuant to the mandate in Public Law 95-502, the Inland Waterways Authorization Act of 1978.

Exactly 1 year ago today, I came before this body to introduce legislation to implement the ecological, envi-

ronmental, and recreational recommendations of the Commission's comprehensive master plan. The need to preserve and protect the river's natural beauty and recreational uses was, and is, vitally important.

It is precisely for this reason, Mr. Speaker, that I am today introducing legislation to implement the major environmental, recreational, and navigational recommendations set forth in the Commission's master plan. The need for action to provide for the management of the magnificent resource is greater today than ever before. That is why I am particularly pleased that my good friend, the distinguished Senator from Minnesota (Mr. BOSCHWITZ), will soon introduce similar legislation in the other body.

A true balance among the three major uses of the river; commercial navigation, environment, and recreation is essential to maintain the integrity of this resource for future generations. My bill will accomplish this in several ways.

First, funds are authorized to allow the Secretary of the Army to provide for the engineering, design, and construction of a second lock at locks and dam 26, near Alton, Ill. This authorization will allow commercial navigation the opportunity to transport, without bottlenecks, the goods and services necessary to the people of the Midwest.

Second, funds are authorized to allow the Department of the Interior to undertake a habitat rehabilitation and enhancement program for the natural and recreational resources of the river system. Decades of commercial use have taken their toll on the habitat of the Mississippi River. To remedy this situation and to insure that it does not recur, the habitat rehabilitation program in my bill would establish: First, a program of rehabilitation and enhancement of fish and wildlife resources; second, a long-term resource monitoring program; and third, a computerized inventory and analysis system.

Third, the Secretary of the Army is required to establish and seek Federal funding for a program that would facilitate the productive uses of dredged material from the river. Such material has a variety of uses outside the river's flood plain including landfill, concrete, beach sand, and as a soil conditioner.

Fourth, the legislation would give the Secretary of the Interior the authority to implement a program of recreational projects along the Upper Mississippi River system and to assess the economic benefit of those recreational activities. Enhanced recreational opportunities are not only important to the users of the river system, but to thousands of small businessmen along the system as well.

Fifth, funds are authorized to permit the Department of the Army to monitor traffic movements so as to verify lock capacities, update traffic projections, and refine economic eval-

uations in an effort to determine the need for future commercial expansion, rehabilitation, and environmental enhancement of the river. Simply stated, it is time to take the guesswork out of the use of one of our greatest natural resources.

Sixth, the Secretary of the Army is required to submit to Congress annual recommendations to be undertaken to increase the capacity of specific locks throughout the system through non-structural and minor structural measures. This requirement will provide the necessary maintenance of these expensive locks and dams to prevent premature major repair or replacement.

Finally, and probably most important, the legislation approves the master plan as a guide for future water policy on the Upper Mississippi River system. Without a doubt, policy-making groups within the system are in need of a management guide for direction in implementing programs which affect future generations.

Mr. Speaker, this legislation differs from my previous legislation by having the benefit of experience. The new legislation is a correlation of letters and recommendations from constituents and representatives of the major groups which use the river or its resources.

It is absolutely necessary for this body to act in a sensible, fair way in dealing with the future management of this valuable resource. The time has come where we can no longer afford to manage this resource without providing for all of its uses. I am asking my colleagues, on behalf of every resident of the Upper Mississippi River system, to join with me in recognizing the multiple use concept of this river system.◊

### SHOULD PARENTS KNOW? OF COURSE THEY SHOULD

HON. LARRY McDONALD

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 3, 1983

◊ Mr. McDONALD. Mr. Speaker, George Orwell's "1984" has not quite arrived in the United States, but it is not for lack of trying by some of the bureaucratic folks who always know what is best for you. Symptomatic of the times, however, is the current controversy over whether parents have a right to know when their minor children request birth control information. My strong belief is that parents do have a right to know, since they are responsible for the behavior of their children until they are no longer minors. Paul Howle wrote an excellent column discussing this subject in the Atlanta Journal of Monday, January 17, 1983. I commend it to the attention of my colleagues.

The article follows:

(From the Atlanta Journal, Jan. 17, 1983)  
**SHOULD PARENTS KNOW? OF COURSE THEY SHOULD**

(By Paul Howle)

America keeps asking herself the silliest questions: Should children be allowed to observe a moment of silence in school?

Are manger scenes on the courthouse lawn unconstitutional?

Quick, somebody—pass a law. Frame an amendment. Write a regulation.

The latest silly question is this: Should the parents of minor female children be informed when their daughters are given prescriptions for birth-control devices.

What a question. Well, of course they should.

This question is just like the others. None of them should ever have been asked and only people with nothing in the world constructive to do would dream of making an issue over them.

But on to the gory details: The government says federally funded family planning agencies have to notify parents when teenagers receive prescription birth control products. A group called Planned Parenthood has declared itself officially outraged and has asked a federal court to stop the government from enforcing the rule.

So the battle lines are drawn.

On this side are those with-it people whose task in life is to know what's good for us. They know, for instance, that boys will

be boys and girls will be girls and who are parents to interfere?

Over there are those narrow-minded, repressive, ignorant old frumps who still have the nerve to believe that mothers and fathers should have more control over their minor children than some social agency does.

Imagine that. Just who do these parents think they are? They act as if they had some sort of special stake in their children's lives.

Now tell me, why shouldn't parents know what their children are up to? Because parents are yucky? Because it's none of their business? Well, the reason most often cited is because the parents might actually have the nerve to say, "No."

Then, the experts say, the kid is going to go out and Do It anyway and get pregnant because she just couldn't "communicate" with her parents.

It takes one hell of a lot of nerve to say "no" to children these days. Everybody from the Civil Liberties Union to Planned Parenthood will come down on you. You aren't communicating, they will say. You aren't relating.

But to say that parents should not be informed of the evidence of sexual activities by their minor children because a lot of the children are going to be bad anyway is like saying there's no sense in swatting flies because you can't ever get rid of them all.

Yes, bad things will continue to happen. There will be cockroaches in the silverware drawer, murders, earthquakes, dandruff, famine and plague—and pregnant 15-year-olds.

Yes, kids will be kids and nothing will ever stop that. But many a grappling session in the back seat of a jalopy has been cut short by the thought of what Mama would say.

To recognize the inevitability of sexual activity among youngsters is one thing. To implicitly sanction it by sending children the message that they might as well go ahead because it is inevitable, is another.

The point is, that until that Brave New World arrives when all babies are conceived in Pyrex cylinders and raised by an all-knowing state, parents are the best thing we have.

Parents, like any other category of our fallible species, have their faults. But by and large they do pretty well when you let them. Most of the ones I know love and care about their children and have spent a great deal of time and money and effort in trying to bring them up to lead good and useful lives.

The plain fact is that it is the parents' absolute and inherent right to know what goes on in the lives of their minor children. It is their right even if a thousand social agencies fret that they will not react in the approved way.●

MAILGRAM

April 29, 1982

Honorable Richard Schweiker  
Secretary  
Department of Health & Human Services  
Washington, D. C. 20201

We the undersigned pro-life, pro-family groups are very concerned about the April 28th New York Times article that reports that DHHS officials may be caving-in the proposed Title X regulations requiring parental notification of minor patients when prescription birth control drugs or devices of any kind are dispensed.

We urge you to immediately issue a point by point repudiation of this article which we hope is inaccurate.

We request at the earliest date a meeting with you and Title X program officials concerning the many problems we see in that program including, but not limited to, the totally inadequate report by the Department to the House Appropriations Subcommittee concerning DHHS actions during the ten months since GAO Report HRD 81-68 dated June 19, 1981.

Judie Brown - American Life Lobby	Bobbie H. Ames - Protect America's Children
Paul Marx, O.S.B. - Human Life Int'l.	
James Wright - Family Protection Lobby	James L. Deger - Life Issues in Formal Education
Connaught Marshner - Nat'l. Pro-Life Coalition	
Gordon Jones - United Families of America	Alicia Pitzer - Eagle Forum
Murray Norris - Christian Family Renewal	Jean Bingham - United Families of Maryland
Paul Brown - Life Amendment PAC	
Joan Solms - Family Life League	Gary Jarmin - Christian Voice
Joseph Scheidler - Pro-Life Action League	Lorraine Syms - Pro-Family Forum
John Beckett - Intercessors for America	
Olga Fairfax - United Methodists for Life	
Howard Phillips - Conservative Caucus	

# Birth-Control Rule May Be Modified

WASHINGTON, April 27 (AP) — The Reagan Administration's proposal to require notification of parents when minors receive contraceptives at clinics that receive Government funds may need refining so it will not be an undue burden on the clinics, an official of the Department of Health and Human Services said this week.

The Administration is also prepared to reconsider whether the rule ought to apply to intrauterine devices as well as to birth-control pills, according to Marjory Mecklenberg, Deputy Assistant Secretary for Population Affairs.

She described those issues as two of the major difficulties spotlighted by the public debate over what some of its detractors have termed the squeal rule.

Since the proposal was announced Feb. 19, the department has received more than 40,000 letters. They have not been sorted, so it is not known how many are from those convinced the regulation will lead to more unwanted pregnancies and abortions, as family-planning agencies and other critics contend, and how many think it is appropriate Federal action to insure parental responsibility and control, as its supporters maintain.

Mrs. Mecklenberg said in an interview after the 60-day period for public comment closed late last week that she was optimistic that an evaluation of the responses could be completed before the summer was over.

Even without a review of the letters, problems with the proposal have become clear.

Mrs. Mecklenberg said that one fear was that the regulation would prove expensive in practice. Clinics would have to notify parents within 10 days of giving a prescription contraceptive such as birth-control pills or IUD's to those under 18.

The clinics would also have to follow up to make sure the notices had been received. Exceptions would be granted only in cases where there was evidence that a teen-ager might suffer physical harm.

"We do need to look into the whole record-keeping or verification procedure," Mrs. Mecklenberg said. Noting that the object was "to make it possible for clinics to operate without an undue burden," she said, "We need to take a good hard look at that and whether it is workable."

The other problem area she cited was "the question of IUD's — whether there are significant health risks with IUD's to have it included."

