In the United States Congress

Human Services Reauthorization Act of 2021

A BILL

To nominate a Secretary to sustain an independent, Cabinet level, Human Services Administration (HSA) to staff an email address, administrate the programs of the Administration for Children and Families (ACF) and Administration for Community Living (ACL), propose necessary amendments to effectively separate HSA from the Public Health Department (PHD) and fulfill human rights.

Be it enacted in the House and Senate Assembled

Contents

Supporting Documents

Tables

Sec. 1 Biden-Harris American Families Plan Support Order

1. To restore Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 to the condition it was in 1995 prior to degradation by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

2. To order all money from the Biden-Harris American Families Plan be used to pay for direct AFDC child benefits.

Sec. 2 Administration for Children and Families Reauthorizations

1. To amend Sec. 2602(b) of the Low Income Energy Assistance Act of 1981 under 42USC§8621(b) to authorize 3,750,000,000 for fiscal year 2021, 3,850,000,000 for fiscal year 2022, 3,966,000 for fiscal year 2023 and 4,203,000,000 for fiscal year 2024 by amending and repeal Sec. 2602(d)&(e) of the LIEA Act under 42USC§8621(d) & (e).

2. To amend 639 of the Head Start Act under 42USC§9834 to authorize $10,614,000,000 for fiscal year 2020, $10,748,000,000 for fiscal year 2021, $11,932,000,000 for fiscal year 2022, $12,290 for fiscal year 2023 and 12,659 for fiscal year 2024. And to delete 'for each of fiscal years 2008 through 2012' from 657B of the Head Start Act 42USC9852b(f).

3. To amend Sec. 658B of the Child Care and Development Block Grant Act of 2014 under 42 USC§9858 to authorize $2,748,591,018 for fiscal year 2020, 2,830,049,000 for fiscal year 2021, 3,537,500,000 for fiscal year 2022, 3,643,625,000 for fiscal year 2023, and 3,752,933,750 for fiscal year 2024. And to amend Sec. 418 of the Social Security Act under 42USC§618 to authorize $3,077,408,982 for fiscal year 2020, 3,080,951 for fiscal year 2021, 3,839,500,000 for fiscal year 2022, 3,954,375,000 for fiscal year 2023, and 4,073,066,250 for fiscal year 2024.

4. To amend Sec. 388(a)(1) of the Runaway and Homeless Youth Act under 34USC§11280(a)(1)$132,000,000 for fiscal year 2020, $137,000,000 for fiscal year 2021, $145,000,000 for fiscal year 2022, $149,000,000 for fiscal year 2023 and $154,000,000 for fiscal year 2024.

5. To amend Sec. 388(a)(4) of the Runaway and Homeless Youth Act under 34USC§11280(a)(4) to authorize $25,000,000 for fiscal years 2020 through 2024. To amend Sec. 209 Child Abuse Prevention and Treatment Act under 42USC§5116i to authorize $156,000,000 for fiscal year 2020, $161,000,000 for fiscal year 2021, $210,000,000 for fiscal year 2023 and $224,000,000 for fiscal year 2024.

6. To amend Sec. 425 of the Social Security Act under 42USC§625 to provide $329,000,000 for fiscal year 2020, $332,000,000 for fiscal year 2021, $442,000,000 for fiscal year 2022, $455,000,000 for fiscal year 2023 and $469,000,000 for fiscal year 2024.

7. To amend Sec. 473A(h) of the Social Security Act under 42USC673A(h) to authorize $75,000,000 for fiscal years 2019 through 2024.

8. To amend the Chafee Education and Training Voucher Program in Sec. 477(h)(2) of the Social Security Act under 42USC677(h)(2) to authorize $43,000,000.

9. To amend Sec. 303(a)(1) of the Family Violence Prevention and Services Act under 42USC§10403(a)(1) to authorize $174,000,000 for fiscal year 2019, $187,000,000 for fiscal year 2020, $196,000,000 for fiscal year 2021, $489,000,000 for fiscal year 2022, $504,000,000 for fiscal year

2023 and $519,000,000 for fiscal year 2024. And to amend Sec. 303(b) & (c) of the Family Violence Prevention and Services under 42USC10403(b) & (c) to insert 'of the amounts appropriated under paragraph (1)' after appropriated.

10. To amend Promoting Safe and Stable Families under 42USC§629f to authorize $100,000,000 for fiscal year 2019, $93,000,000 for fiscal year 2020, $83,000,000 for fiscal year 2021, $106,000,000 for fiscal year 2022, $109,000,000 for fiscal year 2023 and $113,000,000 for fiscal year 2024.

11. To delete 'for each of fiscal years 1999 through 2003' from Sec. 674(a) of the Community Services Block Grant Act under 42USC§9903(a).

Sec. 3 Administration for Community Living Reauthorizations

1. To codify authorizations for appropriations in the Older Americans Act that have been reauthorized to allow for inflation through FY 24, for future reference: Home & Community Based Supportive Services OAA Sec. 303(a)(1) (42USC§3023(a)(1)), Congregate Nutrition Services (non-add) OAA Sec. 303(b)(1)(42USC§3023(b)(1), Home-Delivered Nutrition Services (non-add) OAA Sec. 303(b)(2) (42USC§3023(b)(2)), Nutrition Service Incentive Program (non-add) OAA Sec. 311(e) (42USC§3030a(e)), Preventive Health Services OAA Sec. 303(d)(42USC§3023(d)), Native American Nutrition and Supportive Services OAA Sec. 643(1)(42USC§3057n(1)), Aging Network Support Activities OAA 411(b)(1)(42USC§3032(b)(1)), Workforce Innovation and Opportunity OAA Sec. 517(a)(42USC§3056o(a), Family Caregiver Support Services OAA Sec. 303(e)(42USC§3023(e)), Native American Caregiver Support Services OAA Sec. 643(2)(42USC§3057n(2)), Long-Term Care Ombudsman Program OAA Sec. 702(a) (42USC§3058a(a)), Prevention of Elder Abuse & Neglect OAA Sec. 702(b)(42USC§3058a(b)), Elder Rights Support Activities OAA Sec. 411(b)(2) (42USC§3032(b)(2)), Elder Rights Support Activities OAA Sec. 216(b)(3)(42USC§3020f(b)(3)), National Eldercare Locator Service OAA Se. 217(b)(1)(42USC§3020f(b)(1)), Aging and Disability Resource Center OAA Sec. 216(b)(4)(42USC§3020f(b)(4)), Pension Counseling OAA Sec. 216(b)(2) (42USC§3020f(b)(3), Program Administration OAA Sec. 216(a)(42USC§3020f(a))

2. To reduce paperwork, unless consumer price inflation should significantly deviate from 2% - 3% norm since 1980, by amending State Councils on Developmental Disabilities Sec. 129 of the Developmental Disabilities Act under 42USC§15029 to authorize $78,000,000 for fiscal year 2019 and 3 percent more every year thereafter; and to repeal paragraphs (b)(1) & (2).

3. To amend Protection and Advocacy Sec. 145 of the Developmental Disabilities Act under 42USC§15045 to authorize $40,692,000 for fiscal year 2019, $40,784,000 for fiscal year 2020 and 3 percent more every year thereafter.

3. To amend University Centers for Excellence Sec. 156(a)(1) of the Developmental Disabilities Act under 42USC§15066(a)(1) to authorize $40,478,000 for fiscal year 2019, $41,619 for fiscal year 2020 and 3 percent more every year thereafter; and also to strike Sec. 156(a)(3) of the DD act under 42USC§15066(a)(3) and replace it with 'the Secretary shall reserve not less than $300,000 and not more than 2 percent of the amount appropriated under paragraph (1) to fund technical assistance activities under section 15063(c) of this title (other than section 15063(c)(4) of this title).'

4. To amend Projects of National Significance Sec. 163(a)(1) of the Developmental Disabilities Act under 42USC§15083(a)(1) to authorize $11,958,000 for fiscal year 2019, $12,250,000 for fiscal year 2021 and three percent more every year thereafter; and to strike Sec. 163(c) of the DD Act under 42USC§15083 and replace it with 'the Secretary shall expend, to provide technical assistance for entities funded under part B or D, an amount from funds appropriated under subsection (a) that is not less than the amount the Secretary expended on technical assistance for entities funded under that part (or a corresponding provision) in the previous fiscal year. References in this subsection to part D shall not be considered to include section 15063(c)(4) of this title.'

5. To amend Grants to States for Independent Living Sec. 714 of the Rehabilitation Act under 29USC§796e-3 to authorize $26,319,000 for fiscal year 2019, $26,877 for fiscal year 2020 and three percent more every year thereafter. To amend Centers for Independent Living Sec. 727 of the Rehabilitation Act under 29USC§796f-6 to authorize $90,082,000 for fiscal year 2019, $91,992,000 for fiscal year 2020 and three percent more every year thereafter. To amend Independent Living Services for Older Individuals who are Blind Sec. 753 of the Rehabilitation Act under 29USC§796l to authorize $38,328,000 for fiscal year 2019, $39,141,000 for fiscal year 2020 and three percent more every year thereafter.

6. To amend National Institute on Disability, Independent Living and Rehabilitation Research Sec. 201 of the Rehabilitation Act under 29USC§761 to authorize $119,608,000 for fiscal year 2019, $122,143,000 for fiscal year 2020 and three percent more every year thereafter.

7. To leave expired Sec. 264 and 292 of the Help America Vote Act in regards to assistive technology and legal assistance and treat as mandatory unless Congress cares.

8. To amend Sec. 8 of the Assistive Technology Act under 29USC§3007 to authorize $35,955,000 for fiscal year 2019, $37,000,000 for fiscal year 2020 and three percent more every year thereafter.

9. To make a clean break from the Public Health Service (PHS) the Lifespan Respite Care Program should not be located in Sec. 2901-2905 Public Service Act under 42USC§300ii – §300ii-4. The reasonable, not to supplant 'caregiving', authorization of appropriations, at Sec. 2905 of the PHS under 42USC300ii-4 should be transferred to a new Sec. 303(f) of the Older Americans Act under 42USC§3023(f) in the new reauthorization bill for disability programs. The Lifespan Respite Care definitions in Sec. 2901 of the PHS under 42USC§300ii should be consolidated with the definitions of the National Caregiver Support Program in Sec. 316 of the OAA under 42USC§3030s. Sec. 2902-2904 of the PHS under 42USC§300ii-1 – 300ii-§3 should be transferred to Sec. 374B- 374C of the OAA under 42USC3030s-3 - §3030s-5. To not supplant Caregiving, plans for a Lifespan Respite Care Resource Center should be stricken and replaced with National Caregiving Resource Center under Sec. 374B of the OAA as herein amended under 42USC§3030s-4. Administration on Aging needs to be amended to Administration for Community Living in Sec. 374A(c) of the OAA as herein amended under 42USC§3030s-3(c).

Sec. 4 Department of Labor; Insurance and $10 Federal Minimum Wage Authorizations

1. To amend the federal minimum wage statute to '$10 in 2021 and 3 percent more every year thereafter while inflation continues to run between 2% and 3% as it has since 1980' under 29USC§206(a)(1)(D)

2. To order the Secretary of Labor to produce estimates regarding the cost to contributors and propose to repeal experimental 'Demonstration Projects' and replace it with 'Labor Insurance' at Section 305 of the Social Security Act under 42USC§505.

(a) To expedite the reemployment of mothers who have established a benefit year to claim unemployment compensation under State law the Secretary of Labor shall pay unemployment compensation for 24 weeks of Maternity Protection under International Labor Organization (ILO) Convention No. 183 (2000) as amended to provide 6 months of exclusive breastfeeding by page 39 of the World Health Organization (WHO) *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019). To provide equal benefits for equal contributions, while the unemployment compensation program makes a good faith effort to provide labor insurance, male and non-child producing female contributors shall be entitled to a six month sabbatical every ten years.

(b) On production of a medical certificate, stating the presumed date of childbirth, a woman shall be entitled to a period of maternity leave of not less than 24 weeks. Cash benefits shall be provided at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.

(1) Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for eligibility for such assistance, from Temporary Assistance for Needy Families (TANF) under Sec. 404 of Title IV-A of the Social Security Act under 42USC§604 *et seq*. and Supplemental Security Income (SSI) Program for the Aged, Blind and Disabled under Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*.

(2) Medical benefits shall be provided for the woman and her child. Medical benefits shall include prenatal, childbirth and postnatal care, as well as hospitalization care when necessary.

(c) Employers shall provide at least 3 weeks of paid leave annually to uphold the Holiday with Pay ILO Convention No. 132 (1970) and Workers with Family Responsibilities Convention No. 156 (1981). Employers shall provide up to 12 week of unpaid leave to care for the severe sickness of a child under the Family and Medical Leave Act of February 5, 1993 (PL-303-3).

Sec. 5 To create a Supplemental Security Income Trust Fund to End Child Poverty by 2030

To repeal the tax loophole for state employees and the rich in Adjustment to Contribution Base Sec. 230 of the Social Security Act under 42USC§430 and replace it with: There is created in the Treasury a Supplemental Security Income (SSI) Trust Fund. The purpose of this trust fund is to eliminate poverty in the United States. Because there is a finite amount of funding non-contributors with disabilities and especially families with children are prioritized to receive benefits, however as the consumer economy grows, the program is ultimately intended to guarantee all Americans a poverty line income floor.

Funding of the SSI Trust Fund shall be distributed by adjustment of the distribution rate of the 12.4% Social Security Administration payroll tax with the lion's share going to the Old-Age Survivor Insurance Trust Fund contributors and remainder to Disability Insurance Trust Fund Sec. 201(b)(1)&(2) of the Social Security Act under 42USC§401(b)(1)&(2). Whereas a high number of disabled workers are expected to be entitled Disability Insurance (DI) benefits at the conclusion of pandemic unemployment compensation program, the preliminary SSI Trust Fund tax rate is estimated to 0.7% but shall increase in the near future to conclusively eliminate child poverty, at the following annually reviewed rates.

Supporting Documents

A. Human Services Arrears

A. Human Services (HS) is a component of the Department of Health and Human Services (HHS) comprised of the Administration for Children and Families (ACF) and Administration for Community Living (ACL). The Human Services Administration (HSA) wants to be separated from the Public Health Department (PHD). The Department of Health, Education and Welfare (HEW) was created in Reorganization Plan No. 1 of April 1, 1953 42USC§3501. Sec. 509 of the Department of Education Re-organization Act of May 4, 1980 provided that any reference to HEW would be deemed to refer to HHS 20USC§3508. Sec. 101 of the Social Security Independence and Program Improvements Act of 1994 established the Social Security Administration as an independent agency beginning March 31, 1995 in Sec. 701 of the Social Security Act 42USC§901. Most states have separate Departments of Health and Human Services.

