

1 Advisory Board on Alcoholism and Drug Abuse. This board shall function  
2 as a standing committee of the Statewide Health Coordinating Council  
3 established under AS 18.07.011.

4 \* Sec. 7. AS 47.37.070 is amended to read:

5 Sec. 47.37.070. COMPOSITION. The [ADVISORY] board [ON ALCOHOLISM]  
6 consists of a member of the Alcoholic Beverage Control Board selected  
7 by its members and nine members appointed by the governor.

8 \* Sec. 8. AS 47.37.080 is repealed and re-enacted to read:

9 Sec. 47.37.080. QUALIFICATIONS OF APPOINTED BOARD MEMBERS. (a)  
10 Of the nine appointed members of the board

11 (1) two shall be persons who are licensed to practice  
12 medicine in the state, one of whom shall be certified in psychiatry;

13 (2) one shall be a practicing attorney who has been admitted  
14 to the practice of law by the state supreme court;

15 (3) six shall be persons who have evidenced an interest in  
16 the problems of alcoholism or drug abuse and who have knowledge of the  
17 social problems associated with alcoholism or drug abuse.

18 (b) Of the nine members qualified under (a) of this section

19 (1) three shall be residents of the northern health systems  
20 area established under 42 U.S.C. 300;

21 (2) three shall be residents of the southcentral health  
22 systems area established under 42 U.S.C. 300;

23 (3) three shall be residents of the southeastern health  
24 systems area established under 42 U.S.C. 300.

25 \* Sec. 9. AS 47.37.090 is repealed and re-enacted to read:

26 Sec. 47.37.090. TERM OF OFFICE. (a) The term of a board member  
27 is four years, except the chairman of the Alcoholic Beverage Control  
28 Board who serves ex officio.

29 (b) A vacancy occurring in the appointive membership of the board

1 shall be filled by appointment of the governor for the unexpired portion  
2 of the vacated term.

3 (c) Appointed board members serve at the pleasure of the governor.

4 \* Sec. 10. AS 47.37.100 is amended to read:

5 Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of  
6 the [ADVISORY] board [ON ALCOHOLISM] are not entitled to a salary, but  
7 are entitled to per diem, reimbursement for travel and other expenses  
8 authorized by law for other boards.

9 \* Sec. 11. AS 47.37.110 is amended to read:

10 Sec. 47.37.110. DUTIES. The board shall act in an advisory capa-  
11 city to the commissioner and the Statewide Health Coordinating Council  
12 established under AS 18.07.011 in the following matters:

13 (1) special problems affecting mental health which alcoholism  
14 and drug abuse may present;

15 (2) educational and research activities conducted by the  
16 office in respect to the problems presented by alcoholism and drug  
17 abuse;

18 (3) social problems which affect rehabilitation of alcoholics  
19 and drug abusers;

20 (4) legal processes which affect the treatment and rehabili-  
21 tation of alcoholics and drug abusers;

22 (5) a program of public relations concerning the problem of  
23 alcoholism and drug abuse conducted by a department of the state govern-  
24 ment or by an organized group; [WHOSE PURPOSE IS THE REHABILITATION OF  
25 ALCOHOLICS]

26 (6) the preparation, review, and approval of local, regional  
27 and statewide plans for the prevention, treatment, and control of alcohol  
28 and drug abuse.

29 \* Sec. 12. AS 47.37.120 is amended to read:

1           Sec. 47.37.120. [ALCOHOLISM] PROGRAM COORDINATOR. The [ALCO-  
2           HOLISM] program coordinator shall carry out the development and imple-  
3           mentation of a comprehensive program dealing with the treatment of,  
4           research on and education concerning alcoholic problems as they affect  
5           the state.

6 \* Sec. 13. AS 47.37.130(c) is amended to read:

7           (c) The office shall insure that [PROVIDE] adequate and appropri-  
8           ate treatment is provided to [FOR] alcoholics and intoxicated persons  
9           admitted under AS 47.37.160 - 47.37.190 within the limits of available  
10          state and federal funds.

11 \* Sec. 14. AS 47.37 160(c) is amended to read:

12          (c) When a patient receiving inpatient care leaves an approved  
13          public treatment facility, he shall be encouraged to consent to appro-  
14          priate outpatient or intermediate treatment. If it appears to the admin-  
15          istrator in charge of the treatment facility that the patient is an  
16          alcoholic who requires help, the administrator [OFFICE] shall arrange  
17          for assistance in obtaining supportive services and residential facili-  
18          ties.

19 \* Sec. 15. AS 47.37.190(a) is amended to read:

20          (a) After a hearing initiated by petition of his spouse or guardi-  
21          an, a relative, the certifying physician, or the administrator in charge  
22          of an approved public treatment facility, a person may be committed to  
23          the custody of a private or public facility [THE OFFICE] by the superior  
24          court. The petition shall allege that the person is an alcoholic who  
25          habitually lacks self-control in using alcoholic beverages and that he  
26          (1) has threatened, attempted to inflict, or inflicted physical harm on  
27          another and that unless committed is likely to inflict physical harm on  
28          another; or (2) is incapacitated by alcohol. A refusal to undergo treat-  
29          ment does not constitute evidence of lack of judgment as to the need for

1 treatment. The petition shall be accompanied by a certificate of a  
2 licensed physician who has examined the person within two days before  
3 submission of the petition, unless the person whose commitment is sought  
4 has refused to submit to a medical examination, in which case the fact  
5 of refusal shall be alleged in the petition. The certificate shall set  
6 out the physician's findings in support of the allegations of the peti-  
7 tion.

8 \* Sec. 16. AS 47.37.200(a) is amended to read:

9 (a) At the hearing required under AS 47.37.190(b), the court or  
10 the jury, if requested under AS 47.37.190(c), shall hear all relevant  
11 testimony, including, if possible, the testimony of at least one  
12 licensed physician who has examined the person whose commitment is  
13 sought. The person whose commitment is sought shall be present unless  
14 the court believes that his presence is likely to be injurious to him,  
15 in which case the court shall appoint a guardian ad litem to represent  
16 him throughout the proceeding. The court may examine the person in open  
17 court, or if advisable, examine him out of court. If the person has  
18 refused to be examined by a licensed physician, he shall be given an  
19 opportunity to request examination by a court-appointed licensed physi-  
20 cian. If he fails to request a medical examination and there is suffi-  
21 cient evidence to believe that the allegations of the petition are true,  
22 or if the court believes that more medical evidence is necessary, the  
23 court may issue a temporary order committing him to a private or public  
24 facility [THE OFFICE] for a period of not more than five days for pur-  
25 poses of a diagnostic examination.

26 \* Sec. 17. AS 47.37.200(b) is amended to read:

27 (b) If after hearing all relevant evidence, including the results  
28 of any diagnostic examination by the private or public facility  
29 [OFFICE], the court or the jury finds that grounds for involuntary

1 commitment have been clearly established, the court shall issue an order  
2 of commitment to the private or public facility [OFFICE]. No court may  
3 order the commitment of a person unless it determines that a private or  
4 public facility [THE OFFICE] is able to provide adequate and appropriate  
5 treatment for him.

6 \* Sec. 18. AS 47.37.200(c) is amended to read:

7 (c) A person committed under AS 47.37.190 - 47.37.200 shall remain  
8 in the custody of a private or public facility [THE OFFICE] for treat-  
9 ment for a period of up to 30 days. At the end of the 30-day period, he  
10 shall be discharged automatically unless the private or public facility  
11 [OFFICE], before the expiration of the period, obtains a court order for  
12 his recommitment upon the grounds set out in AS 47.37.190(a) for a  
13 further period of up to 90 days. If a person has been committed because  
14 he is an alcoholic likely to inflict physical harm on another, the  
15 private or public facility [OFFICE] shall apply for recommitment if  
16 after examination it is determined that the likelihood still exists.

17 \* Sec. 19. AS 47.37.200(d) is amended to read:

18 (d) A person recommitment under (c) of this section who has not  
19 been discharged by the private or public facility [OFFICE] before the  
20 end of the 90-day period shall be discharged at the expiration of that  
21 period unless the private or public facility [OFFICE], before expiration  
22 of the period, obtains a court order on the grounds set out in AS 47.-  
23 37.190(a) for recommitment for a further period not to exceed 90 days.  
24 If a person has been committed because he is an alcoholic likely to  
25 inflict physical harm on another, the private or public facility  
26 [OFFICE] shall apply for recommitment if after examination it is deter-  
27 mined that the likelihood still exists. No more than two recommitment  
28 orders may be permitted under (c) and (d) of this section.

29 \* Sec. 20. AS 47.37.200(f) is amended to read:

1 (f) A private or public facility [THE OFFICE] shall provide ade-  
2 quate and appropriate treatment for a person in its custody. A public  
3 facility [THE OFFICE] may transfer a person in its custody from one  
4 approved public treatment facility to another if the transfer is  
5 medically advisable.

6 \* Sec. 21. AS 47.37.230(a) is amended to read:

7 (a) Cities [THE OFFICE AND CITIES] and boroughs may establish  
8 emergency service patrols. An emergency service patrol consists of  
9 persons trained to give assistance in public places to persons who are  
10 intoxicated. Members of an emergency service patrol shall be capable of  
11 providing first aid in emergency situations and shall be capable of  
12 transporting intoxicated persons to their homes and to and from public  
13 treatment facilities.

14 \* Sec. 22. AS 47.37.240(a) is amended to read:

15 (a) A patient in an approved treatment facility, or the person  
16 obligated to provide for the cost of treatment of a person committed  
17 under this chapter, is liable to the public or private facility [OFFICE]  
18 for the cost of maintenance and treatment of the patient in accordance  
19 with rates established by the coordinator.

20 \* Sec. 23. AS 47.37.270(2) is amended to read:

21 (2) "approved private treatment facility" or "private  
22 facility" means a private agency meeting the standards prescribed in  
23 AS 47.37.140(a) and approved under AS 47.37.140(c);

24 \* Sec. 24. AS 47.37.270(3) is amended to read:

25 (3) "approved public treatment facility" or "public facility"  
26 means a treatment agency operating under the direction and control of  
27 the office or providing treatment under this chapter through a contract  
28 with the office under AS 47.37.130(g) or through a grant awarded under  
29 AS 47.30.475, and meeting the standards prescribed in AS 47.37.140(a)

1 and approved under AS 47.37.140(c);

2 \* Sec. 25. AS 47.37.270(11) is amended to read:

3 (11) "office" means the office of alcoholism and drug abuse  
4 within the Department of Health and Social Services;

5 \* Sec. 26. AS 47.37.270 is amended by adding a new paragraph to read:

6 (13) "board" means the Advisory Board on Alcoholism and Drug  
7 Abuse established under AS 47.37.060.

8 \* Sec. 27. AS 44.29.100 - 44.29.140 and AS 47.37.200(g) are repealed.

9 \* Sec. 28. The terms of the present members of the Advisory Board on  
10 Alcoholism and the Advisory Board on Drug Abuse terminate on the effective  
11 date of this Act. Appointments to the Advisory Board on Alcoholism and Drug  
12 Abuse shall be made in accordance with this Act. A person presently serving  
13 on either of those boards who meets the qualifications of this Act may be  
14 appointed to the Advisory Board on Alcoholism and Drug Abuse.

JA02 0007 10.45 JA01 0019 10.45 03/17/80

TO ALL LEGISLATORS  
FROM KTN INFO OFFICE

THE FOLLOWING MESSAGE IS FROM PAT ROWAN, ACTING CHAIRMAN, GATEWAY  
COUNCIL ON ALCOHOLISM:

THE GATEWAY COUNCIL ON ALCOHOLISM WISHES TO EXPRESS ITS OPINION FAVORI  
NG  
THE PASSAGE OF HB 830 FOR INCREASED FUNDING OF CONTINUED EDUCATION EFF  
ORTS,  
THE PRESENT TREATMENT PROGRAM AND EXPANDED SERVICES INCLUDING DETOXIFI  
CATION  
IN SOUTHEAST ALASKA. SIGNED/PAT ROWAN

JA02 0007 10.45 JA01 0019 10.45 03/17/80

TO ALL LEGISLATORS  
FROM KTN INFO OFFICE

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CATION  
IN SOUTHEAST ALASKA. SIGNED/PAT ROWAN

HB

831

ORIGINAL PAPER / Department of Health & Social Services

HOUSE BILL 831

"An act relating to admissibility of refusal to take breathalyzer tests".

The Office of Alcoholism and Drug Abuse is supportive of House Bill 831. Drinking drivers presently are the largest contributor to Alaska's high rate of accidental death and injury and increased strategies to curb this serious problem are needed. Data from existing Alaska OMVI diversion programs indicate that in excess of 50% of the people presently being convicted of OMVI in fact have serious drinking problems which require treatment. The passage of House Bill 831 would tend to increase the number of convictions and the subsequent referral of these people to diversion programs for alcohol problem screening and diagnosis.

