

1981 INTERIM

FARRBANKS

9/12/81

Practice of Kinlein is explained by founder at presentation in NR

By Mary Sather

What is the practice of Kinlein? An answer to the question was provided by M. Lucille Kinlein at a presentation May 7 here at Indianhead Technical Institute. Kinlein's visit was sponsored by The National Center of Kinlein, Minneapolis, with arrangements made by Sue Irlie and Barb McGurran, local Kinlein practitioners.

Kinlein is the founder of the practice of Kinlein, which she defines as a new professional practice discipline which assists the person in the exercise of his/her self-caring agency in regard to living.

"In any practice discipline, the discipline comes from practice," said Kinlein. "A discipline is a structured body of knowledge which can be taught, can be replicated in practice by others and is capable of being researched in formal settings. The practice of Kinlein has my name on it because my clients told me it was different, new, and the best word they could think of to describe it was to use my name. You can look at your own name with objectivity. As far as I was concerned, the practice could have been named anything."

The Kinlein practice evolved over a ten-year period of time after Kinlein became the first registered nurse in the United States to set up an independent private practice. She feels that the practice is new and a discipline within its own right for a number of reasons. First of all, no other discipline gives the client the opportunity to say how much time he or she needs for an appointment, said Kinlein. A Kinlein client contacts the practitioner and sets the appointment time and the desired length of that appointment.

A second concept that is new, according to Kinlein, is that the person involved in the caring process is involved to the extent that he or she controls it. "Other professions thrive on control," said Kinlein. "They say, 'I will tell you what your problem is. I will tell you what your need is. I will tell you what your care is.' The assumption is that there is a problem, a need, a deficit, a lack, and that the professional will supply something. To the Kinlein practitioner, the word 'problem' is anathema.

"In the dictionary, the definition of 'care' denotes a passivity," continued Kinlein. "There is, however, a difference between taking care of, providing for, or giving care to, and caring with. It is the difference between singing to you or singing with you. Every person has a self-caring agency, a power given by God at the time of birth. It is the power to care for oneself on a day-to-day basis. Isn't it nice to know that there is a profession that you can go to where you will be helped on that kind of basis, a self-care agency?"

No one can take the self-care agency away from you, asserted Kinlein. No one can give it to you and you can't get rid of it. "It is a responsibility," she said. "Kinlein builds on that power in you, that ability to choose, to make decisions. Your philosophy is worked with and that potential within you is built on. No one of us has begun to scratch the power that lies within us. There is no greater power than the power of the individual."

The theory applies to all, said Kinlein. It is universal. But the Kinlein practitioner never says, "I know what you should do," according to Kinlein. "The client leads from wherever he wants to start and the Kinleiner follows with a judgment which allows the client to make a decision to go further and so forth. Learning how to make those judgments is the study of the practice of Kinlein. The client is

given a safe feeling in knowing that no matter what he says or does is all right. There is the caring with principle in the gentle holding self in the hands of the Kinleiner.

"The client is communicating self in his words," continued Kinlein. "We can talk about self knowing that self is made up of several components, the intellectual, the physical, the spiritual, the emotions. The words spoken by the person become self in tangible form and the words must be handled with sacredness by the Kinleiner. The Kinlein practitioner records the words of the client verbatim and these words become the self of the client. There is structuring. The client speaks from where he is coming from and the Kinleiner must move with the words of the client. Anyone may visit Kinleiner for any reason or for no reason. It's all right where you are."

Educational background for the study of the practice of Kinlein is baccalaureate degree in any field, said Kinlein. "To be professional, you have to live a little bit, become seasoned in working with people," she maintained. "But the theory of Kinlein is so much bigger than any one field that it does not have to be confined to a particular background. Learnerships are now available. People make contracts with me and I come and teach. A course is now available at Alaska Pacific University and the University of Wisconsin is looking at it."

She said that the movement toward "wellness" and the holistic health concept are moving in the direction of Kinlein, but are satellites running around the sun. "None of them have hit it. So they have missed the boat," she said. Preparation for the practice of Kinlein presently consists of 30 hours given in Learnership I, II and III sessions.

Kinlein described the "evolution of a practice" from the time she established her independent nurse practitioner office in 1971. At that time nursing was under medicine, she said. "That was the accepted structure and people were thinking within that paradigm. Subsequently nursing chose to remain under medicine. They did not choose to change the paradigm, the word paradigm being defined as an accepted structure in regard to something that is followed by society. In 1977, I published my book, 'Independent Nursing Practice with Clients,' but nursing did not move. I went through a terrible period of disappointment and sadness, lamenting the waste of nurses, of talent.

"But, I couldn't wait for nursing to move," she continued. "The theory was pushing itself out. In 1979, I declared my separation from nursing and the new professional practice of Kinlein was born. At the break with nursing, the theory evolved freely. There were more restrictions. It was freed of nursing and the theory has exploded and developed."

Kinlein sees two types of Kinleiners, the Kinlein professional practitioner and the subprofessional, the Kinlein self-care assistant. The assistant would assist a client wherever that client sees the need for help, in personal hygiene, with shopping, or whatever is perceived as being needed done. In July she will be teaching the first course to prepare other teachers to teach the theory of Kinlein practice. A group of about 15 people are planning to take this course, she said.



M. Lucille Kinlein (center) founder of the practice of Kinlein, with Sue Irlie and Barb McGurran, local Kinlein practitioners. Kinlein spoke Thursday, May 7, at Indianhead Technical Institute in New Richmond.

PAUL L. ENEBOE, M.D.
A PROFESSIONAL CORPORATION
P.O. BOX 194
HOMER, ALASKA 99603
TELEPHONE 235-8588

May 22, 1981

Representative Hugh Malone
P. O. Box 9
Kenai, Alaska 99611

Dear Representative Malone:

I am writing this letter to indicate support for Detente, a sort of independent do-it-yourself nursing home concept which is part of the Kinlein care program. Mrs. Mary Raymond of Homer has started a Detente in our community and has contacted you for assistance.

This type of nursing home concept answers a real need in our community. It provides a place for people who need care but who are not sick enough to be in the hospital and who wish to remain, not just in the community, but somewhat independent and self-sufficient as well.

From the medical standpoint and from the social and personal standpoint, Mrs. Raymond's Detente has been immensely successful even though it is small and has just opened. A major problem for me as a physician has been the fact that many patients of mine who would like to go to Detente are unable to do so because their Medicare or Medicaid benefits are not eligible for this type of nursing home. So instead of being able to live the independent, rather self-sufficient existence or to have a brief transitory recovery period after hospitalization, patients must remain in the hospital at a much greater cost than if they were at Detente.

This letter is first to indicate my strong support for the Detente concept and for the very capable job that Mrs. Raymond is doing. Secondly, to request your assistance in helping obtain recognition by the state government so that eligible patients can receive benefits and support while staying at Detente.

Thank you for your support. I appreciate your time and effort in considering Mrs. Raymond's request for assistance.

Yours,



Paul L. Eneboe, M.D.
Homer, Alaska

PLE:bem

cc: Mr. Bob Ogden, Director of Health and Social Services
cc: Mrs. Mary Raymond

To whom it may concern
Re: "Detente" home in Homer, Alaska

My father-in-law (age 89) and mother-in-law (age 81) entered the Detente home February 1, 1981 as its first residents. They moved to Detente for four reasons... they could no longer live by themselves in their own home due to multiple physical problems of aging, live-in help was impossible to find, they were vehemently opposed to moving into a traditional nursing home, and they had a son living in Homer.

The Kinlein philosophy of allowing and fostering self-determination, family-like participation within the living unit, and offering a support network of people to aid when needed is far different from institutionalizing someone who cannot function alone. My husband and I have observed a very loving, patient staff, directed by Mary Raymond, caring for the Detente residents with concern for their needs both physical and mental. And the mental needs of dignity and self-respect are all-important when one realizes he can no longer function on his own resources. Here lies a great strength of Kinlein care - concern for the inner self as well as nursing the body.

The residence is home-like, comfortable, cheery and has added assets of a wood-burning fireplace, sun room, long deck on south side, and space for pets if wanted. It is a new form of caring which deserves much merit. It rises far above the traditional health-care facilities in my observation.

Paula Dickey
Paula Dickey
July 13, 1981

I concur with the above.

Brad Dickey
Brad Dickey
July 13, 1981

panoply

family health care

October 1, 1981

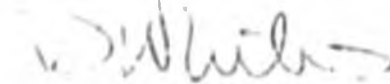
Helen D. Beirne
Commissioner of Health
Department of Health and Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Ms. Beirne:

I am writing in support of Detente, our area's only residential care facility. This organization is providing a very needed service in making available a structured, supportive environment, and importantly, encouraging residents to be responsible for their surroundings in its Kinlein approach to care. Its largest limitation is its unavailability resulting from lack of funding from third-parties, especially Medicaid. I encourage you to obtain details of the operation of this facility, its professional background and approach, and to help those in need of structured residential care in our community gain access through appropriate legislation.

Thank you for your consideration of this matter.

Sincerely,



Don White, M.D.

cc: Pat O'Connell
Hugh Malone
Don Gillman



box 916 homer alaska 99603 (907)235-7725

Detente
Box 2335
Homer, Ak. 99603
October 21, 1981

Charles H. Parr
Chr. Senate Health, & Social Services Comm.
SR Box 50599
Fairbanks, Ak. 99701


Dear Senator Parr,

Please receive this information re: The
Profession of Kinlein and Detente--the Kinlein
Care facility.

I wish to thank you and all members of
the Health, & Social Services Legislative Comm.
for the opportunity to speak to you and with
you.

I am looking forward to working with the
committee to obtain state reconization for
Detentes in the State of Alaska.

Sincerely,



Mary G. Raymond,
Kinleiner

MGR/ cph

cc. Sen. Stinson
Sen. Fischer
Sen. Kelly
Sen. Colleta
Rep. Beirne
Rep. Molone
Rep. Smith
Rep. Martin



Lucille Kinlein: "Homer was ready for Detente. It is small enough and aware enough to respond quickly to an idea that has merit."

