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APPROVED  
AUG 14 1976

8/14/76

THE WHITE HOUSE  
WASHINGTON  
August 13, 1976

ACTION  
Last Day: August 21

MEMORANDUM FOR

THE PRESIDENT

FROM:

JIM CANNON *Jain*

SUBJECT:

H.R. 1394 - Relief of Suk Chin  
and Hae Suk Chin  
H.R. 1395 - Relief of Mee Kyung Cho  
and Hee Kyung Cho  
H.R. 1396 - Relief of Sang Kook Chung  
and Hwa Soon Chung  
→ H.R. 1397 - Relief of Ae Sook Song  
and Mi Yun Lee

Attached for your consideration are four enrolled bills, sponsored by Representative Fish, which would facilitate the entry of eight Korean children of leper parents into the United States for adoption purposes.

A detailed discussion of the provisions of the enrolled bills is provided in OMB's enrolled bill report at Tab A.

OMB, NSC, Max Friedersdorf, Counsel's Office (Lazarus) and I recommend approval of the enrolled bills.

RECOMMENDATION

That you sign H.R. 1394 at Tab B.

That you sign H.R. 1395 at Tab C.

That you sign H.R. 1396 at Tab D.

That you sign H.R. 1397 at Tab E.





EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

AUG 12 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bills

- (1) H.R. 1394 - Relief of Suk Chin and Hae Suk Chin  
Sponsor - Rep. Fish (R) New York
- (2) H.R. 1395 - Relief of Mee Kyung Cho and Hee Kyung Cho  
Sponsor - Rep. Fish (R) New York
- (3) H.R. 1396 - Relief of Sang Kook Chung and Hwa Soon  
Chung  
Sponsor - Rep. Fish (R) New York
- (4) H.R. 1397 - Relief of Ae Sook Song and Mi Yun Lee  
Sponsor - Rep. Fish (R) New York

Last Day for Action

August 21, 1976 - Saturday

Purpose

To facilitate the entry of eight Korean children of leper parents into the United States for adoption purposes by United States citizens.

Agency Recommendations

Office of Management and Budget

Approval

Immigration and Naturalization Service  
Department of State

Approval  
No objection

Discussion

The beneficiaries of these four enrolled bills are eight Korean children who reside with their parents in St. Lazarus Village, a community established for lepers in Korea. While their parents have leprosy, all of the children are healthy and show no signs of the disease. Because of the social ostracism of lepers' families and the limited educational, employment, and marriage

possibilities in Korea, their parents have agreed to place them for adoption by U.S. citizens.

The Immigration and Nationality Act (INA) provides an exception from the immigration waiting list for children who are to be adopted by U.S. citizens, if the natural parents are dead. Since the natural parents of these children are alive, the children would have to go through the normal nonpreference immigrant procedures. It is impossible to predict when visas would actually be issued under the current numerical limitations on the non-preference category.

The enrolled bills would allow the beneficiaries to be classified as children under the INA and to be granted immediate relative status upon approval of petitions filed on their behalf by their prospective parents. In all cases, the prospective parents have agreed to have the children examined for five years for any signs of leprosy.

In the case of H.R. 1394 and H.R. 1397, with adoption of the beneficiaries, the prospective parents would have adopted more than two foreign children. The enrolled bills would waive the provision of the INA which limits adoption of foreign children to no more than two per family.

In addition, Ae Sook Song, a beneficiary under H.R. 1397, is 15 years old. The INA provides that preference status for adopted children applies only to children 14 years of age or younger. However, the enrolled bill, by defining Ae Sook Sung as a child, would also waive this restriction.

In all cases, the enrolled bills provide that the natural parents, brothers, or sisters of the beneficiaries shall not receive any right, privilege, or status under the INA by virtue of their relationship to the beneficiaries.

*James M. Frey*  
Assistant Director for  
Legislative Reference

Enclosures

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

AUG 12 1976

MEMORANDUM FOR THE PRESIDENT

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- (3) H.R. 1396 - Relief of Sang Kook Chung and Hwa Soon  
Chung  
Sponsor - Rep. Fish (R) New York
- / (4) H.R. 1397 - Relief of Ae Sook Song and Mi Yun Lee  
Sponsor - Rep. Fish (R) New York

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Immigration and Naturalization Service	Approval
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In all cases, the enrolled bills provide that the natural parents, brothers, or sisters of the beneficiaries shall not receive any right, privilege, or status under the INA by virtue of their relationship to the beneficiaries.

(Signed) James M. Frey

Assistant Director for  
Legislative Reference

Enclosures

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
Washington 25, D.C.

PLEASE ADDRESS REPLY TO

OFFICE OF THE COMMISSIONER

1 1 AUG 1976

AND REFER TO THIS FILE NO.

A21 794 418

A21 794 419

TO : OFFICE OF MANAGEMENT AND BUDGET

SUBJECT: Enrolled Private Bill No. H.R. 1397; Office of Management  
and Budget request dated August 9, 1976.

Beneficiary or Beneficiaries Ae Sook Song and Mi Yun Lee.

Pursuant to your request for the views of the Department of Justice on  
the subject bill, a review has been made of the facsimile of the bill, the re-  
lating Congressional Committee report or reports, and all pertinent information  
in the files of the Immigration and Naturalization Service

On the basis of this review the Immigration and Naturalization Service,  
on behalf of the Department of Justice:

- Recommends approval of the bill
- Interposes no objection to approval of the bill

Sincerely,

  
Commissioner



DEPARTMENT OF STATE

Washington, D.C. 20520

AUG 11 1976

Dear Mr. Lynn:

Reference is made to Mr. Frey's communication of August 9, 1976, transmitting for comment enrolled bill, H.R. 1397, "For the relief of Ae Sook Song and Mi Yun Lee".

This Department has no objection to the enactment of this bill.

Sincerely yours,

A handwritten signature in cursive script that reads "Kempton B. Jenkins".

Kempton B. Jenkins  
Acting Assistant Secretary  
for Congressional Relations

The Honorable  
James T. Lynn, Director,  
Office of Management  
and Budget.

AE SOOK AND MI YUN LEE

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NOVEMBER 4, 1975.—Committed to the Committee of the Whole House and ordered to be printed.

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Mr. EILBERG, from the Committee on The Judiciary, submitted the following

REPORT

[To accompany H.R. 1397]

The Committee on The Judiciary, to whom was referred the bill (H.R. 1397), for the relief of Ae Sook Song and Mi Yun Lee, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

On page 1, line 6, after the word "Act," strike out the word "and" and insert in lieu thereof the language "upon approval of".

On page 1, lines 7 and 8, strike out the language "may be approved".

On page 1, lines 9 and 10, strike out the word "beneficiary" and substitute the word "beneficiaries".

PURPOSE OF THE BILL

The purpose of this bill, as amended, is to facilitate admission into the United States of two prospective adoptive children of adoptive parents who are citizens of the United States. The amendments are technical in nature and the bill has been amended in accordance with established precedents.

GENERAL INFORMATION

Beneficiaries reside in St. Lazarus Village, Korea, with their natural parents who are afflicted with Hansen's disease (leprosy). The children are coming to the United States for adoption by U.S. citizens, age 50 and 51. The adoptive parents have a son and daughter, ages 21 and 29, and three adopted children who are natives and citizens of Korea, ages 12, 10 and 8.

The pertinent facts in this case are contained in a letter dated December 4, 1974, from the Commissioner of Immigration and Naturalization to the Chairman of the Committee on the Judiciary. That letter and accompanying memorandum read as follows:

U.S. DEPARTMENT OF JUSTICE,  
IMMIGRATION AND NATURALIZATION SERVICE,  
Washington, D.C., December 4, 1974.

A21 794 418.

A21 794 419.

HON. PETER W. RODINO, Jr.,  
Chairman, Committee on the Judiciary,  
House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: In response to your request for a report relative to the bill (H.R. 17043) for the relief of Ae Sook Song and Mi Yun Lee, there is attached a memorandum of information concerning the beneficiaries.

The bill provides that the beneficiaries, whose natural parents are living and who are to be adopted by United States citizens, may be classified as children and be granted immediate relative status. The bill further provides that the natural parents or brothers or sisters of the beneficiaries shall not, by virtue of such relationship, be accorded any right, privilege or status under the Immigration and Nationality Act. The bill does not waive the provision of the Immigration and Nationality Act which limits the number of petitions that may be approved for adopted children. The Committee may wish to make this amendment.