Recommended by:

*Robert L. Cole* 2/27/80

Robert L. Cole, Coordinator Date  
Office of Alcoholism and Drug Abuse

Approved by:

*Helen D. Beirne* 3/5/80  
Helen D. Beirne, Commissioner Date  
Department of Health and Social Services

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 831

Title "An Act relating to admissibility of refusal to take breathalyzer test"

Requested by Meekins

Date 2-18-80

II. FISCAL DETAIL

Department of Health and Social Services

Agency Affected

Program Category Affected ALCOHOLISM & DRUG ABUSE

BRU, Program, or Subprogram(s) Affected ADMINISTRATION

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		-0-				
200 TRAVEL		-0-				
300 CONTRACTUAL		-0-				
400 COMMODITIES		-0-				
500 EQUIPMENT		-0-				
600 LAND & STRUCTURES		-0-				
700 GRANTS, CLAIMS, ETC.		-0-				
<b>TOTAL</b>		-0-				

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-				
FEDERAL FUNDS		-0-				
OTHER (Specify Fund Source)		-0-				

POSITIONS

FULL TIME		-0-				
PART TIME		-0-				
TEMPORARY		-0-				

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

*Robert L. Cole*

Original: Legislative Finance  
cc: Budget and Management  
Prime Sponsor (First Legislator Named)

Prepared by: Robert L. Cole Date: 2-25-80  
Division/Office: Alcoholism/Drug Abuse Pii:586-6201  
Department of Health & Social Services

# BILL ANALYSIS

ASSIGNMENT DATE \_\_\_\_\_

UNASSIGNED \_\_\_\_\_

<b>DEPARTMENT</b>	<b>SPONSOR (PRINCIPAL)</b>	<b>BILL NO.</b>
Public Safety		HB 831
<b>DEPARTMENT POSITION</b>		
Support		
<b>DIVISION DIRECTOR</b>	<b>DATE</b>	<b>COMMISSIONER</b>
Robert Rowan	3/5/80	<i>W.R.N.</i> William R. Nix
<b>DATE</b>		
3/5/80		
<b>GOVERNOR'S OFFICE USE</b>		
<input type="checkbox"/> POSITION NOTED <input type="checkbox"/> POSITION APPROVED <input type="checkbox"/> POSITION DISAPPROVED		
BY: _____ DATE: _____		
<b>SUMMARY</b>		
(1) RELATED BILLS (SIMILAR OR CONFLICTING)		
(2) OTHER AGENCIES AFFECTED BY BILL		
(2) a. ORGANIZATIONAL SUPPORT FOR BILL		(2) b. ORGANIZATIONAL OPPOSITION TO BILL
<b>(3) PROGRAM EFFECTS OF BILL</b>		
<p>Juries are confused when no testimony regarding a chemical test is admitted in court. Juries do not understand that an individual has a right to refuse to take a breath test. By admitting this information into court, a great deal of confusion will be eliminated and more individuals guilty of drunk driving will be convicted.</p>		
<b>(4) FISCAL IMPACT:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FISCAL ANALYSIS ATTACHED		
<b>(5) AMENDMENTS PROPOSED:</b>		
<b>(6) COMMENTS:</b>		

STATE OF ALASKA  
Inter-Department Route Slip

TO:  
MAIL STATION NUMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ATTENTION \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Approval      | <input type="checkbox"/> Note & Return       |
| <input type="checkbox"/> Signature     | <input type="checkbox"/> Initial & Return    |
| <input type="checkbox"/> Comment       | <input type="checkbox"/> Return As Requested |
| <input type="checkbox"/> Contact Me    | <input type="checkbox"/> Return For Approval |
| <input type="checkbox"/> Prepare Reply | <input type="checkbox"/> Necessary Action    |
| <input type="checkbox"/> For Your File | <input type="checkbox"/> Your Information    |

Remarks:

*A/ESS -  
#110 copy.*

FROM:  
MAIL STATION NUMBER 1200

DEPARTMENT Public Safety

BY \_\_\_\_\_ DATE 3-10-80

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 831  
 Title An Act relating to a missibility of refusal to take breathalyzer tests.  
 Requested by \_\_\_\_\_ Date 3/10/80

II. FISCAL DETAIL

Agency Affected Public Safety  
 Program Category Affected \_\_\_\_\_  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

No fiscal impact.

IV. DATE 3/10/80 PREPARED BY Michael J. Clemens  
 AGENCY Public Safety  
 PHONE 465-4336  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

HB

833

**BILL ANALYSIS**

ASSIGNMENT DATE \_\_\_\_\_

UNASSIGNED \_\_\_\_\_

<b>DEPARTMENT</b> Public Safety	<b>SPONSOR (PRINCIPAL)</b> Mcckins	<b>BILL NO.</b> HB 833
<b>DEPARTMENT POSITION</b> Support		
<b>DIVISION DIRECTOR</b> Col. T.R. Anderson	<b>DATE</b> 3/6/80	<b>COMMISSIONER</b> William R. Nix <i>WRS</i>
<b>DATE</b> 3/6/80		
<b>GOVERNOR'S OFFICE USE</b>		
<input type="checkbox"/> POSITION NOTED <input type="checkbox"/> POSITION APPROVED <input type="checkbox"/> POSITION DISAPPROVED		
BY: _____ DATE: _____		
<b>SUMMARY</b>		
(1) RELATED BILLS (SIMILAR OR CONFLICTING)		
(2) OTHER AGENCIES AFFECTED BY BILL		
(2) a. ORGANIZATIONAL SUPPORT FOR BILL		(2) b. ORGANIZATIONAL OPPOSITION TO BILL
<b>(3) PROGRAM EFFECTS OF BILL</b>		
<p>Breath analysis would be added to blood analysis as a method of determining intoxication and to implied consent provisions. The presumption of intoxication at .1% of blood alcohol content would be replaced by a direct definition of intoxication.</p>		
<b>(4) FISCAL IMPACT:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FISCAL ANALYSIS ATTACHED		
<b>(5) AMENDMENTS PROPOSED:</b>		

**(6) COMMENTS:**

Existing statutes would be significantly improved by the proposed changes.

POSITION PAPER  
ON  
HOUSE BILL NO. 833

"An Act relating to the crime of driving while intoxicated."

The Office of Alcoholism and Drug Abuse is supportive of House Bill 833. Drinking drivers presently are the largest contributor to Alaska's high rate of accidental death and injury and increased strategies to curb this serious problem are needed. Data from existing Alaska OMVI diversion programs indicate that in excess of 50% of the people presently being convicted of OMVI in fact have serious drinking problems which require treatment. The passage of House Bill 833 would tend to increase the number of convictions and the subsequent referral of these people to diversion programs for alcohol problem screening and diagnosis.

Recommended by: Robert L. Cole by [Signature] 3/6/80  
Robert Cole, Coordinator *11/10/80* (DATE)  
Office of Alcoholism and Drug Abuse

Approved by: Helen D. Beirne 3/7/80  
Helen D. Beirne, Commissioner (DATE)  
Department of Health and Social Services

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. House Bill 833  
 Title "An act relating to the crime of driving while intoxicated"  
 Requested by Meekins Date 2-25-80

II. FISCAL DETAIL Department of Health and Social Services  
 Agency Affected Department of Health and Social Services  
 Program Category Affected ALCOHOLISM & DRUG ABUSE  
 BRU, Program, or Subprogram(s) Affected ADMINISTRATION  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)  
EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		-0-				
200 TRAVEL		-0-				
300 CONTRACTUAL		-0-				
400 COMMODITIES		-0-				
500 EQUIPMENT		-0-				
600 LAND & STRUCTURES		-0-				
700 GRANTS, CLAIMS, ETC.		-0-				
TOTAL		-0-				

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-				
FEDERAL FUNDS	-0-				
OTHER (Specify Fund Source)	-0-				

POSITIONS

FULL TIME	-0-				
PART TIME	-0-				
TEMPORARY	-0-				

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

*Robert L. Cole*

Original: Legislative Finance Prepared by: Robert L. Cole Date: 2-25-80  
 cc: Budget and Management Division/Office: Alcoholism/Drug Abuse P# 586-6201  
 Prime Sponsor (Last Legislator Named) Department of Health & Social Services

33-001 (Rev. 12/79)  
 Revisory by DHS (11-28-79)

Approval DHS Hgt. & Bd. *Mike DeLone* Date: 2/29/80

Page \_\_\_\_\_ of \_\_\_\_\_

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 833  
 Title An Act relating to the crime of driving while intoxicated.  
 Requested by \_\_\_\_\_ Date 3/10/80

II. FISCAL DETAIL

Agency Affected Public Safety  
 Program Category Affected \_\_\_\_\_  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
FULL TIME						
PART TIME						
TEMPORARY						

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

No fiscal impact.

IV. DATE 3/10/80 PREPARED BY Michael J. Clemens  
 AGENCY Public Safety  
 PHONE 465-4336

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

HB

838

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 838  
 Title An Act relating to debt service for school construction.  
 Requested by House HESS Date 4/11/80

II. FISCAL DETAIL

Agency Affected Education  
 Program Category Affected Elementary and Secondary Education  
 BRU, Program, or Subprogram(s) Affected Financial Support Programs  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		61,646.3	-0-	-0-	-0-	-0-
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		61,646.3	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	n/a					
PART TIME						
TEMPORARY						

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

Section 1 No cost  
 Section 2 No cost  
 Section 3 61,646.3 (est.)

It should be noted that payments made under this bill would have to be made upon estimates pending receipt of municipal audits.

IV. DATE April 11, 1980 PREPARED BY *William D. Thomson* William D. Thomson  
 AGENCY Education  
 PHONE 465-2800  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

# Alaska MUNICIPAL League

TELEPHONES  
(907) 586-1325  
586-6526

204 N FRANKLIN ST  
JUNEAU, ALASKA 99801

April 10, 1980

To: House HESS

From: Ginny Chitwood

Re: HB 838

The Alaska Municipal League supports legislation such as HB 838 under which the state will provide funding for all approved school capital projects at the time of approval instead of two years later. Depending on administrative requirements, there may be a modification to allow the Department of Education time to review district audits prior to making payments.

Passing a law to eliminate the reimbursement delay, however, will not help municipalities unless the Legislature is willing to fund it. As a first step, we would like to see current law funded at its present level. In FY '79, the appropriation was \$5.6 million less than the entitlement; in FY '80, \$6.7 million less; and proposed FY '81, \$5.2 million less than estimated entitlement. (See reverse side for community by community breakdown in FY '79. The breakout for FY '80 is very similar.)

In summary, we urge the Legislature to assist municipal school districts with their capital construction projects. Please fund the program at its authorized level and, if at all possible, shorten or eliminate the two-year reimbursement delay.

1-29-79

State of Alaska  
 Department of Education  
 Chapt. 249, SIA 1970  
 STATE AID FOR RETIREMENT OF SCHOOL CONSTR. DEBT  
 FY 1978-79

	100% of Debt Service 1976-77	Credit for Cash Payment Prior to FY72	50% of Cash Payment Prior to FY72	Cash Payment 1976-77	80% of 1976-77 Cash Payment	Debt Service @ 100% Plus Cash Payment	Cigarette Tax 1976-77	Total Entitlement	Actual Payment Prorated @ 79.9238%
Anchorage	11,969,389	19,338	9,669	1,942,254	1,553,803	13,532,861	1,090,725	12,442,136	9,944,227
Bristol Bay	149,585	16,723	8,361	--	--	157,946	13,180	144,766	115,702
Cordova	122,825	--	--	16,020	12,816	135,641	24,469	111,172	88,853
Fairbanks	3,959,632	321,065	160,532	573,180	458,544	4,578,708	295,209	4,283,499	3,421,535
Galena	--	--	--	76,812	61,449	61,449	9,560	51,889	41,471
Haines	95,948	--	--	--	--	95,948	21,902	74,046	59,180
Juneau	985,298	--	--	435,214	348,171	1,333,469	142,967	1,190,502	951,494
Kake	--	--	--	45,072	36,057	36,057	10,751	25,306	20,225
Kenai	2,300,759	483,758	241,879	1,624,771	1,299,817	3,842,455	169,044	3,673,411	2,935,928
Ketchikan	650,498	--	--	--	--	650,498	92,628	557,870	445,870
Kodiak	419,413	17,036	8,518	1,097	877	428,808	73,508	355,300	283,969
Mat-Su	2,085,979	1,842	921	189,120	151,296	2,238,196	108,207	2,129,989	1,702,369
Nenana	21,540	3,022	1,511	11,329	9,063	32,114	10,038	22,076	17,643
North Slope	1,828,748	--	--	--	--	1,828,748	42,576	1,786,172	1,427,575
Petersburg	343,855	44,629	22,314	--	--	366,169	25,602	340,567	272,194
Sitka	410,390	971	485	94,214	75,371	486,246	61,516	424,730	339,460
Skagway	26,784	--	--	--	--	26,784	11,192	15,192	12,142
St. Mary's	--	--	--	128,448	102,758	102,758	6,968	95,790	76,559
Unalaska	--	--	--	12,248	9,798	9,798	8,418	1,380	1,102
Valdez	135,188	4,563	2,281	27,832	22,265	159,734	30,856	128,878	103,004
Wrangell	24,651	--	--	15,000	12,000	36,651	23,140	13,511	10,798
<b>Totals</b>	<b>25,530,482</b>	<b>912,947</b>	<b>456,471</b>	<b>5,192,611</b>	<b>37,254,085</b>	<b>30,141,038</b>	<b>2,272,856</b>	<b>27,868,182</b>	<b>22,273,300</b>

78.154% of  
 proration  
 FY 80 JP 30,812,110 \$ 24,081,000  
 proposal FY 81 JP 30,252,000 \$ 25,210,000

Testimony - April 11, 1980

In support of H.B. 838

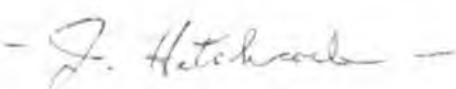
Chairman Buckholdt, and members of the HESS Committee:

My name is Jim Hitchcock, and I'm a Mat-Su Borough Assemblyman, here representing that body. I am a property owner and owner of Caribou Cab Company, a log house building firm. I've lived in Alaska since 1939, and homesteaded in the Mat-Su Valley with my parents in 1943.

I'm before you to speak in favor of H.B. 838, which relates to debt service for school construction. Municipalities desire that the state fund the 80% share of school construction during the same year in which the debt is incurred and bring to date the present two year lag.

The two year delay has increased costs to taxpayers by carrying this debt forward, and causes an erratic mill rate.

There is good reason for the state to relieve taxpayers of this extra burden, therefore I request your support of H.B. 838.