Alaska individualism will make her method work, says Kinlein

By LAURA HAMILTON
For The Daily News

Are you thinking of changing jobs? Is a new baby in your life making you wonder how families should really operate? Does your sweet tooth control you? Do you have questions about a surgical procedure that's been recommended to you?

The Practice of Kinlein may lead you to some answers for questions like these, Lucille Kinlein explained Wednesday during a brief sojourn in Alaska. Her theory of care is best exercised, she said, when "I can hold a mirror to your own words, so you can see yourself."

The theory of Kinlein care is rooted in exercising "the self-caring agency — a God-given power to act on one's own behalf," Kinlein believes. The practice of Kinlein care involves absorptive listening, scientific judgment and the choosing of a technique for care.

Together, the theory and practice of Kinlein care offer a fresh approach to problem solving and personal enlightenment.

During her stay in Alaska, Kinlein, who lives in Hyattsburg, Md., has been evaluating the possibilities for her profession in the state. She's not only optimistic, she's enthusiastic: "No other state enjoys such a collection of individuals who are so aware of themselves as individuals. The Alaskan response to individualism will make (Kinlein care) work here."

The opening this past weekend of Detente-Homer, a Kinlein care facility in that Kenai Peninsula community, was a high point in her Alaska tour. It is the second facility of its kind in the nation; the first was opened by Kinlein in McLean, Va. in 1978. Kinleiner Mary Raymond of Homer organized the facility and will oversee its operation.

Although the number of professional Kinlein caregivers in Anchorage outnumbers those in Homer, "Homer was ready for Detente," Kinlein said. "It is small enough and aware enough to respond quickly to an idea that has merit. The community network there provides an instant kind of communication."

The three-bedroom home housing Detente-Homer will provide space for four residents and a full-time (24 hours a day) Kinleiner. Clients of all ages, from infants to the elderly, may find that living as a "family member" at Detente-Homer is an answer to their needs.

Although detente is the word often used to describe a particular strategy in American foreign policy, Kinlein said she "lamented the abuse of the word in international politics and decided to use it to describe our care facility. It is a French word that actually means 'living together harmoniously for mutual benefit.'"

Detente-Homer will provide a "family life feeling" for those who choose to live there for a period of time. Third-party payment by insurance companies or state

agencies for the time spent there and the care received is not possible at present, but Kinlein fully expects that it eventually will be.

For the elderly, the handicapped or anyone with special, temporary needs, Kinlein said, Detente-Homer may well be found superior to and less costly than traditional types of institutionalization.

In Anchorage, Kinlein has been kept busy meeting with her professional colleagues and clients and teaching her own course, "The System of Kinlein in the Field of Caring," at Alaska Pacific University. The course will be repeated in May, at which time she will return to Alaska.

Kinlein hopes eventually to see a master's degree in Kinlein care offered by a "visionary university." She believes APU may be that type of school.

Kinleiners are trained professionals who hold a baccalaureate degree in their field of study. Local Kinleiners have backgrounds in nursing, education, physiology, communications and nutrition, among other fields. Their formal college training is complemented by the training they have received from Lucille Kinlein, who began her independent practice in 1971.

Kinlein foresees a curriculum for would-be Kinleiners that would be broader-based than current liberal arts education. "It would cut across the standard curriculum of science and the humanities to provide knowledge about living and the human being," she said. Currently, several students are following a suggested curriculum at the University of Wisconsin that will lead them more perceptively toward the practice of Kinlein care.

Kinlein care often is described as a "self-help" approach to health care, or as preventive in nature. Kinlein seemed reluctant to accept those labels, although she repeated again and again the importance of exercising the "self-caring agency" in everyday living.

Who are Kinlein clients?

"They may come to us and say, 'I want someone to listen to me as a person, not break me down into parts,' she said. "They may say, 'I read about so many alternatives to orthodox medicine, I'd like to talk to someone about them.' They may say, 'I need a focus in my life,' or they may begin with, 'I need to tell someone how scared I am of surgery ...'"

"A Kinleiner may lead a client to information sources, if that seems to be what the client needs most. The approach is highly individual," she said.

Appointments at the Kinlein care center on Firwood Lane usually are an hour in length, although some clients request longer sessions. Each Kinleiner sets his or her fee. "It is always reasonable and is negotiable if it presents a problem," Kinlein said. Nationally, an hourly fee of \$30 is standard.

Kinlein practitioners in Anchorage currently see two to six clients per week. Anchorage Kinleiners include Mary Bolin, Patti Miller, Mona Harris, Charles Morel, Pat Steige and Linda Waggoner.

National Center of Kinlein

Board of Directors: M. Lucille Kinlein, Chairman, Hyattsville, Maryland
Annette L. James, Co-Chairman, Shinnston, W. Virginia
Mary A. Glynn, Treasurer, Minneapolis, Minnesota
Nancy Leipold, Secretary, Ann Arbor, Michigan
Linda Waggoner, Archivist, Anchorage, Alaska

System of Education

Courses taught in the Theory of the Practice of Kinlein at the University of Wisconsin-Superior and the Alaska Pacific University; Learnerships taught across the nation on a continuing basis.

Preparation of the Kinlein Self Care Assistant to begin 1981.

System of Practice

Independent practices.

Détente

Virginia - Pilot program, 1978-1981.

Alaska - 1981

Advisory Board:

L. Kinlein

Charles Morel

Director- Mary Raymond

Détente is a system within which persons are assisted in the exercise of self care agency so they can live harmoniously for mutual benefit. The care is in the form of a watchful eye, a ready hand, and a conversational, mildly stimulating environment. All persons connected with a Détente are members of a family, some pay for the care and others are paid.

System of Research

Blueprint for a national research design is being developed.

Annual Assembly of Kinlein, August, 1981 in Minneapolis, Minnesota.
Journal of Kinlein , first issue to be published in Fall, 1981.

CHARLIE PARR

ALASKA LEGISLATURE

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Juneau, Alaska 99811
(907) 465-4907

October 14, 1981

Ralph A. Wells, M.D.
Tanana Valley Medical-Surgical Group, Inc.
1001 Noble Street
Fairbanks, Alaska 99701

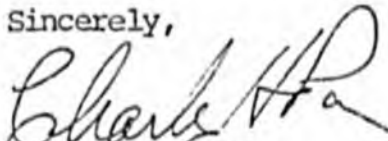
Dear Dr. Wells:

I apologize for my delay in response to your letter of September 16. In this interim period between legislative sessions there often do not seem to be enough hours in the day to earn my living running my business and take care of my legislative duties in a timely manner as well.

Please accept my thanks for taking the time to put your views on various health matters in writing for the Senate Health, Education and Social Services Committee. I am sorry you were unable to attend our public meeting here in Fairbanks, but your written comments will be added to the record of the Fairbanks testimony.

Thanks again for making time in a busy schedule to get your thoughts on these topics to us.

Sincerely,



Charles H. Parr

CHP:dm



TANANA VALLEY MEDICAL-SURGICAL GROUP, INC.

(A PROFESSIONAL CORPORATION)

1001 NOBLE STREET • FAIRBANKS, ALASKA 99701 • PHONE 452-1611

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September 16, 1981

Senator Charlie Parr
Chairman
Senate Health, Education and
Social Services Committee
545 3rd Avenue - Suite D
Fairbanks, Alaska 99701

Dear Senator Parr:

I regret that I did not have time to testify before your committee when you held open hearings here in Fairbanks concerning health care and health care delivery systems in Alaska. I think that many answers to the questions raised by your committee can be found in the several studies made by the Northern Alaska Health Resources Association, Inc. which, of course, the State of Alaska has supported financially for several years. These people have been trying to find the answers to health related problems for some time and they have, as a result, learned a great deal about the subject.

There are several items that I would like to address in my comments here; they are as follows:

- 1) I do not think that the State of Alaska should provide medical assistance beyond what it is now providing, for two reasons:
 - a) Free and unrestricted support of a medical service program would be enormously expensive to the State of Alaska.
 - b) The Department of Health and Social Services is in no shape to take on the responsibility of administering a much larger program.

(The latter I specifically mention since we have been involved in health support services (Medicaid) for many years. During that time, we have suffered untold frustrations, deceptive and deceitful business practices, not to mention financial loss in our dealings with the State Department of Health and Social Services.)

- 2) I do not believe that the State should provide a subsidy for health insurance coverage for all Alaskans because most of them have this coverage already in one form or another which is in most cases adequate and compared to the type

of health insurance coverage suggested by House Bill 41, costs practically nothing. Furthermore, it is my belief that the type of health insurance coverage inferred by House Bill 41 would actually be a step backward for quality medical service in Alaska because it would allow people who are really not sick to jam doctor's offices and make it difficult for sick people to get the kind of care that may be needed. I do, however, feel that catastrophic cases do not receive the attention they deserve.

- 3) I think the emergency medical services system in Alaska is working very well at the present time, progress seems evident and under the circumstances, there does not appear to be any real need for State assistance beyond what is offered at this time.
- 4) The Northern Alaska Health Resources Association has done a very commendable job of structuring regional health planning and has spent a great deal of time and money already. Therefore, to duplicate this effort would be wasteful and unnecessary.
- 5) The Northern Alaska Health Resources Association has done a great deal in the areas of prevention and promotion of health matters. It would seem to me that this group should be encouraged and supported. If there are weaknesses in our delivery system, it would seem likely that they could be helpful.
- 6) A great deal is happening on a statewide basis in the health services field. Not only is there a great effort being made in the Alaska Native Health Services area, but the doctors throughout the state are united in attempting to improve their approach to medicine through self-evaluation and peer review. There are a good many professional organizations such as N.A.H.R.A. who are directly involved and working in the medical services area also. In view of this great activity, it does not appear that an additional agency of any kind would be needed; rather, it would seem that an evaluation of what services are being offered to various groups of Alaskan citizens to learn if there is a maldistribution of medical services and if there is, in what areas of medical service does this disparity exist.

