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December 7, 1982

TELEGRAM

TO: All House Judiciary Committee Members

We oppose any attempt to pass H.R. 3963 as amended by the Senate under a privileged motion without conference. The House disagreed to the Senate amendments on October 1. A formal conference to work out disagreements should be held unless the text of S2572 as amended by the Thurmond Amendment #1356 is adopted in toto particularly the makeup and mandate to the sentencing commission and the limit on the amount of any lien to assure payment of a fine.

(Mrs.) Judie Brown
 Mr. Lawrence D. Pratt

American Life Lobby
 Gun Owners of America

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS MAILING ADDRESS: P.O. BOX 490 STAFFORD VA 22554
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ALERT.....ALERT.....ALERT.....ALERT.....ALERT

December 7, 1982

IMMEDIATE ACTION NEEDED TODAY

This week or early next week the Appropriation Committees of both the U.S. House of Representative and the U.S. Senate will meet to write the Fiscal Year 1983 Second Continuing Resolution.

The First Continuing Resolution for Fiscal Year 1983 which was enacted as public Law 97-276 (and which expires on December 17, 1982) contains language which by reference made the Ashbrook Amendment banning taxpayers contribution to federal employees health insurance premiums for policies that pay for abortion illegal.

During consideration of the Second Continuing Resolution by the Appropriation Committees, particularly in the Senate Committee there may be an attempt to change the language in the Second Continuing Resolution so that the Ashbrook Amendment is not carried forward (beyond December 17, 1982) into law.

It is imperative that you contact the Representative(s) from your state on the Appropriation Committee (see enclosed list) AND the Senators from your state, particularly if they are on the Appropriation Committee (list enclosed) and urge them to "vote for language in the Second Continuing Resolution that carries forward into law the Ashbrook Amendment.

You must call or telegram this message today. Congressional Action on Continuing Resolution is always very fast.

Make these calls and/or send these telegrams NOW!! Tomorrow may be too late.

Congressman _____
House Office Bldg.
Washington, DC 20515

Senator _____
Senate Office Bldg.
Washington, DC 20510

or call:

(202) 224-3121 (Capitol Switchboard) and ask for the office of your choice

..... URGENT URGENT URGENT



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

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AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS MAILING ADDRESS P.O. BOX 490 STAFFORD VA 22554
OFFICES ROUTE #6 BOX 162-F, STAFFORD, VA 22554
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HIGHLIGHTS OF DRAFT PROPOSED

U.S. DHHS GUIDELINES DESIGNED TO

MEET CRITICISMS OF GAO REPORTS HRD 81-68 AND HRD 81-106

1. A Title X grantee that runs an abortion clinic will have to separate it from the family planning clinic. (i.e. separate entrances and exits, separate personnel, separate medicine and supplies and must do nothing to give the impression that the Title X grant is in any way supporting the abortion clinic.

Response: This perpetuates the improper reading of Section 1008 of the Public Health Service Act which was explained in Congressional debate by Congressman Dingell as follows:

"With the 'prohibition of abortion amendment--TITLE X, SECTION 1008--the committee members clearly intend that abortion is not encouraged or promoted in any way through this legislation. Programs which include abortion as a method of family planning are not eligible for funds allocated through this act."

2. Nothing may be done by the Title X grantee that "potentially may give the impression that Title X funds support the abortion activities."

Response: Does this cover counselling in favor of abortion? What about lobbying? Doesn't the fact that the same entity gets Title X funds and performs or refers for abortion encompass giving the impression that Title X funds support the abortion activities?

3. Referral will be limited to giving a list of names, addresses and phone numbers of "approved", "high quality" abortion clinic but only to those family planning clinic patients who request information on abortion clinics.

Response: Referral is inconsistent with other parts of the proposed guidelines. How is such a referral consistent with "not giving the impression that Title X funds support abortion activities."

General Response: These guidelines do nothing to address the GAO Report HRD 81-68 identification of waste and abuse through:



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- a) too much and wrong kind of education
- b) too many patient visits-in excess of A.C.O.G. standard
- c) too much V.D. testing
- d) too much anemia screening
- e) non-collection of fees

Further these proposed guidelines make no effort to specifically stop the use of clinics for lobbying even though every clinic visited by GAO for Report HRD 82-106 had at least a technical violation of the lobbying prohibitions.

ACTION ITEM: Write and tell the following officials your views on the proposed guidelines.

Honorable Richard S. Schweiker
Secretary
Department of Health & Human Services
615F - HHH Building
200 Independence Ave., S.W.

and

Dr. Robert Gramm, Administrator
Health Resources and Services Administration
U.S. DHHS
Room 1405
5600 Fishers Lane
Rockville, MD 20857

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October 15, 1982

Ms. Abigail Cummings
Office of the General Counsel
Inspector-General's Division
5541 DHHS - North
330 Independence Ave., S.W.
Washington, D. C. 20201

Dear Ms. Cummings:

I was pleased to learn in our telephone conversation last night that the Inspector-General's Division of U.S. DHHS now realizes that the information on approximately 16,240 containers of fetuses and fetal material has not been transferred to any ledger or in any way preserved and that the Department is "responding" to this information.

We would appreciate knowing exactly how DHHS intends to respond.

Will you intervene in District Attorney Van De Kamp's court action to delay or stop his attempt to obtain court permission to bury potentially critical evidence until all relevant data from these 16,240 containers can be preserved?

I would appreciate a prompt response to this letter and my letter of October 7 on the same subject.

cc: Juan del Real
Richard P. Kusserow
Bryan Mitchell

Sincerely,

Gary L. Curran
Legislative Consultant

P.S. Following up our conversation this morning I cannot understand how DHHS investigators in approximately 48 hours have independently determined that all of the data contained on the approximately 16,240 containers proposed for burial is preserved. This is particularly true when it took the County Health Department and District Attorney's office weeks to just count and sort the 16,390 containers.

Again we reiterate that DHHS should independently determine that all data to be buried is preserved separate from the container to be buried.



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COPY TO:

Richard S. Schweiker
 Secretary of Health and Human Services
 200 Independence Avenue SW
 Washington, DC 20201

Richard P. Kusserow
 Inspector General
 HHS North Room 5250
 330 Independence Avenue SW
 Washington, DC 20201

Mr. Secretary:

Our information is that information attached to the 16,390 containers of fetuses and fetal material referred to in the July 29, 1982 memorandum of Los Angeles County Director of Health Services has not been transferred to files or otherwise preserved in any form outside of the large shipping container discovered in February, 1982. Although some of this information may have been preserved outside the container, not all the information for all the 16,390 individual containers has been preserved.

Without all the information from each of the 16,390 individual containers preserved we feel it will be impossible for HHS to conduct a thorough investigation of possible Medicaid fraud or other violations of laws, rules and regulations administered by the U. S. Department of Health and Human Services.

We therefore call on you to intervene to stop District Attorney Van de Kamp's state court action to obtain permission to bury what could be critical evidence.

We demand you petition to intervene in this court action, a hearing on which is scheduled for October 18, 1982.

Respectfully,

Dr. Robert L. Sassone
 Attorney at Law
 and

National Advisory Board Legal Affairs Committee, American Life Lobby

Law Offices: 900 No. Broadway; Suite 725; Santa Ana, CA 92701 PHONE: 714-547-5611

American Life Lobby offices; 6 Library Court SE; Washington, DC 20003
 PHONE: 546-5550

Confirmation copies to: Senators Jesse Helms, Jeremiah Denton, Orrin Hatch
 and Roger Jepsen



COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

313 NORTH FIGUEROA STREET • LOS ANGELES, CALIFORNIA 90012 • (213) 974-8101



July 29, 1982

TO: Michael D. Antonovich, Supervisor
Fifth Supervisorial District

FROM: Robert W. White
Director of Health Services

SUBJECT: CATALOGING AND SORTING OF FETAL MATERIAL

On June 15, on your Motion, this Department was ordered by the Board to assist the District Attorney in cataloging and sorting the contents of the shipping container seized by the County District Attorney and secured at the Mechanical Department Eastern Avenue headquarters.

We have provided manpower to assist the District Attorney in this task and have completed the work under his direction as of this morning.

The bin contained 16,390 individual plastic cartons of fetuses and fetal material. 150 of these were of a sufficient size to indicate that they might have been in excess of 20 weeks of gestational age. These were segregated and transferred to the office of the Chief Medical Examiner-Coroner for such additional processing as may be determined necessary by the District Attorney.

These are in addition to the 43 fetuses transferred to the Coroner and autopsied following the discovery of this shipping container last February. The individual plastic containers were repackaged in cardboard boxes and the boxes were placed back in the shipping container, which has been resecured at Eastern Avenue and remain in the custody of the District Attorney.

RWW:pv

cc: Each Supervisor
Chief Administrative Officer
County Counsel
District Attorney



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

Mrs. Judie Brown
President
American Life Lobby, Inc.
P. O. Box 490
Stafford, Virginia 22554

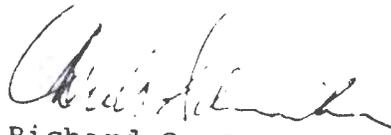
Dear Mrs. Brown:

I deeply share your concern over the recent discovery of aborted fetuses in a shipping container owned by Medical Analytical Laboratories, Inc. (MAL). I assure you that the Department of Health and Human Services (HHS) is conducting a thorough review of the situation to determine whether there has been any violation of Department rules or regulations.

This Department will also closely follow the exhaustive California State investigation and will lend assistance to the State if Federal programs are implicated. The United States Department of Justice has already initially reviewed the matter and concluded that there are no Federal statutes prohibiting the use or interstate transportation of human fetuses for experimental purposes. However, I have directed various components of this Department to fully review Department policies to ensure that no violation has occurred.

I appreciate your bringing this matter to my attention.

Sincerely,


Richard S. Schweiker
Secretary

AMERICAN LIFE LOBBY INC.

NATIONAL OFFICE MAILING ADDRESS
AMERICAN LIFE #6 BOX 162
ANNAPOLIS, MD 21403-0162

OFFICE VA 22554

GOVERNMENT LIAISON

ANY COURT SE (CA)

PHONE (703) 201-1100 • (703) 546-1100

November 24, 1982

Office of General Counsel
Legal Services Corporation
733 15th St., N.W.
Washington, D. C. 20005

Dear Sir:

These comments are the official comments of the American Life Lobby, Inc., the biggest pro-life organization in the United States, representing over 100,000 persons.

Our comments will be limited to the proposed changes concerning class action litigation by Legal Services Corporation (LSC) grantees Part 1617 as proposed to be amended at pages 50663 - 50665 of the Federal Register of Monday, November 8, 1982 (Vol. 47 No. 216).

Neither the staff proposal nor the Harvey-Olson alternative go far enough. All LSC grantees should be barred from engaging in any class action litigation and all fees for class action litigation now in progress should be remitted to the U.S. Treasury.

The reasons for this are very simple.

1. With the vast expansion of court awarded fees under the Civil Rights Attorneys Fee Recovery Act and the Equal Access to Justice Act there is no need for LSC grantees to take time and resources away from solving the individual problems of individual poor people so they can engage in time consuming class action litigation. Please note the enclosed story from the November 20, 1982 New York Times in which private attorneys received \$1.71 million in court awarded fees in a class action concerning prison conditions. Further LSC involvement in class action suits is duplicative and wasteful.
2. Class action suits are a back door method of financing Legal Services grantees. To our knowledge no one at the Legal Services Corporation in Washington knows the amount of income to each LSC grantee or in aggregate the amount of fees awarded to all grantees. Please note there is supposedly a statutory prohibition on LSC grantees taking fee generating cases. The taxpayer is financing the costs of the LSC grantee lawyers salary. The taxpayer should not be required to finance a "profit" to LSC grantees. To the extent that there is a massive profit to the grantees it provides a major incentive for LSC grantees to neglect



individual problems for the more "ideological" and profitable class actions which may not relate to the pressing individual needs of poor people. Please note the enclosed article from the March 15, 1981 Philadelphia Bulletin in which it is reported that the local LSC grantee filed for \$4.5 million in fees for just one case. At \$100 per hour that that is 45,000 hours of legal work or the equivalent of 24 lawyers working full time for a whole year on this one case. \$4.5 million is the equivalent of the entire work load of the Philadelphia LSC grantee for almost two years. This of course means many individual cases were not worked on in order to pursue this one case.

I also call your attention to the enclosed Orlando Sentinel-Star editorial of January 27, 1981 that states that the local LSC grantee is pursuing only two class action cases out of 4000 but states that more time and money is spent on the two class action cases than all the others combined. Note that one case has to do with whether the city of Orlando should build a downtown parking garage - a question that is at best tangential to the legal problems of the poor.

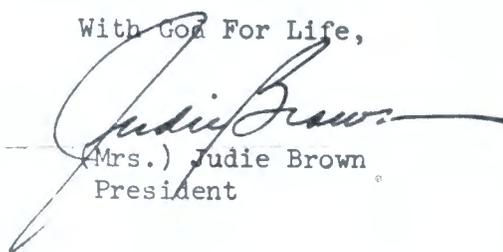
3. On June 17, 1981 the U.S. House of Representatives by a vote of 241 to 167, a 74 vote margin, added the following language to the LSC Reauthorization Bill, H.R. 3480:

"Sec. 6. Section 1006(d)(5) of the Legal Services Corporation Act (42 U.S.C 2996e(d)(5)) is amended by adding at the end thereof the following: 'No class action suit may be brought against the Federal Government or any State or local government.'"

