

ALASKA LEGISLATURE

2001

HOUSE and SENATE FINANCE COMMITTEE FILES, 1999 - 2000

152

Subject: Sheldon Jackson Museum

Date: Fri, 25 Feb 2000 19:34:17 GMT

From: "Phyllis Hackett" <phackett@hotmail.com>

To: Representative_Eldon_Mulder@legis.state.ak.us

Dear Senator Mulder,

I am writing to inform you that I strongly oppose the proposed part time closure of the Sheldon Jackson Museum, one of Alaska's two museums. The state museums are an important part of Alaska's educational system. They are also important economic resources, serving our visitor industry. The proposed closure of the SJ Museum will reduce the Department of Education and Early Development budget by only \$55,000 but will hurt our region by causing the loss of permanent full time jobs and restricting public access to an important visitor destination. It will also prevent the museum from being used as it was intended: as a statewide educational and cultural resource available to the public. This loss will be felt by thousands of Alaskans who benefit from the programs at the SJ Museum.

Sincerely,

Phyllis A. Hackett

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TO: Representatives Eldon Mulder and Lisa Murkowski

CC: Fairbanks Senators Pete Kelly, Georgianna Lincoln, Gary Wilken and Fairbanks Representatives Tom Brice, John Davies and Jim Whitaker

FROM: Molly Lee, Ph.D., Curator of Ethnology, UA Museum and Associate Professor of Anthropology, UAF

DATE: February 29, 2000

RE: Proposed Closing of Sheldon Jackson Museum

As a museum professional and a researcher who has published on the Sheldon Jackson Museum, I strongly oppose the closing of the Museum for several reasons:

First, the Alaska Native artifacts deposited at the Sheldon Jackson Museum are the oldest, highest quality, and most historically significant of any in the State. If the collection is moved to the Alaska State Museum it will no longer be on view and will therefore become inaccessible to tourists and Alaska Native people alike.

Second, quite apart from the collection, the Sheldon Jackson Museum itself is an important historic artifact. The building is the first concrete structure erected in Alaska and is on the National Register of Historic Places. Its application for the more prestigious National Historic Landmark status (of which there are only 250 nationwide) is presently in process. The Museum building is a prime destination for tourists, architectural historians and history buffs alike.

Finally, taken together, the Sheldon Jackson Museum and its contents provide a unique lens for viewing the activity of Alaska Native artifact collecting at the turn of the twentieth century. To separate them, and to reorganize the collection according to current practice, constitutes the loss of one of the few collections still housed in its original building, one organized according to turn-of-the-century categories. Closure of the building and removal of its contents will destroy the integrity of this invaluable historic resource.

In view of these factors, I urge you to reconsider your position on the Sheldon Jackson Museum and urge the Fairbanks legislators to oppose this bill.

Sitka Tribe of Alaska

Tribal Government of Sitka, Alaska



FACSIMILE TRANSMITTAL SHEET

TO: Senator Elton Mulder	FROM: <i>Carol J. Aceveda</i> Carol J. Aceveda, General Manager
COMPANY: Chair, House Finance subcommittee on the education budget	DATE: 02/28/00
FAX NUMBER: 465-3518	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: Fax 747-4915
RE: Sheldon Jackson Museum	YOUR REFERENCE NUMBER:

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

The importance of keeping the museum opened and operating full time is critical to the cultural, economic, educational and social impact of all Alaskans. The pride of Alaskans is presented to visitors from outside the state, and not to mention local students from the educational environment. Status and history is preserved from years of work by dedicated volunteers who believed in Alaska's people. Please continue to fund the Sheldon Jackson Museum.

Thank you for your assistance.

Subject: Sheldon Jackson Museum

Date: Sun, 20 Feb 2000 10:26:32 -0900

From: Paul and Sande Anderson <psjsbb@alaska.net>

To: Representative_Eldon_Mulder@legis.state.ak.us

House Education Sub Committee to Finance Committee

Re: consideratin of funding cut for the Sheldon Museum, Sitka, Alaska

I oppose the proposed cut to the Sheldon Museum. The Sheldon Museum belongs to all Alaskans. It enriches our lives. Surely we are not so rich that we can afford to do without the Sheldon Museum or so poor that we cannot support it. A Museum is the caretaker of our past to enlighten our future. It is not just a tourist destination. It belongs to us,

Sandra Anderson



Education Subcommittee on Finance
State Capitol
Juneau, Alaska 99801-1182

Dear Gentlemen and Ladies,

On behalf of the 300+ members of the Alaska Anthropological Association, I am writing to urge re-consideration of funding cuts to the Sheldon Jackson Museum proposed by the Department of Education. This department erred in their evaluation of the Sheldon Jackson Museum's role when it proposed to cut \$56,000 out of the budget in response to a legislator's question as to why the State has two museums.

The State of Alaska does not have two museums. It has one museum, the Alaska State Museum, in two locations. This is completely analogous to the University with campuses in several locations, and the court system with courthouses throughout the State. We also have one capital, with several meeting and administrative locations throughout the State.

The whole objective of a museum is education. Education about Alaska's history must occur statewide. Sheldon Jackson is the one arm of the State's museum system that provides critically needed outreach programs not only for other museums, but for schools and libraries throughout the State. The Hands-on Loan program, developed by Sheldon Jackson staff, is a model program that you should be proud of. It provides special programs and lectures for the visiting public and offers first rate visitor services throughout the year.

The collection itself, with a declared value in excess of \$50million, is in fact a priceless Alaskan treasure. None can be replaced. Closing this 111 year old museum for two months annually, as proposed by the Department of Education, is completely irresponsible. Collections need security and constant environmental monitoring to prevent deterioration of fragile objects. Surely the Department, if required, can find \$56,000 worth of cuts without jeopardizing the State's oldest and best Museum and its collections?

Please think carefully before committing to these cuts. The Department of Education needs to be questioned thoroughly as to why it feels closing this museum two months each year, jeopardizing priceless collection's, without presenting alternatives, is acceptable to the people of this State. Cutting funding for museums is has been a disturbing trend for the past several years;

Our quality of life and the quality of our educational system depends in large part on the resources in our State Museum. To cut funding for the State's premier collection without solid justification reflects extremely poor judgement from an agency that should know better.

We urge you to carefully review this matter, and to maintain funding for the Sheldon Jackson Museum.

Sincerely,

kinko's

Express Yourself™

fax cover sheet

Kinko's of Anchorage • Telephone: (907) 276-4228 • Fax: (907) 276-8357

Date 2-28-00

Number of pages 2 (including cover page)

to: Name Education Subcommittee on

from: Name Debra Corbett, President

Company Finance

Company Alaska Anthropological Association

Telephone 465-2647

Telephone evening 561-8734

Fax (907) 465-3518

Comments Please distribute to the whole subcommittee, Thanka

More than 900 locations worldwide. For the location nearest you, call 1-800-2-KINKOS. Visit our Web site at www.kinkos.com.



LLOYD'S CENTER

329 Harbor Drive, Suite 207 • Sitka, Alaska 99835 • (907) 747-8486 or 747-6320

Fax # 465-3518

March 1, 2000

Dear Senator Eldon Mulder, Chair
House Finance Committee on Education Budget

I am writing to inform you that I strongly oppose the proposed part time closure of the Sheldon Jackson Museum, one of Alaska's two State Museums. The state museums are an important part of Alaska's educational system. They are also important economic resources, serving our statewide visitor industry. The proposed closure of the Sheldon Jackson Museum will reduce the Department of Education and Early Development budget by only \$56,000 but will hurt our region by causing the loss of permanent full time jobs and restricting public access to an important visitor destination. It will also prevent the museum from being used as it was intended: as a statewide educational and cultural resource available to the public. This loss will be felt by thousands of Alaskans who benefit from the programs of the Sheldon Jackson Museum.

Sincerely,

Lloyd and Barbara Hames
329 Harbor Dr. Ste 301
Sitka, Alaska 99835

ENV.
CONS.



Alaska State Legislature

Please enter into the record my testimony to the H. Finance
committee name
 committee on HJR 56, dated 3/16/00
bill/subject

Now that our predominantly anti-environmental legislature knows without doubt that the average Alaskan is more pro-environment than they are, a proposal has been put forth to limit public input in these matters, citing "laws based on science" as the goal. What was the scientific basis for the McGrath bear-wastage rule? You just couldn't rest until somebody had been told to go ahead and kill something... anything!

Most hunters have some idea of where to look for game, and how best to dress out a kill, but that is where the ~~sciet~~ "scientific" knowledge of the average hunter ends. For the rest you will need to ask real scientists, studying live animals.

Signed: Lars Opland
Testifier

Representing (Optional)
P.O. box 875638 Wasilla AK 99687
Address
376 4912 or 357 3799 Mondays
Phone No.

Even the average big game photographer knows more about these animals, because they observe them over a longer period of time.

FISH
+
GAME

ALCOHOL
+
DRUG

House Finance Committee

Re: HB 312: Operating Budget

Dear Committee Members:

I would like to thank you for this opportunity to express my thoughts and feelings regarding an issue related to the operating budget. Specifically, the issue I would address is the funding that has been cut for the Infant Learning Program. In order to help you understand I would like to tell you the following story:

"Welcome to Holland"

I am often asked to describe the experience of raising a child with a disability – to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this....

