

ALASKA LEGISLATURE COMMITTEE BILL FILES - 1987 - 1988 8879

CSSB 191 cont., SB 195 *Leg. Finance* 73

1 consideration is directly attributable to the transportation;

2 (7) a person to guide without being validly licensed as a
3 guide under this chapter and as a resident hunter under AS 16;

4 (8) [(7)] an assistant guide to contract to conduct a
5 guided hunt;

6 (9) [(8)] an assistant guide to be in the field on a
7 guided hunt except while employed and supervised by a registered or
8 master guide.

9 (b) A person who violates (a)(1) - (6) [(a)(1) - (5)] of this
10 section is guilty of a misdemeanor and upon conviction is punishable
11 by a fine of not more than \$2,000 [\$1,000] or by imprisonment for not
12 more than one year, or by both, and the person's license may be re-
13 voked for a period up to five years. However, a person who engages in
14 guiding activity during the period for which the person's license is
15 suspended or revoked under this chapter, or who violates (a)(7) - (9)
16 [(a)(6) - (8)] of this section, is guilty of a felony punishable, upon
17 conviction, by a fine of not more than \$5,000 and by imprisonment for
18 not less than one year nor more than three years. In addition to
19 punishment for a felony, all guns, fishing tackle, boats, aircraft,
20 automobiles or other vehicles, camping gear and other equipment and
21 paraphernalia used in, or in aid of, guiding activity engaged in
22 during the period of suspension or revocation may be seized by persons
23 authorized to enforce this chapter and may be forfeited to the state
24 as provided under AS 16.05.195.

25 * Sec. 4. AS 08.54.240(3) is repealed and reenacted to read:

26 (3) "guide" or "guiding" means accompanying or being pre-
27 sent with, or providing a personal service for, a big game hunter in
28 the field, personally or through an assistant, for compensation or
29 with the intent or an agreement to receive compensation; "guide" or

1 "guiding" does not include

2 (A) accompanying or being present with a hunter

3 (i) in a boat with permanent living quarters;

4 (ii) at a lawfully established cabin or permanent
5 lodge;

6 (iii) while providing transportation to or from the
7 field, if the persons providing transportation and the
8 persons being transported do not stalk, pursue, track, kill,
9 or attempt to kill big game; or

10 (iv) in a base camp while attending to horses that
11 are being used to transport big game hunters to or from the
12 field; or

13 (B) setting up a base camp for a big game hunter while
14 the hunter is not in the field;

15 (C) selling, leasing, or renting goods, if the trans-
16 action does not take place in the field;

17 * Sec. 5. AS 16.05.407(d) is amended to read:

18 (d) A nonresident who violates (a) of this section, or who fails
19 to furnish an affidavit under (b) or (e) of this section, is guilty of
20 a misdemeanor and upon conviction is punishable by imprisonment for
21 not more than one year, or by a fine of not more than \$5,000, or by
22 both.

23 * Sec. 6. AS 16.05.407 is amended by adding a new subsection to read:

24 (e) An applicant for a nonresident big game tag for the taking
25 of moose or caribou shall first furnish to the state, on a form pro-
26 vided by the state, an affidavit showing where the applicant will be
27 hunting and what guiding, transportation, or other big game hunting
28 services the applicant will be employing. A person who falsifies an
29 affidavit under this subsection is guilty of perjury under

1 AS 11.56.200.

2 * Sec. 7. AS 16.05 is amended by adding a new section to read:

3 Sec. 16.05.786. DUTY OF BIG GAME TRANSPORTERS TO REPORT VIO-
4 LATIONS. (a) A person who transports a big game hunter to or from
5 the field for compensation, or with the intent or an agreement to
6 receive compensation, shall promptly report to the Department of
7 Public Safety, division of fish and wildlife protection, and in no
8 event later than 30 days, a violation of a state fish, game, or guid-
9 ing statute or regulation that the person reasonably believes was
10 committed by a client or employee of the person.

11 (b) A person who violates this section is guilty of a misde-
12 meanor and upon conviction is punishable by a fine of not more than
13 \$2,000 or by imprisonment for not more than one year, or by both.

14 * Sec. 8. TASK FORCE ON GUIDING AND GAME. (a) The interim task force
15 on the Guide Board and the commercial taking of big game is established
16 under the jurisdiction of the legislative council. The task force consists
17 of the commissioners of fish and game, commerce and economic development,
18 and public safety, or their designees; two members of the senate appointed
19 by the president of the senate; two members of the house of representatives
20 appointed by the speaker of the house; and six members appointed by the
21 governor as follows: one member of the Guide Board; one big game guide
22 licensed under AS 08.54 who is not a member of the Guide Board; and one
23 person engaged in a business, other than guiding, that includes transport-
24 ing big game hunters to and from the field; and three public members, at
25 least two of whom have no financial interest in any business involving or
26 related to the commercial taking of game. The governor shall appoint at
27 least one member from each judicial district in the state.

28 (b) The task force shall review the operations of the Guide Board and
29 shall study problems and issues concerning the commercial taking of big

1 game in the state and the businesses or professions that provide goods and
2 services to big game hunters in the state. The task force shall submit to
3 the legislative council, not later than January 15, 1989, a report on its
4 findings and proposed legislation to address the problems and issues cover-
5 ed in the report.

6 (c) The task force terminates January 15, 1989.

7 * Sec. 9. Sections 1, 2, and 5 - 8 of this Act take effect immediately
8 under AS 01.10.070(c).

9 * Sec. 10. Sections 3 and 4 of this Act take effect January 1, 1989.

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the state is either good or bad whether Alaska is organized, you know, doing things that are decent for the public and all that and when you have a lot of ambiguity or confusion, it leaves a bad taste in people's mouth which is not good for Alaska as a state.

TESTIMONY OF
LEW PAMPLIN
DIR, DIVISION OF
GAME, FISH &
SEN. RESOURCES
COMMITTEE
MARCH 2, 1988

And the other thing is back to the department's position is that when people go out, for example, and they read things in you know outdoor magazines or catalogs or this or that, and they see these advertisements in terms like outfitters used, or other terms, the impression they get is that they are actually dealing with is a master guide because, most states like Montana and other states, that is the term that is used to describe guide. What happens is they come to Alaska and think that is what they're getting. Well, they may not be getting that and so what do they do? The first thing they do is come to the Department of Fish and Game and raise all kinds of hell. We end up answering correspondence, doing this, doing that, and we're using state money to compensate for something that is unclear and, again, the people get the bad taste and it tarnishes our image - the state and the departments - since we have no control (over) any of that stuff.

Regarding the drafts dated 2/26/88, I have a few specific comments on that. Any reporting requirements that are placed on transporters or guides or anyone else involved in

STATE OF ALASKA
THE LEGISLATURE

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

May 4, 1988

SUBJECT: Fine for guide's failing to report violations
(HCS CSSB 191 (Finance)(5/3/88 draft))

TO: Representative Al Adams
Chairman, House Finance Committee

FROM: Edward H. Hein *EHA*
Legislative Counsel

Enclosed is a draft Finance CS for SB 191 relating to guiding, requested by your assistant, Martha Stewart. At page 4, line 11, I have raised the maximum fine for a guide failing to report a violation of a fish, game, or guiding law by the guide's or employee. The maximum penalty provided for the same type of violation by a transporter is specified as \$2,000 at page 6, line 13. This discrepancy is unconstitutional under the equal protection clause because it treats similarly situated persons differently without justification. The penalties must be made the same. Martha Stewart instructed me to increase the penalty for guides to \$2,000.

The discrepancy between the fines arose inadvertently. The Senate Resources 2d CS had increased the penalty for violations by guides to \$2,000 and also imposed the same penalty for transporters. When the Senate Finance Committee decided to keep the fine at \$1,000 for guides, I failed to note the different penalty for transporters. The error was continued without notice or comment by the House Resources Committee.

Enclosure

EHH:bb
b5/093



Alaska Environmental Lobby, Inc.

P.O. Box 22151 Juneau, Alaska 99802

907-586-2345

SB 191 Guide Bill

The problem to be remedied is that unregulated outfitters, providing essentially guide hunts without the actual presence of a guide, are putting heavy hunting pressure on moose and caribou. Operators exploiting loopholes in existing guiding regulations are not restricted to certain areas, nor are there any limits on the number of hunters they can book. When one area is hunted out or closed, they are free to move to another area, creating a disincentive for conservation or protection for other uses including subsistence, sport hunting or nonconsumptive activities. The Alaska Department of Fish and Game reports compelling harvest increases of moose in Unit 9 (Alaska Peninsula) of nearly 300% in last five years and in Unit 17 (upper Mulchatna) of nearly 150% in last five years. Both are popular moose hunting areas.

The current version of this bill requires that:

- anyone providing field or hunting camp personnel be a licensed guide
- anyone flying hunters for compensation or hire have either a commercial air taxi or guide license
- non-resident moose and caribou tag applications include where the person plans to hunt and what guiding, transporting and outfitting services will be employed
- persons who transport big game hunters report violations of game and guiding statutes and regulations
- a task force be established to study and make recommendations on the problems and issues concerning commercial big game hunting and the businesses and professions that provide services and good to big game hunters

The Alaska Environmental Lobby supports conservation of game resources by closing loopholes that allow outfitters who are not licensed guides to exploit commercially those resources. There are responsible outfitters who might be adversely affected, but we are unaware of better present solutions.

We are concerned that legislation must not grant undue privilege to licensed guides or unnecessarily restrict the legitimate and responsible activities of others. **Protection of the resources must remain the focus.** Rights of guides and outfitters involved in activities other than big game hunting (such as fishing, float trips, photography) should be protected.

The Alaska Environmental Lobby supports the current version of SB 191 and will continue to work to see that final versions continue to address these concerns.

Issue paper updated by Mary Grisco 5/4/88

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 SITKA CONSERVATION SOCIETY • NORTHERN ALASKA ENVIRONMENTAL CENTER • SOUTHEAST ALASKA CONSERVATION COUNCIL
 KNIK KANOERS AND KAYAKERS



Alaska State Legislature

HOUSE OF REPRESENTATIVES

COMMITTEE ON RESOURCES

POUCH V
JUNEAU, ALASKA 99811
(907) 465-3715

House Resources Letter of Intent For HCS CSSB 191(Res)

It is the intent of the Legislature that the task force established under the provisions of SB 191 shall have full investigative powers to research and make recommendations.

Under the Alaska Constitution all fish and game resources are the common property of the people, managed by the state in trust for their use. The task force shall examine how the taking of Alaskan big game by nonresidents and aliens conforms with the needs of Alaskan hunters, and what would be the effects of adding additional species to the guide-required list.

Other states and Canadian provinces have experienced similar commercial hunting pressures and problems. The task force should obtain as much information about the problems these other jurisdictions have experienced, examine how they solved the problems, and recommend accordingly for Alaska.

The task force shall examine who can provide commercial hunting services in the field, and what role transporters, air taxi operators and gear providers should play in the provision of commercial hunting services.

The Alaska Supreme Court will soon decide Owsichek vs. the State of Alaska dealing with the constitutionality of restricted guide areas. The task force shall analyze this decision and recommend methods of accommodating the court's decision.

The task force shall work closely with the Department of Fish and Game to create a linkage between the commercial take of big game and game management.

The task force should examine all aspects of a head tax, the problems it had when it was in use in the past, and what would be the ramifications to game management if it was reinstated.

The task force should examine the licensing of transporters, and make recommendations as to whether such a system ought to be renewed, and, if so, under what conditions.

The Legislative Budget and Audit Committee completed audits of the Guide Board in 1985 and 1987. The task force shall review the audits and recommend what provisions shall be implemented. Specifically, the task force shall analyze if the guide board is functioning at a level that ensures that the present allocation system is fair and is following the Administrative Procedures Act. The task force shall also analyze the joint use concept and supporting agreements

between guides in joint use areas as to whether these agreements are in the best interest of the state and commercial users. The task force shall also investigate whether there shall be one consistent policy for determining guide areas so that all areas are treated equally.

The guide system in Alaska is highly dependent on the restricted guide area concept for its success. The task force should examine all aspects of this system, and make recommendations pertaining to whether it is an open and accessible system, whether guides ought to be able to sell their areas, whether the state ought to lease areas or in some other manner establish a concessionaire approach to area management.

The task force should also work to define the definitions of "camp" and "in the field." The task force should describe what commercial providers should be allowed in "camps" and "in the field." "Compensation", and "monetary consideration" should also be further defined and explained by the task force.

The task force should also provide further explanation of what constitutes a "boat with permanent living quarters."

The task force should address the issue of whether fish and wildlife protection officers and other state employees whose whose responsibilities include managing game resources, or enforcing the state's guiding laws or game management laws, should be able to hold guide licenses or participate in the industry.