Planned Parenthood, a leading opponent of the regulation, has cited the Government's own statistics showing that the risk of death from pregnancy and childbirth is greater for teen-agers than the same risks from birth-control pills or IUD's. The risk of death from pregnancy and childbirth among adolescents is 11.1 per 100,000 live births, compared with 0.8 per 100,000 for IUD users, 1.2 for nonsmoking users of pills and 1.4 for users of pills who smoke.

About 95 percent of teen-agers receiving prescription contraceptives are given birth-control pills. The health problems associated with the pill are concentrated in women over

age 35 who smoke, Planned Parenthood maintains. IUD's, which present the risk of infection in the Fallopian tubes, are seldom prescribed for adolescents who have not been pregnant. Diaphragms pose no health risks except those associated with pregnancy from contraceptive failure, the organization says.

The Secretary of Health and Human Services, Richard S. Schweiker, has emphasized that the Administration has been criticized from all sides for advancing the regulation. One side, which has said the proposal is too weak, would prefer an outright requirement that parental permission be given before those under 18 could receive contraceptives. The other side contends that the regulation is an attempt to impose a national moral standard and maintains that it will not deter teen-agers from sexual intercourse but will drive many who would otherwise seek contraceptives away from clinics, resulting in more unwanted pregnancies and in abortions.

File  
Right  
to Life



 **National  
RIGHT TO LIFE**  
committee, inc.

Suite 402, 419 7th Street, N.W.  
Washington D.C. 20004 -- (202) 638-4396

*FILE  
in Squad Rule  
on Parental  
NOTIFICATION*

To: Board of Directors and State Offices  
From: J.C. Willke, M.D., President  
Re: "Schweiker regs" -- For your information only  
Date: February 15, 1983

The long-awaited "Schweiker" regulations on parental notification have been issued and promptly challenged in court by Planned Parenthood, where a preliminary injunction has been issued. If Planned Parenthood fails to stop them at that level there will be an intensive effort to have Congress reverse them through statute. Anti-family groups are at present making an intensive effort to change the minds of congressmen on this.

First and foremost, whenever one of us is asked as a right to life person, we must begin by stating that the National Right to Life Committee has no opinion on contraceptives as such. Our board has taken no position on the contraceptive aspects of these regs. NRLC does oppose abortifacients and this can be stated.

Before the media and as president of NRLC I have stated the above and then noted that we do have a strong position on parental notification prior to abortion and that a similar position on the dispensing of hazardous prescription drugs (the Pill) and devices (the IUD) is almost universally held by our members.

As private citizens we can have an opinion on these regs. I am a physician and sex educator, as you know. As such I have enclosed a paper with some background information. If you as private citizens agree with my personal position, please understand that there is an urgent need that your senators, your congressman, Mrs. Margaret Heckler, newly-appointed secretary of HHS, as well as Mrs. Margie Mecklenburg, director of the Office of Adolescent Pregnancy Programs and Deputy Assistant Secretary for Population Affairs, receive letters supportive of these new regs. Government officials are being inundated by criticism by our enemies. Perhaps your church or other groups may be interested and could begin to get a volume of letters in.

"Schweiker Regs on Informing Parents"  
Background Information  
by J.C. Willke, M.D.

The contraceptive pill is covered by this reg. The IUD is covered by this reg. The diaphragm is covered by this reg. The condom is not covered by this reg. Foams, jellies, etc. are not covered by this reg.

The media seems to be at great pains, as do Planned Parenthood and all of our enemies, to try to cover up the fact that non-hazardous, non-prescription devices such as condoms, foams, etc. will still be able to be dispensed by such clinics without parental notification under this reg. It is quite clear, therefore, that if the more hazardous prescription types are in fact strongly discouraged because of this parental notification, the clinic still has available the wide-open option of giving out the other types.

What I personally do is speak to this as a physician, not as an official of NRLC. I emphasize the fact that the contraceptive pill is truly a hazardous drug. In my own counseling practice, I knew of one seventeen-year-old girl, given the pill by Planned Parenthood, unknown to her parents, who developed severe headaches. Returning to Planned Parenthood, she was told to continue to use the pill. She had a fatal stroke. Her parents buried her without knowing that she had been given the pill by Planned Parenthood. In my own practice while on call in the emergency room several years ago, I had another young lady in her early twenties who came in with a massive pulmonary blood clot which destroyed one entire lung. Except for emergency treatment, she would have died. That lady now gets short of breath going up one flight of steps. My point made here, and each of you may at times want to make that point, is that these drugs are hazardous. A report last year in the Journal of the American Medical Association stated that more women die from the pill than from pregnancy and delivery.

The intrauterine device is also hazardous. One type, the Dalkon shield, has been taken off the market because of the serious infections it caused. All other types of IUDs cause chronic, low-grade inflammation within the cavity of the uterus. In a measurable number of cases, these cause scarring and blockage of the tubes with permanent lifetime sterility. The FDA notified all practicing physicians some years ago that, if they were to insert an IUD into a woman, they were required to specifically inform her that "this might make her sterile." My usual statement is that this device should not be on the market, entirely aside from its abortifacient action.

Diaphragms happen to be prescription items. Planned Parenthood is making quite a fuss about saying that these are non-hazardous. That is true. What has been used most? Overwhelmingly the pill and a small percentage of IUDs. The diaphragm is seldom used by minor teenagers who have not had babies.

(more)

I tell about another case involving an IUD. A sixteen-year-old girl came to my office shortly before I left practice. Unknown to her parents, the local Planned Parenthood had inserted an IUD into her. She had developed a fever, severe lower abdominal cramping and a foul vaginal discharge. Returning to the Planned Parenthood office, she was told that it should be left in and that everything would be all right. I removed the IUD. It was followed by a gush of pus. This young lady was in bed and septic for almost a week before we could control her infection. I seriously doubt, after that massive infection which involved her uterus, tubes and ovaries, whether that young lady will ever be able to become pregnant. Again, her parents did not know that this had been inserted into her until I told them.

One other aspect of the type of "contraceptive" used is this. There is a far higher VD rate among those who use the pill and IUD, a far lower rate when the condom and/or foam is used.

Their chief argument is that the pill and IUD are more effective. Recall that the IUD constitutes only 5% of the total "contraceptive" use in this nation and a considerably smaller percentage in nuliparas (those who have not had a baby), being used mostly in multiparas (one or more babies). Also note that the underaged teenager, hiding this from her parents and engaging in episodic coitus only, is something less than the person to be faithfully taking a pill every day. Yes, the pill is more effective when taken regularly, but the condom and foam are the only effective means for the unplanned intercourse.

On the surface of it, Planned Parenthood tells us that, if we only had more sex education and all of these young people knew what to do, a much higher percent would use contraceptives and therefore there would be fewer pregnancies. What they fail to tell is that consistently two-thirds of premarital coitus in teenagers does not involve any contraceptive use and that only 10% of the total do not use contraceptives because they do not know about them or because such were unavailable at the time.

Another dynamic is this: here we have a young unemancipated teenager who, barraged by media and her peers, is weakening on her previous resolve not to have premarital sex. She knows that her parents and her church would not approve. She very likely has a strong feeling that this is not the thing to do. At this point into her high school classroom comes a lady from Planned Parenthood who explains that "the decision, my dear, is really up to you. If you are going to be sexually active, you must be responsible and not get pregnant." After that comes the detailed instructions on what to use. If they "get caught," of course Planned Parenthood can fix that problem up too, and behind her parents' backs, of course. Here we have a real authority figure who is openly condoning such activity and a co-conspirator in it. This may be all the push she needs to get her started. It's also quite likely that if the push went the other way--discouragement, notification (while still having condoms, etc. available, which she and he certainly know about)--that a significant number would decide not to jump in bed together.

This nation has had ten years of the type of sex education pushed by Planned Parenthood. During this time all of the family deterioration indices are

going up and off the graph. The percent involved in premarital sex is rising, the number of premarital pregnancies still increases, abortions are going up, divorces are increasing, etc. I usually say that it seems to me that this teaching has had a good run and has absolutely failed. Might we not reassess this type of Planned Parenthood education and note that rather than being part of the solution it may in fact be part of the problem?

Finally, Barbara's story is worth recounting. What if a driver's education teacher in a high school told his students that he understood that they would all speed, that they would all run red lights. But then he would teach them all of the various techniques to keep from getting caught. Having gone through all of those techniques, he then would reassure them that if in fact they did get caught, they should come to him, for he knew how to get their tickets fixed. She asks, "How long would he stay teaching in that high school?" The analogy is direct. The exact same technique is used by Planned Parenthood. It is a failure philosophy. Our kids deserve better.

Much of the above is not the direct business of our Right to Life organizations. I give it to you as a sex educator. If and when you, as private citizens or as members of other groups, can use some of the above information, feel free.

# Parents still love their children enough to care

By Sister Mary Ann Walsh

In a world where universal statements can be dangerous, I still believe that parents love their children.

Thus, I listened with disbelief when television reporter Chris Smith of W-TEN, Albany, reported that 80 percent of the more than 100,000 letters received by the Department of Health and Human Services (HHS) on parental notification, opposed it. Smith cited Anita Boles, the Local Planned Parenthood rep, whom, she reported, even told her she had been in contact with Washington that very day.

As I listened, I felt that gut reaction we all get when we hear a lie. One need not be George Gallup to question any implication that parents wish to abrogate their responsibility for their children. Certainly the same mothers and fathers who do not object to being consulted before their daughters

get their ears pierced would not write to oppose knowing who gives their daughters prescription drugs and when.

Investigation proved gut reaction right. Despite what Planned Parenthood told the media, Russell Mack, spokesman for HHS, called Planned Parenthood's assessment "pure speculation."

Mack explained that while HHS received more than 120,000 letters in reaction to the regulation requiring federally funded clinics, such as Planned Parenthood, to notify parents when they give their teens and pre-teens drugs, there was no way anyone could declare that eight out of 10 letters opposed the rule.

Mack also noted that the letters expressed different opinions. Some people wanted parents to be notified before a clinic gave children drugs and expected clinics to conform to standard legal and medical practice in the United States. Others felt

more secure knowing that, at last, the government offered a rule to uphold family unity rather than to drive a wedge into it.

Mack admitted letters opposed the rule too. Teenagers, for example, opposed the rule just as they oppose parental notification when they break the law, skip school or fail a course. Some opponents called the regulation "discriminatory," since it applies only to girls. That logic, of course, would also call pregnancy a form of discrimination.