Absent enactment of the bill, the beneficiaries, natives of Korea, are chargeable to the nonpreference portion of the numerical limitation for immigrants and conditional entrants from countries in the Eastern Hemisphere.

Sincerely,

L. F. CHAPMAN, Jr.,  
Commissioner.

Enclosure.

MEMORANDUM OF INFORMATION FROM IMMIGRATION AND  
NATURALIZATION RE H.R. 17043

Information concerning this case was obtained from Mr. and Mrs. Peter Elliott, the prospective adoptive parents of the beneficiaries.

The beneficiaries, Ae Soo Song and Mi Yun Lee, natives and citizens of Korea, were born on May 16, 1961 and October 14, 1964, respectively. Each resides with her natural parents in St. Lazarus Village, a leper community in Korea. Their parents, who are subsistent farmers, are afflicted with the disease and because of the social prejudice towards them, have little hope of improving their standard of living. Although the beneficiaries are healthy, their opportunities are limited because of the stigma of their backgrounds. The parents therefore have decided to permit the beneficiaries to be adopted by an American family. Ae Sook Song has two sisters, aged 21 and 18 and a 15-year-old brother; Mi Yuk Lee has one brother who is seven-years-old. The siblings of both girls reside in St. Lazarus Village.

The beneficiaries do not qualify for immediate relative status under Section 101(b)(1)(F) of the Immigration and

Nationality Act because their natural parents are alive, and are supporting them. Visa applications to register the children as nonpreference immigrants were approved on July 16, 1974.

Mr. and Mrs. Peter Elliott, who are natives of England and naturalized citizens of the United States, were born on October 8, 1924 and February 11, 1924, respectively. They were married on June 24, 1944. They were admitted to the United States as permanent residents on April 19, 1962 and were naturalized on February 16, 1968. They reside in Huntington Station, Long Island, New York with a son, age 21, from this marriage and three adopted children, who are natives and citizens of Korea. Janice, age 10 and Jonathan, age 8, who are natural sister and brother, were admitted as immediate relative immigrants on December 29, 1971. Sarah, who is 12-years-old, was admitted as a nonpreference immigrant on March 23, 1973. They have also a natural daughter, age 29, who lives in Valley Stream, New York.

Mr. Elliott, who is a car salesman in Huntington Station, earned \$14,260 last year. Mrs. Elliott earns about \$3,200 a year working part-time as a saleslady in a department store in Huntington Station. Their assets consist of a house valued at \$39,000, household furnishings valued at \$10,000, three cars worth about \$3,000 and savings in the amount of \$3,500.

The following reports have been received from the Department of State concerning this bill, H.R. 1397 and an identical bill, H.R. 17043 from the 93rd Congress which was not reached by the Subcommittee prior to adjournment.

DEPARTMENT OF STATE,  
Washington, D.C., October 25, 1974.

HON. PETER W. RODINO, Jr.,  
Chairman, Committee on the Judiciary, House of Representatives,  
Washington, D.C.

DEAR MR. CHAIRMAN: Reference is made to your request for a report concerning the cases of Ae Sook Song and Mi Yun Lee, beneficiaries of H.R. 17043, 93rd Congress.

The bill would provide for the beneficiaries' classification as a child and for granting of immediate relative status upon approval of a petition filed by Mr. and Mrs. Peter Elliott, American citizens. It also provides that the natural parents, brothers or sisters of the beneficiaries shall not be entitled to any right privilege or status under the Immigration and Nationality Act by virtue of such relationship.

The American Embassy at Seoul, Korea has reported that Song Ae Sook was born on May 16, 1961 and Lee My Yun on October 14, 1964, both in Korea. They are the prospective adoptive children of Mr. and Mrs. Peter Elliott and they are registered as nonpreference intending immigrants with a priority date of July 16, 1974. Both beneficiaries are the children of lepers and have been selected for adoption under the Operation Outreach project. Visa numbers for applicants chargeable to Korea are currently available to those registered before June 1, 1973. It is not possible to predict when numbers will become available for the beneficiaries.

Further information regarding the beneficiaries' family ties and educational background is not available to the Embassy. The agency handling their cases has been requested to arrange for their medical examination and the Committee will be informed if a ground of ineligibility is revealed.

Cordially,

LINWOOD HOLTON,  
*Assistant Secretary for Congressional Relations.*

DEPARTMENT OF STATE,  
*Washington, D.C., June 25, 1975.*

HON. PETER W. RODINO, JR.,  
*Chairman, Committee on the Judiciary, House of Representatives,*  
*Washington, D.C.*

DEAR MR. CHAIRMAN: I refer to my letter of March 25, 1975 concerning further reports on private bills H.R. 1394, H.R. 1395, H.R. 1396 and H.R. 1397 which the Honorable Hamilton Fish, Jr. has introduced for eight Korean children of leper parents.

We asked our Embassy at Seoul to conduct an investigation on an urgent basis into the circumstances under which the beneficiaries of the bills were released for adoption.

In view of additional information submitted by the Embassy, the Department would be prepared to instruct the Embassy to process the applications to conclusion. However, it should be pointed out that, according to the latest Visa Office bulletin, numbers are not available for Korean applicants under the nonpreference category and that it is not possible to predict whether this situation will change appreciably in the near future.

With regard to H.R. 412, a bill to amend the Immigration and Nationality Act to provide for the immigration of children of individuals suffering from Hansen's disease, I assume that by now the Committee has received the Department's report which was mailed on May 2, 1975.

Should the Committee desire any additional comments on these bills, please do not hesitate to let me know.

Sincerely,

LEONARD F. WALENTYNOWICZ,  
*Administrator, Bureau of Security and*  
*Consular Affairs.*

Honorable Edward Mezvinsky (Iowa) testified before the Subcommittee concerning this and three other similar bills. His statement follows:

TESTIMONY OF CONGRESSMAN EDWARD MEZVINSKY (D-IA.) BEFORE THE SUBCOMMITTEE ON IMMIGRATION, CITIZENSHIP AND INTERNATIONAL LAW ON SEPTEMBER 11, 1975, CONCERNING FOUR BILLS TO PROVIDE RELIEF FOR AE SOOK SONG, MI YUN LEE, SANG KOOK CHUNG, HWA SOON CHUNG, SUK CHIN, HAE SUK CHIN, MEE KYUNG CHO AND HEE KYUNG CHO

Mr. Chairman, thank you for this opportunity to appear before the Subcommittee this morning on behalf of these eight children seeking

admission to the United States to be adopted by American parents. This Committee only acts on immigration matters when there is a compelling reason to make an exception to our immigration laws and I believe this case clearly falls into that category.

These children, perfectly healthy in every way, are forced to live in a colony separate from the rest of society because their parents have Hansen's disease. Additionally, they will carry a stigma with them for the rest of their lives and will be ostracized by Korean society. The natural parents, knowing of the abject poverty and societal rejection their children will face in Korea, have knowingly and willingly offered their children for adoption in the United States. After undergoing a thorough physical examination which proved that the children were not infected with the disease, the adoptions were approved and the adoptive parents are eagerly awaiting the arrival of these children.

This is a wonderful story of parental love—not only on the part of the natural parents who desire better lives for their children, but also on the part of the adoptive parents who are anxious to offer love and warmth to children they have never met. But as yet, the story has no happy ending.

These children have been ready to come to the United States for over a year, but at this time, no immigration visas have been issued. The law, as it now stands, contains an exception from the waiting list for children who are to be adopted by American parents, if the natural parents are *dead*. Since there are living parents, the children have no priority classification and must wait for their visa numbers to come up. I wish I could say how long this wait will be, but no estimate can be certain.

These bills, if enacted, will classify these youngsters as children within the meaning of section 101(b)(1)(F) of the Immigration and Nationality Act and approve the petitions filed by their adoptive parents. By speedy Congressional action, the children will soon be able to come to the United States. I certainly don't have to tell you of the hardship this waiting is placing on the children and both sets of parents. Having decided to separate, the leave-taking should be made as quickly as possible, not only for the obvious physical reasons, but also for the more complicated and equally difficult psychological pressures resulting from these seemingly never-ending delays. These children need to be in a healthy environment where they can eat properly, go to school and begin to overcome the stigma they have suffered in Korea.