There has been criticism regarding the costs of medical and dental care. I am not in a position to defend the cost of dental care, but I do know that medical care, as far as physicians' charges are concerned, has advanced at about the same rate as any other good or service in the state of Alaska. To confirm this statistic, I refer you to the last issue of the "Fairbanks North Star Borough Community Research Quarterly." On page 74, you will note that Fairbanks, even though

September 16, 1981

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situated in a very high cost area, is only .5 of 1% higher than the national norm. These figures, of course, are only for the most recent 12 month period. However, they are quite typical of the trend set some years back. Yes, medical/dental prices are too high, but so are food prices, housing prices, apparel prices, transportation costs and all other costs too high, in my view.

There has been some mention made of residential care for handicapped children and adults. Under a state-sponsored program, the Fairbanks Health Center is doing a creditable job and certainly before anything further is done, agencies like the Fairbanks Health Center should be brought into the planning process and their experience utilized. From such contributions by state agencies, it can be pretty well determined what the real need might conceivably be on a long-term basis.

Thank you very much for inviting me to appear before your committee, and I apologize once more for not having been able to make an appearance there. Perhaps you will accept this letter as a substitute.

Very truly yours,

Ralph A. Wells MD

Ralph A. Wells, M.D.

RAW/das



FRANK J. GOLD, Ed.D.

Registered Psychologist
3098 AIRPORT WAY
FAIRBANKS, ALASKA 99701
(907) 456-4409

May 6, 1981

TO: Senator Frank Murkowski
Senator Ted Stevens
Representative Don Young

RE: Health System Agencies

For the record and for whatever it is worth, I am opposed to any continuation funding for health system agencies.

I have been dealing with the HSA in the Northern Region for quite some time now. Folks that have been on the Board of Directors with insight have resigned in disgust; the amount of authority built into the system--which calls for appeals from Fairbanks to Washington, DC--is scary; incompetence and a high degree of naivete totally undermine what should have been a boon to health and social services.

The details of my experiences can be had upon request, but I just wanted you folks to know that one person back home supports eliminating HSA funding.

A handwritten signature in cursive script, appearing to read "Frank J. Gold".

Health Agency Accountability, Methods Are Questioned

By FRANK GOLD

Executive Director, KILA, Inc.

On April 25, 1981, I attended a meeting of the Northern Alaska Health Resources Association (the regional health system agency for Northern Alaska).

On May 1, 1981, I read a short bit of fluff in the Fairbanks Daily News-Miner which bore little relationship to what happened at the meeting. It was then that I suddenly realized that no members of the press were present at the meeting nor were any other members of the public.

My concern is that this organization of consumers and providers of health and social services — approving of the expenditure of more than \$20 million annually in the northern region — do their job in almost total isolation.

The HSA's were created sev-

eral years ago and the history of our regional HSA is interesting in and of itself — with many vested interests and conflicting interests gathering together to control local expenditures.

What is important to me is that not one member of the working press ever realized the importance of the organization; nothing more than public relations releases was ever written. I am certain that a short speech I made to the organization several years ago was the first many of the lay members of the board of directors ever heard which outlined their enormous authority.

My concerns center around the total lack of accountability inherent in the local HSA. Half of the membership is appointed by Mayor John Carlson — without assembly approval (and without the bor-

ough having any health or social service authority).

If he would decide some time after making the appointment that he did not approve of the direction being taken by his appointee, there would be nothing he could do. If the public complained to Mayor Carlson, he still could do nothing.

The City of Fairbanks, which does have health and social services power has no appointees to the HSA; and it follows that the city has no way of interfering in the deliberations of the HSA. If a grant application who was turned away by the local HSA were to request an appeal, the appeal would be addressed to the Secretary of Health & Human Services in Washington, D.C. No local authority — or state authority — exists that can overturn a decision made by this little band of self-important elitists.

The HSA is supposedly responsible for coordinating health services throughout its area of jurisdiction. What this amounts to in reality is that a small staff attempts to review proposals and grant applications in more than 40-60 distinct areas of professional expertise; this staff of folks is comprised of health planners (not providers) and is simply unable to make determinations of any calibre.



The approach of the America and the world was appointment as a top human despite his questionable idea to support human rights principle national level.

In effect the braintrust domestic and international sincere commitment to human

There has been an escalation since the elevation of Reagan national implications of the of seemingly to be an ignoring violations both on the domestic virtual closet support for a condonement and fence strategy

It is increasingly apparent is not dead and now exposed braintrust. It is in effect fatal unless there is a radical change policy in this important area.

Since the ascendancy there has been an escalation "back the clock" on all of the in domestic life and conduct

One of the most blatant present proposal to scrap is out of the necessity of prior to the constitutional guarantee

STATE OF ALASKA

Rural Development Council Meeting

June 19-20

The State Rural Development Council will meet in the Copper

KILA, Inc.

Administration
(907) 452-5972

Fairbanks Education
Center
(907) 452-1841

Fairbanks Re-Entry
Center
(907) 456-3043

Fairbanks Treatment
Center
(907) 456-5715

Locally Controlled
Integrated and Coordinated
Human Services
3098 Airport Way
Fairbanks, Alaska 99701

October 14, 1981

TO: Members
Senate Health, Education, & Social Services Committee

FROM: Frank J. Gold, EdD
Executive Director & Staff Psychologist *FJG*

RE: Testimony not provided at the Fairbanks public hearing
9/12/81

Due to circumstances beyond my control, I could not be present at the hearing scheduled for 12 September 1981 in Fairbanks.

The attached documents relating to the health system agency system (most particularly the existence and cost of the Northern Alaska Health Resources Association) comprise most of what I would have stated in September. I would be happy to provide answers to any questions and/or additional testimony if requested.

I cannot strongly enough emphasize the uselessness and the lack of impartiality. Your careful consideration to NOT fund the HSA's after they are cut off from federal support is sought.



FRANK J. GOLD, Ed.D.

Registered Psychologist
3098 AIRPORT WAY
FAIRBANKS, ALASKA 99701
(907) 456-4409

May 6, 1981

TO: Senator Frank Murkowski
Senator Ted Stevens
Representative Don Young

RE: Health System Agencies

For the record and for whatever it is worth, I am opposed to any continuation funding for health system agencies.

I have been dealing with the HSA in the Northern Region for quite some time now. Folks that have been on the Board of Directors with insight have resigned in disgust; the amount of authority built into the system--which calls for appeals from Fairbanks to Washington, DC--is scary; incompetence and a high degree of naivete totally undermine what should have been a boon to health and social services.

The details of my experiences can be had upon request, but I just wanted you folks to know that one person back home supports eliminating HSA funding.

Handwritten signature

Health Agency Accountability, Methods Are Questioned

By FRANK GOLD

Executive Director, KILA, Inc.

On April 25, 1981, I attended a meeting of the Northern Alaska Health Resources Association (the regional health system agency for Northern Alaska).

On May 4, 1981, I read a short bit of fluff in the Fairbanks Daily News-Miner which bore little relationship to what happened at the meeting. It was then that I suddenly realized that no members of the press were present at the meeting nor were any other members of the public.

My concern is that this organization of consumers and providers of health and social services - approving of the expenditure of more than \$20 million annually in the northern region - do their job in almost total isolation.

The HSA's were created sev-

eral years ago and the history of our regional HSA is interesting in and of itself - with many vested interests and conflicting interests gathering together to control local expenditures.

What is important to me is that not one member of the working press ever realized the importance of the organization; nothing more than public relations releases was ever written. I am certain that a short speech I made to the organization several years ago was the first many of the lay members of the board of directors ever heard which outlined their enormous authority.

My concerns center around the total lack of accountability inherent in the local HSA. Half of the membership is appointed by Mayor John Carlson - without assembly approval (and without the bor-

ough having any health or social service authority).

If he would decide some time after making the appointment that he did not approve of the direction being taken by his appointee, there would be nothing he could do. If the public complained to Mayor Carlson, he still could do nothing.

The City of Fairbanks, which does have health and social services power has no appointees to the HSA; and it follows that the city has no way of interfering in the deliberations of the HSA. If a grant application who was turned away by the local HSA were to request an appeal, the appeal would be addressed to the Secretary of Health & Human Services in Washington, D.C.! No local authority - or state authority - exists that can overturn a decision made by this little band of self-important elitists.

The HSA is supposedly responsible for coordinating health services throughout its area of jurisdiction. What this amounts to in reality is that a small staff attempts to review proposals and grant applications in more than 40-60 distinct areas of professional expertise; this staff of folks is comprised of health planners (not providers) and is simply unable to make determinations of any caliber.

The recommendations produced by this group of administrators are passed on to the board of directors - a group that meets infrequently (with over half of the membership being individuals who have no expertise in the health fields). Just guess what is done with staff recommendations by a board of naive folks!

I would be more than happy to provide whatever information and documents I have available to anyone interested in investigating our HSA.

To the best of my knowledge, I am the only person in Fairbanks that has taken this group on; who has continually tried to force the public (including other providers of services) to take a bit more interest in the HSA.

Without some local controls over this operation, the power placed in the hands of a few well-meaning but uninformed folks is dangerous and threatening. I am requesting that the members of the working press take the time to investigate the validity of my concerns - and to do so without falling under the spell of nicely worded press releases.



The approach of the America and the world was an appointment as a top human despite a questionable idea to support human rights principle national level.

In effect the braintrust domestic and international sincere commitment to human

There has been an erosion since the elevation of Reagan national implications of the of seemingly to be an ignoring violations both on the domestic virtual closet support for no condonement and fence stand

It is increasingly apparent is not dead and non-existent braintrust, it is in effect fatal unless there is a radical change policy in this important area.

Since the ascendancy there has been an escalation back the clock" on all of the in domestic life and condition

One of the most blatant present proposal to scrap it out of the necessity of profiting to the constitutional guarantee citizen's protection in the

In some areas of the the most abused of constitutions (black) predominantly) were some cases by blatant justice and it was only after many years that these abuses ended

There are reports from are still abuses of this right these claims are well peddled

The proposal of ten grams to the several states as until the federal govern these programs came with as there was in the area of turning overreliance of these a resurgence of past abuses as

It would seem that the "full speed in reverse!"

