ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1579 SHESS HB 112 - HB 131

1529

very serious public health problem. If a raised drinking age reduces the magnitude of the problem by 20%, by implication 80% of the alcohol-related crashes are continuing to occur, and require continuing prevention efforts. If a large number of alcohol-related crashes continue to occur among underage people, it is clear that some young people continue to drink alcoholic beverages after an increase in drinking age, and therefore must still have alcohol available to them. Raising the legal minimum drinking age does not eliminate the availability of alcohol to young people, but rather is one public policy that reduces alcohol availability and public health problems associated with alcohol use.

Minimum purchasing ages have never prevented underage youth from drinking any alcoholic beverages. Recall the literature reviewed in Section 2.1, which indicates that a majority of high school youth are not abstainers. It is not reasonable to expect a raised legal drinking age to eliminate all youthful alcohol consumption. The observation that youth continue to drink after implementation of higher drinking ages has been cited as evidence that the laws have no effect. However, evaluation of any prevention policy or program is based on marginal effects in reducing public health problems. No prevention effort is realistically expected to prevent all of the incidence of a major public health problem. The legal minimum drinking age substantially reduces alcohol-related crash involvement among young drivers; that it does not eliminate this serious problem is no reason not to consider minimum drinking age as one component of a broader prevention effort.

The minimum drinking age is one of many public policies affecting the availability of alcoholic beverages. The drinking age is a

particularly good test of effects of alcohol control laws and alcohol availability for several reasons. First, changes in alcohol availability are focused on a specific age-group, permitting other age-groups to serve as comparisons. Abundant high quality data over an extended period of time are readily available for motor vehicle crashes, the leading alcohol-related health problem among the focal age group.[38] The outcome variable is an acute (not chronic) alcohol-related health problem, the incidence of which can be expected to respond immediately to a major change in drinking patterns. Finally, the drinking age is one indicator of alcohol availability that has changed in both directions in the past decade, providing the opportunity to evaluate effects of reduced as well as expanded availability. For these reasons, the legal minimum drinking age has provided an ideal opportunity for the scientific evaluation of propositions based on availability theory.

In addition to the primary focus on motor vehicle crashes, this investigation also analyzed the effect of the drinking age on aggregate alcoholic beverage sales. Implementation of mandatory beverage container deposit laws in both Michigan and Maine at the same time the drinking age was raised complicated interpretation of the findings. Mandatory container deposit laws also affect alcohol availability not only by increasing the inconvenience of purchasing package beer (and

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[38]Although data on traffic crashes are far from perfect, their quality is high compared to data on the incidence of other alcohol-related social and health problems such as non-motor-vehicle accidents, homicide, assault, child or spouse abuse, divorce, unemployment, and chronic diseases resulting from or exacerbated by heavy alcohol consumption. Furthermore, although data on police-reported alcohol-involvement in traffic crashes is often disparaged, such data are often very useful, particularly for states (such as Michigan) with separate dichotomous alcohol involvement items on statewide standard crash reporting forms.

returning empty containers), but also by causing a significant increase in retail price of package beer. Although the independent effects of the drinking age and container laws could not be determined, major changes in sales of beer were associated with the legal changes of the late 1970s. These results provide further evidence of the importance of evaluating public policies for their effects on alcoholic beverage sales/consumption and associated public health problems.

6.3 Recommendations

Followup studies should be conducted, assessing whether the effects observed in this research increase or decrease over time. This research was limited to an examination of the first year or two after higher drinking ages were implemented. One might hypothesize that the long-term effect will be larger than the short-term effect identified here, since the 18-20-year-old cohort the first few years after a legal change includes individuals who had had the right to drink prior to implementation of the higher drinking age. One might suppose that those who were drinking legally prior to the new laws would be less likely to give up their drinking habits than later cohorts who never had the right to drink. Thus, one would hypothesize that the reduction in alcohol-related crash involvement during the transitional age cohort are smaller than the long-term effect of raising the drinking age.

The pre-driving drinking environment and drinking practices of youth should be investigated. The present research established a link between legal drinking age and crash involvement. As was discussed in Section 3.3, a variety of intervening factors mediate this relationship. One main intervening factor is the drinking practices of youth, including both quantity-frequency of consumption and social situations

in which pre-driving drinking occurs. Further research on drinking practices of youth should focus on behavioral patterns which precede driving after drinking.