1. To separate the two Departments the simplest thing to do would be to amend Chapter 43 of Title 42 Public Health and Welfare to Department of Health and all references in the United States Code and Code of Federal Regulations to the Secretary or Department of Health and Human Services to Secretary or Department of Health respectively, except in those rare instances, where a law specifically pertains to the Human Services Administration or its Secretary to be codified in a new Chapter 162, whereas Joint Funding Simplification in Chapter 52A was repealed, or new Title 55 of the United States Code. The exact details would need to be worked out the Human Services Secretary, Congress and President. Although Reorganization Plan No. 1 of 1953 is very simple, the Department of Education Re-organization Act of 1980 and Social Security Independence and Program Improvements Act of 1994 are quite elaborate. The minimum effort needed to effectively liberate Human Services from the Public Health Department would be:

2. To transfer functions regarding independent living from 42USC§3515e to Human Services codified in either Chapter 162 of Title 42 or Title 55 of the United States Code, if Title 53 is not reserved for this purpose. Grant organizational power to the Secretary, two Administrators, and consolidate Human Services authorizing statute. The smoking gun left from repealing the Organic Act to beef up the National Park Service and Related Organizations Act of 2014 is neither pleasing nor redressed. Although consolidating Human Services statutes might help to reduce clutter in Title 42, this would require extensive updating of the codification in authorizing statutes, and it would be best to write a simple, new, short and sweet, organizational, reference guide to Human Services statutes as codified in Title 29, 42 and 52 of the United States Code. The Secretary and Department of Health would have to be renamed in Sec. 102 of the Public Health Service Act 42USC§201, Chapter 43 and any other statutory references to Health and Human Services.

3. Because the Human Services Administration has not yet been created by an Act of Congress, the President and Senate may not appoint a Secretary to sue HHS for custody. This is a case whereby the President and/or the Secretary of Health and Human Services must appoint someone to emancipate the Human Services Administration and Public Health Department from what are best described as slave-like conditions due to infringement. Repeated references to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Acts in Chapter 43 make it clear that it is not the intention of Congress that the Department of Health be construed as a Service, although the no-good drug, lay-Congress may overvalue their services under 42USC§3515c. Human Services, on the other hand, might do human rights the poetic justice that is wanted, if they were not infringed upon by the relatively militant Public Health Service, and vice-versa pursuant to the prohibition of funding for certain experiments involving human test subjects under 42USC§3515b. A decision resting upon "non-infringement" is generally much more secure than one on invalidity *Harries v. Air King Products Co.* No. 210, Docket 21600 (1950) L. Hand, Chief. A patent is valid if it is not infringed *Altvater v. Freeman* 319 U.S. 359, 363, 63 S.Ct. 1115, 1117, 87 L.Ed. 1450 Friendly

B. The total Human Services administration budget request for FY 22 is $86.2 billion, a 34% increase from $64.5 billion FY 21. The primary reason for this dramatic increase is the $15.2 billion price tag on the Biden-Harris American Families Plan, secondarily, there is a 10.2% across the board increase in discretionary spending, mostly for refugee programs, especially unaccompanied minors, and Head Start child care. The budget requests $83.2 billion for ACF a 35% increase from $61.7 billion FY 21 and $3 billion FY 22 for ACL a 7% increase from $2.8 billion FY 21. Having already paid the nice people at Head Start and refugee assistance a 10% discretionary spending increase the mandatory portion of the Biden-Harris American Family Plan to provide child care, that is already 88% subsidized, is sued with a support order requiring that any money be 100% used to pay for the reinstatement of AFDC benefits pursuant to 18USC§228 and Arts. 18 and 26 of the Convention on the Rights of the Child (1990).

Human Services Administration FY 19 – FY 24
(millions)

Budget Authority	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Administration for Children and Families (ACF)						
Total Discretionary Budget Authority	26,530	24,586	24,837	30,778	31,695	32,757
Total, Mandatory Budget Authority	35,347	36,191	36,867	37,168	38,536	39,534
Total, Federal Outlays	61,877	60,777	61,704	67,947	70,231	72,291
Total, Proposed Mandatory Authority	0	0	0	15,237	15,694	16,165
Total ACF Budget Request	61,877	60,777	61,704	83,184	85,925	88,456
Administration for Community Living (ACL)						
Total ACL Budget Request	2,130	2,687	2,834	2,987	3,160	3,324
HSA Program Management and Inspector General of Civil Rights				250	258	265
Human Services Administration (HSA)						

Total HSA Budget Request	64,007	63,464	64,538	86,231	86,183	88,721

Source: HHS Budget-in-brief FY 22

1. In FY 21 ACF spending was 96% of total human services spending, FY 22 the ACF share increases to 97%. This is fair. The elderly and disabled already receive disability and retirement benefits. ACL programs range in quality from state programs of nutritional support for the elderly and technical assistance for the developmentally disabled, to negligent family caregiver subsidies and "unseen (Nazi) research" partially diverted to finance non-consensual experimentation in substance abuse causing Alzheimers, paralysis and traumatic brain injury and other. These NIH and CDC programs are not truly authorized to ACL whose budget must delete reference to this shrunken brain funding of "phantom pain", to explain why they falsely claim to limb loss experts, and prohibit experimentation in human test subjects under 42USC§3515b. To make a clean break from the Public Health Service Act, the expired Lifespan Respite Care Program of relief for stressed out caregivers needs to be transferred to the Older Americans Act to play a supporting, rather than supplanting, role for a National Family Caregiver Support Center. The shrunken brains at ACL have a lot to gain from accounting for the Independent Living for Older Americans who are blind program. It is not the responsibility of ACL to provide equal nutritional services for the under age 60 population, except for the Meals on Wheels program for people so severely physically disabled they are confined their homes, but to sue the USDA for full funding, and access for the disabled, to the Food Bank and affiliated community meals programs. Congress may fund programs for the disabled to cook the community meal for everyone.

2. ACF is tasked with caring for the majority of the population, gainfully engaged in the child rearing, population growing process, without a metaphorical paddle, having cut AFDC benefits into oblivion since 1996, for which arrears are due to eliminate child poverty in the United States by 2030. The worker propaganda sabotaging AFDC has severely degraded confidence that ACF will able to pay benefits. ACF needs a fair shake at refunding AFDC basic assistance, at the levels proposed by the President. However, it is necessary that Human Services be separated from the Health Department to prevent infringement of their experiment in human rights "services" on the practice of medicine from being infringed by unethical biomedical experimentation. The poster-child for this infringement is the unforgivable felonious for-profit "psychiatric drug abuse" rampant in greedy slave-like ACF "foster care" programs, that totally ignore the competent orphanage institution, who require a final felony conviction in cases of "child abandonment" other than death of parents, that is free and not un-amenable to reunification pursuant Sec. 472 of Title IV-E of the Social Security Act under 42USC§672. On this topic, of escalating judicial misconduct in the state courts, not least civil divorce courts, that has rendered the US Supreme Court illiterate since June 20, 2019, it is necessary to defend a stable $4.5 billion level of Child Support Enforcement and Family Support administration funding, despite declining use, by paying social security benefits to needy children with the surplus, and calling upon U.S. District Attorneys and Judges to officially debar State terrorist family offenders of child non-support, home and computer invasion, and poisoning, eg. Pseudo-ephedrine brain shrink.

3. Independence will require Human Services to employ an Office of Civil Rights to ensure non-discrimination in benefits administration and equal opportunity employment and an Inspector General to investigate fraud, waste and abuse and to protect the Secretary. Because of the peculiar nature of beneficiary persecuting welfare fraud investigation in coercive retaliation against fraud, waste and abuse convictions against the Department of Health and Human Services, in particular worker propaganda justifying AFDC cuts of benefits for poor people, psychiatric drug abuse in foster care,

unethical research and acutely judicial misconduct related to child support enforcement, it seems necessary that the responsibilities of the Inspector General be combined with those of an Office of Civil Rights. The hybrid office should look something like Inspector General of the Office of Civil Rights. This should help the agency to both secure the accountable, professional, literate, non-violent conditions of non-discrimination and equitable representation and free the agency from unethical reporting, psychiatric drug abuse and other tortures, that have sabotaged so many grudging integration efforts.

B. Administration for Children and Families

A. The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF is the United States' largest human services administration. The Administration for Children and Families (ACF) was created on April 15, 1991, under the authority of section 6 of the Reorganization Plan No. 1 of 1953. The plan allowed the U.S. Department of Health and Human Services to merge the Office of Human Development Services with the Family Support Administration, along with the Maternal and Child Health Block Grant Program. The newly-formed organization was called the Administration for Children and Families.

1. Subsequently, the Clinton Administration cut 10 million Aid for Families with Dependent Children (AFDC) benefits FY 96 – FY 00 with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Cutting spending for children and families constitutes failure to pay legal support obligation under 18USC§228. Child poverty in the United States has risen from the normal poverty rate of the time of 15.8% in 1996 to 22%-33% of children growing poor, 45% below 150% of the poverty line, while 10% of adults and 9% of elders are poor, today. After 2000 child welfare grew only a little slower than normal. Worker propaganda regarding welfare dependency causing chronic joblessness needs to be mitigated with support for child care and totally eliminated by a plan to compensate all families with children growing up in poverty for their loss of Aid for Families with Dependent Children (AFDC) / Temporary Assistance for Needy Families (TANF) benefits. Due to degradation by and subsequent to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 it is necessary for Congress to revert to the 1995 version of the law by amending Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 (1995).

B. The President's Fiscal Year (FY) 2022 Budget requests $83.1 billion for ACF.
The FY 2021 President's Budget request for ACF, including both mandatory and discretionary appropriations, was $55 billion in budget authority, a decrease of $5.4 billion from the FY 2020 enacted level. Current FY 21 spending is estimated to be $61.6 billion by the FY 22 Budget-in-brief. The reason for the 35% increase in ACF FY 22 spending is that, on top of some significantly large increases in discretionary spending, the President has proposed a total of $15.2 billion for new programs - $11.7 billion Child Care for American Families and $3.5 billion for Universal Preschool – to avoid the poisonous and economically depressing persecution that would be incurred by total ACF outlays between $60 and $70 billion for more than 42 months (Revelation 13:10). The President's proposal has however failed to pay legal child support obligations to compensate to Clinton Administration cuts to Aid to Families with Dependent Children (AFDC) by the creation of Temporary

Assistance for Needy Families (TANF) in violation of 18USC§228. The President's unsatisfactory proposal has not instantly passed due to criminal “non-support” propaganda. The fake TANF spending total, only about 25% are still spent on actual benefits to needy families, remains the same and funding for Child Support Enforcement and Family Support declines 5.5% FY 22. To add insult to injury the President falsely claims that child care is “support”. Instead of avoiding the most poisonous and economically depressing persecution of the number of the beast, the President's proposal should be perceived as widening the exact same persecution from countless $608 million TANF contingency fund years and threatens to worsen 42 months after the dramatic increase in Transitional Medical Services for Refugees from $354 million to $605 million FY 22. In sum the President's mandatory proposal has failed and failed to pay legal child support obligations again and after some discretionary increases of irregular quality, the FY 22 budget is only $68.8 billion and by March 2022 threatens Armageddon, that might manifest as the passage of the President's non-supportive and decadent ACA style hyper-inflationary Biden-Harris Families Plan.

Administration for Children and Families FY 19 – FY 24

(millions)

Budget Authority	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Total Discretionary Budget Authority	26,530	24,586	24,837	30,778	31,695	32,757
Total, Mandatory Budget Authority	35,347	36,191	36,867	37,168	38,536	39,534
Total, Federal Outlays	61,877	60,777	61,704	67,947	70,231	72,291
Total, Proposed Mandatory Authority	0	0	0	15,237	15,694	16,165
Total Budget Request	61,877	60,777	61,704	83,184	85,925	88,456
Early Childhood Programs						
Head Start Section (discretionary) 639 of the Head Start Act	10,083	10,613	10,748	11,932	12,290	12,659
Child Care Block Grant (discretionary) Sec. 658B of the Child Care and Development Block Grant Act of 2014; Sec. 418 Social Security Act	5,288	5,826	5,911	7,377	7,598	7,826
Preschool Development Grants Sec. 9212(k) Every Student Succeeds Act	248	275	275	450	464	477
Subtotal, Early Childhood Programs	15,619	16,714	16,934	19,759	20,352	20,962
Programs for Vulnerable Populations						
Runaway and Homeless Youth (discretionary) Sec. 388 (a)(1)&(4) of the Act	127	132	137	145	149	154
Child Abuse Programs (discretionary) Sec. 209 Child Abuse Prevention and Treatment Act, Sec. 388(a)(4) Runaway and Homeless Youth Act	158	181	186	235	242	249
Child Welfare Programs (discretionary) Sec. 425 Social Security Act	330	329	332	442	455	469

Adoption Incentives (discretionary) Sec. 473A(h) Social Security Act	75	75	75	75	75	75
Chafee Education and Training Vouchers (discretionary) Sec. 477(h)(2) Social Security Act	43	43	43	43	43	43
Chafee Transition to Adulthood (discretionary) Sec. 477(h)(1)	140	143	143	143	143	143
Native Americans Sec. 816 of the Native Americans Act	54	56	57	60	62	64
Family Violence Prevention and Services Programs (discretionary) Sec. 303(a) Family Violence Prevention and Services	174	187	196	489	504	519
Promoting Safe and Stable Families (discretionary) 42USC§629(f)	100	93	83	106	109	113
Subtotal, Programs for Vulnerable Populations	1,200	1,239	1,251	1,739	1,782	1,829
Refugee Programs						
Unaccompanied Children Sec. 462(a) Homeland Security Act of 2002 and Sec. 235 Trafficking Victims Protection Reauthorization Act 2008	4,466	1,303	1,303	3,283 / 3,183	3,382	3,484
Transitional Medical Services Sec. 414(a) Immigration and Nationality Act	354	354	354	605 / 705	623	642
Refugee Support Services Sec. 501 Refugee Education Assistance Act 1980	207	207	207	450	464	477
Survivors of Torture Sec. 5(b) (1) of the Torture Victims Relief Act 1998.	14	16	17	27	28	29
Victims of Trafficking (Foreign and Domestic) Sec. 107(b) & 113(b) Trafficking Victims Protection Act 2000	27	28	29	39	40	41
Subtotal, Refugee Programs	5,068	1,908	1,910	4,404	4,537	4,673
Community Service Programs						
Low Income Home Energy Assistance Programs Sec. 2602 of LIHEA Act	3,653	3,740	3,750	3,850	3,966	4,203
Community Services Block Grant Sec. 674(a) of the Act	743	740	745	754	777	800
Other Community Services Programs	29	30	30	32	33	34
Subtotal, Community Service Programs	4,425	4,510	4,525	4,636	4,776	5,037
Other ACF Programs						
Disaster Human Services Case Management	2	2	2	4	4	4

Federal Administration	209	206	208	227	234	241
Social Services Research and Demonstration	6	7	8	9	10	11
Subtotal, Research and Evaluation	218	215	217	240	248	256
Total Discretionary Budget Authority	26,530	24,586	24,837	30,778	31,695	32,757
Mandatory Budget Authority						
Child Care Entitlement to States	2,917	2,917	3,550	3,550	3,657	3,766
Foster Care and Permanency	8,559	8,667	9,415	9,965	10,264	10,572
Promoting Safe and Stable Families	489	975	475	475	489	504
Child Support Enforcement and Family Support	4,322	4,566	4,439	4,194	4,500	4,500
Children's Research and Technical Assistance	35	35	35	35	35	35
Temporary Assistance for Needy Families	16,737	16,738	16,738	16,738	17,240	17,757
Temporary Assistance for Needy Families Contingency Fund	608	608	608	608	700	700
Social Services Block Grant	1,680	1,685	1,607	1,603	1,651	1,700
Total, Mandatory Budget Authority	35,347	36,191	36,867	37,168	38,536	39,534
Proposed Mandatory Authority						
Child Care for American Families				11,720		
Universal Preschool				3,517		
Total, Proposed Mandatory Authority				15,237		
Counter-proposed Support Order						
Child Support Enforcement and Family Support $4.5 billion Stability				306	0	0
Aid to Families with Dependent Children direct benefits				14,931	15,694	16,165
Total, Support Order				15,237	15,694	16,165