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum, the Michelangelo "David", the gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The flight attendant comes in and says, "Welcome to Holland".

"Holland?!?" you say.

What do you mean, Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They have landed in Holland, and there you must stay.

The important thing is that they haven't taken you to a horrible, filthy place full of famine and disease. It's just a different place. So you must buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there a little while, you look around, and you begin to notice that Holland has windmills, Holland has tulips, Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your

life, you will say, "Yes, that's where I was supposed to go. That's what I had planned."

The pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland."

Source Unknown

Imagine yourself in Holland, not by choice, but by circumstance. Then imagine how difficult your life would be if you knew that the counselors, family facilitators, physical therapists, occupational therapists, speech therapists and other support systems you needed were available, just not available to you. That is what happens to families who wait on lists for available funding for programs like the Infant Learning Program.

As you know the most critical years of a child's development are the years between birth and age three. The Infant Learning Program offers all of these support services to the young children of Alaska. Please ensure that the children of Alaska with these special needs are provided for in those critical early years.

As the grandmother of a beautiful little girl with disabilities, who is not on the waiting list, I ask you to provide for the 333 children who wait for services that can bring them a better quality of life and can offer them the chance to reach their highest potential.

Thank you,

Karen Kostenko

Karen Kostenko

9237 Ge St

Juneau, AK 99801

907-789-2875



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
 committee name
 committee on HB 313 Mental Health dated MARCH 4, 2000
 bill/subject

I'd like to testify on the VALUE OF PROVIDERS in the Community. I personally know of 2 people who would be institutionalizable without the support + medication monitoring done by these VALUABLE people. The cost of a provider is from \$30.00 to \$40.00 per day as opposed to thousands of dollars that institutional placement costs.

I'd also like to mention the importance of continuance of Medicaid so that some people can work who otherwise are not hireable. Somehow, the insurances of Medicaid need to continue although they are not as needed by those who are already insured.

Signed: Sabrina Ann Smith

Testifier

SELF - South Peninsula MHC board of directors
 Representing (Optional)

3479 Landing #1, Homer, Alaska 99603
 Address

235-7423
 Phone No.



**Fax To: House Finance Majority Members
Re: FY 01 Operating Budget**

Date: 3-4-00

**Fax From: Dennis E. Hojna MSW, LCSW
Director/Clinician
Tanana Chiefs Conference, Inc.
Yukon Tanana Counseling Services
1302 21st Avenue, Fairbanks, AK 99701
(800)478-6822 xt 3462, fax: (907)459-3934
<dhojna@tananachiefs.org>**

Dear Representative,

I am an Itinerant Mental Health & Substance Abuse Clinician on the front lines in 9 Interior Native villages. The incidence of severe and devastating substance abuse is legendary and has numerous costly spin-off consequences in terms of overall health care costs. Needs assessments done by various agencies and Tribal Councils themselves always target substance abuse services as a primary need. In addition to getting adults and teens into treatment and providing aftercare, programs like ours are doing direct prevention with the impressionable (and still reachable) kids to build identity, coping skills, awareness of resources and resilience. Do I need to mention how this helps prevent Fetal Alcohol Syndrome and how crippling that is? The *last thing* Interior Alaska needs is cuts in this area. We do also serve the chronically mentally ill and those with domestic violence and sexual assault issues, and extensive national experience has shown that child care assistance works in terms of promoting welfare-to-work. Make cuts in these areas and you will pay for it at another time out of another budget line. I realize making decisions in these areas is difficult in a state where people don't want to pay for government and have grown to feel entitled. But PLEASE, please, don't even THINK of cutting substance abuse funds. Thanks for listening.

Dennis E. Hojna

March 2, 2000

To ALL House Finance Majority members:

Proposed cuts in budget, for FY01, include cuts to Mental Health funding. For this to go forward would mean great hardship for thousands of people in our region. Cuts would seriously affect services that are already under funded. Please consider the following:

1. The Yukon-Koyukuk Mental Health Region is seated in Galena – but 5 other communities are provide services as well.
2. For most of those communities, YKMH is the only source of counseling and support for troubled children, parents, families, service providers and the community.
3. Travel must be via plane – there are no roads between any of the communities – air travel is costly – a cost that recently went up due to a 300% fuel price increase.
4. In theory, YKMH travels to each community once per month – budget realities dictate that YKMH actually gets to each community every 5-6 weeks.
5. In urban settings, no one would have to ever wait 5-6 weeks between counseling sessions!!! Yet . . . this is the reality of current budget cuts – and more cuts are proposed?
6. Suicide, alcohol abuse, domestic violence and child sexual abuse are rampant problems in this area – those who are affected number in the thousands – and are manifestations of years and years where preventative services have not been possible due to a lack of funding. People who have already lost hope, who must wait for assistance are seriously at risk.

There have been continued cuts to funds for Mental Health. Currently, there is only enough in the budget for the YKMH Itinerant Therapist to be part-time. The YKMH Director must constantly seek sources of funding for current services and also provide services– and the increased need is steady. Calls come in daily asking for appointments or inquiring when the YKMH Itinerant Therapist will next be in their community.

In the YKMH region, there are over 175 people – children, mothers, fathers, elders – who are either on a wait list or 'on-hold' due to current funding problems. Some have been on hold or waiting for four months. Yukon-Koyukuk Mental Health is too often the only source of assistance – and is not even funded for emergency response.

Are you really going to vote to add to problems or to address them proactively and properly fund Mental Health Services?

Miriam A. Jensen
Galena, Alaska 99741
Ph. 907-656-1951

March 3, 2000

Dear Finance Committee,

My name is Deanna Captain. I am the Tribal Family & Youth Specialist for the community of Ruby, Alaska. We have a population of less than 200 people. The Ruby Tribal Council, under the Indian Child Welfare Act employs me. Currently the only Mental Health Services we receive is through Yukon Koyukuk Mental Health Program out of Galena. The services that we receive is so limited it barley makes a dent. A once months visit by an itinerant counselor. This is pathetic.

There have been so many traumatic events in our community, that it is overwhelming. I worked this job since 1992, but my sister-in law, Agnes Wright, was brutally murdered in 1996. She was the postmaster here in Ruby, I am sure you remember the front-page headlines that still haunt me. When this happened I could not continue working, I quit my job and was finally able to cope two years later.

Since I returned to this position in August of 1998 there have been numerous suicide attempts, child molestation and a murder suicide. We really need help.

There is no local position here in Ruby for a Mental Health Counselor, due to cutbacks the position has been vacant for two years. There are limited jobs in our community and a high rate of unemployment, many people don't have benefits to choose from, because they don't meet the criteria of these programs. This leads to loneliness, depression and alcohol. We don't expect handouts and are not asking for any. We are asking you to reconsider where you do your cutting. We are in dire need of Mental Health Services.

Currently we have an Itinerant Counselor who travels to the villages once a month who has now been cut to part-time because of the diminishing funds.

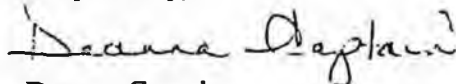
Travel to the villages is expensive but necessary. Please don't take what limited means of services that we have.

I am trying to help my people by getting them the help we all need at different times in our life. You are in a position to help with this. You know as well as I do, that early intervention is the key to prevention. Please consider the impact you will be making on our community and many like ours.

There are problems in every community, we are bringing ours into the open and are trying to make changes to break the cycles of abuse & neglect, please help us, don't impede us. Make the right decision.

Thank you for your time and your consideration.

Respectfully,



Deanna Captain
Tribal Family & Youth Specialist



Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
 committee name
HB 313 Mental Health
 committee on 313, dated March 4, 2000
 bill/subject

I'd like to thank you for funding Community Health
 by Grants to General Community Mental Health
 1,007,400; Emergency Psychiatric Services 6,005,400;
 Services to the Chronically Mentally Ill
 10,801,400; Designated Evaluation and
 Treatment; 1,046,300 and services to Seriously
 Emotionally Disturbed Youth 4,432,400.
 These funds are truly needed.

Signed: Patricia Ann Penick
 Testifier SELF - Mental Health Board (South Peninsula)
3479 Landing #1, Homer, Alaska
 Representing (Optional)
3479 Landing #1 Homer, Alaska 99603
 Address
235-7423
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Finance
 committee name
 committee on HB 313, dated 3/4/2000
 bill/subject

I don't want the Provider Service to be cut, otherwise I will end up back in the hospital. I am bipolar and manic depressive and I have dementia. I have been going here for 10 years. I feel that it is very important that this mental health provider service not be cut.

Post-it® Fax Note	7671	Date	3/4/00	# of pages	9
To	House Finance	From	HOMER LIO		
Co./Dept.		Co.			
Phone #		Phone #	235-7878		
Fax #	465-6813	Fax #			

Signed: Kenny Porter

Testifier
Self

Representing (Optional)

PO Box 3097 Homer AK

Address

235-1362

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Finance
committee name
committee on 312 Budget FY2001, dated 3-3-00
bill/subject

Alaska Tobacco Prevention and Control programs are budgeted to use only \$1.2 M. of the \$77M. annual tobacco settlement money. That is less than 2%!