The role of federal agencies in managing and permitting commercial uses of federal parks, reserves, and other federal lands has a direct impact in how the state's guide laws are monitored and enforced. The task force is directed to look at the role of federal agencies in monitoring and permitting these activities.

The legislature recognizes that hunting, flying and other travel in Alaska involves certain risks. The task force should review the issue of differing requirements for air transportation liability insurance and make a recommendation on the establishment of minimum insurance requirements for guides, lodge owners, and others who are not now required to carry liability insurance.

House Resources Letter of Intent
For HCS CS SB 191 (Resources)
Page 3

The task force should examine the possibility of bonding requirements for providers of big game hunting services.

The task force should also look at the role of sled dog hunts, and when dogs should be allowed in camps.

Adelheid Herrmann

Rep. Adelheid Herrmann
Co-Chairman, H. Resources
5/2/88

Sam Cotten

Rep. Sam Cotten
Co-Chairman, H. Resources
5/2/88

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

APR 13 1988

POUCH Y. STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM

April 19, 1988

SUBJECT: Impairment of the obligation of
contracts (CSSB 191 (Finance) am)

TO: Senator Ken Fanning

FROM: Edward H. Hein *EHA*
Legislative Counsel

You have asked for a brief explanation of the constitutional prohibition on the impairment of contracts and how it applies to amendment #3 to CSSB 191 (Finance).

The Contracts Clause is found in Article I, section 10 of the United States Constitution, which reads: "No state shall . . . pass any . . . law impairing the obligation of contracts. . . ." This language is mimicked in Article I, section 15 of the Alaska Constitution, which states "No law impairing the obligation of contracts . . . shall be passed."

The Contract Clause of the United States Constitution, in general, prevents the states from passing any legislation that would alleviate the commitments of one party to a contract or make enforcement of the contract unreasonably difficult. The primary intent behind the drafting of the clause was to prohibit states from adopting laws that would interfere with the contractual arrangements between private citizens. Specifically, the drafters intended to inhibit the ability of state legislatures to enact debtor relief laws. Those who attended the Constitutional Convention recognized that banks and financiers required some assurance that their credit arrangements would not be abrogated by state legislatures. Although the framers of the Constitution believed the Contract Clause would have limited

HEIN ON OBLIGATIONS OF CONTRACTS

application, the United States Supreme Court over the years has expanded its scope to protect property interests from unwarranted state regulation. Since the Great Depression of the 1930's, however, the court has sustained the great majority of state laws against attacks to their constitutionality under the Contract Clause. Rotunda, Nowak, and Young. Constitutional Law: Substance and Procedure, Sec. 15.8 (West, 1986).

State governments are not absolutely prohibited from modifying the obligations in private contracts (or public contracts, for that matter). As the United States Supreme Court stated in Allied Structural Steel Co. v. Spannaus, 57 L.Ed2d 727, 734, (1978): "It is the settled law of this court that the interdiction of statutes impairing the obligation of contracts does not prevent the State from exercising such powers as are vested in it for the promotion of the common weal, or are necessary for the general good of the public, though contracts previously entered into between individuals may thereby be affected. This power, which in its various ramifications is known as the police power, is an exercise of the sovereign right of the Government to protect the lives, health, morals, comfort and general welfare of the people, and is paramount to any rights under contracts between individuals." Citing Maignault v. Springs, 50 L.Ed. 274.

In determining whether a state law affecting an individual's ability to carry out obligations under contract is an improper impairment of contract, the court must go through a three-step analysis. First, the court must ask whether the state law has "operated as a substantial impairment of a contractual relationship." Second, if the law does constitute a substantial impairment, the court asks whether the state law is designed to promote a significant and legitimate public purpose. Third, the court asks whether the law is a reasonable and narrowly tailored means of promoting the significant public purpose identified in step two of the analysis. Spannaus, at 734 - 736; also see Rotunda, Sec. 15.8.

The Alaska Supreme Court has not interpreted the Contracts Clause. Because of the lack of guidance from our court, and because of the similarity of language in the state and federal clauses, it must be presumed that the legal analysis under both clauses is the same.

Senator Ken Fanning
Page 3
April 19, 1988

Amendment #3 to CSSB 191 (Finance) was adopted by the Senate on April 15. The amendment changes the definition of "guiding" under AS 08.54.240(3). Under current law, guiding means "accompanying or directing a hunter in the field, personally or through an assistant, for compensation or with the intent or an agreement to receive compensation, while the hunter or the person accompanying or directing the hunter spots, stalks, pursues, tracks, kills, or attempts to kill big game." The term "in the field" does not include being present in a boat with living quarters or at a lodge or base camp. The amendment broadens the scope of guiding to cover any "accompanying, or being present with, or providing a personal service for, a big game hunter in the field, personally or through an assistant, for compensation or with the intent or an agreement to receive compensation." The amendment specifically allows a person without a guide license to accompany a hunter in the field under four circumstances: (1) in a boat with living quarters; (2) at a lawfully established cabin or permanent lodge; (3) while providing transportation to or from the field; and (4) in a camp while attending the transporter's horses.

The first question in the analysis is whether this restriction on non-guides' activities is a substantial impairment of a contractual relationship. Clearly the amendment will affect the contractual relationships of outfitters who have agreed to provide clients with certain kinds of personal services in the field that are currently allowed under the statute. These would include any services provided in a base camp, such as cooking. Arguably, this is a substantial impairment in cases in which the outfitter's main service is setting up and maintaining a camp and providing all personal services in the camp while the hunters are in the field. On the other hand, the amendment does not restrict transportation services; providing quarters, meals and other personal services in a lawful cabin, permanent lodge, or a boat; renting equipment; or setting up a camp in the field before the hunters arrive. In addition, it must be recognized that most contracts are contingent on the seasons and bag limits set by the Board of Game, and subject to possible emergency closures by the board or commissioner. Thus, these contracts by their own terms are already subject to being impaired by regulatory action by the state. Therefore, a reasonable argument can be made that amendment #3 does not substantially impair the outfitters' contractual obligations and, therefore, does not violate the constitution.

Senator Ken Fanning

Page 4

April 19, 1988

Even assuming that the amendment does represent a substantial impairment of contract, it is designed to promote a significant and legitimate public purpose. By restricting non-guides' access to hunting areas while accompanying hunters, the amendment serves to reduce the opportunities for outfitters to violate guiding and game laws. It also promotes the use of licensed guides, who generally are more qualified to protect the hunter's safety in the field. Given the difficulty of detecting guiding and game law violations in the field, the amendment appears reasonably calculated to achieve the legitimate goal of protecting both the game resources of the state and the hunters. It is narrowly tailored in that it does not prevent outfitters from providing services in the field or from continuing existing operations.

In light of all these considerations, it should be concluded that amendment #3 does not violate the Contracts Clause of the United States Constitution or of the Alaska Constitution. To conclude otherwise would be to allow outfitters by contract to frustrate the legislature's ability to expand the definition of guiding and to effectively regulate the guiding industry and manage game resources. The private interests at stake in this instance are outweighed by the state's interest in exercising its legitimate police powers for the protection of its game resources and for the safety of the public.

EHH:gc
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Alaska Environmental Lobby, Inc.

P.O. Box 22151 Juneau, Alaska 99802

907-586-2345

SB 191 GUIDE BILL

The problem to be remedied is that unregulated outfitters, providing essentially guided hunts without the actual presence of a guide, are putting heavy hunting pressure on moose and caribou in Alaska. Operators exploiting this loophole in existing guiding regulations are not restricted to certain areas, nor are there any limits on the number of hunters they can book. When one area is hunted out, they are free to move to another, creating a disincentive for conservation or protection for other uses, including subsistence, sport hunting, or nonconsumptive activities. The Alaska Department of Fish and Game cites a compelling example of the problem in one unit where an outfitter has gone from booking 10 hunters several years ago to booking over 220 hunters in the same area this year.

The current version of this bill requires that:

- Anyone providing field or hunting camp personnel be a licensed guide.
- Anyone flying hunters for compensation either have an air taxi or guide license.
- Outfitter information be submitted on all non-resident moose and caribou tag applications.
- A task force be established to study the problems and issues concerning the commercial taking of big game and the businesses or professions that provide goods and services to big game hunters in the state.

The Alaska Environmental Lobby supports conservation of the game resources of the state by closing the loophole that allows outfitters who are not licensed guides to commercially exploit those resources. There are responsible outfitters who might be adversely affected, but we do not see better solutions at present. We are concerned that legislation must not grant undue privilege to licensed guides or unnecessarily restrict legitimate and responsible activities of others. Resource protection must remain the focus. Uncompensated friends and other legitimate transporters, such as the air taxi and riverboat charter operations, should be allowed to continue transporting hunters. Rights of guides and outfitters involved in activities other than big game hunting (i.e., fishing, float trips, hiking, photography) should be protected.

The Alaska Environmental Lobby supports the current version of SB 191 and will work to see that final versions continue to address these concerns.

Issue paper prepared by Bill Glude, April 22, 1988.

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 KNIK KANGERS AND KAYAKERS



United States Department of the Interior
NATIONAL PARK SERVICE



IN REPLY REFER TO:

ALASKA REGIONAL OFFICE
2525 Gambell Street, Room 107
Anchorage, Alaska 99503-2892

C38(ARO-OC)

29 JAN 1988

Honorable John B. "Jack" Coghill
Chairman, Resources Committee
P.O. Box V
Juneau, AK 99811

Dear Senator Coghill,

As the resource committee hearings on Senate Bill No. 191 will be convening in the near future, Senator Fanning asked us to offer comments for consideration. His request came as the result of a meeting with my concessions staff on January 8.

We are pleased to see the state recognize the problems which can arise by not having a clear definition of "guiding" for the purposes of hunting. We would, however, like to encourage a more restrictive definition than the one proposed. We recommend deleting the word "established" when referring to camps on page 3, line 7 of the bill. The use of the term "established" connotes permanent camps as opposed to temporary camps. The impacts of outfitting for hunting when a camp goes up with the client and down with the client, or when a camp goes up for just several weeks, are not necessarily less than those of an established camp. It has been our experience that the duration of the camp does not, in itself, distinguish between guiding and outfitting. It is the actions of the operator and the management of the camp that makes the distinction.

It has not been our policy to allow outfitting for hunting in the Alaskan national preserves. Unlike many government agencies, we do have the discretion to determine if a commercial activity is both "necessary and appropriate" relative to the purpose of the area. Our current stance will allow any private individual who has the knowledge and expertise to provide his own camp and hunt without a guide. Unguided persons may still rent equipment and charter an air taxi service to transport them to the field, but should be completely self-sufficient in the field. We feel those individuals who are not capable of taking care of all their needs in a wilderness setting are a risk to themselves and to others and probably should hire a registered guide to provide the needed services.

In addition to our concerns for visitor safety, we feel authorization of outfitting of hunting parties within a registered guide's area could have a significant negative impact on that guide's operation and the resources in the unit. Uncontrolled outfitting could lead to overharvesting of game within a guide area. The incentives to practice good game management are less for outfitters than for guides since it is the guides

who have a long-term stake in a guide area. When the game is depleted in an area, the outfitter simply moves on; the guide cannot.

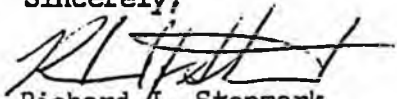
Another issue of concern addressed in the bill is on page 2, lines 16 and 17, whereby it is unlawful for "a person to compensate or agree to compensate another person for guiding..." without being validly licensed as a guide. It seems unrealistic to expect the consumer to be knowledgeable of AS 08.54.210 (a)(9). Keep in mind one of the reasons people hire registered guides is for their knowledge of the game laws. If consumers are duped into believing they have contracted with a legitimate guide, should the state hold the consumers liable?

One last item of concern centers around pilots knowingly dropping hunting parties off in areas closed to hunting. The addition of a statement such as the following would place accountability on air taxi pilots: "It is unlawful for a person to aid and abet a hunting violation by knowingly transporting persons for the purpose of hunting, into areas closed to hunting."

After discussing the various issues and possible resolutions, with our staff and several guides, it seems a simple and viable means to control the conflicts between outfitting and hunting would perhaps be the reinstatement of the transporter license. We found the transporter license to work well with our system of permitting commercial activities and would support its return.

Thank you for the opportunity to comment.

Sincerely,



Richard J. Stenmark

Acting Regional Director

The effects of Representative Navarre's proposed amendments are to eliminate the Guide Board, and to defeat the purpose of the bill, thereby allowing the degradation of our big game resources to continue.