The HHS spokesman also noted that much of the opposing mail came on form letters, requiring just a signature. That revelation makes all anti-rule letters suspect, given a "public affairs" service provided by none other than Planned Parenthood itself.

You see, a little more than a year ago, Planned Parenthood announced its letter-writing service. In a McDonald's we-do-it-

all-for-you spirit, Planned Parenthood told busy people that if they signed a signature authorization form, PP would write letters in their name to editors and legislators "on appropriate family planning and reproductive choice issues."

Now aside from the fact that a letter using a signature card would have to be invalid since you'd have to be crazy to sign the card in the first place, the existence of this service calls into question any letter expressing the Planned Parenthood line.

The fact that many of the opposing letters came as form letters gives more credence to my gut reaction that voters do not oppose the regulation which opponents have called the "snitch rule."

Americans may be polarized on abortion and sex education. They are not polarized, however, on the fact that they love their children enough to care about the medical treatment they receive.

# Of Sex and Liberals

By Margaret O'Brien Steinfels and Peter Steinfels

Why do liberals panic when faced with certain aspects of sexuality and social mores? Mention the word "chastity" and they get all nervous and giggly. This, at least, has been a common response to the Reagan Administration's proposal requiring parental notification when adolescents obtain prescription contraceptives from federally funded clinics. Demographic evidence may suggest that reducing the extent of adolescent sexual activity, not sex education or contraceptives, is the key to controlling teenage pregnancies. Yet the idea that public policy might be designed to inhibit adolescent sexual activity is something liberals cannot discuss calmly; it is easier to huff about Moral Majoritarians. Has some profound liberal taboo been offended?

This seems odds in view of liberalism's own proclivities. While conservatives tend to see the status quo as a reflection of unchangeable human nature, liberals have insisted that the status quo can always be modified by social and environmental influences. But when it comes to adolescent sex, liberals act as though they are confronted with an unalterable law of human nature, indeed an uncontrollable force of the natural world. To suggest that current trends toward earlier and greater sexual activity among adolescents might be curbed and reversed is as ridiculous as King Canute's ordering the tide to halt. Better, liberals suggest, to limit the damage by providing contraception and abortion as easily as possible.

In another way, to be sure, liberals recognize that the extent of adolescent sexual activity rather than being a natural fact is as "artificial" as our need for Sony Walkmans, designer jeans, and other appurtenances of our culture. As one group providing contraceptive information to teenagers puts it: "Current American culture injects sex into advertising, books, magazines, television, movies and popular songs. . . . From the suggestive to the blatantly erotic, sexual content or connotation pervades the mass media and inundates our teenagers."

The Moral Majority couldn't have expressed it better. Conservatives, however, still entertain the idea that something can be done about advertising, books, TV, movies, and song lyrics. This "something" usually involves moral exhortation, boycotts, censorship in schools, rating systems, and social pressures. With the possible exception of censorship, liberals think that these responses are fine when applied to South Africa, infant formula, and racial prejudice; when applied to adolescent sex, they are positively preposterous. The only alternative is to accept the status quo.

In this case, "accepting the status quo" is exactly what the conservatives oppose. In their eyes, departing from the usual practice of requiring

parental consent for prescription drugs helps to legitimize the sexual "option," as the family-planning professionals like to call it. Nobody can prove that, just as nobody can prove that Harvard's holding stock in corporations doing business in South Africa helps legitimize apartheid. In the real world, sexual activity, like all kinds of other things, is influenced by so many different factors that it is impossible to isolate and measure the impact of a single change in public policy.

The same thing is true about the conservative argument that excluding parents from the process of providing adolescent contraception is one more factor

undermining parental authority generally. Liberals, to be sure, favor parental involvement in sex education. Wise parents begin when their children are young, moving step by step from hamsters to mommies and daddies. But liberals balk at the idea that public policy might invest this friendly persuasion with, yes, parental authority.

Yet the conservative argument, on both counts, makes sense. To some unknown, immeasurable degree, a proposal like the Administration's would probably delegitimize adolescent sexual activity and relegitimize parental authority. The honest liberal response ought to be that such a diffuse, uncertain gain isn't worth the pregnancies that will result when, faced with the prospect of parental notification, a certain proportion of adolescents decide to forego contraception but not sex. And the honest conservative should reply, "We're willing to risk more pregnancies in the short run in order to create a social climate where the level of adolescent sexual activity, and of pregnancies as well, is lower in the long run."

"But why," the honest liberal then asks, "are you starting here, with contraceptive services?"

"We start wherever we can," says the honest conservative. "When we threaten to boycott TV, you act outraged. When we complain about rock lyrics, you sneer at us as prudes. O.K., where would you start?"

And the honest liberal says. . .

Well, what does the honest liberal say?

Margaret O'Brien Steinfels is author of "Who's Minding the Children? The History and Politics of Day Care in America." Peter Steinfels, executive editor of *Commonweal* magazine, is author of "The Neoconservatives."

# USCC backs proposed parental notice legislation

title 10 - Parental notification

## From wire services

WASHINGTON — A proposal that parents be notified whenever federally funded family planning clinics give prescription contraceptives to teen-agers has been endorsed by the U.S. Catholic Conference.

Father Daniel F. Hoye, USCC general secretary, said the fact that no such requirement existed previously was "a national scandal."

The regulation, proposed by the Department of Health and Human Services, would implement legislation approved by Congress last summer seeking "family participation" in government-funded family planning programs.

The rule would require family planning agencies receiving federal funds to notify parents within 10 working days after teen-agers receive prescription drugs or birth control devices.

In his comments, Father Hoye noted that the proposal has been attacked as an intrusion into private matters.

"In our view, exactly the opposite is the case," he said. "The very existence of a federal program for providing these drugs and devices indicates a highly questionable intrusion into family life on government's part."

Father Hoye urged two changes in the proposal. First, he said, parental notification should take place before teen-agers receive the prescription drugs or devices rather than after. One purpose of the rule, he noted, is the need to raise possible "contra-indications" against the use of such drugs or devices by particular individuals.

The second change recommended by Father Hoye was that the name of the prescribing physician or case worker, or both, be made available to the secretary of Health and Human Services as part of the parental notification process. That, he said, would "ensure the accountability of family planning agencies participating in federal programs."

In his comments on the proposal Father Hoye also noted that the USCC, public policy arm of the U.S. bishops, believes that "contraceptives should not be provided to teen-agers as a matter of government policy." He said the USCC further holds that "abortion and sterilization should be absolutely excluded from any governmental program."

In the absence of parental notification, he said, "teen-agers are completely at the mercy of family planning

432 Baker Street  
323 • 9640 • 323 • 9564

ry item

**Don't Get Pregnant  
Get Birth Control  
at a  
Woman-to-Woman  
Clinic**

Complete Gynecological Care

- Pap Test • VD Screening • Contraception
- Medical Counseling • Free Pregnancy Testing

Currently, clinics like the one advertised above can deal with a girl without her parents' knowledge

operatives whose ideology of social engineering and population control blinds them to what is really in the best interests of the teen-agers themselves."

He added that without notification parents are left to cope with the "medical or psychological complications" of their children's use of contraceptives and sexual activity and are forced to deal with pregnancies that result from the "contraceptive failures" which he said are common among teen-agers using contraceptives.

Father Hoye also rejected the claim by opponents of the regulation that it will result in more teen-age pregnancies and abortions.

He said there is no clear evidence to demonstrate the truth of that claim. "Indeed, there is no clear evidence demonstrating that federal family planning programs as currently administered have been effective in reducing the rate of teen-age pregnancy," he said.

He said the family unit, more than "any merely technological solution," is best equipped to help children develop long-range goals, personal discipline and a sense of self-worth that can discourage teen-age pregnancy.

4/25/82

Bulfin

cc staff

Letters to the Editor

Parents' Responsibility for Children?

The issue—discussed in Burt Schorr's April 2 Section 2 article—of providing birth control prescriptions and devices for minors without parental involvement is rather strange in view of the fact that those same parents would be called to assume responsibility for a minor's participation in vandalism, theft or alcoholism. A parent who is required for an ear-piercing is often not required for the much more serious matter of abortion. Parents have been manipulated long enough by just such a double standard and they ought to stand up for the authority that goes with responsibility.

On the other hand, maybe we just need to lower the age of majority—say to twelve. Then adults wouldn't even have to worry about signing report cards!

BRENDA R. TANGER  
Newton Centre, Mass.

You report that Dr. William Glover asserts the proposal is based on assumptions that children are the property of their parents and parents will react to the information they receive in a manner that will be in the teen-ager's best interest. Dr. Glover then asserts that such assumptions are "untenable." I most adamantly assert that the assumptions are infinitely more tenable than the assumption of the opposing view, that children are the property of the state and the state is better prepared to counsel children in matters of sexual behavior than are parents.

JACK N. RAY  
Bloomington, Ind.

I prefer that young people wait for marriage for sexual activity, but if they do not wait, I prefer them to get contraceptive help rather than to risk extra-marital preg-

nancy. Shotgun weddings, abortion, and unwed—mostly welfare—motherhood are not acceptable substitutes for contraception.

If young girls are too frightened of parental notification, "I'll tell your mother what you have been doing," to visit Planned Parenthood much venereal disease will not be discovered and treated. This will result in a great increase in sterility and other serious conditions in both boys and girls, increased fetal and newborn death, and increased death from ectopic pregnancy.

SUZETTE ALICKY  
New Windsor, N.Y.

Those who would deny parents any input in decision making for their 16-year-old daughter's IUD insertion would also deny them the right to know about their teenager's lunch hour abortion. These same individuals, however, do want the parents notified when the IUD perforates the uterus or the lunch hour abortion winds up being an exploratory laparotomy. For then, catastrophic hospital bills are involved and the parents, of course, are expected to pay them.

Many obstetricians and gynecologists are not all that impressed by the infallibility of the decisions made by teen-agers in collaboration with their sex educators and abortion counselors. We feel that parents know their daughters better than these individuals do and parents should be involved when crucial decisions regarding their daughters' reproductive capabilities are at stake.