I don't know how many years it took to reach the tobacco settlement. I do know that each of those years and continuing, over ~~the~~ four hundred thousand lives are lost nationally, some 900 in Alaska. I know that those who survive suffer disfiguring surgeries, radiation and chemo therapies and crushing financial burdens. Tobacco is an ugly, addictive, cancer-causing substance.

Tobacco use is preventable, especially among youth. I ask, I beg that this state, this House and this Governor use every cent of the hard-won tobacco settlement money to work against disease, work toward health, work to prevent tobacco-use among youth, and work to help survivors... every cent.

Signed: John C. Steiner

Testifier

Kids Are People Inc / Saxton Youth Shelter

Representing (Optional)

Mat-Su Tobacco Control Alliance

Address

481 Briar Dr. Wasilla 376-0580

Phone No.



Kids are People, Inc. Saxton Youth Shelter

Services for Youth

851 E. Westpoint Dr. No. B-2, Wasilla, AK 99654

Phone: 907-376-6016 Fax: 907-373-4850

Website: <http://www.akcache.com/kids/index.htm>

E-mail: kap@denalcs.net

March 7, 2000

House Finance Committee

Co-Chair Eldon Mulder

Co-Chair Gene Therriault

Vice-Chair Con Bunde

Rep. Alan Austerman

Rep. Gary Davis

Rep. Richard Foster

Rep. Gail Phillips

Governor Tony Knowles

Rep. Bill Williams

Rep. John Davies

Rep. Ben Grussendorf

Rep. Carl Moses

Dear Members of the House Finance Committee and Governor;

Alaska Tobacco Prevention and Control Programs are budgeted to use only \$1.2 million of the \$77 million annual tobacco settlement money. That is less than 2% for tobacco prevention!

I don't know how many years it took to reach the tobacco settlement. I do know that nationally each of those years and continuing, over four hundred thousand lives are lost to tobacco related disease. Some 900 of those occurring in Alaska. I know that those who survive suffer disfiguring surgeries, radiation and chemo therapies and crushing financial burdens. Tobacco is an ugly, addictive, cancer-causing substance.

Tobacco use is preventable, especially among youth. I ask, I beg, that this state, this House and this Governor use every cent of the hard-won tobacco settlement money to work against disease, work toward health, work to prevent tobacco-use among youth, and work to help survivors. Every cent.

Yours truly,

John C. Stein
Executive Director



Alaska Native Health Board

4201 Tudor Centre Dr., Suite 105
Anchorage, Alaska 99508

Phone: (907) 562-6006
FAX: (907) 563-2001

Testimony on House Finance budget
Statewide hearing, March 4, 2000

Representative Therriault, Representative Mulder, and Members of the Committee:

I'm sorry I cannot testify by teleconference today. My sister is visiting from Tennessee and we cannot fit a legislative hearing into our schedule this weekend!

My sister Susan is a former Alaskan and a former smoker. I can remember her telling me, when she lived in Anchorage, that she wanted badly to quit smoking, but couldn't. She was able to quit only after she became pregnant and had a baby; even then, she relapsed a couple of times. No wonder - nicotine is as addictive as heroin or cocaine.

Susan was lucky - she finally did quit. A quarter of Alaskan adults have not been so lucky and continue to struggle with nicotine addiction. Thousands of Alaskan kids become new smokers each year. The tobacco industry spends about \$11 million a year in this state to promote smoking. Current state funding for tobacco prevention and control from the tobacco settlement is only \$1.4 million, and now the House Finance Committee is proposing to cut that.

We are just beginning to make headway in reducing the epidemic of tobacco addiction and disease in Alaska. We should be ramping up our efforts, not cutting back. You have all seen information provided by the Alaska Tobacco Control Alliance that shows that tobacco control programs work. New research continues to prove this point. An article in Wednesday's *Anchorage Daily News* reports on a 50% reduction in smoking rates among young teenagers exposed to anti-tobacco ads in Massachusetts.

We could and should be doing the same thing here. Instead, our countermarketing program is underfunded - as are all other program components needed for an effective comprehensive attack on tobacco. There is currently no funding for school-based programs and very little for cessation programs to help people who want to quit. When the state is taking in \$30 million a year from the tobacco settlement, it is unconscionable to cut funding to tobacco prevention and cessation programs that are already underfunded!

We ask that you please reconsider these cuts, and commit instead to **AT LEAST** hold the line at \$1.4 million to maintain the existing program at the American Lung Association, where they're doing such a great job with limited dollars. If the committee is to contemplate a change in funding for FY 2001, it should be to increase the war on tobacco, not back off.

Sincerely,

Anne Marie Holen
SmokeLess States Project Manager

ALEUTIAN/PRIIBILOF ISLANDS ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
EASTERN ALEUTIAN TRIBES
KODIAK AREA NATIVE ASSOCIATION
MANIILAQ ASSOCIATION

MEJLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
NORTH SLOPE BOROUGH

NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHCENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
VALDEZ NATIVE TRIBE

Barbara Cohea
P.O. Box 412
Kotzebue, Alaska 99752
907-442-3175

Gosh I'm getting tired. What more do we have to do? How many times do we have to fight and win the same battles over and over again?

The tobacco settlement money was a settlement to help prevent the deaths of future generations of children. It really is that simple. It was not a settlement to fund schools, or new roads, or whatever other good use the money could be used for. I have faith that you don't want to use the money for frivolity. I have faith that the other items you want to use the tobacco settlement money for are vital concerns for which money is needed. And honestly, I have no informed knowledge of what these needs are and so I can't argue how much more they would benefit us than funding tobacco prevention would. What I do know is that when we don't use the settlement money to fund tobacco prevention, or we use only a small amount, we send a very powerful message to Philip Morris, Lorillard, Brown and Williamson and all the rest of the tobacco companies.

We send them the message that we are no better than they are.....that it is all about the money for us just as it is all about profits for them. We send them the message that we won't cut into their profits by cutting into the numbers of their customer-victims. We send them the message that it isn't about the future health of our children. We send them the message that we can be bought off. That if they give us the money, we'll use it for our roads, or schools and then we will be silent about tobacco prevention.

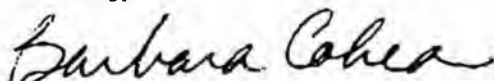
You know, they're smart. They know they have the money and the resources to hang with those of us who do this work until the bitter end. They know they just have to wait us out. I'm tired. They know we get tired. They know we do this on our own time, as volunteers. They know if it is part of our jobs, it's only a small portion of our work. They know our time has to be divided among tobacco, diabetes, alcohol, pregnancy, HIV, and on and on and on. They have the money to pay endless legions of lobbyists. They have bottomless pockets to draw money from to contribute to political campaigns.

They have fought the truth for years, and so far, with a very small exception, they've won. You know, they want us to use the money for something other than tobacco use prevention. They want us to do exactly what you are thinking about doing. They have a proven track record of 30 years that says time is on their side and money talks.

People like me are getting tired. And they are counting on it! Don't make this a complex decision, because it really isn't. Sometimes certain things are just clearly the right thing to do.

You have got to be better than they THINK you are, because they think you can be bought. And if you cut funding for tobacco prevention, people will think you have been.

Sincerely,



Barbara Cohea



Bering Strait Coalition for Prevention
 "Uniting Substance Abuse Coalitions for the Bering Strait Region"

Northwestern Regional Tobacco Prevention & Control Program
 March 8, 2000

Dear Representative Eldon Mulder:

I am writing in strong support of continued and increased Tobacco Settlement appropriations for a comprehensive, sustained tobacco control program. Funding this program should be the first priority for use of these funds. The Legislature could then appropriate the remaining balance to any program it desires.

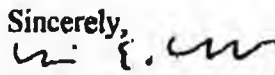
Settlement funds should be used for exactly what they were intended: to reduce and prevent tobacco-related suffering and disease among Alaskans. We have started an important program last year, we need to continue this funding, but \$1.4 million is not enough.

We support the Alaska Tobacco Control Alliance's \$2.8 million request for FY2001. This will slowly ramp program funding up to \$8.2 million recommended by the Alaska Tobacco Control Alliance and supported by the Centers for Disease Control.

When given a legitimate chance, these types of programs work. They have proven to work in California, Oregon, Florida and Massachusetts. They can work here.

The youth who are not addicted and the adult smokers who are addicted to tobacco products deserve to receive tobacco cessation programs that Settlement money can fund. Medical costs for treating tobacco related illnesses totals \$154 million, yet the state's level of funding is only \$1.6 million.

If there is one thing that we can strive to achieve, it is to reducing the suffering inflicted from tobacco-related diseases. Please help us help Alaskans to prevent and break their tobacco addiction.