Specifically, the amendments would have the following effects (see attachment for amendment numbers):

Amendment #1 would reinsert the stipulation that none of the members of the Legislature appointed to the task force could have any financial interest in a commercial hunting business. As was pointed out by Sen. Eliason on the Senate floor when this language was taken out, it is ridiculous to suppose we could set up a task force and then prohibit members who have expertise on that issue from participating on it. The example he gave was that of a commercial fisheries task force on which he and Sen. Zharoff would be prohibited from appointment, or an educational task force from which Sen. Fahrenkamp would be prohibited because she is a teacher.

Amendment #2 would ensure that two of the three public members of the task force could not have a financial interest in a commercial hunting business. Rep. Navarre's stated purpose would be to eliminate the possibility that any one side of the issue could weight the task force, yet, the commercial operator he is eliminating could as easily be an transporter or air taxi operator as a guide. A balance should be attained, but not by eliminating those with expertise.

Amendment #3 would delete the one-year extension of the Guide Board. While Rep. Navarre would argue that the board would have one year to wind down its activities, and would probably be renewed next session, Legal Services has advised that the net effect on the board would be to eliminate its power to enter into long-term contracts, and to adopt any regulations with long-term effects. This would significantly reduce the board's ability to respond to and effectively manage guide-related conflicts and would prohibit the assigning of restricted areas to new guides.

Amendment #4 would add "base camp" as an exemption to the definition of guiding. In other words, by adding "base camp" along with cabin or lodge, the activities conducted at a base camp would not constitute guiding. The problem with this addition is that base camps can be moved. The only rationale behind allowing the exemption for cabins and lodges is that they are permanent to their locations, and the operators of them will have a vested interest in seeing that the big game resource will not be impacted significantly in their immediate area. Base camps, on the other hand, can be easily moved as game populations drop. This is the very loophole in the current law which has caused the problem to begin with.

page 2

Amendment #5 would eliminate the "wrangler" exemption from the definition of guiding. Presumably, this is a technical amendment related to amendment #4, which would make it lawful for anyone to be in a base camp. Standing alone, however, it would eliminate the provision that operators who use horses would be able to attend to their horses in camp without falling under the definition of guiding.

Amendment #6 provides a very narrow definition for the terms "personal services" and "big game hunting services" to mean only those activities that actually take place during the hunt. The problem with this is precisely that which has brought on the present problem; the definition of guiding in current statute allows a wide range of people into the field, under one guise or another, the legitimacy of which it is impossible for Protection to establish without resorting to expensive undercover operations. This definition of "...services" provides the same convenient loophole, and would perpetuate the devastation of our big game resources.

Amendments #7 and #8 would provide a second effective date for sections 3 and 4 of the bill. Section 3 prohibits the use of the term "outfitter" by anyone other than a licensed guide, and requires anyone transporting a hunter to or from the field to either hold a Part 135 air taxi certificate, or be a guide flying to his guide area. Section 4 is the new definition of "guide" or "guiding". The net effect of the amendments would be to gut the bill and allow unlicensed operators to continue unrestricted for another year. The argument has been presented that these unlicensed businesses have made contracts to provide hunts for the coming season, and financial hardship will result if their deposits must be refunded. The problem with this argument is that it does not hold water. The Board of Game has the authority to shorten or close seasons, alter and reduce bag limits, or eliminate nonresident and resident hunting. These game regulations occur annually, and become effective July 1st, and effect all commercial operators every year. If a guide is forced to return a deposit because the season was adjusted by the Board of Game, that's called "financial responsibility." Additionally, the hunting public must live with the emergency closure authority of the department of fish and game. Those unregulated operators who are now putting forth this argument knew full well that the Legislature was likely to take action on this bill this session, and, in fact, used this same argument to postpone action on the bill last session.

Alaska State Legislature
Representative Niilo Koponen

Pouch V
Juneau, Alaska 99901
(907) 465-49

542 4th Avenue, Suite C
Fairbanks, Alaska 99701
(907) 456-8161

Editorial Opinion and Comment of

FAIRBANKS
Daily News - Miner

"Independent in All Things . . . Neutral in None"

Other opinions expressed on this page do not necessarily reflect those of the Daily News-Miner.

A temporary fix

The bill to take outfitters out of the guiding business is a good one, and we hope the Legislature passes it this session.

SB191, which has passed the Senate and awaits action in the House, is a temporary solution to a thorny problem that has arisen during the last three years. That is, a proliferation of outfitters, some from out of state, who are conducting commercial, mass-production hunts anywhere in the state they find sufficient game.

One section of the bill would establish an interim task force of 13 members to investigate the various questions and problems that the guide/outfitter controversy has brought to light.

Another section would require that to legally transport hunters to or from the field, a person would have to either hold an air-taxi license from the Federal Aviation Administration, or be a licensed guide flying to or from his assigned area.

Under the state's system, only registered guides are allowed to take clients on full-service hunts for sheep, grizzly and musk oxen. Anyone with an airplane or other method of transportation can drop off hunters, resident or non-resident, to hunt these and other big-game animals. In Alaska, these people call themselves outfitters, and they're not supposed to accompany hunters in the field.

Guides are restricted to specific areas where they can conduct their activities. Outfitters have no such restrictions and may be less inclined to practice good conservation measures.

The overriding concern in the controversy is the welfare of our big game animals. Commercial hunting should be carefully regulated just as commercial fishing is. This is the reason the state registers guides.

Persons who want to get into the guiding business should go through the qualification process that other guides have had to. Pilots who just drop hunters off may still do so under the bill as long as they meet minimum safety requirements as air taxi operators.

SB191 is a temporary fix, but it is a good one until a task force can find a permanent solution.

Original sponsors: Coghill and Faiks

1 IN THE SENATE BY THE RESOURCES COMMITTEE
2 HOUSE CS FOR CS FOR SENATE BILL NO. 191 (Resources)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL
6 For an Act entitled: "An Act relating to the Guide Board and big game
7 guiding, transporting, outfitting, and hunting and
8 establishing an interim task force on guiding and the
9 commercial taking of big game; and providing for an
10 effective date."

11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

12 * Section 1. AS 08.03.010(c)(20) is amended to read:

13 (20) Guide Board (AS 08.54.010) -- June 30, 1989 [1988].

14 * Sec. 2. AS 08.54.040(a) is amended to read:

15 (a) Except as provided in AS 08.54.045, the board shall

16 (1) prepare, grade, and administer

17 (A) a written and oral examination of an applicant for
18 a registered guide license that requires demonstration that the
19 applicant is qualified generally to provide guided hunts and, in
20 particular, to guide in each game management unit the applicant
21 has selected; if an applicant demonstrates limited ability to
22 read or write the English language, the entire examination shall
23 be administered orally; and

24 (B) an oral examination of a registered or master
25 guide who seeks an amendment of a game management unit certifica-
26 tion; the examination must require demonstration that the guide
27 is qualified to provide guided hunts in each new game management
28 unit for which the guide seeks to be certified [EXAMINATIONS,
29 WHICH MAY INCLUDE ORAL EXAMINATIONS OF APPLICANTS WHO DEMONSTRATE

1 LIMITED ABILITY TO READ OR WRITE THE ENGLISH LANGUAGE];

2 (2) determine qualifications of applicants for licenses and
3 authorize the issuance of licenses to those who qualify;

4 (3) establish guide performance standards and regulate
5 activity;

6 (4) compile, maintain, and publish an annual register of
7 master and registered guides who have not been convicted of a vio-
8 lation of a state game or guiding statute or regulation; a guide
9 listed in the register whose license is revoked or suspended shall be
10 removed from the register while the guide's license is revoked or
11 suspended;

12 (5) prohibit guiding activities which are unsportsmanlike,
13 unethical, unsafe, against principles of conservation, degrading to
14 the guiding profession, or which adversely affect the natural re-
15 sources;

16 (6) after a hearing, revoke, suspend, or deny renewal of a
17 license in accordance with AS 08.54.200;

18 (7) establish a quota of licensed operating guides who may
19 operate within designated geographical game units or subunits of the
20 state and provide for an equitable, reasonable, and consistent pro-
21 cedure for limiting the number of guides to that quota; preference may
22 be given to qualified available and willing licensed guides who reside
23 within the designated game unit or subunit;

24 (8) meet at least twice annually, once in Anchorage and
25 once in another municipality.

26 * Sec. 3. AS 08.54.210 is amended to read:

27 Sec. 08.54.210. UNLAWFUL ACTS. (a) It is unlawful for

28 (1) a master guide, registered guide, special guide, class
29 A assistant guide, or assistant guide to fail to timely report to the

1 Department of Public Safety, division of fish and wildlife protection,
2 and in no event later than 30 days, a violation of a state fish, game,
3 or guiding statute or regulation that the guide reasonably believes
4 was committed by a client or an employee of the guide;

5 (2) a guide to commit or aid the commission of a violation
6 of this chapter or of a state game or guiding statute or regulation or
7 to permit the commission of a violation that the guide knows or rea-
8 sonably believes is being or will be committed without attempting to
9 prevent it, short of using force, and without reporting it;

10 (3) a person to guide without having a current valid guide
11 license and resident hunting license in actual possession;

12 (4) a person without a current valid registered or master
13 guide license to advertise as or represent to be

14 (A) a guide; or

15 (B) an outfitter offering big game hunting services

16 [WITHOUT HOLDING A CURRENT VALID GUIDE LICENSE];

17 (5) a guide to intentionally obstruct or hinder or attempt
18 to obstruct or hinder lawful hunting engaged in by a person who is not
19 a client of the guide;

20 (6) a person for compensation or hire to transport a hunter
21 to or from the field in an aircraft for which the person does not hold
22 a current valid air taxi commercial operator (ATCO) operating certifi-
23 cate issued by the Federal Aviation Administration under 14 C.F.R.
24 Part 135, except that it is not a violation of this paragraph if a
25 licensed guide transports a hunter to or from a restricted or joint-
26 use guide area assigned to the guide or to the guide's employer in an
27 aircraft owned by the guide and operated under 14 C.F.R. Part 91; in
28 this paragrph, "for compensation or hire" means receiving any mone-
29 tary consideration for the transportation, regardless of whether the

1 consideration is directly attributable to the transport: ion;

2 (7) a person to guide without being validly licensed as a
3 guide under this chapter and as a resident hunter under AS 16;

4 (8) [(7)] an assistant guide to contract to conduct a
5 guided hunt;

6 (9) [(8)] an assistant guide to be in the field on a
7 guided hunt except while employed and supervised by a registered or
8 master guide.

9 (b) A person who violates (a)(1) - (6) [(a)(1) - (5)] of this
10 section is guilty of a misdemeanor and upon conviction is punishable
11 by a fine of not more than \$1,000 or by imprisonment for not more than
12 one year, or by both, and the person's license may be revoked for a
13 period up to five years. However, a person who engages in guiding
14 activity during the period for which the person's license is suspended
15 or revoked under this chapter, or who violates (a)(7) - (9) [(a)(6) -
16 (8)] of this section, is guilty of a felony punishable, upon con-
17 viction, by a fine of not more than \$5,000 and by imprisonment for not
18 less than one year nor more than three years. In addition to punish-
19 ment for a felony, all guns, fishing tackle, boats, aircraft, automo-
20 biles or other vehicles, camping gear and other equipment and para-
21 phernalia used in, or in aid of, guiding activity engaged in during
22 the period of suspension or revocation may be seized by persons au-
23 thorized to enforce this chapter and may be forfeited to the state as
24 provided under AS 16.05.195."

25 * Sec. 4. AS 08.54.240(3) is repealed and reenacted to read:

26 (3) "guide" or "guiding" means accompanying or being pre-
27 sent with, or providing a personal service for, a big game hunter in
28 the field, personally or through an assistant, for compensation or
29 with the intent or an agreement to receive compensation; "guide" or

- 1 "guiding" does not include
- 2 (A) accompanying or being present with a hunter
- 3 (i) in a boat with permanent living quarters;
- 4 (ii) at a lawfully established cabin or permanent
- 5 lodge;
- 6 (iii) while providing transportation to or from the
- 7 field, if the persons providing transportation and the
- 8 persons being transported do not stalk, pursue, track, kill,
- 9 or attempt to kill big game; or
- 10 (iv) in a base camp while attending to horses that
- 11 are being used to transport big game hunters to or from the
- 12 field; or
- 13 (B) setting up a base camp for a big game hunter while
- 14 the hunter is not in the field;
- 15 (C) selling, leasing, or renting goods, if the trans-
- 16 action does not take place in the field;

17 * Sec. 5. AS 16.05.407(d) is amended to read:

18 (d) A nonresident who violates (a) of this section, or who fails

19 to furnish an affidavit under (b) or (e) of this section, is guilty of

20 a misdemeanor and upon conviction is punishable by imprisonment for

21 not more than one year, or by a fine of not more than \$5,000, or by

22 both.