MATTHEW J. BULFIN, M.D.  
President  
American Assn. of Pro Life  
Obstetricians & Gynecologists  
Lauderdale-by-the-Sea, Fla.



P. N. S. 11705.

# UNITED FAMILIES OF AMERICA

Jeremiah A. Denton, Chairman of the Board



FOR IMMEDIATE RELEASE  
Contact: Gordon Jones

## FACTS SHOW THAT 'PARENTAL NOTIFICATION' REGS WILL REDUCE TEEN PREGNANCY

WASHINGTON, D.C., 16 February 1983—"Judge Werker is simply wrong," the Executive Director of United Families of America said today. "Judge Werker is entitled to his opinions about what will happen if these regulations go into effect, but his opinions should not be allowed to outweigh the facts in the case," said Gordon Jones, referring to the temporary injunction against Department of health and Human Services regulations issued on Monday. The regulations require that federally-funded family planning clinics notify the parents of minor children when the children receive prescription birth control drugs and devices.

"Although the facts are limited, what facts we have clearly show that the effect of requiring parental involvement in teenage 'family planning' lowers pregnancy and abortion rates. It does not increase them, as the opponents of the federal regulations fear."

The facts Mr. Jones referred to were contained in a report from the Utah Bureau of Health Statistics. These statistics clearly show that, when parental involvement is required, teenage pregnancy rates go down, not up. For example, the teenage pregnancy rate in Utah had been going up consistently until 1981, when Utah's Parental Consent law went into effect. Under the operation of that law, the trend was reversed, and pregnancy rates fell in 1981 to levels even lower than 1979.

Utah's law requires parental permission before minors can receive birth control information or devices, or abortion services. Although it applies only to tax-funded clinics, the effect of Utah's law has been to sharply reduce the usage of 'family planning' clinics by teenagers in general. In 1980, 2,789 teenagers used these clinics. In 1981, usage dropped to 1,138. "If the critics of these regulations were correct," said Mr. Jones, "we would expect pregnancy rates to increase. In fact, they declined."

The exact figures, for girls 15-17, are as follows:

1979	43.8/1,000
1980	45.7/1,000
1981	42.1/1,000

## Teen-Age Pregnancy Risk Cited

# Judge Bars Birth Control Notification

By Philip J. Hilts  
Washington Post Staff Writer

A federal judge in New York yesterday barred the government from putting into effect a rule that would require family planning clinics to notify parents when their children have received contraceptives.

U.S. District Court Judge Henry F. Werker granted a preliminary injunction against the rule, saying it would lead to an increase in teen-age pregnancy.

"The parental notice requirement is invalid because it contradicts and subverts the intent of Congress," Werker said in his ruling. "The court

finds that the regulations constitute a blatant disregard for one of the main purposes" of the family planning law as passed by Congress.

Health and Human Services Department officials had no comment yesterday, but the American Civil Liberties Union, which brought suit on behalf of the state of New York and the New York health department, said the ruling probably will block implementation of the regulation nationally.

The rule requiring notification of parents was scheduled to go into effect Feb. 25. It would have required some 5,000 family-planning clinics

that receive federal funds to mail a notice to parents within 10 days of prescribing a contraceptive to anyone 17 or younger. The three contraceptives included in the rule are the pill, the diaphragm and the intrauterine device.

The notification rule has been opposed by numerous health and civil liberties groups. It has generated more mail than any other proposed regulation in the department's history. Reagan administration supporters, however, say parents have a right to know what their children are doing, and the government should

See NOTIFY, A6, Col. 1

## Judge Blocks Birth Control Notification

NOTIFY, From A1

not be providing contraceptives to their children secretly without the parents' knowledge.

Werker said in 20-page opinion that it was unnecessary to consider deep constitutional questions on the matter, since the law itself and the documents surrounding it made clear that Congress never intended to make parental notification mandatory.

He also called one HHS argument "fatuous" and another "nothing more than an exercise in mere sophistry" when the agency claimed that it was not mandating family participation in contraception with this rule, but only facilitating it.

At the same time the ruling came in New York, other suits trying to stop the regulation had reached various stages in courts in Tennessee, West Virginia and the District of Columbia.

In arguments before U.S. District Court Judge Thomas A. Flannery in the District of Columbia, John Nields, an attorney for family planning groups seeking to throw out the new rule, said the regulation "blatantly contravenes" the law and would cause 33,000 teen-agers nationwide to become pregnant.

Nields said HHS bowed to "political pressure" from opponents of family planning in proposing the regulation.

But Theodore C. Hirt, an attorney for the government, told Flannery that the regulation was a "reasonable method" of implementing the law and that the government did not believe "there will be these dire consequences" of increased pregnancies as a result of the notification requirement.

"Parents have an interest in knowing what medications their minor children are taking," Hirt argued, saying that interest "could not be overlooked."

In response to a question by Flannery, Hirt said that before the rule was implemented 40 states had registered objections to it and no state had told HHS that it favored the rule.

# Heckler switches stand on notifying parents of teen contraceptive use

WASHINGTON - Margaret Heckler, President Ronald Reagan's nominee to head the Department of Health and Human Services, now supports an Administration-backed regulation requiring family-planning clinics to notify parents of minors receiving contraceptives.

The decision represents a switch for the former Massachusetts congresswoman, and is likely to provoke some questions during her confirmation hearings in the next few weeks.

"She is prepared to carry out the policy of the Administration," said Robert Fouts, a press spokesman for Heckler.

On Jan. 21, Heckler met at the White House with 23 leaders of groups opposed to abortion, in a session attended by Reagan.

During that meeting she indicated she would support the Administration on the issue. Last year, she joined a group of House members who opposed the rule.

"It was in response to a question on the regulation from Dr. Jerry Falwell," said Morton Blackwell,

the White House liaison for the groups that favor restricting abortion. "And she said she is now part of the President's Administration and she is going to follow the President's policies."

Aides to Heckler contend there is a difference between one's own views as a member of Congress and the position that one supports as a member of an Administration.

Heckler could not be reached for comment yesterday.

Heckler's confirmation hearings in the Senate have been delayed because of her desire and that of the White House that she wipe out a \$190,000 campaign debt amassed during her unsuccessful campaign for a ninth term against Democratic Rep. Barney Frank.

Heckler was forced to run against Frank when the two were put in the same district by reapportionment.

Heckler held a fund-raiser last Thursday at the Harvard Club at which she raised well over \$100,000, according to aides, who said she is close to paying off her debt.

- BENJAMIN TAYLOR



MARGARET HECKLER ... held fund-raiser

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*Jeremiah A. Denton Jr.*

# Parents Ought to Know

## *Notice to Taxpayers*

*A portion of your tax dollars will be used to make sex counseling and prescription birth control drugs and devices available to your minor children at no cost and without your knowledge. This is the only notice you will receive.*

How would parents react if they found that notice on their income tax forms? It is an entirely accurate statement of prevailing federal laws, regulations and practice. Parents are simply not told when big government counsels and equips their children for sex.

At long last, in 1981, Congress did mandate that federally funded "family planning" programs "to the extent possible . . . shall encourage family participation" in the provision of contraceptives to minors.

Accordingly, on Jan. 26, 1983, the Department of Health and Human Services took a small step toward involving the parents by issuing a regulation requiring that parents be notified within 10 days after their minor child receives prescription contraceptives from a federally funded clinic. This regulation is a sensible step to chip away at the "Berlin Wall," as then HHS secretary Richard Schweiker characterized it, that government has erected between parents and their children.

In attacking the regulation, the "family planning industry" and many newspapers claim, without credible evidence, that informing the parents will increase the number of adolescent pregnancies and abortions. The "industry" accepts the increasing rate of teen-age sexual activity as unalterable if not desirable. It conveniently ignores the fact that, ever since the federal government got involved, virtually every problem that the family planning formula of counselors and contraceptive service providers is supposed to prevent has grown much worse:

- Teen-age pregnancy rates continue to rise; abortion among teen-agers has skyrocketed.

- Increasing millions find themselves exposed to venereal diseases such as herpes.

- Increasing numbers of illegitimate children are handicapped in their early lives as their unwed mothers face the difficult problems of raising children alone.

- Social costs escalate as single mothers join the welfare ranks and poorly reared children grow into problem citizens.

- Most tragic of all, the toll of human unhappiness continues to grow.

That sex is beautiful, joyful and powerful is not at issue here. No one opposes teen-agers' receiving information to help them place it in perspective. Indeed, parents have a special right and duty to provide such information, a duty shared by the clergy and physician.

What is at issue is the role the federal government has been playing in facilitating and encouraging adolescent sexual activity without parental knowledge or participation. Millions of parents angrily resent the violation of their right to know what is said and given to their children by the government through entities like Planned Parenthood. Moreover, the "family planning" industry downplays the health risks for teen-age girls using prescription contraceptives. Clinics provide the pill and intrauterine devices with insufficient regard for the potential harm to the bodies of the recipients.

Articles in *The Post* itself have described the dangers of these drugs and devices. For example:

"According to a number of scientists familiar with research on oral contraceptives, there is no longer any doubt that the pill's side effects include potentially fatal diseases: heart attacks, strokes, blood clots,

## Taking Exception

brain hemorrhages. Its relation to cancer is confusing. . . . It will be years before its real impact is known" [Feb. 15, 1981].

"A leading pathologist [Dr. Prabodh K. Gupta, Johns Hopkins School of Medicine] says, "There is no safe IUD and urges the nearly 3 million women using them to find another form of contraceptive because they cause infertility and life-threatening infections" [March 4, 1981].

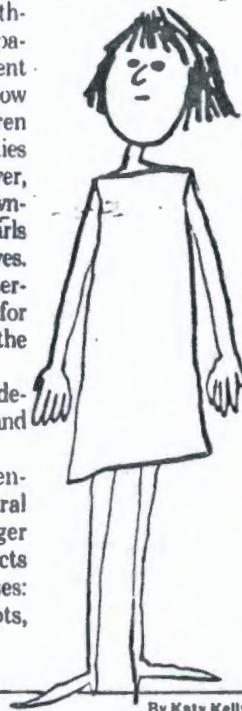
Yet children as young as 13 years old, and perhaps younger, are expected to decide without the help of any responsible adult—except, of course, the "family planning professional"—whether to use those dangerous drugs and devices.