Sincerely,

 Naomi E. Malony
 Program Coordinator

Cc: Representative Con Bunde
 Representative Norm Rokeberg

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Co./Dept		Co.			
Phone #		Phone #			
Fax #	465-3518	Fax #			

BERING STRAIT COMMUNITY PARTNERSHIP

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March 8, 2000

Members of the House Finance Committee:
Co-Chairs, Eldon Mulder and Gene Therriault
Members, Con Bunde, Alan Austerman, Gary Davis, Richard Foster
Gail Phillips, Bill Williams, John Davies, Ben Grussendorf, Carl Moses
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801-1182

Dear House Finance Committee Member:

This letter is on behalf of the Alaska Health Education Consortium to express our consistent support for a comprehensive, sustained tobacco control program funded by the Tobacco Settlement. We support the Alaska Tobacco Control Alliance's \$2.8 million request for FY 2001, which is still far less than the \$8.2 million recommended by the Centers for Disease Control and Prevention.

Last year the Legislature appropriated start-up funds for activities to reduce and prevent tobacco-related suffering and disease in Alaska. However, \$1.4 million is not enough to adequately fund sustained programs throughout the state. Examples of current activities include cessation demonstration projects, public media/education, the development of a quit kit, and training for health care professionals, to name a few. With time, these and other strategies will work, just as they have in California, Oregon, Florida and Massachusetts.

The Alaska Health Education Consortium, a statewide organization committed to promoting health and preventing disease, urges you to fund tobacco prevention and control efforts at the \$2.8 million level.

Sincerely,

Rocky Plotnick, Past-President

CC: Representatives Con Bunde and Norm Rokeberg

KGH Recovery Center
126 Washington Street
Ketchikan, AK 99901
(907) 247-4330 Phone
(907) 247-4293 Fax



PeaceHealth

Ketchikan
General Hospital

Dear Rep. Eldon Mulder;

I am writing in strong support of continued and increased Tobacco Settlement appropriations for a comprehensive, sustained tobacco control program. Funding this program should be the first priority for use of these funds. The Legislature could then appropriate the remaining balance to any program it desires.

Settlement funds should be used for exactly what they were intended: to reduce and prevent tobacco-related suffering and disease among Alaskans. We have started an important program last year, we need to continue this funding, but \$1.4 million is not enough

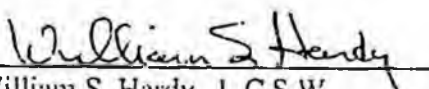
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If there is one thing that we strive to achieve it is to reducing the suffering inflicted from tobacco-related diseases. Please help us help Alaskans to prevent and break their tobacco addiction.

Sincerely,


William S. Hardy, L.C.S.W.
KGHRC Program Manager

Cc: Rep. Con Bunde
Rep. Norm Rokeberg

3100 Tongass Ave.
Ketchikan, AK 99901-5791

Tel. (907) 225-5171
Fax (907) 228-8322

From Jenny Murray
Am. Cancer Assoc.
1057 W Fireweed
Anchorage, AK 99503

State Programs Can Reduce Tobacco Use

National Cancer Policy Board

INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

Growing attention is focused on how states can prevent deaths due to tobacco use. Thus state governors, state legislators, and their staffs currently must decide whether to fund tobacco control programs, and, if they do, how much to spend on them.

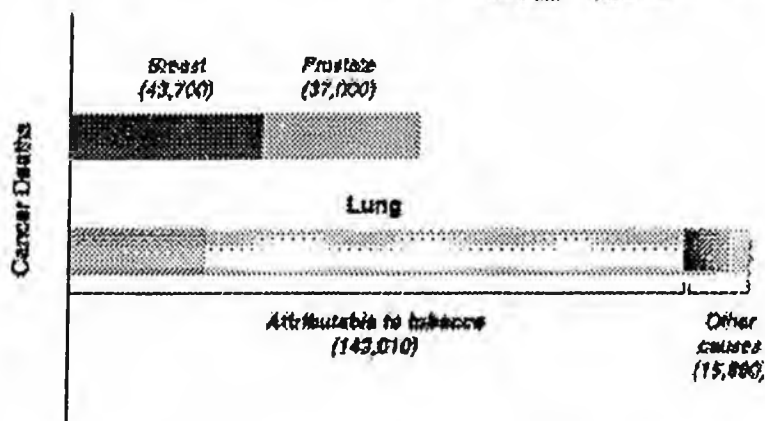
The National Cancer Policy Board (a joint program of the Institute of Medicine and the National Research Council) is charged with carrying out policy analyses to help the nation deal with cancer; in 1997, it quickly identified tobacco's role as the foremost cause of cancer deaths as its first topic of concern.¹ The board followed debates taking place in state capitals throughout 1998 and 1999, and decided in July 1999, in consultation with the Board on Health Promotion and Disease Prevention of the Institute of Medicine, that it would be useful to summarize evidence about the effectiveness of state tobacco control programs and to briefly describe those programs for state government officials.

Tobacco control will likely remain on the agenda of many states for several years. Public health advocates, tobacco firms, tobacco growers, retailers, and the general

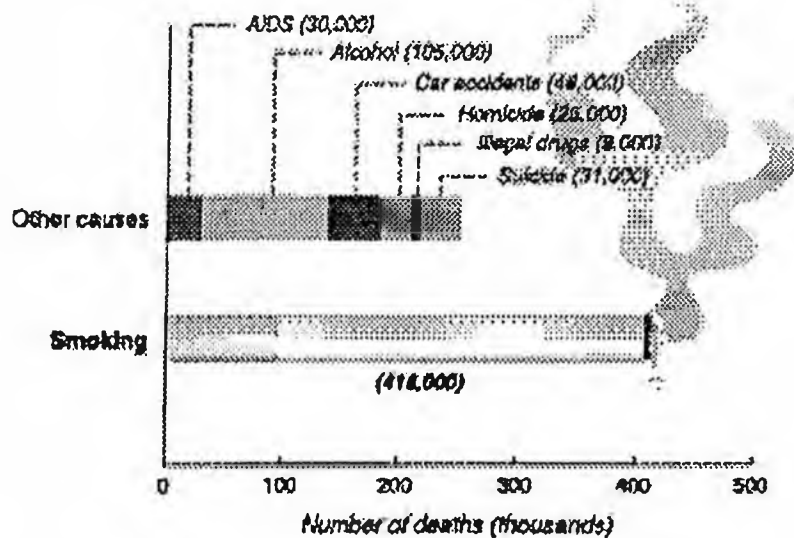
public have all been drawn into the debate. This report does not address the merit of tobacco control compared to alternative uses of state funds or attempt to balance the interests of contending stakeholders; instead, it focuses on the narrower question of whether state tobacco control programs can reduce smoking and save lives. As states contemplate increasing their tobacco control efforts, many have asked if such programs can make a difference. **The evidence is clear: They can.**

The stakes are high. Tobacco use kills more Americans each year than any other cause. The estimated 430,000 deaths attributed to tobacco use annually are far more than those caused by illegal drugs, homicides, suicides, AIDS, motor vehicle accidents, and alcohol combined.² Lung cancer kills more Americans than breast and prostate cancer combined,³ and tobacco accounts for over 30% of all cancer deaths and a comparable fraction of deaths due to heart and lung diseases. Yet despite these risks, many, many people start smoking each year. In 1996, over 1.8 million people became daily smokers, two-thirds of them (1.2 million) under age 18.⁴

Lung cancer kills more Americans than breast and prostate cancer combined



Tobacco use kills more Americans than homicide, suicide, car accidents, AIDS, alcohol, and illegal drugs combined



SOURCES: American Cancer Society, "1999 Facts and Figures: Selected Cancers," available at www.cancer.org/statistics/cff99/selected_toc.html (top), and Centers for Disease Control and Prevention, "Comparative Causes of Annual Deaths in the United States," available at www.cdc.gov/tobacco/andths.htm (bottom).

Over the past decade, states have moved to the forefront of tobacco control. Starting with California in 1988, and followed by Massachusetts, Arizona, Oregon, and other states, referenda have increased tobacco excise taxes and dedicated a fraction of the revenues to reducing tobacco use. Legislatures in other states—such as Alaska, Hawaii, Maryland, Michigan, New Jersey, New York, and Washington—have increased tobacco taxes substantially, raising questions about how much of the revenue should go to tobacco control. In addition, settlements of lawsuits against tobacco firms to recoup state monies spent through Medicaid have now resulted in individual state revenue

streams (in Florida, Minnesota, Mississippi, and Texas) or in revenues anticipated through the Master Settlement Agreement with the other states and territories signed in 1998. In aggregate, these agreements could transfer as much as \$246 billion from tobacco firms to states over the next 25 years.

What Is the Evidence that State Programs Make a Difference?