23 * Sec. 6. AS 16.05.407 is amended by adding a new subsection to read:

24 (e) An applicant for a nonresident big game tag for the taking

25 of moose or caribou shall first furnish to the state, on a form pro-

26 vided by the state, an affidavit showing where the applicant will be

27 hunting and what guiding, transportation, or other big game hunting

28 services the applicant will be employing. A person who falsifies an

29 affidavit under this subsection is guilty of perjury under

1 AS 11.56.200.

2 * Sec. 7. AS 16.05 is amended by adding a new section to read:

3 Sec. 16.05.786. DUTY OF BIG GAME TRANSPORTERS TO REPORT VIO-
4 LATIONS. (a) A person who transports a big game hunter to or from
5 the field for compensation, or with the intent or an agreement to
6 receive compensation, shall promptly report to the Department of
7 Public Safety, division of fish and wildlife protection, and in no
8 event later than 30 days, a violation of a state fish, game, or guid-
9 ing statute or regulation that the person reasonably believes was
10 committed by a client or employee of the person.

11 (b) A person who violates this section is guilty of a misde-
12 meanor and upon conviction is punishable by a fine of not more than
13 \$2,000 or by imprisonment for not more than one year, or by both.

14 * Sec. 8. TASK FORCE ON GUIDING AND GAME. (a) The interim task force
15 on the Guide Board and the commercial taking of big game is established
16 under the jurisdiction of the legislative council. The task force consists
17 of the commissioners of fish and game, commerce and economic development,
18 and public safety, or their designees; two members of the senate appointed
19 by the president of the senate; two members of the house of representatives
20 appointed by the speaker of the house; and six members appointed by the
21 governor as follows: one member of the Guide Board; one big game guide
22 licensed under AS 08.54 who is not a member of the Guide Board; and one
23 person engaged in a business, other than guiding, that includes transport-
24 ing big game hunters to and from the field; and three public members, at
25 least one of whom has no financial interest in any business involving or
26 related to the commercial taking of game. The governor shall appoint at
27 least one member from each judicial district in the state.

28 (b) The task force shall review the operations of the Guide Board and
29 shall study problems and issues concerning the commercial taking of big

1 game in the state and the businesses or professions that provide goods and
2 services to big game hunters in the state. The task force shall submit to
3 the legislative council, not later than January 15, 1989, a report on its
4 findings and proposed legislation to address the problems and issues cover-
5 ed in the report.

6 (c) The task force terminates January 15, 1989.

7 * Sec. 9. This Act takes effect immediately under AS 01.10.070(c).

Original sponsors: Coghill and Faiks

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 191 (Finance) am
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the Guide Board and big game
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18 Department of Public Safety, division of fish and wildlife protection,
19 and in no event later than 30 days, a violation of a state fish, game,
20 or guiding statute or regulation that the guide reasonably believes
21 was committed by a client or an employee of the guide;

22 (2) a guide to commit or aid the commission of a violation
23 of this chapter or of a state game or guiding statute or regulation or
24 to permit the commission of a violation that the guide knows or rea-
25 sonably believes is being or will be committed without attempting to
26 prevent it, short of using force, and without reporting it;

27 (3) a person to guide without having a current valid guide
28 license and resident hunting license in actual possession;

29 (4) a person to advertise as or represent to be a guide

1 without holding a current valid guide license;

2 (5) a guide to intentionally obstruct or hinder or attempt
3 to obstruct or hinder lawful hunting engaged in by a person who is not
4 a client of the guide;

5 (6) a person to transport a hunter to or from the field in
6 an aircraft for which the person does not hold a current valid air
7 taxi commercial operator (ATCO) operating certificate issued by the
8 Federal Aviation Administration under 14 C.F.R. Part 135 if the person
9 is providing the transportation or any other big game hunting service
10 to the hunter for compensation, except that it is not a violation of
11 this paragraph if a licensed guide transports a hunter to or from a
12 restricted or joint-use guide area assigned to the guide or to the
13 guide's employer in an aircraft owned by the guide and operated under
14 14 C.F.R. Part 91;

15 (7) a person to guide without being validly licensed as a
16 guide under this chapter and as a resident hunter under AS 16;

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18 guided hunt;

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20 guided hunt except while employed and supervised by a registered or
21 master guide.

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24 by a fine of not more than \$1,000 or by imprisonment for not more than
25 one year, or by both, and the person's license may be revoked for a
26 period up to five years. However, a person who engages in guiding
27 activity during the period for which the person's license is suspended
28 or revoked under this chapter or who violates (a)(7) - (9) [(a)(6) -
29 (8)] of this section, is guilty of a felony punishable, upon

1 conviction, by a fine of not more than \$5,000 and by imprisonment for
2 not less than one year nor more than three years. In addition to
3 punishment for a felony, all guns, fishing tackle, boats, aircraft,
4 automobiles or other vehicles, camping gear and other equipment and
5 paraphernalia used in, or in aid of, guiding activity engaged in
6 during the period of suspension or revocation may be seized by persons
7 authorized to enforce this chapter and may be forfeited to the state
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13 the intent or an agreement to receive compensation; "guide" or "guid-
14 ing" does not include accompanying or being present with a hunter

15 (A) in a boat with living quarters;

16 (B) at a lawfully established cabin or permanent
17 lodge;

18 (C) while providing transportation to or from the
19 field, if the persons providing transportation and the persons
20 being transported do not stalk, pursue, track, kill, or attempt
21 to kill big game; or

22 (D) in a camp while attending to horses that are being
23 used to transport big game hunters to or from the field;

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25 (d) A nonresident who violates (a) of this section, or who fails
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28 not more than one year, or by a fine of not more than \$5,000, or by
29 both.

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2 (e) An applicant for a nonresident big game tag for the taking
3 of moose or caribou shall first furnish to the state, on a form pro-
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17 committed by a client or employee of the person.

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19 meanor and upon conviction is punishable by a fine of not more than
20 \$2,000 or by imprisonment for not more than one year, or by both.

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24 of the commissioners of fish and game, commerce and economic development,
25 and public safety, or their designees; two members of the senate appointed
26 by the president of the senate; two members of the house of representatives
27 appointed by the speaker of the house; and six members appointed by the
28 governor as follows: one member of the Guide Board; one big game guide
29 licensed under AS 08.54 who is not a member of the Guide Board; and one

1 person engaged in a business, other than guiding, that includes transport-
2 ing big game hunters to and from the field; and three public members, at
3 least one of whom has no financial interest in any business involving or
4 related to the commercial taking of game. The governor shall appoint at
5 least one member from each judicial district in the state.

6 (b) The task force shall review the operations of the Guide Board and
7 shall study problems and issues concerning the commercial taking of big
8 game in the state and the businesses or professions that provide goods and
9 services to big game hunters in the state. The task force shall submit to
10 the legislative council, not later than January 15, 1989, a report on its
11 findings and proposed legislation to address the problems and issues
12 covered in the report.

13 (c) The task force terminates January 15, 1989.

14 * Sec. 8. This Act takes effect immediately under AS 01.10.070(c).

SB

195

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 4/26/87 5-DAY NOTICE
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER:

**FISCAL NOTE(S) ATTACHED **
IN ACCORDANCE WITH AS 24.08.035
(see below)

3/18/87 DATE TURNED INTO OFFICE 4/27/87
Mr. President:

FINANCE Committee considered SB 195

appropriation to the Department of Health & Social Services,
division of public health, for the Alaska AIDS program; efd.

and recommended:

- replace with CS SB 195 (FIN) same title
- attached amendment(s) and new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- further referral to _____
- letter of intent adopted and attached

** Committee attached or adopted fiscal note(s)
 zero fiscal impact

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

[Signature]
[Signature]
Paul Frail
[Signature]

[Signature] Chairman signature and recommendation DO PAS

Committee Backup Attached



From The
SENATE
FINANCE COMMITTEE

5-0893A

DATE: April 27, 1987

TO: Lynn

FROM: Vicki (4935)
 Rm 413 Cap

RE: CS SB 195 (Finance)

Please have a Finance Committee Substitute for SB 195 prepared with the changes noted in the attached copy of the bill.

CS SB 195 (Finance) was reported out of Committee this morning and read across at the 11 am floor session.

Please deliver the final version to me asap.

THANX!

FINANCE
 BY THE SENATE SPECIAL
 COMMITTEE ON AIDS PREVENTION

. 195 (*FINANCE*)

STATE OF ALASKA

FIRST SESSION

ropriation to the Department of Services, division of public ka AIDS program; and providing e."

ATE OF ALASKA:

ropriated from the general fund rices, division of public health,

ed portion of the appropriation general fund June 30, 1988.

ately under AS 01.10.070(c).

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**



From The
**SENATE
FINANCE COMMITTEE**

DATE: April 27, 1987

TO: Lynn

FROM: Vicki (4935)
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RE: CS SB 195 (Finance)

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CS SB 195 (Finance) was reported out of Committee this morning and read across at the 11 am floor session.

Please deliver the final version to me asap.

THANX!

Funding Information

General Fund ~~\$698,000~~ 498,000
Other Funds -0-
~~\$698,000~~ 498,000

FINANCE
BY THE SENATE SPECIAL
COMMITTEE ON AIDS PREVENTION

1 IN THE SENATE

2 COMMITTEE SUBSTITUTE SENATE BILL NO. 195 (FINANCE)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making an appropriation to the Department of
7 Health and Social Services, division of public
8 health, for the Alaska AIDS program; and providing
9 for an effective date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. The sum of ~~\$698,000~~^{498,000} is appropriated from the general fund
12 to the Department of Health and Social Services, division of public health,
13 for the Alaska AIDS program.

14 * Sec. 2. The unexpended and unobligated portion of the appropriation
15 made by sec. 1 of this Act lapses into the general fund June 30, 1988.

16 * Sec. 3. This Act takes effect immediately under AS 01.10.070(c).

STANDING COMMITTEE REPORTS

SB 195

The Finance Committee considered SENATE BILL NO. 195 (appropriation to the Department of Health and Social Services, division of public health, for the Alaska AIDS program; sfd) and a majority of the committee recommended it be replaced with

CS FOR SENATE BILL NO. 195 (FIN)

and do pass with a Letter of Intent. The report was signed by Senator Binkley, Co-chairman and concurred in by Senators Zharoff, Duncan, Fischer and Uehling.

Letter of Intent

CSSB 195 (FIN)

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards to stress abstinence as the only totally effective preventative method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

SENATE BILL NO. 195 was referred to the Rules Committee.

SB 252

The Health, Education and Social Services Committee considered SENATE BILL NO. 252 (communications to a psychologist or psychological associate by a client) and a majority of the committee recommended do pass with the following amendment:

Page 1, lines 25-28: Delete: *Section 1 (5)
Insert: (5) proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter.

The report was signed by Senator Fischer, Chairman and concurred in by Senators Josephson and Kerttula.

Zero fiscal note published today from Senate Health, Education and Social Services Committee.

SENATE BILL NO. 252 was referred to the Judiciary Committee.

Proposed Senate Finance Committee Statement of Legislative Intent

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards, ^{should} stress abstinence ^{as} ~~is~~ the only totally effective preventive method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 195
Publish Date: _____

Revision Date: _____
Title: "An Act Making an Appropriation
for the Alaska AIDS Program"
Sponsor: HESS Committee
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: Epidemiology, Nursing,
Laboratories

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		225.5				
TRAVEL		50.0				
CONTRACTUAL		100.0				
SUPPLIES		120.0				
EQUIPMENT		2.5				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		498.0				

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		498.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME		5.0				
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Elizabeth Ward, M.N., Director *E.W.* Phone: 465-3090
Division: Division of Public Health Date: 4/23/87

Approved by Commissioner: *Mary M. Munro* Date: 4/23/87
Agency: _____

- Distribution (by preparer):
- Legislative Finance
 - Legislative Sponsor
 - Requestor
 - Office of Management and Budget
 - Impacted Agency(ies)
 - Senate Secretary

page _____ of _____

*Approp.
Bill
No need for
fiscal note.*

BUDGET ANALYSIS

Personal Services \$225.5

The five new full-time positions being requested are as follows: 92.0

2-Microbiologist II positions (Fairbanks) (\$46 x 2 = \$92.0)

These two positions will provide the laboratory support necessary to process the HIV specimens.