Source: HHS Budget-in-brief FY 20 and FY 22. (discretionary) indicates there is an authorization of appropriations that must be updated (for FY 25 if these proposed authorizations through FY 24 are passed). To amend Sec. 2602(b) of the Low Income Energy Assistance Act of 1981 under 42USC§8621(b) to authorize 3,750,000,000 for fiscal year 2021, 3,850,000,000 for fiscal year 2022, 3,966,000 for fiscal year 2023 and 4,203,000,000 for fiscal year 2024 by amending and repeal Sec. 2602(d)&(e) of the LIEA Act under 42USC§8621(d) & (e). To amend 639 of the Head Start Act under 42USC§9834 to authorize $10,614,000,000 for fiscal year 2020, $10,748,000,000 for fiscal year 2021, $11,932,000,000 for fiscal year 2022, $12,290 for fiscal year 2023 and 12,659 for fiscal year 2024. And to delete 'for each of fiscal years 2008 through 2012' from 657B of the Head Start Act 42USC9852b(f). To amend Sec. 658B of the Child Care and Development Block Grant Act of 2014 under 42 USC§9858 to authorize $2,748,591,018 for fiscal year 2020, 2,830,049,000 for fiscal year 2021, 3,537,500,000 for fiscal year 2022, 3,643,625,000 for fiscal year 2023, and 3,752,933,750 for fiscal year 2024. And to amend Sec. 418 of the Social Security Act under 42USC§618 to authorize $3,077,408,982 for fiscal year 2020, 3,080,951 for fiscal year 2021, 3,839,500,000 for fiscal year 2022, 3,954,375,000 for fiscal year 2023, and 4,073,066,250 for fiscal year 2024. To amend Sec. 388(a)(1) of the Runaway and Homeless Youth Act under 34USC§11280(a)(1)$132,000,000 for fiscal year 2020, $137,000,000 for fiscal year 2021, $145,000,000 for fiscal year 2022, $149,000,000 for fiscal year 2023 and $154,000,000 for fiscal year 2024. To amend Sec. 388(a)(4) of the Runaway and Homeless Youth Act under 34USC§11280(a)(4) to authorize $25,000,000 for fiscal years 2020 through 2024. To amend Sec. 209 Child Abuse Prevention and Treatment Act under 42USC§5116i to authorize $156,000,000 for fiscal year 2020, $161,000,000 for fiscal year 2021, $210,000,000 for fiscal year 2023 and $224,000,000 for fiscal year 2024. To amend Sec. 425 of the Social Security Act under 42USC§625 to provide $329,000,000 for fiscal year 2020, $332,000,000 for fiscal year 2021, $442,000,000 for fiscal year 2022, $455,000,000 for fiscal year 2023 and $469,000,000 for fiscal year 2024. To amend Sec. 473A(h) of the Social Security Act under 42USC673A(h) to authorize $75,000,000 for fiscal years 2019 through 2024. To amend the Chafee Education and Training Voucher Program in Sec. 477(h)(2) of the Social Security Act under 42USC677(h)(2) to authorize $43,000,000. To amend Sec. 303(a)(1) of the Family Violence Prevention and Services Act under 42USC§10403(a)(1) to authorize $174,000,000 for fiscal year 2019, $187,000,000 for fiscal year 2020, $196,000,000 for fiscal year 2021, $489,000,000 for fiscal year 2022, $504,000,000 for fiscal year 2023 and $519,000,000 for fiscal year 2024. And to amend Sec. 303(b) & (c) of the Family Violence Prevention and Services under 42USC10403(b) & (c) to insert 'of the amounts appropriated under paragraph (1)' after appropriated. To amend Promoting Safe and Stable Families under 42USC§629f to authorize $100,000,000 for fiscal year 2019, $93,000,000 for fiscal year 2020, $83,000,000 for fiscal year 2021, $106,000,000 for fiscal year 2022, $109,000,000 for fiscal year 2023 and $113,000,000 for fiscal year 2024. To delete 'for each of fiscal years 1999 through 2003' from Sec. 674(a) of the Community Services Block Grant Act under 42USC§9903(a).

1. The Biden-Harris American Families Plan decadently seeks to invest $225 billion over the next ten years, as the major part of a $250 billion American Jobs Plan, to ensure low and middle-income families pay no more than seven percent of their income on high-quality child care, saving the average family, eg. costing taxpayers, $14,800 per year on child care expenses, if fully implemented by 2031, when $15 an hour would ostensibly still be the minimum wage for Head Start, without a 3% annual raise. These estimates are not supported by any reasonable estimates of inflation nor supply and demand, and like all such ten year total estimates by the President, need to be categorically rejected as being decadent, before they destroy the Congressional Budget Office (CBO) accounting. The $15 an hour minimum wage for Head Start FY 22, plus 3% annual raise is all that can be sustained. Very few people complain about the high cost of child care, because most people rely on family, neighbors and reasonably priced HEAD Start certified child care and pre-school facilities. Demand is for the restoration of AFDC benefits to redress skyrocketing child poverty rates. The Biden-Harris American Families plan threatens to deepen the non-support underlying the increase in under age 65 death rate incurred by the Affordable Care Act since 2010. Specifically the Biden-Harris American Families Plan to pay child care workers $14,800 per child, while the parents get nothing to less than SSI, totally fails to provide maternity leave for six months of exclusive breast feeding, that is needed to reduce maternal and infant mortality, a the most child impoverishing moment of obstetric billing, pursuant to the most recent cognizant World Health Organization (WHO) statement made in the osteoporotic, post-menopause calcium supplement omitting *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019).

2. Exclusive breastfeeding - defined as the practice of only giving an infant breast milk for the first 6

months of life – has the single largest potential impact on child mortality of any preventive intervention. Together with appropriate complementary feeding, breastfeeding has the potential to reduce mortality among children under 5 years of age by 19%. Exclusive breastfeeding reduces the risk of gastrointestinal infection and of all-cause mortality, and protects infants from respiratory infections. Exclusive breastfeeding also has a protective effect against obesity later in life. Key recommendations are to improve maternity protection through the workplace (e.g. 6 months of mandatory paid maternity leave and polices to encourage women to breastfeed in the workplace), to empower women to exclusively breastfeed (WHO '19: 34-44). Malnutrition includes stunting, wasting, underweight, micronutrient deficiencies, overweight and obesity (among both children and adults), and associated chronic conditions such as diabetes, cardiovascular disease and some cancers. Malnutrition, in one form or another, is estimated to affect one in three people globally and is linked to morbidity and mortality. Child stunting is low height-for-age. Child wasting is low weight-for-height. Child overweight means high weight-for-height. Adult obesity is defined carrying excess body fat with a body mass index equal to or higher than 30 kg/m^2.

3. Over the past 25 years, since the passage of Personal Responsibility and Work Opportunity Act propaganda in 1996, cut 10 million AFDC benefits 1996-2000 that have not been redressed, US infant mortality remains high and maternal mortality rates have risen. The United States has the highest birth rate (12.5 per 1,000 population), infant mortality rate (6.1 infant deaths per 1,000 live births and 8 under age 5 deaths per 1,000) and maternal mortality rate (32 deaths per 100,000) of any industrialized nation. Globally, the infant mortality rate has decreased from an estimated rate of 63 deaths per 1000 live births (6300 per 100,000) in 1990 to 32 deaths per 1000 live births (3200 per 100,000) in 2015. Correspondingly, the infant mortality rate of the United States (US) declined from approximately 100 per 1,000 live births to (10,000 infant deaths per 100,000 live births in 1900, to 69 per 1,000 live births (689 per 100,000) in 2000 to 6.7 per 1,000 live births (670 per 100,000) in 2006 to 6.1 per 1,000 live births (610 per 100,000) in 2015. Statistics for 40 states and the District of Columbia, gleaned from death certificates, indicate that whereas the reported maternal mortality rate from 1999 to 2002 was 9.8 per 100,000 live births, it jumped to 20.8 per 100,000 live births for the period 2010 to 2013. The U.S. is the only developed country in the world where maternal deaths actually increased between 1993 and 2013, according to the World Health Organization. From 2000 to 2017, the global maternal mortality ratio declined by 38 per cent – from 342 deaths to 211 deaths per 100,000 live births. Target 3.1 of the Sustainable Development Goals (SDGs) is to reduce the global maternal mortality ratio to to less than 70 per 100, 000 live births by 2030. The Surgeon General has issued a *Call to Action to Improve Maternal Health* and HHS a *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America*, both are undated.

4. The Biden-Harris American Families Plan to ensure low and middle-income families pay no more than seven percent of their income on high-quality child care, threatens to increase infant and maternal mortality, just as the Affordable Care Act (ACA) to ensure no-one pays more than 8.5% of their income for health insurance, has incurred an increase in under age 65 death rate, that is unprecedented since 1900, while the over age-65 death rate continues its steady decline. This hyper-inflationary style of socialization does not work because there are two levels of greedy and unscrupulous beneficiaries, who are not exactly the population targeted for benefits. In the case of the ACA providers of increasingly non-curative medicines and unnecessary surgeries for anyone so [sic] they believe they should pay for health insurance to finance increasingly terrorist health professionals, who are equally [sic] in the sense that they are brainwashed by incompetent public health authorities to not prescribe

curative medicine and may poison to increase demand of the patient population for their ostensible services, if the placebo effect is not bad enough. The reason the child care agenda fails is that since 1996 the worker propaganda to deprive low-income families of AFDC benefits under 18USC§246 is a life-threatening deprivation of rights under color of law under §242 for which low-income families are entitled to civil action for deprivation of rights under 42USC§1983 to restore Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 to the condition it was in 1995 before it was degraded by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and subsequent worker propaganda.

5. Telling people, or excessively providing child care, to encourage people to "get a job" is not a real job, does not necessarily get people a job, definitely does not get them a good job, tending to exacerbate conditions of slave labor, and in this case threatens to deprive new mothers of the wherewithal to do their job exclusively breastfeeding for at least the first six months and fails to guarantee either 3% inflation for either the abysmally $7.25 federal minimum wage since 2009 or proposed $15 an hour Head Start minimum wage. The combination of two factors, deprivation of AFDC benefits and a minimum wage that does not increase annually at the relatively high rate of 3%, for a normally 2.5% inflating labor budget, to defeat 2%-3% inflation since 1980, are the major reasons for a dramatic increase in child poverty since 1996. Full time minimum wage work does not afford a family a poverty line income and there are no welfare benefits, to make up the difference. A third factor in the number of poor children has to do with economic depressions. During the Great Recession 2009-2011 more than 22% of children were living in poverty, but when the economy recovered the child poverty rate went down as low as 15% in 2020, the same as it was in 1996 for all age groups. The unjust Biden-Harris American Families Plan threatens to cost the United States a lot of money, for a defective government product, reliant upon private individuals and corporations, while failing to place devaluation of the US dollar to pay for prior COVID-19 relief bills, or current deficit in excess of 3% of GDP, on the agenda. The Federal Reserve "bought" rather than sold $3.3 trillion in COVID-19 relief bills, is counterfeiting deficits in excess of 3% to protect the stock exchange and economy from excessive withdrawal, but counterfeiting is a crime they do not confess to know to devaluate for and the Treasury may at any time be compelled to sell their deficits in excess of 3% of GDP and incur economically depression from excessively withdrawing from the stock exchange, as they perpetuated the Great Recession and Great Britain incurred an 11% COVID-19 depression in 2020.

6. The 2020 State of America's Children report indicates that although unaffordable COVID-19 relief has greatly helped to bolster the consumer economy and prevent severe poverty and child poverty, children remain the poorest age group in America. Nearly 1 in 6 lived in poverty in 2018. The child poverty rate (16 percent) is nearly one-and-a-half times higher than that for adults ages 18-64 (11 percent) and two times higher than that for adults 65 and older (10 percent). Children are considered poor if they live in a family with an annual income below the Federal Poverty Line of $25,701 for a family of four, which amounts to less than $2,142 a month, $494 a week or $70 a day. Child poverty is related to both age and race/ethnicity. The youngest children are the poorest and nearly 73 percent of poor children in America are children of color. More than 1 in 6 children under 6 were poor and almost half of them lived in extreme poverty. Nearly 1 in 3 Black (30.1 percent) and American Indian/Alaska Native children (29.1 percent) and nearly 1 in 4 Hispanic children (23.7 percent) were poor compared with 1 in 11 white children (8.9 percent). Deep poverty among children remains a

significant problem. Some 2 million children live in families with income and benefits (net of taxes paid) below half the poverty line, or below just $14,000 a year for a typical family of four. The deep poverty rate among children rose in the decade after the 1996 law that created the Temporary Assistance for Needy Families (TANF) program, from 3.1 percent in 1995 to 3.5 percent in 2005 and 2.7 percent in 2016.

7. The Biden-Harris American Families Plan is incompetently defensive of both the acute intoxication from online pharmaceutical product "adulteration" allegations that provoked this "child support fraud" proposal in the HHS FY 22 Budget-in-brief, and the chronic failure to pay legal "child support" obligations since AFDC benefits were cut in 1996. There is nothing wrong with Head Start supervised child-care, except that the Head Start $15 minimum wage proposal, for $600 a 40 hour week, is broken, without immediate effect and 3% inflation in the future. The child care subsidy is an inappropriate and unjustified infringement under Art. 18 of the Convention on the Rights of the Child (CRC)(1990) mocking the failure of HHS to pay legal child support obligations under 18USC§228. The TANF child benefit cuts and stagnant minimum wage are wrongs that must be redressed in the best interest of the child to an adequate standard of living pursuant to Arts. 26 and 27(1)(4) of the CRC. Aside from a stable $4.5 billion Child Support Enforcement and Family Support administration and other minor budget fixes, the support order is that all, every penny, of the >$15 billion of the mandatory budget request for the American Families Plan should go to increasing the amount and number of individual child benefits payable to the restoration of Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 legislation to the condition it was in 1995 and 3% inflation pursuant to Art. 26 of the CRC.

8. ACF must sue the Labor Secretary regarding the federal minimum wage and might as well get 6 months of maternity protection the sabbatical gender equality requires, on the agenda. It takes 68.1 hours at the federal minimum wage of $7.25 to earn the $494 a week it takes to keep a family of four above the poverty line and without an annual inflation adjusted increase in minimum wage this gap increases annually at the 2%-3% rate of consumer price inflation. To close this minimum wage gap, without excessively impoverishing employers, incurring layoffs, or needing to bother impoverishingly "rich" politicians, who haven't authorized themselves a pay raise since 2009, it necessary that Congress legislate an annual 3% increase in federal minimum wage. 2.5% for themselves. Because most states have higher minimum wages, and the consumer economy is flush with COVID-19 relief, compensation for 12 years of delinquency is fair and due. A 36% increase in federal minimum wage would be $9.86 an hour 2021, 3% more than that rounds to $10.08 in 2022. To make up for the six month delay and start the automatic annual federal minimum wage increase with a nice round number, it is therefore ordered to amend the federal minimum wage statute to $10 in 2021 and 3 percent more every year thereafter while inflation continues to run between 2% and 3% as it has since 1980 under 29USC§206(a)(1)(D). Parent(s) earning the federal minimum wage would then only need to work 49.4 hours a week to sustain a poverty line income for a family of four in 2021 and due to the +/- 0.5% advantage over consumer prices inflation written into this law, would only need to work an estimated 49.2 hours a week to earn a poverty line income in 2022 and +/- 0.995 less every year thereafter.