Another intervening variable between a change in legal drinking age and crash outcomes is enforcement of the drinking age. Levels of enforcement activity, as perceived by both law enforcement officials and young people the focus of the enforcement efforts, deserves more attention.

Analyses of specific subpopulations of crash-involved drivers should be conducted. This research assessed the effect of drinking age on the aggregate of all reported 18-20-year-old crash-involved youth in Michigan. Analyses of single-year age categories would aid in the determination of an optimal legal drinking age. For example, if the beneficial effect of a higher drinking age is largely due to reduced alcohol-related crash involvement among 18 and 19-year-olds, with little effect on 20-year-olds, a minimum drinking age at 20 may provide most of the benefits of the higher legal age at a lower cost in terms of restricting the freedom of young people. A second main demographic characteristic of crash-involved drivers that should be taken into account is sex. As discussed in Chapter 2.0, the alcohol-related crash problem is largely a problem of male drivers. However, there is some evidence that the differential drinking (and perhaps driving after drinking) patterns between males and females is decreasing (National Institute on Alcohol Abuse and Alcoholism, 1980). Very little research to date has focused on the young female alcohol-related crash-involved driver.

Other major changes in alcohol availability should be evaluated for public health effects. Since substantial changes in the availability of alcohol to young drinkers, as reflected in the legal drinking age, have been found to have a clear impact on a major alcohol-related health problem, other changes in alcohol availability should be examined for public health effects. Governmental actions, either through administrative policy, regulatory changes, or legislation, frequently have direct implications for alcohol availability. For example, deregulation or other changes in alcoholic beverage prices, changes in alcohol tax formulae, and zoning and other local ordinance modifications should be adequately evaluated regarding their consequences for alcohol-related morbidity and mortality. Some of these policies, which may appear to have no direct connection with alcohol policy, such as mandatory container deposit laws, were found in this research to be associated with major changes in aggregate alcoholic beverage sales. The effects of new legislation and regulations should be regularly measured, and the results should be used to guide the formulation of public policies designed to prevent alcohol abuse and other alcohol-related problems.

Alcohol control policies historically have been used to accomplish many purposes. In addition to protecting the public health, these laws have been used to reflect social and moral standards, to ensure a stable market for beverage alcohol, and to create mechanisms for governmental revenues. Although other considerations enter into a determination of the minimum age at which alcoholic beverages can be legally purchased, the recommendation below is based solely on the public health and social

cost implications of research findings concerning effects of the drinking age on alcohol-related motor vehicle crash involvement.

A legal drinking age at 20 or 21 should be encouraged. Rarely in the field of public health is it possible to identify a law, public policy, or programmatic effort that has a demonstrable effect on a major cause of morbidity due to individual behavioral patterns. Few traffic safety prevention programs have been found to have prevented significant numbers of alcohol-related traffic accidents among young drivers. Recent changes in legal drinking age in Michigan and Maine produced significant reductions in injuries and social costs associated with traffic accidents. The higher drinking age can be considered a successful public health countermeasure against a leading cause of morbidity and mortality among youth. If the basis for a determination of the minimum age of purchase for alcoholic beverages is the public health consequences of alternative drinking ages, one must conclude that higher drinking ages should be encouraged.[3]

The view that demonstrable effects of the drinking age lead to the conclusion that the drinking age should be high is not universally held. It has been argued (Bowen and Kagay, 1973, Cucchiaro et al., 1974) that the higher frequency of alcohol-related collisions among young drivers when the drinking age is low should not be interpreted as support for a higher drinking age, because the lower legal age simply results in young drivers experiencing the high rates of alcohol-related collisions characteristic of drivers in their early 20s. Since the proportion of all collisions that are alcohol-related is approximately the same for

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[3]"The "protection of life and limb" was found by the courts to be the rational basis for the 1978 change in Michigan's legal drinking age (Guy, 1978:51).

18-20-year-olds under a lower legal drinking age as the proportion that are alcohol-related among drivers in the early 20s, the increased frequency of alcohol-related crashes among 18-20-year-olds resulting from a lowered drinking age provides insufficient justification for a higher minimum drinking age, according to these authors.

However, it must be recognized that the lower drinking age expands the age group with a particularly high risk of alcohol-related crash involvement by three years. There is no evidence that a lower drinking age causes a shift in the high risk age group from those in their early 20s to those in their late teens. When the drinking age is reduced to 18, drivers age 21-24 remain at high risk of alcohol-related collision involvement, while those age 18-20 are added to the high risk age group.