The program which is responsible for arranging the adoption of these children is Operation Outreach, headed by Bernice Gottlieb. Mrs. Gottlieb, herself the adoptive parent of a Korean child, has been working on bringing these children to the United States for over two years. Under the program, the children will be examined every six months for three years by the Sloan-Kettering Institute in New York to insure that they are not the victims of Hansen's disease. Mr. Chairman, I have several letters written by medical authorities on the nature of Hansen's disease, or leprosy, as it is commonly called, laying to rest the mythology about the nature of the disease, and I would like to insert them in the record. I would like to quote two of these letters at this time: In a letter from Charles C. Shepard, M.D., Chief, Leprosy & Rickettsia Branch, Virology Division of the Department of Health, Education and Welfare, to Mrs. Bernice Gottlieb, Director of Opera-

tion Outreach; he states "Since the children to be brought to the United States do not have leprosy, they are not infectious. I understand that the parent was treated for at least three months before the children were born so there would be no chance for the children to have acquired an infection that might develop later on. Epidemiological observations have shown that transmission of leprosy to children does not occur if the parent was treated before the child was born." The second letter I would like to briefly quote is that of Chapman H. Binford, M.D., Special Mycobacterial Diseases Branch, Armed Forces Institute of Pathology, Washington, D.C. He said, "Should the children of Korean parents with leprosy be adopted by U.S. citizens and carefully observed for 3 years, I think, they would far less endanger the public health than Korean children adopted and not subjected to periodic examination for leprosy."

Mr. Chairman, I ask for your favorable action on these bills so that these children and their parents can stop living in uncertainty and begin their new lives.

The beneficiaries of this bill are children of persons afflicted with Hansen's disease (leprosy). Therefore, the Committee contacted the United States Public Health Service to determine if any public health problem was likely to arise from the admission of these beneficiaries to the United States. The following letter from that agency indicates that if the natural parents had received treatment for leprosy prior to the birth of a child; "the risk that leprosy will develop in the child is extremely low." The letter follows:

DEPARTMENT OF HEALTH, EDUCATION,  
AND WELFARE,  
PUBLIC HEALTH SERVICE,  
CENTER FOR DISEASE CONTROL,  
Atlanta, Ga., February 24, 1975.

MR. ALEXANDER B. COOK,  
House Judiciary Committee,  
2137 Rayburn House Office Building, Washington, D.C.

DEAR MR. COOK: This is in response to your telephone call of February 21, asking my personal views about the proposed private bill to allow immigration for adoption of certain children of leprosy patients in Korea.

Existing legislation and regulations relate only to patients with leprosy and certain other infectious diseases, and not to family members or other contacts of the patients. Thus, there are no restrictions on the immigration of the children whose parents have leprosy. However, I feel that we would want to do what we can for the health of the children as well as for the members of their families and others.

Leprosy is an infectious disease caused by a bacterium that is related to the tubercle bacillus. New cases arise from exposure to untreated leprosy patients who have the severe form of the disease (called lepromatous, or multibacillary). It is not as highly infectious as measles; for example, its infectivity is similar to that of pulmonary tuberculosis. The attack rate of clinical cases in spouses or other close family contacts of lepromatous cases is approximately 5-10%. Some careful studies of children born to untreated lepromatous parents have re-

vealed higher attack rates, but in these instances the children were examined at 6-12 month intervals, and most of the leprosy cases that developed consisted of very mild disease with small single skin lesions that probably would have cleared without treatment.

The infectivity of lepromatous patients is rapidly decreased by treatment. Epidemiological and bacteriological studies indicate that the infectivity is reduced to negligible levels after the patient has been given standard treatment for 3-4 months and that it remains negligible as long as the patient continues treatment.

Of course, leprosy is not rare in the United States. There are probably 2,000-3,000 known patients in this country, and about 120-140 new cases reported each year. For many years the U.S. Public Health Service (USPHS) has been charged with providing medical care to leprosy patients. The USPHS operates a hospital for leprosy patients at Carville, Louisiana, and the PHS Hospital in San Francisco has an active leprosy service. In addition, there are leprosy clinics at the PHS Hospitals in Staten Island, New York and New Orleans, Louisiana, and at the outpatient clinic in San Pedro, California. The Health Department in Hawaii provides for care of its leprosy patients and is reimbursed for doing so by the Federal Government. These facilities are located in areas where most of the leprosy patients live.

In my opinion, the Korean children should receive the same attention as children of known leprosy patients in the United States. Practices vary somewhat in detail, but in general they are as follows. When a new case is found, members of the family and other close contacts of the patient are examined in the clinic. If they are free of leprosy, they may be examined in the future at 6-12 month intervals so that any leprosy that develops can be found before it has progressed very far. The closeness with which the contacts are followed depends on the type of leprosy in the parent and the time that treatment was started. Thus, if the parent has a mild form of disease, the risk of leprosy in the child is very low. Furthermore, if the child is born after the parent's disease has been discovered and treated, the risk that leprosy will develop in the child is extremely low. If circumstances indicate a significant risk, the child is put on preventive treatment. The drug usually used is Dapsone; it is the same drug as that used for treatment of known cases, but a lower dosage is used for preventive treatment. It is a cheap and safe drug that is administered daily, and a few months supply of tablets can be given to parents to be given to the child. The Dapsone would need to be continued for about three years.

Under these circumstances, the risk would be extremely low that secondary cases would arise in the contacts of the child. Usually, the severe (lepromatous) form of the disease does not develop in children, and with frequent examinations any disease that might develop would be discovered and treated early before it had progressed to the point that there would be a serious risk to the child's contacts.

With the Korean children, it may be very difficult to establish the exact family conditions in Korea, so conservative practices may need to be followed. Each child would need to be seen and the individual situation evaluated. I imagine that it will be impossible to carry out the evaluations until the child visits the leprosy clinic in the United States.

Since leprosy care is a specialized practice in the United States, it seems to me that the best policy would be to insist that the children be placed under the supervision of one of the PHS leprosy facilities. Visits to the clinic could be made once or twice a year, at the most.

You mentioned the possibility that it might be necessary to specify in the legislation that the Korean children be required to come under the supervision of one of the PHS leprosy clinics. I feel certain that any of the clinics would be glad to carry out this responsibility and have, in fact, discussed this with Dr. James Fields, of the PHS Hospital in Staten Island, and with Dr. Robert Jacobson, of the PHS Hospital in Carville. Perhaps the legislation could specify that the child should be placed under the supervision of a PHS clinic for leprosy, or, when necessary, under a leprosy specialist designated by one of the clinics, and that the supervision should be continued for as long as is deemed necessary by the clinic. Since the usual incubation period is two to five years, the period of observation might be this long.

I enjoyed talking with you, and hope this is the information you need. As explained to you over the phone, I am writing this during my flight back to Atlanta. It will be typed on February 24, and I will ask Dr. Roslyn Q. Robinson, Director, Bureau of Laboratories, to sign it in my absence.

I plan to be back in Atlanta on March 2, and to leave again the morning of March 3. I will then be back on March 7. After that time, I do not have any further travel scheduled for several months.

Sincerely yours,

CHARLES C. SHEPARD, M.D.,  
Chief, Leprosy and Rickettsia Branch  
Virology Division,  
Bureau of Laboratories.

The following reports on the medical condition of the natural parents of the beneficiaries have been received indicating that the natural mother of Mi Yun Lee received drug treatment for 6 years and the father for 9 years prior to the birth of the child. The natural mother of Ae Sook Song received drug treatment for 17 years prior to the child's birth and the natural father 20 years prior to the child's birth.

No. 1

CATHOLIC MEDICAL CENTER,  
1, 2-KA, MYONG-DONG, CHUNG-GU,  
Seoul, Korea.

Name of Child: Lee, Mi Yun:

Father: Lee, Sung Kyoo. Type of disease; L-type (arrested).

(a) General health conditions; good

Rt. mobile claw hand.

Lt. handfingers; severe absorption.

Madarosis.

(b) Drug therapy prior to child's birth; 9 years.

Promin—1 year.