The best evidence for the effectiveness of state tobacco control programs comes

Resources on State Tobacco Control Programs

- ❖ The Centers for Disease Control and Prevention (CDC) recently surveyed state tobacco control programs and recommended benchmarks.⁵ Several other CDC reports are also of interest.⁶
- ❖ The National Governors Association (www.nga.org) and the National Conference of State Legislatures (www.ncsl.org) both have projects to monitor state tobacco control developments.
- ❖ The National Association of State and Territorial Health Officials (www.astho.org/prevention/tobacco.html) and the National Association of County and City Health Officials (www.naccho.org/PROJECT44.htm) also have tobacco control projects.
- ❖ The University of California at San Francisco has analyzed developments in many states (www.library.ucsf.edu/tobacco), and researchers there have worked with California senate staff to prepare model legislation on state tobacco control.⁷
- ❖ In addition, several states have evaluated existing programs or have formulated plans for future ones:⁸
 - Prospect Associates produced a planning guide on state tobacco control for the American Cancer Society,⁹
 - The Robert Wood Johnson Foundation funds the SmokeLess States initiative administered by the American Medical Association (www.ama-assn.org/special/aos/tobacco/main.htm),
 - The National Center for Tobacco-Free Kids monitors developments at the state level (www.tobaccofreekids.org), and
 - The American Legacy Foundation will also be carrying out national tobacco control activities (www.americanlegacy.org).

from comparing states with different intensities of tobacco control, as measured by funding levels and "aggressiveness." For example, when California and Massachusetts mounted programs that were more "intense" than those of other states, they showed greater decreases in tobacco use compared to states that were part of the American Stop Smoking Intervention Study (ASSIST) funded by the National Cancer Institute.¹⁰ From 1989 to 1993, when the Massachusetts program began, California had the largest and most aggressive tobacco control program in the nation, and it showed a singular decline in cigarette consumption that was over 50% faster than the national average.¹¹ A recent evaluation of the Massachusetts tobacco control program showed a 15% decline in adult smoking—compared to very little change nationally—thus reducing the number of smokers there by 153,000 between 1993 and 1999.¹² States that were part of the ASSIST program, in turn, devoted more resources to tobacco control than did other states except Massachusetts and California, and they showed in aggregate a 7% reduction in tobacco consumption per capita from 1993 to 1996 compared to non-ASSIST states.¹³ Such a "dose-response" effect is strong evidence that state programs have an impact; that more tobacco control correlates with less tobacco use, and that the reduction coincides with the intensification of tobacco control efforts.

A second line of evidence comes from observing effects on tobacco consumption beyond those associated with price. When tobacco prices rise, sales should drop, and when prices drop, sales should rise. Yet price alone does not explain the observed consumption patterns. In the first 2 years

after Oregon's ballot initiative was implemented, for example, cigarette consumption dropped by over 11%, which is 5% more than would be expected from the price increase alone.¹⁴ The recently reported decreases in tobacco use in Alaska, California, and Florida similarly exceed what would be expected from price increases alone. Moreover, when cigarette prices dropped nationwide during 1992–1994, consumption rose in states with small tobacco control efforts but did not rise in 11 of 14 ASSIST states;¹⁵ consumption also plateaued in California and Massachusetts. This suggests that tobacco control measures limited the increase in tobacco sales expected as a result of a price drop.

In the review of tobacco control program elements that follows, results are reported in ranges, and sometimes those ranges are large. It is generally quite difficult to attribute a reduction in tobacco use to any single factor; often, many factors work in parallel. The underlying message is quite clear, however: **Multifaceted state tobacco control programs are effective in reducing tobacco use.**

Counteradvertising and Education

Counteradvertising and public education campaigns have become standard elements of tobacco control, although their funding levels and aggressiveness vary considerably among the states. Counteradvertising campaigns can convey a variety of messages and can be aimed at different audiences. An evaluation of the California tobacco control program concluded that it

was most effective in its early years, when the highest-impact advertisements emphasized deceptive practices undertaken by tobacco firms.¹⁶ Evaluators concluded that the program became less effective when spending for counteradvertising dropped (from \$16 million in 1991 to \$6.6 million by 1995), and when the advertisements began to focus on health risks rather than tobacco industry practices.¹⁷ As a result, the program's advisory committee made its foremost 1997 goal to "vigorously expose tobacco industry tactics."¹⁸ A "natural experiment" under way in Florida may provide further insight. The Florida Pilot Program, funded by that state's tobacco settlement, created the edgy "Truth Campaign" and SWAT (Students Working Against Tobacco) program. During its first year, tobacco use among youths decreased dramatically. The second-year budgets for both programs were seriously threatened in the Florida legislature—at one point facing extinction—but funding was partially restored. The program director was removed and the counteradvertising campaign was said to be heading "in a new direction."¹⁹ The budget for public media is slated to drop from \$24 million to \$18 million in the second year. If the rate of decline in tobacco consumption among youths stalls in Florida, as it did in California after 1994, this would provide further evidence that the "dose" of tobacco control predicts its impact.

School-based tobacco prevention programs are also part of state tobacco control programs. The effectiveness of school-based programs varies. They are most effective when the message is delivered repeatedly and is taken as seriously and promoted as powerfully as are other forms of drug abuse education. Properly imple-

mented school programs can, however, lower smoking prevalence from 25% to 60%.²⁰ These programs have been evaluated repeatedly,²¹ and in 1994 CDC produced a set of guidelines for school-based programs.²² States will want to take care in implementing school-based programs, however, because they can consume considerable resources to little effect; a 1996 meta-analysis showed only a modest impact for most programs. The 1994 Institute of Medicine report *Growing Up Tobacco Free* noted the variable results of school-based programs but concluded that they should be part of a comprehensive tobacco control strategy because educating school-age children and adolescents about the consequences of tobacco use is clearly important to sustain a smoke-free norm.²³

Experimentation with the content and style of counteradvertising and education programs will and should continue, subject to evaluation to enable improvements and increase their impact. With that in mind, the American Legacy Foundation is being established with funding from the Master Settlement Agreement. Its duties will include funding and oversight of a national counteradvertising campaign. Many states are also planning major increases in their counteradvertising and education initiatives.

Establishing Smoke-Free Workplaces and Public Spaces

The main impetus for smoke-free environments grew from concern about exposing nonsmokers to the toxic effects of tobacco smoke. Making worksites, schools, and homes smoke-free zones is a

powerful strategy for reducing tobacco use overall because it boosts quit rates and reduces consumption.²⁴ A 1996 review, for example, estimated that smoke-free workplaces reduced the number of smokers by 5% on average (meaning that almost one in five smokers quit, as smoking prevalence is about 25%) and reduced use among continuing smokers by 10%.²⁵ Another review attributed over 22% of the tobacco consumption drop in Australia between 1988 and 1995, and almost 13% of the drop in the United States between 1988 and 1994, to smoke-free workplace policies.²⁶ The death toll and ill-health attributable to involuntary smoking are thoroughly documented in a Surgeon General's report, a report from the federal Environmental Protection Agency (EPA), and a study by the California EPA.²⁷ Federal regulations prohibit smoking in federal buildings and in airplanes. In some states and localities, laws and ordinances proscribe smoking in workplaces, schools, public spaces, restaurants, and other sites. Creating smoke-free workplaces and public spaces reduces tobacco use among smokers while reducing involuntary smoking by nonsmokers.²⁸ Smoking restrictions have been a major focus of some states' tobacco control efforts and are a central thrust of much activity at the county and city levels.

Increasing Prices Through Taxation

Raising the price of tobacco products through taxation is one of the fastest and most effective ways to discourage children and youths from starting to smoke and to

encourage smokers to quit.²⁹ In 1994 and 1998, the Institute of Medicine recommended price increases of \$2 per pack (or equivalent for other tobacco products), based on levels needed to approach the health goals in *Healthy People 2000* and to approach parity with other countries that have effective tobacco control programs. Wholesale prices have increased an average of \$0.65 per pack nationwide since the Master Settlement Agreement was signed in 1998, the federal excise tax was raised to \$0.24 per pack in the Balanced Budget Act of 1997, and six states now have excise taxes over \$0.75 per pack. Even high-tax states remain short of the Institute's recommended level, however, and 20 states have excise taxes below \$0.20 per pack. The wholesale price and excise tax increases do not necessarily imply equal increases in retail prices that consumers see, as discounts to retailers are commonplace for tobacco products, and local business factors are important. It is nonetheless clear that the floor for prices has risen, even if the ceiling is variable.

Economists have reached a consensus that a cigarette price increase of 10% will decrease total consumption by about 4%. Most economists now believe the response is larger (i.e., about 8%) among youths, based on recent studies. Conclusions about whether price disproportionately affects children and youths are based on fewer data than larger studies of total tobacco consumption. A classic 1990 study showed that responsiveness to price (elasticity of demand) increased over time from 1970 to 1985 but found little difference between adults and youths.³⁰ A more recent review of more elaborate studies showed elasticities in the range noted above; it also found that youths were more

sensitive to price, as demonstrated by fewer youths starting to smoke and reduced consumption among continuing youth smokers.³¹ An April 1998 report from the Congressional Budget Office reviewed many studies of price and consumption. It found unequivocal evidence that increased prices reduce use, although details about the mechanisms and effects are not completely understood.³²

Proposals to increase cigarette taxes face strong opposition. (Interestingly, tobacco taxes are one of the few taxes for which a majority of Americans favor increases, especially if the revenues derived are dedicated to tobacco control.³³) The principal policy concern is that tobacco taxes are regressive, because tobacco use is more common among people with low incomes, and thus the poor spend proportionately more of their incomes on cigarettes. Tax increases are actually less regressive than simple projections suggest, however, because the poor are more sensitive to price and their consumption falls more sharply when prices rise. The World Bank supports increasing tobacco excise taxes for its public health impact and notes that judgments about regressiveness "should be over the distributional impact of the entire tax and expenditure system, and less on particular taxes in isolation."³⁴

Governors and legislators have raised concerns about increasing prices on tobacco because revenues from excise taxes might drop, along with payments expected under the Master Settlement Agreement (because payments to states are tied to sales). States concerned about revenue loss have an effective option—raising the state excise tax rate. The World Bank notes that "empirical evidence shows that raised tobacco taxes bring greater [overall] tobacco

tax revenues."³⁵ Reduced consumption will also ultimately lead to lower health costs to states through Medicaid and other health programs. In one study, the health benefits due to lower rates of heart attack and stroke began quickly, and the health benefits more than offset the program's costs after 1 year.³⁶ The immediate economic and health benefits are later compounded by reductions in cancer and other chronic diseases.