The prevention of alcohol-related crash involvement is inevitably an ethical, value, or political issue. The prevention of health problems that are a result of individual behavioral patterns is based on the exercise of power by those who want to change individual behavior to minimize health problems, against those who are viewed as contributors to the problems. With regard to the legal drinking age, there is a compromise between the pleasures/liberties of young drinkers and other positive functions alcohol may provide for society (e.g., enhancing the stability of the socio-political system), and dysfunctional consequences of youthful alcohol use, of which traffic crash involvement is one example. The classic issue for public health prevention is, how much interference in the lives of individuals is acceptable in pursuit of improved health? Do we only intervene when the individual's actions affect others? Almost everything a person does affects others to some extent in our increasingly complex social system. A balance between

competing values such as individual freedom and the public's health and safety must be obtained through the political system, where, hopefully, a compromise is achieved that is acceptable to most of the members of the social system.[40]

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[40]It is important to note, however, that those with an economic interest in increased use of alcoholic beverages are likely to have a disproportionate influence in the political process.

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT.

6.0 SUMMARY, DISCUSSION, AND RECOMMENDATIONS

6.1 Summary

The core issue of this investigation was whether raising the legal minimum age for purchase of alcoholic beverages has a significant effect in reducing alcohol-related motor vehicle crash involvement among young drivers, the leading cause of death for this age group. The findings are unambiguous; analyses of extended crash time series, comparing (1) alcohol-related with non-alcohol-related crashes, (2) young drivers with older drivers, and (3) states that raised the legal age with those that have not, demonstrate that significant reductions in alcohol-related crash involvement among young drivers result from increases in the minimum drinking age. Taking into account the results from analyses of multiple states, age groups, and indicators of alcohol involvement, the best estimates of the effects of the raised drinking age in Michigan and Maine are as follows. First, Michigan drivers age 18-20 experienced a net reduction of approximately 20% in the frequency of involvement in alcohol-related injury-producing crashes due to the higher drinking age. The 20% reduction means that about 1100 fewer young Michigan drivers were injured in the first 12 months with the higher drinking age than would have been expected had the legal age not been raised. Second, young Michigan drivers were involved in 17% fewer alcohol-related property damage crashes after the drinking age change, representing a reduction of about 1500 crash-involved drivers per year. Third, 18-19-year-old Maine drivers were involved in approximately 20% fewer alcohol-related property damage crashes after the drinking age was raised; that is, 75 fewer young drivers were involved in property damage crashes than one would have expected had the law not been changed. These crash

reductions are causally attributable to the higher drinking ages because substantial decreases in crash involvement were limited to alcohol-related crashes among young drivers in states that raised the drinking age, with no comparable reductions in non-alcohol-related crashes among youth, crash involvement of older drivers within the same state, or crash involvement of young drivers in comparison states with unchanged drinking ages.

Although the public health benefits and reduced social costs resulting from injury and property damage reductions identified in this research are large, note that the benefits of higher drinking ages are understated, because reductions in injuries to passengers of young crash involved drivers have not been taken into account.

The conclusion that the legal minimum drinking age affects youth crash involvement is further strengthened by comparing results of this research on the raised drinking age with results of earlier research on effects of lowered drinking age. Douglass and Freedman (1977) analyzed a subset of Michigan jurisdictions with complete accident reporting over the 1968 through 1975 period, using a time-series design. Results revealed a 17% ($p<.06$) increase in total (i.e., property damage and injury producing) single-vehicle nighttime male crash involvement among drivers age 18-20 associated with the lowered drinking age in 1972. Police-reported drinking driver crash involvement increased 35% ($p<.01$) after the drinking age was reduced. Similar analyses for the State of Maine revealed a 29% ($p<.02$) decrease in reported alcohol-related crashes, and a 16% ($p<.10$) decrease in single-vehicle nighttime male crash involvement associated with Maine's reduction in drinking age from 20 to 18 in 1972 (Douglass et al., 1974). Comparisons between these

earlier findings and results of the present investigation reveal that raising the drinking age reverses the effect of prior reductions in drinking age. Estimates of the increase in alcohol-related crash involvement among young drivers associated with Michigan and Maine's lowered drinking ages ranged from 16 to 35%, remarkably similar to the 11 to 34% range of estimates obtained in the present study of decreased alcohol-related crash involvement associated with raising the drinking age in these two states.