9. ACF must do the math to distribute $15 billion FY 22 plus 3% annual inflation to most effectively relieve child poverty in the United States. The number of benefits must cover an estimated 2.4 million children growing up in deep poverty and should be enough to cover the families of all 12 million

children living at or below 100% of the poverty line. With only slightly more than $19 billion, due to the deceptive practice of only about 25% of $16 billion in TANF spending, $4 billion FY 21 actually going to real child welfare benefits, ACF could only afford about $700 a month for all 2.4 million children who would otherwise live in deep poverty, less than 50% of the poverty line. The disability insurance program pays about $170 billion to 9 million beneficiaries annually. To guarantee all 10 million or so poor families with children a poverty line income of about $20,000 annually, would cost no more than an estimated $200 billion. Taxing state employees and the rich the full 12.4% OASDI (and AFDC) tax would levy more than $250 billion annually. There is no excuse for delaying the repeal of Sec. 230 of the Social Security Act under 42USC§430.

10. The Department of Labor shall estimate the cost to contributors to provide for six months, 24 weeks, paid maternity leave, or six month sabbatical every ten years, under state and federal unemployment compensation programs. Six months paid maternity leave or sabbatical every ten years overrule both the current Labor Department proposal for paid leave for both mothers and fathers, including adoptive parents, and 14 weeks of maternity leave in the Maternity Protection under International Labor Organization (ILO) Convention No. 183 (2000) pursuant to six months of exclusive breastfeeding required for infant nutrition and development by the World Health Organization (WHO) *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019). Men and adoptive parents are not expected to want more than a three week holiday to have the income to enjoy their new baby. Male and non-child bearing contributors are entitled to equal six month benefits with new mothers, wherefore legitimate demand for a six month sabbatical every ten years of unemployment contribution is supported to prevent reverse gender discrimination. Unpaid maternity leave and the extraordinarily high cost of hospital delivery, as well time spent on child-care, are the primary reason that female income lags behind male, and that child poverty rates are so high in the United States. The United States lags dramatically behind all high-income countries, as well as many middle- and low-income countries when it comes to public policies designed to guarantee adequate working conditions for families. One hundred sixty-three countries around the world guarantee paid leave to women after childbirth; the United States does not. Forty-five countries ensure that fathers either receives paid paternity leave or paid parental leave; the United States does not. Seventy-six countries protect workingwomen's right to breastfeed at work; the United States offers no such protection. Ninety-six countries offer paid annual leave; the United States does not require employers to provide any paid annual leave. One hundred thirty-nine countries provide paid leave for short or long-term illnesses; the United States has no national policy regarding sick leave. The only other industrialized country, which does not have paid maternity or parental leave for women, Australia, guarantees a full year of unpaid leave to all women in the country. In contrast, the Family and Medical Leave Act of February 5, 1993 (PL-303-3) in the U.S. provides only 12 weeks of unpaid leave to approximately half of mothers in the U.S. and nothing for the remainder. 45 countries ensure that fathers either receive paid paternity leave or have a right to paid parental leave. To legislate this fundamental labor program, the Secretary of Labor shall produce estimates regarding the cost to contributors and propose to repeal experimental 'Demonstration Projects' and replace it with 'Labor Insurance' at Section 305 of the Social Security Act under 42USC§505.

(a) To expedite the reemployment of mothers who have established a benefit year to claim unemployment compensation under State law the Secretary of Labor shall pay unemployment compensation for 24 weeks of Maternity Protection under International Labor Organization (ILO) Convention No. 183 (2000) as amended to provide 6 months of exclusive breastfeeding by page 39 of the World Health Organization (WHO) *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (2019). To provide equal benefits for equal contributions, while the unemployment compensation program makes a good faith effort to provide labor insurance, male and non-child producing female contributors shall be entitled to a six month sabbatical every ten years.

(b) On production of a medical certificate, stating the presumed date of childbirth, a woman shall be entitled to a period of maternity leave of not less than 24 weeks. Cash benefits shall be provided at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.

(1) Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for eligibility for such assistance, from Temporary Assistance for Needy Families (TANF) under Sec. 404 of Title IV-A of the Social Security Act under 42USC§604 *et seq*. and Supplemental Security Income (SSI) Program for the Aged, Blind and Disabled under Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*.

(2) Medical benefits shall be provided for the woman and her child. Medical benefits shall include prenatal, childbirth and postnatal care, as well as hospitalization care when necessary.

(c) Employers shall provide at least 3 weeks of paid leave annually to uphold the Holiday with Pay ILO Convention No. 132 (1970) and Workers with Family Responsibilities Convention No. 156 (1981). Employers shall provide up to 12 week of unpaid leave to care for the severe sickness of a child under the Family and Medical Leave Act of February 5, 1993 (PL-303-3).

C. ACF programs aim to achieve the following: 1. Families and individuals empowered to increase their own economic independence and productivity; 2. Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; 3. Partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; 4. Services planned, reformed, and integrated to improve needed access; 5. Strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

1. The Head Start program was established as part of the Economic Opportunity Act of 1964 (P.L. 88-452), and was reauthorized through FY 2012 under the Improving Head Start for School Readiness Act of 2007 (P.L. 110-134). The program provides grants directly to local public and private non-profit and for-profit agencies to provide comprehensive early learning and development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the education and skills required to be successful in school. The Early Head Start program was established as part of the Head Start Amendments Act of 1994 (P.L. 103-252) to serve pregnant women and children from birth to three years of age, in recognition of the mounting evidence that the earliest years are critical to children's growth and development. In FY 2019, the Head Start and Early Head Start programs were funded at approximately $10 billion and served 873,019 children and pregnant women in centers, family homes, and in family child care homes in urban, suburban, and rural communities

throughout the country. The FY 22 budget requests $11.9 billion—an increase of $1.2 billion over FY 2021 enacted—to promote the school readiness of children ages birth to five, which includes doubling the investment in Early Head Start- Child Care Partnerships and funding a cost-of-living adjustment ($234 million). With this investment, Head Start will serve an estimated 906,215 children, a 5.3% increase of 48,600, through nearly 1,600 local agencies in states, and tribes across the United States. American Indian and Alaska Native Head Start serves nearly 41,000 children in tribal and non-tribal settings. American Indian and Alaska Native Head Start serves nearly 41,000 children in tribal and non-tribal settings. This is more than all the growth in child-care the federal government can safely manage under the experienced guidance of the lawful Head Start program.

2. The budget provides $7.3 billion in discretionary funds for the Child Care and Development Block Grant. In FY 2018— the most recent year for which data is available—over 1.3 million children from about 813,000 low-income families, about 88% of families, received a monthly child care subsidy. The market for child care and preschool is obviously already saturated, of high quality regulated by Head Start, voluntary and affordable, and does not require, and would be corrupted, by a massive campaign of federal non-support for the child support and child welfare benefits the federal government is actually sued for everyday. The FY 2022 budget will serve an estimated 2.4 million children. The budget provides $450 million for the Preschool Development Grants Birth through Five, an increase of $175 million over FY 2021 enacted. Without demand for anything but "support", including a $15 an hour minimum wage FY 22, plus 3% inflation thereafter, it is terrorist for the President to massively infringe on the child care sector by falsely claiming that child-care is "support" and massively expanding federal finance therefore, when there is a long federal history of stealing child welfare to pay for low-income workers, such as child-care, and the President's child care proposal must be treated as a terrorist response to sabotage the $15 an hour minimum wage.

D. ACF strives to address the needs of vulnerable children and families so they can live healthy, productive, violence-free lives. There are 4.2 million youth and young adults ages 13 to 25 who experienced a form of homelessness over a 12-month period. The budget includes $145 million for 685 programs across the country to provide comprehensive services to an estimated 52,011 homeless youth. The budget requests $906 million for Child Welfare and Child Abuse Prevention programs in ACF, an increase of $188 million over FY 2021 enacted. The budget requests $671 million for child welfare and adoption activities. Within this total, ACF is investing $100 million in new Child Welfare competitive grants for states and localities to advance reforms to reduce the overrepresentation of children and families of color in the child welfare system and reorient systems towards prevention. While it is true, there were over 400,000 children in the foster care system in FY 2019, and it is a shame that racial minorities are disproportionately included in this lot, it is cruel and unusual to yet again target "welfare" for racial discrimination, and imperative that child protective services not construe their child-abducting selves as being the welfare system, sans welfare benefits. It is necessary that ACF leadership and programs be fully investigated pursuant to equal employment opportunities without discrimination on the basis of race, color, religion, sex, national origin, handicap, or age in Title VII of the Civil Rights Act of 1964 under 42USC§2000e-16(e) and E.O.11478. The assumption is that head start is integrated but child protective services, foster care, TANF (case-in-point) and ACF leadership are some of the most white slaving, psychiatric, racists, working for the judiciary. The Administration for Native Americans (ANA) promotes self-sufficiency for Native Americans by providing discretionary grant funding for community- based projects, and training and technical assistance to eligible tribes and native organizations. The budget includes $60 million, an increase of

$3 million above FY 2021 enacted. ACF supports organizations and communities that work to end domestic violence. The budget provides $489 million for Family Violence Prevention and Service Act Programs (FVPSA), which provide emergency shelters and supportive services to survivors of domestic violence. The funding represents a 150% increase of $294 million over FY 2021 enacted. It is very important that this massive increase in funding be used to normalize racial representation, civil rights, family stability and disdain for psychiatric drug abuse as being a more severe form of child abuse than other parentally negligent, self-inflicted substance abuse disorders, to begin to redress the extremely poisonous and mentally defective, psychiatric terrorist infiltration of civil society and child protective services.

1. To eliminate this evil, racist, infringement, of what most states call "children's services" on child welfare is seems very important that ACF change the name of child welfare to Children's Services in their budget. Children's services are involved in: Protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; Preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; Restoring to their families children who have been removed, by the provision of services to the child and the families; Placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.

2. The state provides assistant to foster care and adoption assistance programs taking into consideration the special needs of the children. These programs shall ensure that orphanages or foster homes, uphold standards related to admission policies, safety, sanitation, and protection of civil rights. Record checks reveal whether a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, if a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such final approval shall not be granted under Sec. 472 of Title IV-E of the Social Security Act under 42USC§672. A care plan shall assure that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

3. State child welfare agencies and courts consult with the individual parent and child to develop an individual responsibility plan for the individual, that: a. Sets forth an employment goal for the individual and a plan for moving the individual immediately into private sector employment; b. Sets forth the obligations of the individual, which may include a requirement that the individual attend school, maintain certain grades and attendance, keep school age children of the individual in school, immunize children, attend parenting and money management classes, or do other things that will help the individual become and remain employed in the private sector; c. To the greatest extent possible is designed to move the individual into whatever private sector employment the individual is capable of handling as quickly as possible, and to increase the responsibility and amount of work the individual is

to handle over time; d. Describes the services the State will provide the individual so that the individual will be able to obtain and keep employment in the private sector, and describe the job counseling and other services that will be provided by the State; and e. May require the individual to undergo appropriate substance abuse treatment.

4. Authorized under title IV-E of the Social Security Act, the Foster Care, Adoption Assistance, Guardianship Assistance, Prevention Services, and John H. Chafee Program for Successful Transition to Adulthood programs provide safety and permanency for children separated from their families; support services to prevent child maltreatment and the need for foster care; and supports to prepare older youth in foster care for adulthood. ACF's child welfare vision focuses on equity, prevention of child maltreatment, program improvement, and outcomes for youth who experienced foster care. Research has shown that Black and American Indian/Alaska Native children are disproportionately involved at all stages in the child welfare system relative to their presence in the population, while White and Asian/Pacific Islander children are underrepresented. Although the total number of children in foster care is still very high, preliminary data show that the number decreased in FY 2019, for the second consecutive year,to 432,997, a decrease of over 2.5 percent from FY 2018. The number of children entering foster care in FY 2019 decreased to 251,359, a 4.4 percent decrease from FY 2018. The number of children adopted with U.S. public child welfare agency involvement increased for the fourth year in a row, to 66,035—a 4.8 percent increase from FY 2018 and the largest number of such adoptions reported since data collection began. Increasing permanency for children through adoption, kinship placement, or reunification is a high priority for ACF, especially for the more than 122,000 children waiting for adoption and the over 20,000 youth who exit foster care each year without adoption or permanent guardianship.

5. The foster care system is undermined by rampant psychiatric drug abuse. Psychiatric drug abuse in foster care must stop and the federal government must stop making federal incentive payments because psychiatric drugs are cruel and unusual and should not be foisted on anyone, least of all juveniles. Psychiatric drugs need to be treated with as more disdain than opiates because they are actually used to abuse children and are accompanied with organized, terrorist, psychiatric criminals, adept at defrauding and corrupting the government. Foster care, adoption and legal guardianship incentive payments are highly questionable because of the profit motivated psychiatric drug slavery trade the most important thing is that adoptive parents have the money to afford their children, however the money is prioritized to help the child stay with relatives. Historical data show that between FY 2004 – 2014, of those children who exited care in less than 24 months, over 90% exited to permanent homes. In FY 2016, this number was 92%. The Family First Act provides partial federal reimbursement to states for prevention services for children who are at risk of entering foster care, pregnant or parenting foster youth, and their parents or kin caregivers. Federal funding is not limited by whether the child meets title IV-E income eligibility standards. The funds can support mental health and substance abuse services, including opioid misuse, and in-home parent skill-based programs. The Family First Act restricted federal funding for congregate foster care—often called group homes—in favor of family foster homes. Sixteen states have implemented the congregate care restrictions in the Family First Act, and all states are required to have fully implemented it by the end of FY 2021. The Promoting Safe and Stable Families program provides formula grants to states for services to families to improve child safety at home. The Promoting Safe and Stable Families account also includes the Personal Responsibility Education Program and Sexual Risk Avoidance Education, which were reauthorized through FY 2023 at $75 million per program per year in P.L. 116-260.

6. Federal payments for foster care and adoption assistance, target technical assistance for the courts, and completely ignore the *bona fide* child care institution called an orphanage recognized in Sec. 470 of the Social Security Act under 42USC§670 *et seq*. An orphan is a child whose parents are dead or have abandoned them permanently. Adults can also be referred to as orphan, or adult orphans. However, those who reached adulthood before their parents died are normally not called orphans; the term is generally reserved for children whose parents have died while they are too young to support themselves. An orphan is a child whose parents are dead or have abandoned them permanently. Orphans grow up in an orphanage or are adopted. There are an estimated 100,000 orphans growing up in orphanages in the United States. 7.6% of children are orphans worldwide, in Africa that number is estimated at 11% , in Asia 6.5% and Latin America and the Caribbean 7.4%, however the United Nations counts for children who have lost only one parent. The estimated 100,000 orphans in the United States comprise only about 0.2% of children in the United States. SSA needs to make orphan a qualifying disability. Adults can also be referred to as orphan, or adult orphans. However, those who reached adulthood before their parents died are normally not called orphans; the term is generally reserved for children whose parents have died while they are too young to support themselves. Do not take advantage of a widow or an orphan (Old Testament, Exodus 22:22). Leave your orphans; I will protect their lives. Your widows too can trust in me (Old Testament, Jeremiah 49:11). Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world (New Testament, James 1:27). And they feed, for the love of God, the indigent, the orphan, and the captive (The Human: 8). Therefore, treat not the orphan with harshness (The Quran, The Morning Hours: 9). Be good to orphans and the very poor. And speak good words to people (The Quran, The Heifer: 83). Give orphans their property, and do not substitute bad things for good. Do not assimilate their property into your own. Doing that is a serious crime (The Quran, The Women: 2).

