

439

HHES

HB 805

-

HB 820

439

STATUS REPORT OF PREVENTIVE SERVICES TO THE HEARING IMPAIRED
 REQUESTED BY REPRESENTATIVE THELMA BUCHHOLDT

Attachment I Fiscal Note
 Page One

NOISE INDUCED HEARING LOSS

1. School hearing health curriculum estimated cost quoted by South Central Regional Resource Center, Department of Education.

	<u>CONTRACTUAL</u>	<u>SUPPLIES</u>	<u>PERSONNEL</u>	<u>TRAVEL</u>	<u>TOTAL</u>
Personnel Cost: 2 people 6 weeks to develop curriculum + materials	9,720				
Typist	900				
Art Work	400				
Office Supplies		100			
Telephone Costs	50				
Overhead (Administrative)	993				
150 Intermediate Level Booklets	349				
150 High School & Adult Level Booklets	349				
Promotional Brochure	30				
6 Films @ \$375 each		<u>2,250</u>			
	12,791	2,350			15,141

2. Printing and distribution of preventive brochures NOISE CAUSED HEARING LOSS and PROTECTION AGAINST NOISE CAUSED HEARING LOSS. Distribution includes 120 copies of each brochure to 215 Health Aides and 10 Public Health Service Hospitals.

Printing & Distribution	4,612				4,612
-------------------------	-------	--	--	--	-------

3. Supply and distribution of earplugs to Public Health Nurses. Distribution of 220 ear plugs will be made to each Health Center.

Supply		1,500			
Distribution	<u>80</u>				
	80	1,500			<u>1,580</u>

Noise Induced Hearing Loss Total 21,333

STATUS REPORT OF PREVENTIVE SERVICES TO THE HEARING IMPAIRED
 REQUESTED BY REPRESENTATIVE THELMA BUCHHOLDT

Attachment I Fiscal Note
 Page Two

OTITIS MEDIA

1. Early identification, effective medical treatment and appropriate referral.
 SEE: Narrative and Fiscal note by Dr. Spence.
2. Surgical Care.
 SEE: Narrative and Fiscal note by Dr. Spence.
3. Audiological and educational management of children with handicapping hearing loss.

	<u>CONTRACTUAL</u>	<u>SUPPLIES</u>	<u>PERSONNEL</u>	<u>TRAVEL</u>	<u>TOTAL</u>
Clerical support for Bethel Regional Office			19,473		
Travel for Bethel Regional Office				7,500	
			19,473	7,500	26,973
4. Need for systematic approach to monitoring hearing status of clients.					
Clerical Support: 1/2 time C/T II, permanent part time position.			7,334		
Key Punch Costs	<u>3,510</u>				
	3,510		7,334		10,844
5. Otitis media health education.					
Production of 2 additional pamphlets, distribution of 4.	1,532				
Distribution of 4 pamphlets.	500				
2 Films		<u>900</u>			
	2,032	900			<u>2,932</u>
				Otitis Media Total	40,749
					62,082
NOISE INDUCED HEARING LOSS & OTITIS MEDIA					
6. Surgical Care within Handicapped Children's Program component	100,000				<u>100,000</u>
			COMBINED TOTAL		<u>162,082</u>

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99811

February 8, 1978

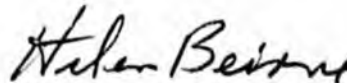
Document# Legislature
General #19

The Honorable Thelma Buchholdt
State of Alaska
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mrs. Buchholdt:

Please find enclosed a status report of preventive services to the hearing impaired.

Respectfully submitted,



Helen Beirne
Commissioner

155 clients in Bethel

(1) lead drum performance

(2) friends behind the podium

(3)

We should ask
him what he said
as a joke?

Thelma:

Otitis Media is like the weather - everyone talks about it but nobody does much about it.

The original intent of HB 805 - at least as far as I am concerned - was to fund for preventative measures in the areas of OT and NIHL. The original proposal papers furnished by Dr. H. Beirne, identified and concentrated on this area of the issue and offered resolutions.

The bill, as is, doesn't seem to be headed in the same direction. It doesn't say anything about Hearing Loss related to Noise nor about the preventative aspects of the problem.

We have only remedial work being accomplished in any concentrated way; we need both that and preventative.

From Anchorage:

Testimony has been scheduled to be heard from

Dr. David Canterbury - Dir., State program.

Phil Smith - Ruralcap

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

JAY S. HAMMOND, GOVERNOR

DIVISION OF PUBLIC HEALTH
COMMUNICATIVE DISORDER PROGRAM

3401 East 42nd Avenue
Anchorage, Alaska 99504

PUBLIC HEALTH AUDIOLOGY IN RURAL ALASKA An Inter-agency Approach

David R. Canterbury, ED.D.

For many years otitis media has been recognized as a major health problem in rural Alaska. Perhaps the highest prevalence of this condition in the United States is found in the Alaskan Natives. This fact has been documented on numerous occasions and as the identification and evaluation techniques have evolved, the true scope of the problem has become increasingly evident. The Communicative Disorders Program of the Alaska Department of Health and Social Services working cooperatively with other state and federal agencies, is attempting to establish identification, evaluation, referral and remedial programs in perhaps the most challenging geographic area in the continental United States from the health services delivery perspective.

While the State's land mass of 586,500 square miles is larger than California, Montana and Texas combined, the population only slightly exceeds 400,000 people. Most of these individuals reside in the Anchorage area but there are 150 communities with populations of less than 5,000 people and 40% of all Alaskans are located in communities of less than 1,000. Most of the rural communities are accessible only by light aircraft and in the cases of larger villages, by scheduled airline services. Road systems to rural areas are almost non-existent and distances between these villages are substantial e.g. distances from Anchorage, the largest city, to various outlying communities are; Adak 1,209 miles, Barrow 722 miles, Ketchikan 768 miles and Bethel 420 miles. The entire State west to east spans a distance equivalent to that

from California to Florida. The terrain and climate vary widely from the deep cut fjords of the Southeast Panhandle where rainfall averages exceed 150 inches per year, to the tundra of Northern and Western Alaska with predictable winter lows in excess of -50° Fahrenheit. In Northern and Western Alaska exists one of the most unique human environments known in the State as "the bush". The term refers to the predominately Native villages of the area. Although urban conveniences are being introduced to these villages, they are not modern in character nor do they share much in common with America's small towns. "In bush" telephone and television are not common and in many locations residents rely upon shortwave radio. "The bush" is not connected internally or with other portions of the State by road network. Boats in the summer, snow machines in the winter and small airplanes are the most common means of travel. Residents participate in a market economy, still substantially relying on the land and water resources near their home to meet their subsistence needs. About one sixth of the State's population is Alaskan Eskimo or Alaskan Indian. There are six major languages with over twenty significantly different dialects.

There are four organizations in the State of Alaska supplying hearing health care to residents of rural areas. These include:

1. The Community Health Aide Program.
2. The Alaska State Public Health Nurses.
3. Physicians of Federal Indian Health Service.
4. Audiologists of the Alaska State Communicative Disorders Program.

COMMUNITY HEALTH AIDE PROGRAM

Since 1968 Community Health Aides have been employed by the Regional Native Health Corporations. Health Aides are Native residents of the villages who are trained in primary health care at basic and advanced levels by accredited

programs provided through the University of Alaska. There are 205 full time Aides located in 171 villages. They operate under the medical direction provided by physicians of the Indian Health Service Hospitals and their activities are monitored by the State Board of Medical Examiners. They are often the only full time health providers in residence in smaller villages and carry much of the responsibility for intervention in cases of acute otitis media and the ongoing care of chronic otitis media conditions which are quite prevalent. They operate from an established set of standing orders and are in frequent radio/telephone contact with physicians of the Indian Health Service Hospitals. It is estimated that the Community Health Aide Programs conduct 200,000 patient encounters annually for all types of problems. Otitis media is one of the most frequent causes of referral.

ALASKA STATE PUBLIC HEALTH NURSES

Approximately 60 public health nurses supply a wide range of health care to even the most remote of the Alaskan villages. These nurses are based in larger villages and itinerate out to the less populous areas on a scheduled basis as do the physicians of the Indian Health Service. In addition to their other duties, nurses receive training from the Communicative Disorders Program audiologists to provide specific services to the hearing handicapped including pure tone and impedance screening techniques, basic threshold testing, first level counselling, making of earmold impressions for prospective hearing aid users and the fitting of ear plugs as a protection against noise induced hearing loss. Nurses may also provide medication to clients with middle ear disorders from established medical standing orders. The Communicative Disorders Program provides an audiometer for each nurse involved in direct services and the nurses are responsible for administering and/or performing hearing screening activities according to established guidelines. These activities call for all children to be screened on a scheduled basis through their

for school and school years. While the school systems share responsibility for the implementation of screening programs for school age children, this is often done by the public health nurse in less populous areas. Local volunteers and health aides are trained to work with the nurse in screening activities.

Screening failures receive pure tone threshold tests and sometimes tympanometry from the public health nurse during his/her village visit. All test results are sent to the Communicative Disorders Program audiologists for review, interpretation and recommendations for further management. The nurses also make earmold impressions for prospective hearing aid wearers so that custom fitted ear molds are available when an individual is seen by an audiologist for a hearing aid evaluation and possible fitting. This service provided by the public health nurse often eliminates the necessity of transporting the client out of the village more than once to see the audiologist.

INDIAN HEALTH SERVICE

Physicians of the Federal Indian Health Service program staff hospitals in six outlying areas of the State and in addition a large Indian Health Services Hospital, located in the community of Anchorage. The Anchorage facility contains a staff of two to three Ear, Nose and Throat physicians and one audiologist. They see approximately 300 patients per year for surgery and conduct an ongoing out-patient program. Most of the surgeries scheduled are tympanoplasties. One of the outlying hospitals located in the Southeast section of the State (Mt. Edgecumbe Hospital) also has the services of an Ear, Nose and Throat specialist on a philanthropic fellowship routed through an Eastern university training program. Referrals are made to the ENT programs from the health aides, public health nurses, physicians functioning out of rural hospitals and from the audiologists.

AUDIOLOGY-COMMUNICATIVE DISORDERS PROGRAM

Three levels of services are provided in audiology by the Alaska Communicative Disorders Program.

1. Regional Clinic Services (located in Anchorage, Mt. Edgecumbe, Fairbanks and Bethel).
2. Community or large village clinics.
3. Remote village services.

1. REGIONAL CLINICS

Regional clinic services are provided by a staff of eight audiologists who function out of four regional clinics. Each audiologist devotes about 50% of his or her time to providing the full range of audiology services through the clinic. Regional clinics are fully equipped diagnostic facilities including two channel audiometers, clinical impedance equipment, sound level meters, hearing aid analyzers, etc. Most regional clinics also have either double or single wall sound proof rooms. These facilities form the nucleus of audiology services and are located in, or are highly coordinated with, Indian Health Service and/or nursing facilities. Clients flown in from villages receive evaluations, are fitted with hearing aids, are counselled and are referred for medical management. These regional clinics also serve as training facilities. Before each public health nurse assumes her field station a required orientation into the management of hearing disorders is provided by the audiologist. Periodically, more extensive additional training is accomplished to further enhance the level of skills. Fifty-five nurses attended such extensive training programs in 1977.

2. COMMUNITY OR LARGE VILLAGE CLINICS

Community or large village clinics are held on a scheduled basis three to six times annually. (Presently there are fifteen sites in the State which receive this type of service. All are accessible by commercial jet

service or the limited road system.) When the audiologist leaves the regional clinics to visit these areas he customarily takes with him a portable pure tone audiometer with speech circuitry, portable impedance instrumentation and the necessary supplies for conducting a clinic. Down filled parkas and bunny boots (cold weather boots) are also standard equipment for bush travel during the winter months. The case load during these clinics is referred by physicians, community health aides and public health nurses from their activities in those communities and the surrounding more remote villages. Computer print outs from a recently developed audiology data system integrates diagnostic audiology, nursing and medical information from all sources. This facilitates the follow up of cases seen previously. Medical referral to Indian Health Service Hospital facilities is usually possible at these sites.