For the above reasons we urge the Board of Directors of the Legal Services Corporation to repeal Part 1617 and replace it with the following:

"No class action suit may be brought against the Federal Government or any State or local government."

With God For Life,


(Mrs.) Judie Brown
President

cc: All LSC Board Members
Marion Edwyn Harrison, Esq.
Honorable Charles Wilson

NOV 19 1982 RECD MFB

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS MAILING ADDRESS: P.O. BOX 1000, ALFORD, VA 22004
OFFICES: ROUTE #1, BOX 100, FARMINGTON, CT 06030
703/699-4100

GOVERNMENT LIAISON OFFICE: 68 LIBRARY CIRCLE, EASTON, MD 21221

November 15, 1982

Honorable Ronald Reagan
The President of the United States
The White House
Washington, DC 20500

Dear President Reagan:

This is in further regard to my letter of October 4, 1982 in which I forwarded to you an analysis of the report "Deciding to Forego Life-Sustaining Therapy" of the June 10-11, 1982, Report of President's Commission for the Study of Ethical Problems in Medicine and Bio-Medical and Behavioral Research. This analysis was done by Dr. Robert L. Sassone, Esq., at our request.

We were hopeful that you would give this analysis your careful review before sharing it with those members of your staff who are directly concerned with this Commission and its output. The report contains any number of vitally pertinent comments and criticisms that are important to the continuing work of this Commission.

We stand ready to assist you in any way possible in this matter. Please do not hesitate to call on me and my staff at any time in this regard.

Again, on behalf of our board and our thousands of supporters from all across the country, we thank you and commend you for your continuing courage and outspoken support for the all-important issue of life.

With God for Life,

Judie Brown
(Mrs.) Judie Brown
President

enc
cc Elizabeth Dole
Richard Schweiker
Morton Blackwell
David B. Swoap



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

REVIEW OF "DECIDING TO FOREGO LIFE-SUSTAINING
THERAPY" JUNE 10-11, 1982 BY THE
PRESIDENT'S COMMISSION FOR THE STUDY OF ETHICAL
PROBLEMS IN MEDICINE AND BIOMEDICAL
AND BEHAVIORAL RESEARCH

The format of this review is to first analyze the introduction and the various chapters and conclude with a summary analysis.

Introduction

The introduction summarizes changes now taking place in the dying process, including changes in patient attitudes. The statements made are general enough so that they could be true, although if interpreted in a certain way, certain of the statements could be considered to be incorrect or unfortunate. Among the major changes considered are that the time and manner of death are now more frequently known than previously, many patients are not averse to the prospect of death, yet these patients receive care in settings where death is not seen as a good outcome. Death is frequently seen as a failure of medical science. Physicians until recently systematically excluded dying patients from serious involvement in planning their own care by denying them information. Such practices are changing. Social attitudes about and interest in death and dying is changing. The patient wants to be protected against the course of death that is too easy and quick as much as from one that is too agonizing and prolonged. The golden mean is sought.

In summary, the introduction is not offensive to the right to life, although some of its statements skirt the use of terminology which is offensive to the right to life.

Chapter 1 - The Dying Patient

A. Characterization

In general, the characterization of the dying patient is good. It is stated that:

"People are too varied in their responses to death for arbitrary definitions. ... The dying patient is one with definite signs and symptoms that imply a prognosis of life sufficiently short that attention to completing life is a more realistic response than setting more open-ended goals. ... Dying frequently entails suffering.

Suffering is subjective Dying people are generally confronted with powerful emotions. ..."

The section concludes, "The various reform movements in dying education have recently been addressing these problems and have demonstrated that much can be done to facilitate the tasks of dying persons and their survivors."

In general the preceding section is satisfactory.

B. Therapeutic Possibilities

This section is excellent. It indicates that the lot of the dying patient can be greatly improved by good medical and nursing care and simple attention to details such as proper positioning.

"Medical management of symptoms has recently demonstrated that no patient need be terrified of pain. ... Other symptoms such as nausea ... usually respond reasonably well. ... The anguish of one who is grappling with the issue of his or her own mortality is less susceptible to a technologic cure. ... Adequate care requires attention to the spiritual, emotional, financial, and other needs of the person who is dying."

C. Components of Quality Care

This section is excellent. It states in part,

"Teachers of the art of managing dying patients point out the central role of involved and careful listening ... Patients who live angry or insecure or isolated lives are fairly likely to die angry, afraid, or lonely. Reasonable goals originate in helping the person to use his strength and to avoid his weaknesses in confronting the prospects of an impending end to life ... Until the evidence is quite clear that the patient is making an informed, deliberate, and autonomous decision to forego one or more specific life-sustaining interventions, wise health care providers seek out and enhance those parts of the patient's person that are not yet ready to acquiesce to death. ... The individual provider care can accomplish much by insuring support for the persons who will be bereaved by the patient's death. ..."

D. "Death with Dignity"

This topic is handled well. The report states in part:

"Much can and should be done to insure that patients are treated with respect and concern throughout life. Insofar as 'Death with Dignity' means that the decisions of dying patients are solicited and respected, that much is probably achievable. ... However, many proponents seem to go well beyond that to a vision of guaranteeing each person a peaceful and aesthetically appealing death. This is clearly beyond reach. ... Insuring comfort at the end of life sometimes requires some mechanical and artificial assistance. For these reasons the best care of dying patients is not always aimed to achieve a 'natural death' or tranquil an appealing death scene."

Chapter 2 - Possible Constraints On Acceptable Decisions

A. Ethical Analysis and Public Policy

"All persons have a duty to refrain from taking the life of another. However, this duty is often difficult to interpret when seriously ill patients and their families and health care providers face decisions that are likely to affect the span of the patient's life. For some patients, the conditions of shorter life and the satisfactions that it is expected to afford outweigh the appeal of a longer life under more severely constrained conditions. The commission believes that wise public policy would aim to allow such a choice but also to limit the likelihood of untimely death being chosen because of erroneous information, temporary depression of the patient, or other flaws in the functioning of the decision making process."

The application of general rules is discussed. The problem of the "slippery slope" is defined and discussed.

B. Voluntariness

"An important distinction between voluntary and involuntary decisions to forego life-sustaining therapy. Good medical practice requires that a competent and informed patient's refusal of a

particular, or even all, medical treatment be respected. The moral basis of 'Living Wills' ... derives from the importance of honoring a competent patient's advance decisions. ... Reflecting the importance of self-determination, the commission endorses a strong presumption in favor of honoring an informed patient's competent and voluntary decision concerning life-sustaining therapy. Voluntary foregoings require: The patient be competent to make this decision, that he understand the nature and expected consequences of available alternative courses of action, and that the consent be given without coercion or manipulation. Involuntary foregoings are made against the expressed and competent decision of the patient. Non-voluntary foregoings take place when the patient gives neither effective consent nor refusal for termination. ... Permitting others to make a decision to forego a therapy that is reasonably likely to extend the life of competent patient without informing or involving the patient is wrong, since the patient is being treated as if you are not capable of self-determination. ...

Many persons believe there are additional limits on the ethical acceptability of treatment refusal or termination, or other actions in the medical context that bring about death. For example only passive means, the death may only be indirectly incurred, or only extraordinary therapy may be foregone. Distinctions such as these impose additional moral limits on voluntary foregoings of life-sustaining therapy."

The difference between active killing and allowing to die is discussed philosophically and morally. The distinction between stopping and not starting treatment is discussed.

D. Intended Outcomes or Merely Foreseen Consequences

Pain relievers can sometimes increase a patient's chance of death from infection or other causes. The doctrine of double effect is discussed. Lives' by the administration of a lethal injection.

The difference between acting and refraining when each results in death are discussed.

The commission concludes after a sophisticated discussion that both the nature and moral importance of the difference between direct and indirect killing, as marked by the distinction between what a person intends to do and the foreseen but unintended consequences of what he does, are sufficiently problematic to warrant great caution in placing important

weight on this difference in public policy. The preceding statement if implemented in the wrong way could cause serious problems. The commission goes on to state, "Considerable caution is warranted about substantially weakening these safeguards, despite the doubtful moral importance of the distinctions on which they rely. ... The commission also finds it possible that the value of respecting a competent patient's voluntary choice might be sufficiently important in at least some cases ethically to justify allowing the patient actively or intentionally to terminate his own life." (Suicide) Here the commission's analysis is very weak though subtle. The arguments against the conclusion are not really analyzed.

E. Ordinary and Extraordinary Treatment

"The commission can find no basis for holding that whether a treatment is common or unusual, or simple or complex, is in itself morally important in deciding whether the treatment is obligatory."

The ordinary-extraordinary distinction of Catholic theology is discussed. The commission concludes that public policy should avoid the use of the terms ordinary/extraordinary because the distinction plays no role in the ethical analysis, yet invites confusion. Here again the commission could have done a better job of analyzing the conclusion of the commission can be supported only if it is interpreted in a particular way as in the preceding case (D. Intended Outcomes Or Merely Foreseen Consequences)

F. Summary

The commission concludes that of all the distinctions that have been opposed to demarcate acceptable from unacceptable actions, only the voluntary-involuntary one is clearly morally relevant in itself and usually capable of unambiguous application in actual cases. This appears to be a dangerous conclusion in that the distinctions which the commission would avoid can shed substantial light on what should be the particular action in a particular case. The commission utilizes the so called "hard cases" to show that there are problems in the application of moral guidelines, and reasons from the problems in particular hard cases that the guidelines themselves are valueless. It appears to me that this is faulty reasoning on the part of the commission which could have severe adverse effects.

Chapter 3 - Patients who Make Their Own Decisions

Most patients in most situations can make their own assessments and health care professionals should enhance the ability of patients to exercise this self-determination. Considering the effect of decisions involving life-sustaining therapy, we must be certain the patient has made a valid consent. The patient's emotions must also be considered.

A. What the Patient Would Consider

This section indicates what information the patient should have in reaching decisions relating to care such as life-sustaining therapy.

B. The Involvement of Others

The involvement of family, health care professionals, institutions, and society are discussed.

C. Additional considerations by Agents for the Patient.

When a patient makes a decision that involves others, the agent involved faces decisions as a result. Patients who claim to want to discontinue a life-sustaining therapy frequently do not do so when they have the chance. A person acting for the patient should consider this.

In all this chapter's analysis, as noted previously, is not really favorable toward right to life, but it is not too bad.

Chapter 4 - Decision Making When The Patient Cannot Decide

(This chapter is Chapter 4 of "Consent" and "DFT".)

A. Which Patient's Lack Decision Making Capacity

Patients lacking decision making capacity lack the ability to communicate with other people or to comprehend their situation and its potential impact upon their lives or patients who are coerced or manipulated also lack decision making capacity. It

includes children, those with mental and physical deficits, those who are incapable of deciding at the time the decision must be made though competent at other times.

"Health care providers should recognize that the only necessary implication of a determination of incapacity to make a decision is that the patient's decision, if any, may be overruled." (This could certainly be stated more precisely.) "The patient may be able to participate in the decision even though unable to make it." (Good point.)

A check list is given to determine the patient's decision making capacity. The patient who had some ability to comprehend, communicate, and form a preference is discussed.

B. Goals of Decision Making For Incompetent Patients

The two chief goals are (1) promoting patient welfare and (2) respecting patient self-determination by implementing the patient's values and preferences expressed when the patient was competent. When recovery of decision making capacity is a reasonable prospect, enhancing this prospect is also a goal of decision making.

C. Substantive Principles for Decision Making

Full respect for the principle of self-determination implies that the former wishes of an incapacitated patient be followed. This is called the rule of "substituted judgment". Examples are "living wills" and durable powers of attorney. The "living will" was developed in 1938. Beginning in 1976, a number of states adopted statutes intended to give legal force to "living wills" under specified conditions. Doubt may remain as to whether the advanced directive or past preference was based on a sufficient appreciation of the relevant facts or as to whether some shift in the individual's preferences or values may have occurred.

Notwithstanding this inherent limitation, the Commission believes that carefully prepared advance written directives can provide a useful way of facilitating respect for patient self-determination and for advancing the patient's welfare on his or her own terms. (This statement appears to favor the "living will" concept. None of the disadvantages of living wills are discussed. It should be noted that the language chosen is more broad and yet more narrow than a mere expression of approval of the concept of "living wills.") In non-emergency situations the family should be the principle decision maker for the incompetent patient under most circumstances. A sound institutional policy should include a designated staff person or committee to determine when to seek

court appointment of a legal guardian for the incompetent patient who lacks a suitable surrogate. The staff person or committee may serve as a temporary surrogate. The committee believes this approach is better than letting the provider in charge be the principle decision maker because of his medical expertise or letting treatment decisions be made by the courts. The surrogate should be a genuine decision maker, not a passive witness to decisions made by the medical team. The surrogate's decision making authority is not as broad as the competent patient's right of self-determination particularly in cases of refusal of treatment. A hospital ethics committee may also shed light on certain types of cases. Policy should be set up for those cases requiring special scrutiny, especially cases involving procedures primarily beneficial to others, not the patient, procedures expected to produce irreversable changes such as sterilization or psychosurgery, and decisions to forego life-extending procedures. The Commission advises a procedure for deciding close cases or cases where there are disagreement and believes that certain patient groups require especially rigorous safeguards. Among these are incompetent long-term inmates of total institutions and patients in newborn intensive care units. The Commission recommends 10 elements for a sound institutional policy for decision making for incompetent patients.