E. The Child Support Program is a federal/state/ tribal/local partnership that operates under Title IV-D of the Social Security Act, eg. Sec. 466 codified at 42USC§666 *et seq*. The program functions in 54 states and territories, and 62 tribes. The national Child Support Program assures that assistance in obtaining support is available to children through locating parents, establishing paternity, establishing and modifying support obligations, and monitoring and enforcing these obligations. Established in 1975, the Child Support Program has evolved over the decades. The program has shifted its primary mission from welfare cost recovery to family support after legislation in 1996 and 2006. In FY 2016, the child support enforcement program distributed $28.8 billion in collections. Of that amount, 95 percent was sent directly to families. Child support collections increased at an average annual rate around 5% from $19 billion 2001, however growth has slowed to about 1% annually since 2008. Administrative costs were $5.7 billion for federal and state administration only more than $4.8 billion in 2001, 1.25% average annual growth. FY 2016 the Child Support program produced more than $5 for every $1 states and the federal government spent on the program, with a margin of error about 10%.

1. it is alarming that Child Support Enforcement and Family Support mandatory funding is projected to steadily go down from $4.6 billion FY 20, to $4.4 billion FY 21 to $4.2 billion FY 22. Child support cases are believed to be declining with the divorce rate, abolition of unwise and expensive “enforcement” practices, and amicable private settlement. Provided that child support enforcement continues to generate $5.03 per $1 spent on administration it is not unreasonable that spending on support goes down. However, the Administration has failed to statistically prove that this is the case

and failure to pay legal child support obligations is a serious crime against children, many men go to prison for under 18USC§228. There is serious concern that child support enforcement has become the new target of corrupt cuts. The President's abuse of the term "support" to describe child-care, serves to reinforce this opinion that child support enforcement has been corrupted, probably because so many delinquent fathers use avoidance of child-support payments to justify not working, when tortured. Because child non-support is such a huge personal and federal crime it is necessary that funding for the administration of Child Support Enforcement and Family Support be sustained. Whereas child support enforcement charges a $35 monthly fee per case, and there is reason to believe that caseload is declining because the statutory predication for the agency is numerically corrupt under 42USC§666 *et seq*. has been judicially abused to unjustifiably incarcerate poor fathers in violation of 18USC§228(b) thereby rendering them unable to pay and extort money only when it is obvious it will not be used to support children and this has been witnessed to result in the death of the child, the fad is that private settlement is reached by most rational divorcees and non-custodial parents. Nonetheless, because a surplus of funding for Child Support Enforcement and Family Support Administration could be easily used to make the much demanded government child social security benefit payments it is imperative that funding be sustained at zero growth levels, unless there is an uptick in child support enforcement payments and the program must be statistically monitored. Therefore, a part of the mandatory funding counterproposal is to provide for a $4.5 billion level of funding with $306 million proposed mandatory funding FY 22.

Federal Child Support Cases 2011-2015

	2011	2012	2013	2014	2015
Child Cases (thousands)	17,341	17,157	16,900	16,338	15,899
Total Distributed Collections (million)	27,300	27,720	28,010	28,200	28,560
Total Distributed to Families (millions)	25,620	26,110	26,540	26,810	27,210
Administrative Expenditures (millions)	5,660	5,660	5,590	5,690	5,750

Source: Turetsky, Vicki. Office of Child Support. Annual Report to Congress. Office of Child Support Enforcement. FY 2015. January 12, 2017

1. 29% of custodial families have incomes below the poverty line. Child support represents 41% of family income for poor custodial families. Custodial parents are 82% women, 78% 30 or older, and 55% have just one eligible child, 68% are white, 25% black and 23% Hispanic. Paternity and support order establishment, current collection, and arrears collection rates have never been stronger, while cost-effectiveness remains high at $5.26 collected for every dollar spent on the program. According to

a 2014 U.S. Bureau of Census survey, child support represents 41% of family income for poor families with income below the poverty level who receive child support. From FY 2014 to FY 2015, the IV-D caseload paternity establishment percentage remained at 100%, while the statewide rate was 95% compared to 96% in 2014. Cases with Orders: 86%. Current Collections: 65%. Arrearage Cases: 64%. Cost Effectiveness: $5.26. Total Expenditures: $5.7 billion ($3.5 billion in federal funds and $2.3 billion in state funds).
In 1996, Congress established the National Directory of New Hires (NDNH) as a new component of the Federal Parent Locator Service (FPLS), to help state child support agencies locate parents and enforce child support orders. Child support cases are matched daily against the NDNH to identify employers of parents owing child support so states can issue an income withholding order. OCSE operates two other major databases supporting child support agencies' business processes: the Federal Case Registry (FCR) of Child Support Orders, containing case and participant information from 54 states and territories, and the Child Support Debtor File, which contains data certified by states regarding the amount of past-due child support owed by noncustodial parents.

2. In the spring of 2004, an estimated 14.0 million parents had custody of 21.6 million children under 21 years of age while the other parent lived somewhere else. Five of every six custodial parents were mothers (83.1%) and 1 in 6 were fathers (16.9%). 28% of children live in single parent households as the result of the dramatic increase in divorce rates to 50% of all marriages. In 1999 there were 2.2 million marriages and 1.1 million divorces. Only 10% of children living with both parents were below the poverty line whereas 40% living with only one parent were below the poverty line. Children living only with their mothers were twice as likely to live in poverty as those living only with their fathers. In 2001, 6.9 million custodial parents who were due child support under the terms of agreements or current awards were due an average of $5,000; an aggregate of $34.9 billion in payments due. Of this amount, about $21.9 billion (62.6%) was received, averaging $3,200 per custodial-parent family. Overall, custodial parents reported receiving $22.8 billion directly from the non-custodial parent for support of their children in 2001, which included $900 million received by parents without current awards or agreements. In 2001, the average annual amount of child support received (for custodial parents receiving at least some support) was $4,300, and did not differ between mothers and fathers (as support recipients). The 2001 proportion of custodial parents receiving every child support payment they were due was 44.8%. Among these parents, the average amount received was $5,800, and did not differ significantly between mothers and fathers. The average family income for the 3.1 million custodial parents who received all the child support they were due in 2001 was $32,300, and their poverty rate was 14.6%.

3. The procedures involved in child support enforcement are best laid out in Sec. 466 of Title IV-D of the Social Security Act under 42USC§666 *et seq*. to include the establishment of paternity and of support enforcement orders and of their modification, withholdings from tax refunds, and withholdings from income checks administrated by financial institution by means of an “account" means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account, or money-market mutual fund account. In making the determination as to the amount collected the income of the non-custodial parent is taken into consideration. It is very important not to force people living below the poverty to pay more than the small sum they can afford, if anything. The state must pay welfare benefits in these cases. In no case should a person be incarcerated for failing to pay child support if they live at or below the poverty line. Furthermore, the collection of back child support after the child has grown have proven deadly to the grown child and spousal support after a few months, without any children, legalized robbery. Child support manages to collect more than half of the

revenues that are due.

4. Child service workers must support and facilitate non-custodial parents' access to and visitation of their children, by means of activities including mediation (both voluntary and mandatory), counseling, education, development of parenting plans, visitation enforcement (including monitoring, supervision and neutral drop-off and pickup), and development of guidelines for visitation and alternative custody arrangements under Sec. 469B of the Social Security Act under 42USC§669b. The federal parent locator determines without charge the whereabouts of any parent or child when such information is to be used to locate such parent or child for the purpose of - (a) enforcing any State or Federal law with respect to the unlawful taking or restraint of a child; or (b) making or enforcing a child custody or visitation determination consistent with Sec. 453 of the Social Security Act under 42USC§653. The enforcement of child support extends to foreign countries under Sec. 459A of the Social Security Act under 42USC§659a. The Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance (Hague Convention) promotes the enforcement of child support obligations in cases where the custodial parent and child are in one country and the noncustodial parent is in another. In 2014, the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113-183, authorized U.S. ratification of the Hague Convention and required states and territories participating in the federal child support program to enact the Uniform Interstate Family Support Act (UIFSA 2008). The existence of a support obligation that was in effect for the time period charged in the indictment or information creates a rebuttable presumption that the obligor has the ability to pay the support obligation for that time period under 18USC§228(b).

F. The Low Income Home Energy Assistance Program (LIHEAP) appropriation provides home heating and cooling assistance to low-income households. LIHEAP includes funding for the regular block grant, Energy Emergency Contingency Fund, Leveraging Incentive program, and Residential Energy Assistance Challenge (REACH). The Low Income Home Energy Assistance Act of 1981 (P.L. 97-35) originally authorized LIHEAP through August 1,1999, as amended by the Human Services Reauthorization Act of 1984 (P.L. 98-558). The Augustus F. Hawkins Human Services Reauthorization Act of 1990 (P.L. 101-501) established a Leveraging Incentive program to reward grantees under LIHEAP that have acquired non-federal home energy resources for households with low income. LIHEAP was reauthorized through FY 2007 in the Energy Policy Act of 2005 (P.L. 109-58). Preliminary data for FY 2020 shows an estimated 5.3 million households received heating assistance. For the typical household this assistance offset 63 percent of their annual heating costs. States may use up to 15 percent of their funding for weatherization assistance. The budget requests $3.8 billion, an increase of $100 million over FY 2021 enacted. The Consolidated Appropriations Act, 2021 provided $638 million in emergency spending to assist low- income households with their drinking water and wastewater bills. An additional $500 million was provided by the American Rescue Plan. The budget includes $786 million for the Office of Community Services, which is an increase of $11 million over FY 2021 enacted. This total includes $754 million for the Community Services Block Grant (CSBG), $22 million for the Rural Community Development Program, and $11 million for Community Economic Development. CSBG supports services to ameliorate the causes and conditions of poverty by assisting individuals, families, and communities with services. Over one thousand eligible entities receive CSBG funds annually. In FY 2019, preliminary data indicates approximately 17 million individuals were served.

G. Social Services Research and Demonstration funding allows ACF to study programs that lack dedicated research and evaluation funds and to research areas that affect multiple programs. Topics of recent projects include employment and family self-sufficiency; child poverty; studies of behavioral science interventions; examination of disparities in access to, and use of, ACF programs; and approaches to improving program efficiency and effectiveness, including efforts to improve the use of administrative data. Within Promoting Safe and Stable Families, an increase of $6 million is included to meet the requirements of the Family First Prevention Services Act. The budget invests an additional $2 million above FY 2021 enacted to establish a standard for national disaster human service case management in partnership with FEMA, the American Red Cross, and others; and establishing connections with the Administration for Community Living to ensure support services for older and disabled Americans, connecting the continuum of care for disaster survivors with life-sustaining wrap-around services. Funding for Federal Administration has remained essentially flat for the last four years as ACF's discretionary appropriations have increased by 30 percent. To address this, and to manage the new Child Welfare competitive grant, the budget requests $227 million, an increase of $20 million above FY 2021 enacted.

H. The ACF provides for several refugee programs to compliment Homeland Security and State Department programs. ACF is primarily, but irregularly, occupied, with providing shelter, care, and support for unaccompanied migrant children apprehended by the Department of Homeland Security (DHS) or other law enforcement authorities. The budget requests $3.3 billion for the unaccompanied children program, an increase of $2.0 billion above the FY 2021 appropriation, but less than the $4.3 billion FY 19 appropriation. ACF is committed to ensuring unaccompanied migrant children are unified with relatives and sponsors as safely, humanely, and quickly as possible. the budget includes a proposal to establish a Separated Families Services Fund to provide mental health and other supportive services for children, parents, and legal guardians who were separated at the United States – Mexico border under the previous Administration, and requests $30 million for this effort. To ensure competent medical care

1. ACF will rebuild the Nation's refugee resettlement infrastructure to support resettling up to 125,000 refugees in FY 2022, which would be the highest number of refugees admitted to the United States in 30 years. To achieve this, the budget requests $1.1 billion for refugee assistance, an increase of $494 million above FY 2021 enacted. These new funds are disproportionately allocated to excessively and corruptly finance Transitional Medical Services. The FY 2022 estimate of eligible new arrivals is 214,000, including 125,000 refugees and 89,000 other new arrivals eligible for refugee benefits. The budget includes $605 million for transitional and medical services, which is sufficient to maintain benefits for the estimated number of new arrivals and $450 million for refugee support services. The budget includes $39 million to screen and identify trafficking victims and provide services, including case management, emergency assistance, and medical services to an estimated 3,500 trafficking victims. ACF's National Human Trafficking Hotline provides 24- hour emergency counseling, referrals to services from a database of over 2,900 vetted social service programs, and tips to law enforcement on potential trafficking schemes. The budget also includes $27 million for survivors of torture. While it is important that Transitional Medical Service be fully financed to respond to the COVID-19 pandemic, $605 million is as problematic a number as coronavirus testing and vaccines are prone to terrorism.

2. To alleviate both the COVID-19 pandemic at the border, and the looming number of the beast crisis in a bioterrorism prone health agency, it is proposed to increase total refugee spending to $1.2 billion

by transferring $100 million from the extremely large unaccompanied minor funding to increase Transitional Medical Services discretionary spending by another $100 million to $705 million and ensure that they are fully 'debriefed': that Hydrocortisone, eucalyptus, lavender or peppermint help water cure coronavirus allergic rhinitis and eucalyptus, or lavender also cure the wet cough of influenza. Mentholyptus cough drops are the front line treatment for both influenza and coronavirus, with a little nose washing. To end the pandemic the most effective strategy is probably to place eucalyptus, lavender or peppermint soap in showers, baths and public restrooms, with instruction to "wash your nose/lava su nariz". Intensive care units and public airspaces may be sterilized with eucalyptus scented humidifiers (diffusers) not used since the 1950s. It is important that this life-lesson on curing coronavirus and influenza is fully instituted at the border to break with the felony monopolization of UN vaccine propaganda underlying the global pandemic, but is equally applicable to all snot nose children and their families as they return to school and work, whereas the possibly life-saving and severe illness preventing vaccine is only about 30% effective at reducing the contagious state of allergic rhinitis, only slightly better than the sometimes 5% effective seasonal influenza vaccine.

C. Aid to Families with Dependent Children

A. The modern form of assistance for needy families with children has its origins in the early-1900s "mothers' pension programs," established by state and local governments. These programs provided economic aid to needy families headed by a mother so that children could be cared for in homes rather than in institutions. Federal involvement in funding these programs dates back to the Great Depression, and the creation of the Aid to Dependent Children (ADC) program as part of the Social Security Act of 1935. ADC provided grants to states to help them aid families with "dependent children," who were deprived of the economic support of one parent because of his death, absence, or incapacitation. The Social Security Act was amended to provide social insurance protection for families headed by widows (survivors' benefits, added in 1939) and those with disabled members (disability benefits, added in 1956). This left families headed by a single mother with the father alive, but absent, as the primary group aided by ADC, later renamed Aid to Families with Dependent Children (AFDC). The cash assistance caseload also became increasingly nonwhite. States were first given the option to aid two-parent families beginning in 1961, but were not required to extend such aid until the enactment of the Family Support Act in 1988.