Supporting Treatment Programs for Tobacco Dependence

Nicotine addiction, like other addictions, is a treatable condition. Treatment programs for tobacco dependence can work. States have two major roles in treating tobacco dependence: (1) educating tobacco-dependent people about their treatment options through public health programs, and (2) ensuring that medical programs cover and reimburse the costs of the treatments. As of 1997, only 22 states and the District of Columbia covered such treatment under Medicaid, leading to a recommendation that state Medicaid agencies "incorporate explicit language into their managed-care contracts, policy briefs, lawsuit provisions, and Medicaid formularies."³⁷ States can take guidance on policies to improve tobacco treatments from a report by the Center for the Advancement of Health.³⁸

Community-based resources such as centralized "quitlines" and workplace wellness programs can increase access to cessation programs. State governments are among the largest employers in most

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Community-based resources such as centralized "quitlines" and workplace wellness programs can increase access to cessation programs. State governments are among the largest employers in most

states, and a major employer in all. States can ensure that their employees have access to treatment through their health plans, and smoking bans in state buildings can increase cessation and reduce tobacco use among continuing smokers. States can also pass laws to create smoke-free businesses, public buildings, and worksites. State and local media campaigns that reinforce nonsmoking norms also enhance motivation to quit, reduce tobacco use among those who continue to smoke, and prevent relapse.³⁹

Much can be done to improve access to and the effectiveness of treatment programs within medical systems. More than 70% of smokers visit a primary health care provider at least once a year. Systematic reviews conclude that routine, repeated advice and support can increase smoking cessation rates by 2- to 3-fold.⁴⁰ Physicians, nurses, psychologists, dentists, and other health professionals are more likely to give such advice and support if they practice in a system that encourages such behavior through practice-based systems for tracking smoking status, office-based written materials for smokers to take home, training of health professionals in screening and advising patients, coverage of cessation programs by health plans, and reimbursement for treatments by payers (including Medicaid).

Most people who use tobacco—at all ages—express a desire to quit, but only a small fraction succeed on their own. Although many who do quit do so without formal treatment, treatment clearly improves cessation rates. Controlled studies generally report 30%–35% cessation rates at 1 year for intensive treatments and 10%–20% cessation rates for less-intensive treatments.⁴¹ Treatment for ad-

diction to tobacco products ranks high in cost-effectiveness among health program spending options.⁴² Programs that combine behavioral therapies with pharmacotherapies (i.e., medications) have the best results, and evidence-based guidelines recommend that all smokers should be offered both. Behavioral programs can be delivered in group settings (in person) or individually (in person or by telephone). FDA-approved medications include nicotine replacement agents (in gum, patch, nasal spray, or inhaler delivery systems) and the antidepressant drug bupropion.

Treatment works, but there is ample room for improvement. Despite evidence of its effectiveness, relatively few smokers seek out formal treatment, and relapse rates are high. Improving smoking cessation success rates would be especially important in certain target populations. For example, Massachusetts placed an emphasis on reducing smoking among pregnant women because it would produce long-lasting benefits for the prospective mothers and reduce risks to their children. As a result, the number of mothers who smoked during pregnancy dropped by almost 48% during 1990–1996, a rate far ahead that of any other state.⁴³

Enforcing Youth Access Restrictions⁴⁴

It has long been illegal—in every state—to sell tobacco products to minors, but until recently, enforcement was lax. The federal Synar Amendment ties federal block grant monies to improved compliance with state laws prescribing such sales. States risk reduced payments from

the Substance Abuse and Mental Health Administration if they fail to meet compliance targets. The federal government has never withheld state funds based on the Synar Amendment, but such withholding is under discussion for several states that have not met Synar targets. Enforcement of youth sales, with mandatory ID-card inspection of those 26 and younger, was the central thrust of a 1996 FDA tobacco regulation. This part of the regulation remains in force pending a U.S. Supreme Court ruling about FDA's jurisdiction over tobacco products. States now have FDA contracts to enforce and monitor youth sales. Several reports have noted that enforcing laws against sales to minors can reduce tobacco consumption.⁴⁵ Although one 1997 study of enforcement showed no decline in youth smoking,⁴⁶ the authors attributed the lack of impact to insufficient merchant compliance⁴⁷ and developed a model approach that is being used in Massachusetts.⁴⁸ Excessive focus or exclusive reliance on youth access restrictions can siphon resources and political will from more powerful tobacco control measures.⁴⁹ Yet all U.S. jurisdictions have youth access laws, and if those laws are to become meaningful, they must be enforced.⁵⁰

Monitoring Performance and Evaluating Programs

Today's tobacco control programs build on decades of research and demonstrations. The scale and scope of tobacco control in the United States—particularly in the most aggressive states—has grown considerably over the past decade, and the proper balance and content of program

elements are the subjects of continuing debate. Tobacco control can improve over time only if (a) its elements are assessed, (b) state programs that choose different strategies are compared, and (c) research to improve the programs is carried out. Governors and state legislators, moreover, need to be able to be accountable for the use of public dollars. This does not imply that results will be quick; significant reductions in tobacco use take years even in states where tobacco control has clearly been effective.

Performance monitoring of public health programs is receiving increased attention.⁵¹ Measures to monitor the performance of tobacco control programs are in place, and efforts are under way to improve them.⁵² Without specified goals and ways of measuring progress, the effectiveness of public monies spent on such programs is hard to judge, so state tobacco control programs should include resources for evaluation and research as part of a comprehensive tobacco control program.

Conclusions

- ❖ Tobacco control programs can reduce tobacco use, thus saving lives.
- ❖ Tobacco control programs can incorporate many different elements modeled on existing state programs that have proved effective.
- ❖ The effects of counteradvertising and education depend on their "intensity" and "dose."
- ❖ Smoke-free worksite policies reduce illness and death from involuntary smoking, increase smoking cessation, and

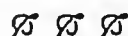
reduce consumption among continuing smokers.

❖ Raising excise taxes on tobacco products can reduce tobacco use while increasing state revenues.

❖ Tobacco addiction is treatable, and treatment programs are cost effective.

❖ The enforcement of youth access laws will not achieve its full potential impact until merchant compliance rates are high.

❖ To ensure accountability and enable future improvements in tobacco control programs, state tobacco control programs must be evaluated and have explicit goals coupled to performance measures.



Notes

1. The Institute of Medicine (IOM) examined state tobacco control efforts in *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*, B.S. Lynch and R.J. Bonnie, eds., Washington, D.C.: National Academy Press, 1994 (www.nap.edu/catalog/4757.html), as did the National Cancer Policy Board in *Taking Action to Reduce Tobacco Use*, Washington, D.C.: National Academy Press, 1998 (www.nap.edu/catalog/6060.html).
2. Health and cost statistics are from the Office of Smoking and Health, Centers for Disease Control and Prevention (CDC) web site, www.cdc.gov/tobacco. The Master Settlement Agreement is available through the National Association of Attorneys General at www.naag.org/tob2.htm.
3. Wingo P.A., Ries L.A.G., Giovino G.A., et al. Annual report to the nation on the status of cancer, 1973–1996, with a special section on lung cancer and tobacco smoking. *Journal of the National Cancer Institute* 91:675–690, 1999.
4. Centers for Disease Control and Prevention. Incidence of initiation of cigarette smoking—United States, 1965–1995. *Morbidity and Mortality Weekly Report* 47(39): 837–840, 1998.
5. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta: CDC, 1999 (www.cdc.gov/tobacco/bestprac.pdf).
6. Centers for Disease Control and Prevention, general materials (www.cdc.gov/nccdphp/osh/pubs1.htm) and technical reports (www.cdc.gov/nccdphp/osh/pubs2.htm).
7. The model legislation is available from the Advocacy Institute web site at www.advocacy.org/stf/glantz.htm.
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INDEPENDENT REPORT REVIEWERS

This report has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the Institute of Medicine and the National Research Council in making the published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge.

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The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process. The National Cancer Policy Board wishes to thank these individuals for their participation in the review of this report.

While the individuals listed below have provided constructive comments and suggestions, it must be emphasized that responsibility for the final content of this report rests entirely with the National Cancer Policy Board, the Institute of Medicine, and the National Research Council.