In the past the Ku Klux Black Americans and the Am but at the present with their organizing and training of us to America itself.

Due to the institution has been able to attract infiltrate the law enforcement to government and law enforcement

The training in the tactics in organized crime enforcement agencies that action against the lawless virtually inferior and impotent pathetic with this lawless group

The open terrorist transplanted Vietnam fishermen

STATE OF ALASKA

Rural Development Council Meeting

June 19-20

The State Rural Development Council will meet in the Copper Center area June 19-20. Sessions will be held in the Fairbanks Community Hall, beginning at 9 a.m. both days.

Council discussions will include the following topics:

- Energy - cost, availability, use and related problems in rural Alaska
- Capital formation and financing for business development
- Legislative actions affecting rural areas
- Local government - planning/administrative capacities

Guest speakers from throughout the state will address topics of energy and capital formation. Council meetings are open to the public. For further information, contact Rural Development Council staff at 465-4872.

Signed: Marie Matvano, Chairman
Rural Development Council
Pouch B
Juneau, AK 99811

UNION DIRECTORY

PLUMBERS AND STEAMFITTERS
3566 Corraughts Street
Meeting Third Monday of each month
7:00 P.M.
Lounge: Ardenault, Fin, Seely and Hill, Apt. 429-4154

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

JAY S. HAMMOND, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: 465-2515

NOTICE OF HEARING WORKER'S COMPENSATION PAYROLL TRANSITION RULE CHANGE

The Division of Insurance has received a request from the National Council on Compensation Insurance to consider and approve a modification to the Division's Order 81-4 concerning the Payroll Transition Program. The proposed change reads as follows:


"The payroll transition credit shall not be allowed with respect to payroll generated by employees whose job situs is north of the Brooks Range unless the employer is the State of Alaska, or a contractor therewith to the extent of regular governmental activity."

The requested effective date of change is January 1, 1982 on new and renewal business. Notice is hereby given that the Division of Insurance, under authority vested in AS 21.39.170 and AS 21.39.040, proposes to consider the propriety of the requested change, to consider any support for the change and to hear any public comment concerning the change.

Notice is also given that any person may present oral or written statements or arguments relative to the proposed change at a hearing to be held in Room C-122 of the Federal Building at 701 "C" Street, Anchorage, Alaska, commencing at 9:00 a.m. on October 29, 1981 and continuing until completed.

The Division of Insurance, upon its own motion or at the instance of any interested persons may, after the the hearing, approve, disapprove, or modify the proposed request without further notice.

DATE: September 30, 1981
Juneau, Alaska


Kenneth C. Moore, Director

State to solicit testimony on local health care

Peninsula residents will be asked to evaluate local systems of health care service and planning Saturday when the state conducts a day long hearing in Soldotna to determine the needs of the area.

All aspects of the field, including availability and accessibility of services, preventive and handicapped care, planning, and emergency medical services, will be discussed during the eight hour hearing, according to Nancy Deitrick, aide for the Senate Health, Education, and Social Services Committee, which is conducting the investigation.

"This is a prime opportunity for the public to approach their elected officials on the subject of their local concerns," Ms. Deitrick told the Homer News. "Many issues in the health area will be before the legislature during the next session and we are interested in hearing from as many people as possible on the subject."

Health care issues that have been of major concern to Homer area residents in the past several years have

included subsidizing emergency medical evacuation plane service to Anchorage, providing medical emergency technicians and equipment to outlying communities such as Ninilchik and Anchor Point, acceptance of state and private insurance monies for Kinlein care, and expansion of the

South Peninsula Hospital facility.

The public is invited to attend the hearings, even if they do not wish to testify, according to Ms. Deitrick. The hearing will be held in the Borough Assembly building in Soldotna from 9 a.m. to 5 p.m. Saturday, Sept. 26. For more informa-

tion, interested persons may call 262-9364.

Members of the Senate HESS committee include Chairman Charlie Parr, D-Fairbanks, Vice-Chairman Terry Stimson, D-Anchorage, Vic Fischer, D-Anchorage, Tim Kelly, R-Anchorage, and Mike Colleta, R-Anchorage.

Détente™ Care

A form of Kinlein Care

Détente™Care

Kinlein Care is defined as assisting the person in the exercise of his self-care agency in regard to living.

Détente™Care is a form of Kinlein Care where persons exercise their self-care agency on a day-to-day basis, engaging in activities that are much the same as in their own homes. The care that is given flows in concert with the person's perspective of his need for care and is discussed with the person in the manner of a member of a family. Effort is directed at maintaining the integrity of the person in a way that admits and protects the unique personality of the individuals being cared for and the unique personality of the person caring.

Every person at Détente™Deserves and receives equal consideration and it is the rationality of the individuals that assures concern for each other. It is the embodiment of mother-father-sister-brother caring, or caring by a stranger prepared in a particular field.

Persons of all ages can stay at Détente™for varying lengths of time. The number of people should be ten, maximum.

Relatives of persons who live or stay at Détente™can come in as in a private home and the openness of Détente™invites the relative to fix a cup of coffee, be invited to stay for dinner, or help to do the dishes.

Détente™has an atmosphere where each individual has the opportunity to grow in understanding of self and others.

The sociological theory of living is a blend of caring where everyone is being cared for. There are no job descriptions, only primary responsibilities which individuals assume, and for which they are paid.

Détente™Care helps a person develop his potential in living as an individual while in contact with others who are seeking the same goal.

The growth of understanding of the idea can be gleaned from these comments of those individuals who have had contact or association with Détente™since it began in October, 1978:

"Peaceful atmosphere"

"So much cooperation among all there"

"Personal all the way through"

"Such an upbeat idea"

"It has to be experienced"

Détente™is not a commercial venture with a profit motive; instead, it is an endeavor to fill a part of the pressing need for changes in the ways of caring for people.

Détente™
1107 Dead Run Drive
McLean, Virginia 22101

DETENTE
Box 2335
Homer, Alaska 99603
235-7942

801 W. Fireweed Lane, Suite 101
Anchorage, Alaska 99503

Journal of Kinlein

The Profession of Kinlein

The practice of Kinlein began in 1971 in Hyattsville, Maryland, when M. Lucille Kinlein, an educator, researcher, and theorist opened an independent practice of caring with people. From analysis of Miss Kinlein's practice and data collected from thousands of client records, the Theory of Exercise of Self Care Agency was articulated as the science of the practice of Kinlein which is now taught throughout the United States. The Kinleiner assists the person to exercise his self care agency.

Self care agency is the power which all people have within them to act on their own behalf. The exercise of self care agency:

- exists at birth and continues throughout the life span.

- is characterized by actions of an intellectual, physical, spiritual and emotional nature.

People can go through life making decisions based on the predominant influence of one or the other of these components: intellect, body, spirit, emotions. Marshalling all the components to act in concert and balance achieves the goal of self.

When definition of a concern and control in regard to it can come from within the person, the resulting growth is a move to perfecting the individual's own uniqueness. Although there are many resources to help individuals, the ultimate resource, which is God-given, is within themselves and that is the focus of the profession of Kinlein.

The Power and Peace of Taking Responsibility and Keeping Control of Self.....

The Beauty of Life.....

The Joy of Living It.....

Endlessly Interesting.....

The Essence of You...Me...and Every Other Human Being.....

Exercise of Self Care Agency.....

The Journal of Kinlein

after ten years it's ready.....

Journal of Kinlein

The Journal of the Exercise of Self Care Agency

Exercise of Self Care Agency
is the actualization of the power
to act on one's own behalf,
to take care of one's Self.

In the ongoing quest to understand the human condition, certain themes persistently emerge, such as actualizing the power of the individual, integrating body, mind, soul and emotions, respecting the dignity of persons, achieving control and accepting responsibility for the self.

The philosophy and practice of Kinlein, encompassing these themes, is the vehicle which has drawn them together in the form of a journal. The thread which runs throughout the Journal of Kinlein is the exercise of self care agency.

In light of the universality of the themes, the Journal features articles of a philosophical, theoretical, scientific and practical nature from all disciplines.

Journal of Kinlein

_____ 1 year (3 issues) \$30 Beginning Fall 1981 _____ 2 years (7 issues) \$60

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Journal of Kinlein
801 W. Fireweed Lane, Suite 101
Anchorage, Alaska 99503

Important: Canada and Mexico please add \$5.00 per year.

I was unable to attend your September 26, 1981 meeting at the Kenai Peninsula Borough Assembly building to receive public testimony on all aspects of health care. Our Center was represented by Deborah Rediske who is the Administrative Director of Central Peninsula Mental Health Center.

I am writing to you with respect to three primary issues. These issues are the stability of mental health care, the accessibility of mental health care, the licensing of psychologists, and health system agencies. First, with the passage of the new commitment statutes this past year, there is increasing demand for the services of mental health professionals. This demand has arisen associated with the increasing involvement of the community mental health professionals in the treatment of the chronically mentally ill. The statistics related to our own mental health center indicate that the availability of mental health care throughout our catchment area does not meet the level of demand for these services. We generally have a waiting list for services ranging from three to six weeks except for emergencies. Often individuals in our Center are working fifty plus hours a week. I would estimate that our frequency of dealing with after hour emergencies including hospital call, jail consultation, and dealing with our own clients' crises occurs with a frequency of thirty to fifty times per month. Our Center just does not have staff to meet the demands of our community.

The accessibility of our mental health care to the community is limited. It would be better if our Center could have services available on an out-patient basis in Soldotna. As it is, our office is located in Kenai, and we do deliver itinerant services to the hospital in Soldotna, the jail in Kenai and the schools throughout our communities. However, our services could be made more accessible to the community if we were to have a satellite office in Soldotna.