3. REMOTE VILLAGES

Remote villages are accessible only by light aircraft flown by "bush pilots". When traveling to these villages it is necessary to also take along a down filled sleeping bag and enough food to last the duration of the trip (two to five days). Since no other accommodations are available, visitors often resort to sleeping in the school house, church or health aides office and eating food stuffs that are brought along. The audiologist works directly with the community health aide, an itinerant public health nurse or itinerant Indian Health Service physician. He performs audiological evaluations, provides counselling, fits hearing aids, and provides training for the nurse or health aide. The nurse or health aide in turn initiates medical standing orders when necessary on identified cases. Some cases are then referred into the regional or community clinics for more extensive management.

In the past a large number of remote villages were visited annually by the audiologist but as the case load in the regional community clinics has risen, so has the ability of the health aides, and public health nurses to manage and refer. Presently only about twenty remote villages are visited each year by the audiologist. Because of the small populations in these areas and travel expense, these clinics, when attended, are for everyone in the village regardless of age, referral source or hearing complaint.

The Central Office of the Communicative Disorders Program (in Anchorage) offers direct support to the audiologists and nurses by furnishing audiometers, impedance testing equipment, supplies, testing forms and calibration services. Annually and as needed all of the 90 audiometers owned by the program are calibrated. This service is also supplied to the few school-based hearing conservation programs at cost. In addition, the computer based data collection system incorporating audiological, nursing and medical information into one ongoing patient management and statistical system was implemented in 1977 and is based in the Central Office.

EXTENT OF HEARING LOSS ENCOUNTERED

Acute otitis media and its chronic sequelae, including hearing loss has been recognized as a leading cause of medical referral among Alaskan Natives for at least the last three decades. This high prevalence of otitis media has been documented by numerous publications including, the McGrath's Project (1962); Brody (1964); Brody et al (1965); Reed and Brody (1966); Reed et al (1967); Maynard (1969); and Reed and Dunn (1970). The most comprehensive study was begun in 1960 by the Arctic Health Research Center, Kaplan et al (1973). This investigation included 643 live births occurring

between October 1960 and December of 1962 in 27 Eskimo villages in the Yukon-Kuskokwim River Deltas. In addition to periodic visits of a research nurse to these villages through the initial years of study, 489 of these children were evaluated by a physician, a nurse, an audiologist and a psychologist in a follow-up done in 1969, 70, and 71. The findings of these studies revealed that perforations and scarring of the tympanic membrane were present in 41% of the children evaluated. A hearing loss of 26 decibels (PTA) or greater was present in 16% and an additional 25% had a measurable conductive hearing loss less than 25 decibels (for a total of 41% with measurable conductive hearing impairment). Children with a history of otitis media prior to age two and a hearing loss in excess of 26 decibels for the middle speech range had a statistically significant loss of verbal ability and were behind in reading, math and language development. In addition, the children who possessed a conductive component but had hearing better than 26 decibels (PTA) were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormalities observed, the amount of hearing loss and low verbal ability on achievement test scores.

Use of impedance audiometry for identification and diagnosis was begun in the early 1970's and today is used extensively throughout urban and rural Alaska. The result has been the collection of a great deal of information about the prevalence of middle ear pathology in the State. Data collection during 1975 to 1978 by the Communicative Disorders Program once again, revealed the scope of the problem encountered. During that period of time, several different age groups were monitored to establish prevalence figures. Of the pre-school population seen, middle ear effusion or tympanic membrane perforations were found in 20% of the children in Southeast Alaska and 38% of the same age group in Southwestern Alaska. Statewide prevalence is about 27% for pre-schoolers. Impedance documented negative middle ear pressure exists in

roughly 20% of this group (In excess of -100mm negative pressure). Most of the problems identified are due to serous otitis media presenting at various stages. The numbers of chronic tympanic membrane perforations are being steadily reduced due to an active surgical program but bush communities of Southwestern Alaska still have an alarming number of cases (the Bethel Alaska area, population about 15,000 had approximately 200 unilateral and bilateral surgeries performed during the 1977-78 fiscal year utilizing both State and Federal resources. Most of these were tympanoplasties).

The hearing status of high school age children from Northern villages has been monitored for more than four years by the audiology facility at Mt. Edgecumbe, (Kimball (1975). Conductive hearing losses have been found in 20-39% of the cases seen each year, sensory neural loss was found in 9-17%, Kimball (1977). The latter finding is believed to be due to noise induced hearing loss from excessive exposure to snow mobiles, rifle fire, light aircraft, motor boats etc.

The amount of ear pathology in Alaska is substantial and the continued efforts of all health care providers will be needed to eventually bring the situation to a manageable level. Prevention efforts are being emphasized through early identification and health education on several programmatic fronts and as the system of management between the many parties involved continues to develop a more and more efficient client management system should result.

The Alaska Communicative Disorders Program is partially funded by Maternal Child Health Special Project Grant (10H 82000309)

BIBLIOGRAPHY

- Brody, J.; Notes on Epidemiology of Draining Ears and Hearing Loss in Alaska With comments on Future Studies and Control Measures. Alaska Medicine 6(1) : 1-4 (1964)
- Brody, J.; Overfield, T.; and McAlister, R.; Draining Ears and Deafness Among Alaskan Eskimos. Archives of Otolaryngology Jan. 1965.
- Kaplan, G.; Fleshman, K.; Bender, T.; Baum, C.; and Clark, P.; Long-Term Effects of Otitis Media A Ten Year Cohort Study of Alaskan Eskimo Children. Pediatrics Vol. 52, 4 577-558 (1973)
- Kimball, B.; Ear Pathology and Hearing Loss in an Alaskan High School. Audionews Vol. 2,3, 7 1977
- Maynard, J.; Otitis Media in Alaskan Eskimo Children an Epidemiologic Review with Observations on Control. Alaska Medicine Sept. 93-97 (1969)
- McGrath Project, A Documentation of the Study and Prevention of Upper Respiratory Disease. State of Alaska Department of Health and Welfare and Children's Bureau DHEW (1962)
- Reed, D. and Brody, J.; Otitis Media in Urban Alaska. Alaska Medicine Sept. 64-67 (1966)
- Reed, D. and Dunn, W.; Epidemiologic Studies of Otitis Media Among Eskimo Children. Public Health Reports Vol. 85, 8, 699-706 (1970)
- Reed, D.; Struve, S.; and Maynard, J.; Otitis Media and Hearing Deficiency Among Eskimo Children; A Cohort Study. American Journal of Public Health Vol. 57 No. 9 (1969)

MEMORANDUM


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: [The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:


David A. Spence, M.D., Chief
FROM: Section of Family Health

SUBJECT: Prevalence listing of otitis media
with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alwaré, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

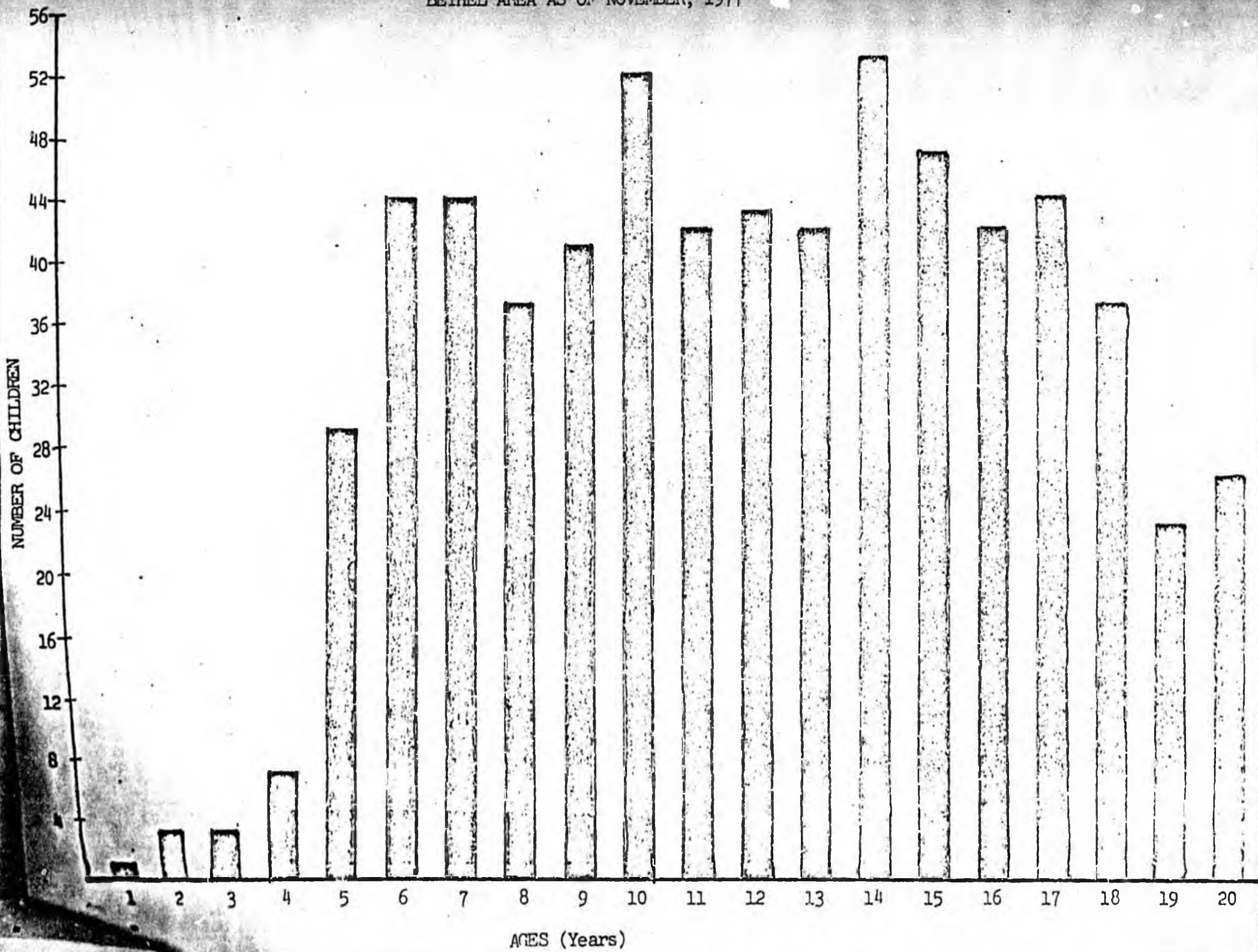
DISTRIBUTION:

Mr. James Ambrust
Tom Bender, M.D.
David Canterbury, PhD. ✓
Kenneth Fleshman, M.D.
Robert Fraser, M.D.
Mr. Don Hitchcock
Robert Hurwitz, M.D.
Ms. Lois Jund
Mr. Michael Morgan
Charles Nielsen, M.D.
Ms. Pat Shea
Carl Shewmake, M.D.
Marion Talbot, M.D.
Elizabeth Tower, M.D.
David Williams, M.D.

RECEIVED
DEC 14 1977

Speech-Hearing Program

AGE DISTRIBUTION OF CHILDREN WITH FEEDING-BOTTLE CARIES IN
BETHEL AREA AS OF NOVEMBER, 1977



NOVEMBER 1977 PREVALENCE LISTING OF
 CHRONIC OTITIS MEDIA WITH PERFORATION IN
 45 VILLAGES IN THE BETHEL AREA

	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		Total Ears Perforated
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	
Alakanuk	27	12	3	0	54
Akiachuk	18	15	0	0	51
Akiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik	0	1	0	0	2
Atnautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefornak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emronak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Lime Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Mekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Mission	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
Stony River	4	1	0	0	6
Toksook Bay	15	3	1	0	22
Tuluksak	7	0	1	1	10
Tunautuliak	2	0	0	0	2
Tununak	15	1	2	0	19
Upper Kalskag	8	1	1	0	11
45 Villages	551	163	57	5	943
	Persons	Persons	Persons	Persons	Persons

STATEMENT OF PROBLEM

For many years otitis media has been recognized as the major cause of morbidity in rural Alaska. Studies done in the middle and late 1950's reported unusually high incidence ~~of~~⁺ prevalence rates of this disease among the Natives, (Haymen and Koster 1957, and the McGrath Project 1962). An infant morbidity and mortality study begun in 1960 revealed that 38% of a cohort group of Alaskan Eskimo infants had at least one episode of draining ear during their first year of life (Maynard and Hammes 1970). By 1964 otitis media was recognized as the second highest cause of morbidity among Alaska Natives. In 1965, Reed, in a follow up on the Alaska Eskimo cohort group, found that 62% of the children had had one or more episodes since birth. In the same year, Reed and Dunn also found that 63% of the children examined in six Eskimo villages showed past or present evidence of otitis media.