Research has shown that, when adolescents communicate with their parents about sex and sexuality, they are more likely to postpone sexual activity. Those who are sexually active after talking with their parents are far more likely to

use contraceptives consistently and carefully. The fact is that the increase in premarital adolescent pregnancy is only the most obvious symptom of a deeper societal problem, a dramatic increase in illicit and ill-advised sexual activity among very young teen-age boys and girls.

A government policy that continues to wink at such activity, using taxpayer dollars to pay for contraception for any adolescent who solicits it and withholding that information from parents, fails to pay even token respect to the overall emotional and physical health of the child, to the values of the family and, most important, to the rights and duties of parents.

*The writer, a Republican senator from Alabama, is chairman of the subcommittee on aging, family and human services.*



By Katy Kelly.

# Judge Bars Federal Birth-Control Rule for Minors

By ARNOLD H. LUBASCH

A Federal judge yesterday blocked new regulations that would have required federally supported family-planning clinics to notify parents when minors received prescription contraceptives.

The judge, Henry F. Werker of Federal District Court in Manhattan, declared that "the parental notice requirement is invalid because it contradicts and subverts the intent of Congress." He stressed that Congress had provided funds to combat "the problems of teen-age pregnancy."

The regulations, which were sched-

uled to go into effect Feb. 25, were issued recently by the United States Department of Health and Human Services. They were challenged by New York State in a lawsuit that resulted in Judge Werker's decision.

Federal authorities are uncertain whether the court ruling extends beyond New York State and are considering whether to appeal it, according to Susan M. Campbell, a Government attorney in the case.

A spokesman for Robert Abrams, the New York State Attorney General, said Judge Werker's decision was the first court ruling on the new regulations and was "nationwide in scope."

"This decision," Mr. Abrams said in a statement, "strikes down an ill-conceived and illegal rule which would have led to tens of thousands of unwanted pregnancies each year. Congress clearly did not intend to erect a serious barrier to the provision of essential birth-control services to teenagers."

The view that the ruling would apply nationwide was also expressed by Rhonda Copelon, an attorney for the Center for Constitutional Rights, which participated in the case.

A statement assailing the regulations

Continued on Page 13, Column 1

## Contraceptive Notification Rule Barred

Continued From Page 1

was issued by Representative Henry A. Waxman, Democrat of California and chairman of the House Subcommittee on Health and the Environment. The subcommittee has jurisdiction over the family-planning program.

"No one except the Reagan Administration and its Moral Majority supporters likes the 'squeal' rule," Representative Waxman said.

The Health and Human Services Department had not yet seen the court decision and could not comment, according to Claire del Real, a spokesman for the department in Washington.

In his 22-page decision, Judge Werker issued a preliminary injunction blocking the regulations, pending a full trial of the dispute, and said the trial was likely to confirm that the regulations were invalid.

Congress added a provision known as Title 10 to the Public Health Service Act in 1970, the judge said, providing a system of Federal financing for public and private nonprofit family-planning projects. In 1978, he continued, Congress amended the law to require the projects to provide services to adolescents because "the problems of teenage pregnancy have become critical."

### Unemancipated Minors Affected

Under the new regulations, when family-planning services that receive Title 10 funds provide prescription drugs or contraceptive devices to an unemancipated minor, they must notify a parent or guardian of the minor within 10 working days, and must inform the minor that the notice will be given.

Unemancipated minors are considered those under the age of 18 who are unmarried and are living at home.

The new regulations would also re-



Judge Henry F. Werker

voke the authority of the family-planning services to disregard family income when determining any fees to be charged to minors who seek treatment on a confidential basis.

Judge Werker said the regulations would "cause increased adolescent pregnancies" and require doctors to violate "patient confidentiality," and would mean that "many maladies, including venereal disease, will not be prevented, detected or treated."

"The state and New York State Department of Health submitted well-

documented proof," the judge said, "that they and the citizens whose health and welfare they are charged with protecting are faced with the very real threat of having to cope with the adverse health and social consequences of increased unwanted adolescent pregnancy and the financial burdens of additional persons in need of public assistance."

The state said it was using \$4.5 million of Title 10 funds in the 1982-83 fiscal year for distribution to agencies that provide family-planning services.

"Plaintiffs have presented substantial statistical and medical documentation," Judge Werker said, "that a parental notice requirement will deter adolescents from obtaining prescription contraceptives and other family-planning services."

"They argue," he said, "that the effect of the regulations will be to reverse the progress that has been made in the state in reaching adolescents who need family-planning services and in decreasing the number of unwanted teenage pregnancies."

"The court finds that, based upon the record before it, the regulations constitute a blatant disregard for one of the main purposes of Title 10," he said, "and, unless a trial on the merits discloses information that is drastically to the contrary, the regulations cannot be upheld."

### Similar Case in Washington

Special to The New York Times

WASHINGTON, Feb. 14 — Attorneys for two family-planning organizations urged a Federal judge today to block new Government regulations that would require clinics to notify parents when they issue prescription contraceptives to patients under the age of 18.

After hearing two hours of oral argument, Judge Thomas A. Flannery of the United States District Court here said he would rule later this week on the request for a preliminary injunction.

The regulations in dispute in the case here are the same as the ones challenged in New York, but the plaintiffs are different. The lawsuits here were filed by the Planned Parenthood Federation of America and the National Family Planning and Reproductive Health Association.

The plaintiffs here represent family-planning clinics across the nation. The decision by Judge Henry F. Werker of the United States District Court in New York does not require the court here to reach a similar result.

### 'Right to Set Conditions'

Theodore C. Hirt, an attorney for the Federal Government, told Judge Flannery that the plaintiffs here had no standing to challenge the regulations because, he said, they would not be injured by them. Further, he said: "The Government is providing contraceptive services. It has a right to set conditions on those services."

Planned Parenthood clinics could withdraw from the Federal program, forgo Federal money and provide contraceptives "consistent with their philosophy," Mr. Hirt said.

John W. Nields Jr., attorney for the National Family Planning and Reproductive Health Association, said that the new regulations would be "clearly excessive and would cost hundreds of thousands of dollars."

# HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE  
Monday, January 10, 1983

Claire del Real - (202) 245-6343

Health and Human Services Secretary Richard S. Schweiker announced today his intention to publish final rules implementing a 1981 Omnibus Budget Reconciliation Act provision which calls for encouragement of family participation in the use of federally-funded family planning services.

The rules would require that family planning projects and clinics receiving federal funds under Title X of the Public Health Service Act notify a parent or guardian of unemancipated minors aged 17 or younger within ten days after they give the minor a prescription contraceptive drug or device. Clinics would advise minors of this notification requirement prior to providing services.

"This department has a deep responsibility to protect the health and safety of minor adolescents who are given prescription birth control drugs or devices paid for with taxpayer dollars," said Secretary Schweiker.

"As Congress recognized in its 1981 legislation, when Title X-funded clinics provide prescription contraceptives to minors, family involvement is an important protection for our children.

"While this rule does not mandate family participation, its great benefit is that it will provide an opportunity for family involvement where parents were previously kept in the dark. This will help remove a barrier between parents and adolescents, thereby encouraging more communication in many families. The new rule strikes a reasonable balance between the need to make federally-funded family planning services available to adolescents and the rights of parents in matters involving health of their children."

A proposed rule on parental notification was published for public comment on February 22, 1982. Over 120,000 individuals and organizations commented on the proposal.

"We carefully considered all the issues raised by the public comments, and carefully weighed the merits of each before deciding on the final rule," said Schweiker. He noted that publication of the rule in the Federal Register will be accompanied by specific responses to issues raised in the public comments.

The parental notification requirement would not apply to the giving of birth control information, counseling or nonprescription contraceptives to minors, nor would it apply to the dispensing of drugs to treat sexually transmitted diseases.

Exceptions to parental notification will be allowed if the head of the clinic finds that notifying the parent would result in physical harm to the child.

One change made as a result of the public comments was to define "parent or guardian" as being one such person who lives with the minor or exercises ordinary parental functions. Another change from the original proposed rule clarifies how notification is to be handled--it will be done by certified mail or other similar form of documentation.

The rules now go to the Office of Management and Budget for review before publication in the Federal Register.

WASH POST JAN 15 1983

# OMB Intends to Expedite Teen Contraceptive Rule

A plan to require federally financed clinics to notify parents within 10 days after their daughters under age 18 get prescription contraceptives is likely to be put into effect before Margaret M. Heckler, the nominee to be secretary of the Department of Health and Human Services, takes office.

A White House source said yesterday that it was the "full intention" of the Office of Management and Budget to "handle the matter expeditiously," acting within a 10-day turnaround period required by law but not always followed. Outgoing HHS Secretary Richard S. Schweiker sent the highly debated rule to OMB Monday after considering

comments from more than 100,000 individuals and organizations.

Rep. Henry A. Waxman (D-Calif.), who chairs the House Commerce health subcommittee, urged the administration yesterday to freeze action on what he called the "snitch rule" to give Heckler time to review the proposal, which she opposed while in Congress.

Waxman noted that the former Massachusetts congresswoman was among the members of the Congressional Caucus for Women's Issues who protested the proposal last year, charging that it would cause a "drastic increase" in teen-age pregnancies.

## Informed consent and the humanity of a fetus

A sometimes overlooked aspect of the continuing abortion debate is the gritty area of informed consent.

The First Circuit U.S. Court of Appeals (*Planned Parenthood vs. Bellotti*, 1981) and the pro-choice American Public Health Association (APHA) have both taken a controversial position on the proper information to be given to a woman contemplating an abortion. They have stated their opposition to requiring that the woman be exposed to either a biological description of the fetus within her or to pictures of fetal development.

The court considered it to be a form of moral indoctrination. The APHA opposed it because it would "increase the patient's anxiety."

These positions seem against the dictates of common sense no matter what one's views on abortion might be. Granted, if the fetal information is accompanied by morally biased arguments against the abortion procedure, the practice would be beyond the proper bounds of informed consent. But if only basic

facts are included, there is nothing really to be gained by keeping the pregnant woman ignorant.

At least one pro-choice philosopher, Roger Wertheimer, has argued that a key reason why the pro-life movement has not developed the support received by the anti-slavery movement is not because there are no similarities between the two movements, but because the humanity of the fetus is not as visible as the slave's.