6.2 Discussion

Although the effect of the raised drinking age in reducing youthful auto crashes is now clearly documented, some caution is warranted before a blanket statement is made that any state raising the drinking age can count on a 20% decrease in youth crash involvement. The effect of higher drinking ages is not necessarily uniform across states. In this research, the effect in Michigan was larger and more obvious that the effect in Maine, particularly for the more serious, injury-producing crashes. As noted in section 3.2.2, two studies of fatal crash involvement in Massachusetts found no significant reductions due to an increase in drinking age from 18 to 20 (Hingson et al., 1981; Williams et al., 1981).

One possible reason for the lack of an effect in Massachusetts is that four of the five state bordering Massachusetts had minimum drinking aged of 18 for all alcoholic beverages after Massachusetts' higher drinking age was implemented.[33] The availability of beverage alcohol to

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[33]Vermont, New York, Connecticut, and Rhode Island permitted 18-year-olds to purchase all types of alcoholic beverages during the period for which the Massachusetts law was evaluated. New Hampshire increased

Massachusetts youth was not reduced as much as in other states that raised the drinking age, since Massachusetts youth had a legal supply of alcohol in contiguous states. Hingson et al.'s (1981) survey results provide some support for this line of reasoning, since underage Massachusetts youth reported little difficulty obtaining alcohol after the drinking age was raised. Evidence that contiguous states with differential minimum drinking ages create problems with cross-border purchases of alcohol by youth was provided by Lillis et al. (1981), who found that 18-20-year-old Pennsylvania residents were over-represented in alcohol-related traffic crashes occurring in New York counties contiguous with Pennsylvania.[34] Taking such cross-border problems into consideration, one might suggest the development of a nationwide consensus for a drinking age at 20 or 21, with uniform effective enforcement of the law across states. In any event, potential cross-border purchase of alcohol must be considered when evaluating effects of state-specific drinking age laws.

Another potential explanation of the lack of an observed effect of Massachusetts' higher drinking age is related to the data analyzed. In both studies where no effect of higher drinking ages was found (Hingson et al., 1981; Williams et al., 1981), the dependent variable, fatal crash involvement, had low frequencies. The number of alcohol-related crash fatalities among a limited age group within one state is relatively small for analysis purposes, and, as a result, the large random variation in the number of fatalities from month to month, or

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its drinking age from 18 to 20 in May 1979, just one month after the Massachusetts increase was implemented.

[34]The minimum drinking age is 21 in Pennsylvania and 18 in New York.

even year to year, makes it difficult to identify a significant effect of a policy change such as the drinking age. Even in Michigan, where substantial reductions in both injury-producing and property damage crash involvement due to the raised drinking age were clearly found, no significant effect of the raised drinking age was discernable when fatal crashes alone were analyzed (Wagenaar, 1980). The problems with low crash counts for analysis might also emerge for non-fatal crashes in less populous states like Maine, making it more difficult to detect any effect of policy changes. As a result, while evidence to date clearly demonstrates an effect of raising the drinking age, reductions in crashes and injuries may not always be clearly evident in less populous jurisdictions.

One implication of these findings for future evaluations of the drinking age or other public policy changes is that analyses should not be limited to fatalities only, but should also include the much larger numbers of injury and property damage crashes. Although the effort and costs associated with analyzing non-fatal crashes is substantially higher, such analyses may avoid incorrect conclusions that a policy change had no effect on the outcome of interest.[11]

In spite of the substantial effect of the raised drinking age in reducing alcohol-related crash involvement among young drivers, it is important to keep in mind that the drinking age does not eliminate this

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[11]Increased cost and effort required for analyses of non-fatal crash involvement is readily apparent when the number of fatally injured drivers is compared with the total number of crash involved drivers. For example, in 1979 about 2,500 Michigan drivers were fatally injured in crashes, while about 625,000 drivers were involved in reported crashes. Analyses of all crash-involved drivers over a multi-year period in several states, as was done in the present investigation, requires the processing of millions of crash records.

very serious public health problem. If a raised drinking age reduces the magnitude of the problem by 20%, by implication 80% of the alcohol-related crashes are continuing to occur, and require continuing prevention efforts. If a large number of alcohol-related crashes continue to occur among underage persons, it is clear that some young people continue to drink alcoholic beverages after an increase in drinking age, and therefore must still have alcohol available to them. Raising the legal minimum drinking age does not eliminate the availability of alcohol to young people, but rather is one public policy that reduces alcohol availability and public health problems associated with alcohol use.