CONCLUSION

This report is generally fairly good. There are some areas where, as noted previously, it can be criticized, but overall it appears to be a reasonable effort by conscientious staff to do a fair exploration of the difficult areas relating to foregoing life-sustaining therapy. While we could live with this report, improvements are possible, and if we can request them at no great cost, we should so request. These areas of weakness in the report have been noted previously.

Robert L. Sassone

ROBERT L. SASSONE

U.S. Judge Awards \$1.71 Million In Legal Fees in Texas Prison Case

By STUART TAYLOR Jr.

Special to The New York Times

WASHINGTON, Nov. 19 — A Federal district judge in Texas ordered the state today to pay \$1.71 million in fees and expenses to the attorneys for prisoners who won a lawsuit challenging conditions in the state prison system, the nation's largest.

The fees, awarded by Judge William Wayne Justice of Tyler, Tex., to William Bennett Turner of San Francisco and other lawyers representing a statewide class of prisoners, were the biggest ever in any lawsuit brought primarily under the civil rights laws, according to legal experts.

The fees were more than double the largest previously awarded in a prison conditions case.

The judge's action drew an immediate denunciation from the Texas Attorney General, Mark White, the Governor-elect, who has strenuously opposed the prison litigation. He said that Judge Justice "has again fallen into error with an excessive award," which he promised to appeal.

Case Spanned a Decade

The size of the award reflects the view that the decade-long lawsuit, involving more than 30,000 inmates in 22 institutions, was "unprecedented in its scope and complexity," as Judge Justice put it. The judge was also unusually generous in upholding almost all aspects of the fee application.

But he asserted in his 58-page opinion that the time and expense the state had invested in its defense of the lawsuit "dwarfs the time spent by plaintiffs' counsel," and that much larger fees had been awarded in antitrust and other business lawsuits that were no more complex than the prison case.

Large fee awards to lawyers representing plaintiffs in civil rights, environmental and other lawsuits against state and Federal Governments have increasingly become the focus of political controversy.

The Reagan Administration is preparing legislation to sharply limit the judicial power to award fees to lawyers who prevail in suits against governmental units, according to an article to be published in the next edition of The National Law Journal.

Fee awards to prevailing plaintiffs in

various kinds of cases are now authorized by the civil rights laws and dozens of other Federal statutes for the purpose of encouraging lawsuits that Congress deemed to serve the public interest.

Judge Justice, long a favorite of civil rights lawyers and a nemesis of state officials, has presided over the prison case since 1972. In 1980, he found that conditions throughout the system amounted to unconstitutional "cruel and unusual punishment" and issued a sweeping prison-reform decree.

His central holding that the conditions were unconstitutional and some of his remedial orders were upheld, while other particularly costly remedial orders were reversed in June by the United States Court of Appeals for the Fifth Circuit.

Judge Justice specified in his latest opinion, dated Wednesday and filed today in Federal District Court in Houston, that the total of \$1,662,683 in attorneys' fees and \$51,844 in expenses were to be divided between Mr. Turner, the chief counsel, 11 other lawyers, one large law firm and assorted paralegals and law clerks.

He said the lawyers had employed unusual skill and dedication, in a "complicated and unprecedented" case, to win a "priceless" victory for prisoners that "should dramatically alter" the overcrowding and brutality he had found to pervade the prison system.

The judge praised Mr. Turner, a San Francisco lawyer whom he awarded more than \$700,000, at \$300 an hour, as "probably the foremost practitioner in the field of prisoners' rights in this nation."

He computed the fees by multiplying the number of hours' work each lawyer had documented, discounted by 5 percent to allow for possible duplication of efforts, by hourly rates ranging from \$150 for Mr. Turner to \$75 for "inexperienced or subordinate attorneys."

The judge then doubled the fees, on the ground that the attorneys "have privately enforced crucial social objectives which might otherwise be ignored," and had worked for years without any assurance of compensation because of the risk that they would lose the case.

The New York Times

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More Legal Insults for the Poor

What would you think of a law that gave you the right to sue the Government for depriving you of your rights — provided only that no public funds be used to redress the grievance if you win? No one even dreams of such a law for suits by those who can afford a lawyer, but President Reagan's appointed guardians of the national poverty law program want just such a rule for the poor.

Their proposal takes the form of draft guidelines for the Legal Services Corporation, the federally funded system for helping the poor in civil cases. Congress told the corporation to write rules for class actions, which are lawsuits filed on behalf of large groups of people who share a legal grievance. But instead of regulating class lawsuits, the new proposal would eliminate them for the poor — and only the poor.

Class actions are useful tools in business litigation and other cases involving persons too numerous to sue individually. A unanimous Supreme Court praised the device in a complicated 1979 Social Security case because it "saves the resources of both the courts and the parties by permitting an issue potentially affecting every Social Security beneficiary to be litigated in an economical fashion." The device gives the plaintiffs the strength of numbers, if they can afford to sue.

The idea of banning awards from public funds is only the most blatant discrimination against the poor. The other proposed technical hurdles are dazzling. For example, a legal services program could not sue in the name of all injured families over a

maladministered school lunch program without the advance consent of every affected family. Even the courts have no right to require litigants, rich or poor, to run that obstacle course.

A staff lawyer who so misread the commission's purpose and the law's intent ought to be sent to re-take the bar exam. But these guidelines were written not by staffers or clerks but by directors named by the President: Chairman William Harvey, a law professor in Indianapolis, and William Olson, a Washington attorney. Both share Mr. Reagan's hostility to legal services.

Congress tried mightily in 1974 to nourish legal services by creating an independent corporation that would foster competent, fearless legal representation free from political meddling. The White House has frustrated this system by nominating directors, notably Mr. Harvey and Mr. Olson, who are unacceptable to Senate friends of the program but serve under recess appointments. Required by the 1974 law to appoint some directors who are eligible clients, the Administration picked a 23-year-old son of middle-class parents who is working his way through college.

Such parodies of poverty law are ridiculous but not amusing. They not only cheat but insult the poor. Congress has little time to rescue this program from the Reagan wrecking crew. The Senate can begin by voting promptly to reject the Harvey and Olson nominations.

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS MAILING ADDRESS P.O. BOX 162-F STAFF
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December 7, 1982

Editor
New York Times
229 W. 43rd St.
New York, NY 10036

Dear Sir:

I have just read your editorial "More Legal Insults For The Poor" (December 5, 1982).

I am afraid that the Times has not studied the background for the proposal to ban Legal Services Corporation (LSC) lawyers from class action cases because if you had you would find that such a restriction will eliminate a) duplication and waste, b) will actually increase the amount of Legal Services provided to the poor and c) an even stronger ban than that proposed by LSC Chairman Harvey which was adopted by the U.S. House of Representatives on June 17, 1981 by an overwhelming vote of 241 to 167.

- A). With the vast expansion of court awarded fees under the Civil Rights Attorneys Fee Recovery Act and the Equal Access to Justice Act there is no need for LSC grantees to take time and resources away from solving the individual problems of individual poor people so they can engage in time consuming class action litigation. For example on November 20, 1982 the Times reported that private attorneys received court awarded fees totaling \$1.71 million for a class action relating to conditions of prisoners - probably the poorest of the poor. Since Legal Services lawyers salaries are 100% subsidized by the taxpayer there is no need for them to engage in class actions which result in large fees. To do so makes the taxpayer pay for the litigation twice. This amounts to institutional ideological amulance chasing.
- B). Because of the prospect of large fee recoveries class action cases divert Legal Services lawyers from providing help for individual poor people. For example in 1981 the LSC organization in Philadelphia filed in Federal court for \$4.5 million in fees for what is known as the Whitman Park case. Even at the rate of \$100 per hour this means that Legal Services lawyers spent 45,000 hours on that one case, or 24 lawyers working full time for a whole year. \$4.5 million is equal to two years worth of grants to this organization from LSC. In order to spend this much time on one case many individual poor people must have been denied legal assistance.

-1-



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

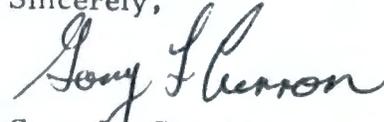
Also in 1981 the LSC grantee Greater Orlando Legal Services had about 4000 cases only two of which were class actions however the Orlando Sentinel-Star on January 27, 1981 reported "but the financial and manpower costs of those two class action suits,... are far greater than those of the individual cases.". In other words the organization could handle at least 8000 individual poor people's cases if the LSC lawyers weren't pursuing just two class actions.

- C). On June 17, 1981 the U.S. House of Representatives by a 74 vote margin adopted the following amendment to the LSC Re-authorization Bill, H.R. 3480:

"No class action suit may be brought against the Federal Government or any State or local government."

The ban on class actions is sound policy that will save taxpayers money and at the same time increase legal services to the poor.

Sincerely,



Gary L. Curran
Legislative Consultant

GLC/sm

AMERICAN LIFE LOBBY INC.

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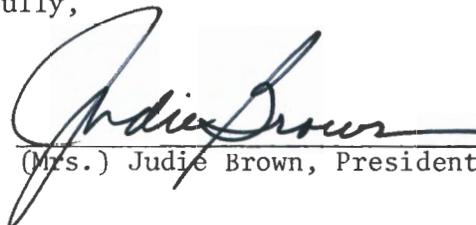
January 21, 1983

PROPOSED ACTION ITEMS FOR PRESIDENTIAL CONSIDERATION

- A) Please issue a 1984 Budget Proposal Amendment now to cut \$50,000,000 from Title X - PHS based upon GAO Report HRD 81-68's findings of fund mismanagement.
- B) Please veto any relevant appropriations bill that comes to the White House without specific language prohibiting the use of tax-payer dollars for abortion and abortion-related services.
- C) Please be certain that the public and the Congress understand that the veto was used specifically because of the absence of restrictive abortion language. (See B above)
- D) Since Mrs. Margaret Heckler, Secretary Designate for the DHHS, is already on record as an opponent of parental notification and parental consent when dealing with unemancipated minors, will you instruct her to see that the new minimal parental notification regulation is enforced?
- E) Will you please require that all recipients of Title X (Public Health Service Act - birth control program) funds be required to abide by the strict letter of the law and Section 1008 of Title X; and further, that those agencies who do not comply be immediately defunded?
- F) Will you enforce this request (D) with the Department of HHS with adequate follow-up in place?
- G) Will you work with Secretary Designate Heckler to see that she immediately begins a vigorous implementation policy with regard to the Handicapped Persons Provisions of the law in such a way that government funded hospitals can no longer take the lives of newborn infants as was the case in the Infant Doe matter of April, 1982.
- H) Will you work with Secretary Designate Heckler in her efforts to vigorously review all grant applications for research on human subjects to make certain that no fetal experimentation is taking place in any project funded in any way with tax payer monies?
- I) ALL proposes that the Reagan Administration establish a Study Committee for the purpose of investigating the impact which the taking of the lives of 1.5 million Americans each year by abortion has had on the Social Security System and what the eventual impact of this tragedy will have on the elderly of our nation.

American Life Lobby appreciates the opportunity to share these proposals, requests and comments with the President of the United States, Ronald W. Reagan.

On behalf of our entire constituency, and in complete faith that the Lord will guide your actions, I am, respectfully,



(Mrs.) Judie Brown, President



JB:pgd
A.L.L. "... for God, for Life, for the Family, for the Nation"

LEVERS OF POWER

"Give me a place to stand and I will move the earth."

—Archimedes



Does Planned Parenthood Prevent Abortion?

A well-publicized theme of Planned Parenthood proponents starting with foundress Margaret Sanger in 1916 and continuing to the present has been that abortion could be prevented by birth control.

A July 1951 *Readers Digest* article portrayed Margaret Sanger as a "little red-headed, dedicated nurse and faithful mother of three children who consecrated her life to alleviating the sufferings of poor tenement women burdened by the tragedy of abortion and unwanted children."

The Planned Parenthood Federation of America published a brochure in 1943 which stated "Therapeutic abortion or abortion necessary to save the life of the mother is a medical procedure which can be resorted to by the physician with complete legality. All other abortions are illegal. Their toll in death, sterility and illness is appalling. The public is confused about the two types of abortion, and about the connection of either with birth control. Obviously the only connection is that proper accessibility of birth control information to married women through physicians would reduce the large proportion of abortions that occur among married women."

More recently, in the Sunday, May 17, 1981, *Washington Post*, a full-page Planned Parenthood Federation of America (PPFA) ad touted federal birth control programs in bold letters. "Our Country Has a Program That Reduces Teenage Pregnancies, Reduces the Need for Abortion, Saves Taxpayers Money. The 'Moral Majority' Wants It Abolished."