In the most recent studies, Kaplan, Flesher, Bender, Baum and Clark studied 489 Alaska Eskimo children who had been followed through the first ten years of life; 76% had one or more episodes of otitis media since birth. Of these, 78% had their first attack during the first two years of life. Perforation and scarring of the tympanic membrane were present in 41%. A mild hearing loss of 26 decibels or greater was present in 16% and an additional 25% were in the normal range but had measurable conductive hearing loss. Children with a history of otitis media prior to two years of age and a mild loss (26 dB or greater) had a statistically significant loss of verbal ability and

were behind in total reading, total math and language development. In addition, children who had an early onset of otitis media but now had normal hearing with a conductive component were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormality, hearing loss and low verbal ability in achievement scores.

Data collection during the first half of FY 1975 by the Communicative Disorders Project once again revealed the scope of the problem encountered. During that period of time, three specific groups were studied in detail. One group consisted of twelve preschool and Head Start classes located in Southeast Alaska. Of the 328 children tested using impedance audiometric techniques, 20% showed indications of tympanic membrane perforations or middle ear effusion, and 27% showed substantial negative middle ear pressure which indicates lack of eustachian tube functioning. This negative pressure is often a prelude to middle ear difficulties and these children could be considered at high risk.

A similar study was conducted in ten villages in the Bethel area where 211 children were seen. Of these, 33% were medical referrals, and 22% showed evidence of eustachian tube malfunctions. These two preschool studies indicate that there is still a substantial incidence of early occurrence of middle ear pathology. This is especially significant since if uncorrected these hearing losses will undoubtedly affect school performance, cause emotional problems, and significant deficits in language ability. Such a hearing loss occurs at an age when speech and language readiness is at its peak.

The problem of ear pathology in rural Alaska is not a transitory one as is indicated by our third FY 1975 study which included the total

Incoming population of new students to the BIA high school at Mt. Edgecumbe. A total of 256 students were evaluated with total diagnostic batteries. About 97, or 38% of those seen demonstrated a significant hearing loss. Of those 97 individuals, 63% were conductive losses, 30% were sensori-neural, and 7% mixed. The high incidence of sensori-neural losses found in this relatively young population (ages 14 through 16) indicates either that these impairments may be due to the secondary effects of otitis media, or to excessive noise exposure or perhaps both. Alaskan Natives are exposed to an inordinate amount of high intensity noise originating from snowmobiles, rifle fire, light aircraft and motor boats. This is another problem which will receive more attention during the coming year. (For more detailed breakdown of these three specific studies, please refer to the progress report for FY 1975.)

Studies accomplished in the first half of Fiscal Year 1976 also confirm earlier findings. During that period of time, 617 Head Start children located in villages throughout the state were examined by Impedance and pure tone testing procedures. Of these children, ages 3-5 years, 106 (27%) had middle ear conditions which necessitated medical referral. An additional 106 children (17%) demonstrated negative middle ear pressure, a condition associated with eustachian tube malfunction which often occurs prior to the development of serous otitis media. Another 34 children could not be tested. Only 271 (45%) were found to have no indications of middle ear problems. A summary of these findings is enclosed in Appendix C.

During Fiscal Year 1975 there were 1,745 individuals (mostly children) who were referred for medical attention by the Communicative Disorders

Program. During the first half of Fiscal Year 1976, 1,115 clients were referred for medical attention. While these referrals represent the full range of pathology, a great many of these suffer from serous otitis media.

In addition to problems encountered in attempting to deliver services in a large geographic area with poor transportation availability, Alaska has multiple layers of state and federal governmental agencies operating. Many of these have services which are of value to communicatively handicapped individuals; however, fragmentation or geographic isolation has significantly reduced any impact they may have upon the state as a whole. The programs that have established services are usually restricted to relatively small geographic areas. Few attempts to reach the communicatively handicapped individual in rural Alaska have been made.

A child with a communicative disorder has been one of the most neglected of the many health and educational problems. (Otitis media is no doubt contributing to this problem significantly.) There are virtually no clinical speech pathologists who routinely serve children in rural Alaska. When such positions have been established they have been filled with inadequately trained individuals who soon become overwhelmed by the scope of the pathology with which they are confronted. Their tenure is consequently of short duration in most cases. Staff turnover in rural Alaska is a persistent problem because of the break thus created in the continuity of services. If quality personnel are acquired for programs within the state, staff retention problems persist because there is very little that can be done to obtain on going enrichment

professionally. Funds are restricted for out-of-state travel to short courses and seminars.

Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and chronic otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

Answers to the problem of serous otitis media, however, remain unresolved. This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an excerpt from the 10th edition of the Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.

The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the course when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethylene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community. One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethylene tubes in the treatment of serous otitis. (See Appendix C)

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM

AND

STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY

age of onset
projected course of pathology
seasonal variation
(sanitation)
(housing)
(nutrition)

PREVALENCE

by geographic area
by size of village

DIAGNOSIS

serous
acute
chronic

NEEDS

With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable measures the parameters of the problem.

The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.

A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers

MANAGEMENT CRITERIA

- A. History Documentation on representative population of health history.
- B. Audiologic Evaluation Extention of duties to PHN's and Health Aides (training and equipment needed).
- C. Physical Examination PHN and Health Aide training needed.
- D. Medication Agreement on medication needed for each condition.
- E. Follow up Use of data system for follow up. Coordination with AMHC.
- F. Referral for Medical Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel.

IMPACT OF CARE

- Effectiveness of medication Course of pathology studies on the local level.
- Effectiveness of surgery Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational
Speech, Language
Psycho-social

- Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with:
1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas).
 2. Speech pathology
 3. Psychologist and social worker
 4. Native Health Corporations

STATEMENT OF PROBLEM

For many years otitis media has been recognized as the major cause of morbidity in rural Alaska. Studies done in the middle and late 1950's reported unusually high incidence ~~+~~ prevalence rates of this disease among the Natives, (Haymen and Koster 1957, and the McGrath Project 1962). An infant morbidity and mortality study begun in 1960 revealed that 33% of a cohort group of Alaskan Eskimo infants had at least one episode of draining ear during their first year of life (Maynard and Hammes 1970). By 1964 otitis media was recognized as the second highest cause of morbidity among Alaska Natives. In 1965, Reed, in a follow up on the Alaska Eskimo cohort group, found that 62% of the children had had one or more episodes since birth. In the same year, Reed and Dunn also found that 63% of the children examined in six Eskimo villages showed past or present evidence of otitis media.

(1973)
In the most recent studies, Kaplan, Fleischman, Bender, Baum and Clark studied 489 Alaska Eskimo children who had been followed through the first ten years of life: 76% had one or more episodes of otitis media since birth. Of these, 78% had their first attack during the first two years of life. Perforation and scarring of the tympanic membrane were present in 41%. A mild hearing loss of 26 decibels or greater was present in 16% and an additional 25% were in the normal range but had measurable conductive hearing loss. Children with a history of otitis media prior to two years of age and a mild loss (26 dB or greater) had a statistically significant loss of verbal ability and

were behind in total reading, total math and language development. In addition, children who had an early onset of otitis media but now had normal hearing with a conductive component were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormality, hearing loss and low verbal ability in achievement scores.

Data collection during the first half of FY 1975 by the Communicative Disorders Project once again revealed the scope of the problem encountered. During that period of time, three specific groups were studied in detail. One group consisted of twelve preschool and Head Start classes located in Southeast Alaska. Of the 328 children tested using impedance audiometric techniques, 20% showed indications of tympanic membrane perforations or middle ear effusion, and 27% showed substantial negative middle ear pressure which indicates lack of eustachian tube functioning. This negative pressure is often a prelude to middle ear difficulties and these children could be considered at high risk.

A similar study was conducted in ten villages in the Bethel area where 211 children were seen. Of these, 33% were medical referrals, and 22% showed evidence of eustachian tube malfunctions. These two preschool studies indicate that there is still a substantial incidence of early occurrence of middle ear pathology. This is especially significant since if uncorrected these hearing losses will undoubtedly affect school performance, cause emotional problems, and significant deficits in language ability. Such a hearing loss occurs at an age when speech and language readiness is at its peak.

The problem of ear pathology in rural Alaska is not a transitory one as is indicated by our third FY 1975 study which included the total

Incoming population of new students to the BIA high school at Mt. Edgecumbe. A total of 256 students were evaluated with total diagnostic batteries. About 97, or 38% of those seen demonstrated a significant hearing loss. Of those 97 individuals, 63% were conductive losses, 30% were sensori-neural, and 7% mixed. The high incidence of sensori-neural losses found in this relatively young population (ages 14 through 16) indicates either that these impairments may be due to the secondary effects of otitis media, or to excessive noise exposure or perhaps both. Alaskan Natives are exposed to an inordinate amount of high intensity noise originating from snowmobiles, rifle fire, light aircraft and motor boats. This is another problem which will receive more attention during the coming year. (For more detailed breakdown of these three specific studies, please refer to the progress report for FY 1975.)

Studies accomplished in the first half of Fiscal Year 1976 also confirm earlier findings. During that period of time, 617 Head Start children located in villages throughout the state were examined by Impedance and pure tone testing procedures. Of these children, ages 3-5 years, 106 (27%) had middle ear conditions which necessitated medical referral. An additional 106 children (17%) demonstrated negative middle ear pressure, a condition associated with eustachian tube malfunction which often occurs prior to the development of serous otitis media. Another 34 children could not be tested. Only ~~31~~³¹¹ were found to have no indications of middle ear problems. ~~A summary of these findings is enclosed in Appendix C.~~

During Fiscal Year 1975 there were 1,745 individuals (mostly children) who were referred for medical attention by the Communicative Disorders

Program. During the first half of Fiscal Year 1976, 1,115 clients were referred for medical attention. While these referrals represent the full range of pathology, a great many of these suffer from serous otitis media. *But a very large % of chronic otitis with perforations also. (See attached info.)* In addition to problems encountered in attempting to deliver services in a large geographic area with poor transportation availability, Alaska has multiple layers of state and federal governmental agencies operating. Many of these have services which are of value to communicatively handicapped individuals; however, fragmentation or geographic isolation has significantly reduced any impact they may have upon the state as a whole. The programs that have established services are usually restricted to relatively small geographic areas. Few attempts to reach the communicatively handicapped individual in rural Alaska have been made.

A child with a communicative disorder has been one of the most neglected of the many health and educational problems. (Otitis media is no doubt contributing to this problem significantly.) There are virtually no clinical speech pathologists who routinely serve children in rural Alaska. When such positions have been established they have been filled with inadequately trained individuals who soon become overwhelmed by the scope of the pathology with which they are confronted. Their tenure is consequently of short duration in most cases. Staff turnover in rural Alaska is a persistent problem because of the break thus created in the continuity of services. If quality personnel are acquired for programs within the state, staff retention problems persist because there is very little that can be done to obtain on going enrichment

professionally. Funds are restricted for out-of-state travel to short courses and seminars.

Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and chronic otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

Answers to the problem of serous otitis media, however, remain unresolved. This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an excerpt from the 10th edition of the Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

NEW INFO -
INDICATES THERE
IS STILL A
GREAT NEED
IN THIS AREA
ESPECIALLY
PREVENTION

viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.

The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the course when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethylene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

MAY NOT
BE FEASIBLE
IN RURAL
ALASKA. 48"
LOWER
STDS.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community.