Minimum purchasing ages have never prevented underage youth from drinking any alcoholic beverages. Recall the literature reviewed in Section 2.1, which indicates that a majority of high school youth are not abstainers. It is not reasonable to expect a raised legal drinking age to eliminate all youthful alcohol consumption. The observation that youth continue to drink after implementation of higher drinking ages has been cited as evidence that the laws have no effect. However, evaluation of any prevention policy or program is based on marginal effects in reducing public health problems. No prevention effort is realistically expected to prevent all of the incidence of a major public health problem. The legal minimum drinking age substantially reduces alcohol-related crash involvement among young drivers; that it does not eliminate this serious problem is no reason not to consider minimum drinking age as one component of a broader prevention effort.

The minimum drinking age is one of many public policies affecting the availability of alcoholic beverages. The drinking age is a

particularly good test of effects of alcohol control laws and alcohol availability for several reasons. First, changes in alcohol availability are focused on a specific age-group, permitting other age-groups to serve as comparisons. Abundant high quality data over an extended period of time are readily available for motor vehicle crashes, the leading alcohol-related health problem among the focal age group.[38] The outcome variable is an acute (not chronic) alcohol-related health problem, the incidence of which can be expected to respond immediately to a major change in drinking patterns. Finally, the drinking age is one indicator of alcohol availability that has changed in both directions in the past decade, providing the opportunity to evaluate effects of reduced as well as expanded availability. For these reasons, the legal minimum drinking age has provided an ideal opportunity for the scientific evaluation of propositions based on availability theory.

In addition to the primary focus on motor vehicle crashes, this investigation also analyzed the effect of the drinking age on aggregate alcoholic beverage sales. Implementation of mandatory beverage container deposit laws in both Michigan and Maine at the same time the drinking age was raised complicated interpretation of the findings. Mandatory container deposit laws also affect alcohol availability not only by increasing the inconvenience of purchasing package beer (and

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[38]Although data on traffic crashes are far from perfect, their quality is high compared to data on the incidence of other alcohol-related social and health problems such as non-motor-vehicle accidents, homicide, assault, child or spouse abuse, divorce, unemployment, and chronic diseases resulting from or exacerbated by heavy alcohol consumption. Furthermore, although data on police-reported alcohol-involvement in traffic crashes is often disparaged, such data are often very useful, particularly for states (such as Michigan) with separate dichotomous alcohol involvement items on statewide standard crash reporting forms.

returning empty containers), but also by causing a significant increase in retail price of package beer. Although the independent effects of the drinking age and container laws could not be determined, major changes in sales of beer were associated with the legal changes of the late 1970s. These results provide further evidence of the importance of evaluating public policies for their effects on alcoholic beverage sales/consumption and associated public health problems.

6.3 Recommendations

Followup studies should be conducted, assessing whether the effects observed in this research increase or decrease over time. This research was limited to an examination of the first year or two after higher drinking ages were implemented. One might hypothesize that the long-term effect will be larger than the short-term effect identified here, since the 18-20-year-old cohort the first few years after a legal change includes individuals who had had the right to drink prior to implementation of the higher drinking age. One might suppose that those who were drinking legally prior to the new laws would be less likely to give up their drinking habits than later cohorts who never had the right to drink. Thus, one would hypothesize that the reduction in alcohol-related crash involvement during the transitional age cohort are smaller than the long-term effect of raising the drinking age.

The pre-driving drinking environment and drinking practices of youth should be investigated. The present research established a link between legal drinking age and crash involvement. As was discussed in Section 3.3, a variety of intervening factors mediate this relationship. One main intervening factor is the drinking practices of youth, including both quantity-frequency of consumption and social situations

A variety of exposure variables have been suggested as explanations for the overrepresentation of youth among accident-involved drivers, especially involvement in more serious injury-producing collisions, such as: (1) driving at more hazardous times/locations (for example, nighttime and weekends); (2) more frequent driving with passengers present (increasing the probability of distraction); (3) driving vehicles that are in poorer condition; and (4) more frequent use of two-wheeled vehicles. Although much work remains to be done concerning the effects of differential exposure, studies to date indicate that the overrepresentation of young drivers in the accident-involved population remains, even after a variety of controls on accident exposure (Organization for Economic Cooperation and Development, 1975; Preusser et al., 1975).