Diasone—6 months.

DDS—7½ years.

Mother: Baek, Bok Soon. Type of disease; L-type (arrested).

(a) General health conditions; good.

No deformity.

(b) Drug therapy prior to child's birth; 6 years.

Promin—2 years.

Diasone—1 year.

DDS—3 years.

Date of examined: November 11, 1974.

Examined by—

SHI RYONG CHOI, M.D.,  
Director, Chronic Disease Laboratory,  
Catholic Medical Center,  
Seoul, Korea.

No. 2

CATHOLIC MEDICAL CENTER,  
1, 2-KA, MYONG-DONG, CHUNG-GU,  
Seoul, Korea.

Name of child: Song, Ae Sook:

Father: Song, Ki Hoon. Type of disease; T-type (arrested).

(a) General health conditions; good.

Both mobile claw hands.

Facial paralysis.

(b) Drug therapy prior to child's birth; 20 years.

Chaulmoogra oil—2 years.

DDS—18 years.

Mother: Lee, Maeng Kyo. Type of disease; T-type (arrested).

(a) General health conditions; good.

Both mobile claw hands.

Facial paralysis.

(b) Drug therapy prior to child's birth; 17 years.

Chaulmoogra oil—1 year.

DDS—16 years.

Date of examined: November 11, 1974.

Examined by—

SHI RYONG CHOI, M.D.,  
Director, Chronic Disease Laboratory,  
Catholic Medical Center,  
Seoul, Korea.

The beneficiaries have all received appropriate medical examinations and no sign of leprosy has been noted. The Committee has assured itself that the beneficiaries will receive appropriate medical treatment in this country. Their health care will be supervised by Spence-Chapin Services to Families and Children for a minimum period of five years or until such future time as they are released by the Public Health Service. Following is correspondence received from the Public Health Service describing the program that will be established for the medical care of these beneficiaries together with statements from the adopting parent and the Spence-Chapin agency agreeing to such program of treatment.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
PUBLIC HEALTH SERVICE,  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION,  
Staten Island, N.Y., September 17, 1975.

MR. ALEXANDER B. COOK,  
Counsel, Committee on Judiciary,  
2139 Rayburn Building, Washington, D.C.

DEAR MR. COOK: The following information which is pertinent to children of the Outreach Program is submitted.

Safeguards taken to assure that the children of parents with leprosy emigrating under the Outreach program to the United States are healthy and remain so:

1. Medical history of natural parents is taken noting type of leprosy, disabilities, and length of years on treatment, including type of chemotherapy used. (If the parents are on standard chemotherapy for approximately three months prior to the child's birth, they are considered no longer communicable. Parents of the first group of eight children were on chemotherapy and are considered noninfectious to their children.)

2. Standard medical evaluation of children is performed as in all immigration cases plus an examination specifically for leprosy, including clinical examination of the skin and peripheral nerves and skin smears from earlobes, knees and elbows, and a lepromin test.

3. Upon emigration, the children will be held for 24 hours at our U.S. Public Health Service Hospital at Staten Island under my supervision for additional examination and clearance.

4. The Outreach Program, through their cooperating intercounty child-placement agency will be responsible for seeing that the adoptive parents have the children examined for signs of leprosy periodically, and as recommended by the U.S. Public Health Service, for five years following the children's emigration to this country. This checkup can be carried out even at a distance, as blood samples and skin smears can be mailed to appropriate public health facilities under our direction.

Sincerely yours,

JAMES P. FIELDS, M.D.,  
Medical Director, PHS,  
Chief, Dermatology Department.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
New York, N.Y., October 2, 1975.

Spence-Chapin Services to Families and Children, an agency duly authorized under the laws of the State of New York to render services to families and children, agrees to act as an overseer to follow up the annual check-ups on the following children:

Child and Prospective Adoptive Parent(s):

Ae Sook Song, Mr. and Mrs. Peter Elliott.

Mi Yun Lee, Mr. and Mrs. Peter Elliott.

That such medical follow-ups will cover a five year period beginning on the day of the above children's arrival in the United States or until such further date as the children are released by The United States Public Health Service.

JANE D. EDWARDS,  
Executive Director.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
6 East 94th Street,  
New York, N.Y., October 27, 1975.

PLACEMENT AGREEMENT BETWEEN ADOPTION AGENCIES AND  
ADOPTIVE PARENT(S)

Spence-Chapin Services to Families and Children agrees to place Ae Sook Song (name of child) with Mr. and Mrs. Peter Elliott (adoptive parent(s)) for the purpose of legal adoption, and hereby authorizes them to consent to any medical, surgical or dental care or treatment as recommended by a licensed physician or dentist.

MRS. JANE D. EDWARDS,  
Executive Director.

We, the adoptive parent(s), agree to accept the above child and will assume the normal parental responsibilities for the care of the child, including the expense of support, education and medical care, including a minimum period of five years of physical examinations and/or treatment relating to Hansen's Disease. Such treatment will include an annual check-up by a member of the Dermatology Department of the United States Public Health Service, or a physician approved by that department, or more frequently, if so requested, by the United States Public Health Service. Such treatment will continue for five years beginning on the day of the child's arrival in the United States or until such further date as the child is released by the United States Public Health Service.

We understand that Spence-Chapin Services to Families and Children will act as overseer to follow up the annual check-ups as described above and within for our child over a five year period or until such further date as the child is released by the United States Public Health Service.

ADOPTIVE PARENT(S)

Mr. Peter A. Elliot.  
Ms./Miss/Mrs. Betty N. Elliot.  
Date: October 27, 1975.

We (I) understand that by signing the above statement, this information will be a matter of public record.

STATE OF NEW YORK

ss.

County of New York

Subscribed and sworn to before me this 27th day of October, 1975 at New York, N.Y.

GRACE G. NICKERSON,  
Notary Public, State of New York, No. 31-8141800,  
Qualified in New York County,  
Commission Expires March 29, 1975.

Distribution: 1 copy to parent(s), 1 copy to in-state agency (if applicable), 1 copy to Spence-Chapin Services to Families and Children, 1 copy to Mr. Alexander B. Cook, Counsel, Committee on the Judiciary, 2139 Rayburn Building, Washington, D.C. 20515.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
6 East 94th Street,  
New York, N.Y., October 27, 1975.

PLACEMENT AGREEMENT BETWEEN ADOPTION AGENCIES AND ADOPTIVE  
PARENT(S)

Spence-Chapin Services to Families and Children agrees to place Mi Yun Lee (name of child) with Mr. and Mrs. Peter Elliott (adoptive parent(s)) for the purpose of legal adoption, and hereby authorizes them to consent to any medical, surgical or dental care or treatment as recommended by a licensed physician or dentist.

Mrs. JANE D. EDWARDS,  
*Executive Director.*

We, the adoptive parent(s), agree to accept the above child and will assume the normal parental responsibilities for the care of the child, including the expenses of support, education and medical care, including a minimum period of five years of physical examination and/or treatment relating to Hansen's Disease. Such treatment will include an annual check-up by a member of the Dermatology Department of the United States Public Health Service, or a physician approved by that department, or more frequently, if so requested, by the United States Public Health Service. Such treatment will continue for five years beginning on the day of the child's arrival in the United States or until such further date as the child is released by the United States Public Health Service.

We understand that Spence-Chapin Services to Families and Children will act as overseer to follow up the annual check-ups as described above and within for our child over a five year period or until such further date as the child is released by the United States Public Health Service.

ADOPTIVE PARENT(S)

Mr. Pete A. Elliot.  
Ms./Miss/Mrs. Betty N. Elliott.  
Date October 27, 1975.

We (I) understand that by signing the above statement, this information will be a matter of public record.

STATE OF NEW YORK }  
County of New York } ss.

Subscribed and sworn to before me this 27th day of October, 1975 at New York, N.Y.

GRACE G. NICKERSON,  
*Notary Public, State of New York, No. 31-8141800,  
Qualified in New York County,  
Commission Expires March 30, 1975.*

Distribution: 1 copy to parent(s), 1 copy to in-state agency (if applicable), 1 copy to Spence-Chapin Services to Families and Children, 1 copy to Mr. Alexander B. Cook, Counsel, Committee on the Judiciary, 2139 Rayburn Building, Washington, D.C. 20515.