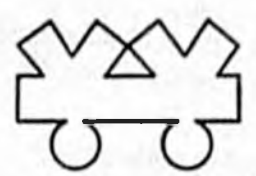
With respect to psychology licensing the Psychology Licensing Statute is under sunset review. I strongly encourage the Senate to extend continued board involvement in the licensing process of psychologists and psychological associates. I strongly encourage the Senate Health Education and Social Services

Dear Senator Parr:

Senator Charlie Parr
Pouch V
State Capitol
Juneau, Alaska 99811

October 30, 1981

Central Peninsula Mental Health Center
P. O. BOX 247 • KENAI, ALASKA 99611 • (907) 283-7501



Senator Parr
Page Two

committee to endorse the continuation of the Board. Psychology licensing allows consumers to choose individuals who are professionally trained to deal with mental health care. Second, the public in our state can use third party payors for psychological services provided by licensed individuals. In summary, I feel it is in the public's best interest for psychology licensing to continue.

Related to health system agencies, I strongly encourage the Senate Health Education and Social Services committee to support the continuation of the health systems agencies through Alaska. I feel these agencies are fundamentally necessary to act in the public's interest; to review, scrutinize, and request needed health services through out state; and to participate in review processes for expenditure of public monies on health care.

Thank you very much for the attention you accord this letter.

Sincerely,

Paul E Turner PhD

Paul E. Turner, Ph.D.
Clinical Psychologist
Director, Clinical Program

PET/vrf

xc: Rep. Hugh Malone
Rep. Pat O'Connell
Sen. Don Gilman

Opening-Remarks

Ladies and gentlemen, this is a hearing of the Senate Health, Education and Social Services Committee. Let me begin by introducing the persons here at the table. To my right is Senator _____ of Anchorage, to my left Senator ^{Rep} Hugh Malone of Anch. Senator Vio Fischer is unable to attend, but is represented by _____ of his staff. (Others)

To my far right are Sandra Stringer and Nancy Deltrick of the Committee staff. I am Charlie Parr, chairman of the Committee.

[(Optional) We feel fortunate to have with us in the audience today _____]

Our subject today is health care in the State of Alaska. We ~~will~~ ~~part~~ ~~part~~ ~~part~~ would like to hear from you on any ~~part~~ of the ~~subject~~ subject, from health care planning to insurance, from lay midwives to advanced ~~education~~ education for nurses, from treatment of the ~~mentally ill~~ ^{victims.} mentally ill to emergency evacuation of highway accident ~~victims~~

[(Optional) We have a large crowd today, and in order to give everyone a chance to testify we ask that you ~~keep~~ be brief.] If you wish to submit ~~any~~ written materials, Mrs. Stringer or Ms. Deltrick will take them. ^{We will duplicate all} and furnish them to ~~all~~ written materials ~~will~~ ~~be~~ ~~distributed~~ ~~to~~ ~~all~~ ~~committee~~ ~~members~~. If you wish to send in testimony later, the Committee address is on one of the sheets on the table in the rear of the room.

We'll begin with testimony from _____

[(optional) who has to leave for _____]

Callie

INFORMATION ABOUT THE PROPOSED \$5.7 MILLION EXPANSION BOND ISSUE FOR THE CENTRAL PENINSULA GENERAL HOSPITAL

The Central Peninsula General Hospital proposes to remodel and expand its current surgical, obstetrical, and central sterile supply areas in accordance with the Long Range Hospital Plan.

Also, in accordance with the plan a ten-room patient ward and a two-room intensive care unit will be added in line with demand.

The remodeling, expansion and addition will accomplish the following:

The current surgical suite includes one operating room and small changing rooms for physicians and nurses. Surgical utilization has increased both on an inpatient and outpatient basis. As this trend continues it becomes extremely difficult to adequately schedule all cases. A new surgical suite containing two operating rooms will be added. Unlike the present operating room, the new rooms will properly handle orthopedic and other specialized surgery.

A new central sterile supply will be part of the new surgical addition. Much time and consideration has been given to determine the proper flow of supplies in and out of surgery.

The present surgery area will be changed by remodeling to an obstetrical area that will include birthing facilities and rooming in-rooms. The Central Peninsula General Hospital has not been able to offer these services due to limited and cramped facilities. The remodeling proposes a delivery room, a birthing room, a two-bed labor room, a one bed labor room, two obstetric bed rooms and two rooming in-rooms plus male and female changing rooms.

The addition of a ten room hospital is necessary to meet the present and projected use of the inpatient facility. Occupancy has been 60% or better for most of 1981. Occupancy will continue to rise with the arrival of an orthopedical surgeon, an internist, and other physicians.

Hospital use forecast for 1986 has occurred in late 1980 and 1981 making the expansion necessary now.

Passage of the bond proposal will make possible bidding in April of 1982 and building completion in October 1983.

The expansion will remove the need for transfers and transports to Anchorage except in unusual cases.

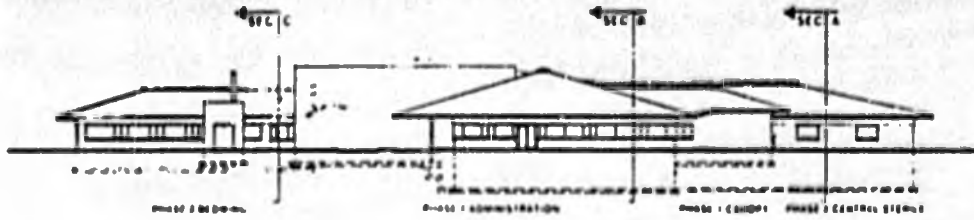
A bond proposal of 5.7 million at a municipal bond interest rate of 10.5% for 15 years on a Hospital Service Area tax base of \$1,934,136,000 would be .4 of a mill. This means \$20 on a \$50,000 piece of property or \$40 on a \$100,000 piece of property.

The project is eligible for a sizable State grant that will allow the Hospital Board to retire the entire debt or substantially reduce the amount owed in a year's time.

Passage of the hospital expansion bond proposal will aid in meeting the medical and health needs of our community in a timely and orderly fashion.

Prepared and paid for by the committee for Hospital Expansion.

Justin Maile, Treasurer

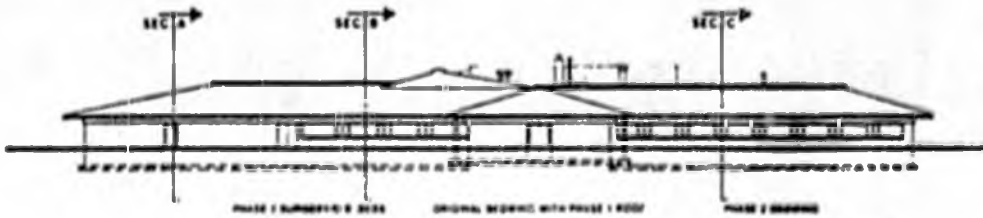


NORTH

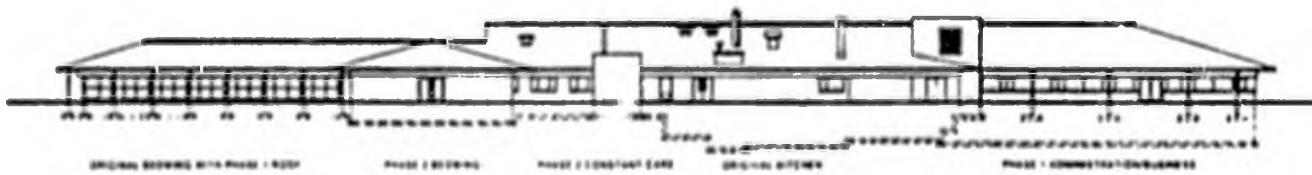
THE PROPOSED

\$5.7 MILLION EXPANSION BOND ISSUE

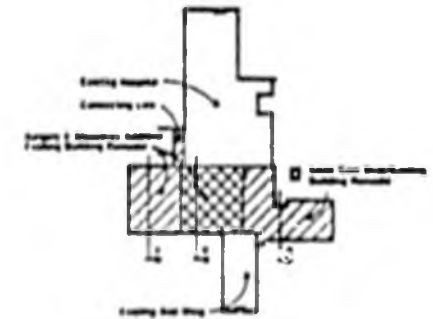
FOR THE CENTRAL PENINSULA GENERAL HOSPITAL



SOUTH



EAST



SECTION PLAN



WEST

CENTRAL PENINSULA
GENERAL HOSPITAL
PHASE 3

ELEVATIONS

ORIGINAL DOCUMENT SCALE 1/8" = 1'-0"



ETA ARCHITECTS ENGINEERS
JAN 2 1981

Charlie - intro

Dr. Partnell - State Med. Board - Chair -
personal opinion on these subjects

HB41 - no off. Board position - but favor ^{concern} re. medical
* rural health care Barlauchery

diff to attract M.D. to go to bush comm.
regardless of \$. Canadians set up satellite
clinics - full time w/ nurses. in close
contact w/ remote areas. team of M.D.'s
travel to clinics. His opinion is
that it works better than P.H.S.

* key midwives - state med. Board may
not be the agency to deal w/ midwives
need some controls or abstrct. for
consumer protection.

Partial payments by Medicare/Medicaid is an
issue of patient care because M.D.'s
refuse to accept patients.

Rural - things that's needed is in place
most of what is seen are minor physical
ailments. Major prob. will taken care of
though OHP caliber is not uniformly
good. (see good in prevention)
surveillance Diseases of neglect

Dental, up, skin.

Janice Carter - EMS - interior region

Three levels of EMT's. Starts with pre-hospital care.

P.A.'s in sub-regional areas

Eidson said they would stop running ambulances off base if Rep went into effect. Rep need work.

State funding - should go through medical agency (H & SS) rather than C & RA.

All emergencies are transferred up. Problem of payment. Problems getting money from Medicaid. Some are suffering from non-payment, and threatening to not transfer up payment up-front.

Equipment retrieval a problem. Airplane ratio high - services disappearing.

Insurance a vehicle done by depart. (Wash, F&S, Narkiki, Nevada, Georgia not volunteer - all others are)

Communications (Div. of Comm. works well) Need a microwave system. - Small places are not covered. (a doc

Channel tower would be a savings for the state.

Capital Budg. - operations & equip. Southern Region not funded for capital purp. S.E. received microwave systems & today get planning money. Back up comm & major links on hull road not funded.