One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethylene tubes in the treatment of serous otitis. (See Appendix C)

FY 76-77
study nearly
completed.

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM
AND
STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY

age of onset
projected course of pathology
seasonal variation
(sanitation)
(housing)
(nutrition)

NEEDS

With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable ~~measures~~ the parameters of the problem.

PREVALENCE

by geographic area
by size of village

The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.

*THIS DATA
SYSTEM HAS
NOW BEEN
DEVELOPED +
IMPLEMENTED
BY COMM. DIS.
PROGRAM*

DIAGNOSIS

serous
acute
chronic

A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers.

*IN
LATE PROCESS
OF DEVELOPMENT*

MANAGEMENT CRITERIA

- A. History Documentation on representative population of health history.
- B. Audiologic Evaluation Extention of duties to PHN's and Health Aides (training and equipment needed). *DONE*
- C. Physical Examination PHN and Health Aide training needed.
- D. Medication Agreement on medication needed for each condition.
- E. Follow up Use of data system for follow up. Coordination with AMEC. *DONE*
- F. Referral for Medical Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel.

REF. CHANNELS CLARIFIED BUT EFFECTIVENESS HASNT BEEN CHECKED.

IMPACT OF CARE

- Effectiveness of medication Course of pathology studies on the local level.
- Effectiveness of surgery Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational
Speech, Language
Psycho-social

- Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with:
1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas).
 2. Speech pathology
 3. Psychologist and social worker
 4. Native Health Corporations


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:


David A. Spence, M.D., Chief
FROM: Section of Family HealthSUBJECT: Prevalence listing of otitis media
with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alwaro, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

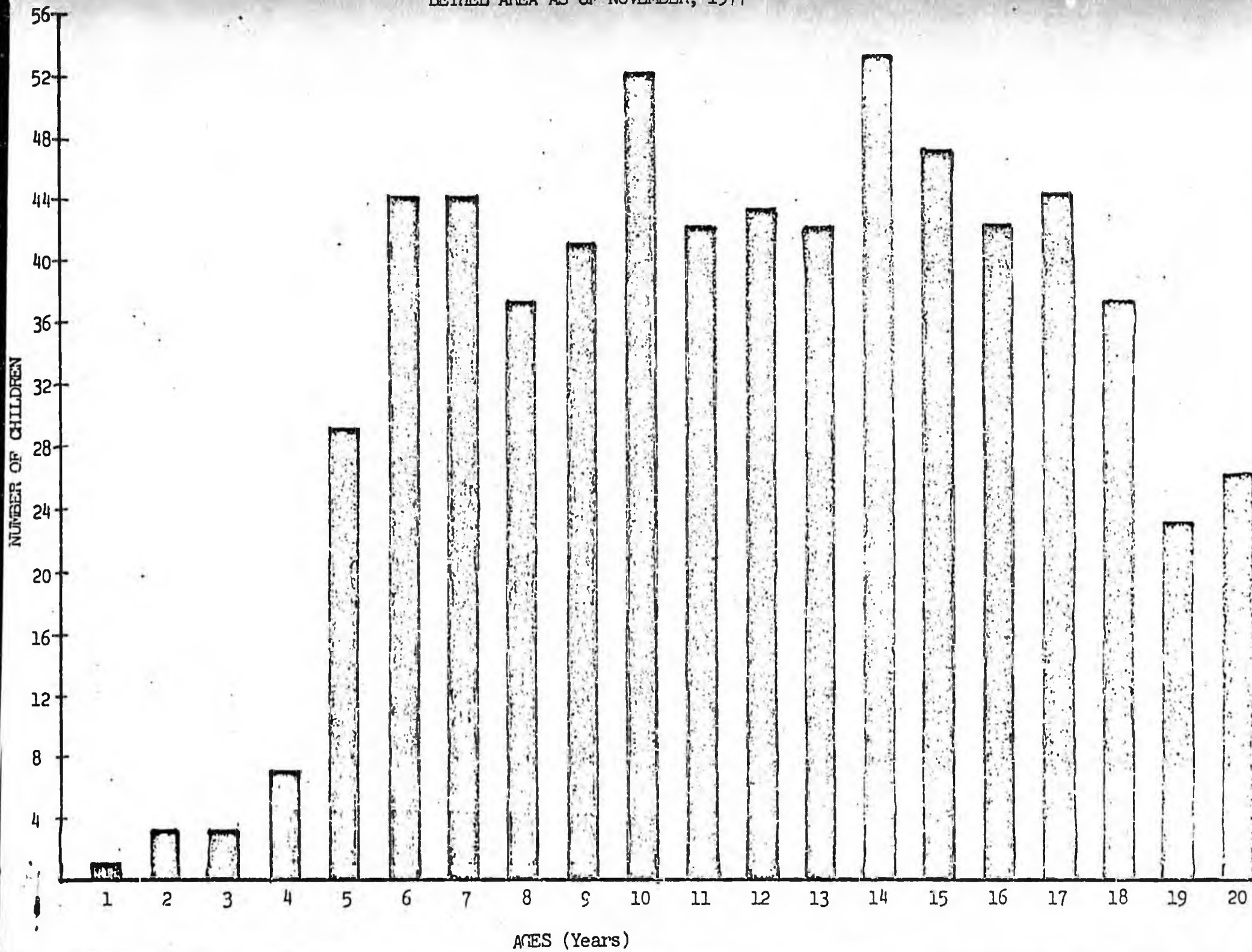
DISTRIBUTION:

Mr. James Armbrust
Tom Bender, M.D.
David Canterbury, Ph.D. ✓
Kenneth Fleshman, M.D.
Robert Fraser, M.D.
Mr. Don Hitchcock
Robert Hurwitz, M.D.
Ms. Lois Jund
Mr. Michael Morgan
Charles Nielsen, M.D.
Ms. Pat Shea
Carl Shewmake, M.D.
Marion Talbot, M.D.
Elizabeth Tower, M.D.
David Williams, M.D.

RECEIVED
DEC 14 1977

Speech-Hearing Program

AGE DISTRIBUTION OF CHILDREN WITH PERFORATED EAR DRUM(S) IN
BETHEL AREA AS OF NOVEMBER, 1977



NOVEMBER 1977 PREVALENCE LISTING OF
 CHRONIC OTITIS MEDIA WITH PERFORATION IN
 45 VILLAGES IN THE BETHEL AREA

	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		Total Ears Perforated
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	
Alakanuk	27	12	3	0	54
Aldachuk	18	15	0	0	51
Aldiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik	0	1	0	0	2
Atnautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefomak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emmonak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Line Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Mekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Miss' on	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
Stony River	4	1	0	0	6
Toksook Bay	15	3	1	0	22
Tuluksak	7	0	1	1	19
Tuncutuliak	2	0	0	0	2
Tununak	15	1	2	0	19
Upper Kalskag	8	1	1	0	11
S: 45 Villages	551 Persons	163 Persons	57 Persons	5 Persons	943 Ears
	714 Persons		62 ** Persons		

RECEIVED
 NOV 14 1977

* There are two levels of certainty comprising this prevalence listing: Of the 943 ears listed, 442 have been observed during October and November 1977, by health program professionals working in the Bethel Area; the remaining 501 ears have been compiled from previous listings of persons needing care for chronic draining ears.

** For these persons over 21 years of age, this prevalence of 62 persons represents only the tip of the iceberg since there has been no effort to list persons over 21.

HB

816

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

POUCH 5 - JUNEAU 99811

February 28, 1978

The Honorable Charles Parr
 Chairman
 House Health, Education &
 Social Services Committee
 Alaska State Legislature
 State Capitol Building - Room 112
 Juneau, Alaska

Re: House Bill No. 816

Dear Mr. Parr:

House Bill No. 816, an Act establishing a tax credit for cost of neutering a domestic pet, was introduced in the House on February 14, 1978 and was referred to the House Health, Education & Social Services Committee and the House Finance Committee.

For the consideration of the House Health, Education & Social Services Committee, I am enclosing a Fiscal Note prepared by Mr. Gary L. Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Very truly yours,



R. D. Stevenson
 Special Assistant

cc: The Honorable Steve Cowper
 Chairman
 House Finance Committee
 Alaska State Legislature
 State Capitol Building
 Juneau, Alaska

John Messenger
 Deputy Commissioner
 Department of Revenue

Gary L. Jenkins, Director
 Audit Division
 Department of Revenue

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 816
 Title An Act establishing a tax credit for the cost of neutering a domestic
 Requested by Health, Education & Social Services and Date 2/27/78 (pet
 Finance Committees

II. FISCAL DETAIL

Agency Affected Revenue
 Program Category Affected Fiscal Services
 Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars) NONE

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						

TOTAL

FUNDING (Thousands of Dollars) NONE

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS NONE

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

See memorandum dated 2/27/78 to R. D. Stevenson

IV. DATE February 27, 1978 PREPARED BY *Ray Jenkins*
 AGENCY Audit Division
 Original: Legislative Finance PHONE 465-2320
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: February 27, 1978

FILE NO.

TELEPHONE NO.

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: House Bill No. 816

This bill would provide for an income tax credit for the cost of having a domestic pet neutered. In attempting to estimate the cost of this potential tax credit, I called the local Veterinary Clinic and the Department of Commerce. The local Veterinary Clinic advised me that the cost for neutering a female dog or cat would average roughly \$60 and the cost of male animals is somewhat less. However, since they anticipate that the cost of any such operation is higher in most other parts of the state, I have used an average cost of \$60 for estimating purposes statewide. Further, they advised me that they average 15 such operations per week, or 780 per year.

The Department of Commerce advised me there are 108 veterinarians licensed in the State of Alaska. However, they did not know how many clinics might exist in the state. Based on information provided by the Southeast Alaska Veterinary Clinic, it is assumed that most clinics include two veterinaries, with a small number of single veterinary clinics being in operation. Thus for estimation purposes, I have assumed 60 operating clinics in the State.

The cost of 60 clinics doing an average of 780 operations per year at an average cost of \$60 equals \$2,800,000. This would be the amount of revenue lost to the State General Fund if this bill were to become law.

HB

819

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. H. B. 819
 Title State Operated Spay Clinics
 Requested by HESS Committee-House Date 3-6-78

II. FISCAL DETAIL

Agency Affected Natural Resources-Agriculture
 Program Category Affected Public Protection
 Budget Request Unit(s) Affected Agricultural Inspection

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES	38,000	40,000	42,000	44,000	46,000	48,000
200 TRAVEL	6,000	6,000	6,000	6,000	7,000	7,000
300 CONTRACTUAL	22,500	23,000	23,500	24,000	24,500	25,000
400 COMMODITIES	6,000	6,000	6,000	6,000	6,000	6,000
500 EQUIPMENT	7,000	3,000	3,000	3,000	3,000	3,000
600 LAND & STRUCTURES	27,000	-	-	-	-	-
700 GRANTS, CLAIMS, ETC.						
TOTAL	106,500	78,000	80,500	83,000	86,500	89,000

FUNDING (Thousands of Dollars)

	106,500	78,000	80,500	83,000	86,500	89,000
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

	2	2	2	2	2	2
FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Note: Budget attachment is based on information provided on earlier Spay Bills by Mercy Crusade who were former prime sponsors of similar legislation in the Seventh, Eighth, and Ninth sessions.

See also attached letter.

IV. DATE 3-6-78 PREPARED BY F.S. Honsinger, D.V.M., State Veterinarian
 AGENCY Natural Resources-Agriculture
 PHONE 465-2420
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Louise DeVoe
277-9108 H.

Bill Christensen
279-9853

PLEASE CALL	PLEASE CALL
WILL CALL AGAIN	CALL TO GET YOU
RUSH	WANTS TO SEE YOU

RETURNED YOUR CALL

Friend's Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

WHY DOES ALASKA NEED A LOW-COST SPAY CLINIC?