1-Data Processing Clerk position (Fairbanks) This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens. 30.6

1-Education Specialist II (Anchorage) This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools. 59.7

1-Public Health Representative (Anchorage) This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education. 43.2

Travel \$50.0

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Education Programs in school districts and communities state-wide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual \$100.0

Phones, postage and printing. 55.0

AIDS Health Educator (contract) 45.0

Supplies \$120.0

Health Educational materials

Equipment \$2.5

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 195
Publish Date: _____

Revision Date: _____
Title: "An Act Making an appropriation
for the Alaska AIDS program"
Sponsor: HSSS Committee
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: Epidemiology, Nursing
Laboratories

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		425.5				
TRAVEL		50.0				
CONTRACTUAL		140.0				
SUPPLIES		80.0				
EQUIPMENT		2.5				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		698.0				

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		698.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME		5				
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

SEE ATTACHED

Prepared by: Elizabeth Ward, M.N., Director *E.W.* Phone: 465-3090
Division: Division of Public Health Date: 4/1/87

Approved by Commissioner: *Nancy M. Merson* Date: April 1, 1987
Agency: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

RECEIVED

APR 02 1987

page _____ of _____

LEGISLATIVE FINANCE

BUDGET ANALYSIS

Personal Services \$425.5

\$200.0 of the Personal Services total of \$425.5 will be used to fund non-permanent project nursing positions, an equivalent to 3.5 FTE, in the Section of Nursing in select Alaskan communities that have been identified as HIV test sites to provide screening and counseling services.

The five new full-time positions being requested are as follows:

2-Microbiologist II positions (Fairbanks) (\$46 x 2 = \$92.0) These two positions will provide the laboratory support necessary to process the HIV specimens.	92.0
1-Data Processing Clerk position (Fairbanks) This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens.	30.6
1-Education Specialist II (Anchorage) This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools.	59.7
1-Public Health Representative (Anchorage) This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education.	43.2

Travel

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Education Programs in school districts and communities state-wide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual \$140.0

Phones, postage and printing.	25.0
Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,00)	70.0
AIDS Health Educator (contract)	45.0

Supplies \$80.0

Educational materials

Equipment \$2.5

Senate Finance Committee Statement of Legislative Intent

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards, stress abstinence is the only totally effective preventive method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

SB 195

PROPOSED ALASKA AIDS PROGRAM - FY 88

Personal Services

\$470.5

Laboratory microbiologists and support staff to provide for increased HIV testing and analysis.

122.6

Public Health

Education and intervention specialists to assist school districts, medical professionals, sexually active individuals, and the general public to understand AIDS and HIV infection and to provide the disease intervention and prevention teaching and training that is necessary.

147.9

Nursing services to provide HIV screening and counseling to all individuals wanting to be tested.

~~200.0~~

Travel

Includes \$20.0 for an AIDS training Seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Reduction Programs in school districts and communities Statewide.

50.0

Contractual

95.0

Phones, postage and printing.

25.0

Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,000)

70.0

Supplies

Educational materials.

80.0

Equipment

Five (5) VHS recorders to facilitate on site professional and patient education.

2.5

~~5698.0~~
498.0

EPIDEMIOLOGY OF ACQUIRED IMMUNODEFICIENCY SYNDROME:
A BRIEF OVERVIEW

AMA's Council on Scientific Affairs members: John H. Moxley, III, M.D.,
Chairman; John R. Beljan, M.D.; George M. Bohigian, M.D.;
E. Harvey Estes, Jr., M.D.; Ira R. Friedlander, M.D.;
William R. Kennedy, M.D.; Paul Salva, Ph.D. (Medical Student Rep);
William C. Scott, M.D.; Joseph H. Skom, M.D.; Richard M. Steinhilber, M.D.;
Jack P. Strong, M.D.; Henry N. Wagner, M.D.; William R. Hendee, Ph.D.
(CSA secretary); William T. McGivney, Ph.D. (assistant secretary)

AMA's AIDS Panel members: John P. Phair, M.D., Chairman;
Arthur J. Ammann, M.D.; James W. Curran, M.D.; David T. Durrack, M.D.;
Jerome E. Groopman, M.D.; John R. LaMontagne, Ph.D.;
David S. Ostrow, M.D., Ph.D.; Paul A. Volberding, M.D.;
Norbert P. Rapoza, Ph.D. (AIDS Panel secretary)

Authors: John P. Phair, M.D.; James P. Steinberg, M.D.

More than 28,000 cases of AIDS in the United States have been reported to the Centers for Disease Control since the syndrome was described in 1981; the earliest cases were diagnosed in the late 1970's. During the 1980's more than 70% of patients in the United States and Europe have been homosexual or bisexual males.¹ In contrast, in Africa, AIDS is diagnosed with equal frequency in women and men and occurs primarily in heterosexual individuals.² Transmission from infected individuals to female and male sexual partners has been noted in the United States, Western Europe, and Australia. Other risk factors include intravenous drug abuse, which accounts for an increasing number of cases in urban areas, factor therapy for hemophilia, and transfusion with infected blood. Infants born to infected mothers are also at risk of infection with this virus. Finally, a small percentage of cases in the United States occur among recent immigrants from areas with high rates of infection, such as Haiti and Central Africa.¹

The means of transmission in intravenous drug users and patients receiving factor therapy or transfusions is parenteral exposure to contaminated blood or blood products. It is probable that the spread of the virus due to contaminated blood has been greatly reduced since testing of donors was instituted. However, the deferred donor program remains the primary means of protecting the blood supply, for false-negative test results for antibody have been reported. Sexual transmission is primarily the result of transfer and exposure to infected semen. The virus also has been isolated from cervical secretions, tears, and saliva³, but exposure to the latter two secretions has not been proved to transmit infection. Specific sexual practices enhance the risk of exposure among homosexual men, who account for most cases of AIDS in the United States. Receptive anal intercourse, other trauma to the rectum, and a large number of partners have been associated with high rates of seropositivity.⁴ Among cases not belonging to the groups mentioned above, the incidence of sexually transmitted diseases is higher; this suggests that heterosexual promiscuity increases the risk of exposure to the virus.¹

It is estimated that more than 1,000,000 residents of the United States have been exposed and may be infected with HIV (formerly HTLV-III/LAV).⁵ The estimate is based on extrapolation from seroprevalence data from defined groups of homosexual men and intravenous drug abusers. It is subject to a number of caveats and may over- or underestimate the extent of the spread of HIV in the U.S. population. Most persons having serum antibody to the virus appear to be infectious, i.e., the virus can be isolated from peripheral blood lymphocytes.⁶

Several classification systems have been published to categorize the clinical spectrum of HIV infection.^{7,9} At present, most infected individuals are asymptomatic. A self-limited mononucleosis-like illness or aseptic meningitis may occur immediately following infection.¹⁰ The most common chronic clinical problem is persistent generalized

lymphadenopathy. Fewer individuals have constitutional symptoms (eg, fever, weight loss, diarrhea). Infections such as oral candidiasis or herpes zoster occur in other seropositive individuals. Immunologic abnormalities may not be demonstrable in asymptomatic persons or those with persistent adenopathy. Symptoms and mild infections are associated with decreased T-helper cell and increased T-suppressor cell numbers.¹¹ The development of severe immunodeficiency and the opportunistic diseases that define AIDS occur one to six years following the estimated onset of infection.¹² As the epidemic progresses, the duration of the incubation period for AIDS will probably increase beyond the already observed six years. The revised CDC classification system includes the neurologic consequences of HIV infection, the most common of which is progressive dementia.^{9,13}

The role of infection with cytomegalovirus, Epstein-Barr virus, hepatitis B or A virus, or other agents in the development of opportunistic disease or secondary neoplasms has not been defined. It has been suggested that the use of nitrites is increased in persons who develop Kaposi's sarcoma¹⁴, but this has not been confirmed.

This epidemiologic evidence provides a clear mandate to educate the general public regarding the risks of specific activities. Increased knowledge of self-protective measures currently offers the only method of controlling the epidemic. The report by the Surgeon General (October 22, 1986) emphasizes the following points: There is no risk of transmission by casual social contact and individuals can protect themselves by avoiding high-risk activities. Knowledge of preventive measures must be disseminated through school programs to parents, teachers, and members of school boards, as well as to the public at large. Public health measures, such as compulsory blood testing or quarantine, are not necessary and could be counterproductive, driving potentially infected individuals underground.

The two accompanying reviews deal with specific problems relevant to the spread of HIV. The first (by Gerberding and Sande) discusses risk of exposure in health care settings; the second (by Friedland) reviews the implications of caring for infected individuals in the household.

PROPOSED ALASKA AIDS PROGRAM - FY38
BUDGET ANALYSIS

Personal Services

\$425.5

\$200.0 of the Personal Services total of \$425.5 will be used to partially fund existing Section of Nursing positions in select Alaskan communities that have been identified as HIV test sites to provide screening and counselling services. 200.0

Five new full time positions being requested are:

- 2 - Microbiologist II positions (Fairbanks)--Range 16 (\$46.0 X 2 = \$92.0) These two positions will provide the laboratory support necessary to process the HIV specimens. 92.0
- 1 - Data Processing Clerk II position (Fairbanks)--Range 9 This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens. 30.6
- 1 - Education Specialist II (Anchorage)--Range 21 This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools 59.7
- 1 - Public Health Representative (Anchorage)--Range 16 This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education. 43.2

Travel

50.0

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Reduction Programs in school districts and communities Statewide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual

140.0

- Phones(5.0), postage (5.0) and printing (15.0). (Curriculum materials, clergy conference, xerox, surveys) 25.0
- Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,000) 70.0
- AIDS Health Educator (contract) 45.0

Supplies

- Educational materials. (films, pamphlets, displays, VHS cassettes, PSAs, surveys, media campaign) 80.0
 - (1) Professional
 - (2) High Risk
 - (3) General Public

Equipment

Five (5) VHS recorders for PHNs to facilitate professional training and patient education.

2.5

TOTAL

698.0

AIDS FUNDING

FY 83 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 83	-0-	-0-	-0-
FY 84	-0-	-0-	-0-
FY 85	-0-	-0-	-0-
FY 86	-0-	\$ 39.8	\$ 39.8
FY 87	\$47.9	200.9	248.8
FY 88 Request	<u>44.0</u>	<u>200.9</u>	<u>244.9</u>
Total	\$91.9	\$441.6	\$533.5

Hepatitis B Funding

FY 82 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 82	\$ -0-	\$ 500.0	\$ 500.0
FY 83	-0-	1,000.0	1,000.0
FY 84	250.0	1,000.0	1,250.0
FY 85	250.0	3,600.0	3,850.0
FY 86	658.8	3,100.0	3,758.8
FY 87	187.9	400.0	587.9
FY 88	<u>-0-</u>	<u>350.0</u>	<u>350.0</u>
	\$1,346.7	\$9,950.0	\$11,296.7

It is estimated that there have been approximately 45 deaths in Alaska attributed to hepatitis B infection in the past 30 years.

Alaska AIDS Program

Epidemiology Office

April 1, 1987

I. OBJECTIVES OF AN HIV INFECTION RISK REDUCTION AND DISEASE PREVENTION PLAN

The major objectives and strategies of HIV risk reduction and disease prevention in the Division of Public Health can be outlined as follows:

1. To evaluate the prevalence and incidence of HIV infection in Alaska on an ongoing basis. This will allow determination of the magnitude of the problem, the characteristics of the outbreak, and disease trends. In addition, such evaluation can be used to measure success of risk reduction programs and identify areas for resource allocation.
2. To study and evaluate knowledge, attitudes and behavior of gay and bisexual men and intravenous drug abusers related to the risk of acquiring or transmitting HIV. Such information can be used to design risk reduction programs and to evaluate their efficacy.
3. To develop outreach programs to reach persons who have potentially been exposed to HIV, thus making them aware of their risk status. Potential exposures include sexual contact or needle-sharing with infected persons, having received HIV contaminated blood or blood products, or being born to an infected mother. Outreach programs can serve to bring high-risk persons into a network of risk-reduction programs designed to limit future transmission.
4. To conduct risk reduction programs designed to lead to behavioral changes aimed at reducing the risk of acquiring or transmitting HIV infection for persons identified in Objective 3.
5. To provide public education, including school-based programs, about HIV transmission, which may lead to increased public understanding of the AIDS epidemic and lessening of "AIDS hysteria".
6. To provide professional education so that health care providers can appropriately counsel and care for patients with HIV infection.
7. To develop programs for dealing with situations that pose particular management problems, such as HIV infection among mentally ill, mentally handicapped and non-compliant patients.
8. To evaluate the effectiveness of all risk reduction programs and allocate resources accordingly.

SPECIFIC METHODOLOGY FOR AN HIV INFECTION RISK REDUCTION AND DISEASE PREVENTION PLAN

The Alaska Division of Public Health, in conjunction with recommendations from the CDC, the Association of State and Territorial Health Officers (ASTHO) and the Conference of State and Territorial Epidemiologists (CSTE), has identified strategies for responding to the public health aspects of AIDS. These strategies are aimed at achieving the objectives outlined above and can be summarized as follows.