Wertheimer has pointed out that

the "personhood" of the unborn child is not something that can be proven or disproven by the biological facts. It is in the final analysis simply a question of how we each intuitively react to those facts.

But in the case of the fetus, the facts are not necessarily well-known to the average person. Therefore, at least some pro-choice advocates are aware that keeping fetal information hidden might be a way to win the abortion argument by default.

The APHA's fear that these truths might "increase the patient's anxiety" is only an admission of the potential importance of these facts to the woman. To hide these facts, realizing that the woman might perhaps encounter them after the abortion, is a potentially greater risk to the woman's psychological welfare than is the presentation of the information prior to getting the woman's consent.

Gary Crum, Ph.D., M.P.H.  
Assistant Professor  
George Washington University  
Washington

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WASH. TIME 1/17/82



# Judge bars 'squeal rule' at birth control clinics

**NEW YORK (UPI)**—A federal judge Monday temporarily prohibited the government from requiring clinics to tell parents when their teenage daughters get birth control pills or devices, saying the rule actually would increase pregnancies.

The controversial regulation covering health clinics that get federal funds was to take effect Feb. 25, but U.S. District Judge Henry F. Werker enjoined the Department of Health and Human Services from enforcing the rule until a trial is held.

"The parental notice requirement is invalid, because it contradicts and subverts the intent of Congress," Werker said. "Common sense dictates but one conclusion: The deterrent effect of the regulation will cause increased adolescent pregnancies."

**THE REGULATION** has been attacked by a number of family planning and medical groups, as well as state agencies, which have argued it would discourage teenagers from seeking birth control.

The requirement, branded a "squeal rule" by its opponents, orders clinics receiving federal funds under the family planning law to tell parents within 10 working days when their daughters age 17 or younger get prescriptions for birth control pills, diaphragms or intrauterine devices.

The Reagan administration argues that parents have a right to know what their children are doing and claims the rule is justified by Congress' declaration it wants to encourage "family participation" in birth control decisions.

Claire del Real, a representative for the Health and Human Services in Washington, said officials would have no comment until they receive the New York judge's order.

**ASKED IF IT** would be obeyed, she re-

plied: "We're very law-abiding citizens."

At the Justice Department, there was no word on whether there would be an appeal.

The New York state Health Department, various health groups and state Atty. Gen. Robert Abrams argued the regulation would reverse progress in reaching adolescents who need family planning services and in "stemming the tide of unwanted adolescent pregnancies."

Werker agreed, saying statistical and medical evidence shows the requirement would deter youths from obtaining family planning services.

**EVEN WITHOUT** birth control, he observed, "adolescents will not abstain from sexual activity."

In Washington, Rep. Henry Waxman (D., Calif.), chairman of the health subcommittee that oversees family planning programs, hailed the ruling.

"The proposed rule is bad law and bad policy and will result only in more teenage pregnancies and more abortions," he said in a statement.

**"TODAY'S COURT** decision will mean that family planning programs will still reach adolescents and can still safely prevent pregnancies," Waxman said. He predicted the rule would be quashed permanently.

About 5,000 clinics nationwide would be covered by the rule, and family planning officials say the regulation could affect more than 400,000 teenage girls.

The regulation also has been challenged in a lawsuit by Planned Parenthood in Tennessee; one by the American Civil Liberties Union in West Virginia; and in two suits by Planned Parenthood and the National Family Planning and Reproductive Health Association in Washington.

# Ban on Notice of Contraceptives Applies Nationwide, Judge Says

By Philip J. Hiltz  
Washington Post Staff Writer

A federal judge in New York yesterday barred the government from putting into effect anywhere in the United States its new rule requiring parental notification when teen-agers get contraceptives from federally funded clinics.

U.S. District Court Judge Henry F. Werker also ordered the Department of Health and Human Services to send notices to all its regional offices warning them not to put the new rule into effect.

The judge granted a temporary injunction Monday barring the department from putting the rule into effect, but it was unclear whether the order would extend beyond Werker's New York district.

Yesterday the judge cleared up any doubt, ruling that the temporary injunction applies to the HHS secretary personally, as the one responsible for promulgation of the rule. Werker said he would hold in contempt anyone who tried to put the rule into effect.

A Justice Department spokesman said the government would abide by the judge's ruling, while appealing the order as soon as possible. A hearing on whether to make the injunction permanent is scheduled for the first week of March. If, as expected by both sides, the judge issues a permanent injunction, the Justice Department is pre-

pared to appeal on an expedited basis to the U.S. Court of Appeals for the Second District.

The new rule was scheduled to go into effect Feb. 25. It would affect between 4,000 and 5,000 federally funded family-planning clinics, requiring them to notify the parents of anyone aged 17 or younger who receives prescription contraceptives from the clinics.

One little-noticed provision of the new rule would change the way teen-agers pay for the contraceptives. Under current law, teen-agers can get them free or at reduced price if they can qualify as having a low income. Under the new rule, income of the teen-ager's family would be judged rather than the income of the teen-ager.

Judge Werker said in his Monday ruling that this would deter teen-agers from middle-income families from getting contraceptives at the clinics. They would cost more and parents probably would have to be contacted to determine the family income.

The ruling in New York came on two suits against the federal government—one from the State of New York and the state health department, represented by the state attorney general, and a second class-action group represented by the American Civil Liberties Union.

There are similar suits in at least three other jurisdictions.

W/Post 2/10/95

## U.S. Plans to Appeal Ruling On Teen-Ager Birth Control

WASHINGTON, Feb. 16 (AP) — The Reagan Administration plans to appeal a Federal court ruling that blocks a requirement that parents be told when young women receive prescription contraceptives at federally subsidized clinics.

The so-called "squeal rule" was to have taken effect Feb. 25.

Thomas R. Donnelly Jr., Acting Secretary of Health and Human Services, announced today that the appeal of Federal District Judge Henry F. Werker's ruling would be filed with the United States Court of Appeals for the Second Circuit in Manhattan.

FOR RELEASE ONLY UPON DELIVERY

STATEMENT OF

RICHARD S. SCHWEIKER

SECRETARY OF THE DEPARTMENT

OF HEALTH AND HUMAN SERVICES

BEFORE THE

SUBCOMMITTEE ON HEALTH AND THE

ENVIRONMENT

FEBRUARY 9, 1982

SECRETARY'S STATEMENT BEFORE THE SUBCOMMITTEE ON HEALTH  
AND THE ENVIRONMENT (HOUSE ENERGY/COMMERCE) 2/9/82

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

THANK YOU FOR THE OPPORTUNITY TO APPEAR BEFORE YOU TO DISCUSS THE NEED FOR PARENTAL INVOLVEMENT IN MATTERS RELATING TO ADOLESCENT SEXUAL ACTIVITY AND PREGNANCY, PARTICULARLY MATTERS AFFECTING THE HEALTH OF ADOLESCENTS.

MR. CHAIRMAN, THE FAMILY UNIT HAS ALWAYS BEEN THE CORNERSTONE OF OUR SOCIETY. INDEED, PARENTS HAVE THE PRIMARY RESPONSIBILITY FOR THE EDUCATION, HEALTH, SAFETY AND GENERAL WELL-BEING OF THEIR CHILDREN, WITH SUPPORT FROM CHURCHES, SCHOOLS, AND OTHER COMMUNITY INSTITUTIONS THE FOCUS OF MANY GOVERNMENT ASSISTANCE PROGRAMS ALSO RECOGNIZES THE IMPORTANCE OF THE FAMILY -- HEAD START, CHILD ABUSE PREVENTION AND TREATMENT, CHILD WELFARE SERVICES, AND THE FOSTER GRANDPARENT PROGRAMS ARE JUST A FEW EXAMPLES.

OUR SOCIETY RECOGNIZES THAT IN ALL MATTERS AFFECTING THE LIVES OF OUR CHILDREN THERE SHOULD BE INVOLVEMENT OF FAMILY AND PARENTS; A RECOGNITION WHICH IS SHARED

BY GOVERNMENT. BUT THERE HAVE BEEN EXCEPTIONS TO THIS GOVERNMENT RECOGNITION OF THE IMPORTANCE OF THE FAMILY. IN SOME AREAS THE GOVERNMENT HAS APPEARED TO TAKE THE POSITION THAT FAMILIES ARE NOT IMPORTANT AND ARE NOT TO BE INVOLVED. ONE OF THOSE AREAS IS THE PROVISION OF FAMILY PLANNING SERVICES FOR ADOLESCENTS.

WITH RESPECT TO ADOLESCENT SEXUAL ACTIVITY, GOVERNMENT POLICY HAS EVOLVED IN A DIRECTION OF DEALING WITH ADOLESCENTS OUTSIDE THE INSTITUTION OF THE FAMILY. THAT, I BELIEVE, HAS BEEN A MISGUIDED POLICY.

FOR THAT REASON, I AM PLEASED THAT CONGRESS TOOK STEPS LAST YEAR TO MOVE BACK TOWARD INVOLVING FAMILIES. THE IMPORTANCE OF THIS APPROACH IS BEST STATED IN THE ADOLESCENT FAMILY LIFE STATUTE PASSED BY CONGRESS LAST YEAR. THE STATUTE STATES:

"THE CONGRESS FINDS THAT... PREVENTION OF ADOLESCENT SEXUAL ACTIVITY AND ADOLESCENT PREGNANCY DEPENDS PRIMARILY UPON DEVELOPING STRONG FAMILY VALUES AND CLOSE FAMILY TIES, AND SINCE THE FAMILY IS THE BASIC SOCIAL UNIT IN WHICH THE VALUES AND

· ATTITUDES OF ADOLESCENTS CONCERNING SEXUALITY AND PREGNANCY ARE FORMED, PROGRAMS DESIGNED TO DEAL WITH ISSUES OF SEXUALITY AND PREGNANCY WILL BE SUCCESSFUL TO THE EXTENT THAT SUCH PROGRAMS ENCOURAGE AND SUSTAIN THE ROLE OF THE FAMILY IN DEALING WITH ADOLESCENT SEXUAL ACTIVITY AND ADOLESCENT PREGNANCY. "

THIS SAME POLICY THRUST WAS ESTABLISHED BY CONGRESS LAST YEAR IN THE FAMILY PLANNING PROGRAM BY THE AMENDMENT WHICH REQUIRES FAMILY PLANNING GRANTEEES TO ENCOURAGE FAMILY INVOLVEMENT. THESE ACTIONS BY CONGRESS ARE OF VITAL IMPORTANCE PARTICULARLY IN LIGHT OF THE POTENTIAL HEALTH HAZARDS ASSOCIATED WITH CONTRACEPTIVE USE AND PREGNANCY.