Because

in Anchorage alone 850 UNWANTED dogs and cats are killed every month at the animal shelter, and the cost per animal handled has risen from \$21.50 in 1975 to \$33.43 in January, 1978---

pet overpopulation in all of Alaska is due to lack of birth control and the high cost of spay/neuter surgery---

lack of animal control programs|and funding in outlying areas results in random, periodic shooting of surplus dogs---

pipeline transients have left numerous hungry and homeless pets in every city affected by the pipeline boom---

EXPECTED RESULTS OF SPAY PROGRAM

It will reduce costs and alleviate problems in animal control---

It will STOP or reduce waste of lives and dollars, suffering, and the CRUELTY of surplus breeding---

[Ref.: Theodore J. Sorich, MS, MBA, researcher for low-cost spay/neuter clinics in California, states that for each net investment of one dollar NOW for low-cost spaying and neutering...six dollars and fifty cents in future animal costs over a period of ten years will be prevented.]

ESTIMATED COST OF PILOT SPAY PROGRAM

\$130,000 For start-up cost and first year of operation; program is expected to become self-supporting within the first year, as have similar clinics State-side. (See Pg.VII)

FUNDING AT HAND

SPCA assets:	Cash on hand 2/24/78	\$21,627.29
	SPCA lot, mkt. value, will sell	<u>20,000.00</u>
	Total Assets	\$41,627.29
SPCA liability:	Loan balance, mobile home	<u>12,545.00</u>
	Available funds 2/24/78	<u>\$29,082.29</u>

SUMMATION:

Unfortunately, it appears the SPCA will not be able financially to open the spay clinic for many months, judging from the current rate of donations and sale of goods at its thrift store.

Public sentiment and urging has led the SPCA to ask the State for a grant and for land in order to proceed with this much-needed program immediately.

With adequate funding, the spay clinic service would be expanded State-wide by means of a mobile surgery for regular visits to towns throughout Alaska.

WR Apln. 44910

TUDOR ROAD

WR Apln. 45489

WR 4223

40 ACRES

50-66-0294
GS-143

Mng. Rts.
S. Pat.
27175

Res. U.
CI-359

WR 44925

WR 64868

PLO-5
Wdl. Mil. Pur.

Ltr. Per.
60519

Pwr. Proj.
2170

WR Per.
74173

R/W Per.
37595
ILMT
37579

38

WR Apln. 45846

WR 44684

R/W Per. 53026 50'

R/W Per Apln. 74438 300'

Sale Apln. 52486

North

Fork

Campbell

Creek

R/W Per. 27904 20'

R/W Per. Apln. 74438 150'

34

33

PATENT NUMBER

South

Fork

Campbell

Creek

R/W 50'
A051647

Lse. Apln. 63785

R/W Per 10' 62286

ADL Case File

Lse. Apln.

R. Mnt.



THE ALASKA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

EXECUTIVE BOARD - MEMBERSHIP
KINMUK ANIMAL SHELTER OFFICE

POST OFFICE BOX 776
3600 E. TUDOR ROAD

ANCHORAGE, ALASKA 99510
ANCHORAGE, ALASKA 99507

Ph.: 279-9853

Fellow Alaskans:

The State of Alaska and the Municipality of Anchorage have a surplus dog and cat population. Every month at the Animal Shelter in Anchorage an average of 800 unwanted animals are killed by euthanasia.

The problem is nation-wide, and the high cost of sterilization prevents many pet-owners from neutering their animals. Elsewhere in the United States in recent years, humane societies have successfully set up low-cost spay clinics. Figures show that a three-fold program of

- (1) strict animal control,
- (2) education, and
- (3) low-cost spay clinics

combine to reduce the number of animals impounded and the number destroyed. Animal control costs elsewhere have decreased following the inauguration of low-cost spay clinics. Many such clinics have been contacted by us and they have provided figures showing they are self-supporting after the first eight to twelve months in operation; therefore we do not anticipate that any financial appeals will be necessary after the first year the low-cost spay clinic, available to all Alaskans, is in service.

Public and official sentiment now is such that the Alaska Society for the Prevention of Cruelty to Animals, Inc., must undertake the task of establishing and operating a low-cost spay clinic in Anchorage as soon as possible.

Please read the attached information describing our objectives and how other American cities are handling the problem.

As you can see, we need help financially to get started.

Very truly yours,

Board of Directors
The Alaska SPCA, Inc.

By: *Ethel Christensen* Secretary-Treasurer

Attachments

P.S. The present board is composed of the following persons: Dewey Sipe, president; Gil Hagen, vice-president; Ethel Christensen, secretary-treasurer; and members Mike Adams, Mary Cassetta, Louise De Voe, Mary Girvan, Hildur Hakas, Ann Lohrey, and Alice Puster.

THE SURPLUS PET PROBLEM IN ANCHORAGE

Anyone who doubts that the Municipality of Anchorage needs pet population control should spend an hour at the Animal Shelter at 3600 Tudor Road and witness the euthanaire and crematory in use. There are usually 250 dogs and cats in kennels and cages. Kennel workers strive constantly to keep the pens tolerable. The animals themselves portray the gamut of emotions, from fear and distrust to boredom, from rare hostility to extreme friendliness. The yearning of most of them for recognition, a pat, a word, strikes the visitor's sensibilities with the force of a hammer-blow. The tenderhearted avoid the place. The callous ignore it.

The Animal Shelter and animal control throughout the Municipality are the responsibility by legal contract of The Alaska Society for the Prevention of Cruelty to Animals, Inc. The humane society, a non-profit organization incorporated in the State of Alaska in 1955, took over the task of animal control in Anchorage in 1967 because it knew there was no other group willing or able to devote attention to the humane disposal of unwanted animals. Previously, animal control in the Anchorage area was administered by the City and by Spenard in varying degrees of humanity and effectiveness. It was a civic chore, like street cleaning. The Alaska SPCA has and is endeavoring to improve the administration of animal control by careful screening of personnel and by encouraging professionalism in all phases of the work.

Surplus Pet Problem

We are faced with a constant flow of unwanted animals produced by indiscriminate breeding. An average of 800 dogs and cats are killed by euthanasia at the Shelter every month---nearly 10,000 a year.

An unspayed bitch and her unspayed daughters in a 5-year period can produce 324 puppies. Cats are even more prolific.

Population control for animals means that people must control it. The surest method is by surgical neutering. Birth control methods for animals have not yet been offered to the public in practical form. Surgical neutering operations on animals in Alaska are probably the most costly in all the United States. It is not unusual for a dog's spaying to cost \$100.00. Neutering a male dog costs at least \$45.00. For cats, the cost is only slightly less. Many pet owners cannot afford it. The daily care and feeding of a pet poses no economic problem to most families, who feel that a pet is a rightful addition for family fun and to train juveniles to accept responsibility, but the cost of surgical neutering and spaying is an insurmountable expense for many households.

Theodore J. Sorich, MS, MBA, researcher for low-cost spay-neuter clinics in California, has reported on the financial justification of low-cost spay clinics, published in the Congressional Record in 1973. He states that for each net investment of one dollar (\$1.00) for low-cost spaying and neutering, the incurrence of six dollars and fifty cents (\$6.50) in future animal control costs over a period of ten years will be prevented.

The Alaska SPCA is attempting to soften the financial stress

Surplus Pet Problem

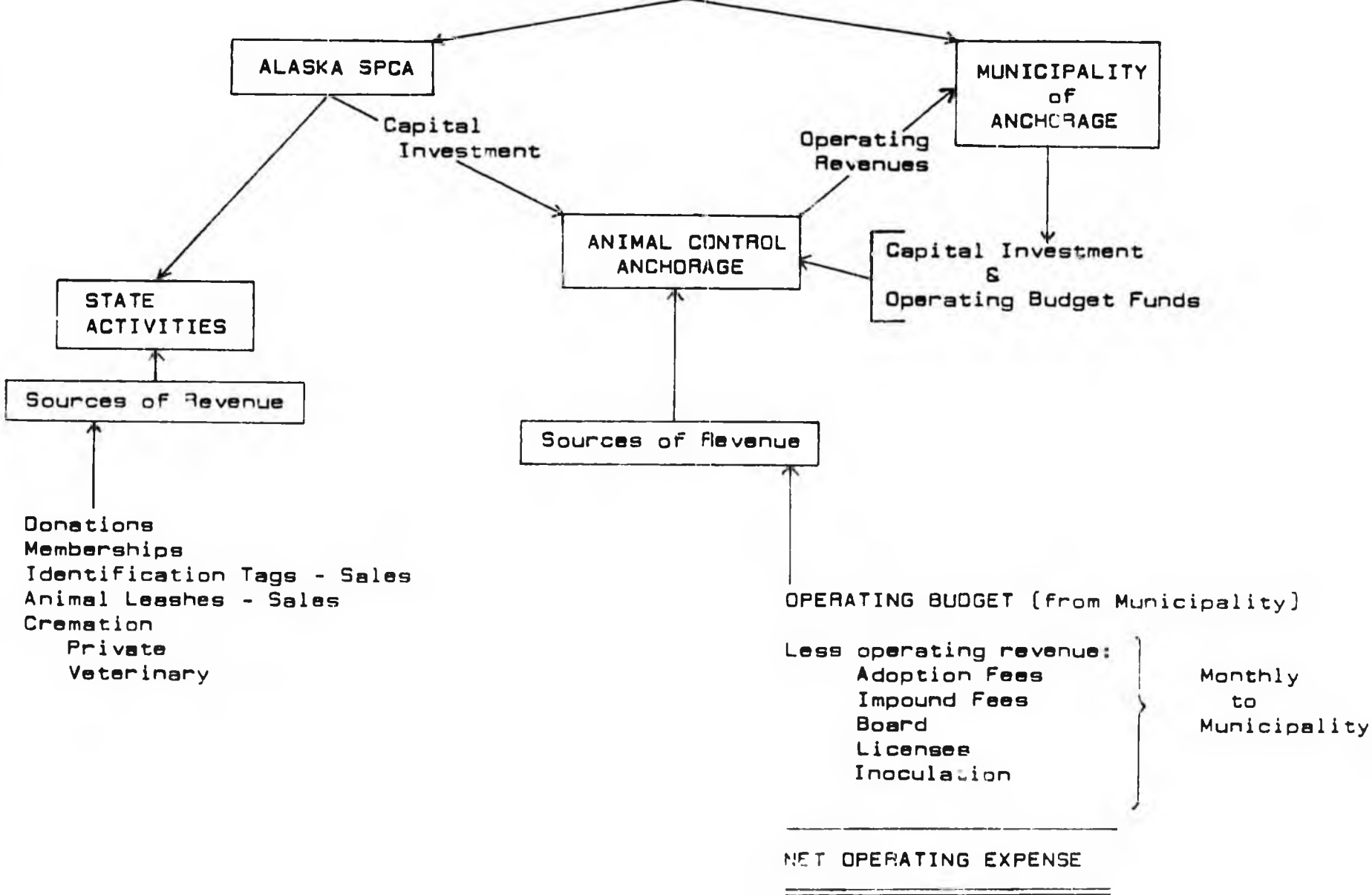
here by providing loans, interest-free for six months, under the "Responsible Pet Ownership" plan. This plan to diminish the pet population surplus by surgical operation is being utilized by a small percentage of residents, most of whom are paying back the loan within the 6-month interest-free period.

BUT---we are not coping with the problem. As Anchorage grows, the number of pets and unwanted animals increases.

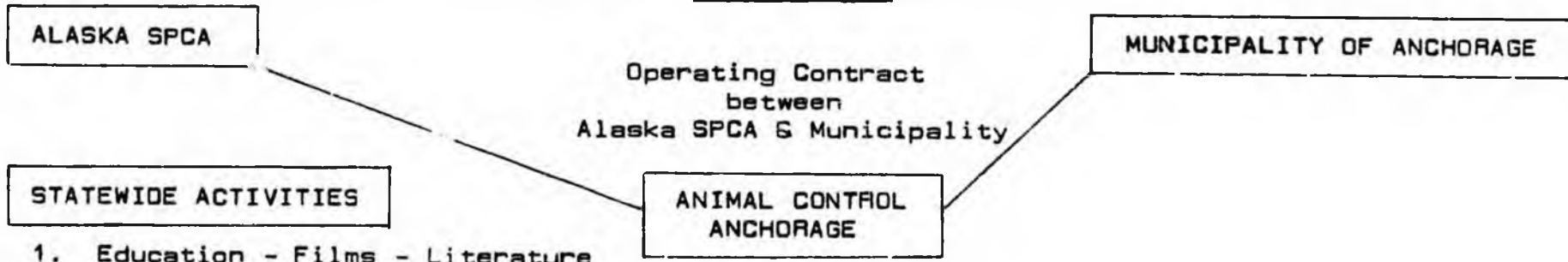
A LOW-COST SPAY CLINIC IS THE NEXT, AND GREATEST, STEP TOWARD PET POPULATION CONTROL IN THE ANCHORAGE AREA.

