

Reagan Administration Action On Reproductive Rights

Abortion

President Reagan celebrated January 22, 1983, the tenth anniversary of *Roe v. Wade*, by inviting a group of right-to-life leaders to the White House. He told Dr. Jack C. Willkie, President of the National Right to Life Committee, and others that "We have waited two years for Congress to rectify the tragedy of *Roe v. Wade*. The time for action is now."

The President went on to announce his endorsement of H.R. 618, the "Respect Human Life Act," sponsored by Rep. Henry Hyde (R-IL). Hyde's bill prohibits use of any federal funds for abortion or abortion counseling, except to save the mother's life. It also encourages states to base abortion restrictions on "findings" of Congress that the Supreme Court "erred" in *Roe v. Wade*. H.R. 618 is now in four House committees and has been introduced in the Senate as S. 467 by Sen Roger Jepsen (R-IA).

In the 97th Congress, which met in 1981 and 1982, Reagan gave his backing to S. 110, Sen. Orrin Hatch's Legislative Authority Constitutional Amendment. S. 110 gave concurrent power to Congress and the states to restrict or prohibit abortion. It was reported favorably out of the Senate Judiciary Committee but Hatch withdrew it from consideration by the full Senate rather than face almost certain defeat on the floor.

In addition to supporting Hyde's and Hatch's bills, Reagan has tried to sabotage reproductive choice through his appointments. He began by selecting Dr. C. Everett Koop to be Surgeon General.

The Surgeon General is the official advisor to the public on health matters. For this position Reagan chose a man who called amniocentesis a "search and destroy" mission because it often leads to abortion. Koop is virulently anti-choice; he helped found the Christian Action Council, an anti-abortion lobby.

Reagan has also appointed right-to lifers to control the federal family planning program, both directly and indirectly. The Department of Health and Human Services administers the federal family planning program. When Richard Schweiker resigned as Secretary of HHS Reagan nominated former Massachusetts Congresswoman Margaret Heckler. In her Senate confirmation hearings Heckler said she is "pro-life" and "very opposed to abortion."

Majory Mecklenburg, Reagan's choice to head the Office of Adolescent Pregnancy Programs within HHS, is much more outspoken. Prior to her appointment Mecklenburg's primary political experience had been as an anti-abortion activist. She had been president of Minnesota Citizens Concerned for Life and a vice-chairwoman of Americans United for Life, the group which drafted Pennsylvania's Abortion Control Act. At HHS Mecklenburg has been the moving force behind the so-called "squeal rule," the HHS regulation that parents be notified when their minor daughters receive prescription contraceptives.

Birth Control

Reagan has repeatedly tried to weaken the federal family planning programs. He has proposed incorporating them into block grants and cutting family planning funds outright. In 1981 he persuaded Congress to reduce Title X of the Public Health Services Act, the primary source of family planning money, by 22%. In 1982 and 1983, however, Congress maintained Title X at the 1981 level of \$124.8 million. Congress has also resisted Reagan's attempts to fold Title X funds into a block grant.

The block grant approach groups all Health Services together under one lump sum appropriation, leaving the states free to decide how to divide and spend the money. Under this system there is no guarantee that family planning services will be funded at all. Since 1982 some secondary sources of family planning money have been swallowed up by National and Child Health and Social Services block grants. Title X was spared and it remains an independent program.

In a 1981 letter to Sen. Orrin Hatch (R-UT) Reagan said, "I regret that we do not have the votes to defeat the family planning program...perhaps we can remedy some of the problems in the...program administratively." Reagan Administration actions against family planning have included:

Parental Notification Regulations for Title X Recipients

In February 1982 the Department of Health and Human Services (DHHS) issued a proposed set of regulations to amend Title X. The new rules would require parental notification when a minor seeks prescription contraceptives from family planning clinics funded under Title X. A year later, just a week before the new rules were to take effect, Federal judges in New York and Washington, DC barred HHS from implementing the regulations. The judges ruled that HHS violated the intent of Congress on family planning. The same courts have enjoined HHS from *ever* enforcing such rules. HHS is appealing this decision.

Transferring Title X to the Office of Population Affairs

In January 1983 Title X was administratively transferred within HHS. The program is now directly controlled by Acting Deputy Assistant Secretary for Population Affairs Marjory Mecklenburg. Mecklenburg, a Reagan appointee and anti-abortion activist, has been the chief sponsor of the parental notification rule. In response to what is perceived as the "politicization" of Title X, members of both Houses of Congress have introduced a concurrent resolution expressing the "sense of Congress" that control of Title X should be transferred back to the Secretary of HHS.

Harrassment of Family Planning Clinics

Since its inception Title X has contained an absolute prohibition against the use of any of its funds for abortion. Title X recipients may, however, use their own funds for abortion. In September 1981 Senators Jeremiah Denton (R-AL) and Orrin Hatch (R-UT), both opponents of family planning asked the General Accounting Office (GAO) to investigate family planning clinics nationwide for possible violations of these rules. The GAO found none.

In response to the GAO report, HHS drafted new, much stricter guidelines on the separation of Title X funds and abortion. These guidelines call for the complete, physical separation of space used for abortion-related activities and for family planning within each facility. Each clinic or hospital would have to maintain two entrances and exits, two sets of medical supplies and even two sets of stationery. HHS is still considering whether to put these guidelines into final form as regulations.