AS PART OF THE IMPLEMENTATION OF THE ADOLESCENT FAMILY PROGRAM, WE PLAN TO FUND DEMONSTRATION PROJECTS WHICH WILL USE AS A FOCUS THE FAMILY IN EFFORTS TO IMPROVE PREGNANCY OUTCOMES AMONG TEENAGERS. WE PLAN TO ENCOURAGE THE INVOLVEMENT OF BOTH SEXUAL PARTNERS SO THAT RESPONSIBILITIES ARE SHARED.

THE STATISTICS ON TEENAGERS WHO ARE SEXUALLY ACTIVE, AS WELL AS THOSE WHO ACTUALLY BEAR CHILDREN, ARE OF SERIOUS CONCERN. THE RISK OF MATERNAL DEATH FOR ADOLESCENT MOTHERS IS HIGHER COMPARED TO WOMEN IN THE 20 TO 24 YEARS OF AGE BRACKET. THE RISK OF COMPLICATIONS OF PREGNANCY AND CHILD BIRTH IS ALSO HIGHER.

ONE CAN TAKE SMALL COMFORT IN THE FACT THAT SEXUALLY ACTIVE TEENAGERS ARE MORE LIKELY TO USE CONTRACEPTIVES TODAY THAN TEN YEARS AGO. THIS ALSO PRESENTS US WITH A NEW PROBLEM FOR THESE TEENAGERS -- A POTENTIAL HEALTH PROBLEM ASSOCIATED WITH PRESCRIPTION CONTRACEPTIVES. I AM DISTURBED THAT WE HAVE NOT PAID ENOUGH ATTENTION TO THE HEALTH CONSEQUENCES FOR ADOLESCENTS USING BIRTH CONTROL PILLS OR I. U. D. s AND THAT WE HAVE NOT PROVIDED PARENTS WITH AN OPPORTUNITY TO INTERACT WITH THEIR CHILDREN ON THIS IMPORTANT DECISION WHICH AFFECTS THEIR HEALTH AND WELL-BEING. I AM CONCERNED ABOUT THIS NOT ONLY AS A PARENT, BUT ALSO AS THE SECRETARY OF THE FEDERAL DEPARTMENT RESPONSIBLE FOR THE PUBLIC'S HEALTH.



WHILE MEDICAL STUDIES HAVE INDICATED THAT THE USE OF THE PILL OR I. U. D. IS SAFE FOR MOST WOMEN, THEY HAVE ALSO CAUTIONED US ABOUT THE HARMFUL SIDE EFFECTS OF THESE METHODS FOR SOME WOMEN. THE SIDE EFFECTS OF USING BIRTH CONTROL PILLS INCLUDE BLOOD CLOTTING, INCREASED RISK OF STROKE, STIMULATION OF GROWTH OF BENIGN TUMORS OF THE UTERUS AND BREAST, AND AN INCREASE IN FIBROCYSTIC BREAST DISEASE. THE USE OF I. U. D. s INCREASES THE RISKS OF ECTOPIC PREGNANCY, INFECTION OF THE OVARIES AND FALLOPIAN TUBES, AND MAY INCREASE THE DIFFICULTY OF CONCEIVING AFTER DISCONTINUANCE. PHYSICIANS PRESCRIBING THESE METHODS THEREFORE ADVISE WOMEN TO PAY CLOSE ATTENTION TO ANY CHANGES IN THEMSELVE AND TO OBTAIN REGULAR MEDICAL CHECK-UPS.

ADOLESCENT GIRLS WHO RECEIVE PRESCRIPTION DRUGS OR <sup>prescription</sup> DEVICES FROM FAMILY PLANNING CLINICS WITHOUT INVOLVEMENT OF THEIR PARENTS MAY BE PARTICULARLY VULNERABLE TO ANY OF THESE NEGATIVE SIDE EFFECTS. MANY OF THEM ARE SO YOUNG AND INEXPERIENCED THAT THEY DO NOT UNDERSTAND WHAT

6.

CONSTITUTES A POTENTIALLY DANGEROUS SIDE EFFECT FROM USING BIRTH CONTROL PILLS OR I. U. D. s. SINCE A HIGH PROPORTION OF ADOLESCENTS DO NOT RETURN TO THE FAMILY PLANNING CLINIC AFTER THEIR INITIAL VISIT, THEY MAY NOT RECEIVE THE MEDICAL ATTENTION THEY NEED IN ORDER TO COPE WITH ANY OF THE POSSIBLE SIDE EFFECTS. FURTHERMORE, SINCE THEY DO NOT HAVE TO INVOLVE THEIR PARENTS IN THIS PROCESS, THEY MAY ALSO BE LESS LIKELY TO INFORM THEIR FAMILY DOCTOR THAT THEY ARE NOW USING ORAL CONTRACEPTIVE OR I. U. D. s. AS A RESULT, BY ISOLATING THEMSELVES FROM THOSE WHO ARE THE CLOSEST TO THEM AND MOST ABLE TO HELP THEM MONITOR ANY OF THE POSSIBLE SIDE EFFECTS OF THESE PRESCRIPTION METHODS, THEY ARE VULNERABLE TO SUFFERING UNNECESSARILY FROM THE SIDE EFFECTS OF THE PILL OR I. U. D.

ANOTHER PROBLEM FOR THE ADOLESCENT USING THE PILL OR I. U. D. IS THAT SHE MAY DISCONTINUE USING ANY CONTRACEPTIVES IF SHE APPEARS TO BE EXPERIENCING ANY REAL OR IMAGINED SIDE EFFECTS. IF THE PARENTS OF THAT CHILD WERE INVOLVED FROM THE VERY BEGINNING, THEY MIGHT

BE ABLE TO HELP HER TO EVALUATE THE ACTUAL HEALTH EFFECTS OF CONTINUED USE OF THAT PRESCRIPTION METHOD OR HELP TO DECIDE WHETHER OR NOT TO REMAIN SEXUALLY ACTIVE AT THAT TIME

FINALLY, ONE OF THE MAJOR REASONS FOR CONTRACEPTIVE FAILURES AMONG TEENAGERS IS THAT THEY DO NOT USE THEM CONSISTENTLY. A FEW STUDIES HAVE SUGGESTED THAT ADOLESCENTS FROM FAMILIES IN WHICH THE PARENTS COMMUNICATE OPENLY WITH THEIR CHILDREN ABOUT SEX ARE MORE LIKELY TO USE CONTRACEPTIVES CONSISTENTLY IF THEY ARE SEXUALLY ACTIVE.

THESE HEALTH RISKS ARE UNDERSCORED BY THE FINDINGS OF A RECENT STUDY WHICH INDICATED THAT OF THE 641,000 ADOLESCENTS AGED SEVENTEEN OR YOUNGER RECEIVING CONTRACEPTIVE SERVICES FROM FAMILY PLANNING AGENCIES IN 1978, 80% OR MORE THAN A HALF MILLION, CHOSE A PRESCRIPTION METHOD SUCH AS THE PILL OR I. U. D.

NOTWITHSTANDING THE SIGNIFICANT HEALTH IMPLICATIONS OF ADOLESCENTS USING PRESCRIPTION BIRTH CONTROL DRUGS AND DEVICES, FEDERAL POLICY HAS NEGLECTED PARENTAL

8.

RESPONSIBILITIES. IN EVERY OTHER AREA OF THEIR CHILDRENS' LIVES PARENTS ARE INVOLVED AND HELD RESPONSIBLE. PARENTS MUST GIVE WRITTEN PERMISSION BEFORE A CHILD CAN GO ON A SCHOOL TRIP, AND MUST EXPLAIN WHEN A CHILD IS ABSENT FROM CLASS FOR EVEN ONE DAY. IT IS PARADOXICAL THAT WHEN IT COMES TO PRESCRIBING DRUGS AND DEVICES WITH POTENTIALLY SERIOUS HEALTH CONSEQUENCES FEDERAL POLICY HAS NOT RECOGNIZED PARENTAL INVOLVEMENT AND RESPONSIBILITY.

ALMOST EVERYONE WOULD AGREE IN PRINCIPLE THAT PARENTS OF UNEMANCIPATED MINORS SHOULD BE INVOLVED IF THEIR CHILDREN ARE USING PRESCRIPTION DRUGS OR DEVICES WHICH MAY BE HARMFUL TO THEIR HEALTH. PARENTS SHOULD KNOW WHEN ONE OF THEIR CHILDREN AGED 17 AND UNDER IS BEING GIVEN A PRESCRIPTION DRUG OR DEVICE SO THEY CAN BE AWARE OF ANY RISK THEIR CHILD IS TAKING. CRITICS MIGHT SAY THAT INSISTING ON PARENTAL NOTIFICATION AND INVOLVEMENT IS IMPRACTICAL BECAUSE SOME TEENAGERS MIGHT RISK BECOMING PREGNANT RATHER THAN ADMIT TO THEIR PARENTS THAT THEY ARE SEXUALLY ACTIVE.

9.

WHILE I CAN UNDERSTAND THIS CONCERN, THE DATA AND THE ANALYSIS FROM A RECENT STUDY BY ALAN GUTTMACHER INSTITUTE SUGGESTS THAT THE OVERWHELMING MAJORITY OF TEENAGERS CURRENTLY RECEIVING ASSISTANCE FROM FAMILY PLANNING CLINICS WILL CONTINUE TO USE CONTRACEPTIVES. ACCORDING TO THEIR STUDY, ONLY 4% OF ADOLESCENTS 17 OR YOUNGER WHO RECEIVE PRESCRIPTION DRUGS AND DEVICES FROM FAMILY PLANNING CLINICS SAID THAT IF THEIR PARENTS HAD TO BE NOTIFIED, THEY WOULD CONTINUE TO BE SEXUALLY ACTIVE BUT NOT USE ANY METHOD OF CONTRACEPTION. THEREFORE, RATHER THAN PARENTAL INVOLVEMENT DRIVING ALL TEENAGERS AWAY FROM USING CONTRACEPTIVE METHODS, AS SOME CRITICS MIGHT CHARGE, ONLY 4% EVEN THOUGHT THIS WOULD BE THEIR REACTION.