The Alaska SPCA is a non-profit organization depending upon donations from the public for its existence and operation. The Animal Shelter operation funded by the Municipality is entirely separate from SPCA funding by donations. We are prepared to invest heavily from SPCA funds in this urgently-needed spay clinic facility, but we need help.

ALASKA SPCA
 CONTRACTS FOR
 ANIMAL CONTROL OPERATION



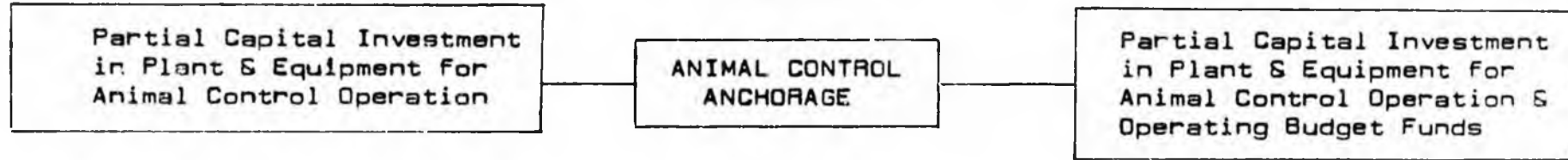
ORGANIZATION



STATEWIDE ACTIVITIES

1. Education - Films - Literature
2. Spay - RPO Program
3. Assistance to Other Locations
 - a. animal control
 - b. occasional travel
4. Iditarod Observation
5. Cruelty - Neglect
6. Disaster
7. Quarterly Newsletter

CASH FLOW



SOURCES OF REVENUE

FUNDS FOR STATE & LOCAL

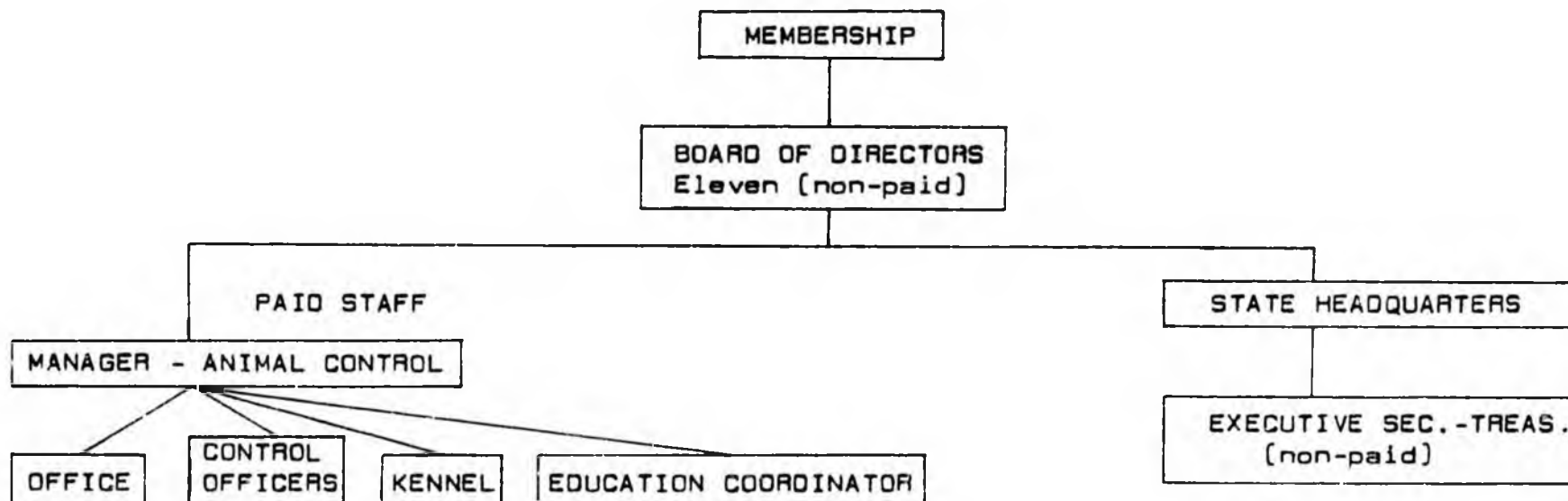
- Donation
- Memberships
- ID Tag Sales
- Leashes
- Cremation

- Adoption Fees
 - Impound Fees
 - Boarding Fees
 - License Fees
 - Inoculation Fees
- } to Munc.
- Operating Budget Funds from Municipality

N/A

ALASKA SPCA, INC.

ORGANIZATION



Alaska SPCA Projections 1978 - ?

State Spay Clinic - State Headquarters
State Humane Education Office

I. Planning

A. Land selection and Building

1. Plan #1 - government leased land

- a. lease low-cost government land
 (1) State application filed 10/7/77 for 20 acres east of present Animal Shelter, Anchorage. State has not received title and a permit would have to be granted by BLM to place buildings on land.

b. building plans in stages:

Priority I -	<u>State Spay Clinic and State Headquarters</u>
Priority II -	<u>State Humane Education Library & Auditorium for student use, films, etc.</u>
Priority III -	<u>Indoor and Outdoor Facility for Dog, Horse, and Cat Shows, etc.</u>
Priority IV -	<u>Outdoor area - temporary housing/space for visiting mushers, exhibitors, etc.</u>
Priority V -	<u>Petting Zoo</u>

2. Plan #2 - private ownership of land

- a. Land selection with proper zoning has been explored. The SPCA owns one lot on DeBarr Road. This can be traded, and larger lots purchased within adequate zoning. Costs are very high.

b. Building

Priority I -	<u>Spay Clinic & State Headquarters</u>
(Need rental units to pay for cost of operating clinic)	<u>Office Rental</u>

Priority II -

State Educational Office,
Library & Auditorium

II. Construction Costs

1. Plan #1 - on leased government land, ATCO or other relocatable units, priced - custom built - 2 to 4 units \$20,000 to \$40,000, plus \$3,000 to \$5,000 for foundations.
2. Plan #2 - on privately-owned land
 - (a) 1/2 to 1 acre. Architect fees, cost of land with proper zoning and cost of building (3,000 sq.ft.)
Cost estimate \$300,000
 - (b) inspected existing structure ALA on 2 lots.
7337 Old Seward Highway, priced \$240,000 as is.
3. Cost of veterinarian's equipment - basic for spay-neuter clinic estimated \$14,000 - current pricing of equipment in process.

SPAY CLINIC COST OF OPERATION

Following are statistics of some of the spay clinics and/or programs in operation around the United States:

First Year Start-Up & Initial Operating Costs

<u>Name</u>	<u>Year</u>	<u>No. of Vets</u>	<u>First Year Capitalization and Operation</u>
San Mateo Peninsula Humane Society	1973	1	\$37,567
City of Berkeley	1975	1	\$46,945
City of Los Angeles (one of six clinics)	1973	3	\$87,000
Humane Society of Miami, Florida	1976	(3 vets volunteer 1 1/2 days per week)	\$20,000 (less bldg.)

Continuing Costs

<u>Name</u>	<u>Year</u>	<u>No. of Surgeries</u>	<u>Cost of Operation</u>	<u>Fee Charged</u>	<u>Cost per Surgery - or Deficit</u>
San Diego				\$25-\$50	
Miami	1976-77	30-40 per wk. (vet. donates services)	"free"		\$20.50
Los Angeles (six clinics)	1974-75			\$17.50	\$23.58
Honolulu	1977		No Clinic	\$20.00	
Animal Welfare of Miami	1977			\$20.00	
San Mateo	1973-75	two years: 6,963	two years: \$143,158	\$20.00	\$20.58

Additional Information Received 12-20-77

San Mateo	1977	23 per day (1 vet.)	self-supporting	****	self-supporting
-----------	------	---------------------	-----------------	------	-----------------

**** Male dogs	-	\$18.00
Female dogs	-	25.00
Female dogs over 90 lbs.	-	50.00
Male cats	-	15.00
Female cats	-	21.00

SPAY CLINIC START-UP COST (Plan #1 only)

Anchorage 1978

Cash requirements until positive cash flow attained
 (Figures based on 1977 cost of California and Oregon clinics -
 population about 215,00 each)

	Anchorage 1978	
Buildings (ATCO) 30' x 40'	\$40,000	
Foundation	3,220	
Utilities - Hook-up	<u>3,000</u>	
Sub Total	\$46,220	\$46,220
Major Veterinary Equipment (list available)	\$11,950	
Instruments - smaller items	1,874	
General Equipment	930	
Office Equipment	1,992	
Cleaning & Miscellaneous	<u>100</u>	
Sub Total	\$16,846	\$63,066
Supplies - Drugs & Disposable Items (initial 3-month inventory)	\$ 3,181	
Net Cash Outflow first 7 months (see following page)	<u>6,731</u>	
Sub Total	\$ 9,912	\$72,978
Contingency Reserve (10%)		<u>7,298</u>
TOTAL CASH REQUIREMENT		<u>\$80,276</u>

Experience elsewhere indicates one veterinarian can perform 2,800 spay surgeries and 700 neuters per year. Based on the 3,500 surgeries, cost per surgery decreases considerably.

Minimum cost of building and first year of operation cost on leased land (\$1.00 a year) can be estimated to amount to \$80,276. On private land (and in a new building) the cost estimate would be closer to a minimum of \$350,000.

First Year Cost of Operation (Estimated) - Anchorage

Veterinarian's Salary	\$28,000	per year	
" Aide Salary	12,000	" "	
Clerk's Salary	9,000	" "	
Utilities	<u>1,500</u>	" "	
Total Cash Requirement (Operation)			\$ 50,500/yr.
" " " (Start-up)			<u>80,276</u>
GRAND TOTAL FIRST YEAR (Anchorage)			<u>\$130,776</u>

ESTIMATED CASH FLOW --- FIRST YEAR'S OPERATION

ASSUMPTIONS

- A. Spay/Neuter Clinic volume during first year is 70% of capacity, or 2,450 surgeries (70% of 3,500 = 2,450).
- B. Revenues = No. of surgeries x \$24.00 (a weighted-average fee-- see next page).
- C. Direct materials are not charged first three months but have been charged to start-up costs.
- D. Cash expenditures for each of the remaining nine months = [(Total Annual Expenditures minus Direct Materials) ÷ 12] plus [No. of Surgeries x \$5.72]. This formula accounts for the Direct Materials, costing about \$5.72, which are "consumed" per surgery.

CASH FLOW PROJECTION --- FIRST YEAR'S OPERATION:

Month	% of Capacity	Number of Surgeries	Revenues	Cash Expenditures	Net Cash Flow	
1	43	125	\$ 3,000	\$ 4,208	-\$1,208	
2	46	134	3,216	4,208	- 992	
3	49	143	3,432	4,208	- 776	
4	53	155	3,720	5,034	- 1,314	Cumulative
5	58	169	4,056	5,174	- 1,118	Cash Flow.
6	63	184	4,416	5,260	- 844	First 7
7	70	204	4,896	5,375	- 479	Months:
8	78	227	5,448	5,506	+ 58	(\$6,731)
9	87	254	6,096	5,661	+ 435	Positive
10	95	277	6,648	5,793	+ 855	Cash Flow
11	98	286	6,864	5,844	+ 1,020	begins in
12	100	292	7,008	5,879	+ 1,129	8th & 9th
						Months
	TOTALS	2,450	\$52,816	\$62,150	(\$3,234)	

ANNUAL OPERATING REVENUES & EXPENDITURES

ESTIMATED ANCHORAGE FIRST YEAR

I. Expenditures

Salaries

Veterinarian	\$28,000	per yr.)	
Vet. Assn't.	12,000	" "] \$4,208 per mo.
Clerk	9,000	" "]

Utilities

\$ 1,500	per yr.)	\$ 125 per mo.
\$50,500	per yr	

There are many indirect costs that have not been accounted for here. Further, no depreciation has been taken into consideration. Our main purpose here is to convey a reasonable estimate of start-up and first-year operating costs.

