



Memorandum

Date .August 26, 1981

From Deputy Assistant Secretary for Health

Subject Dr. Rubin's Decision Memorandum of July 29 Concerning ASPE's Involvement
in Issues Related to Disabled Populations

To The Secretary
Through: ES/OS

Although I do not wish to intrude on ASPE's prerogatives in reference to the disabled, I would like to address two issues, one now in short-term and the other broader and long-term.

Having met with representatives of the Committee for the Handicapped of HHS, the Committee for the Handicapped of PHS, and with representatives of the Office of EEO who concern themselves with the disabled, the perception of our disabled employees is that there is little interest in them on the part of the Secretary or the high brass of HHS. The request made by the first of the aforementioned groups to the Secretary in his meeting with them several months ago is still a high priority with the disabled, namely that the Secretary appoint someone to serve as a representative of and an advocate for disabled employees of HHS. As stated to the Secretary at their meeting with him they would be satisfied with one staff person and a supporting secretary. I believe this is not an unreasonable request and that if it could be granted it would do much to alleviate the sagging morale of our disabled employees. Recognition by the Secretary of this need would also be beneficial to our perceived image from the outside in reference to our management of disabled problems. It doesn't do us any good for the disabled public to know that whereas 7.6 percent of the work force in this country is disabled, the percentage within the Public Health Service, for example, is .67 percent

My long-term broader concern with disabled services has to do with the overlapping and duplication between departments within the government as well as a similar situation between the public and the private sector. Disabled services are administered by HHS, Education, Labor, etc. Many of these services could be complemented by established functions in the private sector, but my perception is that there are innumerable barriers to cooperation and cross-cutting which could save money and improve the services to the disabled. We need a road map of these overlapping and correlary services and we need a mandate to bring them together to provide better quality of care at a lower cost.

If confirmed, I would like to devote a major part of my effort to the latter broad issue. I would also be willing, if it were deemed feasible, to provide some support to the intradepartmental HHS concern as well.


C. Everett Koop, M.D.