Additionally, a May/June 1981 Planned Parenthood *Family Planning Perspectives* article claimed that for the \$285 million spent in 1979 on birth control by the federal and state governments, about 695,000 pregnancies were averted among low and marginal income women of which 370,000 would have been aborted. These programs saved 109.5 million tax dollars for abortions at \$295 each.

Apparently these claims are believed by many Americans. But are they based on fact? Take a look.

R.G.M.

Contraception and Abortion

There are at least four authoritative sources with Planned Parenthood credentials that contradict the for-public-consumption-claim regarding contraceptives preventing abortion.

A study of this matter was undertaken by Dr. Raymond Pearl, a member of Planned Parenthood in the 1930s (i.e., The American Birth Control League). The study, "The Natural History of Population," utilized information collected from the obstetrical wards of 139 first class hospitals in 14 states and Washington, D.C., involving cases of 26,316 white and 5,633 black women who had delivered babies in the participating hospitals.

Dr. Pearl concluded, "The number of abortions per 100 pregnancies experienced, and the percentages of total reproductive wastage due to induced abortion, are from three to four times greater, generally speaking, among contraceptors than among non-contraceptors. . . . The results are based upon the women's own admission of the extent to which they have resorted to induced abortion. They probably understate the true facts . . . these data came from families living together in wedlock."

Two other supporters and contemporaries of Margaret Sanger, Regina R. Stix, M.D., and Frank Notestein, studied women attending Margaret Sanger's own Clinical Research Bureau.

Their 1940 book, *Controlled Fertility*, noted that of 991 women studied there were 3,255 pregnancies. Of the contracepting women, 41 percent of the pregnancies were ended by illegal abortion, while only 3.5 percent of the non-contracepting women had illegal abortions.

Illegal abortion involved other than a life-threatening circumstance. Contraceptives used included condoms, diaphragms and spermicides.

During April 1955 PPFA sponsored a conference on abortion in America dealing with the contraception/abortion relationship.

The famed sex researcher Alfred E. Kinsey said, "At the risk of being repetitious, I would remind the group that we have found the highest frequency of induced abortion in the group, which, in general, most frequently uses contraception."

The concluding statement of the conference, signed by Planned Parenthood notables Allen F. Guttmacher, John Rock, Abraham Stone, Chris-

topher Tietze and others, stated, "It was recognized by conference participants that no scientific evidence has been developed to support the claim that the increased availability of contraceptive services will clearly result in a decreased illegal abortion rate."

All of the illegal reasons for abortion in 1955 were legal indications for abortion after Jan. 22, 1973.

In 1972, Malcolm Potts, then medical director of the International Planned Parenthood Federation, wrote that birth controllers in the 1930s denied the relationship between contraception and abortion "possibly because its recognition would have discredited their own fragile claims to respectability . . . Evidence of rising abortion rates with the expanding use of contraceptives is now available from Korea, India, Taiwan, Iran, Turkey, Egypt and some parts of Latin America."

Planned Parenthood and Abortion

Writing in 1971, George Langmyhr, M.D., of Planned Parenthood-World Population observed, "It goes without saying that Planned Parenthood Affiliates have long been involved in programs of abortion information, counselling and referral. Before the recent change in abortion laws, these activities were necessarily unpublicized . . ."

Dr. Langmyhr also indicated that "most professionals and volunteers associated with Planned Parenthood have accepted for a long time the necessity of abortion as an integral part of any complete or total family planning program."

This acceptance goes back to Planned Parenthood foundress Margaret Sanger who as publisher in 1914 of a radical feminist newsletter, *Woman Rebel*, ran articles in support of free sex and abortion. According to Sanger biographer Madeline Gray, English sex writer Havelock Ellis convinced Margaret Sanger to de-emphasize the abortion side of her crusade and establish contraception first. Abortion would then follow, he assured.

In 1933 Margaret Sanger wrote a somewhat subtle letter to her clinic director, Dr. Hanna Stone, that she wanted the clinic to develop a regular program whereby "overdues," i.e., women, could be directed toward a doctor or hospital that would help the woman in question. James Reed, in *From Private Vice to Public Virtue*, wrote, "The law did not catch up with Margaret Sanger's vision until 1973," i.e., with

the Supreme Court's pro-abortion decision.

Planned Parenthood president Dr. Alan Guttmacher and others had helped devise the hospital abortion committee system during the World War II era, which democratized the abortion decision and by the early fifties apparently had increased somewhat the abortion rates.

Proceeding further, the 1955 Planned Parenthood Abortion Conference recommended that "A model abortion law should be drawn up and offered to the states to replace present statutes." Note that statutes at that time had either no exception or life of the mother only.

By 1959 the American Law Institute (ALI), a private organization, did draw up a model statute with the help of some Planned Parenthood associates. The ALI proposal was substantially adopted by Colorado in 1967. New York, Hawaii and Alaska soon followed with similar statutes.

A "Right" of Privacy

During this period Planned Parenthood affiliates cooperated, according to Dr. Langmyhr, with various ad hoc abortion law repeal committees. Planned Parenthood also helped prepare various legal briefs on cases that would lead to or involved liberalization of abortion laws.

Two of the more important cases were *Griswold v. Connecticut* (381 U.S. 479) and *Eisenstadt v. Baird* (405 U.S. 438).

In the 1965 *Griswold* case the U.S. Supreme Court struck down a Connecticut law forbidding the use of contraceptive drugs by married couples because of a constitutionally protected right of privacy.

In the 1972 *Eisenstadt* case the Supreme Court struck down a Massachusetts law forbidding the sale of contraceptives for use by the unmarried.

The Planned Parenthood Federation of America and the American Association of Planned Parenthood Physicians filed a friend of the court brief (Oct. 12, 1971) and supplemental brief (Sept. 15, 1972) in the *Doe v. Bolton* Georgia abortion case decided on Jan. 22, 1973.

Planned Parenthood attorneys including Harriett Pilpel stated, "The right of a woman to choose whether or not to bear a child is an aspect of her right of privacy and liberty and, we submit, a fundamental right . . ."

"Similarly, the right to marry, . . . the right to have possession of pornography in the privacy of one's own home, have all been held to be fundamental rights under the Constitution."

"We believe that the right of privacy recognized by this Court in *Griswold v. Connecticut* . . . included the right of a woman to decide not only when, but also whether to bear a child . . ."

"Moreover, the right to abortion must be

By Robert G. Marshall. Mr. Marshall is director of public relations for American Life Lobby and director of education for American Life Education and Research Trust.

viewed as a corollary of the right to control fertility which was recognized in *Griswold* . . .

"This court has now on several occasions indicated its view that a woman has a fundamental constitutional right to decide whether or not to have a child. Most recently in *Eisenstadt* . . . the Court . . . said, 'if the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.'

"The *Baird* decision followed logically from the decision of this court in *Griswold v. Connecticut*."

Additionally, Harriett Pilpel testified on March 10, 1975, before a U.S. Senate subcommittee in opposition to a human life amendment to the U.S. Constitution. She said, "However, nowhere in our constitution, or in any amendment adopted to date, is there any reference to, or indeed any guarantee of, a right to life for any one . . ."

Ms. Pilpel would write in the May 1975 *Journal of Sex Research* that the abortion decisions of 1973 were correctly derived from the **right of privacy** established by the 1965 Supreme Court *Griswold* birth control decision which climaxed "over a quarter of a century of efforts to achieve a decision of the Court that reproductive freedom was indeed a guaranteed basic freedom."

How the same Constitution which Ms. Pilpel indicated did not guarantee anyone's right to life could at the same time guarantee everyone's—but mainly a woman's—right to privacy is not explained in the rest of Ms. Pilpel's article.

Ms. Pilpel's elaboration of the true nature of birth control or reproductive freedom is at variance with an earlier public position she took in a 1939 co-authored article where she referred to a legal case that provided an opening for contraception in the Comstock anti-birth control era of American History, 1873-1936.

She wrote, "Oddly enough, the first ray of light filtered through in a case involving abortion, which is of course the antithesis of contraception, but which was lumped together with it in the Comstock laws."

Yet recall that it is Planned Parenthood which admits the linkage of contraception with abortion. It was Planned Parenthood's friend of the court brief which relied upon *Stanley v. Georgia* (394 U.S. 557, 1969)—a Supreme Court pornography case establishing the constitutional right "to have possession of pornography in the privacy of one's home." The brief used *Stanley* to support their thesis that the so-called constitu-

Action You Can Take:

1. Thomas Jefferson wrote in 1787 that "the basis of our government being the opinion of the people, the very first object should be to keep that right . . ."

Because it is up to you to shape public opinion, copy this article for your representatives in Congress, state legislators and city or county councils who underwrite PP tax-supported birth control programs.

2. Obtain copies of the Food and Drug Administration-required patient package inserts (PPI) for the birth control pill and the IUD from your pharmacist or physician. Read the sections designated "Mode of Action." Note that while the Pill and IUD PPI's indicate that implantation is affected, this is not called an abortion. Because the Pill and IUD inserts are required by the federal Food and Drug Administration, which is controlled by the Congress, ask your U.S. congressman and senators why the FDA does not require Pill and IUD manufacturers to explicitly identify the abortion-inducing properties of the Pill and IUD in the PPI.

3. Obtain Pill and IUD manufacturers' promotional literature from your pharmacist and physician.

Write to IUD and Pill manufacturers and ask them their policy on your rights as a consumer to be well informed. After they answer you, write to them again and ask them if they apply their own policy to their Pill or IUD promotional literature. Follow a similar procedure with your local pharmacist and physician.

4. Share the results of your letter-writing with your neighbors, friends at church and American Life Education and Research Trust (see address at bottom of next page).

tional **right of privacy** for pornography also included the **right of privacy** for abortion.

Does Contraceptive Abortion Prevent Abortion?

In 1963 a U.S. Department of Health, Education and Welfare public health service publication, number 1066, page 27, stated that abortion comprised ". . . all the measures which impair the viability of the zygote (individual formed at fertilization—ed.) at any time between the instant of fertilization (union of male and female seed—ed.) and the completion of labor constitute, in the strict sense, procedures for inducing abortion."

That stage of development after fertilization most susceptible to interference is implantation

of the individual into the uterine wall of the mother's womb. Since women do not normally notice this event when it occurs, a birth control drug or device which prevents implantation can be pushed on the public as a contraceptive and not an abortion-inducing item.

At a 1964 Population Council International Conference, a physician participant pointed out the following: "In a Moslem country such as Pakistan, if it's considered that the intrauterine device is an abortifacient, this obviously would have a bearing on national acceptance or rejection."

Dr. Tietze, associated with both the Population Council and Planned Parenthood, suggested as an answer to this so-called dilemma not to "disturb those people for whom this is a question of major importance."

Tietze also stated, "If a medical consensus develops and is maintained that pregnancy, and therefore life, begins at implantation, eventually our brethren from the other faculties will listen" (i.e., theology and law—ed.).

Almost as proof of Tietze's claim, Dr. Guttmacher pointed out to conference participants that a 1962 British Council of Churches pamphlet concluded that biological life began at conception while human life began at implantation.

The pamphlet stated, "We see no objections . . . to the use of a technique which could prevent implantation. Such a method could also quite properly be called contraception."

More recently, a publication copyrighted in 1981 by the National Conference of Catholic Bishops, entitled "The Human Life Amendment: Realities and Myths," if not materially accepting the beginning-of-life-finesse proposed by Dr. Tietze, has provided one of its own in an inept attempt to deal with the circumstances of Planned Parenthood's somewhat confused and belated admission that the Pill and IUD can and do cause abortion early in pregnancy because they can and do prevent implantation.

The publication states, "If abortion became illegal, then drugs marketed for their abortifacient effect as well as surgical abortions would be illegal. But this does not apply to drugs or devices that have a valid or helpful effect as well as a potentially dangerous side-effect. The latter situation would apply to chemicals or devices which have a contraceptive effect as well as a

possible side-effect of preventing implantation in some cases . . .

"Although life begins at conception, the application of a criminal penalty in any case before the law requires proof that an individual has suffered as a result of another's actions. Such proof is impossible in the case of pre-implantation drugs or devices, because pregnancy is not detectable until after implantation."

There are four points to note:

First: Recently America saw the withdrawal from drugstore shelves across the nation millions of Tylenol bottles because of seven deaths that resulted from criminal tampering in one part of the country.

Because of the deaths all three major TV news networks devote major coverage, a nationwide manhunt ensues, detectives are working overtime and the FBI is thrown into action.

But contrast that proper concern with the societal tolerance for a vastly greater number of deaths among pill- and IUD-using women and their unborn offspring at the implantation stage of development.

Second: Calling the contraceptive effect of an anti-implantation drug or device "valid or helpful" is either to accept the erroneous contraception-prevents-abortion argument or to identify artificial contraception as good in itself—a very curious position for Catholic bishops.

Third: There are some sensitive medical tests which are capable of detecting pregnancy prior to implantation. And if they become sufficiently available to the public, what becomes of the bishops conference argument-from-ignorance doctrine? And in any case, with the current concern about drugs and alcohol affecting the course of a pregnancy, isn't there some duty incumbent upon a doctor to see whether he has one or two patients?