  
James Hitchcock  
Borough Assemblyman  
Mantanuska-Susitna Borough Assemblyman  
Box 867  
Palmer, Alaska 99645

April 11, 1980

Chairman Buckholdt, and members of the HESS Committee;

My name is Dorothy Jones from Talkeetna, Alaska. I am a member of the Matanuska-Susitna Borough Assembly. I have been an Alaskan for 47 years and a businesswoman for 25 of those years. As a private citizen and as a Borough Assembly member, I urge your favorable consideration of H.B. 838. This would in effect alleviate a considerable tax burden now placed upon the taxpayer since we now must put up front end money for construction and then wait two years for reimbursement.

Thank you.

Note: The money for the Matanuska-Susitna Borough is expecting for reimbursement for this year and the prior year for expenses incurred amounts to \$982,309.00. However, we are having to carry these reimbursible expenses (2 years) (\$2,376,314) an extra year because they are not returned on a timely basis. Following our fiscal year end each June 30, the Assembly mandates an independent audit. When the audit has been completed and published we forward it to the State of Alaska and we feel we should be able to have the money sent to the Borough shortly after the State has received the audit and reviewed it.



Dorothy Jones  
Matanuska-Susitna Borough Assembly

HB

861

## Section-by-section Analysis of HB 861

Section 1. Adds a new chapter to the water, air and environmental conservation title of the Alaska Statutes.

Sec. 46.12.010 establishes a revolving loan fund in the Department of Environmental Conservation. Loans may be made from the fund for the extension of existing municipal water and sewer systems.

Sec. 46.12.020 authorizes the department to administer the loan fund; requires the department to consult with the Department of Community and Regional Affairs during the administration of this loan program.

Sec. 46.12.030 establishes the terms for repayment of loans which are:

- (1) 10 percent down payment;
- (2) five percent interest; and
- (3) repayment over a period of 40 years.

Sec. 46.12.040(a) authorizes the department to sell loans to private investors at face value or at a discount.

(b) authorizes the commissioner of revenue to purchase loans at face value with surplus state revenue.

Section 2. Makes the Act effective on July 1, 1980.

JLB:ljb

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 861  
 Title An act establishing a water and sewer revolving loan fund  
 Requested by Representative Joyce Munson Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Dept. of Environmental Conservation  
 Program Category Affected Natural Resource Management and Environmental Conservation  
 BRU, Program, or Subprogram(s) Affected Administration Budget Request Unit  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES			36,424	37,500	49,700	50,900
200 TRAVEL			1,200	1,200	16,200	17,850
300 CONTRACTUAL			1,800	1,950	2,600	2,800
400 COMMODITIES			200	200	300	350
500 EQUIPMENT			500		1,000	100
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>			40,124	40,850	69,800	72,000

FUNDING (Thousands of Dollars)

GENERAL FUND			40.6	41.6	69.8	72.0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III) This note is prepared on the assumption that funding for FY 81 would be added to the Department's budget request.

- Code 200 - \$1200 (Five trips to Railbelt Area and public hearings on regulations)
- Code 300 - \$1800 (Space rent 100 sq. ft. @ \$1.00 x 12 = \$1200, telephone \$26.00 per month x 12 = \$312 plus \$10.00 per month toll charges, plus space rental for public hearings, mailing expense)
- Code 400 - \$200 (Stationery, pencils, pens, tape dispenser, stapler, punch, phone index, in-out basket, ledgers, journals, etc.)
- Code 500 - \$500 (Desk, chair)

IV. DATE 2/22/80 PREPARED BY Dale Wallington  
 AGENCY Environmental Conservation

Original: Legislative Finance PHONE 465-2621  
 Budget and Management

- FY 82: The budget for the Loan Administrator should remain about the same in FY 82 except for merit increase in salary and inflation effects on the other categories. Clerical help should still be available in the administrative service section.
- FY 83: During FY 82, it is anticipated that discontent with the Loan Program will have surfaced and a Loan Advisory Board will be established. The expenses of the board and part-time clerical help is reflected in the FY 83 budget. Recording equipment and a second typewriter will be needed.
- FY 84: This fiscal year's budget should reflect only normal increases.

1	POSITION TITLE Loan Administrator			RANGE/STEP 20/A	BARG. UNIT. GGU	LOCATION Juneau	GOV	APPROV	DISAPP.
2	TYPE OF POSITION PET	STAFF MONTHS 12	RP No. -	PCN No. -	PRIORITY	FORM 12 PAGE/LINE	LEG.		
3	TYPE OF EXPENDITURE			AMOUNT					
	1	2	3						
4	PERSONAL SERVICES: SALARY		30,385						
5	BENEFITS		4,515						
6	FICA								
7	HEALTH INS.		1,524						
8	TOTAL PERSONAL SERVICES		36,424						
9	TRAVEL		1,200						
10	CONTRACTUAL		1,800						
11	COMMODITIES		200						
12	EQUIPMENT		1,000						
13	OTHER								
14	TOTAL COST		40,624						
15	CODE	FUNDING SOURCE							
16		FED RCPTS.							
17		GF MATCH.							
18		GEN. FUND		40,624					
19		I-A RCPTS.							
20		PGM RCPTS							
21		OTHER							
21	CONTINUATION			FOR B&M USE ONLY					
22	ADDITION	40,624							
4A KEY NUMBER _____ COLUMN NO. _____									

JUSTIFICATION: The Loan Administrator will monitor the fiscal records of the fund, maintain current and accurate accounts of fund moneys, prepare monthly financial statements for the Commissioner, prepare bills and delinquent statements. The incumbent will confer, coordinate, and advise the appropriate municipal officials.

During the first 6 months of the program, the necessary regulations will be written, public hearings conducted, and regulations adopted. Actual loan processing will follow the adoption of regulations.

AGENCY Environmental Conservation PROGRAM AREA Environmental Conservation

BRU Administration

FY 81

**13** REQUEST FOR NEW POSITION.

COMPONENT Administrative Services

Page 1 of 1

REVISED DATE \_\_\_\_\_

MEMO

HB 861

To: The Honorable Joyce Munson

From: Christine Johnson *CG*  
Temporary Research Analyst, House Research Agency

Through: Duncan L. Read *DLR*  
Director, House Research Agency

Date: November 20, 1979

Subject: Request for bill regarding revolving loan fund for  
sewer construction.

Enclosed please find SB 19, introduced in the Ninth Alaska State Legislature, which establishes a revolving loan fund for sewer construction within incorporated municipalities. This bill was introduced in 1975 by former Senator Genie Chance. The bill was referred to Senate Resources, Finance, and Rules, but it was never reported out by the first committee of referral.

Ms. Chance coincidentally was in Juneau when we were locating the bill for you. She recalls that she introduced this legislation to alleviate a problem in Anchorage where the cost of putting in sewer and water systems was significantly increasing the cost of subdivision development. Ms. Chance indicated that the high cost made it difficult for municipalities to require sewer and water systems in some areas under development. SB 19 would have provided long-term low interest loans for municipalities in anticipation that annual property assessments could then be lowered.

Members of the Anchorage Planning and Zoning Commission expressed interest in the bill as did the Anchorage Borough Assembly. The bill also received some support from other municipalities, such as Valdez, who needed additional monies for sewer construction. According to Ms. Chance, there was no opposition to the bill, but because of other revenue issues before the legislature that session, the bill was not acted upon by the first committee of referral. Of course, we kept your inquiry confidential when we obtained this information for you.

We apologize for the quality of the reproduction of the bill. Older bills have been transferred onto microfilm which often will not produce clear copies. Please do not hesitate to contact us if you require further information on this or similar legislation.

*re: Gudwood prob*

HB

862

	Name	Address and Phone	Organization/Self	For/Against or Observing
1/	Joyce <del>Stinson</del> <sup>Stinson</sup>			
	Dr. Verner Stelner		D+SS (mental health)	
2/	Gernellia Randall-Phillips		D+SS (public health)	
3/				
4/				
5/				
6/				
7/				
8/				
9/				
10/				
11/				
12/				
13/				

POSITION PAPER

HOUSE BILL NO. 862

"An Act making a special appropriation to the Department of Health and Social Services for the purchase and dissemination of materials produced by the Growing Child Program; and providing for an effective date."

Persons may become parents with little or no knowledge or understanding of child development, changes that occur within the family or the variety of emotions evoked in parents and children. Consequently, parents frequently have problems in coping with the normal feelings of depression and anger that accompany the joys of a new baby.

House Bill 862 will provide \$68,200 for the purchase and dissemination of educational materials produced by the Growing Child Program. The distribution of these materials will be administered by the Division of Mental Health and the Division of Public Health. The initial introduction of these materials to new parents will be made with a personal visit to the hospital or home. Subsequent copies will be distributed through monthly mailings. The Divisions are presently pursuing options by which parents, according to ability to pay, may contribute to the purchasing cost.

The Department does recommend a change in wording. The Growing Child Program is a copyrighted feature of a specific company. The naming of a particular firm or trade name is contrary to the state's bidding and purchasing policies. The Bill should be amended to provide for the purchase and dissemination of child development and parenting skills materials, rather than specifically naming the Growing Child Program.

The Department therefore recommends the following amendments:

CHANGE TITLE OF BILL TO READ:

"An Act making a special appropriation to the Department of Health and Social Services for the purchase and dissemination of educational materials related to child development and parenting skills."

CHANGE \*SECTION 1. TO READ:

"The sum of \$68,200 is appropriated from the general fund to the Division of Mental Health, Department of Health

and Social Services, for the purchase and dissemination of educational materials related to child development and parenting skills."

The Department supports the need for preventive health education materials.

Recommended by: DFJ  
Dean F. Tirador, M.D.  
Director, Division  
of Public Health

Date: 3/5/80

Verner Stillner  
Verner Stillner, M.D.  
Director, Division  
of Mental Health

Date: 3/5/80

Approved by: Helen D. Beirne  
Helen D. Beirne  
Commissioner

Date: 3/5/80

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 862

Title Growing Child Program

Requested by \_\_\_\_\_

Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Health

BRU, Program, or Subprogram(s) Affected Administration

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		4941	5336	5763	6224	6722
200 TRAVEL						
300 CONTRACTUAL		56,500	61,020	65,901	71,173	76,867
400 COMMODITIES		6,727	7,265	7,846	8,474	9,152
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		<b>68,168</b>	<b>73,621</b>	<b>79,510</b>	<b>85,871</b>	<b>92,741</b>

FUNDING (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
GENERAL FUND		68,168	73,621	79,510	85,871	92,741
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
FULL TIME						
PART TIME		.25	.25	.25	.25	.25
TEMPORARY						

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

It has been determined that there are approximately 9000 live births per year in Alaska. Each new family would receive a direct mailing with follow-up to provide an annual subscription to a monthly professional production media service. Department material will be included in each monthly mailing to provide educational material on parenting and nurturing skills relative to the age of the child.

Initial contact will be to 9000 persons with an expected participation for 50% of the contacted families. A part time clerk is projected to coordinate and physically prepare mailings of an estimated 58,500 individual mailings per year.

- 100 - 3 man-months Clerk Typist III @ 1277 per month + benefits 4941
- 300 - 4500 annual subscription to prepared material @ \$5.25/year = 23,625

(Continued Page 2)

Original: Legislative Finance  
cc: Budget and Management  
Prime Sponsor (First Legislator Named)

Prepared by: T. R. Branton Date: 2/29/80  
Division/Office: Mental Health & DD PH: 465-3370  
Department of Health & Social Services

33 001 (Rev. 12/79)  
Modify by DHSS (11-28-79)

Approval DHSS Mgt. & Bdg't [Signature] Date: 3/5/80

printing cost for prepared mailing list = 700  
postage @ .55 per packet for 58,500 units = 32,175

9000 units X 1 mail per year = 9,000  
4500 units X 11 mail per year = 49,500

---

Total Units 58,500

purchase of 58,500 clasp mailing envelopes  
@ .115 each = 6727

TOTAL \$68,168

All costs for FY 81 forward adjusted  
b6 8% per year.

# Growing Child.

Birth

## Babies Like To:

Suck

Listen to repeated soft sounds

Stare at movement and light

Be held and rocked

## Give Your Baby:

Your talking and singing

Lamps throwing light patterns

Your arms

## Here You Are!

Something new and wonderful has happened to you: you are now parents! You're probably feeling happy, excited, elated, and yes, just a little frightened at the thought of the new life you've created and the responsibility of being Mother and Father. Don't feel alone. We've just described what is probably a universal reaction to parenthood.

During this first month you're going to be concerned with many things — most of them will be new situations for you such as feeding and adjusting to schedules, but after some of the excitement dies down, you're going to have a lot of questions. Most of them will concern the physical health of your child, and we'll discuss this a little later. You're also going to have questions about the proper growth and development of your child.

Today there is a great deal of research being done on how infants develop and how to help them develop. Most research suggests there are lots of things you as parents can do to help your child develop mentally, physically, and emotionally.

This, then, is the purpose of *Growing Child*: to emphasize the importance of mental development and to provide you with information to help you learn about your baby and about your-

selves as parents; to help you learn what you can provide for your child so that he might develop, mentally and emotionally, to his fullest potential.

A special note for those of you who have other children: this information is just as important for your second or third child; learning and development is not restricted to a first child so make sure you take advantage of the information available for your new baby.



## Brothers & Sisters

At last the big day arrives when you and your baby go home. If you have other small children waiting at home, give some thought to the situation.

When you arrive home, put the baby down and appear to ignore him while you greet the other children and make a big fuss over them. They will then discover Baby and quickly make him their own. Let them touch him, unwrap him, and hold him if they want to. It may take a little control on our part, but they won't hurt him.

In your care for Baby, let the other children help. There are small chores they can do which will include them in your attention and make them feel needed.