1. Even with the extension of aid to two-parent families, this group never became a large part of the caseload, and most adult TANF cash assistance recipients continue to be single mothers. Beginning in 1967, federal policy changes were made to encourage, and then require, work among AFDC mothers. In 1974, children surpassed the elderly as the age group with the highest poverty rate. Additionally, experimentation on "welfare-to-work" initiatives found that requiring participation in work or job preparation activities could effectively move single mothers off the benefit rolls and into jobs. "Welfare reform," aiming to replace AFDC with new programs and policies for needy families with children, was debated over a period of four decades (the 1960s through the 1990s). These debates culminated in a number of changes in providing aid to low-income families with children in the mid-1990s, creating a system of expanded aid to working families (e.g., increases in the Earned Income Tax Credit and funding for child care subsidies) and the creation of TANF, which established time limits and revamped work requirements for the cash assistance programs for needy families with children. From FY1994 to FY2001, the cash welfare caseload declined rapidly, from 5.0 million families to 2.2 million

families per month, a -56% decline. Participation in public assistance programs by custodial parents fell from 40.7% to 28.4% between 1993 and 2001. While the rate of program participation for custodial mothers decreased from 45.2% to 31.0% during that time, it was still about double that of custodial fathers in 2001 (14.9%). In FY 2020 there were an average of 1.1 million families per month . The number of families receiving benefits declined -39% from 1,749,000 in 2013 to 1,075,504 in 2020, a -77% decline FY 1994.

2. Aid to Families with Dependent Children (AFDC) was a federal assistance program in effect from 1935 to 1996 created by the Social Security Act (SSA) and administered by the United States Department of Health and Human Services that provided financial assistance to children whose families had low or no income. This program grew from a minor part of the social security system to a significant system of welfare administered by the states with federal funding. However, it was criticized for offering incentives for women to have children, and for providing disincentives for women to join the workforce. AFDC dispensed scant relief to poor single mothers. The federal government authorized case workers, supervisors, and administrators with discretion to determine who received aid and how much. ADC was primarily created for white single mothers who were expected not to work. Black mothers who had always been in the labor force were not considered eligible to receive benefits. The words "families with" were added to the name in 1962, partly due to concern that the program's rules discouraged marriage. The Civil Rights Movement and the efforts of the National Welfare Rights Organization (NWRO) in the 1960s expanded the scope of welfare entitlements to include black women. The welfare rolls racial demographics changed drastically. The majority of welfare recipients still remained white and most black women recipients continued to work. Starting in 1962, the Department of Health and Welfare allowed state-specific exemptions as long as the change was "in the spirit of AFDC" in order to allow some experimentation. By 1996 spending was $24 billion per year. When adjusted for inflation, the highest spending was in 1976, which exceeded 1996 spending by about 8%. In 1996, AFDC was replaced by the more restrictive Temporary Assistance for Needy Families (TANF) program. In 1996, President Bill Clinton negotiated with the Republican-controlled Congress to pass the Personal Responsibility and Work Opportunity Act which drastically restructured the program. Among other changes, a lifetime limit of five years was imposed for the receipt of benefits.

3. The Clinton Administration cut 10 million Aid for Families with Dependent Children (AFDC) benefits FY 96 – FY 00 with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Cutting spending for children and families constitutes failure to pay legal support obligation under 18USC§228. Child poverty in the United States has risen from the normal poverty rate of the time of 15.8% in 1996 to 22%-33% of children growing poor, 45% below 150% of the poverty line, while 10% of adults and 9% of elders are poor, in 2010 during the Great Recession. After 2000 child welfare grew only a little slower than normal. Worker propaganda regarding welfare dependency causing chronic joblessness needs to be mitigated with support for child care and totally eliminated by a plan to compensate all families with children growing up in poverty for their loss of Aid for Families with Dependent Children (AFDC) / Temporary Assistance for Needy Families (TANF) benefits. Due to degradation by and subsequent to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 it is necessary for Congress to revert to the 1995 version of the law by amending Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 (1995).

B. The Temporary Assistance for Needy Families (TANF) program, was created in the 1996 welfare reform law (P.L. 104-193). TANF is $16.5 billion a year block grant to States replaced Aid to Families with Dependent Children (AFDC) and other related welfare programs in Sec. 401 of Title IV-A of the Social Security Act under 42USC§601 *et seq*. TANF provides assistance to needy families so that children may be cared for in their own homes or in the homes of relatives, end the dependence on government benefits by promoting job preparation, work, and marriage; prevent and reduce the incidence of out-of-wedlock pregnancies and encourage the formation and maintenance of two-parent families. TANF funds can be used in any manner a state can reasonably calculate helps it achieve the goals of (1) providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) ending the dependence of needy parents on government benefits through work, job preparation, and marriage; (3) preventing and reducing the incidence of out-of-wedlock births; and (4) encouraging the formation and maintenance of two-parent families. Under TANF, the federal government gives states a fixed block grant totaling $16.5 billion each year and requires them to maintain a certain level of *state* spending (totaling $10 billion-11 billion a year), based on a state's level of spending for AFDC and related programs prior to its conversion to TANF in 1996. This state funding requirement is known as the "maintenance of effort" requirement, or MOE.

1. Funding under the TANF program is provided primarily through State Family Assistance Grants. State allocations, totaling $16.5 billion per fiscal year under current law, are based on AFDC spending levels from the mid-1990s. While states must meet certain federal requirements relating to work participation for families receiving assistance, as well as a maintenance-of-effort (MOE) spending requirement based on a historical level of state spending on allowable activities, the law provides states with broad flexibility in the use of TANF funds and in program design. Currently, states use TANF funding on a variety of programs and services that are reasonably calculated to address the program's four broad purposes. Cash assistance has been declining as a proportion of overall spending and represented only 21.4 percent of overall TANF and MOE spending in FY 2018, compared to about three-quarters of spending in FY 1997. Under the program, states also have broad discretion to determine their own eligibility criteria, benefit levels, and the type of services and benefits available to TANF cash assistance recipients. Families with an adult who has received federally funded assistance under TANF for five cumulative years are not eligible for federally funded assistance, subject to limited exceptions.

2. States may transfer up to a total of 30 percent of their TANF grant to either the Child Care and Development Block Grant (CCDBG) program or the Social Services Block Grant (SSBG) program, although no more than 10 percent may be transferred to SSBG. In FY 2018, states transferred $1.5 billion of TANF state grants (nine percent of total federal funds used) to CCDBG and $1.1 billion (seven percent of total federal funds used) to SSBG. In addition, states can use their federal TANF and MOE funds to directly fund child care, both for families receiving TANF cash assistance and for other low-income families. In FY 2018, an additional nine percent of federal TANF funds – or $1.5 billion – was spent directly on child care. Further, states spent $2.3 billion in MOE funds directly on child care in FY 2018.

3. The TANF Contingency Fund provides a funding reserve of $608 million to assist states that meet certain criteria, related to the state's unemployment rate and Supplemental Nutrition Assistance Program (SNAP) caseload, which are intended to reflect economic distress. States also must meet a

higher MOE requirement of 100 percent in order to qualify for contingency funds. Contingency funds can be used for any allowable TANF expenditure and must be spent in the fiscal year in which they were awarded. Approximately 20 states access the Contingency Fund in a given fiscal year. Tribes are eligible to operate their own TANF programs, and those that choose to do so receive their own family assistance grants, which totaled almost $200 million in FY 2019. The number of approved tribal TANF programs has steadily increased since the first three tribal TANF programs started in July 1997. As of December 2019, 75 tribal TANF grantees have been approved and operate tribal TANF programs. The territories of Guam, Puerto Rico, and the U.S. Virgin Islands also operate their own TANF programs. Territories are subject to the same state plan, work, and MOE requirements as the states. A territory's allocation is based on historic funding levels, with a total of $77.9 million made available annually. Because spending has remained relatively the same since 1996, without any consideration for inflation, except for the internal taking of benefits to spend on services the agency is reluctant to inform the public about, there is little effort to account for the details of TANF spending, and is not accounted for in the Congressional Justification of Estimates, although it is explained.

TANF, Federal and State Budget Detail FY 15 and FY 19
(millions)

Category	FY 15 Federal Funds	FY 15 State and Federal Funds	FY 19 Federal Funds	FY 19 State and Federal Funds
Basic Assistance	4,273	7,937	2,937	6,510
Basic Assistance	4,016	7,656	2,654	6,007
Relative Foster Care	168	282	284	503
Assistance Authorized Solely under Prior Law	674	674	689	689
Foster Care Payments	357	357	360	360
Juvenile Justice Payments	50	50	33	33
Emergency Assistance Authorized Solely under Prior Law	266	266	296	296
Non-Assistance Authorized Solely Under Prior Law	654	654	580	580
Child Welfare or Foster Care Services	410	410	447	447

Juvenile Justice Services	65	65	59	59
Emergency Services Authorized Solely Under Prior Law	179	179	75	75
Work, Education and Training Activities	2,219	2,686	2,801	3,231
Subsidized Employment	156	186	123	151
Education and Training	735	945	1,415	1,634
Additional Work Activities	1,239	1,555	1,263	1,448
Work Supports	421	468	357	407
Early Care and Education	1,306	6,085	1,468	6,344
Child Care (Assistance and Non-Assistance)	1,253	4,096	1,407	3,743
Pre-Kindergarten/ Head Start	52	1,989	61	2,601
Financial Education and Asset Development	2	2	2	3
Refundable Earned Income Tax Credits	167	1,988	343	2,272
Non-EITC Refundable State Credits	0	585	0	490
Non-Recurrent Short Term Benefits	319	884	333	955
Supportive Services	228	425	204	408
Services for Children and	226	579	217	872

Youth				
Prevention of Out-of-wedlock Pregnancies	129	469	136	239
Fatherhood and Two-Parent Family Formation and Maintenance Programs	88	128	127	164
Child Welfare Services	1,017	1,578	1,155	1,783
Family Support/Preservation/Reunification	545	843	618	884
Adoption Services	13	26	14	31
Additional Child Welfare Services	459	709	523	867
Home Visiting Programs	22	29	94	124
Program Management	2,120	3,194	2,337	3,163
Administrative Costs	1,156	1,954	1,361	1,997
Assessment/Service Provision	760	965	805	938
Systems	204	275	170	227
Other	189	929	19	250
Total Expenditures	13,963	29,296	13,799	28,483
Transferred to CCDF Discretionary	1,251	1,251	1,302	1,302
Transferred to SSBG	1,125	1,125	1,119	1,119
Total Transfers	2,376	2,376	2,421	2,421
Total Funds Used	16,339	31,672	16,220	30,904
Federal	1,446	1,446	1,383	1,383

Unliquidated Obligations				
Unobligated Balances	2,625	2,625	4,475	4,475

Source: FY 2015 and FY 2019 Federal TANF & State MOE Financial Data

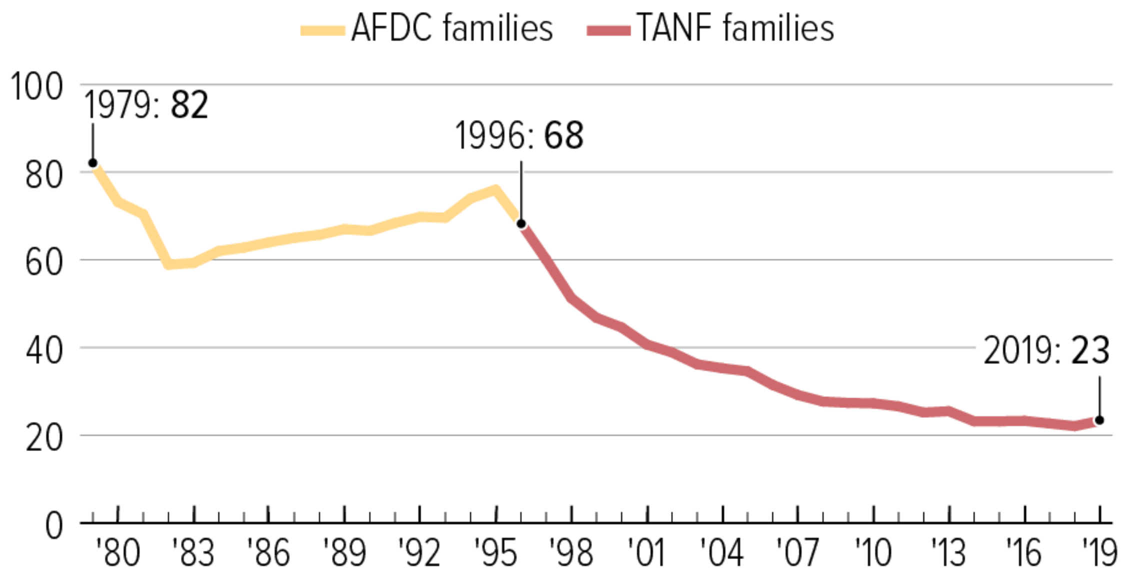
C. Prior to the enactment of TANF, the federal government reimbursed states for a portion of AFDC, the related expenditures for Emergency Assistance (EA), and Job Opportunity and Basic Skills (JOBS). Federal funds paid from 50 to 80 percent of the state AFDC benefit costs, depending on per capita income. In addition, the federal government paid 50 percent of the administrative costs for the programs. States were required to end the AFDC program and begin TANF by July 1, 1997, but many began the new system earlier. The federal block grant for TANF ($16.5 billion per year from 1997 through 2002) is based on each state's peak level of federal expenditures for AFDC and related programs; for most, this was the 1994 level. Federal conditions apply to the federally funded TANF, such as work-participation requirements, five-year time limits, child-support assignment and distribution, and aid to only those unwed minor parents living in an adult-supervised setting. Of the $24.5 billion spent on TANF in 2001, federal funds accounted for 60 percent ($14.8 billion), while state funds made up the remaining 40 percent ($9.8 billion). In FY 19 $28.5 billion were spent on TANF, 48% federal ($13.8 billion) and $14.7 billion state (52%). In four years, total basic assistance payments declined -18% from $7.9 billion FY 15 to $6.5 billion FY 19, Federal basic assistance payments declined -33% from $4.3 billion FY 15 to $2.9 billion FY 19. State basic assistance payments decreased -2.7% from $3.7 billion FY 15 to $3.6 billion FY 19.

1. In fiscal year (FY) 2003, combined Federal and State expenditures for the Temporary Assistance for Needy Families (TANF) program totaled $26.3 billion, an increase of $926 million from FY 2002. States spent the majority of their grants on various non-cash services designed to promote work, stable families, or other TANF objectives, including work activities ($2.6 billion), child care ($3.5 billion), transportation and work supports ($543 million), administrative and systems costs ($2.5 billion), and a wide range of other benefits and services ($6.3 billion). In addition to these expenditures, States also can transfer up to 30% of their TANF block grant into the Child Care and Development Fund (CCDF) or the Social Services Block Grant (SSBG). In FY 2003, States transferred $1.8 billion into the CCDF and $927 million into the SSBG. These expenditure patterns represent a significant shift since the enactment of TANF, when spending on cash assistance amounted to 73.1% of total expenditures. States spent $10.1 billion, or 41.8% of their total expenditures, on cash assistance, in 2013.