Fourth: Abortifacients, under the Catholic bishops conference ignorance-position, would simply return to their pre-1973 mode of operation by performing abortion within four to ten weeks of the last menses without performing a pregnancy test. Such techniques were called menstrual regulation and endometrial operation.

A rose by any other name remains the same, no matter who claims otherwise.

This series, *Levers of Power*, is provided by American Life Education and Research Trust, Route 6 Box 162F, Stafford, VA 22554. It is to be freely copied and used. This publication will enable all pro-life and pro-family people to better exert the influence they have over those who would force our nation to continue destroying human life.

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AMERICAN LIFE LOBBY INC.

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

GOVERNMENT LIAISON OFFICE: 6B LIBRARY COURT SE (CAPITOL HILL) WASHINGTON, DC 20003 • (202) 546-5550

October 19, 1982

Mr. Morton Blackwell
Special Assistant to the President
191 Old Executive Office Building
Washington, D. C. 20500

Dear Morton:

This will follow up our meeting this morning.

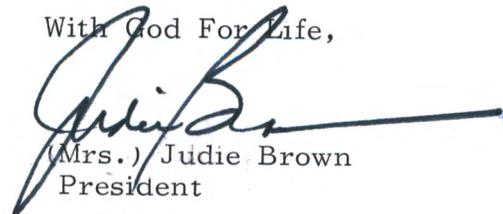
I would greatly appreciate it if you could arrange a meeting with DHHS Deputy Secretary David Swoap and DHHS Assistant Secretary Dale Sopper to discuss initiatives for incremental gains for the pro-life movement.

I would suggest the following items be discussed:

1. Title X - FY1984 funding cut.
2. Planned Parenthood referral statistics.
3. Title X appropriation language to prevent referral or counselling for abortion with Title X funds.
4. Fetal research information at N.I.H. as requested by Congressman Dannemeyer.
5. Support the text of the Dannemeyer amendment as an amendment to S2311.
6. Medicare abortion statistics (3 states way out of line).

Thank you in advance for your assistance in this request.

With God For Life,



(Mrs.) Judie Brown
President

JB/sm



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

*MS
call + ask
if Judie wants
to wait until
Swoap gets
out of hospital
or if we should
go ahead
with Sopper.
AMB*

AMERICAN LIFE LOBBY INC.

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GOVERNMENT LIAISON OFFICE: 6B LIBRARY COURT SE (CAPITOL HILL) WASHINGTON, DC 20003 • (202) 546-5550

November 15, 1982

Mr. Morton Blackwell
Special Assistant to the President
191 Old Executive Office Building
Washington, D. C. 20500

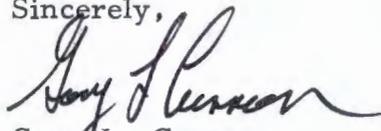
Dear Morton:

This will follow up my letter of October 19, 1982 requesting that you try to put together a meeting with DHHS Deputy Secretary David Swoap and DHHS Assistant Secretary for Management Dale Sopper to discuss the Title X Public Health Service Act Program in light of critical GAO Reports HRD 81-68 and HRD 82-106 about this program.

Any luck in setting up such a meeting time is of the essence because the department and OMB will be putting the final touches on the ~~FY84~~ Budget for this program within a week or so if it has not already been "put to bed" so to speak.

With kind regards.

Sincerely,


Gary L. Curran
Legislative Consultant

*Joan - 12/11 -245-7431
will call back
Carl Anderson 12/6
will set up meeting
with Dr. Brandt*

GLC/sm

*Edwin
Dr. Brandt, Asst Sec. for Health*



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

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June 2, 1982

Morton Blackwell
Special Assistant to the President
The White House
Washington, D.C. 20501

Dear Mr. Blackwell:

Last year nearly 300 leaders of the pro-life, pro-family movement gathered in Washington, D.C. for the historic "UNITY '81", the First Annual Grass-roots Pro-Life Education Conference. The 23 workshops and general sessions included presentations by such notables as yourself, Congressman Henry Hyde and Senator Jeremiah Denton, and selected from topics ranging from "How to Fight Secular Humanism" to "How to Promote Chastity Among Adolescents."

Plans are already well underway to make "UNITY '82" even bigger and better. It will be held at the Marriott Gateway Hotel in Crystal City, Va., November 11 - 14, 1982. The program will again include a wide variety of "How-To" sessions on topics of concern to the pro-life movement and will feature a diverse array of notable speakers including Evangelist James Robison and Bishop Welsch of the Diocese of Arlington.

The American Life Lobby and the American Life Education and Research Foundation, primary sponsors of the 1982 conference, would be delighted and honored to have you attend. We have invited the President, and should he not be able to come we want to make sure the White House is represented. Could we count on you to be a "guaranteed back-up person?"

Needless to say we would appreciate hearing from you as soon as possible so that we can make arrangements for publicizing your appearance. Please call me, or Mr. Jim Kappus of my staff, if you have any further questions or need additional details.

With God for Life.

Judie
(Mrs.) Judie Brown
President

JB/cbm

*6/11
Jim Kappus
will call in
Judie with
date & time
©*



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



Unity '82
Grassroots Pro-Life
Education Conference

November 11-14, 1982
Marriott Gateway Hotel, Crystal City, Virginia
PO Box 190, Garrisonville, VA
(703) 659-4171 or Metro DC 690-2049

Co-Sponsored by:

(Mrs.) Judie Brown
American Life Lobby

Howard Phillips
The Conservative Caucus

(Mrs.) Karen Davis
Christian Women's National Concerns

Elasah Drogan
Catholics United for Life

Liz Sadowski
First Women's Conference

Edward E. McAteer
Religious Roundtable

Joe Scheidler
Pro-Life Action League

Paul A. Brown
Life Amendment Political Action Committee

October 29, 1982

MEMO TO: ALL SPEAKERS AND PRESENTORS FOR UNITY '82

FROM: JUDIE BROWN

RE: CANCELLATION OF UNITY '82

Dear Friend:

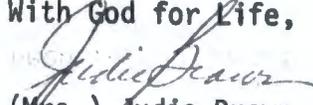
Due to circumstances totally beyond our control, we have been forced to cancel the Unity '82 Grassroots Pro-Life Education Conference which had been scheduled for November 11-14, 1982.

You are herewith asked to clear your calendar to avoid any additional confusion. We apologize for any difficulties or distress this decision may cause you.

We simply feel that we can more effectively get the same message to the grassroots by redirecting our resources. Each speaker will be individually contacted in the near future with respect to the reshaping of their presentation into another format for distribution.

I thank you for your understanding and your patience under these difficult circumstances. Please do not hesitate to call or write if you have any further questions.

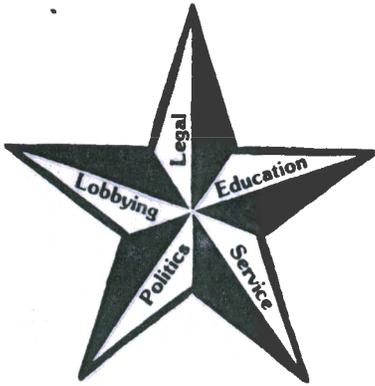
With God for Life,


(Mrs.) Judie Brown

P.S. NOTE that this does not affect the Symposium sponsored by Human Life International, which will proceed as scheduled.



Primary sponsor
American Life Education and Research Trust (ALERT)



**Unity '82
Grassroots Pro-Life
Education Conference**

November 11-14, 1982
Marriott Gateway Hotel, Crystal City, Virginia
PO Box 190, Garrisonville, VA
(703) 659-4171 or Metro DC 690-2049

FOR IMMEDIATE RELEASE: OCTOBER 29, 1982

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American Life Lobby

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(Mrs.) Karen Davis
Christian Women's National Concerns

Elasah Drogan
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Paul A. Brown
Life Amendment Political Action Committee

AMERICAN LIFE LOBBY CANCELS UNITY '82

(Mrs.) Judie A. Brown, President of both the American Life Lobby and the American Life Education and Research Trust, today announced that the UNITY '82 Grassroots Pro-Life Education Conference had been cancelled "...due to circumstances totally beyond our control."

Mrs. Brown noted that registrations were lower this year than last, probably due to the upcoming elections. "We simply had to make a judgement call," she added. "We feel that we can more effectively get our message out to more people by redirecting our limited resources."

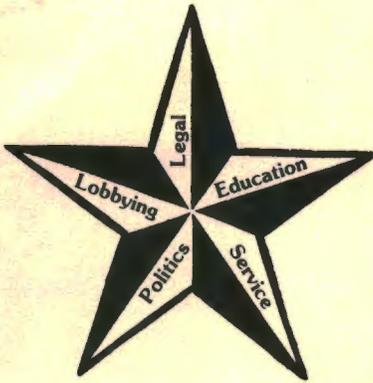
All speakers and registrants will be contacted directly with further details. Speakers will be asked to refashion their presentations into articles for future publication.

#

P.S. NOTE THIS DOES NOT AFFECT THE SYMPOSIUM SPONSORED BY HUMAN LIFE INTERNATIONAL WHICH WILL PROCEED AS SCHEDULED.



Primary sponsor
American Life Education and Research Trust (ALERT)



Nov 11
1:30
✓

Unity '82
Grassroots Pro-Life
Education Conference

November 11-14, 1982
Marriott Gateway Hotel, Crystal City, Virginia
PO Box 190, Garrisonville, VA
(703) 659-4171 or Metro DC 690-2049

October 15, 1982

Co-Sponsored by:

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Life Amendment Political Action Committee

Mr. Morton Blackwell
Special Assistant to the President
The White House
Washington, DC. 20500

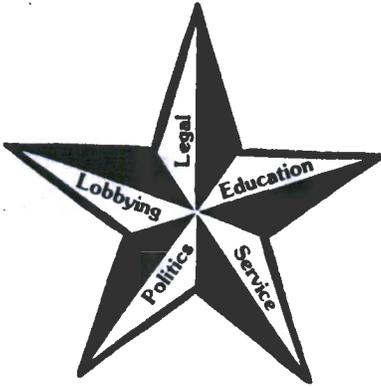
Dear Morton:

Per your request, we have moved back your scheduled appearance at UNITY '82 until 1:30 p.m. on Thursday, November 11th.

I hopethis works into your achedule better.

With God for Life,


(Mrs.) Judie Brown
President



1600 11
1182

**Unity '82
Grassroots Pro-Life
Education Conference**

November 11-14, 1982
Marriott Gateway Hotel, Crystal City, Virginia
PO Box 190, Garrisonville, VA
(703) 659-4171 or Metro DC 690-2049

Co-Sponsored by:

August 19, 1982

(Mrs.) Judie Brown
American Life Lobby

Howard Phillips
The Conservative Caucus

(Mrs.) Karen Davis
Christian Women's National Concerns

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Joe Scheidler
Pro-Life Action League

Paul A. Brown
Life Amendment Political Action Committee

Morton Blackwell
Special Assistant to the President
The White House
Washington, D.C. 20501

Dear Mr. Blackwell:

This is to confirm your appearance at "UNITY '82."

Your appearance as a speaker at our conference is scheduled for Thursday, November 11th from Noon - 1:15 p.m., on the topic "Administration Progress On Pro-Life Issues."

*Calendar
8/23 Condy*

~~If you would send to us your biographical sketch and photo some time next week it would be greatly appreciated.~~

Sent 8/23 Condy

I am enclosing some of our first promotional flyers on the conference for your use. Please pass the word and let me know if you need more flyers; ad slicks and press releases will be provided as they are available.

Thank you for your help in making UNITY '82 an unequalled success!

With God for Life.

Judie
(Mrs.) Judie Brown
President, A.L.E.R.T.

JB/cbm

*we can change
from 12 noon to
1:15 starting time.*



Primary sponsor
American Life Education and Research Trust (ALERT)



Unity '82 Grassroots Pro-Life Education Conference

**November 11-14, 1982
Marriott Gateway Hotel, Crystal City, Virginia
PO Box 190, Garrisonville, VA
(703) 659-4171 or Metro DC 690-2049**

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INFORMATION FOR SPEAKERS

In order to avoid confusion or misunderstandings, we want to set forth the procedures and related information for speakers at our upcoming "UNITY '82" Conference.

WASHINGTON, D.C., BASED SPEAKERS: TRAVEL

Speakers will be reimbursed for carfare and/or cabfare from their home or office to and from the Conference site.

OUT-OF-TOWN BASED SPEAKERS: TRAVEL

Speakers will be reimbursed for round-trip airfare, coach class, from the city of residence to Washington, D.C.; ground transportation, if necessary, to and from the airport will be reimbursed. [The Marriott Shuttle Bus will provide ground transportation between Washington National to the hotel.]

We ask that you provide us with your schedule as soon as possible so that we can take advantage of any "special fares" or advance reservation discounts that may be available. When you know your schedule, please call Mr. Jim Kappus; we will have your ticket prepared and mailed to you.

Speakers will be provided with one night's stay at the Conference hotel at the "double occupancy" rate. Speakers will be "doubled up" where possible, unless the speaker wishes to pay the difference in rate for single occupancy. Any "incidental" room charges are the responsibility of the speaker.