Don't be surprised if your youngest regresses to thumb sucking and wet, dirty pants or demands to be fed from a bottle just like Baby. Take a little time to spend with him alone to repair his bruised ego. Mother and Father should make it a point to assure your children you love them as much as before Baby came but that right now he is small and needs extra attention.



## A Newborn Baby

Mother-to-be type magazines should publish pictures of newborns more often to prepare new parents a little better for the shock of seeing their baby. One mother told her husband in the delivery room, "Oh, honey, he's beautiful, but we'll really have to love him hard because he's so homely!" She was right. A new life is beautiful, but newborns are not the light pink, round babies smiling from the magazine pages. A newborn's skin is often red and scaling, his little nose is often misshapen or flat after birth, and it's hard to see his eyes as they're often tightly closed.

Baby's head accounts for about one quarter of his size. Although this makes him look a little odd, it's a good thing, and here's why.



The head and the brain have already become very well developed before he was born. From now on the brain will continue to develop, but the rest of the body will have to catch up. The typical pattern of development is from the head downward to the rest of the body and from the center of the body to the extremities (for example, the fingers). As an illustration, in a very short time Baby will learn to watch things. His eyes do see almost from the beginning, but mostly they just see things close to them that are brightly colored. When you lean over

the crib or hold Baby close to you, very likely he does see something. And he can use his eyes to explore the world long before he can use his body to crawl and explore.

Right now Baby may move his arms a little but the fists are usually clenched tightly and the whole arm moves in a jerky way. Later he will have developed better control of his arms and will bat at things. Still later he will be able to use his fingers to try and grasp things. This is an example of development from the center of the body outward (from the whole arm to fingers). In the months ahead, watch for your baby's development.



### Birth Marks

Every baby has "birth marks." There are a lot of interesting stories about their being caused by something that happened while the baby was being "carried" or during his delivery. Actually they are either minor variations in normal skin development or inherited or racial characteristics.

The most common birth mark is the nevus flammeus. This is a medical name for the pink-red, flame-shaped marks seen on the forehead, upper eyelids, and tail-bone areas of some babies and on the nape of the neck of almost all infants. These are commonly called "stork bites." They become more noticeable when the baby holds his breath or cries. They usually disappear in one or two years although those on the neck may always be there. Nevus flammeus is often confused with stains from the silver nitrate that is put into the eyes of babies to prevent serious eye infection at birth. This stain is light brown in color, present only around the eyes and disappears as the face is cleansed.

Sometimes birthmarks are deeper, larger and more blue in color. These are called hemangiomas and although they appear serious, they usually disappear in

early childhood. Occasionally some type of surgery or other treatment needs to be carried out on these, but it is usually not done until enough time has gone by to be sure that they are not going to disappear spontaneously.

The familiar brown mole or "freckle" is usually not present at birth. It appears as the skin gets older. Sometimes it also disappears. Most of them, however, will be with your child all of his life and are useful as identification marks.

A port-wine nevus is darker and more blue than nevus flammeus and can be located on any body area, particularly the face or scalp. These do NOT disappear and require either cosmetic surgery or cover makeup to make them less noticeable.

Strawberry marks can be found on any part of the baby's body. They are usually not present at birth but appear shortly after. They are small, raised, and irregular in shape and have a raspberry rather than a strawberry color. They usually grow for one to four months and then slowly disappear.

Mongolian spots are smooth, blue-gray, irregularly shaped areas of skin over the tail-bone and buttocks of dark-skinned or oriental infants. They disappear in the first few years of life and have no significance except that they can be mistaken for bruises.

As you can see, most birth marks are not serious and, although they may "mark" your baby at birth, they certainly do not "mark" him for life.



### Diet and the New Mother

"Now that that's over, I can go back to eating again!" That is the way most new mothers feel, especially if they have had to watch their diet carefully during pregnancy because they were gaining too much weight or getting too much salt. Unfortunately, the diet watching is only be-

ginning particularly if the mother is still overweight after delivery and/or is breast feeding.

If the problem is just too many pounds and breast feeding is not part of the picture, a balanced, moderately low-calorie diet can be used. It is not wise to use an extremely low-calorie or "fad" diet right after a pregnancy to quickly "get back into shape" again. The body takes time, adequate nutrition and exercise to regain its pre-pregnancy condition. That is why most doctors also advise their new mothers to continue taking their pre-natal vitamins and minerals (including iron, in some cases).

Breast feeding increases the care a new mother must take in selecting her diet for she must be well-nourished to supply adequate good-quality milk for her infant. She must also be alert to the effects of certain foods on the baby's response to the breast feeding. For instance, chocolate, spices, cabbage, certain juices and onions may pass through the breast milk to the child and cause mild stomach upsets such as colic or diarrhea. The amount of trouble these foods cause means a great deal with the individual mother and baby. Most new nursing mothers soon learn to recognize those foods which affect their breast milk and the baby's response to it.

An important, but often overlooked factor concerning the new mother's diet is her emotional response to food and the effect of that response on the baby. The mother who has poor eating habits will pass them on to her baby. Children learn by imitation and when it comes to eating they first imitate their mother. Her reaction to food quickly becomes theirs. If she eats an unbalanced diet herself, she will probably offer the same to her child. And even if she tries the "do as I say and not as I do" routine, the baby will very early sense the contradictory attitude and become the so-called problem eater.

So, along with all of the other responsibilities of being a new mother there is the most important job of eating correctly to maintain your own health and to teach the baby that good nutrition is fun and necessary. It is a lesson that will help him all of his life.



### Your Baby and His Intelligence

Experts in child development know that the right kind of experiences in infancy and the early childhood years can increase a child's intelligence, and there are many scientific studies which support this idea.



There are also many studies of identical twins reared in different homes. In general, these studies showed that the twin who had the best kind of early experiences had a higher intelligence than the twin who had poor early experiences. These tests are very important since identical twins come from the same cell, which means their heredity is identical. They have the same genes. This means that heredity is not the only factor which determines intelligence, but experience in early life also plays an important part.

In 1939 there was what experts call a "classic study." The results are rather startling and further support the idea of the importance of early experiences.

The study, by H.M. Skeels and H.B. Dye, tells about 13 infants and young children who were in an orphanage. The youngest was 7 months old and the oldest was 30 months. All 13 children were

transferred from the orphanage to a school for mentally retarded children. At the time of transfer, they had an average Intelligence Quotient (IQ) of 64.3 with the lowest being 36 and the highest 89.

When transferred, these children were placed in a ward with some older and brighter girls who started playing with them during most of the time they were awake.

Just by playing with these babies, the older girls provided many more experiences and much more stimulation than was provided for the children left behind in the orphanage.

After the new arrivals had been in the ward for some time, the people making the study gave a second intelligence test. All 13 children showed gains in IQ. The smallest gain was 7 points and the largest 58 points. All but four showed gains of at least 20 points. A check of the 12 children who remained behind in the orphanage showed an amazing difference. One had a decrease of only 8 points but the other 11 children showed decreases from 18 to 45 points.

Twenty-one years later all the children in both groups were located. The differences are startling. Of the 13 transferred to the school for the mentally retarded (the group where the older girls played with the children), all were self-supporting and none was in an institution. Of the group that remained in the orphanage, one died in an institution for the retarded and five were still in state institutions.

The difference in education between the two groups is just as startling. Of the group transferred, the median grade completed was the 12th grade. In fact, one boy received a bachelor's degree from a large state university. For the group of 12 that remained at the orphanage, half did not complete the third grade and none of them went to high school.

Clearly this study shows the importance of early learning ex-

perience for development of intelligence and for general independent functioning in the world. A school for retarded children is not the best place for giving these early learning experiences, but even in this setting, the older retarded girls who played with the children seem to have given the kind of stimulation that made tremendous differences in the children's later abilities.

This is what *Growing Child* is all about—to help you give your infant the early experiences that can have an important influence on intelligence and on independent functioning.



### Your Baby's Birth Certificate

Be sure to get a birth certificate for your baby. It is legal proof of the date of your child's birth and citizenship. Throughout life he will need this proof of identity. It may be required when a child enters school, requests a driver's license, goes to work. It may be needed to prove his right to vote, to marry, to draw social security benefits, to hold office, inherit property, or obtain a passport to travel in foreign countries.

If the baby is born in a hospital, the staff will see that necessary information is sent to the local health department or registrar of births. If you have not selected a name for the baby before you leave the hospital, be sure to add it to the official record later.

If the baby is born at home, the midwife or doctor (or the parent if no one assists at the birth) is required by law to report the birth to the local authorities.

You will be officially notified when the record of your baby's birth is on file. Some States send a copy of the registration. If any of the information is wrong, be sure to get it corrected immediately. In some States,

the birth certificate is sent only on request and for a fee. There is practically always a charge for a second copy, so keep your baby's certificate in a safe place.

If you do not receive notice of the proper registration in a few weeks, check on it. Call the hospital or local health department. Or write to your State health department, which is usually located in the capital city.



### Baby Seating

One of these days you're going to discover you need something for Baby to ride in while in the car. And we'd like to say a few words about what you might use.

It isn't a pleasant fact, but today millions of kids ride unprotected, or close to it, in automobiles. In the last 10 years, over 10,000 children under four have been killed in car crashes. In addition to fatalities, a major concern is permanent brain damage which could have been prevented by a proper infant carrier.



There are several excellent car seats for children. To obtain the most complete, up-to-date information we suggest you take the time to read Consumer Reports' survey. Most libraries have this publication. . . and you can learn a lot about what to look for.

It's so easy to provide protection for Baby and the other youngsters in your household.

### Breast Feeding

Both professionals and parents have been known to become emotional on the breast vs. bottle issue. This controversy is unnecessary because the choice is extremely personal — the choice of the mother or mother and father. At this time there is no absolute scientific evidence to indicate that one method is better for infants. If you do choose to bottle feed, it is important to provide Baby with the physical caressing and cuddling he would automatically receive when held for breast feeding. There are some values to breast feeding: it's economic; the milk is always pure; it saves hours of time because there are no bottles to sterilize, formula to mix, refrigeration to worry about, travelling is no problem; it helps mother physically (when the baby nurses there is vigorous contraction of the muscles of the uterus and this helps to restore the uterus to its pre-pregnancy size and shape.

For a variety of reasons breast feeding is not considered by some women. Many of the reasons are "old wives tales", and we'll mention a few. (1) "Nursing mothers lose their figures". There's no need to eat excessively or gain weight in order to make milk. (2) "The effect of breast feeding is large, pendulous breasts". There are women whose breasts have become flatter after breast feeding, but there are women who have nursed several babies and have still maintained fine upright breasts; and finally there are women who have never nursed and whose breasts are flattened. (3) "Working mothers can't nurse". They can, depending upon the working hours and how quickly mother must return to work after Baby's birth. Even if mother is employed for 8 hours a day, she can nurse at night. And even if she can't nurse after resuming work, it is still possible to breast feed for a month or so. (4) "Breast feeding is tiring for the mother". Having and caring for a baby is fatiguing — for all women. However, our bodies

adapt quickly to changing energy needs. If a woman feels that breast feeding is "taking a lot out of her", she may be a worrisome person, an overconcerned mother, a woman in poor physical health, or an individual not committed to the idea of breast feeding. For those interested in knowing more about breast feeding, an international organization, La Leche League, provides information. The League has chapters in many cities, small and large, in the U.S.



### The Old-Fashioned Rocking Chair

Was there a rocking chair in your childhood? Do you remember one of the old-fashioned kind with comfortable arms and a high back for mother to rest her head against?

Perhaps not, because rocking chairs went out of style when you were young and for a time no one seemed to have one around the house. However, since the time President Kennedy's doctor ordered one for him, rockers are back in style. Rocking chairs are good for anyone, but they seem to have been made especially for mothers and babies. By holding your baby and talking gently to him, you communicate love, warmth and security in ways that even a newborn baby understands. Rocking chairs are wonderfully comfortable and relaxing for both you and Baby. Doctors tell us that as mother rocks gently, she improves the circulation in her legs.

As you rock, the easy to and fro movement stimulates the balance and position sensors deep in Baby's inner ears. As he lies in the curve of his mother's arm he feels the movement. When he is lifted and held upright with his head on your shoulder, he feels movement in a different direction. If you lay him across your knees on his tummy, he becomes aware of still a different kind of movement. With each change of position Baby experiences the rock-

ing motion in slightly different ways. But always his nearness to his mother provides warmth and security as a background for his growing awareness of changing positions and of movement in different directions.



From these experiences an infant learns how to interpret and to use the sensations produced in his balance centers by changes of position or direction of movement.

Later this ability to interpret these sensations will help him develop and maintain the balance he will need as he learns to stand and walk. The early stimulation provided by the gentle movements of the rocking chair will make it easier for him to learn to balance on his own two feet. So, we say... "long live the old-fashioned rocking chair, symbol of love and learning!"



### Get the Right Nipple for His Bottle

Baby's development of good speech and attractive teeth begins as soon as he is born. The tongue and mouth muscles so necessary for good speech must be stimulated and exercised long before the baby is ready to talk. Basic muscle training starts with sucking. At birth, sucking is a reflex which is provoked by hunger or by being stroked around the mouth. For the infant who is bottle fed, the choice and use of proper nipples is very important to sucking. Improper nipples can lead to problems not only of speech but also to serious

problems of alignment and structure of the permanent teeth, and here's why:

If the nipple is too long, it reaches far back into the infant's small mouth. The milk then flows directly into his throat and there is no opportunity for any muscle exercise.

If the nipple is the correct size but has too many holes or holes that are too big, Baby gets too much milk and in self-defense, he either spits up, lets the surplus spill out of the sides of his mouth, or chokes. Now, to prevent himself from choking, the infant thrusts his tongue forward and squeezes the nipple between the tip of his tongue and the upper gum. Then he swallows. This abnormal combination of tongue thrust and swallowing may become a habit. Later when the child talks, he will lip and you will be able to see his tongue thrust between his lips when he makes the s, sh, ch, or j sounds. Also the tongue tip sounds of t, d, l, and n will be made incorrectly — the tongue pressed forward against the front teeth rather than against the upper part of the teeth and gums.