IN ADDITION, PARENTAL NOTIFICATION IS NOT UNPRECEDENTED. PRESENTLY 10% OF ALL FAMILY PLANNING AGENCIES REQUIRE PARENTAL CONSENT OR NOTIFICATION FOR PRESCRIPTION CONTRACEPTIVES PROVIDED TO PATIENTS 17 OR YOUNGER, AND 20% HAVE SUCH REQUIREMENTS FOR TEENAGERS 15 OR YOUNGER.

10.

IT MIGHT ALSO BE NOTEWORTHY THAT IN THE LATTER CATEGORY, 25% OF HOSPITALS REQUIRE PARENTAL CONSENT OR NOTIFICATION COMPARED TO ONLY 3% OF PLANNED PARENTHOOD CLINICS.

FINALLY, MR. CHAIRMAN, I WOULD LIKE TO NOTE THE EVIDENCE WE HAVE ON THE ATTITUDES OF PARENTS TO ADOLESCENT SEXUAL ACTIVITY. A 1978 REPORT BY THE H. H. S. INSPECTOR GENERAL TO SECRETARY CALIFANO REPORTED THAT 90% OF PARENTS SURVEYED RECOGNIZED IT AS THEIR RESPONSIBILITY TO SEE THAT THEIR TEENAGE DAUGHTER, IF SHE WERE SEXUALLY ACTIVE, RECEIVE CONTRACEPTIVE INFORMATION. IN ADDITION, ALMOST ALL PARENTS CONTACTED SAID THEY WOULD NOT OBJECT IF THEIR TEENAGE DAUGHTER ASKED TO GO TO A FAMILY PLANNING CLINIC. SOME PARENTS, HOWEVER, WOULD PREFER TO SEND A SEXUALLY ACTIVE DAUGHTER TO A FAMILY PHYSICIAN OR A SPECIALIST; SOME WOULD TELL HER WHAT THEY KNOW AND DISCUSS THE SITUATION WITHIN THE FAMILY; AND OTHERS WOULD CHOOSE A FAMILY PLANNING CLINIC IN THE FIRST PLACE.

THEREFORE, CONTRARY TO THE ARGUMENT THAT SOME WOULD MAKE THAT PARENTS CANNOT BE TRUSTED TO EXERCISE MATURE,

PRUDENT JUDGMENT, THE EVIDENCE WE HAVE IS THAT PARENTS ARE CONCERNED ABOUT THE HEALTH OF THEIR CHILDREN, WANT TO BE INVOLVED, AND WILL WELL CARRY OUT THEIR PARENTAL RESPONSIBILITY.

WE CANNOT AND SHOULD NOT IGNORE THE HEALTH AND WELL-BEING OF OUR CHILDREN BY LOOKING THE OTHER WAY WHILE TAXPAYERS' MONEY PROVIDES PRESCRIPTION DRUGS AND DEVICES WITH POTENTIAL HAZARDS AND SIDE EFFECTS. WE MUST USE EVERY OPPORTUNITY AVAILABLE TO US TO BRING ABOUT COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN.

THANK YOU.

*file Right to Life  
Parental notification*

# Heckler switches stand on notifying parents of teen contraceptive use

WASHINGTON - Margaret Heckler, President Ronald Reagan's nominee to head the Department of Health and Human Services, now supports an Administration-backed regulation requiring family-planning clinics to notify parents of minors receiving contraceptives.

The decision represents a switch for the former Massachusetts congresswoman, and is likely to provoke some questions during her confirmation hearings in the next few weeks.

"She is prepared to carry out the policy of the Administration," said Robert Fouts, a press spokesman for Heckler.

On Jan. 21, Heckler met at the White House with 23 leaders of groups opposed to abortion, in a session attended by Reagan.

During that meeting she indicated she would support the Administration on the issue. Last year, she joined a group of House members who opposed the rule.

"It was in response to a question on the regulation from Dr. Jerry Falwell," said Morton Blackwell,

the White House liaison for the groups that favor restricting abortion. "And she said she is now part of the President's Administration and she is going to follow the President's policies."

Aides to Heckler contend there is a difference between one's own views as a member of Congress and the position that one supports as a member of an Administration.

Heckler could not be reached for comment yesterday.

Heckler's confirmation hearings in the Senate have been delayed because of her desire and that of the White House that she wipe out a \$190,000 campaign debt amassed during her unsuccessful campaign for a ninth term against Democratic Rep. Barney Frank.

Heckler was forced to run against Frank when the two were put in the same district by reapportionment.

Heckler held a fund-raiser last Thursday at the Harvard Club at which she raised well over \$100,000, according to aides, who said she is close to paying off her debt.

- BENJAMIN TAYLOR



MARGARET HECKLER held fund-raiser

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THE WHITE HOUSE  
WASHINGTON

March 8, 1983

TO: ANSON FRANKLIN

FROM: MORTON C. BLACKWELL

We sent you what we had in the files and got from the pro-life groups. The HHS bureaucracy just came through with their packet.

From what HHS sent I selected the attached which may be of use to you.



# Teen-agers and Birth Control

GEORGE F. WILL

Victoria Will is two years old and perfect. That is, she is perfectly like a two-year-old, which means she has the executive disposition of Lady Macbeth:

Me: "What is your name?"

She: "No!"

That word will stand her in good stead in about 15 years. Until then I live in blissful ignorance of the special tribulations of a parent of an adolescent daughter. But as a citizen as well as a father, I favor the Department of Health and Human Services' rule requiring federally funded birth-control clinics to notify parents whose daughters 17 or under are receiving prescription contraceptive drugs or devices.

Opponents call this the "squeal rule," implying that it is dishonorable for the government to codify the fact that parents have an interest in knowing of a minor daughter's receipt of prescription materials related to sexual activity. Notice, the rule does not require parental permission. A child may need parental consent even to take a school trip to the zoo, but the HHS rule requires only parental notification, and only after prescriptions have been filled.

**Civil Liberty:** A civil liberty, correctly understood, is a liberty central to the functioning of democracy. The American Civil Liberties Union evidently thinks it is a civil liberty for children to be given federally subsidized contraceptive measures and counsel, in secret. In response to an ACLU suit, a judge has blocked implementation of the rule, arguing that it would lead to an increase in teen-age pregnancy and thus constitute "blatant disregard" for Congress's intent in supporting family-planning clinics. Arguing against the rule in another court, a lawyer said it would cause 33,000 such pregnancies annually. Amazing, how folks can know these things.

It is devilishly difficult to prove cause-and-effect relationships between social policies and social changes. But this is clear: the problem of teen-age pregnancy has grown as contraceptives and sex education have become increasingly available. I am not saying the availability caused the growth. But it would be rash to say the availability is irrelevant. And many of those who today are predicting with such certitude awful results from the HHS rule predicted that teen-age pregnancies would decline as contraception

and sex education became more available.

Supporters of the rule note that prescription birth-control measures can have serious side effects. Opponents reply that pregnancy is more dangerous than contraception, especially to adolescents. That is true, but hardly an answer to this argument: in a society where most schools will not give a child an aspirin without parental consent, parents have the minimal right to be notified after a minor daughter has received a drug related to sexual activity. Besides, adolescents have a third choice between contraception and pregnancy. It is continence.

Opponents of the rule say it constitutes governmental intrusion into family relationships. But surely the government sub-

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Adolescents have  
a third choice  
between contraception  
and pregnancy. It  
is continence.

---

verts family relationships when it subsidizes 5,000 clinics that purvey to children medical treatment and counsel on morally important matters, and do so without informing those who have legal, financial and moral responsibility for children—parents.

Opponents say that if parents are told that their minor daughters are on the Pill, some daughters will be deterred from seeking contraceptives, but will be no less sexually active. This is true. But the law that the HHS rule implements does not say that all values shall be sacrificed to the single aim of reducing pregnancy. Indeed, the law stipulates that subsidized clinics must "encourage," to the extent practical, "family participation." Again, the HHS rule does not require parental participation. It does not, for example, require that parents accompany the child to the clinic. It does not even require that contraceptive drugs or devices be withheld until parents are notified. It requires only that parents receive after-the-fact information that parents can act on as they please. It is hard to imagine a more minimal compliance with

Congress's mandate to "encourage" parental participation. The rule is just an executive-branch attempt to balance the various values Congress affirmed.

It has provoked a disproportionate response. The New York Times has editorialized against the rule at least six times, denouncing it as "cruel." The Times says the rule would increase bureaucracy, which in this case the Times is against. The Times says the rule is an example of intrusive government, which in this case the Times is against. (Force busing? Fine. Parental notification of drugs prescribed for unemancipated minors? Too intrusive.) Why such uproar over a halfhearted rule that barely constitutes compliance with Congress's unexceptionable affirmation of parental involvement? Perhaps the decay of liberalism into a doctrine of "liberation" has led to this idea: even children must be "liberated," even from parental knowledge of even their sexual activities. Perhaps the extreme individualism of today's liberalism finds "repressive" even restraints associated with a collectivity as basic as the family.

**The Rule:** Many opponents of the rule seem to think that realism consists of accepting as irreversible the recent increase in teen-age promiscuity. (Be honest, readers: how many of you think the value-laden word "promiscuous" is illiberal?) Granted, governments can do nothing to make teen-agers less sexually ardent. And when traditional mores are dissolving as fast as ours are, trying to arrest the dissolution with a law is like trying to lasso a locomotive with a thread. However, policy need not passively reflect and accommodate itself to every change, however destructive. It need not regard social change as a process that is or ought to be entirely autonomous, utterly immune to the influence of judicious interventions. The HHS rule is such an intervention.

Law should express society's core values, such as parental responsibility. If HHS's mild rule is declared incompatible with public policy, what, for goodness' sake, is that policy? What values does it affirm, or subvert by neglect? HHS's rule at least does not express complacent acceptance of the inevitability of today's rate of teen-age sexual activity. Obviously the trend is against sexual restraint. But as has been said, a trend is not a destiny.