ALL SPEAKERS; CONFERENCE REGISTRATION

All speakers will be provided with a name badge allowing them to attend all of the Conference meetings and entitling them to refreshments during the coffee breaks.



Primary sponsor
American Life Education and Research Trust (ALERT)

THE WHITE HOUSE
WASHINGTON

*American
Life
Lobby*

September 30, 1981

The Speaker of the
House of Representatives

Sir:

I ask the Congress to consider amendments reducing requests for appropriations for fiscal year 1982 by \$18,070,934,000 and an off-budget request in the amount of \$3,217,991,000 for the Strategic Petroleum Reserve.

These requests would implement the fall budget program proposals that I announced to the Nation on September 24.

The details of these proposals are set forth in the enclosed letter from the Director of the Office of Management and Budget. I concur with his comments and observations.

Respectfully,

Ronald Reagan

Enclosures

ASSISTANT SECRETARY FOR HEALTH

Budget Appendix Page	Heading	1982 January Request	1982 March Amendment Pending	1982 September Amendment Request	1982 Revised Request
I-K39	<u>Health block grants</u>	--	--	\$1,216,072,000	\$1,216,072,000

(Insert the above heading and the appropriation language that follows immediately after the material under the heading "Health Services Management":)

For monthly payments to States as authorized by Title XIX of the Public Health Service Act and Title 7 of the Social Security Act \$83,600,000 for Preventive Health and Health Services Block Grant, \$432,080,000 for Alcohol and Drug Abuse and Mental Health Services Block Grant, \$2,200,000 for Primary Care Block Grant, and \$291,280,000 for Maternal and Child Health Services Block Grant: Provided, That up to ten percent of the amount provided for health block grants for any State or territory may be used for Federal administration until that State or territory has assumed administration of the health block grants.

Budget Appendix Page	Heading	1982 January Request	1982 March Amendment Request	1982 September Amendment Request	1982 Revised Request
----------------------------	---------	----------------------------	---------------------------------------	---	----------------------------

For expenses necessary
to carry out Sections
318, 329, 330, 340, and
Title X of the Public
Health Service Act,
Section 427(a) of the
Federal Mine Safety and
Health Act of 1977,
Section 311 of the
Comprehensive Alcohol
Abuse and Alcoholism
Prevention, Treatment,
and Rehabilitation Act
of 1970, and Section 410
of the Drug Abuse
Prevention, Treatment,
and Rehabilitation
Act \$406,912,000:

Provided, That not to
exceed \$98,000,000 shall
be available for Title X
of the Public Health
Service Act.

This amendment establishes the account for health block grants. The reduction for health block grants is part of the Administration's proposed pro-rata 12% reduction and would reduce 1982 outlays by \$59.1 million.

OCT 7 RECD M13

AMERICAN LIFE LOBBY INC.

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GOVERNMENT LIAISON OFFICE: 6B LIBRARY COURT SE (CAPITOL HILL) WASHINGTON, DC 20003 • (202) 546-5550

October 4, 1982

Honorable Ronald Reagan
The President of the United States
The White House
Washington, D.C. 20500

Dear President Reagan:

Enclosed for your perusal and implementation is an analysis of the report "Deciding to Forego Life-Sustaining Therapy" of the June 10-11, 1982, Report of President's Commission for the Study of Ethical Problems in Medicine and Bio-Medical and Behavioral Research. The analysis was done by Dr. Robert L. Sassone, Esq., at our request.

It would be greatly appreciated if you would give this analysis your careful review before sharing it with those members of your staff who are directly concerned with this Commission and its output. The report contains any number of vitally pertinent comments and criticisms that are important to the continuing work of this Commission.

It is our continuing hope that you will make every effort to insure that Presidential Commissions of this type are made up of individuals representing many aspects of the issue so that their reports, which carry your name and the prestige of your high office, are balanced. My office will be more than able to provide you with the names of a host of qualified experts in the fields of brain death, suicide, euthanasia, fetology, etc. Please do not hesitate to call on us for any assistance we might render.

On behalf of our board and our thousands of supporters from all across the country, we thank you and commend you for your continuing courage and outspoken support for the all-important issue of life.

With God for Life,

(Mrs.) Judie Brown
President

Enclosure



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

REVIEW OF "DECIDING TO FOREGO LIFE-SUSTAINING
THERAPY" JUNE 10-11, 1982 BY THE
PRESIDENT'S COMMISSION FOR THE STUDY OF ETHICAL
PROBLEMS IN MEDICINE AND BIOMEDICAL
AND BEHAVIORAL RESEARCH

The format of this review is to first analyze the introduction and the various chapters and conclude with a summary analysis.

Introduction

The introduction summarizes changes now taking place in the dying process, including changes in patient attitudes. The statements made are general enough so that they could be true, although if interpreted in a certain way, certain of the statements could be considered to be incorrect or unfortunate. Among the major changes considered are that the time and manner of death are now more frequently known than previously, many patients are not averse to the prospect of death, yet these patients receive care in settings where death is not seen as a good outcome. Death is frequently seen as a failure of medical science. Physicians until recently systematically excluded dying patients from serious involvement in planning their own care by denying them information. Such practices are changing. Social attitudes about and interest in death and dying is changing. The patient wants to be protected against the course of death that is too easy and quick as much as from one that is too agonizing and prolonged. The golden mean is sought.

In summary, the introduction is not offensive to the right to life, although some of its statements skirt the use of terminology which is offensive to the right to life.

Chapter 1 - The Dying Patient

A. Characterization

In general, the characterization of the dying patient is good. It is stated that:

"People are too varied in their responses to death for arbitrary definitions. ... The dying patient is one with definite signs and symptoms that imply a prognosis of life sufficiently short that attention to completing life is a more realistic response than setting more open-ended goals. ... Dying frequently entails suffering.

Suffering is subjective Dying people are generally confronted with powerful emotions. ..."

The section concludes, "The various reform movements in dying education have recently been addressing these problems and have demonstrated that much can be done to facilitate the tasks of dying persons and their survivors."

In general the preceding section is satisfactory.

B. Therapeutic Possibilities

This section is excellent. It indicates that the lot of the dying patient can be greatly improved by good medical and nursing care and simple attention to details such as proper positioning.

"Medical management of symptoms has recently demonstrated that no patient need be terrified of pain. ... Other symptoms such as nausea ... usually respond reasonably well. ... The anguish of one who is grappling with the issue of his or her own mortality is less susceptible to a technologic cure. ... Adequate care requires attention to the spiritual, emotional, financial, and other needs of the person who is dying."

C. Components of Quality Care

This section is excellent. It states in part,

"Teachers of the art of managing dying patients point out the central role of involved and careful listening ... Patients who live angry or insecure or isolated lives are fairly likely to die angry, afraid, or lonely. Reasonable goals originate in helping the person to use his strength and to avoid his weaknesses in confronting the prospects of an impending end to life ... Until the evidence is quite clear that the patient is making an informed, deliberate, and autonomous decision to forego one or more specific life-sustaining interventions, wise health care providers seek out and enhance those parts of the patient's person that are not yet ready to acquiesce to death. ... The individual provider care can accomplish much by insuring support for the persons who will be bereaved by the patient's death. ..."

D. "Death with Dignity"

This topic is handled well. The report states in part:

"Much can and should be done to insure that patients are treated with respect and concern throughout life. Insofar as 'Death with Dignity' means that the decisions of dying patients are solicited and respected, that much is probably achievable. ... However, many proponents seem to go well beyond that to a vision of guaranteeing each person a peaceful and aesthetically appealing death. This is clearly beyond reach. ... Insuring comfort at the end of life sometimes requires some mechanical and artificial assistance. For these reasons the best care of dying patients is not always aimed to achieve a 'natural death' or tranquil an appealing death scene."

Chapter 2 - Possible Constraints On Acceptable Decisions

A. Ethical Analysis and Public Policy

"All persons have a duty to refrain from taking the life of another. However, this duty is often difficult to interpret when seriously ill patients and their families and health care providers face decisions that are likely to affect the span of the patient's life. For some patients, the conditions of shorter life and the satisfactions that it is expected to afford outweigh the appeal of a longer life under more severely constrained conditions. The commission believes that wise public policy would aim to allow such a choice but also to limit the likelihood of untimely death being chosen because of erroneous information, temporary depression of the patient, or other flaws in the functioning of the decision making process."

The application of general rules is discussed. The problem of the "slippery slope" is defined and discussed.

B. Voluntariness

"An important distinction between voluntary and involuntary decisions to forego life-sustaining therapy. Good medical practice requires that a competent and informed patient's refusal of a

particular, or even all, medical treatment be respected. The moral basis of 'Living Wills' ... derives from the importance of honoring a competent patient's advance decisions. ... Reflecting the importance of self-determination, the commission endorses a strong presumption in favor of honoring an informed patient's competent and voluntary decision concerning life-sustaining therapy. Voluntary foregoings require: The patient be competent to make this decision, that he understand the nature and expected consequences of available alternative courses of action, and that the consent be given without coercion or manipulation. Involuntary foregoings are made against the expressed and competent decision of the patient. Non-voluntary foregoings take place when the patient gives neither effective consent nor refusal for termination. ... Permitting others to make a decision to forego a therapy that is reasonably likely to extend the life of competent patient without informing or involving the patient is wrong, since the patient is being treated as if you are not capable of self-determination. ...

Many persons believe there are additional limits on the ethical acceptability of treatment refusal or termination, or other actions in the medical context that bring about death. For example only passive means, the death may only be indirectly incurred, or only extraordinary therapy may be foregone. Distinctions such as these impose additional moral limits on voluntary foregoings of life-sustaining therapy."

The difference between active killing and allowing to die is discussed philosophically and morally. The distinction between stopping and not starting treatment is discussed.

D. Intended Outcomes or Merely Foreseen Consequences

Pain relievers can sometimes increase a patient's chance of death from infection or other causes. The doctrine of double effect is discussed. Lives' by the administration of a lethal injection.

The difference between acting and refraining when each results in death are discussed.

The commission concludes after a sophisticated discussion that both the nature and moral importance of the difference between direct and indirect killing, as marked by the distinction between what a person intends to do and the foreseen but unintended consequences of what he does, are sufficiently problematic to warrant great caution in placing important

weight on this difference in public policy. The preceding statement if implemented in the wrong way could cause serious problems. The commission goes on to state, "Considerable caution is warranted about substantially weakening these safeguards, despite the doubtful moral importance of the distinctions on which they rely. ... The commission also finds it possible that the value of respecting a competent patient's voluntary choice might be sufficiently important in at least some cases ethically to justify allowing the patient actively or intentionally to terminate his own life."

(Suicide) Here the commission's analysis is very weak though subtle. The arguments against the conclusion are not really analyzed.

E. Ordinary and Extraordinary Treatment

"The commission can find no basis for holding that whether a treatment is common or unusual, or simple or complex, is in itself morally important in deciding whether the treatment is obligatory."

The ordinary-extraordinary distinction of Catholic theology is discussed. The commission concludes that public policy should avoid the use of the terms ordinary/extraordinary because the distinction plays no role in the ethical analysis, yet invites confusion. Here again the commission could have done a better job of analyzing the conclusion of the commission can be supported only if it is interpreted in a particular way as in the preceding case (D. Intended Outcomes Or Merely Foreseen Consequences)

F. Summary

The commission concludes that of all the distinctions that have been opposed to demarcate acceptable from unacceptable actions, only the voluntary-involuntary one is clearly morally relevant in itself and usually capable of unambiguous application in actual cases. This appears to be a dangerous conclusion in that the distinctions which the commission would avoid can shed substantial light on what should be the particular action in a particular case. The commission utilizes the so called "hard cases" to show that there are problems in the application of moral guidelines, and reasons from the problems in particular hard cases that the guidelines themselves are valueless. It appears to me that this is faulty reasoning on the part of the commission which could have severe adverse effects.

Chapter 3 - Patients who Make Their Own Decisions

Most patients in most situations can make their own assessments and health care professionals should enhance the ability of patients to exercise this self-determination. Considering the effect of decisions involving life-sustaining therapy, we must be certain the patient has made a valid consent. The patient's emotions must also be considered.

A. What the Patient Would Consider

This section indicates what information the patient should have in reaching decisions relating to care such as life-sustaining therapy.

B. The Involvement of Others

The involvement of family, health care professionals, institutions, and society are discussed.

C. Additional considerations by Agents for the Patient

When a patient makes a decision that involves others, the agent involved faces decisions as a result. Patients who claim to want to discontinue a life-sustaining therapy frequently do not do so when they have the chance. A person acting for the patient should consider this.

In all this chapter's analysis, as noted previously, is not really favorable toward right to life, but it is not too bad.

Chapter 4 - Decision Making When The Patient Cannot Decide

(This chapter is Chapter 4 of "Consent" and "DFT".)

A. Which Patient's Lack Decision Making Capacity

Patients lacking decision making capacity lack the ability to communicate with other people or to comprehend their situation and its potential impact upon their lives or patients who are coerced or manipulated also lack decision making capacity. It

includes children, those with mental and physical deficits, those who are incapable of deciding at the time the decision must be made though competent at other times.