BUDGETARY INFORMATION

This legislation does not provide new budget authority and no estimate or comparison has been received from the Director of the Congressional Budget Office.

OVERSIGHT STATEMENT

The Committee exercises general oversight jurisdiction with respect to all immigration and nationality matters but no specific oversight is contemplated in this instance.

COMMITTEE RECOMMENDATION

Upon consideration of all the facts in this case, the Committee is of the opinion that H.R. 1397, amended, should be enacted and accordingly recommends that the bill do pass.

○

# Calendar No. 1020

94TH CONGRESS }  
2d Session }

SENATE

{ REPORT  
No. 94-1086

## AE SOOK AND MI YUN LEE

—————  
AUGUST 4, 1976.—Ordered to be printed  
—————

Mr. EASTLAND, from the Committee on the Judiciary,  
submitted the following

### REPORT

[To accompany H.R. 1397]

The Committee on the Judiciary, to which was referred the bill (H.R. 1397), for the relief of Ae Sook and Mi Yun Lee having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

#### PURPOSE OF THE BILL

The purpose of the bill is to facilitate the admission into the United States as immediate relatives of alien children to be adopted by citizens of the United States.

#### STATEMENT OF FACTS

The beneficiaries of the bill are natives and citizens of Korea, ages 15 and 11. Each resides with her natural parents in St. Lazarus Village, Korea. The parents are afflicted with Hansen's disease. The children are coming to the United States to be adopted by Mr. and Mrs. Peter Elliott, citizens of the United States.

A letter, with attached memorandum, dated December 4, 1974 to the Chairman of the House Judiciary Committee from the Commissioner of Immigration and Naturalization refers to H.R. 17048, a similar bill introduced in the 93rd Congress. The information reads as follows:

U.S. DEPARTMENT OF JUSTICE,  
IMMIGRATION AND NATURALIZATION SERVICE,  
Washington, D.C., December 4, 1974.

A21 794 418.  
A21 794 419.

HON. PETER W. RODINO, JR.,  
Chairman, Committee on the Judiciary, House of Representatives,  
Washington, D.C.

DEAR MR. CHAIRMAN: In response to your request for a report relative to the bill (H.R. 17043) for the relief of Ae Sook Song and Mi Yun Lee, there is attached a memorandum of information concerning the beneficiaries.

The bill provides that the beneficiaries, whose natural parents are living and who are to be adopted by United States citizens, may be classified as children and be granted immediate relative status. The bill further provides that the natural parents or brothers or sisters of the beneficiaries shall not, by virtue of such relationship, be accorded any right, privilege or status under the Immigration and Nationality Act. The bill does not waive the provision of the Immigration and Nationality Act which limits the number of petitions that may be approved for adopted children. The Committee may wish to make this amendment.

Absent enactment of the bill, the beneficiaries, natives of Korea, are chargeable to the nonpreference portion of the numerical limitation for immigrants and conditional entrants from countries in the Eastern Hemisphere.

Sincerely,

L. F. CHAPMAN, JR.,  
Commissioner.

Enclosure.

MEMORANDUM OF INFORMATION FROM IMMIGRATION AND  
NATURALIZATION RE H.R. 17043

Information concerning this case was obtained from Mr. and Mrs. Peter Elliott, the prospective adoptive parents of the beneficiaries.

The beneficiaries, Ae Sook Song and Mi Yun Lee, natives and citizens of Korea, were born on May 16, 1961 and October 14, 1964, respectively. Each resides with her natural parents in St. Lazarus Village, a leper community in Korea. Their parents, who are subsistent farmers, are afflicted with the disease and because of the social prejudice towards them, have little hope of improving their standard of living. Although the beneficiaries are healthy, their opportunities are limited because of the stigma of their backgrounds. The parents therefore have decided to permit the beneficiaries to be adopted by an American family. Ae Sook Song has two sisters, aged 21 and 18 and a 15-year-old brother; Mi Yuk Lee has one brother who is seven-year-old. The siblings of both girls reside in St. Lazarus Village.

The beneficiaries do not qualify for immediate relative status under Section 101(b)(1)(F) of the Immigration and

Nationality Act because their natural parents are alive, and are supporting them. Visa applications to register the children as nonpreference immigrants were approved on July 16, 1974.

Mr. and Mrs. Peter Elliott, who are natives of England and naturalized citizens of the United States, were born on October 8, 1924 and February 11, 1924, respectively. They were married on June 24, 1944. They were admitted to the United States as permanent residents on April 19, 1962 and were naturalized on February 16, 1968. They reside in Huntington Station, Long Island, New York with a son, age 21, from this marriage and three adopted children, who are natives and citizens of Korea. Janice, age 10 and Jonathan, age 8, who are natural sister and brother, were admitted as immediate relative immigrants on December 29, 1971. Sarah, who is 12-years-old, was admitted as a nonpreference immigrant on March 23, 1973. They have also a natural daughter, age 29, who lives in Valley Stream, New York.

Mr. Elliott, who is a car salesman in Huntington Station, earned \$14,260 last year. Mrs. Elliott earns about \$3,200 a year working part-time as a saleslady in a department store in Huntington Station. Their assets consist of a house valued at \$39,000, household furnishings valued at \$10,000, three cars worth about \$3,000 and savings in the amount of \$3,500.

Reports from the Department of State dated October 25, 1974 and June 25, 1975 with reference to the instant bill and H.R. 17043 read as follows:

DEPARTMENT OF STATE,  
Washington, D.C., October 25, 1974.

HON. PETER W. RODINO, JR.,  
Chairman, Committee on the Judiciary, House of Representatives,  
Washington, D.C.

DEAR MR. CHAIRMAN: Reference is made to your request for a report concerning the cases of Ae Sook Song and Mi Young Lee, beneficiaries of H.R. 17043, 93rd Congress.

The bill would provide for the beneficiaries' classification as a child and for granting of immediate relative status upon approval of a petition filed by Mr. and Mrs. Peter Elliott, American citizens. It also provides that the natural parents, brothers or sisters of the beneficiaries shall not be entitled to any right, privilege or status under the Immigration and Nationality Act by virtue of such relationship.

The American Embassy at Seoul, Korea has reported that Song Ae Sook was born on May 16, 1961 and Lee My Yun on October 14, 1964, both in Korea. They are the prospective adoptive children of Mr. and Mrs. Peter Elliott and they are registered as nonpreference intending immigrants with a priority date of July 16, 1974. Both beneficiaries are the children of lepers and have been selected for adoption under the Operation Outreach project. Visa numbers for applicants chargeable to Korea are currently available to those registered before June 1, 1973. It is not possible to predict when numbers will become available for the beneficiaries.

Further information regarding the beneficiaries' family ties and educational background is not available to the Embassy. The agency

handling their cases has been requested to arrange for their medical examination and the Committee will be informed if a ground of ineligibility is revealed.

Cordially,

LINWOOD HOLTON,  
Assistant Secretary  
for Congressional Relations.

DEPARTMENT OF STATE,  
Washington, D.C., June 25, 1975.

HON. PETER W. ROBINO, JR.,  
Chairman, Committee on the Judiciary, House of Representatives,  
Washington, D.C.

DEAR MR. CHAIRMAN: I refer to my letter of March 25, 1975 concerning further reports on private bills H.R. 1394, H.R. 1395, H.R. 1396 and H.R. 1397 which the Honorable Hamilton Fish, Jr. has introduced for eight Korean children of leper parents.

We asked our Embassy at Seoul to conduct an investigation on an urgent basis into the circumstances under which the beneficiaries of the bills were released for adoption.

In view of additional information submitted by the Embassy, the Department would be prepared to instruct the Embassy to process the applications to conclusion. However, it should be pointed out that, according to the latest Visa Office bulletin, numbers are not available for Korean applicants under the nonpreference category and that it is not possible to predict whether this situation will change appreciably in the near future.

With regard to H.R. 412, a bill to amend the Immigration and Nationality Act to provide for the immigration of children of individuals suffering from Hansen's disease, I assume that by now the Committee has received the Department's report which was mailed on May 2, 1975.

Should the Committee desire any additional comments on these bills, please do not hesitate to let me know.