As the habit of tongue thrusting is practiced, the child develops a space between the front teeth. As the space grows wider, he thrusts the tongue more frequently. Finally this persistent tongue thrust against the teeth will affect the bite.

If the infant fails to receive enough sucking exercise, he may substitute thumb sucking when the bottle is taken away. As he grows older, he may continue the sucking habit but in a more social way — chewing on pencils or other objects, pushing the lower lip against the upper teeth, licking the lips or thrusting the tongue up under the inside of the upper lip.



### Dressing Your Baby

When you get right down to

it, the only clothing you really must have for Baby is a good-sized stack of diapers. All other adjustments for warmth could be made with an assortment of blankets. And, in parts of our country, even this item is dispensed with. The Eskimo mother tucks her little one inside her fur parka, absolutely naked.

Starting with absolutely nothing in the way of clothing, you can add items indefinitely. It is largely a matter of personal preference and the size of your budget. Here are some simple ideas you might keep in mind:

(1) In general, simple, easily-washed garments are best—these include drip-dry, machine washable and dryable, no-iron fabrics.

(2) Babies grow so fast it is better to have only a few things of any one size.

(3) Adjust the warmth of the garments to the weather. On very hot days, a shirt and diaper is enough. If you are cool, put a sweater on the baby.

(4) Consider the ease and comfort for the baby. Are the clothes easy to put on, take off; is it easy to change diapers.

What about the individual items? How many of what? Here are some suggestions:

3 to 6 dozen diapers: You'll probably use about 2 dozen a day on the baby and find yourself grabbing a diaper to throw over your shoulder when you "bubble" the baby, as extra sheeting, bib, towel, etc. The extra dozen or so is handy if you can't get diapers washed or dried daily. In some cities it is possible to contract with a company to furnish and launder diapers for the baby. Such service is a great help, if you can afford it, especially at first. The diaper companies often rent certain items of equipment which you might like to have for only a short time. Even if you plan to use a diaper service, you might find it convenient to have a dozen or so diapers of your own. (Diaper service makes an excellent gift.)

### Diapers

3-6 dozen  
1-2 packages disposable  
diaper pail

### Bedding

Mattress  
4-6 crib sheets  
4 waterproof pads  
2-3 crib blankets  
1 comforter

### Furnishings

Crib  
Chest of drawers  
Changing/bath table

### Feeding

Breast feeding: 2-4 bottles for  
juice, water.  
Bottle feeding: 8 bottles, 8 oz.  
2-4 4 oz. bottles.  
Sterilizer and utensils  
Bottle and nipple brushes  
Extra caps and nipples  
Bibs  
Baby dish, utensils  
Feeder for strained food, cereal

### Clothes

4-6 shirts  
4-6 gowns, kimonos  
4 waterproof panties  
3-4 stretch suits  
4-6 receiving blankets

### Bath/Toilet Articles

Diaper pins  
Cotton swabs  
Baby oil, lotion, powder  
Baby soap or cleanser, baby  
shampoo, brush & comb  
Moist towelettes, ointment  
3-4 washcloths  
2-3 hand towels  
2-3 bath towels

### Nice "Extras"

Bassinet  
Nursery Lamb  
Scale and Pad  
Rocking Chair  
Diaper Service  
Baby Food Grinder

### Later

High chair  
Stroller  
Toilet chair

Diapers are made of gauze, cotton flannel, bird's-eye, and other fabrics. There are squares, rectangles and shapes cut to fit the body and provided with snaps. Everybody has his own idea about which kind is best, and you'll just have to select the kind that appeals to you.

4-6 cotton shirts. Size 2 fits most babies in a few weeks. Sleeveless or short-sleeved shirts can be used in any weather. If it gets cold, you can add a sweater or the light jackets known as "sacks." Be sure to select a style of shirt that will go on the baby easily. Babies hate to have anything over their faces, and a mouthful of shirt sets them wild. Get armholes large enough and neck openings ample for the baby's head.

4-6 nightgowns. Avoid the type with string or cord at the neck. Cotton-knit or jersey doesn't need ironing. One of

the advantages of a long night-gown is that the baby's windmill kicking doesn't send the covers off so readily. Some parents like the sleeping garment which is long and roomy enough to enclose the baby's feet.

A cap for the baby. A warm one to cover the ears for cold weather. Knitted styles are good.

Bootees and socks. Don't expect these to stay on those active feet, though. The baby's feet and hands may feel cold to your touch, but he may be quite warm enough. He still has relatively poor circulation in his extremities. Unless your house is very cold, covering for the feet is not necessary.

# Dear Growing Child

"G.C." is almost a necessity in that it provides accurate and pertinent information which is valuable to parents as well as babies and children. I honestly believe that parents who have the informative insights provided by "G.C." have a tremendous advantage over others, and the benefits must surely reflect in their children. I use it, depend upon it, enjoy it, and have come to regard it as my essential aid in Mothering!"

Debra B.  
Muskogee, OK



## New Material

- How Can I Tell If My Baby is Okay?
- Baby Talk
- The Right Doctor For You and Your Child

## Growing Child

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22 N Second St., Lafayette, IN 47902

## Let Me Introduce Myself!



I am Pierre the Pelican, a Disney-like character who gives suggestions to young parents about their first children. I talk with fathers and mothers about their babies, and often tell them in advance what may happen a few weeks or months ahead. That helps them get ready.

How do I know you have a new baby? Mostly, I get names from birth records. In some countries I have a hard time getting names, and sometimes the baby's name comes late, because birth records aren't always kept up to date. But I do the best I can.

I'm interested in your baby's development, but in my messages I won't say much about physical care. You will need to keep in close touch with your doctor or nurse and get advice on all subjects that have to do with physical health. My special interest in your baby is something you'd never guess of a pelican like me. I'm interested in the mental health of that new baby of yours. I want the baby to grow up to be happy and friendly and able to do his part in the world, and to get his full share of love and good care. I know you do, too!

In mental health you have to think a long way ahead, for the way you are beginning to care for the baby now is likely to be the way you will continue for years to come. In physical health you have to think ahead, too. But it is easier to know when things go wrong. If he isn't well, he may fret or have fever. You will know somehow that he is not well. In mental health though, the baby's ways of letting you know whether he is getting along nicely and you are doing a good job are not always as clear as when he is physically ill. For that reason I plan to come for a chat about once a month for the next several months and will tell you what I have learned from people who know about mental health. You can prevent many problems from arising if you know in advance about the causes.

By the way, is yours a boy or a girl? I have forgotten.

There are so many these days; and besides, both kinds are as fine as can be. If you don't mind, I'll just call your baby "he" when I'm talking about what to do, because what I say about baby boys goes for baby girls, too.

### Here is a suggestion for "Father" and "Mother"

Before I say much about the baby, I'd like to talk to both of you parents about yourselves—the father and mother. Say, it sounds funny for you to be called "father" and "mother," doesn't it? I guess you had been practicing it some before the baby came, just for fun.

You two need to leave the baby with someone else once in a while and have some fun all by yourselves. Yes, I mean that. I know he is wonderful, but just the same you both need some time off together. You will feel so different, now that the baby has come. The mother can take long, natural steps once more, and is also pleased to get back her figure. You remember how it was when everybody noticed and both of you were proud, but a little self-conscious. Remember how careful mother had to be not to fall.

As soon as mother is able to be out—and if the feeding periods are far enough apart—find some reliable person to look after the baby while you are away. A grandmother or an aunt, a friendly neighbor, or some other person who knows how to handle babies can keep him safe for that much time.

When you two are out alone there will be old problems you will want to talk over again, and some new ones also. Many of the old problems may seem rather small now, considering all you have been through. Just the same, it is nice for you to talk things out and understand each other. When you are talking about the baby, you ought to decide together what to do about him. You should decide together the kind of medical service to have, and the use of money, now that there is one more in the family. This will be good for you and the baby. It will get you into the habit of talking with each other about the baby and making decisions that are agreeable to both of you.

Nowadays, I notice young parents often take very young babies two or three months old with them when they go out, and can't get someone to take care of the baby at home. They carry him around in a plastic "infant seat" which can be set up on the table and raised up a little so that the baby can look around a bit. However, young babies catch colds easily, and especially during the season when people are sneezing and coughing it is a good idea to keep them out of crowds as much as possible.


Babies are easiest to take places when they are very young. Then their parents can spend an enjoyable evening with friends, and the baby can sleep in a crib or on a bed. But this period does not last long. Pretty soon the parents will begin to be afraid the baby will roll off a bed while they are in the next room talking or playing at games. And "infant seats," if used at all, may turn over as the child gets older and more active.

### Your baby's needs come first right now

It doesn't matter what part of the world you live in, or your race, creed, or color, or the kind of government under which you live—your baby's early needs, during the first few years, are going to be the same as every other baby's needs. As children get older the customs of the country and culture in which they live will have much to do with their development.

But the people of the world are becoming more and more alike. They are teaching each other. Scientists from many countries are learning about how human beings develop, and

# Fathers and Mothers




television broadcasts may soon be made all over the globe at once, teaching us about better ways to care for children. Just as a new medicine is developed successfully in one country—as penicillin in England—soon the whole world uses it. In much the same way, ideas on the better care of children are spreading around the world.

For example, we have learned that every baby should— from the beginning—get used to being handled by several people, and not just his mother. Once in a while you will find a young mother who won't let other people hold her baby, feed him, or change and dress him. This is now a very old fashioned point of view. For it has been found that children develop better if they learn to like and trust many people, and this for a very young child comes from being fed and handled and made comfortable by several different people. As he gets older, it means having fun with more people, and learning from them.

The father needs to share in the care of the young baby. This is not only very satisfying to him, but gives the mother relief—which you can be sure she needs. The baby also should become accustomed to being handled by his father from the beginning.

## Learning about baby care

Nature provides the mother cat with instincts to care for her kittens, but more is required of you humans. You learn about babies just as you learn anything else. You are lucky if you have had the chance to see some babies properly cared for by good mothers and fathers. What you have seen has in a way become a model for you. Perhaps you grew up as one of the older members in a family and had a chance to be with younger brothers and sisters. In some schools they teach young people about the care of children, and that is fine, but there is not much of this. There should be a great deal more in the future.



Some people will tell you that you can trust your judgment to do a good job. But judgment depends on experience. It partly depends on what you have been able to observe, because I see many educated persons who have difficulty in raising their children and many uneducated persons who do well. Education that is not specifically about children provides little assurance that a child will be easily and properly cared for.


Of course, you know quite a bit already. You have observed babies, and you have talked with mothers, some young, some old. Your doctor is a good source of information. And women who have done a fine job of rearing their children know a lot, too. Then there is published material these days, a great deal of it, such as these letters that are coming to you. And there are articles about child care in the better magazines, and good books which we will be talking about later.

## Love for a baby grows

Sometimes your baby may cry a great deal, his food may not agree with him, or he may keep you awake at night and you just can't get enough rest. At such times parents may feel as if they wish they didn't have him. Or they may have moments when they wonder whether they love him. If you ever reach this point, it's wise to find other parents whose child is older and who handle him easily, and sit down and talk and talk. I can tell you for sure that as the baby gets adjusted to his routines, he will be less troublesome, and easier to love. If he "gets on your nerves too much," have someone with you, perhaps a sister or a mother or some friend. Don't be ashamed of your feelings, but ask for help. This is a phase many young parents go through. If it happens to you, it does not mean that you are not a good parent or that you will keep on feeling like that.

You will gradually develop a real feeling of affection for your baby, and as you understand his needs better you can take care of him better.

The more you learn about babies the more interesting



they become. But don't ever let anybody give you the idea that it is a simple thing to bring up a child. It isn't; but you can do it. You can learn more about the rearing of children. It isn't really quite like learning anything else.

## How often does one feed a very young baby?

If five young mothers of very young babies get together to talk about the feeding schedules they have for their young babies, you're likely to hear five different stories. Formerly, there was the notion that babies should be fed exactly by the clock. Few people believe that any more.

On the other hand, most people like some sort of schedule for themselves, and babies do, too. The trick is to gradually work into a rather regular routine, but to keep it flexible enough to change when an unusual situation comes up.

Babies tend to like frequent feeding at first, and then they settle down to a schedule that means longer hours between feedings. Two or three hours at first, and then four hours seems to be most often spoken of as the favorite interval between feedings. But the important practice to keep in mind is to feed him when he's hungry. It must hurt a lot when he's really hungry. Of course, you don't need to feed him every time he cries, for he may not be hungry. He may need a change of diapers, or he may be happy with some warm water or a pacifier. But when he cries hard, and none of these things satisfies, you'd better hurry and get the food to him.

As I say, pretty soon you'll find that he settles down to a schedule, and you can help this along by feeding him at regular hours even though he hasn't cried for food. This will surprise and please him and help him to establish a schedule.

Parents these days, however, are pretty clever in working with the little fellow. They will try to get the baby to sleep all night. But at first he can't go that long without food. In fact, you will be lucky if he will sleep through the night by the time he is eight or nine weeks old. Some babies require a night feeding quite a few weeks or even months longer.

If he passes up the night feeding, don't wake him up to feed him. Of course, when he does wake up in the morning he will probably be very hungry and will be crying, so you'd better get right up and feed him, and be thankful you've had most of a good night's sleep.

## Breast and bottle feeding

There is much to be said in favor of breast feeding. After all, it is the most natural form. It is a very satisfying experience for both baby and mother. It nurtures a close, secure feeling. Also, breast feeding has in its favor such matters as ease of feeding, a clean milk supply,—and even expense.