Need a TRAINING SITE - tracking at Ft. Wainwright in Kangaroo. No place in FRS. So use w/ looking security for equip.

Tom Mingen - Admin. Hosp.

Health Insurance - where is state going? Compare benefit. Ct study for Medicaid. Medicaid looking for interagency to process claims. Helen B. looking for better Catastrophic Ill. Concerned about lack of coordination.

9% cap on Medicaid.

Resp. care - impact on skp. by bad diet, partial Med-Med. Private insurance is affected by add. charges to make up for losses.

C.O.N. - needs to be modified. Dollars amt. unrealistic for uk

Planning - coord w/ all agencies Private, State, Military, Native.

Cap. Proj. - with Rev. Sharing Changes, Legis. Should not have to foot up small projects but should make sure all are built properly / timely. Don't tie Rev. Sharing to any special purpose but allow facilities see-way.

Group Assoc. tackling a formula for Rev. Sharing. Unrecognized group cost - insurance reimbursement - the avg. account takes 85 days to receive payment. Group must find working capital for this time frame. Higher payment system would assist facilities.

all ins. in Senate - mail/comm. prob. What state have most favorable law re. insurance

~~Miss Patten~~

Prayer Blessen - N. Reg. EMS. Board of Nursing Chairman.

EMS - REGS. FOR EMT'S. - STATE - WIDE TRAINING
Committee working out licensure. - Regs in
draft form. Re-Act. May 2 yrs.
Nothing outlined in terms of enforcement.

On going support - NEED - training
particularly in rural. Need refresher
courses yearly. Salary/Travel for
instructors

Central Dispatch very helpful -

Pre-hospital training - greatest need. (Katzman
Barrow esp.) courses Oct-Apr

Liability insurance - State Stat. E. sets of
Criteria for good Samaritan

a discrepancy - getting the opinion
that a uniform standard in law

Separate for EMT - Para-medic and M.D.

Nurse Prac Act (Hans Hess)

Competency - maintenance of comp. surveyed
other states. Consumer survey (thinking
of) Regs. for nurse anesthetists and
L.P.N. what about C.E. What is
status of C.E.? a great transportation,
time off (go to lunch) reg. a minimum
of 10 students. Hard to get min. 20.

(Media Project)

alternatives to get C.E. in state
indep. study
T.V. courses.
reference course.

requires clinical experience under supervision.
Many profess. have several area for
each of projects. stimulation.

Any proposal for C.E.?

A.N.P. report this will - nursing needs
for upcoming yrs.

Ways more on quality of handicapped -
some make some health
needed. filing a grievance of office
of Civil Rights. Supervisors talk
down to the handicapped.

Program Resources - on trace
mileage for the way. - now pay for
traveling time, deduct this from client
personal needs time.

Steve McHenry - Nat'l Assoc. of Soc. Workers
HB 41 - support concept of Health
Care.

Want to see products of Battelle

(Dir. of FBXS. Counseling & Adapt. - director)

In terms of CMHC (half staffed by Mr. Warner) but Medicaid services DHS rep. do not specify soc. workers for payment for non-profit agencies (about 30 in state) 7 years

ago the licenses were revoked in waiting for new regs. too long of a wait for licensing issue. 3rd party insurers will not pay unless licensed. Could be better self-sufficient if they could collect insurance moneys.

discriminated against in sub-contracts from state because not licensed

non-profit can provide some services the state cannot. They frequently can avoid duplication of services.

Need for info-referral service for the handicapped. Also central location for info (Ark. Center for Indep. Living)

Prob. obtaining handicapped license plates. ^{are in process of this - need funds}

Diff. w/ parking (a P.O.)

Diff. fees for parking in handicapped parking areas would help. Taxis frequently are offenders

See City Council

Miss Kappert

Homemakers -- travel should be operating east and not taken out of homes. Not allowed to carry wood or stove fires - prob for some

info & referral - lists from Gov. Office of agencies does not tell what services are provided.

In Arch. - Quality of Life Service - supposed to be a state-wide service, just funded. (Voc Rehab)

* active funding -> INDEP. LIV. FOR DEV. DISABLED.

got a mini-grant from state but id more for referring. Voc Rehab. no money for Indep. Living.

- enabling home for wheelchair etc. so stay out of institution.

- equipment

- vehicle modifications (money only for working)

Active Indep living Center - info & referral (Arch)
Indep. Optical Nord - hearing - full service access

Carrier removal/access happening in Barouq. and peer counseling

(9)

Transportation - none for handicapped in FTBRS.
Some nurses cannot drive pt. except in show (st.)
Car if incur is provided.

Housing - no accessible housing except home
for the elderly. (only 10 units - 1 bedroom) Those
w/ children cannot find a place. low-income
housing are not accessible (two story) and
cannot be modified. Waiting list for show.

Advocacy - legal aide for the disabled. Statutes guarantee
advocacy but they do not exist. P.A., D.T.
only assists Develop. Disabled. Legal aide
not taking more cases but you must
financially qualify - not experts in hands.
Clients do not know rights.

Social Security - gap in system must qualify
for SSI or you cannot get medical care.
Can't get insurance. People being cut
off w/o notice or explanation. System
is haphazard.

Handicapped Car Plates - no info available. Must have an
M.D. cert. to get free plates. - even if you
display a disability. Certificate for car
needs to be sturdy / more visible.

Also need a temporary handicap placard for
space w/ temp. disability for parking.

Handicapped person w/ job must make a good
wage because employment will cause all
services to cease. Cannot get insurance,
but any that will insure will exclude
all medical costs related to disability.
(previously existing conditions)

Social Security takes at least 1 yr to settle

David Mather Health Dir - Tanager Chiefs
30 CHA Pract. in villages - primary
and emerg. care unit. Mid-levels
train and supervise. Supported
by PHS (20 yrs).
Other support
- leases for clinics
- emerg. med. communications
serve all people in level I + II Comm.

Fed support:

- no leases for clinics as of March 8,
- Communications - additional phones or planned phones canceled
- CHA program inc. 0-3%
- MH, EMS, Home maker rely on CHA - only rec'm w/ facilities and communication.

Salaries not competitive (40% of state prison) ^{100 hrs training (\$11,500 yr)}
 Money from IHS too can serve all people.
 Losing older, better qualified CHT because
 they are leaving village to get better urban
 jobs.

Health care is not under trust responsibilities.
 applied for Amemaker contract but had
 to provide for N. Side too - unable to do that.
 Contracted to Corp. on East Coast who cannot
 possibly provide services.

— support training - statewide proposal coming
 in for next session.

Barbara ~~Dahl~~ ^{Dahl} - disabled. Charles Pickett. Solicitor FRAS (H+SS)
 you handicapped while
 determination for S.S. went on. No idea
 when it will run out. Turned down 3
 times for S.S. - state grant goes with S.S.
 and is cancelled if S.S. denied.

HSS unresponsive, confusing info by
 mail. Lack of communication / confused.
 Don't know what benefits will be - must
 have complete reevaluation by SSI and
 state.

1. STATE PROGRAM - state doesn't make own determination
 but relies on SSI

Chief Medic w/ VFD.


Mr. Arturo Frasca - Training Coordinator EMT

EMT REGS - about 3,000	I	
	300	II
	100	III
10 med EMT Para-med	35	

wants a state trainer and a 1 person staff without a bureaucracy. Can work with all three regions, Regional offices work well together.

Cost to volunteer EMT has gone up drastically. Departments have some funds for training but can't cover costs of training facility. Thinks it's cheaper to bring rural folks to stores. Mean to transport instructor & equip.

Central Dispatch - improves time / less confusion for all services. No funding specified in 113314 (MAST)

 Military Asst Safety & Traffic - helicopter squad 283 for med. evac. like to include Paul Rd. in service area

Charles Kaltenbach - Dir. NARA - rep. Board of Directors (Paul Sherry pres) 1974 - started HSA's

Dr. Michael Druff - ^{or statewide Health Care Council} Tanana Chief MH Prog. Dir.
 State Alcohol / Drug Abuse Prog.
 needs more staff. SODA staff
 doing best possible but need Northern
 Regional Office.

⊗ Occupational Licensing

- no enforcement
- staff slow etc.
- people being licensed ~~blame~~
 Board rather than O.L. generally.

Problem w/ State Programs (DHSS req. for grant funds)
 Gov. generally signs budget in Aug.

Though fiscal yr. ends June 30, and all
 funds must be spent in fiscal year.
 Some programs have State - Fed. but
 no funding source programs have severe
 problems.

⊗ Accountability - Small programs in rural
 area feel that accountability
 evaluations cannot relate to both
 urban and rural.

Position paper will be sent.
 - functions in Cm. Comm. could be expanded
 to other areas ie prevention etc.

Dr. Wayne Meyers - U of A

World Health Organization - said rural Ak. health delivery best in the world for isolated areas.

CHA - not eligible for 3rd party reimbursement. No official recognition by State. State pharmacy reg. do not approve the CHA's dispensing Rx's. (but they do). Only an M.D. who is a Fed. employee can supervise a CHA. SOCC asked Helen Bierre to implement reg. to deal w/ liability, etc. ignored.

HSA may need to vested interest in health.

Health Research almost non-existence in Ak. Nalistic Health - Alcoholism do. Cost approx. \$500,000 approx. for research. Where ???, Should go to Council on Science & Technology.

Frank Cook - Bry Lake, Ak.

HB 4 - good idea

Jean Kingray - needs ~~to~~ correct treatment in FBIKES. She has cancer and must be treated in Anch. but there are no support groups in

Alaska. Many people go to Seattle / Calif. etc. People in FBKS. may look for home "cures" rather than travel. There are 5 people currently in FBKS. She knows of who need cobalt in

Mary Carey - retired health nurse.

Holistic Health - studied this at Yale.

Arturo Frezura (again)

RE: Air Quality Research

would like to see a follow-up on carbon monoxide & other chemicals (research) in Alaska where properties act differently because of climate etc. Because of Petro-Chemical development etc. to evaluate these before develop.