"Health care providers should recognize that the only necessary implication of a determination of incapacity to make a decision is that the patient's decision, if any, may be overruled." (This could certainly be stated more precisely.) "The patient may be able to participate in the decision even though unable to make it." (Good point.)

A check list is given to determine the patient's decision making capacity. The patient who had some ability to comprehend, communicate, and form a preference is discussed.

B. Goals of Decision Making For Incompetent Patients

The two chief goals are (1) promoting patient welfare and (2) respecting patient self-determination by implementing the patient's values and preferences expressed when the patient was competent. When recovery of decision making capacity is a reasonable prospect, enhancing this prospect is also a goal of decision making.

C. Substantive Principles for Decision Making

Full respect for the principle of self-determination implies that the former wishes of an incapacitated patient be followed. This is called the rule of "substituted judgment". Examples are "living wills" and durable powers of attorney. The "living will" was developed in 1938. Beginning in 1976, a number of states adopted statutes intended to give legal force to "living wills" under specified conditions. Doubt may remain as to whether the advanced directive or past preference was based on a sufficient appreciation of the relevant facts or as to whether some shift in the individual's preferences or values may have occurred.

Notwithstanding this inherent limitation, the Commission believes that carefully prepared advance written directives can provide a useful way of facilitating respect for patient self-determination and for advancing the patient's welfare on his or her own terms. (This statement appears to favor the "living will" concept. None of the disadvantages of living wills are discussed. It should be noted that the language chosen is more broad and yet more narrow than a mere expression of approval of the concept of "living wills.") In non-emergency situations the family should be the principle decision maker for the incompetent patient under most circumstances. A sound institutional policy should include a designated staff person or committee to determine when to seek

court appointment of a legal guardian for the incompetent patient who lacks a suitable surrogate. The staff person or committee may serve as a temporary surrogate. The committee believes this approach is better than letting the provider in charge be the principle decision maker because of his medical expertise or letting treatment decisions be made by the courts. The surrogate should be a genuine decision maker, not a passive witness to decisions made by the medical team. The surrogate's decision making authority is not as broad as the competent patient's right of self-determination particularly in cases of refusal of treatment. A hospital ethics committee may also shed light on certain types of cases. Policy should be set up for those cases requiring special scrutiny, especially cases involving procedures primarily beneficial to others, not the patient, procedures expected to produce irreversable changes such as sterilization or psychosurgery, and decisions to forego life-extending procedures. The Commission advises a procedure for deciding close cases or cases where there are disagreement and believes that certain patient groups require especially rigorous safeguards. Among these are incompetent long-term inmates of total institutions and patients in newborn intensive care units. The Commission recommends 10 elements for a sound institutional policy for decision making for incompetent patients.

CONCLUSION

This report is generally fairly good. There are some areas where, as noted previously, it can be criticized, but overall it appears to be a reasonable effort by conscientious staff to do a fair exploration of the difficult areas relating to foregoing life-sustaining therapy. While we could live with this report, improvements are possible, and if we can request them at no great cost, we should so request. These areas of weakness in the report have been noted previously.

Robert L. Sassone

ROBERT L. SASSONE



Telegram

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 The White House
 Washington, D. C. 20500

Mr. Edwin Meese III
 Counsellor to the President
 The White House
 Washington, D. C. 20500

Mr. Kenneth M. Duberstein
 Assistant to the President
 For Legislative Affairs
 The White House
 Washington, D. C. 20500

On behalf of the pro-life movement that is united in support of the Helms pro-life amendment to H.J. Res. 520, the Debt Limit Increase Bill, I respectfully request an appointment on September 7 or 8 to request the active support and lobbying efforts of the Reagan Administration to obtain the necessary votes in the U.S. Senate to impose cloture on the pro-abortion filibuster against the Helms amendment.

The first vote on cloture will occur at 2:00 p.m., Thursday, September 9, 1982, I look forward to an expeditious reply to this request.

With God for Life,

(Mrs.) Judie Brown
 President
 American Life Lobby Inc.
 6 Library Court S.E.
 Washington, D. C. 20002

file

BY WESLEY G. PIPPERT

WASHINGTON (UPI) -- NEW RIGHT GROUPS ARE PUTTING PRESSURE ON PRESIDENT REAGAN AND SENATORS TO SUPPORT ANTI-ABORTION LEGISLATION WHICH THE SENATE MAY VOTE IN EARLY SEPTEMBER.

"IT IS HARDLY A STATE SECRET THAT MANY OF YOUR MOST ARDENT SUPPORTERS GROW INCREASINGLY RESTLESS," NATIONAL RIGHT TO LIFE NEWS SAID THIS WEEK IN AN EDITORIAL "OPEN LETTER" ADDRESSED TO REAGAN.

"THE FACT OF LIFE IS, WITHOUT YOUR ALL-OUT, UP-FRONT, FULL-THROTTLED LEADERSHIP, MR. PRESIDENT, OUR PROGRESS WILL BE EITHER AGONIZINGLY SLOW OR STOPPED IN ITS TRACKS," THE EDITORIAL SAID.

AMERICAN LIFE LOBBY, IN AN "URGENT" MASS MAILING, TOLD SUPPORTERS TO GET IN TOUCH WITH THEIR SENATORS DURING THE LABOR DAY CONGRESSIONAL RECESS AND, TO GIVE THEM MORE LEVERAGE, IT INDICATED WHICH SENATORS ARE UP FOR RE-ELECTION THIS FALL.

"YOU MUST CONTACT YOUR SENATOR DURING RECESS, WHICH WILL LAST UNTIL SEPT. 7," THE LETTER SAID. "YOUR SENATOR MUST UNDERSTAND HIS SUPPORT FOR (SEN. JESSE) HELM'S SUPERBILL IS VITAL. WE NEED TO OBTAIN FROM 60 SENATORS A COMMITMENT TO DO... FIVE THINGS."

IT LISTED VOTING FOR CLOTURE SEPT. 9 TO STOP THE FILIBUSTER AGAINST HELM'S AMENDMENT TO BAN FEDERAL FUNDING OF ABORTIONS; VOTING FOR THE ANTI-ABORTION AMENDMENT; VOTING FOR CLOTURE, IF NECESSARY, AGAINST ANY FILIBUSTER ON HELM'S VOLUNTARY SCHOOL PRAYER AMENDMENT; VOTING FOR THE PRAYER AMENDMENT, AND VOTING FOR THE DEBT CEILING BILL WITH THE AMENDMENTS ATTACHED.

"CONTRARY TO PRESS REPORTS EMANATING FROM PRO-ABORTION -- ANTI-PRAYER SENATORS, THE SOCIAL ISSUES OF SCHOOL PRAYER AND ANTI-ABORTION LEGISLATION ARE VERY MUCH ALIVE AND SEN. HELM'S STRATEGY FOR THEIR ENACTMENT INTO LAW IS EXACTLY ON SCHEDULE," THE LETTER SAID.

SENATE REPUBLICAN LEADER HOWARD BAKER OF TENNESSEE INTRODUCED A CLOTURE PETITION LAST FRIDAY. HE ALSO GOT PERMISSION FOR THE SENATE TO DEBATE SEPT. 8 A FEDERALISM CONSTITUTIONAL AMENDMENT PROPOSED BY SEN. ORRIN HATCH, R-UTAH, TO GIVE CONGRESS AND THE STATES AUTHORITY TO RESTRICT OR BAN ABORTION.

THE AMENDMENT PROPOSED BY HELMS, R-N.C., WOULD BAN FEDERAL FUNDING AND FEDERAL INSURANCE COVERAGE OF ABORTIONS AND ABORTION RESEARCH AND GIVE STATES DIRECT ACCESS TO THE SUPREME COURT ON ABORTION SUITS -- A MOVE INTENDED TO ENCOURAGE QUICK REVIEW OF THE 1973 DECISION LEGALIZING ABORTION.



THE PROCTER & GAMBLE COMPANY

*American
Life
Lobby*

PUBLIC AFFAIRS DIVISION

P. O. BOX 599 CINCINNATI, OHIO 45201

July 23, 1982

Mr. Edwin J. Feulner, Jr.
President
The Heritage Foundation
513 C Street, N.E.
Washington, D.C. 20002

Dear Ed:

In our telephone conversation last week about the American Life Lobby, I told you that we were writing Judie Brown about the statements being made by her organization in calling for a boycott of Procter & Gamble products. We also discussed an exchange of correspondence which I had with Judie Brown at the end of last year.

You asked that I send you copies of this correspondence, and they are attached. We did not answer Judie Brown's December 4, 1981 reply to my letter of November 30 for reasons I think you will understand when you read her letter. The most recent letter to Judie Brown, dated July 16, from our Associate General Counsel is, I believe, self-explanatory.

If there is any further information you would like on this situation, please give me a call. My phone number is (513) 562-6182.

Your help on this is really appreciated, and we thank you for it.

Sincerely,

TOM

T. C. Collins
Director, Corporate Relations
and Contributions

Attachments

TCC:ls1
cc: Mr. G. S. Gendell

2756E



THE PROCTER & GAMBLE COMPANY

LEGAL DIVISION

P. O. BOX 599 CINCINNATI, OHIO 45201

July 16, 1982

Mrs. Judie Brown, President
American Life Lobby
P. O. Box 490
Stafford, Va. 22554

Dear Mrs. Brown:

We have been advised from several sources that the American Life Lobby is distributing, throughout the country, a leaflet calling for the boycott of Procter & Gamble products (sample attached).

We would like to comment on the four reasons which the American Life Lobby provides in calling for this boycott:

1. "Between 1972-79, the P&G Fund gave \$70,000 to Planned Parenthood, the nation's top promoter of abortion."

What is not said is that the contributions over this period to Planned Parenthood were restricted to a health education program. When Planned Parenthood took a leading position on the abortion rights issue, we withdrew our support -- and have not supported Planned Parenthood since 1979. Frankly, we are perplexed why the American Life Lobby would condemn this rather than applaud the action taken in 1979.

2. "The P&G Fund is a major contributor to the Rockefeller Trilateral Commission - a promoter of world wide population control."

Procter & Gamble supported the Trilateral Commission with a contribution of \$10,000 per year for a three-year period which ended over a year ago. The contribution which we made was directed towards international economic and trade studies, since we have substantial business in Japan and Western Europe. We discontinued financial support of the Trilateral Commission when it became apparent that the economic and trade studies produced were not beneficial to us. We are not aware that the Trilateral Commission has been involved in any issues relating to abortion or population control -- but this is an academic matter since the Company is not involved with the Trilateral Commission in any manner.

3. "The P&G Corporation sponsors six major t.v. soaps which act as a transmission belt for anti-family and anti-life values."

This assertion is as surprising as it is untrue. The issues depicted in our programs are treated with a clear moral perspective. Good is admired and rewarded; evil is disliked and punished. With respect to television programming, it is also appropriate to say that Procter & Gamble has brought the American public some of the most uplifting and worthwhile TV programs in recent years. We were the sole sponsor of such outstanding programs as "Jesus of Nazareth", "Peter and Paul", "Marco Polo", "The Corn is Green", "The Patricia Neal Story", and "Son Rice" -- just to name a few.

-2-

4. "The Gamble Family of Boston, heirs to a fraction of P&G's billion dollar corporation sales, are key abortion promoters and funders of pro-abortion candidates."

We believe this must refer to your 1981 publication dealing with the Pathfinder Fund and the involvement of people named Gamble in that organization. We wrote you on this subject in November 1981 and would remind you again of the following facts:

- The people named Gamble involved with the Pathfinder Fund played no active role in the affairs of The Procter & Gamble Company, and they do not today.
- The Procter & Gamble Company has never supported the Pathfinder Fund.
- The Company has about 100,000 shareholders and, according to our records, shares held by people with the name of Gamble represent less than 1.5% of the shares outstanding. Further, our records indicate that no individual holds more than 0.2% of our stock.
- The views and actions of the Company's shareholders are beyond the control of the Company and can in no way be interpreted as reflecting the position of the Company

In short, the reasons given for a boycott of Procter & Gamble products are either half-truths or untruths. We must assume that this action was undertaken without full knowledge of the facts -- and that is why we want you to have the facts in this letter.

This is to notify you that we would view as a matter of great seriousness the continued knowing spreading of half-truths or untruths designed to do damage to our Company. Such action would be malicious and could give rise to vicious rumors which unfairly disparage the Company and its employees. We trust this is something you will not want to do.

Sincerely,

R. J. Watkins
Associate General Counsel.

RJW:bkm

AMERICAN LIFE LOBBY INC.

NATIONAL HEADQUARTERS MAILING ADDRESS P.O. BOX 400 STAFF SPRING VA 22554
OFFICES ROUTE #6 BOX 1624 STAFF SPRING VA 22554
(703) 699-4171 METROPOLITAN 699-2149

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RE: FOREIGN AID UPDATE

May 28, 1982

In our recent mailing on Foreign Aid, we inadvertently failed to include the "Four Good Reasons to Boycott P&G." We apologize for this oversight and enclosed is the material.