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NOTICE: Preparation of this report was approved by William Colglazier, Executive Officer of the National Research Council, on behalf of its Governing Board, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the National Cancer Policy Board and Board on Health Promotion and Disease Prevention, which are responsible for the report, were chosen for their special competences and with regard for appropriate balance.

This study was supported through funding provided by the National Cancer Institute (Contract No. NO2-CO-71024); the Centers for Disease Control and Prevention; the American Cancer Society; Amgen, Inc.; Abbott Laboratories; and Hoechst Marion Rousel, Inc. The views presented in this report are those of the National Cancer Policy Board and are not necessarily those of the funding organizations.

Additional copies of *State Programs Can Reduce Tobacco Use* are available from the National Cancer Policy Board, 2101 Constitution Avenue, N.W., Washington, DC 20418.



The full text of this report is available on line at www.nap.edu.

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2101 Constitution Avenue, N.W.
Washington, DC 20418

The serpent has been a symbol of long life, healing, and knowledge among almost all cultures and religions since the beginning of recorded history. The serpent adopted as a logotype by the Institute of Medicine is a relief carving from ancient Greece, now held by the Staatliche Museen in Berlin.

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Alaska State Legislature

Please enter into the record my testimony to the House Finance Committee
 committee name
 committee on Tobacco Settlement funds, dated 3/4/2000
 bill/subject

Jim concerned about the proposal concerning the Tobacco Settlement funds. ~~First~~, thank you for allocating the \$1.2 million that helps Alaskans receive tobacco addiction treatment, age-appropriate prevention and community/statewide education.

I have several family members who smoke and my mom has chronic pulmonary disease that has resulted in numerous hospitalizations and expensive home-health care. I feel strongly that the Tobacco Settlement funds should be used solely for what they are intended - treat Alaskans with tobacco-caused diseases and prevent further deaths. \$1.2 million is NOT enough to adequately address our state's high level of tobacco addiction. We have one of the highest smoking rates, and consequently one of the highest death rates from tobacco, in the U.S. The Center for Disease Control says we need \$8.1 million to adequately address our problem. The request for \$2.8 million will get us a little closer to our goal.

Signed: _____
 Testifier

 Representing (Optional)

 Address

 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Finance
committee name

committee on 312 Budget, dated 3-4-00
bill # / subject

the future health of Alaska's children. Please continue to support the ATCA Tobacco Program. It is right that the Tobacco Tax revenues be used, in part, to support educational programs for children - I am reporting to you that this kind of program works - we know it does - the proof is here on the Peninsula!
THANK YOU!

Signed:

Testifier

PAT
IVESDELL

Representing (Optional)

Address

Phone number



Alaska State Legislature

①

Please enter into the record my testimony to the House FINANCE
committee name

committee on 312 - Budget -, dated 3-4-2000
bill # / subject

I would respectfully request that this
Committee Support the ATCA Comprehensive
Tobacco Control Plan in the ^{amount} ~~amount~~ of \$8.2 million.
This is a small portion - Very small, of total
Tobacco Revenues. - These moneys are needed
to continue the work started with the tobacco
tax - on the Peninsula, we are beginning to see
a decline in youth experimentation - According
to the YRBS (1999) - Middle School students
are reporting less experimentation = tobacco
products - But we must continue the work -
we are making progress to reduce these
numbers - we are TALKING about -

Signed: Satti Thuesen
Testifier

Tobacco Control Alliance -
Representing (Optional)

Box 1452 Saldotua AK 99669
Address

260.3682 -
Phone number



Alaska State Legislature

Please enter into the record my testimony to the House Finance
committee name

committee on 312 . dated March 4, 2000 .
bill/subject

I work with young people throughout our region, and see the struggles that we have with tobacco addiction. Both youth and elders in our region tell me how much they wish they never started to use tobacco. I commend you for the investment that you have made in tobacco prevention. It is my hope that we can begin to curb the use in our state, especially in our rural communities. But we also need to vigorously attack the problem of those who are already addicted. Increasing the tobacco settlement funding to \$2.8 million would begin to approach the level needed to impact tobacco cessation. Funding a comprehensive tobacco control program should be the first use of settlement funds. The long-term health of ~~the~~ Alaskans is at stake. Thank you.

Signed: Marsha Maroelli

Testifier

Bering Strait Community Partnership

Representing (Optional)

P.O. Box 1350, Nome

Address

443-5888

Phone No.

3-4-00

As a recovering alcoholic and drug addict, I ask you that the state don't cut any of the budget to services of alcohol and drug treatments center. If you do cut the budget there won't be any services do to alcohol and drugs treatment, where will the people who wants help go? alcohol and drugs is a highly progressing disease. I went through the program myself. ^{for 2 months} graduated then got into the aftercare program for 3 months. the program do work for people who want and need the help. I thought I didn't need the help. but as I continue through the program I realized where my life was going with alcohol and drugs. I was going no where, but dying slowly. Our people in the Nana region and all over the state need your help. so please think about the people before you cut the budgets. I've learned alot through the program. I had to learn all over again. I got to know myself and got to know who I really am inside. again I really stress this issue that you really think before cutting the budget. I'my work at the alcohol program and understand what air people are going through coming down from alcohol, drugs.

I had to learn to be ²responsible all over again,
and to work with others. I was in denial for
awhile and ~~was~~ until I was ready I surrendered
I had to give up all my old habits, friends, ect,
in order to maintain my sobriety and live
one day at a time. Thank you for your time

Amelia D Boyd

Kotzebue



YUKON FLATS SCHOOL DISTRICT
P.O. Box 359
Fort Yukon, Alaska 99740
Phone: (907) 662-2515
FAX: (907) 662-3094

FACSIMILE TRANSMITTAL SHEET

TO: FAIRBANKS LIO	FROM: MARYLU MARTIN Itinerant Counselor
House Finance Committee	
FAX NUMBER: 907 456 3346	DATE: 3/8/00
RE: STOP BUDGET CUTS IN ALCOHOL & SUBSTANCE TREATMENT	TOTAL PAGES INCLUDING COVER: 1

NOTES/COMMENTS: TO WHOM IT MAY CONCERN:

I would like to urge you not to make any cuts to Alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rate of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

Specifically, any cuts to the current budget would impact Tanana Chiefs Conference, Inc's Hunik Zoo, the Old Mirro Family Recovery Camp and the Fairbanks and Tok Subregional alcohol program.

I have personally seen the response of all the children in seven of the school sites in the Yukon Flats School District. To the Hunik Zoo. They avidly read the publication and they submit material to be published. It is an important tool in the classroom. The Old Mirro Family Recovery Camp gives the family opportunity to recover from the effects of substance abuse and gives the principal person support after treatment. This is an important step in treating substance abuse. I have worked with a family that has been through this and it helps keep the family together in a positive way.

These programs are vital to the Interior and are making great progress in the field of alcohol and substance abuse treatment and prevention.

However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More preventative education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Sincerely,

Marylu Martin, Itinerant Counselor

CONFIDENTIALITY NOTICE

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Dear HFC:

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

Specifically, any cuts to the current budget would impact Tanana Chiefs Conference, Inc.'s Hunik Zoo', the Old Minto Family Recovery Camp, and the Fairbanks and Tok Subregional alcohol programs. These programs are vital to the Interior and making great progress in the field of alcohol and substance abuse treatment and prevention.

However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Respectively,

Sharon L. Jimmie

Dear HFC:

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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Thank you for your consideration.

Respectively,

Misty Vant

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HFC

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Respectively,

Tyrone Peters

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Thank you for your consideration.

Respectively,

Diana M. Sam

Dear HFC

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Thank you for your consideration.

Respectively,

J. J. J. J.



P. O. Box 516 • Northway, Alaska 99764 • (907) 778-2311 • FAX (907) 778-2220

March 8, 2000

House Finance
119 N. Cushman
Fairbanks, Alaska 99709

Dear House Finance Committee:

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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However, it's not enough, currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach an constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Respectively,

A handwritten signature in cursive script that reads "Joyce Johnson".

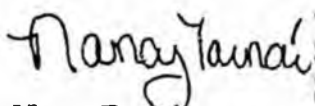
Joyce Johnson, Tribal Administrator

P.O. Box 187
Tanana, AK 99777
March 9, 2000

House & Senate Finance Committee:

We would like to encourage you to allocate as much funding as possible for Head Start services in Alaska. Recent scientific studies have proven that the first three years of life are the most important time for children's development, and Head Start is very supportive of young children in our state, especially in the villages, where this program may often be a young child's only educational and social opportunity.

Thank you.



Nancy Tarnai



Sandor A. Tarnai

TANANA CHIEFS CONFERENCE, INC.

122 FIRST AVENUE, SUITE 600
FAIRBANKS, ALASKA 99701-4897
PHONE 907/452-8251 • FAX 907/459-3850

March 7, 2000

Senate Finance Committee Members:

Sean Parnell, Co-chair
John Torgerson, Co-chair
Dave Donley
Lyda Green
Pete Kelly
Loren Leman
Randy Phillips
Gary Wilken
Al Adams

House Finance Committee members:

Eldon Mulder, Co-chair
Gene Therriault, Co-chair
Con Bunde
Alan Austerman
Gary Davis
Richard Foster
Gail Phillips
Bill Williams
John Davies
Ben Grussendorf
Carl Moses

Dear Senators and Representatives:

Rural Alaska, particularly Alaska Native villages, will be significantly impacted by the proposed cut to the Department of Commerce and Economic Development budget in the amount of \$2.2 million.