Sincerely,

LEONARD F. WALENTYNOWICZ,  
Administrator, Bureau of Security and  
Consular Affairs.

Congressman Edward Mezinsky testified in behalf of H.R. 1397 and three similar bills. His statement follows:

TESTIMONY OF CONGRESSMAN EDWARD MEZVINSKY (D.-IA.) BEFORE THE SUBCOMMITTEE ON IMMIGRATION, CITIZENSHIP AND INTERNATIONAL LAW ON SEPTEMBER 11, 1975, CONCERNING FOUR BILLS TO PROVIDE RELIEF FOR AE SOOK SONG, MI YUN LEE, SANG KOOK CHUNG, HWA SOON CHUNG, SUK CHIN, HAE SUK CHIN, MEE KYUNG CHO AND HEE KYUNG CHO

Mr. Chairman, thank you for this opportunity to appear before the Subcommittee this morning on behalf of these eight children seeking admission to the United States to be adopted by American parents. This

Committee only acts on immigration matters when there is a compelling reason to make an exception to our immigration laws and I believe this case clearly falls into that category.

These children, perfectly healthy in every way, are forced to live in a colony separate from the rest of society because their parents have Hansen's disease. Additionally, they will carry a stigma with them for the rest of their lives and will be ostracized by Korean society. The natural parents, knowing of the abject poverty and societal rejection their children will face in Korea, have knowingly and willingly offered their children for adoption in the United States. After undergoing a thorough physical examination which proved that the children were not infected with the disease, the adoptions were approved and the adoptive parents are eagerly awaiting the arrival of these children.

This is a wonderful story of parental love—not only on the part of the natural parents who desire better lives for their children, but also on the part of the adoptive parents who are anxious to offer love and warmth to children they have never met. But as yet, the story has no happy ending.

These children have been ready to come to the United States for over a year, but at this time, no immigration visas have been issued. The law, as it now stands, contains an exception from the waiting list for children who are to be adopted by American parents, if the natural parents are dead. Since there are living parents, the children have no priority classification and must wait for their visa numbers to come up. I wish I could say how long this wait will be, but no estimate can be certain.

These bills, if enacted, will classify these youngsters as children within the meaning of section 101(b)(1)(F) of the Immigration and Nationality Act and approve the petitions filed by their adoptive parents. By speedy Congressional action, the children will soon be able to come to the United States. I certainly don't have to tell you of the hardship this waiting is placing on the children and both sets of parents. Having decided to separate, the leave-taking should be made as quickly as possible, not only for the obvious physical reasons, but also for the more complicated and equally difficult psychological pressures resulting from these seemingly never-ending delays. These children need to be in a healthy environment where they can eat properly, go to school and begin to overcome the stigma they have suffered in Korea.

The program which is responsible for arranging the adoption of these children is Operation Outreach, headed by Bernice Gottlieb, Mrs. Gottlieb, herself the adoptive parent of a Korean child, has been working on bringing these children to the United States for over two years. Under the program, the children will be examined every six months for three years by the Sloan-Kettering Institute in New York to insure that they are not the victims of Hansen's disease, Mr. Chairman, I have several letters written by medical authorities on the nature of Hansen's disease, or leprosy, as it is commonly called, laying to rest the mythology about the nature of the disease, and I would like to insert them in the record. I would like to quote two of these letters at this time: In a letter from Charles C. Shepard, M.D., Chief, Leprosy & Rickettsia Branch, Virology Division of the Department of Health,

Education and Welfare, to Mrs. Bernice Gottlieb, Director of Operation Outreach, he states "Since the children to be brought to the United States do not have leprosy, they are not infectious. I understand that the parent was treated for at least three months before the children were born so there would be no chance for the children to have acquired an infection that might develop later on. Epidemiological observations have shown that transmission of leprosy to children does not occur if the parent was treated before the child was born." The second letter I would like to briefly quote is that the Chapman H. Binford, M.D., Special Mycobacterial Diseases Branch, Armed Forces Institute of Pathology, Washington, D.C. He said, "Should the children of Korean parents with leprosy be adopted by U.S. citizens and carefully observed for 3 years, I think, they would far less endanger the public health than Korean children adopted and not subjected to periodic examination for leprosy."

Mr. Chairman, I ask your favorable action on these bills so that these children and their parents can stop living in uncertainty and begin their new lives.

The beneficiaries of this bill are children of persons afflicted with Hansen's disease (leprosy). Therefore, the House Committee contacted the United States Public Health Service to determine if any public health problem was likely to arise from the admission of these beneficiaries to the United States. The following letter from that agency indicates that if the natural parents had received treatment for leprosy prior to the birth of a child, "the risk that Leprosy will develop in the child is extremely low." The letter follows:

DEPARTMENT OF HEALTH, EDUCATION,  
AND WELFARE,  
PUBLIC HEALTH SERVICE,  
CENTER FOR DISEASE CONTROL,  
Atlanta, Ga., February 24, 1975.

Mr. ALEXANDER B. COOK,  
House Judiciary Committee,  
2137 Rayburn House Office Building, Washington, D.C.

DEAR MR. COOK: This is in response to your telephone call of February 21, asking my personal views about the proposed private bill to allow immigration for adoption of certain children of leprosy patients in Korea.

Existing legislation with regulations relate only to patients with leprosy and certain other infectious diseases, and not to family members or other contacts of the patients. Thus, there are no restrictions on the immigration of the children whose parents have leprosy. However, I feel that we would want to do what we can for the health of the children as well as for the members of their families and others.

Leprosy is an infectious disease caused by a bacterium that is related to the tubercle bacillus. New cases arise from exposure to untreated leprosy patients who have the severe form of the disease (called lepromatous, or multibacillary). It is not as highly infectious as measles; for example, its infectivity is similar to that of pulmonary tuberculosis. The attack rate of clinical cases in spouses or other close family con-

tacts of lepromatous cases is approximately 5-10%. Some careful studies of children born to untreated lepromatous parents have revealed higher attack rates, but in these instances the children were examined at 6-12 month intervals, and most of the leprosy cases that developed consisted of very mild disease with small single lesions that probably would have cleared without treatment.

The infectivity of lepromatous patients is rapidly decreased by treatment. Epidemiological and bacteriological studies indicate that the infectivity is reduced to negligible levels after the patient has been given standard treatment for 3-4 months and that it remains negligible as long as the patient continues treatment.

Of course, leprosy is not rare in the United States. There are probably 2,000-3,000 known patients in this country, and about 120-140 new cases reported each year. For many years the U.S. Public Health Service (USPHS) has been charged with providing medical care to leprosy patients. The USPHS operates a hospital for leprosy patients at Carville, Louisiana, and the PHS Hospital in San Francisco has an active leprosy service. In addition, there are leprosy clinics at the PHS Hospitals in Staten Island, New York and New Orleans, Louisiana, and at the outpatient clinic in San Pedro, California. The Health Department in Hawaii provides for care of its leprosy patients and is reimbursed for doing so by the Federal Government. These facilities are located in areas where most of the leprosy patients live.

In my opinion, the Korean children should receive the same attention as children of known leprosy patients in the United States. Practices vary somewhat in detail, but in general they are as follows. When a new case is found, members of the family and other close contacts of the patient are examined in the clinic. If they are free of leprosy, they may be examined in the future at 6-12 month intervals so that any leprosy that develops can be found before it has progressed very far. The closeness with which the contacts are followed depends on the type of leprosy in the parent and the time that treatment was started. Thus, if the parent has a mild form of disease, the risk of leprosy in the child is very low. Furthermore, if the child is born after the parent's disease has been discovered and treated, the risk that leprosy will develop in the child is extremely low. If circumstances indicate a significant risk, the child is put on preventive treatment. The drug usually used is Dapsone; it is the same drug as that used for treatment of known cases, but a lower dosage is used for preventive treatment. It is a cheap and safe drug that is administered daily, and a few months supply of tablets can be given to parents to be given to the child. The Dapsone would need to be continued for about three years.

Under these circumstances, the risk would be extremely low that secondary cases would arise in the contacts of the child. Usually, the severe (lepromatous) form of the disease does not develop in children, and with frequent examinations any disease that might develop would be discovered and treated early before it had progressed to the point that there would be a serious risk to the child's contacts.