II. Revenues

Weighted average fee is based on the average species and sex distribution of animals altered:

50%	female dogs
30%	female cats
8%	male dogs
12%	male cats

Typical fees range from \$12 to \$30, hence a weighted fee of \$24 per surgery.

Population Decrease AFTER Surgical-Neutering Programs

Again, quoting from data compiled by Mr. Sorich, the City of Los Angeles started its low-cost spay/neuter program in February, 1971. Prior to that date, the numbers of animals handled and destroyed in city shelters had increased steadily. Decreases in animals handled and destroyed, however, have occurred since that time as shown below:

<u>FISCAL</u>	<u>PERCENT DECREASE IN ANIMALS HANDLED</u>	<u>PERCENT DECREASE IN ANIMALS DESTROYED</u>
1971-72	8.5	5.9
1972-73	3.6	6.2
1973-74	6.7	9.7

Availability of three reduced cost spay/neuter clinics coupled with the incentive of a half-price license fee for spayed or neutered dogs, appears largely responsible for the fact that 40.5% of recent license applications were for altered dogs. In 1971, only 16% of the City's licensed dogs were altered.

The County of San Mateo-Peninsula Humane Society Clinic opened in January, 1973. In 1974, the number of animals surrendered to the Peninsula Humane Society was 16,079, a 39% decrease from the prior year figure of 26,488. Complaints and bite reports were each 13% below the previous year.

The City of Palo Alto Clinic opened in October, 1972. During the 1974-75 fiscal year, the city's Animal Services Division handled 5,743 animals, a 42% decrease from the prior fiscal year. The number of animals destroyed declined 23%.

During 1974, the rate of surrender of animals to Santa Clara County (California) pounds decreased 21% from 1973 levels. Two low-cost spay/neuter programs are available to Santa Clara County residents---the City of Palo Alto Clinic discussed above and a contract program between Santa Clara County and a large private veterinary hospital.

...And to those who would suggest that surgical sterilization is no more effective than killing as an animal population control measure, it should be pointed out that impounded and destroyed animals cover the entire age spectrum; many undoubtedly initiate countless reproduction chains before they are destroyed. By contrast, reduced cost spay/neuter programs, coupled with favorable license fee differentials for altered animals, provide positive incentives for owners to have their animals altered at the earliest safe age (before subsequent reproduction chains are initiated).

Return of Organization Exempt from Income Tax

1976

Under section 501(c) of the Internal Revenue Code (Except Private Foundation)

For the calendar year 1976, or fiscal year beginning 6/1, 1976, and ending 5/31, 1977

Please type, print or attach label. See instruction O.	Name of organization <u>Alaska S. P. C. A., Inc.</u>	A Employer identification number (See instruction C) <u>92-6003063</u>
	Address (number and street) <u>P. O. Box 776</u>	B If gross receipts are not normally more than \$5,000 (see general instructions A(4) and (5)) check here <input type="checkbox"/>
	City or town, State, and ZIP code <u>Anchorage, Alaska 99510</u>	C If exemption application is pending, check here <input type="checkbox"/>
	E Enter exemption Code paragraph \blacktriangleright <u>501(c) (3)</u> Check appropriate box, if applicable—Exempt under section <input type="checkbox"/> 501(e) OR <input type="checkbox"/> 501(l).	D If address changed, check here <input type="checkbox"/>
		F Fair market value of assets at end of year (see instruction P) <u>59,277.12</u>

Note: If you checked block "B" above, do not complete Part I or Part II. For rounding off money items to whole dollar amounts—see instructions.

Part I All Organizations Complete Part I If line 8 is \$25,000 or less, complete only Part I. Do not complete Part II.

Receipts (Revenues)		
	Beginning of year	End of year
1 Gross sales and receipts from all sources, other than shown on lines 5 and 6		11,824.31
2 Cost of goods sold	343.08	
3 Cost or other basis and sales expenses of assets sold		343.08
4 Gross income (line 1 less sum of lines 2 and 3)		11,481.23
5 Gross dues and assessments from members and affiliates		1,001.00
6 Gross contributions, gifts, grants and similar amounts received (see instructions)		5,081.49
7 Total (add lines 4, 5 and 6)		17,563.72
8 Gross receipts for filing requirements tests (add lines 1, 5 and 6)	17,906.80	
Expenses and Disbursements		
	Beginning of year	End of year
9 Expenses attributable to amount on line 4		
10 Expenses attributable to amount on line 6		
11 Other program-related disbursements	18,296.35	18,296.35
12 Excess of receipts over expenses and disbursements (line 7 less sum of lines 9, 10, and 11) Increase or (Decrease) in net worth (see instructions)		(732.63)
Assets and Liabilities		
	Beginning of year	End of year
13 Total assets	60,009.75	59,277.12
14 Total liabilities		
15 Net worth	60,009.75	59,277.12

16 Have you engaged in any activities which have not previously been reported to the Internal Revenue Service? If "Yes," attach a detailed description of such activities Yes No

17 Have any changes not previously reported to the Internal Revenue Service been made in your governing instrument, articles of incorporation, or bylaws, or other instruments of similar import? If "Yes," attach a copy of the changes Yes No

18 (a) Is this a group return filed on behalf of affiliated organizations covered by a group exemption letter? (See instruction G.) Yes No
 (b) Is this a return filed by an affiliated organization covered by a group exemption letter? Yes No
 If "Yes," enter your central or parent organization's four digit group exemption number (G-1). (See instruction G.) \blacktriangleright

19 Have you filed a tax return on Form 990-T, "Exempt Organization Business Income Tax Return," for this year? Yes No

20 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instruction N.) If "Yes," attach a schedule for the disposition(s) for the year(s) showing type of asset disposed of, the date(s) disposed, the cost or other basis, the fair market value on date of disposition and the names and addresses of the recipients of the assets distributed Yes No

21 (a) Enter amount expended directly or indirectly for political purposes \$ NONE
 (b) Did you file Form 1120-POL, "U.S. Income Tax Return of Certain Political Organizations," for this year? Yes No

22 Clubs exempt under section 501(c)(7) enter amount of: N/A
 (a) Initiation fees and capital contributions included in line 5, Part I
 (b) Gross receipts from general public from use of club facilities included in line 1, Part I. (See instruction 22)

23 Organizations exempt under section 501(c)(12) enter amount of: N/A
 (a) The total amount of gross income received from members or shareholders
 (b) The total amount of gross income received from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

24 If you operate a school (see instructions for Part VI, Schedule A), do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 578, covering racial nondiscrimination? If "No," attach an explanation Yes No

25 The books are in care of Ethel Christiansen Telephone No. 907-279-0578
 Located at 3600 East Tudor Road Anchorage, Alaska 99507

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Date 11/23/77 Signature of officer or trustee
 Date _____ Signature of individual or firm preparing return
D. McCORMICK, C.P.A. Title 506 Sixth Avenue
 Preparer's address Anchorage, Alaska 99501
 92-6002757

Part VII Reason for Non-Private Foundation Status (See instructions for definitions)--Continued

(d) If applicable, enter the number of beneficiary or supported organizations exempt under:

- (1) Section 501(c)(4)
- (2) Section 501(c)(5)
- (3) Section 501(c)(6)

(e) Check here if your organization's sole or primary function is to provide funds to the beneficiary or supported organizations.

10 An organization organized and operated to test for public safety, Section 509(a)(4). (See page 3 of instructions.)

Support Schedule (Complete only if block 6, 7 or 8, page 2, is checked)

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1975	1974	1973	1972	Total
11 Gifts, grants and contributions received. (Do not include unusual grants. See line 24 below)	1,713.23	3,584.78	8,471.24	6,349.04	20,118.29
12 Membership fees received	1,629.00	430.00	831.00	350.00	3,240.00
13 Gross receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities in any activity which is not an unrelated business within the meaning of section 513	3,337.25	6,317.41	9,069.44	3,880.42	22,604.52
14 Gross income from interest, dividends, rents, royalties, and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975	825.68	2,681.23	1,451.51	2,401.35	7,359.77
15 Net income from unrelated business activities					
16 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
17 The value of services or facilities furnished by a governmental unit to you without charge (do not include the value of services or facilities generally furnished to the public without charge)					
18 Other income (do not include gain or (loss) from sale of capital assets)--attach schedule	-0-	-0-	-0-	638.25	638.25
19 Total of lines 11 through 18	7,505.16	13,013.42	19,823.19	13,619.06	54,960.83
20 Line 19 less line 13	4,167.91	6,696.01	10,753.75	9,738.64	31,356.31
21 Enter 1% of line 19					

22 Organizations described in blocks 6 or 7, page 2:
 (a) Enter 2% of amount in column (e), line 20 627.13
 (b) Attach a list showing the name of and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the above four year period exceeded the amount shown in (a) above. Enter the sum of all excess amounts here NONE

23 Organizations described in block 8, page 2:
 (a) Attach a list, with respect to amounts shown on lines 11, 12, and 13, showing the name of, and total amounts received in each year from, each person who is a "disqualified person," and enter the sum of such amounts for each year:
 (1) (2) (3) (4)
 (b) Attach a list showing the name and amount included in line 13 for each person (other than a "disqualified person"), but only if the amount for each year exceeds the greater of the amounts on line 21 for each year, or \$5,000. The term "person" includes a bureau or agency of a governmental unit, and each person described in section 170(b)(1)(A)(i) through (vi). Enter the sum of such excess amounts for each year:
 (1) (2) (3) (4)

24 Organizations described in Blocks 6, 7, and 8, page 2, that have received any unusual grants during any of the above taxable years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants in line 11 above. (See page 3 of instructions.)

HB

820

Steve Cowper, Chairman
House Finance Committee
Alaska State Legislature

Dear Representative Cowper:

RE: HB 820 (as amended)

HB 820, recently reported by the House HESS Committee, with a 60 years age limitation, is sorely marginal because it neither adequately nor fairly applies to an optimum range of deserving TRS retirees.

Age alone is not a satisfactory criterion, as is illustrated by the following substandard circumstances--i.e., HB 820 as amended allows any 60 year old retiree with the following "minimum levels" of creditable service to be entitled to the pension adjustment provisions...

- (1) with 15 years of creditable service
- (2) " 8 years of membership service
- (3) " 5 years of membership service & 3 years of BIA Alaska service
- (4) " 20 years of membership service
- (5) " 20 years of membership service, including BIA Alaska service

...to repeat, any of the above minimum levels of service would entitle the 60 year old retiree to the pension adjustment provisions in HB 820.

Not one of the above 5 examples achieves an exemplary level of service! The 60 years-of-age criterion with those substandard levels of service does not compare satisfactorily with the examples of other deserving TRS retirees between 50 and 60 years of age whose teaching careers extended over 25, 30, or more years of service.

Noteworthy cases of retirees who would be disqualified by the 60 years/age-only limitation are too numerous to be exceptional. For example:

- Case #1: The retiree who at 56 with 27 years (23 in Alaska) of creditable service will not be eligible for pension adjustment for 4 years.
- Case #2: The retiree who at age 55 with 31 years (27 in Alaska) of creditable service will not be eligible for pension adjustment for 5 years.
- Case #3: The retiree who at age 54 with 30 years (23 in Alaska) of creditable service will not be eligible for pension adjustment for 6 years.
- * Case #4: The retiree who at age 53 is now on "disability" due to heart problem and who meanwhile would be eligible for the pension adjustments under HB 820--but will be actually disqualified from such pension adjustments at the earlier event--upon (1) acquiring 25 years of creditable service or upon reaching age 55.