Suibanks - Sept 12

Charlie
Dinger for Vic
Sandra
Nancy
Fred Brown
Yvonne for Mike Biern

Sally Smith

Saldana Sept. 25

Charlie
Mike Callotta
Sandra
Nancy

Wade Malone
Sally Smith
Terry Martin
Jody Luckland for M. Biern

Wome Nov 7

Charlie
Mike Callotta
Dinger for Vic

Sandra
Nancy
Jody & Petra for M. Biern
Barbara Wilkins

Bethel Nov 14

Charlie
Mike Callotta
Sandra
Nancy

Yvonne & ~~Alta~~ for M. Biern
Barbara Wilkins

Nancy L. Raymond, Ketchikan. Box 2335 Homer
Karen S. Carpenter ST Rt Box 40 Anchorage 99554
James E. Johni Box 1918 Soldotna

Senate Health, Ed. & Social Services sheet #2
Com. meeting - Soldotna

name	address
Burton Pfane Jr.	Box 3202 Soldotna AK
Debbie Rediske	Box 2885 Soldotna, AK
Justie Keala	467 " "
Aziah Bates	Box 544 Homer -
Mike Herring	Box 2007 Homer AK
Viviana Kieser	CPGN. Soldotna
Elizabeth Jaeschner	Box 56 Soldotna 99669

(1)

KENAI HEARING
Sept. 26

MRS Raymond -

Home facility, a new profession called Kenlin. NO limit on consumers open to all. Detente in Home is an alternative - family atmosphere for physical disability; short term; provides homemaker services.

requires that they are lucid and not bedridden.

Applying for non-profit corp. Capacity of 4. Maximum of \$6.

Pilot Detente program in McLean, Va. Philosophy is that the person remains in control of self.

Cost of care \$300.00/wk for complete care.

Nelen Bieme has visited Detente. said it was a step forward in care of the elderly.

Staff has a nursing background. Kenlin philosophy - power of person to act in their own behalf. 8 step process (pattern of ownership)

Want eligibility determination for funding for care of low income

(2)

Karen Carpenter - Anchor Pt. Nurse since 1966. School Nurse, hosp. nurse. wants to support legislation which leaves decisions to the individual. Concerning all institutions (health, ed. etc.) Served on ^{SC} HSA '76-'78 but felt she had no real opportunity to give an opinion. Health # limited at illness. Studied Klein Profession

Jim Jolin - Chairman hosp. Bd. of Dir. S.C. Hosp Expansion \$5.7 million 1977- Long range study on hosp. options - relocate & build
- expand
- nothing

Potential growth of Community decided to expand. 67% Occup. rate (52% avg.)

Coastal Energy Impact funds from feds. \$5.7 million needed. Want grant monies to support bonding. Rural hosp. have vast

service area in Peninsula. 16,000 pop.
will run mill rate from 5/10 to 1
to retire two bonds. Expense from
tax payers. 66-70% of revenue
come from oil industry.

Phase #1 has expanded (outpatient &
inpatient. More services locally.
Operational budget shows profit (small)
try to at least break even.

\$100/day Patient cost - projected for '82
\$95/day bed

Lutheran Home Hosp. Soc. - manages
Hosp. does all bookkeeping, purchase
on ly. Scale reduces cost.

Occup. rate seasonal - 59% summer
Projected 50% O.R. this winter.

Bwet Josey - N/Anesthetist at hosp.

Nurse Practice Act - nurse-anesth.
not included. Now to be in article 5
as certified Nurse Anesth. Group are
not happy.

Changes are acceptable except

non-renewable - before passing Nat'l Exams
must practice under supervision

of anesthesiologist - only one in FBKS.

Must graduate from an accredited school. Must pass nat'l exam within 18 mos. (given every 6 mos.)

Debbie Rediske - Admin. Dir. of CMHC.

RELY ON STATE/LOCAL SUPPORT.

NEEDS:

- 1. Preventative
- 2. OUTREACH / Education.

- 1 staff - 3 Admin
- 2 PhD Psych.
- 2 MSW
- 1 Consulting Psychiatrist.

Inpatient in S.C. hosp.

Patient load 320-350 / yr.

very few are chronic mentally ill (about 10)
not alc/drug related.

\$181,000 - State '80 (75% of money from state)
 250,000 state '81

Local funds, Client fees, 3rd party.
 Revenue sharing, Voc. Rehab. (10,000), Family & Youth Services Contracts and School (\$9,000)
 (39% local this yr)

Support Mental Health Lands Bill.

Justin Mailer - Hosp. Bd.

OPPOSED to 168'
per-capita ignores need.

Asaya Botes - Homer - since 1959.
Gov. Council of Acc. / Drugs.

- NEED hosp. expansion. Bond issue on ballot this election.

- NEED Detox Center on Peninsula
Pop. must go to Anch. or Kodiak.
Cook Inlet Council on Anch. tried,
Borough granted money.

- HB ? - Ad in Anch. paper - that bill would make M.D. a murderer who did abortion. Abortion should be personal choice.

Bob Cowles - coord-eval. alcohol programmes. ^{good job.}

"Here's looking at you" should be mandatory in all schools.

Revolving door - continuous treatment

of the same people. How to evaluate?

Michael Herring - Admin. of S. Pen. Hosp - Honored

Share expansion plans. Rec. C.O.N.
for Exp. \$7,150,000 Cost: \$3,150,000 Bonds
on Oct. ballot. Need state asst
for remainder of \$.

T. Martin - 29.90 State aide for local hosp. financing.

Current - 13 acute + long term

4p. - 24 acute 15 L.T.C.

1980 - 4,162 patient Days or 12.1/day
fluctuating 2 to 30. Nat'l Stand. for sm.
hosp is 60-65% occupancy

Operating grant received from service area
enabled hosp. to remain in the black.
Not enough financial stability to
sustain debt service for entire cost
of construction.

Not adding any new services/equip.
expect better utilization of existing services

expect out-patient referrals to Anch. to remain the same.

Rev. Shaw. (131)

Viviana Reese - Acting Admin. of S.C. hosp. Lutheran etc.

Beth Tashner - Provider. — Bd. Member of S.C. HSA
SCHOOL NURSE 12 YRS. 3 YES.

SEND QUEST.

HB 41 - feels this bill gives too much auth. to Comm. H&SS

Interest to Health Planning.
PL 96 79. Health Planning shouldn't be in govt because of influence of lobbying. Need local input. MUST CONTINUE.
Health Promotion
School health ed.

please sign up

I

name	address
Jeanne E. Jones	P.O. Box 2120 Fairbanks AK 99707 - Intensive Reg EMS
Jeffrey [unclear] MD	1919 Lathrop St (State Med Board)
Patti August	1919 Lathrop St. Room 1, 1st fl. at. Nursing School
Martin Becker	S.R. 20122 Fairbanks 99701
Tom Minger	116 Craig St Fairbanks 99701 Fairbanks Memorial Hospital
Wayne Myers	P.R. Box 40017 " " WAMI Program, UAF
Patricia J. Rogers	1919 Lathrop St., Suite 223, 1st fl. Division of Nursing

Floy Ann MacPhee 4 mi Selma Isl. Div. of Family & Public Service

Rose Lawson 621 Northward Bldg. MARRA Board

Jennifer Graham Box 2120 Fairbanks, Ak. Emergency Med. Serv
State Bd. of Nursing

✓ Sister Kathy M. Gentry PO Box 1544 FBKS NASW Rep
Director of FBKS Counseling
& Adoption

sign up sheet #3

✓ Glenda Moore - must leave by 11:30

✓ Theresa Dyles

✓ Laverdi Lafferty

DAVID MATHER

Health Director - Tanager Chiefs Conf. Inc.

Doan Bldg FBES.

17, 23, 16

7
sign up sheet # 4

name	address
Barbara Doble - Social Services 155 1551	1-C-1 Dixie apt FBK 5
ARTURO FIZZERA	DIRECTOR REGION S.M.S.C
	P.O. 1207 2120 FBK 6, AK 99707

sign up sheet #5 Theresa Dykes 456-1612
home
2-6367

name

address

CHARLES KALTENBACH

SR 20130

1/2 mile Gold-Town Rd.



* Charlie
This is the
only

new sign up

HSA's passed 1976

Polish Div Dec fee,
per boards in approp dept.

I - afternoon

sign up sheet - afternoon
Name address

- ① ^{Dr.} Michael Graf - Dir Mental Health Ser
Tanana Clinic Conf. Trce
- ② Wayne Meyers WAMI
- ③ FRANK COOK Po Box 17-926 BILAKE 99607
- ④ Gene Kujala 68 E St 456 8500

afternoon sign up sheet II

NAME
May Cany

ADDRESS
Box 1259 - PKC

sep 12, 1981 - Fairbanks

Part now -

Med Bd no position on HB 41. Ap indiv against further Medicaid bureaucracy - may have problems with HB 41 as stands. Canadian doctor - had to get dr to brush even w/ money high. Ft Yukon PHS ca. I get dr, use PA. Canadian using clinics with nurses.

Control needed on lay midwives by somebody. Easier to deal w/ private carriers than w/ gov't. MD's won't go broke getting 60% for 15% of patients, but might repeat Arch experience w/ obstetrics.

Arctic Village & Venetie - usually see about 1/2 village - minor problems. Maybe people feel drs will pick up something missed by health aids. Few major problems.

Astrea - ^{improves} reqs for EMT - II & III acting as PA's, in regional areas.

- reqs in draft amb certification. Eielson AFB will stop going off-base if reqs adopted as are.

- ~~Fed money~~ where funds allocated may be problem (e.g. Public Safety) - should go to HHS.

- payment for transportation (air or ambulance) not coming through. Tok needs money or will have to stop.

Ostres - equipment retrieval problem. Need more
back up equipment in villages.
- state wide insurance package possible?
- microwave system needed - funding =
to Tok and up Dalton Hwy.
- need ~~training~~ training site - this area.
- MAST now past 100th mission - area cut
somewhat.