D. TANF's performance is measured on state welfare-to-work efforts, with states assessed based on numerical work participation standards, although welfare programs are usually judged on the basis of administrative efficiency and payment accuracy. Consequentially, TANF benefit spending has declined from 75% in 1994 to 25% of total "TANF" spending in 2017. Basic assistance—what many call "cash welfare"— accounted for only 27.6% of all TANF funding in FY2013. Administrative costs of social security program are normally less than 1% of expenditures. The TANF caseload is much smaller—1.7 million families in FY2013 versus 5.0 million families in FY1994. The number of TANF children declined from 14 million in 1995 to 4 million in 2018. TANF provides a safety net to significantly fewer poor children and families than in the past: In 2014, just 23 families received TANF benefits for every 100 poor families with children, down from 68 families receiving TANF for every 100 poor families in 1996. Even more troubling, 12 states' TANF programs reach only ten families or fewer for every 100 poor families. TANF is often these families' only source of support; without it they would have no cash income to meet basic needs.

TANF's Reach Declined Significantly Over Time

Number of families receiving AFDC/TANF benefits for every 100 families with children in poverty



Note: TANF = Temporary Assistance for Needy Families, AFDC = Aid to Families with Dependent Children

Source: CBPP analysis of poverty data from the Census' Current Population Survey and AFDC/TANF caseload data from Department of Health and Human Services and (since September 2006) caseload data collected by CBPP from state agencies.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

1. Over the last two decades, the national TANF average monthly caseload has fallen by three-quarters — from 4.4 million families in 1996 to 1.1 million families in 2019 — even as poverty and deep poverty remained widespread. In 2019, 4.5 million families with children were in poverty, and 2.1 million were experiencing deep poverty. In 2019, for every 100 families in poverty, only 23 received cash assistance from TANF, down from 68 families when TANF was enacted in 1996. The trend in the average monthly number of families receiving cash assistance from TANF and its predecessor program (AFDC, ADC) from 1959 through 2013 shows two distinct periods of rapid caseload growth before declining since 1994. The first period of growth occurred from the mid-1960s to the mid-1970s. The second growth spurt followed a period of relative stability in the caseload (around 3.5 million families) and occurred from 1989 to 1994. Following 1994, the caseload declined. It declined rapidly in the late 1990s, with continuing declines, albeit at a slower rate, from 2001 to 2008. The caseload increased again from 2008 through 2010 coincident with the economic slump associated with the 2007-2009 recession. That latest period of caseload increase was far less rapid and much smaller than the two

earlier periods of caseload growth. From FY1994 to FY2001, the cash welfare caseload declined rapidly, from 5.0 million families to 2.2 million families per month, a 56% decline. TANF cash assistance families with an adult reported as working represented 17.3% of the cash assistance caseload in FY2013—more than double the 7.5% share in FY1994. In FY2013, 85.7% of adult recipients were women. In FY2013, 56.6% of all families had a child under the age of six, with 12.0% of all families having an infant. In FY2013, the share of child recipients who were Hispanic was 36.3%, compared with 29.9% who were African American, and 25.8% who were non-Hispanic white. Hispanic children became the largest group of recipient children by FY2013. The total number of TANF beneficiaries has declined dramatically from a high of nearly 14.2 million in 1993 to little less than 5 million in 2003. There were an average of 2,822,110 TANF recipients, 2,078,055 child recipients, and 1,075,504 families, FY 2020. The number of families receiving benefits declined -39% from 1,749,000 in 2013 to 1,075,504 in 2020, a -77% decline from a high of 5,046,000 families in 1994.

TANF Monthly Average Number of Families 1988-2013
(thousands)

	1988	1994	2001	2006	2013
Total Families	3,748	5,046	2,202	1,957	1,749
Family with Adults/Not Employed	3,137	3,799	993	826	781
Family with Adults/Employed	244	379	421	259	302
Child-Only/SSI Parents	60	171	172	177	156
Child-Only/Noncitizen Parent	48	184	126	153	196
Child-Only/Caretaker Relative	189	328	256	262	235
Child-Only/ Other	72	185	235	281	7

Source: Falk, Gene. Temporary Assistance for Needy Families (TANF): Size and Characteristics of the Cash Assistance Caseload. Congressional Research Service. January 29, 2016

2. Most states only admit very poor families onto the benefit rolls. The maximum income is below the poverty line in all states. TANF benefits leave family incomes below half of the poverty line in every state. Most states' benefits were below 30 percent of the poverty line. 12 states' TANF programs reach only ten families or fewer for every 100 poor families. TANF often is these families' only source of support; without it they would have no cash income to meet basic needs . In July 2012, the majority of states (28 states and the District of Columbia) required that a single mother caring for two children earn

less than $795 per month to gain entry to the benefit rolls—an earnings level representing about half of 2012 poverty-level income. States often permit families with a working member who obtains a job while on the rolls to remain eligible for TANF at higher earnings levels, though in many states such eligibility is retained for a limited period of time. States also usually require that a family has assets below a specified amount in order to qualify for benefits. In July 2012, 27 states and the District of Columbia required applicant families to have $2,000 or less in assets to gain entry to the benefit rolls. In most states, the value of at least one of the family's cars is not counted toward the state's asset limit.

3. From 1981 to 2012, the inflation-adjusted value of cash assistance benefits for needy families in the median state declined by 44%. Some of this decline occurred before the 1996 welfare law: between 1981 and 1996 the value of cash assistance benefits had already declined by 28%. In 2016 TANF benefits were below half of the federal poverty line in all 50 states. As of 2020 TANF benefits are below two-thirds of the federal poverty line in all 50 states and the District of Columbia and at or below 20 percent of the poverty line in 18 states. In the median state in 2020, a family of three received $492 per month; in 13 states, such a family received less than $300. The monthly TANF benefit level for a family of three in 2020 was less than half of the Fair Market Rent (FMR) for a two bedroom apartment in 32 states, compared to only seven states in 1996. Additionally, less than a quarter of TANF families receive HUD housing assistance to help cover rent. Even when benefits from SNAP (formerly food stamps) are added to TANF family grants, families with no other income remain below the poverty line in every state. TANF maximum benefits vary greatly by state; there is also a very apparent regional pattern to benefit amounts. States in the South tend to have the lowest benefit payments; states in the Northeast have the highest benefits. Cash assistance benefit amounts for needy families are not automatically adjusted for inflation by the states, and have lost considerable value in terms of their purchasing power over time.

E. With the highest rates of child poverty, infant and maternal (increasing) mortality of any industrialized nation, redressing the theft of AFDC benefits since 1996 is the nation's highest priority. In response to dire extremist threats regarding the more than 42 months of total ACF spending between $60 and $70 billion the Biden Harris American Families Plan has proposed leveraged new funding, but this funding is sabotaged by its misdirection to unneeded child-care under the false pretense that child-care is synonymous with the "support" the Administration is constantly being sued for. Record checks reveal that the United States President has felony conviction for child abuse and neglect, in regards to the severe degradation of the AFDC program with Personal Responsibility and Work Opportunities Act of 1996, cutting 10 million benefits and subsequent worker propaganda resulting in a dramatic increase in child poverty and maternal mortality wherefore final approval of the Biden-Harris American Families Plan to falsely claim superfluous child-care is the much demanded "child-support/child benefit" shall not be granted under Sec. 472 of Title IV-E of the Social Security Act under 42USC§672. The child care subsidy is an inappropriate and unjustified infringement under Art. 18 of the Convention on the Rights of the Child (1990) mocking the failure of HHS to pay legal child support obligations under 18USC§228. The Biden-Harris American Families Plan is sued with a support order to sustain declining Child Support Enforcement and Family Support at a $4.5 billion level with any surplus funds administered as social security benefits to needy families and most of all to restore Title IV Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services Part. A Aid to Families with Dependent Children Sec. 401 – 417 of the Social Security Act under 42USC§601-§617 to the condition it was in 1995 and all, every penny, of the mandatory budget request for the American Families Plan should go to increasing the amount and number of individual child AFDC benefits pursuant to Art. 26 of the Convention on the Rights of the Child (1990).

1. ACF must do the math to distribute $15 billion new AFDC benefits FY 22 plus 3% annual inflation to directly relieve child poverty in the United States. The number of benefits must cover an estimated 2.4 million children growing up in deep poverty and should be enough to cover the families of all 12 million children living at or below 100% of the poverty line. With only slightly more than $19 billion, due to the deceptive practice of only about 21% of $16 billion in TANF spending, $4 billion FY 21 actually going to real child welfare benefits, ACF could only afford about $700 a month for all 2.4 million children who would otherwise live in deep poverty, less than 50% of the poverty line. Current benefit levels are significantly lower. The disability insurance program pays about $170 billion to 9 million beneficiaries annually. The existence of a support obligation that was in effect for the time period charged in the indictment or information creates a rebuttable presumption that the obligor has the ability to pay the support obligation for that time period under 18USC§228(b). To guarantee all 10 million or so poor families with children a poverty line income of about $20,000 annually, would cost no less than $100 billion and no more than an estimated $200 billion. Taxing state employees and the rich the full 12.4% OASDI (and AFDC) tax would levy more than $250 billion annually. Whereas it is unlikely that ACF and AFDC would be able to administrate this money, it is proposed that child benefits (without medical disability paperwork requirements for child benefits) would be prioritized for distribution under SSI poverty guidelines by the creation in the Treasury of a Supplemental Security Income (SSI) Trust Fund. There is no excuse for delaying the repeal of Sec. 230 of the Social Security Act under 42USC§430. AFDC funding would remain the same, prioritizing the impoverishing moment of pregnancy, birth and 6 months of exclusive breastfeeding and grow at a 3% annual rate.

D. Administration for Community Living

A. The Administration for Community Living (ACL), is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. The ACL was created in 2013 by changing the name of the Agency on Aging in 2013. With the appropriate services and supports, most people who are aging or who have disabilities of all types can live in their own homes or in other community settings—which is overwhelmingly preferred and typically less expensive. ACL remains committed to its central mission of supporting people with disabilities and older adults so they can live independently and fully participate in their communities. The elderly population in particular is growing rapidly. The US population over age 60 is projected to increase by 6 percent between 2018 and 2020 from 72.8 million to 77.1 million. The number of people age 65 and older with severe disabilities – defined as three or more limitations in activities of daily living – is projected to increase from 3.9 million individuals in 2018 to 4.2 million (6 percent increase) by the year 2020. These individuals are at greatest risk of nursing home admission. The number of older adults in the United States ages 65 and older is projected to increase by 58 percent, from 49 million to nearly 78 million, between 2016 and 2035, an average annual rate of 3.1 percent. 3.1 percent is far more than the 1 percent growth in population growth anticipated by normal 1 percent inflation in services. Old Age Survivor Insurance population growth averages 2.4 percent and spending growth averages is usually overestimated at 6 percent and in retrospect is actually 5.5 percent. Nonetheless, it is necessary that services for the disabled are reauthorized to sustain 3 percent inflation through FY 24

1. There are six core services funded by the OAA including: 1. Supportive services, which enable

communities to provide rides to medical appointments, and grocery and drug stores. Supportive services provide handyman, chore and personal care services so that older persons can stay in their homes. These services extend to community services such as adult day care and information and assistance as well. 2. Nutrition services, which include more than a meal. Since its creation, the Older Americans Act Nutrition Program has provided nearly 6 billion meals for at-risk older persons. Each day in communities across America, senior citizens come together in senior centers or other group settings to share a meal, as well as comradery and friendship. Nutrition services also provide nutrition education, health screenings, and counseling at senior centers. Homebound seniors are able to remain in their homes largely because of the daily delivery of a hot meal, sometimes by a senior volunteer who is their only visitor. 3. Preventive health services, which educate and enable older persons to make healthy lifestyle choices. Every year, illness and disability that result from chronic disease affects the quality of life for millions of older adults and their caregivers. Many chronic diseases can be prevented through healthy lifestyles, physical activity, appropriate diet and nutrition, smoking cessation, active and meaningful social engagement, and regular screenings. The ultimate goal of the OAA health promotion and disease prevention services is to increase the quality and years of healthy life. 4. The National Family Caregiver Support Program (NFCSP), which was funded for the first time in 2000, is a significant addition to the OAA. It was created to help the millions of people who provide the primary care for spouses, parents, older relatives and friends. The program includes information to caregivers about available services; assistance to caregivers in gaining access to services; individual counseling, organization of support groups and caregiver training to assist caregivers in making decisions and solving problems relating to their caregiving roles; and supplemental services to complement care provided by caregivers. The program also recognizes the needs of grandparents caring for grandchildren and for caregivers of those 18 and under with mental retardation or developmental difficulties and the diverse needs of Native Americans. 5. Services that protect the rights of vulnerable older persons, which are designed to empower older persons and their family members to detect and prevent elder abuse and consumer fraud as well as to enhance the physical, mental, emotional and financial well-being of America's elderly. These services include, for example, pension counseling programs that help older Americans access their pensions and make informed insurance and health care choices; long-term care ombudsman programs that serve to investigate and resolve complaints made by or for residents of nursing, board and care, and similar adult homes. 6. ACL supports the training of thousands of paid and volunteer long-term care ombudsmen, insurance counselors, and other professionals who assist with reporting waste, fraud, and abuse in nursing homes and other settings; and senior Medicare patrol projects, which operate in 47 states, plus the District of Columbia and Puerto Rico. ACL awards grants to state units on aging, area agencies on aging, and community organizations to train senior volunteers how to educate older Americans to take a more active role in monitoring and understanding their health care.

B. The FY 2021 discretionary request for ACL was $2,108,207,000, or -$114,908,000 below the FY 2020 Enacted level. The total funding shortfall was made up for by P.L. 116–131, enacted March 25, 2020 to amend the Older Americans Act of 1965 P.L. 89-73. A new Workforce Initiative and Opportunity Act was heavily funded through FY 24. The Rehabilitation Act of 1973 as amended through P.L. 114–95, enacted December 10, 2015 and Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) P.L. 106-402, Sec. 4360(g) of the Omnibus Budget Reconciliation Act of 1990, Sec. 8(b) of the Assistive Technology Act of 2004 P.L. 108-364 need their authorizations of appropriations updated. Public Health Service Act as amended through P.L. 117–8, enacted April 23, 2021 never authorized ACL appropriations and failed to reauthorize National Institutes of Health (NIH) funding beyond FY 20. Mandatory Prevention and Public Health Fund (PPHF) financing terminated FY 20. The elderly won the Presidential elections, however to fulfill their economic duty to finance ACL, Congress must reauthorize the Rehabilitation Act and DD Act funding to sustain 3 percent annual growth through FY 24. ACL is requesting budget authority of $3,008,907,000, an increase of $750,792,000 over the FY 2021 Enacted level of $2,258,115,000. The request also includes $17.1 million in Public Health Services Evaluation funds to partially support three programs authorized by the Public Health Services Act: the Limb Loss Resource Center, the Paralysis Resource Center and the Traumatic Brain Injury program, these are thought to be a mistake whereas this funding should belong to the National Institutes of Health, could only be interpreted as a mandatory grant therefrom, and ACL wants to cease infringing on the toxic public health sector and ultimately liberate human services from the Public Health Department. This budget provides a total of $3,094,836,000 and requests only $2,987,221,000 in federal outlays.