By contrast:

- Case "A" The 60 years-old retiree with only 8 years of membership (in Alaska) service who becomes eligible on 7/1/78 for any declared pension adjustment thereafter.
- Case "B" The 60 years-old retiree with only 15 years (5 in Alaska) of creditable service who is eligible on 7/1/78 for any declared pension adjustment.

* Note: It seems especially unfortunate that these occasional disability cases, often coincidental with age and stress, will all be converted to "normal retirement" status no later than age 55--also disqualified thereafter for eligibility under HB 820's pension adjustment provisions.

We earnestly contend that to discriminate among deserving retirees under the pressure of limited funds requires a more adequate and fairer means of qualifying retirees for the benefits to be granted.

Therefore, at the point on page #2, line 9, of the House HESS Committee's amending insertion (for the word "teachers") we urge that the following language be substituted:

... "those persons receiving disability or survivor benefits and to any other member currently receiving retirement benefits whose age is 50 years or older or whose creditable years of service total at least 25 years, provided further that the total sum of each such member's combined age and number of creditable years of service shall be at least 75 years". . .

In applying the amending language which we request, the basic requirements will become: (for example)

- (1) retiree with 25 years' creditable service + 50 years age = 75
- (2) retiree with 20 years' " " + 55 " " = 75
- (3) retiree with 15 years' " " + 60 " " = 75

. . . all of which seems to be in harmony with the need to base eligibility for the benefits being granted on broader, wider criteria--i.e., (a) age and (b) service.

Younger retirees in their mid-40's who qualify for 20 years' membership service retirement may not be entitled to HB 820's provisions--noting, our (ASRTA) retired teachers organization has never supported the 20 years' retirement eligibility.

Also, a number of TRS members with prior 20 years' military service pensions (age 20 to 40 in military service) will become qualified after 20 years' TRS membership service at age 60 (age 40 to 60 in teaching service) for HB 820's pension adjustment provisions--allowable but paradoxical--while other, better qualified TRS retirees (whose retirement credentials are more impressive, whose fund contributions were greater) but whose ages are less than 60--thereby disqualifying them from the pension adjustment provisions of HB 820.

As a 2nd change, noting the extremes between lower and higher salaried persons, as well as the limited availability of funds, we further propose that there be a built-in ceiling for pension adjustment amounts, based on one of the two following options:

Option #1: . . . "that the maximum amount of any pension adjustment increase received by any retiree shall be limited to no more than 25 % greater than the median (average) amount of all such benefit increases being granted". . .

-or-

Option #2: . . . "that the declared percentage (up to 4 %) of such pension adjustment to be granted shall be applied only to a maximum limit not exceeding the initial \$20,000 amount of any retiree's retirement benefit per annum.

The more optimum "option" above should be chosen--noting that #1 above may be, over time, more flexible and responsive to inflation--whereas #2 above may be somewhat easier to implement.

Whether higher salaried administrative personnel (public school or U. of Alaska) have a right to expect a full 4 % pension adjustment to be applied to their entire annual retirement benefit amounts which may range upwards to comparatively high levels--may be a sensitive issue. Considering again the (1) limitation of funds and (2) the possible magnitude of some retirement benefit amounts--our consensus is--we think not!

Therefore, it is fitting to implement the seemingly sound idea of an interim ceiling level whereby the limited funds available can be distributed more widely and effectively so as to render relief against inflation-caused loss of purchasing power--particularly to that portion of the retirees' incomes more directly connected with basic economic needs.



While we appreciate any effort and intent to constructively refer HB 820 onward in the legislative process, the 60 year/age-only limitation seems ill-advised, as careful study of the applied circumstances will indicate. We view the age-only criterion as being dysfunctional in that it creates a disparity involving "age" and "service"

In summary, we respectfully contend that these circumstances warrant the two basic changes recommended herein--namely:

- (1) Inclusion of both age and service criteria in the eligibility requirements for HB 820's pension adjustment provisions
- (2) Inclusion of a built-in ceiling (%) limit or a limited portion (maximum) to which only the declared percentage of pension adjustment would be applied.

Respectfully,
Stanley M. Knedlik

Stanley M. Knedlik, Chairman
Legislative Committees
Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association



cc: Chas. H. Parr, Chairman
House HESS Committee
Robt. Van Houte, NEA-Alaska
Mary Carle, President - ASRTA
Catherine Larson, President - CARTA

April 25, 1978

House HESS Committee Members
Alaska State Legislature

RE: ASRTA Support
of HB 820

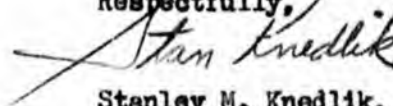
Dear Mr. Parr, Chairman:

I urge the HESS Committee Members to favorably report HB 820 as an immediate and viable means of providing a perennial system of funding post-retirement pension adjustments in step with increases in the cost-of-living for TRS retirees.

The potential of HB 820's proposal can be best illustrated by the funding that would have been provided in 1977, if it had been in operation, when the State's and the Employing School Districts' respective contribution levels were lowered to 6.43 % each. The two combined differentials (below 7 %) of .57 % each, totaling more than 1 %, applied (times) to the TRS Payroll of approximately \$215,000,000 would have provided more than \$2,000,000 for the bonus account fund to be established—an amount substantial enough, with the investment returns, to have paid a 4 % pension adjustment for all TRS retirees for 3 or 4 years.

That is a persuasive possibility, and our membership of the Alaska State Retired Teachers Association strongly supports and urges your favorable consideration of this measure, HB 820.

Respectfully,



Stanley M. Knedlik, Chairman - Legislative
Committees
Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

To Yes

April 6, 1978

Legislative Board of Retirement Benefits analysis and recommendations
on:

House Bill No. 820

The board endorses the attached fiscal note as its fiscal analysis
of HB 820.

The board's previous recommendation, by a majority vote, that HB 820
do pass remains unchanged.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 820
Title An Act Relating to the Teachers Retirement System
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
Budget Request Unit(s) Affected Teachers' Retirement System

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES		10.2				
200 TRAVEL						
300 CONTRACTUAL		17.5				
400 COMMODITIES						
500 EQUIPMENT		0.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS ETC		192.6	211.9	233.1	256.4	282.0
100 BENEFITS		44.4	48.8	53.7	59.1	65.0
TOTAL	-0-	265.5	260.7	286.8	315.5	347.0

FUNDING (Thousands of Dollars)

GENERAL FUND		237.0	260.7	286.8	315.5	347.0
FEDERAL FUNDS						
OTHER (Specify)						
TRS		28.5				

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY		6 MOS.				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

1. Estimate FY 79 covered TRS payroll to be \$214,000,000, with estimated annual increase of 10%.
2. Combined employer contribution rate and State Match now at 13.5% of payroll based on new actuarial assumption adopted by TRS Board.
3. Increase in combined TRS State Match and employer contribution rate would be .18%.
4. Administrative costs as attached.

IV. DATE 4/04/78 PREPARED BY Paul B. Arnoldt
AGENCY Division of Retirement & Benefits

Original: Legislative Finance PHONE 465-4460
cc: Budget and Management

Prime Sponsor (First Legislator Named) Representative Cowper
Office of the Governor (Keith Specking)

ATTACHMENT

Bill/Resolution No. HB 820

ASSUMPTIONS:

- | | | |
|--|---|---------------|
| 1. Estimated FY79 Payroll (Total System) | = | \$214,000,000 |
| 2. State Contribution Rate to Fund Bill | = | .09 % |
| 3. State TRS Matching Rate to Fund Bill | = | .09 % |
| 4. School District Rate to Fund Bill | = | .09 % |

COST ANALYSIS:

<u>Employer</u>	<u>Payroll</u>		<u>Rate</u>	<u>Cost</u>	<u>Appropriation</u>
1. Department of Education	\$ 5,800,000	X	.09 %	\$ 5,220	To Their Budget
2. University of Alaska	\$ 43,500,000	X	.09 %	\$ 39,150	To Their Budget
				<u>\$ 44,370</u>	
3. State TRS Matching	\$214,000,000	X	.09 %	\$192,600	To TRS Match
4. State TRS Regular Budget:					
Personal Services				\$ 10,190	To Personal Services
Travel				\$	To Travel
Contractual				\$ 17,500	To Contractual
Commodities				\$	To Commodities
Equipment				\$ 800	To Equipment
				<u>\$265,460</u>	
5. All School Districts	\$164,700,000	X	.09 %	<u>\$148,230</u>	
				<u>\$413,690</u>	

REMARKS:

- Personal Services - one temporary Retirement & Benefits Specialist - 6 man months.
 Monthly Salary - \$1,551 x 6 = \$ 9,306
 Benefits at 9.5% = \$ 884
\$10,190
- Contractual Services - \$17,500 for initial EDP systems design and development of PRPA analysis and calculation programs.
- Equipment - Desk, chair, calculator, etc. = \$ 800

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.

PHONE: 596-8440

JUNEAU, ALASKA 99801

02087 NL ANCHORAGE AK 50 04-25 1010P AST

PMS REP CHARLES PARR

CHAIRMAN HESS COMMITTEE

JUN

AS A RETIRED TEACHER I SUPPORT HB820. AS A REASONABLE AND AFFORDABLE ANSWER TO THE INCREASING COST OF LIVING HB866 IS LONG AND CUMBERSOME. I SUGGEST IT NOT BE PASSED OUT OF HESS COMMITTEE TILL FURTHER STUDY IS DONE AND PROPER REVISIONS ARE MADE.

CATHERINE LARSON

1978 APR 26 AM 12 13

TELEGRAM

FROM ALASKA COMMUNICATIONS, INC.

PHONE: 306-5440

JUNEAU, ALASKA 99801

02058 NL ANCHORAGE ALASKA 126 04-10 341P AST

PMS THE HESS COMMITTEE REP CHARLIE PARR, CHAIRMAN

JUN

THE FOLLOWING MEMBERS OF THE ALASKA STATE AND CENTRAL ALASKA
RETIRED TEACHERS ASSOCIATIONS IN WORKSHOP TODAY URGE YOUR
SUPPORT HB822 TO ALLOW A METHOD FOR FUNDING A POST RETIREMENT
PENSION ADJUSTMENT. WE BELIEVE HB866 NEEDS TO BE AMENDED
BECAUSE OF OBJECTIONABLE FEATURES IN STATEMENT 13(4) AS TO
ACCURAL AND PAYMENT OF TEACHER PENSIONS, AS WELL AS IN OTHER
SECTIONS PAYMENT OF DISABILITY SURVIVORS AND SPOUSES BENEFITS.
WE DO NOT SUPPORT THIS BILL AS IT STANDS NOW. WE SUPPORT BOTH
HOUSE BILL 632B AND 636.

JO SULLICAN, CATHY LARSON, FRANCES RAY, ALICE THOMPSON
BEATRICE McDONALD, MARY CARLE, THELMA KNOWLES, EVELYN VEACH,
ROBERT VEACH, JOHN REMOLINSKI, HELEN ERICKSON,
LEAH PETERSON STANBERY, MARCO BRITCH, JOSEPHINE LACHANCE,
MAYBELLE GERMAN, HELEN NOBLEY, TYNE HAUKEBO, JOAN MCKINNON,
CORRA KENDALL, RUTH HUDSON, BETTY SUTHERLAND

Anchorage, Alaska 99507

#191

9499 Brayton Drive

April 15, 1978

Representative Steve Cowper, Chairman
House Finance Committee

State Legislature

Porch V

Juneau, Alaska 99801

Dear Rep. Cowper:

Thanks much for introducing HB 820 -
a high priority item in retired-teacher
legislation.

Two things, I'm convinced, must be stressed:

1. All parties (the State, districts, and teachers) should pay the same rate - whatever it is, to make 820 work; adequate funding is, of course, essential.
2. "Bonus" COL payments should not be merely at the discretion of the TRS Administrator but should be based on very accurate calculations free of internal manipulation to allow for indications that the Fund won't allow a surplus 4% when it actually would.

Finally, I'm further convinced that your Committee holds the key to genuine success for carrying out HB 820's important intent.

Sincerely yours,
Ivan M. Gilliam
Ivan M. Gilliam