- A. Objective 1: To study the prevalence and incidence of HIV infection in Alaska.
 - 1. Ongoing tabulation and follow-up of AIDS cases
 - 2. Seroprevalence surveys among gay and bisexual men, intravenous drug abusers, and persons with hemophilia
 - 3. Studying seroprevalence rates from the blood banks
 - 4. Seroprevalence data collected from the alternate test sites
 - 5. Seroprevalence data collected from STD clinics
- B. Objective 2: To study and evaluate knowledge, attitudes and behavior of gay and bisexual men and intravenous drug abusers as related to HIV
 - 1. Surveys of persons attending alternate test sites
 - 2. Surveys of persons participating in seroprevalence studies
 - 3. Surveys of persons participating in specific education programs including drug treatment
- C. Objective 3: To develop outreach programs
 - 1. Media campaigns
 - 2. Contact notification
- D. Objective 4: To conduct programs leading to risk reduction through behavioral change
 - 1. Availability of alternate test sites
 - 2. Education programs
- E. Objective 5: To provide public education
 - 1. Specific media coverage
 - 2. Public lectures and seminars
 - 3. School-based education
 - 4. Education in the workplace
 - 5. The AIDS hotline
- F. Objective 6: To provide professional education
 - 1. Epidemiology Bulletin
 - 2. Seminars
 - 3. Hospital rounds
- G. Objective 7: To develop programs for dealing with situations that pose particular problems
- H. Objective 8: To evaluate the efficacy of all risk reduction programs

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
P.O. BOX 240249
ANCHORAGE, ALASKA 99524-0249
(907) 561-4406

AIDS PROGRAM STATUS REPORT STATE OF ALASKA

John P. Middaugh, M.D.
State Epidemiologist
Epidemiology Office
Division of Public Health
Chairman, AIDS Task Force
March 1, 1987

EXECUTIVE SUMMARY

- The Division of Public Health has continued its multi-faceted program in response to the pressing public health problems posed by AIDS. Each component of the program is consistent with guidelines established by the national Centers for Disease Control (CDC) and the Association of State and Territorial Health Officers (ASTHO).
- National recommendations continue to evolve based on the results of research and growing experience from the nationwide effort to control AIDS. As research findings become translated into policy recommendations, components of Alaska's AIDS program will need to be modified. As our understanding of AIDS increases, so will our ability to apply sound public health principles and practices to reduce the risk of disease transmission.

BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with a virus known as human T-cell lymphotropic virus (HTLV-III) or Human Immunodeficiency Virus (HIV). There is a wide spectrum of HIV infections, ranging from infection in the absence of signs and symptoms at one end to infection with confirmed AIDS and a high degree of mortality at the other end. Several articles, reprints, and fact sheets are attached in order to provide detailed information about AIDS and about public health policy recommendations.

AIDS CASES IN ALASKA

In order to provide consistent information throughout the United States, a rigorous case definition was developed by national experts and is used to report cases of AIDS in Alaska to the national Centers for Disease Control.

Through March 1, 1987, 33 Alaskans have been confirmed to have AIDS, meeting the case definition of AIDS used by CDC. All AIDS patients have been members of identified high risk groups. Of the 33 cases, 27 were Caucasian, 3 were Native, 2 were Hispanic, and 1 was black. Cases have occurred in the following locations:

Anchorage	- 19	Age group:	<20 - 1
Juneau	- 6		20-29 - 8
Fairbanks	- 1		30-39 - 12
Kenai	- 2		40-49 - 9
Dillingham	- 2		50+ - 3
Other Alaskan communities	- 3		

Of the AIDS cases, 31 were male; two were female. Patient groups have included:

- Homosexual or bisexual men - 26
- Heterosexual with contact with a person with AIDS or at-risk for AIDS - 2
- Transfusion with blood/blood products - 3
- Hemophilia - 1
- IV Drug Abuse - 1

INFECTION WITH HIV - SCREENING PROGRAM RESULTS

Since 1985, the Division of Public Health has established eight sites in order to make accessible to Alaskans blood testing to detect infection with HIV. In 1986, through January 1, 1987, 132 of 2448 (5.4%) individuals tested were positive for HIV infection. HIV test results by risk category include:

<u>RISK CATEGORY</u>	<u>HIV RESULTS</u>	
	<u>#positive/#tested (%)</u>	
Homosexual or Bisexual	112/623	(18.0)
IV Drug User	6/210	(2.9)
Hemophilia/Coagulation Disorder	2/2	(100.0)
Heterosexual Contact with person with AIDS or at risk for AIDS	2/228	(0.9)
Transfusion with blood/blood products	1/41	(2.4)
All others	9/1344	(0.7)

Between October 1985 and September 1986, no positives were found among 1871 military recruit applicants screened in Alaska.

RISK ESTIMATE DATA

HIV transmitted through sexual contact, parenteral exposure to infected blood or blood components, and perinatal transmission from mother to neonate. HIV has been isolated from blood, semen, saliva, tears, breast milk, and urine and is likely to be isolated from some other body fluids, secretions, and excretions. Epidemiologic evidence has implicated only blood and semen in transmission.

Studies of non-sexual household contact of AIDS patients indicate that casual contact with saliva and tears does not result in transmission of infection. Spread of infection to household contacts of infected persons has not been detected when the household contacts have not been sex partners or have not been infants of infected mothers.

The kind of non-sexual person-to-person contact that generally occurs among workers and clients or consumers in the work place does not pose a risk for transmission of HIV.

None of the identified cases of HIV infection in the United States are known to have been transmitted in the school, daycare, or foster care setting, or through casual person-to-person contact. All medical evidence to date finds that there is no risk of transmission of AIDS virus in the kinds of contacts school children and personnel have under normal circumstances.

DESCRIPTION OF AIDS PROGRAM IN ALASKA

Reporting and Surveillance - The Division of Public Health in cooperation with the Arctic Investigations Laboratory, Centers for Disease Control, Anchorage, cooperatively established a voluntary reporting and surveillance system for AIDS in January 1982. In January 1985, the Division of Public Health included AIDS as a disease required by regulation to be reported to the Division of Public Health by all physicians and other health care providers in the State of Alaska.

All cases of AIDS or suspect AIDS are reported to the Epidemiology Office, Division of Public Health. A case investigation is then conducted to establish the validity of suspected diagnosis. Cases that are verified to be AIDS are then, in turn, reported to the national Centers for Disease Control, Atlanta, Georgia. All patient identifying information is strictly confidential and is protected from disclosure by Alaska statute.

Blood Bank - Screening

In May 1985, a laboratory test became available to screen for the presence of infection with HIV virus. Screening activities began in blood banks in Anchorage and Fairbanks for all prospective donors. All individuals found positive on screening are excluded from donating blood. Through January 1987, of approximately 16,468 donors screened, only one individual was positive - a bisexual man who said he wished to donate blood in order to have his blood screened for the presence of HIV virus.

At the same time, the Northern Regional Laboratory, Section of Laboratories, Division of Public Health, began providing HIV testing through the alternate testing sites and for communities that depend on walk-in donors. Through January 1987, 2 of 780 prospective blood donors were found to be positive. Further investigation revealed that the two individuals positive for HIV were members of high-risk groups who were not able to be tested at an alternate site.

Screening for HIV Infection - When HIV blood tests were developed, their primary purpose was to screen out potentially infected individuals to protect the nation's blood supply. Because early experience with the test raised questions as to its validity (sensitivity, specificity, and predictive value), the use of the test was recommended to be restricted solely for the purpose of screening blood donors.

However, it was recognized that many individuals in high risk groups would wish to be tested to see if they were infected with HIV. Concern was raised that members of high risk groups and other members of the general public might descend upon blood banks, not to donate blood, but to obtain the blood test. In order to protect the blood banks, alternate testing sites were recommended to be established so that concerned individuals could be tested.

Alternate test sites were established in Alaska in May 1985 according to CDC recommendations. These recommendations mandated pre-test and post-test counseling of all persons who requested blood testing for HIV. Counseling is done by STD clinic personnel who have received specialized training.

The purpose of counseling is to discuss with individuals the complex information about HIV infection, AIDS, the limitations and strengths of the laboratory test, and the interpretation and implications of laboratory results. Individuals who test positive are counseled about the need to refer close contacts who may be at increased risk of infection, and in risk reduction behaviors that can reduce transmission of HIV.

All identifying information is held strictly confidential by the individual who draws the blood and provides counseling. Testing is conducted in the State Laboratory using specimen identification numbers only. No information that would enable laboratory personnel to identify individuals is available to the laboratory.

AIDS Task Force - In October 1985, Commissioner Pugh, Department of Health and Social Services, appointed an AIDS Task Force. The purpose of the Task Force is to provide expert medical opinion regarding AIDS and HIV infection to the Division of Public Health and to the Department of Health and Social Services, and to aid in establishing policies regarding AIDS for the State of Alaska.

The Task Force recommends policies to the Division of Public Health for its consideration. The Task Force also has been charged with identifying AIDS program components in need of increased attention in order optimally to deal with problems related to AIDS and HIV infection in Alaska.

POLICY DEVELOPMENT - The Department of Health and Social Services has coordinated AIDS program activities closely with numerous individuals, agencies, and organizations, including the private medical community; Indian Health Service; Arctic Investigations Laboratory, Centers for Disease Control, Anchorage; and other Departments of the State of Alaska. Based on recommendations from the Task Force, the Department of Health and Social Services developed official policies regarding AIDS pertaining to schools, daycare and foster care; corrections; and providers of pre-hospital emergency care.

The Task Force has identified several areas in need of policy development. The Department of Health and Social Services should take an active role in assuring that AIDS patients have access to the full range of psychiatric, medical, and dental services. A working group should be established to explore health care financing options for the provision of comprehensive medical care to AIDS victims including outpatient care, psychological counseling, hospitalization, nursing home care, and hospice care.

Network - The Division of Public Health is developing a network of AIDS knowledgeable physicians and other health care providers as a resource for communities throughout the State of Alaska.

Confidentiality - In many public health activities, issues of confidentiality play an extraordinarily important role. Numerous diseases are required by regulation to be reported routinely to the Division of Public Health. The track record of the Division of Public Health in preserving confidentiality while working to protect the public's health is admirable.

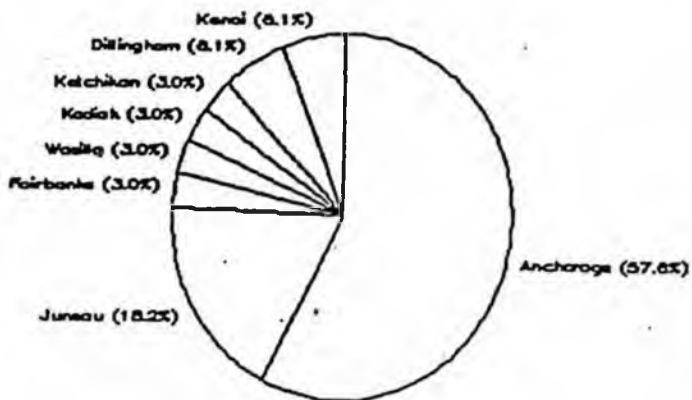
Confidentiality issues related to AIDS are extremely important. Through January 1986, AIDS program activities in Alaska have effectively balanced protection of individual rights and confidentiality and have effectively balanced those rights against requirements to protect the public. As medical research and national public policy guidelines continue to evolve, issues of confidentiality will continue to play a major role in program decisions.

Education

The Division of Public Health has recently begun to implement a CDC Community Health Education and Risk Reduction grant. We have hired a health education coordinator, conducted a survey of knowledge and attitudes about AIDS among the general public, and initiated efforts to increase AIDS prevention education in Alaska schools.