Some mothers are not able to feed their infants at the breast, or for other reasons they do not wish to do so. Sometimes mothers find they do not have a sufficient supply of milk. It is very important that such mothers not feel they have failed in their duty if they are unsuccessful at breast feeding.

If a baby is fed from the bottle, the mother can hold him in the same way and can give him the same feeling of love and security as if she were feeding him from the breast.

The baby can have just as much enjoyment from a bottle as he can from the breast if he is held in a loving manner and is watched closely to see that he is getting the milk, but that he isn't getting it too fast.

## What about the baby's bottle?

Your doctor or nurse or some other trained person will tell you all about the importance of keeping the baby's bottles clean and mixing the formula, and keeping it cold in the refrigerator. But then comes the question of whether to heat it before the baby is fed.

Most parents and doctors still feel that the milk should be gently heated until it is about body temperature. But the surprising thing is that babies will soon accept cold milk

# s of the World

Just as it comes from the refrigerator. You can gradually warm it less and less and pretty soon he'll drink it cold, just as you yourself like cold milk rather than warm. And it won't give him the colic either. Recent studies with premature infants in one large hospital, using cold milk from the beginning, showed that the babies do just fine. However, your doctor may prefer that your own child have warm milk. In any case, if a baby takes only part of a bottle, throw the rest of it away, or place it in the refrigerator immediately, if you expect to use the same milk again.

## The importance of nursing

Nursing is the nicest time of all for the baby, and if his mother is holding him close, and feeding him either by breast or bottle, the baby couldn't be happier.

Here are two cautions: First, no smoking please while feeding the baby! Ashes and even fire have damaged the eyes of some infants while nursing. Also, **NEVER LEAVE THE BABY ALONE WITH THE BOTTLE PROPPED UP BY A PILLOW OR SOMETHING, AT HIS AGE!** I will suggest to you later when you may do so. Much depends upon his age, strength, and development. A young baby left alone with a bottle may choke and strangle badly. And since he is so small, he can't do anything to help himself.

Instead, hold the little fellow, take plenty of time for the feeding, a half hour if necessary. Let other things wait. You will find as the baby gets stronger the feeding time will be shorter.

## Good sleep habits for the baby

Speaking of sleeping, it's very nice for the baby to have good sleep habits. You'll appreciate this a lot more as he gets five or six months old. Do not expect him always to go to sleep as soon as you put him in bed for his naps. He may drop right off to sleep while he is very young, but as he gets older he will want to look at things and stay awake for a time. When you put him to sleep you should leave him alone, although you will want to check on him every couple of hours, or until you go to bed yourself.

At his present age he is probably sleeping most of the time. When he is six months old he will sleep about fifteen hours out of twenty-four, and when he is a year old he will sleep about fourteen hours. Two or three months from now I want to talk to you some more about good sleep habits. They make everything a lot easier.

## How much does the baby cry?

As I will say to you many times—babies are not all alike. In fact, they are very different. One baby may hardly ever cry, but will take his food and be ready for sleep. (Of course, I'm thinking now of the time when he is very young.) Another baby in the hot sun down the street may be a crying baby. He will cry a great deal. There is usually a reason for this difference. The quiet child is comfortable. The crying child is not; he may be hurting somewhere. It may even be something about his food. If you think your child cries too much you should talk with the doctor about it, and give him all the facts. He may be able to help.

Yes, babies cry when they are uncomfortable, and sometimes it is hard to know what is wrong. Some of them just naturally seem to be irritable for the first two or three months, or have colic. Why some children have colic and others do not is something of a mystery still, but it should be comforting to parents to know that there do not seem to be any unfavorable after effects.

Of course, if a crying baby is wet or soiled, that is easy to discover. Maybe he is too warm or has gas pains in his stomach. Bringing up the bubbles by "burping" will help. In fact, you can prevent much discomfort by being certain to burp him at the end of every feeding. As I said above, if the crying upsets you too much, you must have relief, as some parents cannot endure too much crying. Get somebody to help you part of the time, and get away from the baby for some

rest. Mothers of young parents can often be very helpful if they do not live too far away.

## How much attention should you pay the baby?

When the baby is very young he will sleep most of the time, even from one feeding to the next. It is better if you do not pick him up often in between. But after a few weeks you will find him awake more and more. When he is awake, you will want him in the same room with you. Talk to him softly. Hold him some and play with him. You ought to do this especially when he is good. Sometimes it will help if you pick him up when he is fretting or crying, but you ought not to wait always for him to cry before you pick him up. Pick him up while he is good and in that way you will be rewarding him for being good.

Some parents are afraid they will spoil their baby if they pick him up and show affection for him. Quite the opposite is true. Loving the baby is good for both him and you. The only way the baby knows you love him is by what you do. While he is very young this means you talk to him, pat him, and show him that you are very interested in him. Of course, you show your love also at other times, as when you are feeding, bathing, and changing him.

To be sure, you can overdo the time you hold the baby and play with him. You certainly don't need to spend all your time with him. Anyway, the baby seems to become tired of too much playing and attention. I am going to talk with you again about this next month.

## Does the baby look like an aunt or uncle?

Babies often look like their relatives when they are still very young. However, just because a baby looks like one of the relatives is no reason why he will be like him. You can't count on the baby having a good disposition just because he looks like his aunt who is that way. And it is no guarantee that he will be short tempered, or lazy, or untidy, just because he looks like some other person who is. Anyway, babies look like different people at different times.

And right here I'd like to say that children don't just grow up by themselves. They grow up with help from you. However, bringing up a child isn't like moulding clay. You have probably found out by now that your baby has his wants and his likes. As he gets older he will have ideas of his own—lots of them—and you will want him to have them and to make decisions for himself, but you will know also that you will have to help guide him.

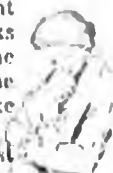
## Freedom of movement for the child

From ancient times down to the present in some countries there has been the custom of binding the infant, or swaddling him as it was called, until he could barely move at all. Instead, he should be placed in his bed, sometimes on his back, sometimes on his stomach with his face turned toward the side with complete freedom to move. It is even helpful to place him on his side for a short time.

The baby, like an adult, must get very tired of lying in the same position all the time. Just staring at the ceiling is not much pleasure. One of these days I will talk about making the young baby's life more interesting, because we know now that he can hear and see more than we once thought he could.

## The more parents love each other, the better it is for the baby

You've been together quite a while now, and I suppose you have learned the little things you can do to please each other, and what the other person doesn't like. All through these messages I'll be suggesting that you try to understand your baby and not expect more of him than is reasonable. It is the same way between you two. Sometimes fathers and mothers expect too much of each other. They expect more than is fair, and then they are disappointed.





Address Correction Requested

## A First Message to You

From

Also, if you really love each other, and let each other know it, neither of you is likely to become jealous of the baby. I know you don't see how it is possible for a grown-up to be jealous of a baby, but it often happens. Usually grown-ups don't admit it, but I have known lots of cases. You see, sometimes the mother's time is so taken up by the baby, that the father feels left out and without thinking, holds the baby responsible. It can work the other way, too, with the husband paying more attention to the baby than to his wife.

### Family planning

Now is also the time for you to be thinking about the number of children you want in your family. I used to talk with mothers and fathers about this in a later message, but they wrote me often and said, "We already have another baby on the way; by the time our first was eleven months old we had another child." So I decided to talk with parents about the number of children they want to have in my very first message. The first baby may have been unexpected, but you can plan when you want to have the second.

In nearly every country of the world there is a large increase in the number of people. In some countries the number will double in the next few years. There are several reasons for this, but probably the most important one is because of improvements in the care now given to children. In earlier times many children died of epidemics, but now the medicines that have been developed by scientists make it possible for many more children to live. I am sure, also, you know that many young mothers who in the past died during childbirth no longer do so because of advances in medical care, and so they live to have more babies.

You want your babies to have the best possible care, but they can't have this if there are too many of them. When a mother has babies too close together she can't give the best attention to the older one because the new one comes while the first one is still an infant. And you are already beginning to know how much of the mother's (and father's) time it takes to care for a baby.

Also, you have to think ahead to the question of whether you will be able to provide house space for a large family, even if you wanted one, and whether there will be enough food. And then there is education—for children will get along much better in the modern world they are going to grow up in, if they have some education.

So the best thing is for the two of you to talk this whole matter over and then go to your doctor this very month. If you want a total of two or three babies, and want them separated by about three years, tell your doctor and ask him for information. If he thinks it better he may send you to a

family planning center for instructions. Husbands do not need to go to see the doctor, though many of them will wish to do so.

In some countries a father feels he is not manly unless he has a large family, and mothers may have somewhat the same feeling about their womanliness. But this idea is changing, and people are asking not how many children a family has, but how well they are cared for. Parents hardly ever really want more babies than they feel they can care for and love, and spend time with, and give a good education. There is no nation or religion that disagrees with the idea of spacing children, though there is some difference of opinion on how it should be done.

By the time you read this, people in even the remotest countries will know about "the pill," and the "ring" which is inserted in the uterus of the woman and which for reasons not yet known keeps her from becoming pregnant until the ring is removed. These methods of family planning are easy to use and cost very little, and work very well if instructions are followed carefully. Another is called the "rhythm" method. Some of these ways of spacing children are more effective than others.

The world no longer honors the family which has more children than it can care for; it pities mother, father, and children.

### Should you take the baby back for the doctor to see even if he is well?

Yes, indeed! You should take the baby back for the doctor to examine regularly. There is a great deal you need to learn about how to care for him, especially since this is your first child. The doctor knows all kinds of things to do for the baby. He needs to talk over with the mother the kind of food the baby is getting. He needs to ask about how the baby's bowels move and what the movements are like. The doctor knows how to regulate the diet so that there will be very little difficulty about bowel movements. Laxatives to make the baby's bowels move should not be given unless the doctor tells you to give them.

By the way, the mother ought to go back to see the doctor, too. Every mother needs to have proper examinations after the birth of her baby. Her own health will be better and it will be easier for her if she has another baby later.

**KEEP MY MESSAGES!** They will be coming to you once each month for the first year. By then you will feel better able to care for your baby, so after that I will come less often. Beginning with the third message I will try to leave a little space at the end of my message where you can write down what the baby is doing and what he is like at that time.

Good luck, I'll see you next month!

81-174

# Growing Parent<sup>®</sup>

February, 1980, Vol. 8 No. 2

## Learning To Manage Life's Stresses

"Stress" — a word we've been hearing a lot lately and a significant factor affecting our lives. But what is it, how can we recognize it, and, more importantly, how can we learn to manage it in a way that is healthy and productive?

### Stress Defined

What is stress? I like the definition and explanation given by Blair and Rita Justice.<sup>1</sup> They state that stress is:

any demand, force, or pressure that requires a person to make an adjustment. It may be physical stress such as rain that drives a person indoors, cold that requires him to bundle up, a noise that interrupts his sleep. It may be emotional stress such as separation from loved ones or death. It may be behavioral stress that comes from what a person does such as overeating and smoking.

Stated another way, "To a scientist, stress is any action or situation that places special physical or psychological demands upon a person — anything that can unbalance his individual equilibrium."<sup>2</sup>

That sounds like scientific talk, doesn't it? In short, it simply means that if we have to consciously or unconsciously change

or adjust, we are experiencing stress. We are used to the idea that disasters and other unpleasant events are stress producing, but it is also important to note that stress comes from happy events as well.



Thus, while a divorce is stressful, so is a marriage. Losing one's job is stressful, but so is gaining a promotion. Losing a child is obviously stressful, but so is giving birth and adjusting to the presence of another person in the family. *Anytime* there is a loss or an addition of a family member, the family equilibrium is unbalanced and stress is introduced.

### Bodily Reaction to Stress

Our bodies react to stress in the following manner. In extreme stress, our hearts will race and pound, our blood pressure will soar, and a flood of hormones will stimulate some organs and depress the activities of others. Our

breathing quickens and our muscles tense. Now remember, this is how our bodies react whether we are exhilarated or scared to death, whether we consider the stress good or bad, welcome or unwelcome.<sup>3</sup>

Occasional reactions of this nature are not likely to be harmful and can certainly be tolerated by the average human body. But, what if we feel like we are constantly under stress? What if our stomach usually seems to be pumping enough acid to keep Roloids and Tums in business? What if we rarely get through a day without a headache, or our neck feels like someone is practicing knot tying with it?

One or more of these symptoms is reported as a frequent companion to many people. With as large an audience as is reached by *Growing Parent*, there are likely to be many who read this who can identify with this list of symptoms. This is particularly likely since the period of parenting small children is considered by many to be the most stressful stage of their lives.

If this is true for you, please read on so that you can learn how excessive or chronic stress can be harmful to your body. More importantly, we want to share some steps you may take to reduce your stress level or, at least, to manage the stress you experience rather than being managed by it.

### Our Bodies Store Stress

What is harmful about stress, in addition to the extreme physical and emotional discomfort it can

produce in and of itself, is that our bodies tend to store it. Unless we have ways to break the stress cycle, the accumulation of stress produced by noise, constant interruptions, lack of uninterrupted sleep, lack of privacy, lack of exercise, improper diet, worry about finances, broken appliances, broken down cars, the barking dog, the crying baby, the . . . takes a severe toll on our bodies.

The effect of life changes are also cumulative, so that if one experiences a number of changes within the period of a year — a move, a new job, a new baby, marital difficulties, a change of diet, etc., the likelihood of becoming seriously ill increases tremendously.<sup>4</sup>

#### **We React in Different Ways**

Illness is only one of the possible tolls of excessive stress, however, for, as noted by the Justices<sup>5</sup>

The consequences of excessive stress may be physical, emotional, or social. Some people have a heart attack, acquire some form of cancer, get ulcers or colitis, have headaches or arthritis. Others get depressed, suffer chronic anxiety, hostility, guilt, or shame. Still others deal with excessive stress by acting out in such ways as committing incest or physical child abuse, becoming alcoholic and assaultive, or battering wives. A few people express excessive stress in all three areas: the physical, emotional, and social.