One of the positions that will be eliminated will be that of the Deputy Commissioner that oversees work to bridge the rural/urban divide, to assist in building rural economies and to carry out specific recommendations made in the Rural Governance Report.

Rural tourism, an infant industry in rural Alaska, will also suffer from the proposed budget reduction as the tourism planning staff and trade and development staff at DCED will be significantly reduced or eliminated.

While Tanana Chiefs Conference is certainly aware that good government works to be both efficient and effective, government in Alaska must also work to establish a wider tax base so that budget deficits do not continue. Interior rural Alaska has a wealth of natural resources to be developed, has the youngest work force in Alaska, and is in a position, with assistance from DCED, to develop healthy, sustainable village economies.

Under the current administration, Alaska Natives finally have representatives in government administration that grew up in, and understand both the culture and needs of rural villages. In the past, many of the good ideas that came from Juneau were simply not appropriate for development in rural Alaska, and have resulted in considerable expense to the state, with little real economic development. Through representative government, ideas coming from rural villages that have not formerly had the political environment to germinate, will be able to grow into actions that can sustain village economies. This will not be the case if the Deputy Commissioner's position is not funded.

As an elected representative of 42 rural villages, I urge you to reinstate the proposed budget reductions which, if enacted, would eliminate the Deputy Commissioner's position and those positions in DCED that are needed to foster economic development in rural villages. Thank you for your consideration.

Working together toward sustainable, village economies, I remain,

Yours truly,

TANANA CHIEFS CONFERENCE, INC.



Steve Ginnis
President

465-6813

FAX COVER PAGE

RUBY TRIBAL COUNCIL
P.O. BOX 210 - RUBY, AK. 99768
Phone: (907) 468-4479 - Fax: (907) 468-4474

TO: House Finance Committee

Fax: 465-3341

Phone: _____

Number of Pages Including Cover Sheet: 2

FROM:

- | | |
|---|---|
| <input type="checkbox"/> Kendra McCarty, Tribal Administrator | <input type="checkbox"/> Monica Gustafson, Tribal Clerk |
| <input type="checkbox"/> Gloria George, Education/Employment | <input type="checkbox"/> Charles Morgan, IGAP Coordinator |
| <input type="checkbox"/> Randy Shaw, RAVEN AmeriCorp. Member | <input type="checkbox"/> Joe Wright, Environmental Technician |
| <input type="checkbox"/> Kody Honea, TWDS | <input type="checkbox"/> Deanna Captain, TFYS |

Sender's Phone Number: _____ Sender's Fax Number: _____

MESSAGE:

- URGENT FOR REVIEW PLEASE COMMENT CONFIDENTIAL

Public Opinion Message

Ruby Tribal Council

P.O. Box 210 – Ruby, Alaska 99768
(907) 468-4479 Fax (907) 468-4474

To whom it may concern,

I would like to urge you not to make any cuts to alcohol and substance abuse programs from currently being considered for the state's operation budget for FY-00. Alaska has the highest rates of alcohol-related accidents, deaths and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

Specifically, any cuts to the current budget would impact Tanana Chiefs Conference, Inc.'s 'Hunik Zoo', the Old Minto Family Recovery Camp, and the Fairbanks and Tok Subregional alcohol programs. These programs are vital to the Interior and making great progress in the field of alcohol and substance abuse treatment and prevention.

However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Respectively,

Ruby Tribal Council and Staff

Dear HFC

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Ida McCullough
Respectively,

Dear House Finance Committee:

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Kathleen M. Sam
Respectively,

NULATO TRIBAL COUNCIL

P.O. Box 65049 • Nulato, Alaska 99765

PHONE 898-2339 • FAX 898-2207



March 8, 2000

Dear House Finance Committee,

Nulato Tribal Council would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY 2000. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget deductions will be devastating to ongoing work in substance abuse treatment and prevention.

Specifically, any cuts to the current budget would impact Tanana Chiefs Conference, Inc.'s Old Minto Family Recovery Camp, the Hunik Zoo' and the Fairbanks and Tok Subregional alcohol programs. These programs are vital to the Interior and making great progress in the field of alcohol and substance abuse treatment and prevention.

However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration,

Respectively,

A handwritten signature in cursive script that reads "Ruth Madros".

Ruth Madros, Director of Tribal Operations

A handwritten signature in cursive script that reads "Sharon Demoski".

Sharon Demoski, Human Services Director

March 8, 2000

Dear Mr. Terriault,

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

Specifically, any cuts to the current budget would impact Tanana Chiefs Conference, Inc.'s Hunik Zoo', the Old Minto Family Recovery Camp, and the Fairbanks and Tok Sub-Regional Alcohol programs. These programs are vital to the Interior and making great progress in the field of alcohol and substance abuse treatment and prevention.

However, it's not enough. Currently, there is a three to six month waiting list for treatment programs. More prevention education is needed to reach a constantly changing population. Reductions would be a step backwards.

Thank you for your consideration.

Respectively,



Luke Titus
P.O. Box 74
Minto, Alaska 99758

March 8, 2000

Dear Mr. Terriault,

I would like to urge you to not make any cuts to alcohol and substance abuse programs from currently being considered for the State's operation budget for FY00. Alaska has the highest rates of alcohol-related accidents, deaths, and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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Thank you for your consideration.

Respectively,

Cheryl L. Brady

Cheryl L. Brady
1618 Madison Drive
Fairbanks, Alaska 99709

Dear HFC :

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J. J. J. J.

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Digie M. Searns

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Misty Vant

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Respectively,

Sharon L. Jimmie

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Kathleen M. Sam
Respectively.

**NULATO TRIBAL COUNCIL
FAX COVER PAGE**



DATE: 3-8-00

PAGES INCLUDING COVER PAGE: 2

TO: Diana Campbell

COMPANY: _____

PHONE: 456-3376

FAX: _____

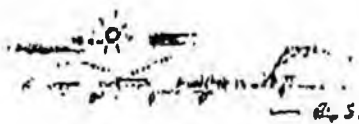
FROM: Nulato Tribal Council

- | | |
|---|--|
| <input type="checkbox"/> Peter J. Demoski, Tribal Administrator | <input type="checkbox"/> Corrine M. Stickman, Administrative Assistant |
| <input type="checkbox"/> Ross L. Peter, Tribal Accountant | <input type="checkbox"/> Ruth A. Mudros, Tribal Operations Director |
| <input type="checkbox"/> Sharon A. Demoski, Human Services Director | <input type="checkbox"/> Elizabeth Wofford, Human Services Assistant |
| <input type="checkbox"/> Harold Sommer, Environmental Technician | <input type="checkbox"/> Elaine Nickoll, TWSS |
| <input type="checkbox"/> Carol Alexie, Ameri-Corps Volunteer | |

PHONE: _____

FAX: (907)898-2207

COMMENTS: _____



NULATO TRIBAL COUNCIL
P.O. Box 65049 • Nulato, Alaska 99765
PHONE 898-2339 • FAX 898-2207



March 8, 2000

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Respectively,

Ruth Madros, Director of Tribal Operations

Sharon Demoski, Human Services Director

March 8, 2000

Dear Mr. Terriault,

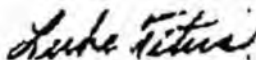
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Respectively,



Luke Titus
P.O. Box 74
Minto, Alaska 99758

March 8, 2000

Dear Mr. Mulder,

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Thank you for your consideration.

Respectively,

Cheryl L. Brady

Cheryl L. Brady
1618 Madison Drive
Fairbanks, Alaska 99709

465-6213

FAX COVER PAGE

RUBY TRIBAL COUNCIL
P.O. BOX 210 - RUBY, AK. 99768
Phone: (907) 468-4479 - Fax: (907) 468-4474

TO: House Finance Committee

Fax: 456.3346

Phone: _____

Number of Pages Including Cover Sheet 2



FROM:

- Kendra McCarty, Tribal Administrator
- Gloria George, Education/Employment
- Randy Shaw, RAVEN AmeriCorp. Member
- Kody Honta, TWDS
- Monica Gustafson, Tribal Clerk
- Charles Morgan, IGAP Coordinator
- Joe Wright, Environmental Technician
- Deanna Captain, TFYS

Sender's Phone Number: _____ Sender's Fax Number: _____



MESSAGE:

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- CONFIDENTIAL

Public Opinion Memo

Ruby Tribal Council

P.O. Box 210 -- Ruby, Alaska 99768

(907) 468-4479 Fax (907) 468-4474

To whom it may concern,

I would like to urge you not to make any cuts to alcohol and substance abuse programs from currently being considered for the state's operation budget for FY-00. Alaska has the highest rates of alcohol-related accidents, deaths and fetal alcohol or alcohol-related birth defects in the nation. Budget reductions will be devastating to ongoing work in substance abuse treatment and prevention.

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Respectively,

Ruby Tribal Council and Staff