AIDS--ALASKA, through February, 1987

Place of Occurrence, N=33



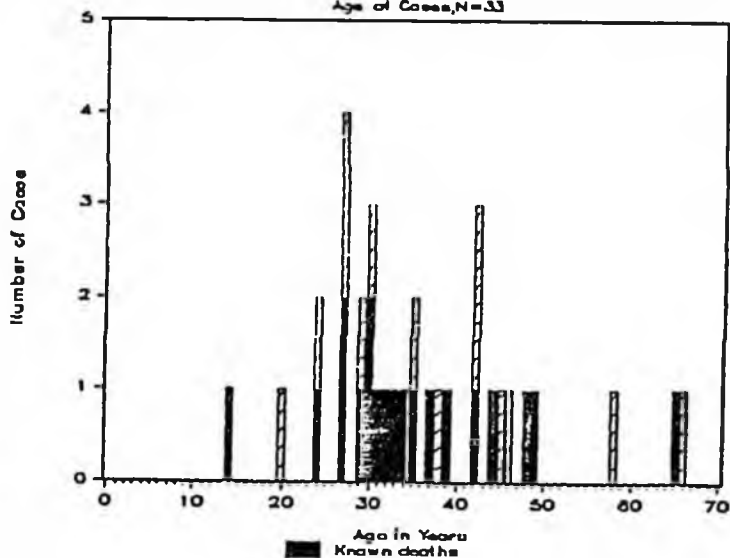
AIDS--ALASKA, through February, 1987

Risk Category, N=33



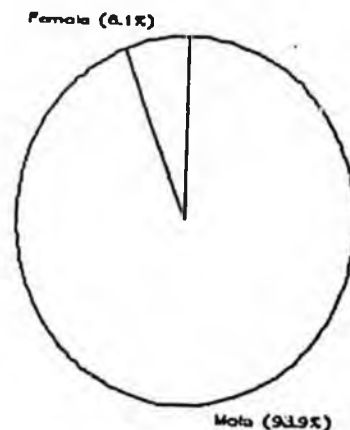
AIDS--ALASKA, through February, 1987

Age of Cases, N=33



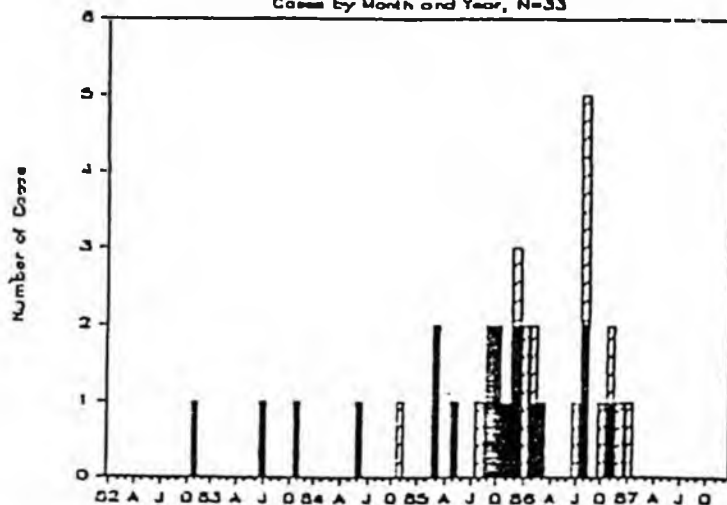
AIDS--ALASKA, through February, 1987

Sex of Cases, N=33



AIDS--ALASKA, 1982-87

Cases by Month and Year, N=33



Epidemiology Office
 Division of Public Health
 Department of Health and Social Services

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

P.O. BOX H-01
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

January 30, 1987

Dear Administrator:

As you know, acquired immune deficiency syndrome (AIDS) has become a serious public health problem. It constitutes a most frightening disease by any measure. It devastates those who catch it; it is currently incurable and fatal. Furthermore, it is spreading at a menacing pace.

Fears and misconceptions about AIDS, however, have spread even faster than the disease itself. We hear, for instance, that AIDS is spread by mosquitoes or by sharing drinking glasses, statements not supported by scientific evidence. AIDS is deadly, but fortunately, it is difficult to catch.

The United States Public Health Service stresses that the disease is not transmitted through any casual contact. AIDS is spread only by intimate sexual contact, through transfusion of infected blood or blood products, and from an infected mother to her fetus or newborn child.

Obviously, the behaviors that are most risky for catching AIDS involve sex with multiple partners, intravenous drug use, and sexual contact with an I.V. drug user. Still, many people remain unconvinced.

The U.S. Public Health Service has developed a comprehensive plan to inform the American public about AIDS in order to create general awareness and understanding of the syndrome, the ways in which the virus is transmitted, and the relative threat it poses to various population groups and to the public health. The ultimate goal of the public information program is to help prevent and control AIDS.

The nature and effects of AIDS make it desirable to target selected information to several audiences. The public needs to know that AIDS is an infectious, sexually transmitted, blood-borne disease. The fact that both homosexual and heterosexual people may be at risk for AIDS because of sexual contact is an important message for everyone. So, too, is the danger posed by drug injection.

Administrator

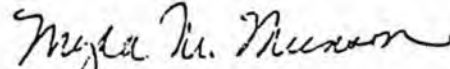
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January 30, 1987

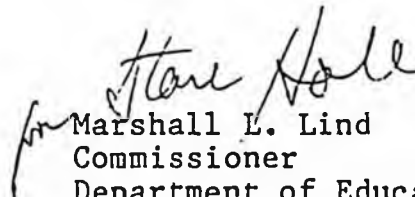
I am sending you materials developed by the Public Health Service and the American Red Cross. I am enclosing, also, a copy of the report on AIDS to the nation by the Surgeon General of the United States.

The PHS/Red Cross brochures on AIDS and Children are aimed at school administrators and teachers and at parents of children in school. I hope you will make these available to your staff and to parents who may ask questions about AIDS. For any additional information or materials related to AIDS, please do not hesitate to write or call me.

Sincerely,



Myra M. Munson
Commissioner
Department of Health &
Social Services



Marshall L. Lind
Commissioner
Department of Education

Hepatitis B Funding

FY 82 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 82	\$ -0-	\$ 500.0	\$ 500.0
FY 83	-0-	1,000.0	1,000.0
FY 84	250.0	1,000.0	1,250.0
FY 85	250.0	3,600.0	3,850.0
FY 86	658.8	3,100.0	3,758.8
FY 87	187.9	400.0	587.9
FY 88	<u>-0-</u>	<u>350.0</u>	<u>350.0</u>
	\$1,346.7	\$9,950.0	\$11,296.7

It is estimated that there have been approximately 45 deaths in Alaska attributed to hepatitis B infection in the past 30 years.

AIDS FUNDING

FY 83 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 83	-0-	-0-	-0-
FY 84	-0-	-0-	-0-
FY 85	-0-	-0-	-0-
FY 86	-0-	\$ 39.8	\$ 39.8
FY 87	\$47.9	200.9	248.8
FY 88 Request	<u>44.0</u>	<u>200.9</u>	<u>244.9</u>
Total	\$91.9	\$441.6	\$533.5



ISER RESEARCH SUMMARY

Institute of Social and Economic Research, University of Alaska, Anchorage

March 1987, R.S. No. 34

AIDS: What Alaskans Know and Fear

Just about all Alaskans know that AIDS (Acquired Immune Deficiency Syndrome) is transmitted mainly through sexual contact with AIDS victims and less frequently through transfusions of blood contaminated with the AIDS virus. Most don't believe that it can be spread through more casual kinds of contacts with those who have AIDS.

But 25 percent of Alaskans nevertheless say they would not want their children to attend school with children who have AIDS, and 60 percent say they would not eat in restaurants where food handlers were known to have AIDS. So despite what Alaskans know about how AIDS is transmitted, many still fear certain kinds of casual contact with AIDS sufferers.

These are some of the findings of a recent

survey of 450 Alaska households conducted by ISER for the Division of Public Health in the Alaska Department of Health and Social Services.* Other findings are summarized below.

Knowledge and Misconceptions

As Table 1 shows, large majorities of Alaskans have accurate knowledge about several aspects of AIDS: 95 percent know AIDS leaves its victims unable to resist disease; 98 percent know that sexual contact with an AIDS victim, receiving transfusions of blood infected with the AIDS virus, or sharing needles with intravenous drug users who have AIDS can transmit the disease.

*The survey was conducted between January 19 and February 11, 1987. Results are subject to a maximum estimated error of plus or minus 5 percentage points.

Table 1. Selected Survey Questions on Alaskans' Knowledge About AIDS*

Statement	Agree %	Disagree %	Not Sure %	Latest Medical Information
High Level of Knowledge:				
Sexual contact is one way to get it.	98	1	0	Yes, it is.
Receiving a blood transfusion with AIDS-infected blood can give you AIDS.	98	0	1	Yes, it can.
You can get AIDS by sharing a needle with a drug user who has AIDS.	98	1	1	Yes, you can.
AIDS is a medical condition in which your body cannot fight off diseases.	95	2	2	Yes, it is.
Using a condom during sex can lower the risk of getting AIDS.	91	4	4	Yes, it can.
Just being around someone with AIDS can give you the disease.	4	91	4	Casual contact never known to transmit.
If you touch someone with AIDS, you can get the disease.	9	86	4	Casual contact never known to transmit.
AIDS is curable.	5	91	4	No cure yet.
Misconceptions:				
You can get AIDS by donating blood.	28	69	2	No, you can't.
If you share a drinking glass with someone who has AIDS, you can get it.	21	61	18	Such contact never known to transmit.
If you kiss someone with AIDS, you can catch the disease.	15	58	16	Such contact never shown to transmit.

*Percentages do not always add to 100 because 1 percent of those in the survey sample had never heard of AIDS and were not asked the questions.

More than 90 percent know AIDS cannot be cured yet, and 91 percent know that use of a condom during sexual intercourse can reduce the risk of getting AIDS. And most (more than 85 percent) understand that AIDS is not spread through simply being around or touching AIDS victims.

The table also shows that Alaskans are less well-informed about some aspects of AIDS. Probably the most significant misconception among Alaskans is that blood *donors* are somehow at risk of getting AIDS: 28 percent mistakenly believe that the act of giving blood can expose the donor to the AIDS virus. Many persons are apparently unaware that blood banks draw blood with sterile, disposable needles that are used only once and then destroyed.

Other areas of misconception have to do with whether AIDS can be transmitted through casual contacts. More than 20 percent of Alaskans believe you can contract the disease by sharing a drinking glass with an AIDS victim, and another 18 percent are not sure whether you can get the disease that way or not. About 15 percent think kissing an AIDS victim could put you at risk of getting the disease and another 16 percent are not sure if kisses could be a means of transmission or not. Health officials say AIDS cannot be transmitted in any of these casual ways.

Fears About AIDS

A substantial share—44 percent—of Alaskans are afraid of getting AIDS themselves (Table 2). Many of those are apparently worried not because they are in high-risk groups, but because AIDS is becoming more widespread and there are still misconceptions about how it is transmitted.

Even though the majority of Alaskans do not believe AIDS can be spread through casual contact,

Table 2. Selected Survey Questions on Alaskans' Level of Concern About AIDS

Statement	Agree %	Disagree %	Not Sure %
I am afraid of getting AIDS.	44	55	1
I would not eat at a particular restaurant if I knew a food handler had AIDS.	61	33	6
I would let my child attend school with a child who has AIDS.	59	25	15

many are nevertheless wary about certain kinds of exposure to AIDS victims. As we noted in the introduction, significant percentages do not want their children to attend school with AIDS victims and would not eat in restaurants where food was handled by AIDS victims.

Conclusion

With the exceptions we've described, Alaskans have relatively good information about AIDS. But a significant number are understandably apprehensive because AIDS is incurable and there are still gaps in science's knowledge about the disease. Public education programs which emphasize that AIDS is not casually spread and which publicize new findings about the disease would reassure Alaskans.

Researchers conducting the survey were Jack Kruse, professor of public affairs with ISER and Karen Pyle Foster, a research associate with ISER.

RESEARCH SUMMARY (No. 34)
 Institute of Social and Economic Research
 E. Lee Gorsuch, Director
 University of Alaska, Anchorage
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 Anchorage, Alaska 99508

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'POSITION PAPER'

SENATE BILL NO. 195

For "An Act making an appropriation to the Department of Health and Social Services, Division of Public Health, for the Alaska AIDS program, and providing for an effective date."

This act appropriates \$698,000 from the general fund to the Department of Health and Social Service, Division of Public Health, for the Alaska AIDS program.

Background

Through March 31, 1987, 34 Alaskans have been confirmed to have AIDS and 20 of them are known to have died. All AIDS patients have been members of identified high risk groups.

<u>Location</u>		<u>Age Group</u>
Anchorage	- 20	<20 - 1
Juneau	- 6	20-29 - 8
Fairbanks	- 1	30-39 - 12
Kenai	- 2	40-49 - 10
Dillingham	- 2	50+ - 3
Other Alaskan Communities	- 3	

Risk Group

- Homosexual or bisexual men - 27
- Heterosexual with contact with a person with AIDS or at-risk for AIDS - 2
- Transfusion with blood/blood products - 3
- Hemophilia - 1

Since 1985, the Division of Public Health has established eight sites in order to make accessible to Alaskans blood testing to detect infection with HIV. Through January 1, 1987, 132 of 2448 (5.4%) individuals tested were positive for HIV infection. HIV test results by risk category include:

<u>Risk Category</u>	<u>HIV RESULTS</u> <u>#positive/#tested (%)</u>	
Homosexual or Bisexual	112/623	(18.0)
IV Drug User	6/210	(2.9)
Hemophilia/Coagulation Disorder	2/2	(100.0)
Heterosexual Contact with person with AIDS or at risk for AIDS	2/228	(0.9)
Transfusion with blood/blood products	1/41	(2.4)
All others	9/1344	(0.7)

- The number of AIDS cases continues to rise. It is now estimated that in 1991, 270,000 Americans will develop AIDS and 179,000 will have died of AIDS. More than 1.5 million Americans are believed now to be infected with the AIDS virus - one half may develop AIDS. Epidemiologic studies have shown that heterosexuals increasingly are becoming infected and that heterosexual transmission of the virus occurs more easily than initially suspected.
- Experts believe it unlikely that a vaccine against AIDS will be available or drugs to cure AIDS will be discovered in the next five years - or even longer.
- The National Research Council and Institute of Medicine of the National Academy of Sciences published a major work after reviewing all available information about AIDS "Confronting AIDS, Directions for Public Health, Health Care, and Research." These experts have called for a major nationwide response to AIDS, recommending federal government expenditures of \$1 billion per year for research and \$1 billion per year for disease prevention education.
- Surgeon General Koop issued his landmark report on AIDS and stated that "...education concerning AIDS must start at the lowest grade possible... There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases."
- We must continue and strengthen our present program. We must stop considering only the number of positive AIDS cases and begin to focus on HIV infection. HIV infection is a far more serious problem; for every positive AIDS case, experts estimate that 50 others have been infected with and carry the virus and they are capable of infecting others.
- We must increase screening for HIV infection and counseling for individuals who are infected or are members of high risk groups. This should also help assure the continued screening of rural Alaskans for Hepatitis B which can also be transmitted sexually.
- We must implement the National Academy of Science and Surgeon General's recommendations to provide education concerning AIDS in our schools at the lowest grade possible.