Administration for Community Living FY 19 – FY 24
(thousands)

Program	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Health and Independence for Older Adults						
Home & Community Based Supportive Services OAA Sec. 303(a)(1)	384,676	412,029	436,751	462,956	498,733	520,177
Nutrition Services	905,815	970,226	1,028,439	1,090,145	1,155,555	1,224,887
Congregate Nutrition Services (non-add) OAA Sec. 303(b)(1)	494,830	530,016	561,817	595,526	631,258	669,133
Home-Delivered Nutrition Services (non-add) OAA Sec. 303(b)(2)	251,082	268,936	285,072	302,176	320,307	339,525
Nutrition Service	159,903	171,274	181,550	192,443	203,990	216,229

Incentive Program (non-add) OAA Sec. 311(e)						
Preventive Health Services OAA Sec. 303(d)	24,822	26,587	28,183	28,874	31,666	33,566
Chronic Disease Self-Management Education (PPHF – FY 20)	8,000	8,000	0	0	0	0
Elder Falls Prevention (PPHF – FY 20)	5,000	5,000	0	0	0	0
Native American Nutrition and Supportive Services OAA Sec. 643(1)	34,173	37,103	39,298	41,627	44,093	46,710
Aging Network Support Activities OAA 411(b)(1)	16,400	14,515	15,385	16,309	17,287	18,324
Workforce Innovation and Opportunity OAA Sec. 517(a)	0	428,000	453,680	480,900	509,755	540,340
Subtotal, Health & Independence for Older	1,378,886	1,901,460	2,001,736	2,120,811	2,257,089	2,384,004

Adults; Program Level						
Caregiver & Family Support Services						
Family Caregiver Support Services OAA Sec. 303(e)	180,999	193,869	205,501	217,831	230,901	244,755
Native American Caregiver Support Services OAA Sec. 643(2)	10,046	10,760	11,406	12,090	12,815	13,584
Alzheimer's Disease from PPHF (non-add)	14,700	14, 700	0	0	0	0
Lifespan Respite Care PHS Sec. 2905 (non-add pending reuathorization and transfer to OAA)	4,096	6,110	3,360	4,472	4,606	4,744
Subtotal, Caregiver & Family Support Services; Program Level	205,745	219,329	216,907	229,921	243,716	258,339
Protection of Vulnerable Adults						

Long-Term Care Ombudsman Program OAA Sec. 702(a)	16,868	18,067	19,151	20,300	21,518	22,809
Prevention of Elder Abuse & Neglect OAA Sec. 702(b)	4,768	5,107	5,414	5,738	6,083	6,448
Senior Medicare Patrol Program (HCFAC)	18,000	18,000	18,000	18,000	18,000	18,000
Elder Rights Support Activities OAA Sec. 411(b)(2)	15,819	15,613	16,550	17,543	18,596	19,712
Elder Rights Support Activities OAA Sec. 216(b)(3)	0	1,372	1,454	1,541	1,634	1,732
National Eldercare Locator Service OAA Se. 217(b)(1)	0	2,191	2,312	2,450	2,597	2,753
Subtotal, Protection of Vulnerable Adults; Program Level	55,455	60,350	62,881	65,572	68,428	71,454
Disability Programs, Research & Services DDA Sec. 163(c)						

State Councils on Developmental Disabilities DDA Sec. 129(a)	75,921	78,000	80,340	82,750	85,233	87,790
Developmental Disabilities Protection and Advocacy DDA Sec. 145	40,692	40,784	42,008	43,268	44,566	45,903
University Centers for Excellence in Developmental Disabilities DDA Sec. 156(a)(1)	40,478	41,619	42,868	44,154	45,479	46,843
Projects of National Significance DDA Sec. 163(a)(1)	11,958	12,250	12,618	12,996	13,386	13,788
Independent Living Rehab Act Title VII	154,730	158,010	162,750	167,633	172,661	177,842
Grants to States for Independent Living Rehab Act Sec. 714 (non-add)	26,319	26,877	27,683	28,514	29,369	30,250
Centers for Independent Living Rehab Act Sec. 727	90,083	91,992	94,752	97,594	100,522	103,538

(non-add)						
Independent Living Services for Older Individuals Who Are Blind Rehab Act Sec. 753 (non-add)	38,328	39,141	40,315	41,525	42,770	44,054
National Institute on Disability, Independent Living and Rehabilitation Research Rehab Act Sec. 201	119,608	122,143	125,807	129,582	133,469	137,473
Subtotal, Disability Programs, Research & Services; Program Level	443,387	452,806	466,391	480,383	494,794	509,639
Consumer Information, Access and Outreach						
Aging and Disability Resource Center OAA Sec. 216(b)(4)	8,091	8,687	9,209	9,761	10,347	10,968
State Health Insurance Assistance Program Omnibus Budget Reconciliation Act Sec.	49,115	52,115	52,115	52,115	52,115	52,115

4360(g) Mandatory						
Voting Access for People with Disabilities HAVA Sec. 264	6,956	7,463	7,687	7,918	8,156	8,400
Assistive Technology AT Act Sec. 8(b)	35,955	37,000	38,110	39,253	40,431	41,643
Medicare Improvements for Patients and Providers Act (TRA/BBA/FCA)	37,500	37,500	37,500	37,500	37,500	37,500
Pension Counseling OAA Sec. 216(b)(2)	0	1,988	2,107	2,234	2,368	2,510
Subtotal, Consumer Information, Access & Outreach; Program Level	137,617	144,753	146,728	148,781	150,917	153,136
Program Administration OAA Sec. 216(a)	40,921	43,937	46,574	49,368	52,330	55,470
Subtotal; Program Level	2,262,011	2,822,635	2,941,217	3,094,836	3,267,274	3,432,042
Less Funds from						

Mandatory Sources						
HCFAC Fund for Senior Medicare Patrol Program	-18,000	-18,000	-18,000	-18,000	-18,000	-18,000
Prevention & Public Health Fund	-27,700	-27,700	0	0	0	0
State Health Insurance Assistance Program Omnibus Budget Reconciliation Act Sec. 4360(g) Mandatory	-49,115	-52,115	-52,115	-52,115	-52,115	-52,115
Medicare Improvements for Patients and Providers Act Sec. 119	-37,500	-37,500	-37,500	-37,500	-37,500	-37,500
Total Outlays	2,129,696	2,687,320	2,833,602	2,987,221	3,159,659	3,324,427

Source: Robertson, Lance. Administrator and Assistance Secretary for Aging. Administration for Community Living. FY 21 Congressional Justification of Estimates for Appropriations Committees. Pgs. 13 & 14 the decimal point should be comma to use thousands, rather than millions.

1. A number of changes are made to the ACL budget table. The Holocaust Survivor and Care Corp rows are deleted because they are part of the Aging Network Support Activities. The Alzheimer Disease Program is deleted, except for prior funding from PPHF, whereas, from Direct Appropriation means that it comes from the Caregiver Support Program. The Lifespan Respite Care Program row is not deleted, as initially thought, the program to provide temporary relief for stressed out primary caregivers, has not been reauthorized since 2011, current payments, obviously comes from the Caregiver Support Program, but should be reauthorized at 3% growth from FY 19, before spike, to increase total funding for caregivers, who are subjected to unfair Social Security disability denials, estimates are now marked (non-add). New rows in the Protection of Vulnerable Adults category is made for new funding for Elder Rights Support Activity and Eldercare Locator Service. The non-add elder justice row is deleted. New funding for Pension counseling is included at the end of the

Consumer Information, Access and Outreach. The authorization of appropriations, expired as of FY 20 for Independent Living under the Rehabilitation requires an more in depth study in the budget that must include funding for the blind, whereas the term Commissioner is synonymous with Administrator of ACL, increasing total spending. Any funding for the Limb Resource Center and Paralysis Resource Center funding under Title III of the Public Health Service would be distributed to ACL by means of a mandatory NIH grant, they are not, and these program rows are therefore removed from the ACL budget. Traumatic Brain Injury funding is deleted because it is actually allocated to the Centers for Disease Control and Prevention (CDC) in Traumatic Brain Injury Reauthorization Act of 2014. National Institute on Disability, Independent Living and Rehabilitation Research funding is increased by taking responsibility to eliminate grant program sibling rivalry related violence and discrimination by accounting for 3 percent inflation in all funding provided by amendment of the Sec. 201 of the Rehabilitation Act of 1973. As it is written in Sec. 4360(g) of the Omnibus Budget Reconciliation Act of 1990 the State Health Insurance Assistance Program is funded 50/50 from the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds and is a mandatory appropriation that must be cancelled, it was reauthorized at a at an indefinite level of $52,115 million from from FY 20. The Assistive Technology Act of 2004 AT Act needs to be re-authorized at total current funding levels in Sec. 8(b) and the alternative financing mechanism rows are deleted whereas the bill just needs to be reauthorized. Medicare Improvements for Patients and Providers Act was reauthorized and is so complicated there is no need to study the amendment of the 50/50 split between the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds other than as total mandatory appropriation that remains at the same level of $37,500 million for the immediate future.

2. The $2,171,000,000, provided by Division A Title II of the Further Consolidated Appropriations Act of 2020 P.L. 116-94 does not do the Older Americans Act of 1965 (``OAA''), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, justice by amending expired authorizations for appropriations, nor formally concluding the inappropriate and lethal (Hillary Clinton claims to have killed both my grandmothers) infringement on the Public Health Services Act, and is not believed to be an accurate estimate of FY 22 appropriations. Having perused the FY 22 HHS Budget-in-brief ACL is sought to support this interpretation, working towards the liberation of human services from public health, to guide the formulation of the ACL FY 22 Congressional Justification of Estimates for Appropriations Committees.

C. The Lifespan Respite Care Program is a poster child for negligent human services funding by the Public Health Service. The general feeling is that the program of relief is well-written, makes reference to the National Caregiver Support Program of the Administration on Aging (for Community Living) , but must not supplant it, and to make a clean break from the PHS should not be located in Sec. 2901-2905 Public Service Act under 42USC§300ii – §300ii-4. The reasonable, not to supplant 'caregiving', authorization of appropriations, at Sec. 2905 of the PHS under 42USC300ii-4 should be transferred to a new Sec. 303(f) of the Older Americans Act under 42USC§3023(f) in the new reauthorization bill for disability programs. The Lifespan Respite Care definitions in Sec. 2901 of the PHS under 42USC§300ii should be consolidated with the definitions of the National Caregiver Support Program in

Sec. 316 of the OAA under 42USC§3030s. Sec. 2902-2904 of the PHS under 42USC§300ii-1 – 300ii-§3 should be transferred to Sec. 374B- 374C of the OAA under 42USC3030s-3 - §3030s-5. To not supplant Caregiving, plans for a Lifespan Respite Care Resource Center should be stricken and replaced with National Caregiving Resource Center under Sec. 374B of the OAA as herein amended under 42USC§3030s-4. Administration on Aging needs to be amended to Administration for Community Living in Sec. 374A(c) of the OAA as herein amended under 42USC§3030s-3(c).

1. To justify the removal of appropriations rows for unauthorized, unethical programs of research using human test subjects under the purvey of the ACL it is necessary to relate the most recent discoveries on the topic of why American lawyer's brains are so small and that same abuse is so disabling and lethal to older Americans. The Alzheimer Disease Program of education regarding the topic does not receive any appropriations from Congress and should not receive any money intended for caregivers. The Limb Resource Center and Paralysis Resource Center are not authorized for appropriations, except by the relevant National Institutes of Health under Title III of the Public Health Service Act. Traumatic Brain Injury funding is deleted because it is actually allocated to the Centers for Disease Control and Prevention (CDC) in Traumatic Brain Injury Reauthorization Act of 2014. It is not appropriate for ACL to falsely claim to patronize these programs they are probably not due research funding for because of the widespread negligence regarding the very serious pattern of abuse of substances and prescription drugs that cause these disorders and deaths. The Limb Resource Center is there to threaten phantom pain if these phantom spending rows are negligently deleted from ACL.

2. To prevent Alzheimer's and other brain injury the Secretary must take care to prohibit abuse with certain prescription drugs under 42USC§242. The primary drug of concern, because the patients are very likely to do the drug of their own volition are statin cholesterol lowering drugs. Statin drugs are effective at masking unwashable cardiotoxic exposure by fabrics that must be thrown away. Statins are not thought to be very effective, if at all, for treating common and persistent MRSA and Streptococcal infection of the heart. The primary problem with statins is that they cause severe brain shrinkage and this damage is acutely dementing, takes time to heal, and is highly infective of meningitis, so that it is absolutely necessary for statin drug consumers to be immunized with Pneumovax to prevent meningitis. The meningitis turns the severe absent mindedness of statin consumption mean. Statins are highly contraindicated because they cause brain damage, but may reduce the risk of fatal heart attack. Pneumovax is necessary to prevent Streptococcus pyogenes infection of the heart and pneumococcal meningitis of the statin damaged brain. MRSA is sterilized with Epsom salt bath or saline or chlorine swim. To eliminate the sterilized lesions before they are reinfected with MRSA Hawthorn, the supreme herb for the heart, is safe and effective.

3. Pseudo-ephedrine (Sudafed, Sudagest etc.) also shrink the brain. Pseudo-ephedrine brain shrink is not very infective because it is very effective at clearing the sinuses of all sorts of viral and bacterial infections however the cost to the brain is so great pseudo-ephedrine is contraindicated, even for use as speed by truckers. Pseudo-ephedrine is thought to be the primary drug of involuntary exposure abuse in the legal system because it makes judges and civil rights lawyers illiterate and unable to contest the falsest of criminal charges. Because it is the most effective oral treatment for coronavirus pseudo-ephedrine is also believed to be a major reason the coronavirus propaganda is so bad and so uncontested by the news media and government. The US Supreme Court has not published since June 20, 2019. They believed to be unable to cope with incessant computer hacking because of unwitting pseudo-ephedrine and statin exposure, for which they are now Pneumovaxed to prevent meningitis, but it takes a week from one exposure to pseudo-ephedrine to write again. The American legal system is

thought to have the highest rate of incarceration in the world due to chronic pseudo-ephedrine abuse by corrupt law enforcement, similar but more chronic and widespread than LSD elections in Europe, and UN Controlled Substance abuse by law enforcement world-wide. Pseudo-ephedrine is derived from Ephedra (Mormon tea) found in the Nevada and Utah vicinity of the Great Basin National Park. Furthermore, in regards to strokes, that cause the vast majority of paralysis, the lucid dreaming drug Galantamine, poses a serious stroke risk, termed sleep paralysis. The general finding is that the primary meaning of dreams is that they are caused by fat in the brain and lucid dreams in particular pose a stroke risk.

4. A recent letter to the editor in the New England Journal of Medicine explained the effetiveness of the COVID-19 vaccine. After a massive vaccination campaign in nursing homes 4% of people who received one dose of the vaccine were reinfected, 1% of vaccinated people were reinfected and 0.1% of unvaccinated people were reinfected. Two courses of the vaccine may cure chronic prevent death and severe infection by COVID-19 but is only about 30% effective at preventing the contagious state of allergic rhinitis from coronavirus. The lavender sanitizer in the restroom at the Memorial Day half-marathon start and finish line cleared the nose instantly, but requires instructions to “wash your nose” if the infected people are ever to learn the lesson: Hydrocortisone, eucalyptus, lavender or peppermint help water cure coronavirus allergic rhinitis; eucalyptus or lavender also cure the wet cough of influenza. Mentholyptus cough drops are the frontline treatment for both the wet cough of influenza and coronavirus, with a little nose washing. The most effective method for ending the COVID-19 pandemic is probably to place eucalyptus, lavender or peppermint scented soap in public restrooms with instructions to ‘wash your nose’. Eucalyptus scented humidifiers (diffusers) from the 1950s are the way to sterilize public air-space.

Done,

Anthony J. Sanders
Hospitals & Asylums
HA-4-6-21