Isn't that a sobering list of possible consequences? Surely none of us wants to get either physically or emotionally sick, or lash out at our spouses or children. The thought of sex within the family is repelling to most and, indeed, is a "taboo." But when we experience excessive stress, our internal and external controls may break down. Like the Three Mile Island Nuclear

Plant, we are potentially dangerous and unpredictable. And, as in that incident, the question becomes whether we will break down internally, explode outwardly, or possibly both.

#### **Taking Stock**

What is your personal stress level at this point in your life (or that of your spouse)? Have you recently experienced, or are you currently experiencing, a great amount of change? Have you noticed weight gains, or losses, that aren't typical for you? Are you more subject to sore throats, colds, or the flu? Do you have head or stomach aches more often? Is your back acting up? If you answered yes to any, or many, of these questions, you may well be under a goodly amount of stress and may not be managing it well.

#### **Managing the Stress**

How then can an individual gain more control over his or her own life and manage the stress he or she is experiencing? You have already taken the first step if you have paused to evaluate the amount of life change you have been experiencing, and if you have paid more attention to your recent health history.

By becoming more self-aware you can take more charge of your life if you choose to do so. You have probably seen the poster or plaque that says, "When this mess is over I'm going to have a nervous breakdown. I've worked hard for it and I deserve it." I think we can all identify with the humor in this but, unfortunately, for some of us illness or "breakdown" is the only way we can give ourselves permission to rest, to pamper ourselves or accept pampering. Wouldn't it be better if we could learn to pamper ourselves when we felt great instead of rotten?

#### **Eliminating the Self-Stressors**

Stress not only comes from the

outside; we can also contribute our share through self-stressing behavior. This internal stress, or "self-stress," is caused by how we view and respond to the events and changes in our lives, situations, and circumstances. It is when we face both external and internal stress that we face excessive stress, so a second significant way to reduce the stress in your life is to learn to eliminate self-stressing behaviors.

Blair and Rita Justice have put their fingers on three specific self-stressing behaviors that too many of us fall into, and which we could certainly do without. These three are:<sup>6</sup>

(1) "awfulizing" — viewing events, situations, or circumstances as catastrophic, horrible, terrible, or unbearable.

(2) "shoulding" — demanding (usually silently in the form of self-talk and thoughts) that others should do or be different, or that the world should be different (fair, just, easy).

(3) "overgeneralizing" — condemning oneself or others on the basis of a single performance or one set of behaviors or traits ("I'm a failure" or "I'm worthless because I got fired" or "I let my family down").

So, in addition to becoming more aware of the amount of external stress in your life and deciding whether to take steps to vary that, you can also significantly reduce the stress you feel by reducing the amount of self-stressing in which you engage.

#### **Be Your Own Person**

One good way to reduce self-stressing behavior is to be or become your own person, to learn to

# dear Growing Child

Baby Neil wakes up at 6 am for his feeding. Daddy Roger gets up and brings him to our bed for me to breast feed. While Neil chows down, Roger fixes coffee and brings it to our bedroom. After baby is finished, we all spend an enjoyable 30-45 minutes in our bed talking, playing. Neil is always in good humor at this time, and Daddy benefits from the special time together with Neil and Mommy. In the quiet of the early morning when the entire world seems to be asleep, this very special time starts our day off to a terrific, positive beginning, and we would not give anything for it!

Linda S.  
Cocoa, Florida

Dear Growing Child:

When we were expecting our second child, we made our daughter feel a part of the pregnancy. She came to the doctor's office with me and toward the end, she was allowed to hear the baby's heartbeat during my examination. We would let her listen to the baby's heartbeat and feel him kicking. We read books about new babies and one about jealous feelings. She also tried to think of names for this new person. When the baby (a boy) was born, our daughter came to see him and me in the hospital, and she came when my husband brought us home. She held her brother as soon as he got in the car. Our daughter turned 3 years old 2 weeks after our son was born.

We allowed our daughter to select clothes, help change and help bathe her brother. When our son was six months and started eating, our daughter fed him when she expressed an interest in doing so.

Consequently, we have avoided major jealous feelings. Our daughter also gets very excited by each new accomplishment of her little brother.

Kay P.  
Lake City, Florida



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- Your toddler is having a temper tantrum. What should you do?
- Your child has been exposed to chicken pox. What now?
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For example, in evaluating certain products which children prefer, she found too much salt, and salt can cause hypertension in children, according to Mrs. Lansky. Finally she says, "Love is not equal to the amount of food you give your child. Provide quality but not quantity."



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Dear Growing Child:

Reading or telling stories is one of the most relaxing and enjoyable times for us because we learn a lot about each other. Daddy tells stories about what he does at work or our three year old tells about nursery school or we read about the values of saying please and thank you, etc. The next day I find things we've talked about the previous evening are incorporated into everyday use.

The next most valuable time is doing household chores together. It is really a thrill to see a child complete a job all by himself when a few months ago it would have been too hard for him to figure out.

Some of the most entertaining times is to give a 2 or 3 year old a pile of kitchen utensils (or anything that he's not sure of the exact use) and let him tell you what he thinks it is or does; an eggbeater is an umbrella, a spoon with holes is a scoop to catch fish which let's the ones that are too small get away... it's fun and imaginative.



Our son was only 14 months old when we had the baby—coming home with a new baby when the first is still a baby is hard, but even at 14 months my son adjusted best when he was involved in feeding, changing, picking out clothing, etc., for his new sister. When she would cry, I would not say, "I can't play now, I have to change your sister." I would say, "Let's change Dea—you can help by doing the powder." It worked for a long time. For six months or so I was tired, the housework never got caught up, but the only time the babies conflicted was when they were both sick and wanted to be held all the time or once in a while at a feeding when the older just couldn't wait for her to finish and wanted lunch or a toy for himself.

Nancy W.  
Nesconset, New York

## SCIENCE & SELF

In olden times the scientist and the philosopher were one. In fact, *science* means *knowing*. The early scientist/philosopher had one primary interest: to understand being or, as the song says, "What's it all about, Alfie?" The old sage wanted the facts, but then he wanted to know what the facts mean for him.

Nowadays we tend to think of philosophy and science as separate. The scientist, like the detective, "just wants the facts, Ma'am."; the philosopher is the dreamer, the guy with his head in the clouds. Scientists and philosophers may deny this, but the fact remains that they follow completely different educational routes to get where they're going. A fellow who keeps his foot in both camps is so unusual that he stands out — a genius. Einstein, for instance.

There's only one large group for whom science and philosophy remain united: children. Until they get turned off, all children are scientist/philosophers.

When a baby meets other living things — dog, insect, bird — an earthquake happens in him. Listen to his exploding laughter. "Eureka!" he is exclaiming. "We are not all!"

All he says is, "Wha' dat?" He has so few words. But for goodness' sake give him the words! In school he probably won't get science until the fourth or fifth grade. By that time everything has been broken apart into fantasy and fact, and the children labeled as math and science types or as language and history types.

So it's up to you as parents to retain the unity of your child for whom science and philosophy are just two sides of the same coin: being alive.

Recognize his questions. Give him the words. Let his whole life be one joyful scientific experiment. When he takes a snowball into the bath, what happens? Did the snowball die? No, it changed — it became water again! If you know how, you can keep a caterpillar alive in a jar. It will make a cocoon. Then, one day, out comes a butterfly! Did the caterpillar die? No, it took another form!

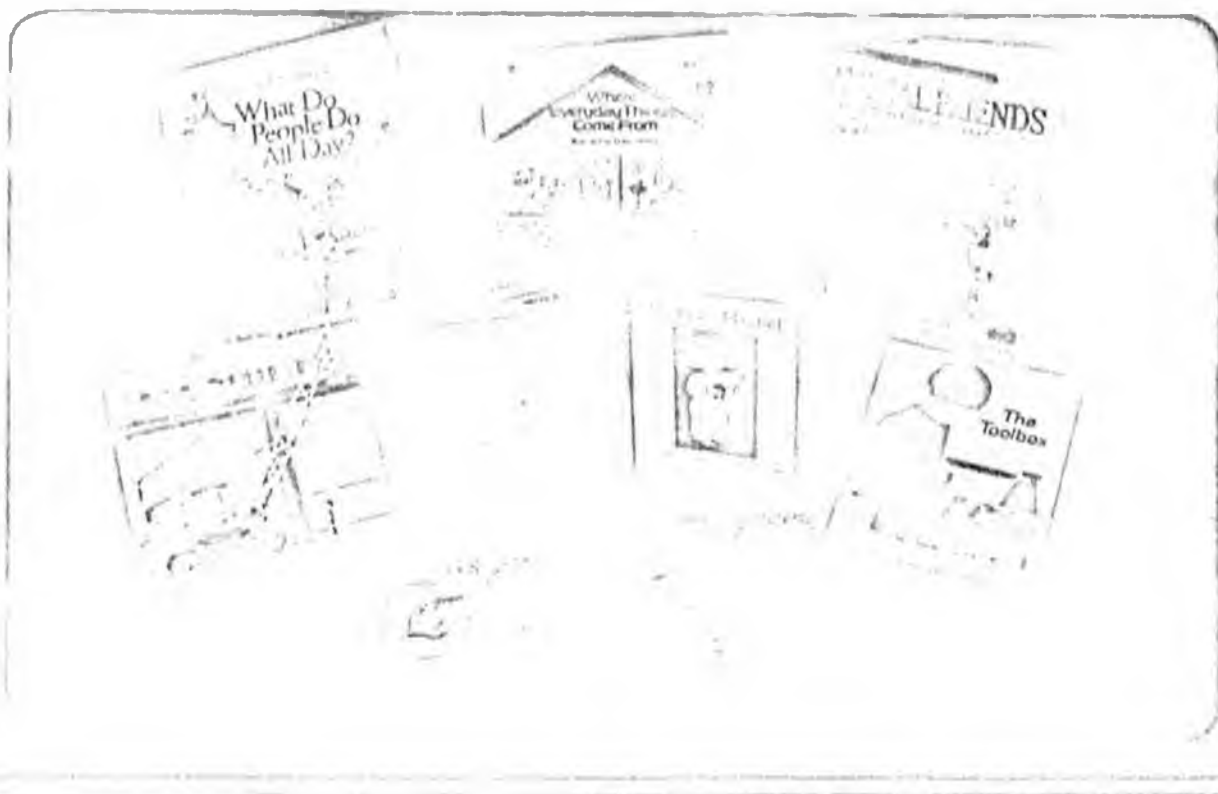
Wow!

You don't have to draw his conclusions for him. You must not. But give him the words. Give him the evidence that produces both the questions and the answers.

Above all, this means allowing him to conduct his whole life as scientific research. Whether he's popping the peas on his plate or tasting a mudpie, there is a scientific/philosophical possibility worth pursuing. It also means books. There are so many terrific books to show a child amazing things and to give him the words for his amazing questions.

Not all of the amazing questions are for now. But give him the confidence and the freedom to find out. He will also meet the difficulties in his life with strength and joy and intelligence.

What books to buy? Let his interests guide you. Follow his interests as far as they go. Where the interest stops or where it hasn't begun yet, don't force. The library is a super place to pursue momentary scientific interests — be they astronomical, technological, biological, etc. And here are some books especially well suited to the preschooler.



**WHAT DO PEOPLE DO ALL DAY?** by Richard Scarry. On the pre-school level this is as good as a whole set of encyclopedias. Its delightful animal people busily introduce such topics as government, coal mining, electricity, and the water cycle in terms both accurate and lively. Every preschooler needs a book like this to grow on. Random, hardbound, 4 colors, 96 pp., 2-6 yrs., \$5.00.

**WHERE EVERYDAY THINGS COME FROM.** by Aldren Watson. Besides the questions most parents can answer like how bread is made and where your cotton shirt comes from, this book includes some less familiar mysteries — where plastic comes from, and chocolate, and pain. Concise, straightforward text with large animal-peopled pictures. Platt and Munk, hardbound, 4 colors, 96 pp., 3 yrs. and up, \$5.00.

**OUR ANIMAL FRIENDS AT MAPLE HILL FARM.** by Alice and Martin Provensen. A totally unique book about the artists' own befuddled animals — tumb, smart, funny, and lovable. Special to this book is its matter-of-fact and tender acceptance of both personal shortcomings and death. Random, 4 colors, 64 pp., 4-6 yrs.,

hardbound, \$4.00. **MACHINES.** by Anne and Harlow Rockwell. Another beautifully simple book by the Rockwells — this time about important mechanical devices such as the lever, pulley, and wheel. This with **THE TOOLBOX** makes a marvelous present for a very young construction-minded child. Collier, hardback, 4 colors, 32 pp., 1 yr. and up. \$6.00.

**BABY ANIMALS** — by Harry McNaught, for the very youngest. This is a friendly way to meet some other small creatures. A board book the young child can't hurt with rounded corners that won't hurt him. Random House, board, 4 color, 12 pp., 1-2 yr., \$2.50, 5½" x 8".

**MICKEY'S MAGNET.** by Franklyn Branley and Eleanor Vaughan. Using the little magnet that comes with the book, let Mickey guide you and your child through a first-rate introduction to the wonders of magnetism. Real magic! Scholastic, paperback, 2 colors, 48 pp., 3-6 yrs., \$1.25.

**THE TOOLBOX.** by Anne and Harlow Rockwell. A simple painting and single sentence about each of fifteen tools. One especially

nice thing about this book is the way it seems to portray the tools themselves as works of art. Collier, paperback, 4 colors, 32 pp., 1 yr. and up, \$2.00, hb \$7.00.