Position

The Department of Health and Social Services strongly supports this bill because it will enable Alaskans to respond appropriately to the growing AIDS epidemic and will provide funds necessary to reduce transmission of the virus and prevent Alaskans from becoming infected with this lethal disease.

POSITION PAPER/Department of Health & Social Services

Recommended by:

Elizabeth Ward

Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

4/1/87

Approved by:

Myra M. Munson

Myra M. Munson
Commissioner
Department of Health
and Social Services

Date:

April 1, 1987

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
PO. BOX 240249
ANCHORAGE, ALASKA 99524-0249
(907) 561-4406

AIDS IN ALASKA CHALLENGES FOR THE FUTURE March 1, 1987

AIDS -- WHAT HAS CHANGED?

- The number of AIDS cases continues to rise. It is now estimated that in 1991, 270,000 Americans will develop AIDS and 179,000 will have died of AIDS. More than 1.5 million Americans are believed now to be infected with the AIDS virus -- one half may develop AIDS. Epidemiologic studies have shown that heterosexuals increasingly are becoming infected and that heterosexual transmission of the virus occurs more easily than initially suspected.
- Experts believe it unlikely that a vaccine against AIDS will be available or drugs to cure AIDS will be discovered in the next five years--or even longer.
- The National Research Council and Institute of Medicine of the National Academy of Sciences published a major work after reviewing all available information about AIDS--"Confronting AIDS, Directions for Public Health, Health Care, and Research." These experts have called for a major nationwide response to AIDS, recommending federal government expenditures of \$1 billion per year for research and \$1 billion per year for disease prevention education.
- Surgeon General Koop issued his landmark report on AIDS and stated that "...education concerning AIDS must start at the lowest grade possible...There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases."

AIDS -- WHAT SHOULD ALASKANS DO NEXT?

- 1) We must continue and strengthen our present program. We must stop considering only the number of AIDS cases and begin to focus on HIV infection. HIV infection is a far more serious problem; for every AIDS case, experts estimate that 50 more are infected with the virus and they are capable of infecting others.
- 2) We must increase screening for HIV infection and counselling individuals who are infected or are members of high risk groups. This should also help assure the continued screening of rural Alaskans for Hepatitis B which can also be transmitted sexually.

AIDS IN ALASKA
CHALLENGES FOR THE FUTURE

March 1, 1987

Page 2

- 3) We must implement the National Academy of Sciences and Surgeon General's recommendations to provide education concerning AIDS in our schools at the lowest grade possible.
- 4) We must anticipate the future serious problems that will occur in health care financing and insure that Alaskans who develop AIDS and their families will have access to appropriate medical health and social services.
- 5) We must insure that confidentiality is protected to assure the voluntary cooperation in the testing of at risk Alaskans for HIV and other communicable diseases.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
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(907) 561-4406

March 17, 1987

FOR IMMEDIATE RELEASE

While most Alaskans are knowledgeable about the basic biomedical facts concerning AIDS (Acquired Immune Deficiency Syndrome) and know that AIDS is transmitted through sex or AIDS-infected blood, many still harbor unwarranted fears about the spread of the disease through casual contact.

This is the conclusion of Alaska public health officials based on a recent survey of 450 Alaskan households conducted for the Division of Public Health of the Alaska Department of Health and Social Services by the Institute of Economic and Social Research of the University of Alaska, Anchorage.

Ninety-five percent of those responding to the survey know correctly that AIDS is a condition in which the body cannot fight off diseases. Ninety-eight percent know also correctly that AIDS is sexually transmitted, and an equal number know it can be transmitted by sharing a needle with a drug user who has AIDS.

But Alaskans are much less knowledgeable about casual contacts and the spread of AIDS. Twenty-eight percent of those responding, for instance, believe wrongly that AIDS can be spread by sharing drinking glasses with someone with AIDS. An additional 18 percent are not sure. Fifteen percent believe wrongly that kissing can spread the disease, while an additional 18 percent are not sure. Sixteen percent believe wrongly that mosquitoes spread AIDS, 16 percent are not sure.

Many Alaskans also believe that somehow donors of blood are at risk for getting AIDS. Another significant misconception held by many is that a new vaccine has recently been developed for the treatment of AIDS.

As Table 1 shows, most Alaskans have accurate knowledge about some of the biomedical facts concerning AIDS.

Table 1. Selected Survey Questions on Alaskans' Knowledge About AIDS*

Statement	Agree %	Disagree %	Not Sure %	Latest Medical Information
High Level of Knowledge:				
Sexual contact is one way to get it.	98	1	0	Yes, it is.
Receiving a blood transfusion with AIDS-infected blood can give you AIDS.	98	0	1	Yes, it can.
You can get AIDS by sharing a needle with a drug user who has AIDS.	98	1	1	Yes, you can.
AIDS is a medical condition in which your body cannot fight off diseases.	95	2	2	Yes, it is.
Using a condom during sex can lower the risk of getting AIDS.	91	4	4	Yes, it is.
Just being around someone with AIDS can give you the disease.	4	91	4	Casual contact never known to transmit.
A new vaccine has recently been developed for the treatment of AIDS.	43	40	17	No Vaccine developed yet.
AIDS is spread by mosquitoes	16	68	16	No, they do not.
Less Certainty:				
You can get AIDS by donating blood.	28	69	2	No, you can't.
If you share a drinking glass with someone who has AIDS, you can get it.	21	61	18	Such contact never known to transmit.
If you kiss someone with AIDS, you can catch the disease.	15	68	16	Such contact never known to transmit.

*Percentages do not always add to 100 because 1 percent of those in the survey sample had never heard of AIDS and were not asked the questions.

Table 2. Selected Survey Questions on Alaskans' Level of Concern About AIDS

Statement	Agree %	Disagree %	Not Sure %
I am afraid of getting AIDS.	44	55	1
I would not eat at a particular restaurant if I knew a food handler had AIDS.	61	33	6
I would let my child attend school with a child who has AIDS.	59	25	15

The table also shows, however, that substantial numbers of Alaskans harbor unwarranted fears about the spread of AIDS through casual contact. The misconception that blood donors are at risk for catching AIDS may result from the publicity that before 1985 some who received donated blood developed AIDS. Many are apparently unaware that only sterile, disposable needles are used to draw blood at blood banks. Many also seem unaware that the nation's blood supply has been cleaned of contaminated blood and that individuals with the AIDS virus are not allowed to donate blood.

Scientists agree that no vaccine is likely to be developed for at least five years and many believe it will be ten years or longer before any AIDS vaccine can be developed.

It is obvious that Alaskans are concerned about AIDS. A substantial number--44 percent--are afraid of getting AIDS themselves. Also, 61 percent of respondents said they would not eat in a restaurant if they knew a food handler had AIDS. An additional indicator of the public's fears about AIDS is that 25 percent say they would not let their child attend school with a child who has AIDS. Another 15 percent are not sure. (Table 2.)

The survey results, says Dr. John Middaugh, "underscore the need to provide accurate information about AIDS to all Alaskans."

The current effort by Alaska's health professionals to deal with the growing problem of AIDS, says Middaugh, is focused on public education and on implementing the recommendations of the surgeon general's report to provide AIDS-related information to school children.

In addition, says Middaugh, additional efforts are underway to expand the state's free voluntary blood screening program so that public health officials can counsel those who are infected with the virus. "People who are shown to test positive to the virus must be counseled about methods to reduce behaviors that spread the virus. We must also make efforts to contact and counsel the sex partners of those infected because they are also at risk of developing AIDS.

"That the public supports such efforts," says Middaugh, "is demonstrated by the fact that 72 percent of the respondents indicated they would take such a test if it were offered free."

Contact Person: Marvin Bailey

(907) 561-4406

Surgeon
General's
Report
on

ACQUIRED
IMMUNE
DEFICIENCY
SYNDROME



Surgeon
General's
Report
on

**ACQUIRED
IMMUNE
DEFICIENCY
SYNDROME**

**U.S. Department of Health
and Human Services**

Foreword



This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans — fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs—addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is *not* spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between \$8 and \$16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.



C. Everett Koop, M.D., Sc.D.
Surgeon General

AIDS

AIDS Caused by Virus

The letters A I D S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV"¹. These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The



Artist's drawing of AIDS virus with cut away view showing genetic (reproductive) material.

¹These are different names given to AIDS virus by the scientific community:

- HIV — Human Immunodeficiency Virus
- HTLV-III — Human T-Lymphotropic Virus Type III
- LAV — Lymphadenopathy Associated Virus

AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" — using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

Signs and Symptoms

No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

ARC

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and

may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

AIDS: the present situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.



No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct

contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease — its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

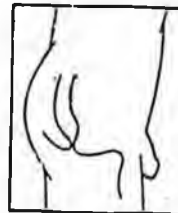
Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

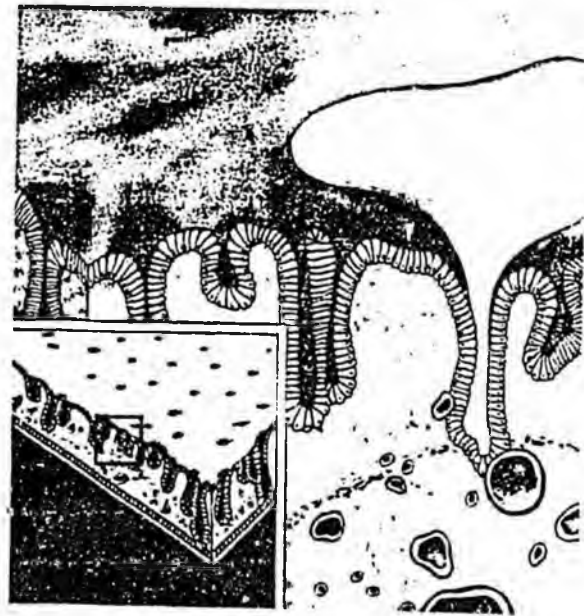
Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.



Vulnerable rectum lining provides avenue for entry of AIDS virus into the blood stream.



How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

Prevention of Sexual Transmission – Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

AIDS: you can protect yourself from infection

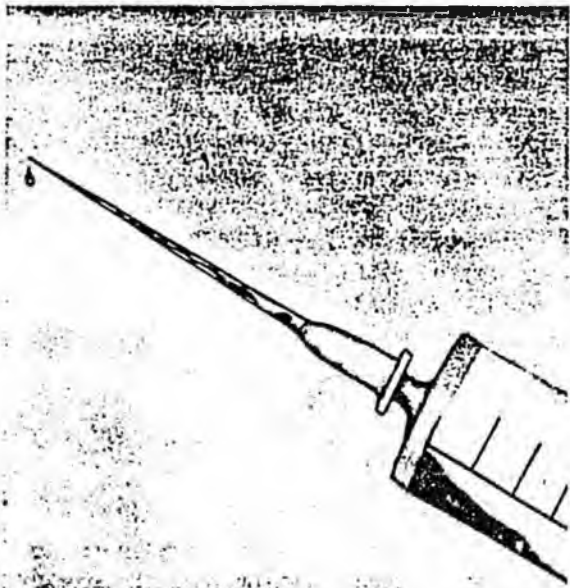
Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).



- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).

- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO* to sex and drugs, they can avoid AIDS which can *kill* them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.



Dirty intravenous needle and syringe contaminated with blood that may contain the AIDS virus

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a *clean, previously unused* needle, syringe or any other implement necessary for the injection of the drug solution.

Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened and blood is *not* accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become