Mingen - what direction is state going? Not
opposed to HB 41 - some people not getting
care - but COMPASS study of Medicaid -
Battelle study - Helen Burns re catastrophic
illness program. Are all the coordinated &
what's bottom line for state costs?
Medicaid cap 9% -
- if shortfall where does money come from?
- FMH wrote off last year - because
not fully paid for Medicaid & Medicare -
- CON needs to be modified - dollar limits un-
realistic - no problem w/ regional rec or state
decision. Need crowd planning (Fed, state &
private sector)
- study of hosp capital needs due Dec -
- hospital should have its share lined up before
state kicks in.
- Revenue sharing changes good. Don't tie it
to specific activities of hospital.

Mungen (cont) Average 85 day wait to get paid
(incl private ins cov) - part of problem is
everybody outside. Can state help?

Gleason - EMS & ch Board of Nursing -

- will need people to enforce regs for EMT
- main EMS need is on-going training, esp in

* rural areas (pre-hospital training)

- HB 314 (Hugh) - central dispatch -
- main need training of mid-level practitioners
- hosp emergency room needs to know level
of training of EMT's in field.

- programs for advanced life support system
needs go through HHS -

* - could be circuit-rider training

- liability - good samaritan -

Osborne - Title 18 - 1977 -

- Nurses - competency - mandatory continuing
education - UA project MEDIA - ends in Oct.

Need to package refresher course for RN's -

- Next mtg Nursing Bd in Nov, Oct - get
reports - may be rec -

- Turnover in rural areas 1/2 year -

Glenda Moore - on behalf on handicapped - home
health aide & homemaker programs good.

- handicapped people being talked down to - not
being treated with dignity - by supervisors operating
Program

Glenda Moore - continued -

- state pay for travel time to client's house
and subtract from client's time -

Mc Ginty - NASW - 160 members in Ok

HB 41 - basic health care right. specific
stand after results of Battelle study.

- as (Dir Fkls Counseling & Adoption) individual -

H+SS HB 41 leaves out social workers

- no req yet on (counseling & adoption) non-profit
agencies. - state shouldn't contract w/ unlicensed
agencies. ^{some} third-party payers won't pay - can't
contract w/ some (state?) agencies.

Theresa Dykes - handicapped -

- DMV - license plate -

- need info & referral service for all handi-
capped people. (ACIL)?

- no parking spaces at College PO

- need stiff fine if non-handicapped user space
(Fred - taxi drivers use them)

Laverdi Lafferty - ACIL - Str PO says spaces going in.

- Homemakers not allowed to carry wood or put it
into stove

- list of agencies doesn't say what they provide or
what ^{of} one qualified for.

Lafferty - continued

info referral

- Quality of Life Center, Anch (funded thru DVR) supposed to be statewide. Hasn't seen local presence.

- Need to look at funding for ACIL or similar orgn. DVR has no funding for equipment, to remodel for wheelchair use (e.g), car modifications such as hand controls,

- Anch has Independent Living Now, full service center for handicapped.

- no transportation for handicapped in Ftks now - buses coming. Home maker can't transport, but can drive client's car.

- no accessible housing except Golden Towers which is and stays full. Low-cost projects don't have any.

- no advocacy (see AS 47.80) -

- social security (SSI) qualified nec to get assistance, fall through cracks. May not be able to get
* Medicaid or insurance. Check into this.

- may cost doctor's fee to get free handicapped plates

- placard needs to be better (in plastic?)

- need temporary placard for temp disability

- Jobs Service not offering enough help, DVR doesn't offer enough counseling. Job needs to pay enough to take care of all needs - sometimes can't get insurance.

- Aid to Disabled supposed to supplement SSI. Long time to get it - what bridges gap?

not long a
Mather — TCC

Comm health aides (about 30) — plus mid-level people, plus PHS supervision. Leases clinics, furnishes communications.

State reluctant to fund any part of system. Feds no more leases for comm clinics. Six additional phones cancelled. Expect 0-3% for comm health aide socs.

Reagan budget cuts —

Comm health aides paid less than comparable state positions, i.e. assistants to PH nurse ^{\$11,500}

Understands that state funding must ~~not~~ not be restricted to Al Natives —

Barbara Dable (pronounced Dail) —

— became disabled, for year never knew how she stood (would continue or not) —

— turned down for 50% three times, each time lost state grant — re-opened when applied again.

— didn't get 11% increase in state funding —

— five wks. first turn down

Arturo Frizzera — EMS

— about 3000 EMT I, 1500 EMT II, 100 EMT III (35 paramedics licensed). Need state trainer plus one-person staff, coordinate regional trainers.

— need training facility — \$1300 - 3000 per class for use school space

Fruzzera (continued) -

- HB 314 - thank to Hugh (centr / dispatch)
- pushing limits on ambulance times
- prob only Troopers (of state agencies) involved
- MAST limited to Flks vic - Ostros says working thru Stevens & military. 29,000 veh over border this year. 37,000 going other way.
- personal (w/ Steve VFO) - thank.

Kaltenbach - Ex Dir NAHRA

- Fed over-structured HSA's, expected too much
- additional funds not in HHS policy budget
- functions: comm organ & resource development
(under state rec on policy questions of lg funding) review req for fund allocations
research health issues
health promotion
- NAHRA Bd unanimous that CON limit too low
- agrees that fresh look needed -
- involved w/ setting up N. region EMS
- reviewed \$10 million in health facility requests (s. rec'd \$300-400,000 in alcohol grant funds)

Graf - need person in N. region for alcoholism programs

- advocate of HSA - doesn't apply for funds w/o checking with HSA staff
- some dissatisfaction w/ HSA because it says "no"

Graf (continued) -

- As member of SHCC knows how much state agencies
to rely on HSA info.

- Services from Dec Licensing & Law abysmal.

No successful pursuit of person practicing psych
w/o license in four years, as far as he knows.

* - req. requiring self-generated funds be spent
in same FY - HHS req for all Dept grant funds

- small programs problems on accountability-
position paper

- CMHC - take over allied (?) functions, esp in
small rural communities - mini block grant
program (?)

Myers -

- World Health Orgn - says HK system best, now
being replicated in Brazil & studied in Mexico. WHO
delegation here 1st wk Nov.

- comm health aides & most vulnerable part of
system. Poorly paid - not eligible for 3^d party payments.
State pharmacy regs re drugs problem.

- MD can't supervise health aide because subject
to liability, must be PHS. Helen B. asked to look at
problem.

- sees \$1.5 million to non-vested-interest group (HSA's)
worthwhile when figure spending \$400 million year.

- Murkowski bill - \$25 million for research,

Myers (continued)

- research money should go to ~~AST~~ Council on Science & Technology.

Frank Cook -

Supports concept of HB 41. Take worry about catastrophe away. People now having to choose between medical care & food.

Jean Kingra - speaking as a citizen

- has cancer, need cobalt machine in Folsom - no emotional support in Arch, greater cost.
- no plans in expansion of FMH for cobalt
- knows of four others in inner circle who need cobalt

Mary Carey -

- holistic health - not new concept
- what's happening is bunch people getting into
- conf Arch 2 yrs ago - Sheraton - farce ^{Arch}
- Norman Cousins - dr not interested in taro cards, cosmology, etc

Fruzzia - (for self) -

- research on air conditions in sub-arctic and effects on health.

Jean Kohler - (wife of Bill) (Chena Ridge)

Health education - controversy - problems over curriculum
see Paul Frith - \$20-30,000 for ad campaign - sex ed, self-concept
from Pub Health - talked to Kattenbach

Sep 17 health ed seminar - all day

Partnow - speaking for himself
st. medical bd
st. medical assn.

difficult to obtain physicians
who want to go to the
brush

Calibre of health aids

Jeanne Ostress - EMS

difficulty in retrieval
communications

40519 or older 50

training facility

M.A. S.T. area covered
ent

Tom Mingen - administrator FMH hospital
laws in some states require
something like 90% of claims
in state x

Jennifer Glenson - EMS & st. bd of nursing
training for EMS
single largest need for
continuing funding

(2)

Jennifer Gleason cont - more info
on nurse practitioner act - presently
in House HES3

Ms. Moore - speaking on behalf of the
handicapped - Home Health Care
aides - Program Resources
honorarium services - travel time
deducted from health aide with
those who need assistance

Homemaker Home Health Aid supervisors
very condescending

Sister Kathy social workers

Ms. Dykes prob. obtaining a handicapped
license plate
started information referral service -
makes ref to ACIL - joined
with them

fed post
11/1/80
college
P.O.

also - suggests possibility of a
stiff fine for parking in a handicapped
parking spot

Tred - suggests City council action
against cars

La Veda Lafferty — ACIL

cheaper to provide some equipment
to provide essentials remodel kitchen
& bathroom than put in careage. d.

Independent Living Centers - 2 in Park.
ACIL acting as a consumer group

\$ to DVR for independent living

no handicapped units in low
cost housing - closest to it
is ~~in~~ Park West

Advocacy for the disabled

PADD exists for the
developmentally disabled -
not for the phys. cally disabled

"Package" for the hand'capped

* has info from eq. lit. on
how to obtain handicapped
plate

afternoon V

Frank Cook - Big Lake - everyone
wants to build
supports HB 41

Gene Kuyres - speaking of a private
citizen - ref. need
for a cobalt machine
in TX

Cobalt machine -
travel, apartment,
plus food & transportation
23 1/2 hours per day

Lack of cobalt in TX
leads people to seek
cure in TX

would like

Mary Carey - retired
ex community health
nurse

Consider
the anatomy
of an illness

holistic health

↳

afternoon VI

Arturo F. again -
speaks on Correlation
CO & health - makes
point of Dow Schell
& possible illnesses

Frances Bremer
Kenai Boss Clerk

Sheila Cross

9-27
9-31
Nov

Foot
1st
Thurs
29-1

edu
education
information

11 am 1st lib.
Conf. room

Caren
McPherson
455

PR - Voters
Forum

Sheila Cross*

B+M

~~John~~ Fern Orton 356-2025
2-6941

Christine Thorsen 479-2835