With the Korean children, it may be very difficult to establish the exact family conditions in Korea, so conservative practices may need to be followed. Each child would need to be seen and the individual

situation evaluated. I imagine that it will be impossible to carry out the evaluations until the child visits the leprosy clinic in the United States.

Since leprosy care is a specialized practice in the United States, it seems to me that the best policy would be to insist that the children be placed under the supervision of one of the PHS leprosy facilities. Visits to the clinic could be made once or twice a year, at the most.

You mentioned the possibility that it might be necessary to specify in the legislation that the Korean children be required to come under the supervision of one of the PHS leprosy clinics. I feel certain that any of the clinics would be glad to carry out this responsibility and have, in fact, discussed this with Dr. James Fields, of the PHS Hospital in Staten Island, and with Dr. Robert Jacobson, of the PHS Hospital in Carville. Perhaps the legislation could specify that the child should be placed under the supervision of a PHS clinic for leprosy, or, when necessary, under a leprosy specialist designated by one of the clinics, and that the supervision should be continued for as long as is deemed necessary by the clinic. Since the usual incubation period is two to five years, the period of observation might be this long.

I enjoyed talking with you, and hope this is the information you need. As explained to you over the phone, I am writing this during my flight back to Atlanta. It will be typed on February 24, and I will ask Dr. Roslyn Q. Robinson, Director, Bureau of Laboratories, to sign it in my absence.

I plan to be back in Atlanta on March 2, and to leave again the morning of March 3. I will then be back on March 7. After that time, I do not have any further travel scheduled for several months.

Sincerely yours,

CHARLES C. SHEPARD, M.D.,  
Chief, Leprosy and Rickettsia Branch, Virology Division,  
Bureau of Laboratories.

The following reports on the medical condition of the natural parents of the beneficiaries have been received indicating that the natural mother of Mi Yun Lee received drug treatment for 6 years and the father for 9 years prior to the birth of the child. The natural mother of Ae Sook Song received drug treatment for 17 years prior to the child's birth and the natural father 20 years prior to the child's birth.

No. 1

CATHOLIC MEDICAL CENTER,  
1, 2-KA, MYONG-DONG, CHUNG-GU,  
Seoul, Korea.

Name of Child: Lee, Mi Yun:

Father: Lee, Sung Kyoo. Type of disease; L-type (arrested).

- (a) General health conditions; good  
Rt. mobile claw hand.  
Lt. handfingers; severe absorption.  
Madarosis.

- (b) Drug therapy prior to child's birth; 9 years.  
Promin—1 year.

Diasone—6 months.

DDS—7½ years.

Mother: Baek, Bok Soon. Type of disease; L-type (arrested).

- (a) General health conditions; good.

No deformity.

- (b) Drug therapy prior to child's birth; 6 years.

Promin—2 years.

Diasone—1 year.

DDS—3 years.

Date of examined: November 11, 1974.

Examined by—

SHI RYONG CHOI, M.D.,  
Director, Chronic Disease Laboratory,  
Catholic Medical Center,  
Seoul, Korea.

No. 2

CATHOLIC MEDICAL CENTER,  
1, 2-KA, MYONG-DONG, CHUNG-GU,  
Seoul, Korea.

Name of child, Song, Ae Sook:

Father: Song, Ki Hoon. Type of disease; T-type (arrested).

- (a) General health conditions; good.

Both mobile claw hands.

Facial paralysis.

- (b) Drug therapy prior to child's birth; 20 years.

Chaulmoogra oil—2 years.

DDS—18 years.

Mother: Lee, Maeng Kyo. Type of disease; T-type (arrested).

- (a) General health conditions; good.

Both mobile claw hands.

Facial paralysis.

- (b) Drug therapy prior to child's birth; 17 years.

Chaulmoogra oil—1 year.

DDS—16 years.

Date of examined: November 11, 1974.

Examined by—

SHI RYONG CHOI, M.D.,  
Director, Chronic Disease Laboratory,  
Catholic Medical Center,  
Seoul, Korea.

The beneficiaries have all received appropriate medical examinations and no sign of leprosy has been noted. The House Committee has assured itself that the beneficiaries will receive appropriate medical treatment in this country. Their health care will be supervised by Spence-Chapin Services to Families and Children for a minimum period of five years or until such future time as they are released by the Public Health Service. Following is correspondence received from the Public Health Service describing the program that will be established for the medical care of these beneficiaries together with state-

ments from the adopting parent and the Spence-Chapin agency agreeing to such program of treatment.

DEPARTMENT OF HEALTH,  
EDUCATION, AND WELFARE,  
PUBLIC HEALTH SERVICE,  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION,  
Staten Island, N.Y., September 17, 1975.

MR. ALEXANDER B. COOK,  
Counsel, Committee on Judiciary,  
2139 Rayburn Building, Washington, D.C.

DEAR MR. COOK: The following information which is pertinent to children of the Outreach Program is submitted.

Safeguards taken to assure that the children of parents with leprosy emigrating under the Outreach program to the United States are healthy and remain so:

1. Medical history of natural parents is taken noting type of leprosy, disabilities, and length of years on treatment, including type of chemotherapy used. (If the parents are on standard chemotherapy for approximately three months prior to the child's birth, they are considered no longer communicable. Parents of the first group of eight children were on chemotherapy and are considered noninfectious to their children.)

2. Standard medical evaluation of children is performed as in all immigration cases plus an examination specifically for leprosy, including clinical examination of the skin and peripheral nerves and skin smears for earlobes, knees and elbows, and a lepromin test.

3. Upon emigration, the children will be held for 24 hours at our U.S. Public Health Service Hospital at Staten Island under my supervision for additional examination and clearance.

4. The Outreach Program, through their cooperating intercounty child-placement agency will be responsible for seeing that the adoptive parents have the children examined for signs of leprosy periodically, and as recommended by the U.S. Public Health Service, for five years following the children's emigration to the country. This checkup can be carried out even at a distance, as blood samples and skin smears can be mailed to appropriate public health facilities under our direction.

Sincerely yours,

JAMES P. FIELDS, M.D.,  
Medical Director, PHS,  
Chief, Dermatology Department.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
New York, N.Y., October 2, 1975.

Spence-Chapin Services to Families and Children, an agency duly authorized under the laws of the State of New York to render services to families and children, agrees to act as an overseer to follow up the annual check-ups on the following children:

Child and Prospective Adoptive Parent(s):

Ae Sook Song, Mr. and Mrs. Peter Elliott.

Mi Yun Lee, Mr. and Mrs. Peter Elliott.

That such medical follow-ups will cover a five year period beginning on the day of the above children's arrival in the United States or until

such further date as the children are released by The United States Public Health Service.

JANE D. EDWARDS,  
Executive Director.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
6 East 94th Street,  
New York, N.Y., October 27, 1975.

PLACEMENT AGREEMENT BETWEEN ADOPTION AGENCIES AND  
ADOPTIVE PARENT(S)

Spence-Chapin Services to Families and Children agrees to place Ae Sook Song (name of child) with Mr. and Mrs. Peter Elliott (adoptive parent(s)) for the purpose of legal adoption, and hereby authorizes them to consent to any medical, surgical or dental care or treatment as recommended by a licensed physician or dentist.

MRS. JANE D. EDWARDS,  
Executive Director.

We, the adoptive parent(s), agree to accept the above child and will assume the normal parental responsibilities for the care of the child, including the expense of support, education and medical care, including a minimum period of five years of physical examinations and/or treatment relating to Hansen's Disease. Such treatment will include an annual check-up by a member of the Dermatology Department of the United States Public Health Service, or a physician approved by that department, or more frequently, if so requested, by the United States Public Health Service. Such treatment will continue for five years beginning on the day of the child's arrival in the United States or until such further date as the child is released by the United States Public Health Service.

We understand that Spence-Chapin Services to Families and Children will act as overseer to follow up the annual check-ups as described above and within for our child over a five year period or until such further date as the child is released by the United States Public Health Service.

ADOPTIVE PARENT(S)

Mr. Peter A. Elliot.  
Ms./Miss/Mrs. Betty N. Elliot.  
Date: October 27, 1975.

We (I) understand that by signing the above statement, this information will be a matter of public record.

STATE OF NEW YORK } ss.  
County of New York }

Subscribed and sworn to before me this 27th day of October, 1975 at New York, N.Y.