- | | |
|---|--|
| 1879 - Ivory Soap | 1959 - Duz detergent (originally introduced as a granulated soap/1929) |
| 1911 - Crisco shortening | 1959 - Thrill liquid detergent |
| 1919 - Ivory Flakes | 1960 - Puffs facial tissue* |
| 1926 - Camay | 1960 - Salvo detergent |
| 1928 - Lava Soap | 1960 - Downy fabric softener |
| 1930 - Ivory Snow | 1960 - Crisco Oil |
| 1933 - Dreft detergent | 1961 - Pampers disposable diapers |
| 1945 - Spic and Span household cleaner | 1961 - Head & Shoulders shampoo |
| 1946 - Prell shampoo | 1963 - Folger's vacuum packed coffee |
| 1946 - Tide detergent | 1963 - Instant Folger's coffee |
| 1949 - Joy liquid detergent | 1963 - Safeguard deodorant soap |
| 1950 - Cheer detergent | 1963 - Top Job liquid cleaner |
| 1952 - Gleem toothpaste | 1965 - Bounty paper towels* |
| 1952 - Oxydol detergent (originally introduced as a granulated soap/1928) | 1965 - Bold detergent |
| 1953 - Fluffo shortening* | 1965 - Scope mouthwash |
| 1954 - Dash detergent | 1965 - Bonus detergent |
| 1955 - Crest toothpaste | 1966 - Gain detergent |
| 1955 - Cascade automatic dishwasher detergent | 1967 - Biz enzyme laundry pre-soak |
| 1955 - Zest deodorant beauty bar | 1968 - Pringle's Newfangles potato chips |
| 1956 - Duncan Hines mixes | 1972 - Sure anti-perspirant |
| 1956 - Jif peanut butter | 1972 - Era liquid laundry detergent |
| 1956 - Secret deodorant | 1972 - Bounce fabric softener |
| 1957 - Charmin bathroom tissue | *Not distributed throughout U.S. |
| 1957 - Ivory Liquid detergent | |
| 1958 - White Cloud bathroom tissue | |
| 1958 - Mr. Clean liquid cleaner | |

FOUR GOOD REASONS TO BOYCOTT P&G

1. Between 1972-79, the P&G Fund gave \$70,000 to Planned Parenthood, the nation's top promoter of abortion.
 2. The P&G Fund is a major contributor to the Rockefeller Trilateral Commission - a promoter of world wide population control.
 3. The P&G Corporation sponsors six major t.v. soaps which act as a transmission belt for anti-family and anti-life values.
 4. The Gamble Family of Boston, heirs to a fraction of P&G's billion dollar corporation sales, are key abortion promoters and funders of pro-abortion candidates. ++
- * Your Pro-Life Shopper's Guide is published by the U.S. Coalition For Life, Export, Pa. 15632.

++ i.e. Pathfinder Fund, among others



ALL "for God, for Life, for the Family, for the Nation"



THE PROCTER & GAMBLE COMPANY

GENERAL OFFICES

P. O. BOX 599 CINCINNATI, OHIO 45201

November 30, 1981

Mrs. Judie Brown, President
American Life Lobby
P.O. Box 490
Stafford, VA 22554

Dear Mrs. Brown:

We have just become aware of an article written by Joe Garvey on page 7 of the September, 1981 issue of A.L.L. About Issues. This article states that Clarence Gamble founded the Procter & Gamble Company. It then states that Clarence Gamble founded the Pathfinder Fund, an organization allegedly involved in pro-abortion activities around the world. It then insinuates that there is a connection between The Procter & Gamble Company and the Pathfinder Fund. Further, it creates the impression that use of Procter & Gamble products is the equivalent of supporting pro-abortion activities.

We would appreciate your help concerning this article. First, some background for your information:

1. The Procter & Gamble Company has never contributed to the Pathfinder Fund.
2. The Procter & Gamble Company supports no organization engaged in pro-abortion activities.
3. Clarence Gamble was not the founder of the Procter & Gamble Company. The business was established in 1837 -- almost 60 years before Clarence Gamble was born. The last member of the Gamble family to serve as an officer of the company died in 1932 at the age of 96. Dr. Clarence Gamble was never an employee of the company, and he played no role in the direction of the business.
4. While some people named Gamble do own shares of Procter & Gamble stock, that ownership is minimal. The company has about 100,000 shareholders and, according to our records, shares held in the name of people named Gamble represent less than 1.5% of the shares outstanding. Further, our records indicate that no individual holds more than 0.2% of our stock. Further, the Pathfinder Fund itself owns no shares of Procter & Gamble stock.
5. The views and actions of the company's shareholders, whether share ownership is a result of purchase or inheritance, are beyond the control of the company and can in no way be interpreted as reflecting the position of the company.

With the above facts in mind, I am sure you can appreciate why we are concerned about the inferences which the average reader would draw from Mr. Garvey's article. We have to believe that, had the facts been known, Mr. Garvey's article would never have been written -- let alone printed.

-2-

Your help on this matter would be much appreciated. First, would you please bring the facts in this letter to the attention of the individual (or individuals) directly responsible for editorial decisions for publications of the American Life Lobby. Second, would you please let us know what Mr. Garvey's address is so that we can communicate directly with him (we have written him in care of the U.S. Coalition For Life, but would like to be certain that he has the benefit of the facts in this letter).

Thank you for your cooperation.

Sincerely,

T. C. Collins
Director
Corporate Relations & Contributions

TCC/mra
0578D/2



Bringing It All Back Home

By Joe Garvey



Hey there, all you pro-lifers out there! I'll bet there is NO WAY that you could ever be caught contributing to the international population control machine, that peddler of death the world over, right? Never consciously would you give a penny to any organization which fosters abortion, correct?

Check this daily routine.

Did you, after rising this morning, brush your teeth with CREST or GLEAM? Follow that with a shower using IVORY, CAMAY, ZEST, or SAFEGUARD, and for shampooing, PRELL or HEAD AND SHOULDERS? Finish your ablutions by applying anti-perspirants SECRET or SURE?

Possibly you then donned garments dutifully laundered in BLZ, BOLD, CHEER, DASH, DREFT, DUZ, ERA, SALVO, DOWNY, or that single product dominating the detergent market (54%), TIDE the intensified, from which dirt cannot hide?

Chances may be that you then prepared the kids' lunches with BIG TOP or JIF PEANUT BUTTER sandwiches, and added some PRINGLE'S POTATO CHIPS or a slice of the DUNCAN HINE'S cake you had for somebody's birthday party recently? Put a fresh PAMPERS diaper on the baby?

Not yet ready to take on the world, battling to save unborn babies, did you then settle down for a cup of FOLGERS COFFEE, wiping the saucer with BOUNTY PAPER TOWELS, checking that razor cut doctored with squeezable CHARMIN TISSUE, loading CASCADE into the dishwasher?

If any or all of this is familiar to you, as it is to many of us, pro-life people are feeding the hand that bites them everyday.

These are all products of PROCTOR AND GAMBLE, whose founder, Clarence Gamble, created the PATHFINDER FUND, a million-dollar U.S. AID-funded complex dedicated to the elimination of the world's "sur-

plus" children, by any and all means.

According to Randy Engel, Director of the U.S. Coalition for Life, in a USCL White Paper prepared for the Conference on Alternatives to Planned Parenthood last October, the PATHFINDER FUND is now a major recipient of Title X (Foreign Assistance Act) funds. It attained this status by adroit political manipulation of Congress, and the exploitation of the myth of population "explosions".

How insidious this manipulation, and how successful, by Sangerites realizing Margaret's racist and culturally imperialistic goal of "more children from the fit, less from the unfit", is carefully documented by Mrs. Engel in her brilliant paper, "The International Population Control Machine and the Pathfinder Fund".

In her words, "The social justification for population control - domestic and foreign - had been discovered (at the advent of the 70's) in the so-called 'population explosion' and in the desire to reduce welfare rolls by reducing the number of children born into recipient families."

Financed increasingly by tax dollars, which are "laundered" through various dummy organizations, such as the IPAS, the International Pregnancy Advisory Services, and using new mass media propaganda techniques, the anti-natalist movement has mushroomed into the multi-million dollar conglomerate it is today, standing ready to control the populations of the world, with or without consent, using the coercive presence of the U.S. Government and its foreign and domestic policies.

Promoting Death

Prior to founding the PATHFINDER FUND, Clarence Gamble used his fortunes experimenting on North Carolinian, and Japanese, as well as Puerto Rican women, funneling money through deceptively named organizations. In Japan, abortion

had come before "birth control", and the government initiated the latter to "substitute contraception for abortion", Mrs. Engel relates. "Instead, the massive birth limitation drive set off even MORE abortions. By 1969, Japan's birth rate dropped so low that Prime Minister Eisaker Sato warned of the dire consequences of a rapidly aging population and the need to bring the medium and large size family back into vogue in Japan." The pattern of contraception and Sangerian "family planning" igniting abortion explosions is now world-wide.

After helping to set into motion the Japanese anti-life policies, Gamble in the fifties decided he needed his own operational framework, and the PATHFINDER was established (1957) as a non-private tax-exempt family foundation, chartered in the District of Columbia.

The Gamble Family, eager to keep America clean by its soap products, decided to help the rest of the world cleanse itself of the "unfit". By 1961, PATHFINDER had spread into Central and South America, Spain, Italy, Malta, Jordan, Israel, Oceania, Malaya, Indonesia, West Africa, and other parts of Western Europe and Asia, spreading the eugenic gospel of Malthus and Sanger.

And all of us were buying soap, brushing after meals, and wiping up spills.

In its own words, a description of the PATHFINDER FUND: "Many of the PATHFINDER programs are pioneering and at times controversial: . . . on the fringe of what is currently socially acceptable or even legally permissible, (emphasis mine) be it family planning as was often the case in the past, or today's efforts on behalf of abortion, women's rights, explicit population control and even sterilization."

And we bought more soap, brushed harder after meals, and wiped up more spills with the quickerpickupper.

Clarence died in 1966. Between 1967 and 1976, USAID (U.S. Agency for International Development) paid \$2.6 million of our tax dollars to the PATHFINDER FUND in direct grants. Last year alone, 1980, \$7 million went for salaries, rent, utilities, supplies, travel, plus costs for spreading the new anti-life philosophy.

We're still buying soap, etc., and PAMPERing the babies we're lucky to have, while working to stop the killing of those we don't.

Lest anyone be naive and think that I'm saying there's a direct and casual connection between PROCTOR AND GAMBLE and the PATHFINDER FUND, let me hasten to say in these most nit-picking of times that I am NOT. I know full well that there's absolutely no proof, and there will be instant denials, of such a connection. I also know that there's no absolute proof that cigarettes cause cancer of the lungs, and that there's no scientific proof sedentary habits and poor diet lead to heart diseases, and that there's no scientific way to determine when human life begins.

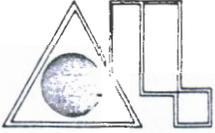
And I know that there's a stork flying around somewhere with every one of my kids's names on it, and I know that the tooth fairy will never let anybody discover where the stork got the diapers the babies were delivered in.

By the way, there are two products I missed naming: TOE JOB and its "rival" MR. CLEAN. They, like the others, are no longer in my home. I have found other products, and there are quite a few, but I have a special pendant for home delivered, personally guaranteed AMWAY products. They are superior, and they don't have any fatal connections at home or abroad.

J.S.

ABOUT THE AUTHOR: Joe Garvey is a writer and teacher, currently serves as an Alternate Representative to the United Nations for U.S. Coalition for Life as well.

JCC 10 10 '81



AMERICAN LIFE LOBBY INC.

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

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December 4, 1981

T. C. Collins
Director
Corporate Relations and Contributions
The Procter & Gamble Company
PO Box 599
Cincinnati, OH 45201

Dear Director Collins:

Thank you for your letter regarding the relationship between the Procter and Gamble Company and the Pathfinder Fund.

Regarding your points of information numbered one and two: you provide no means of verifying your statements. In order for us to accept these points we would require a complete list of your corporate donations as well as a itemized list of receipts from the Pathfinder Fund.

On behalf of the author and our editor, we stand corrected with regard to your point three. The original source document quoted by Mr. Garvey does not cite Clarence Gamble as the "founder" of Procter and Gamble; this reference inadvertantly slipped into a draft of the article and was not subsequently corrected. Since this is a legitimate error, it will be noted in a future issue of our newsletter.

Points four and five are moot.

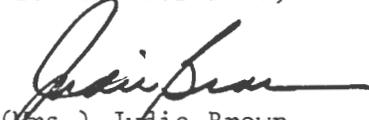
In closing, I would like to quote from Mr. Garvey's article:

"lest anyone be naive and think that I'm saying there's a direct and casual connection between PROCTOR AND GAMBLE and the PATHFINDER FUND, let me hasten to say in these most nit-picking of times that I am NOT."

T. C. Collins
Page #2

If you have any information or materials regarding the corporate giving policies, internal or public policies which you feel should be shared with our readers as being more representative of your company or which demonstrate your company's "good corporate citizenship," we will review them for publication.

With God for Life,



(Mrs.) Judie Brown
President

Enclosure: "The International Population Control Machine
and The Pathfinder Fund" by Randy Engel

cc: Mr. Joe Garvey
1779 Second Ave.
5 F
New York, NY 10028