**ALL ABOUT EGGS.** by Millicent Selsam. The story of how all animals — from fish and frogs to *people* — begin with eggs. This may be the most helpful and appropriate book around for answering the preschoolers' questions of *Where did I come from?* Young Scott, hardcover, 1 and 3 colors, 72 pp., 4-6 yrs. \$6.00.

**BIG RED BOX OF BOOKS** — Change your child's lap into Noah's ark by giving him this box of five books any preschool animal lover will love. **ANIMAL BABIES** by Harry McNaught and Jan Pfloog's **KITTENS ARE LIKE THAT** and **PUPPIES ARE LIKE THAT** are beautifully illustrated with full color paintings. **THE LITTLE DUCK** and **THE LITTLE LAMB** by Judy and Phoebe Dunn are stories illustrated with the fuzziest, wooliest, cuddliest photos ever. A luxurious exposure to the animal kingdom at a bargain price. Random House, 5 paperback books in a box, 4 colors, 32 pp. ea. 2-4 yrs \$4.75, 8" x 8".

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be at peace with yourself. Dr. Hans Selye, international authority on stress, spoke to this when asked how to cope with stress. He replied:<sup>7</sup>

The secret is not to avoid stress but to "do your own thing." That is an expression to which I fully subscribe. It implies doing what you like to do and what you were made to do at your own rate.

Medicine can help. There are good drugs for high blood pressure, for instance. But for most people it is a matter of learning how to live, how to behave in various situations, to decide: "Do I really want to take over my father's business or be a musician?" If you really want to be a musician, then be one.

#### Break the Stress Cycle

Stress is cumulative, *unless* you have ways to break the stress cycle. This is, of course, one of the original intentions behind the Sabbath. Even God felt the need to rest after a week of creation. But some of us seek to pack so much into our weekends that we have to go back to work to relax.

In addition to taking at least one day a week that is for yourself, and in which you truly relax, stress may also be diminished by physical exercise. Such activities as jogging, bicycling, swimming or gardening clean out the system and replenish one's energy reserves.

Meditation is another means to reduce or cope with stress. In meditation, one's thoughts are so specifically focused on a particular image that other concerns, cares, anxieties, are at least temporarily forgotten. After meditation, even if the problems exist, one is more capable of coping with them because your mind has been renewed.



Finally, we can refer to the specific relaxation techniques that have proven effective. Biofeedback therapy, yoga, tensing and relaxing different muscle groups in the body, and hypnosis have all proven their effectiveness. Different individuals respond better to different means of stress reduction, so you need to sample and experiment to find which one(s) work(s) best for you.

#### We Can Find the Time

No matter how busy we are, no matter how much our lives are subject to interruption, we can find the time to break the stress cycle each and every day if we choose to. What we need is the self-discipline (another self-stress reducer) to redeem those moments we are now wasting to engage in the activity (activities) that are truly refreshing to us.

Best of luck to you as you learn how to manage your life's stresses.

Dr. Bill Peterson

#### Notes

<sup>1</sup>Blair and Rita Justice. *The Broken Taboo*. New York: Human Sciences Press, 1979; p. 222.

<sup>2</sup>*Stress*. Time-Life Books Human Behavior Series 1976.

<sup>3</sup>*Ibid.*

<sup>4</sup>T.H. Holmes and R.H. Rahe. "The Social Readjustment Rating Scale." *Journal of Psychosomatic Research*, 1967, pp. 213-218.

<sup>5</sup>Blair and Rita Justice, *op. cit.*, p. 223.

<sup>6</sup>*Ibid.*

<sup>7</sup>"The Secret of Coping with Stress," an interview with Dr. Hans Selye. *U.S. News and World Report*, March 21, 1977.

# the back page

## Resources for Parents

- 1) For delayed development or physical handicaps:

National Easter Seal Society for Crippled Children  
2023 W. Ogden Avenue  
Chicago, IL 60612

- 2) For learning disabled or delayed development (K-7)

Council for Exceptional Children  
Division of Children With Learning Disabilities  
1920 Association Drive  
Reston, VA 22091

- Association for Children With Learning Disabilities

5225 Grace St.  
Pittsburgh, PA 15236

- 3) For mentally retarded:

Council for Exceptional Children  
Division of Mental Retardation  
1920 Association Drive  
Reston, VA 22091

- 4) For those who live in California, learning disabilities, mental retardation:

California Association for Neurologically Handicapped

Literature Distribution  
P O Box 1526  
Vista, CA 92083

- 5) For those who don't have a label as yet; this is an excellent publication put out by the government which answers many questions about slow or delayed development:

Closer Look  
P O Box 1492  
Washington, DC 20013



Concerned about your house plants? A chart showing the common household plants which may be poisonous is titled "Enjoy your Plants . . . But Protect your Family." Available from

Public Information Bulletin, National Poison Center Network, 125 DeSoto Street, Pittsburgh, PA 15213.



A new newsletter for parents titled "Practical Parenting" is now available from the folks who brought you "Feed Me! I'm Yours." It's filled with information and advice from parents about what works for them on a variety of topics. Every issue has an envelope for parents' questions and answers. Replies from everywhere are printed in the next issue.

Six issues cost \$5.00.

Practical Parenting  
15235 Minnetonka Blvd.  
Minnetonka, MN 55343



### A PARENT'S QUERY

"My question . . . Baby refuses to go to sleep without the pacifier, and if she does, she wakes up in 10 to 15 minutes. How do I break this habit (I never should have started) and at what ages should I take the pacifier away altogether? Baby is breastfed and does not suck fingers."

Any comments for this mother?

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

ALABAMA

(Professions and Businesses 4.34-19-1-.34-19-10)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Licensed registered nurse; certificate from school for nurse-midwives.
	Limitations on Practice	Cases of normal childbirth; physician's supervision necessary.
	Special Statutory Provisions	All deliveries must be planned to take place in hospital.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	Lay midwives holding health department permits may continue to practice until permits are revoked by Board of Health.
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CALIFORNIA

(Business and Professional Codes 2.5.2746 - 2.5.2746.8; 12.5.2350-12.5.2359)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	<p>Practice supervised by physician or surgeon (physician's presence not required); cases of normal childbirth. Authorized to provide family-planning care. Shall not use instruments, or artificial, forcible, or mechanical means to assist childbirth, nor perform version; shall refer complicated cases to physician. Shall not perform abortions.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Special Statutory Provisions</p>	<p>Requirements for censure are left up to appropriate boards and committees. In general, California's statutes establish the confines of the practice.</p>
	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CONNECTICUT

(377.20-75)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	Graduate of school of midwifery.
	Limitations on Practice	Cases of normal labor (uncomplicated vertex or head presentation). Shall not use drugs, instruments, nor perform version or attempt to remove adherent placenta. Shall not attend woman in labor until after seventh month of gestation.
	Special Statutory Provisions	Examination required for licensing.
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

FLORIDA

(30.485.011 - 30.485.091)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Diploma from school for midwives; sponsorship by two practicing physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	<p>Cases of normal labor; shall not use drugs, instruments, nor assist labor in any artificial, forcible, or mechanical manner, nor attempt to remove adherent placenta. Shall not use poisonous drug or herb medicine, nor attempt treatment of disease when attendance of physician cannot be secured.</p>
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Attendance, under the supervision of a physician, at not less than fifteen cases of labor and the care of fifteen or more mothers and newborns for periods of at least ten days each; sponsorship by two physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

INDIANA

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

(25-22-1-5, 22-22-1-6; Admin. Rules (25-22.5-5-5)-1, (25-22.5-5-5)-2

<p style="text-align: center;"><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p style="text-align: center;">Requirements</p>	
	<p style="text-align: center;">Limitations on Practice</p>	
	<p style="text-align: center;">Special Statutory Provisions</p>	
<p style="text-align: center;"><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p style="text-align: center;">Requirements</p>	<p>Diploma from school of midwifery which has proper equipment to teach anatomy, physiology, hygiene, anticepsis, neurology, toxicology, and the proper management of labor; high school education; ability to read and write the English language* *There are few schools in this country which train midwives who are not nurses. Since many professional midwives were educated at foreign institutions, some states feel is</p>
	<p style="text-align: center;">Limitations on Practice</p>	<p>necessary to require proficiency in English.</p>
	<p style="text-align: center;">Special Statutory Provisions</p>	<p>(Statutes pertaining to midwifery in Indiana date to the late 1800's. Midwifery in the state is presently controlled by administrative code. Both the statutes and codes have been included.) Examination required for licensing. Gratuitous services in an emergency not prohibited by act, nor does it restrict licensed physicians.</p>
<p style="text-align: center;"><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p style="text-align: center;">Requirements</p>	
	<p style="text-align: center;">Limitations on Practice</p>	
	<p style="text-align: center;">Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MARYLAND

(Art. 43.82-94)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Certified by American College of Nurse-Midwives as a nurse-midwife.
	Limitations on Practice	Normal cases of pregnancy; cannot practice medicine or prescribe drugs. Shall not induce labor or produce abortion.
	Special Statutory Provisions	Person who is not licensed midwife may practice under the personal and direct supervision of a physician. Subtitle does not restrict physician or person volunteering service in an emergency.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	Maryland midwifery laws updated 1970. Previous laws licensed midwives determined qualified by two practicing physicians. (These statutes have been included).

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MINNESOTA

(148.30 - 148.32)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from a school of midwifery.
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	Consent of seven members of the State Board of Medical Examiners given after examination of candidate.
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PER-  
TAINING TO LICENSING  
OF MIDWIVES

MONTANA

(66-1246)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Certificate in nurse-midwifery from the American College of Nurse-Midwives.
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

NEW JERSEY

(45:10)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		NEW JERSEY (45:10)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	<p>Certificate from school of midwifery, or maternity hospital granted after 1800 hours of instruction in not less than nine months.</p> <p>Certificate from foreign school of midwifery of equal requirements.</p> <p>Endorsement by physician.</p>
	Limitations on Practice	<p>Shall not perform criminal abortion. Normal labor cases. only.</p>
	Special Statutory Provisions	<p>Examination required. Topics covered by examination specifically laid out by statute.</p> <p>Chapter does not restrict physician nor gratuitous service in an emergency.</p> <p>New Jersey midwifery laws similar to Washington's.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

OHIO

(4731.30-4731.34)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Diploma from college for nurse-midwives
	Limitations on Practice	Practice under direction and supervision of physician. Shall not perform version, treat breech or face presentation, use instruments or treat abnormal condition, except in emergencies.
	Special Statutory Provisions	Examination may be required.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

UTAH

(58-44-1 - 58-44-11)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Completed approved certified nurse-midwifery education program.</p>
	<p>Limitations on Practice</p>	<p>Under this act, may also provide normal gynecological services.</p>
	<p>Special Statutory Provisions</p>	<p>Establishes committee to supervise practice or nurse-midwifery. Examination required. Act does not affect rights of parents to deliver their baby, where, when, how and with who they choose regardless of certification.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

WASHINGTON

(18.50.090 - 18.50.110)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		WASHINGTON (18.50.090 - 18.50.110)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from legally incorporated school on midwifery in good standing, granted after at least 2 courses of instruction of at least seven months each in different calendar years. Diploma from foreign institution on midwifery of equal requirements.
	Limitations on Practice	Shall not prescribe any drugs or medicine except some household remedy.
	Special Statutory Provisions	Examination required. Topics covered by examination specifically laid out by statute. Gratuitous service not prohibited by chapter. Washington's midwifery laws similar to New Jersey's.
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Graduate of school of midwifery; certified by American College of Nurse-Midwives.
	Limitations on Practice	Practice under the supervision of or in association with physician engaged in family practice or specialized field of gynecology or obstetrics.
	Special Statutory Provisions	Persons holding licenses issued before current laws enacted may continue to practice until expiration of licenses without privilege of renewal.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

## Note on changes to Fiscal Note

- ① The new figure ~~in~~ Section 1 is now \$125,000
- ② change fiscal note under Contractual and Commodities to a new figure proportionate to the need which includes
  - ① bilingual translation of material for rural areas
  - ② pre-natal care including alcohol syndrome

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 862

Title Growing Child Program

Requested by \_\_\_\_\_

Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Health

BRU, Program, or Subprogram(s) Affected Administration

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		4941	5336	5763	6224	6722
200 TRAVEL						
300 CONTRACTUAL		56,500	61,020	65,901	71,173	76,867
400 COMMODITIES		6,727	7,265	7,846	8,474	9,152
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		68,168	73,621	79,510	85,871	92,741

FUNDING (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
GENERAL FUND		68,168	73,621	79,510	85,871	92,741
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
FULL TIME						
PART TIME		.25	.25	.25	.25	.25
TEMPORARY						

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

It has been determined that there are approximately 9000 live births per year in Alaska. Each new family would receive a direct mailing with follow-up to provide an annual subscription to a monthly professional production media service. Department material will be included in each monthly mailing to provide educational material on parenting and nurturing skills relative to the age of the child.

Initial contact will be to 9000 persons with an expected participation for 50% of the contacted families. A part time clerk is projected to coordinate and physically prepare mailings of an estimated 58,500 individual mailings per year.

- 100 - 3 man-months Clerk Typist III  
@ 1277 per month + benefits 4941
- 300 - 4500 annual subscription to prepared  
material @ \$5.25/year = 23,625

(Continued Page 2)

Original: Legislative Finance  
cc. Budget and Management  
Chief Sponsor (or Staff Translator Named)

Prepared by: T. R. Branton Date: 2/29/80  
Division/Office: Monitor Health & Soc PH: 465-3000  
Department of Health & Social Services

printing cost for prepared mailing list = 700  
postage @ .55 per packet for 58,500 units = 32,175

9000 units X 1 mail per year = 9,000  
4500 units X 11 mail per year = 49,500

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Total Units 58,500

purchase of 58,500 clasp mailing envelopes  
@ .115 each 6727

TOTAL \$68,168

All costs for FY 81 forward adjusted  
b6 8% per year.