GRACE G. NICKERSON,  
Notary Public, State of New York, No. 31-8141800,  
Qualified in New York County,  
Commission Expires March 29, 1975.

Distribution: 1 copy to parent(s), 1 copy to in-state agency (if applicable), 1 copy to Spence-Chapin Services to Families and Children,

1 copy to Mr. Alexander B. Cook, Counsel, Committee on the Judiciary, 2139 Rayburn Building, Washington, D.C. 20515.

SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN,  
6 East 94th Street,  
New York, N.Y., October 27, 1975.

PLACEMENT AGREEMENT BETWEEN ADOPTION AGENCIES AND ADOPTIVE PARENT(S)

Spence-Chapin Services to Families and Children agrees to place Mi Yup Lee (name of child) with Mr. and Mrs. Peter Elliott (adoptive parent(s)) for the purpose of legal adoption, and hereby authorizes them to consent to any medical, surgical or dental care or treatment as recommended by a licensed physician or dentist.

Mrs. JANE D. EDWARDS,  
Executive Director.

We, the adoptive parent(s), agree to accept the above child and will assume the normal parental responsibilities for the care of the child, including the expenses of support, education and medical care, including a minimum period of five years of physical examination and/or treatment relating to Hansen's Disease. Such treatment will include an annual check-up by a member of the Dermatology Department of the United States Public Health Service, or a physician approved by that department, or more frequently, if so requested, by the United States Public Health Service. Such treatment will continue for five years beginning on the day of the child's arrival in the United States or until such further date as the child is released by the United States Public Health Service.

We understand that Spence-Chapin Services to Families and Children will act as overseer to follow up the annual check-ups as described above and within for our child over a five year period or until such further date as the child is released by the United States Public Health Service.

ADOPTIVE PARENT(S)

Mr. Pete A. Elliot.  
Ms./Miss/Mrs. Betty N. Elliott.  
Date October 27, 1975.

We (I) understand that by signing the above statement, this information will be a matter of public record.

STATE OF NEW YORK }  
County of New York }<sup>ss.</sup>

Subscribed and sworn to before me this 27th day of October, 1975 at New York, N.Y.

GRACE G. NICKERSON,  
Notary Public, State of New York, No. 31-8141800,  
Qualified in New York County,  
Commission Expires March 30, 1975.

Distribution: 1 copy to parent(s), 1 copy to in-state agency (if applicable), 1 copy to Spence-Chapin Services to Families and Children,

1 copy to Mr. Alexander B. Cook, Counsel, Committee on the Judiciary, 2139 Rayburn Building, Washington, D.C. 20515.

Congressman Hamilton Fish, Jr., the author of the bill, submitted the following statement of support:

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, D.C., December 4, 1975.

HON. JAMES O. EASTLAND,  
Chairman, Senate Committee on the Judiciary,  
Washington, D.C.

DEAR MR. CHAIRMAN: I am writing with regard to four private immigration bills that passed the House on November 18th (H.R. 1394, H.R. 1395, H.R. 1396, and H.R. 1397), and are currently pending before your Subcommittee on Immigration and Naturalization. I introduced these bills to facilitate the adoption of eight children presently living in Korea with their parents. While the parents have been afflicted with Hansen's Disease, exhaustive medical examinations have shown that the children are healthy and do not suffer from the disease. However, the children are forced to live with their parents in isolated villages, apart from and stigmatized by Korean society.

Three couples and one single woman, all United States citizens, have completed all pre-adoptive procedures including the necessary home studies, and are anxiously awaiting the approval of the aforementioned bills. These bills are necessary since both natural parents of each of the children in question are living.

I would sincerely appreciate it if expeditious action could be taken by your Subcommittee on these measures so that the adoptions can be completed at the earliest possible date.

Sincerely,

HAMILTON FISH, JR.,  
Member of Congress.

Congressman Edward Mezvinsky submitted additional supporting information to the Senate Judiciary Committee:

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, D.C., February 2, 1976.

HON. JAMES O. EASTLAND,  
Dirksen Building,  
Washington, D.C.

DEAR SENATOR EASTLAND: Pending in the Senate Judiciary Committee are four private bills to classify eight children from Korea as children within the meaning of section 101(b)(1)(f) of the Immigration and Naturalization Act.

These children are very special. Their parents suffer from Hansen's disease and they, along with their mothers and fathers, are forced to live apart from society in separate colonies. Although the children are perfectly healthy, they will have to live in this colony for the rest of their lives and must carry cards with them saying that their parents

suffered from Hansen's disease, which further stigmatizes them in the community. Knowing of the abject poverty and societal rejection that their children will face, the parents, knowingly and willingly, have offered their children for adoption by American parents.

Four sets of parents, willing to reach out to offer love to children suffering half way around the world, have been waiting for over two years for their children to arrive. In fact, the parents in the United States are so anxious for their arrival that one group has already made a trip to Korea to visit their children and further reassure their natural parents that a good home is waiting in the United States.

Enclosed with this letter are copies of the reports on these bills. Except for individual differences in the personal lives of the children and their adoptive parents, they are identical. These reports outline the background of the cases as well as provide exhaustive medical proof of the desirability of bringing these children into the country. I would appreciate your giving these bills your personal attention and hope you can act on them quickly. I will be happy to speak with you to provide you with any additional information you require.

Best regards

EDWARD MEZVINSKY.

The Senate Judiciary Committee has also received endorsements of this legislation from Senator Jacob Javits and Senator Hugh Scott. Their statements read as follows:

U.S. SENATE,  
*Washington, D.C., November 25, 1975.*

DEAR MR. CHAIRMAN: On November 17, the House passed four private immigration bills, H.R. 1394 through H.R. 1397.

The beneficiaries of these bills are Korean children whose parents suffer from Hansen's disease and who are coming to the United States for adoption by Americans. Three of the four sets of prospective parents are New Yorkers.

Private legislation was needed in this case since these children have living parents and therefore are not eligible to enter as non-quota immigrants who will be adopted.

I have introduced general legislation to deal with the subject of these unfortunate children, and I enclose a copy of a letter to the Attorney General on this subject which I wrote earlier this year. In the absence of Committee action on the general bill I would very much appreciate any consideration which you could give to these four specific bills. Copies of the House reports are also enclosed for your information.

Sincerely,

JACOB K. JAVITS.

U.S. SENATE,  
*Washington, D.C., February 11, 1976.*

HON. JAMES O. EASTLAND,  
*Chairman, Immigration and Naturalization Subcommittee, Washington, D.C.*

DEAR JIM: I have recently learned of the plight of a small number of youngsters who continue to suffer unnecessarily. They are the children of lepers in Asia.

Although U.S. medical authorities have given them a clean bill of health, the immigration authorities have denied these children, numbering eight or ten, the right to enter the country to be united either with the non-diseased parent or with their adopting parents. As a result, they continue to suffer under the most barbarous conditions as much victims of medieval prejudice as their parents.

I understand that the immigration authorities are reluctant to allow them into this country for fear of a public outcry in opposition. I think this sells the American people short. These children pose no health threat to this country.

I further understand that you might facilitate their entry by acting favorably on several private bills that are now pending. May I discuss this matter with you at your convenience?

With warm personal regard,  
Sincerely,

HUGH SCOTT,  
*U.S. Senator.*

The committee, after consideration of all the facts in the case, is of the opinion that the bill, H.R. 1397, should be enacted.

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# Ninety-fourth Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday, the nineteenth day of January,  
one thousand nine hundred and seventy-six*

## An Act

For the relief of Ae Sook Song and Mi Yun Lee.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, in the administration of the Immigration and Nationality Act, Ae Sook Song and Mi Yung Lee may be classified as children within the meaning of section 101(b)(1)(F) of the Act, upon approval of a petition filed in their behalf by Mr. and Mrs. Peter Elliott, citizens of the United States, pursuant to section 204 of the Act: *Provided*, That the natural parents or brothers or sisters of the beneficiaries shall not, by virtue of such relationship, be accorded any right, privilege, or status under the Immigration and Nationality Act.*

*Sec. 2. Section 204(c) of the Immigration and Nationality Act, relating to the number of petitions which may be approved, shall be inapplicable in this case.*

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*