In addition to their overrepresentation in all collisions, young drivers also have the highest rates of alcohol-related crashes of any age group (Cameron, 1977; Flora et al., 1978).[4] The high rates of alcohol-related collisions among youth are apparently not due simply to increased driving after drinking. In fact, roadside breath test surveys have revealed that the proportion of youthful drivers with elevated BACs is the same as, or lower than, the proportion of drivers in their 30s or 40s with elevated BACs (Preusser et al., 1975; Wolfe, 1975).

An important explanation of the excessive rates of alcohol-related collision experience of young drivers is the finding that the relative risk of crash involvement at various BAC levels is higher for youth than the relative risk of crash involvement at the same BAC levels of middle-

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[4]Alcohol-related crash rate is here defined as the alcohol-related crash frequency divided by the total crash frequency for the relevant age group.

HB

130

COMMITTEE REPORT

SENATE

FURTHER: Finance

5/20/81

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 130(Fin) am

making special appropriations to establish programs to deal with post-traumatic stress disorder

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____ CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: Senate HESS

TO: CSHB 130(Fin) am SENATE BILL No. _____

HOUSE BILL No. _____

PAGE: 1 LINE: 17 - 21

Delate section 2 and replace with the following:

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities, for paymant on a competitively bid request for proposal to a non-profit veterans service organization for a Vietnam meterans post traumatic stress disorder outreach program for Southeast Alaska, modeled on the United States Veterans Administration outtreach program. A condition of the contract award shall be that the contract recipient shall hire Vietnam veterans for principle management and all counseling positions.

Original sponsor: Moss

Offered: 5/18/81
Referred: Rules

Funding Information
General Fund $315,000
Other Funds -0-
$315,000

IN THE HOUSE BY THE FINANCE COMMITTEE

CS FOR HOUSE BILL NO. 130 (Finance) am

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective date."

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

* Section 1. The sum of $165,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, to establish a training and technical assistance account in the division to assist mental health, crisis, drug and alcohol programs to identify post-traumatic stress disorder in Vietnam veterans, and to identify and treat veterans and their families affected by the disorder.

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, for payment ~~as a grant to the Vietnam Veterans of Alaska, Inc.~~ on a competitively bid request for proposal to a non-profit veterans service organization for Southeast Alaska for a Vietnam veterans post-traumatic stress disorder outreach program based on the United States Veterans Administration outreach program. A condition of the contract award shall be that the contract recipient shall hire →

* Sec. 3. The sum of $50,000 is appropriated from the general fund to the Department of Health and Social Services, office of the commissioner, office of information systems, to develop, in conjunction with other state agencies, a needs assessment of Alaska Vietnam veterans, and to gather data on the capability of state information systems to identify and monitor these veterans.

* Sec. 4. The unexpended and unobligated portions of the appropriations made by secs. 1 and 3 of this Act lapse into the general fund on June 30,

SENATE AMENDMENT

BY _____

To: _____ SENATE BILL No. _____

To: _____ HOUSE BILL No. CSCSHB 130 (am)

PAGE: 1 LINE:

Section Two should be changed to read:

The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities, for payment on a competitively bid request for proposal, to a non-profit veterans service organization (GRANT TO THE VIETNAM VETERANS OF ALASKA, INC.) for a Vietnam veterans post traumatic stress disorder outreach program for Southeast Alaska, modeled on the United States Veterans Administration outreach program. A condition of the contract award shall be that the contract recipient shall hire Vietnam veterans for principle management and all counselling positions.

Proposed amendment for HB 130:

replace section 2 with the following:

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, for payment on a competitively bid request for proposal, to a non-profit veterans service organization for a Vietnam veterans post traumatic stress disorder outreach program for Southeast Alaska, modeled on the United States Veterans Administration outreach program. A condition of the contract award shall be that the contract recipient shall hire Vietnam veterans for principle management and all counseling positions.

SUBMITTED BY VIETMAN VETERANS OF ALASKA, INC. 5/29/81

TELECOPY COVER SHEET

TO: SENATOR MIKE COLLETTA PHONE: 465-3732

FROM: William C. Oleson PHONE: 277-1501

INSTRUCTIONS: Please call for pick-up.

RECEIVED: DATE ____ TIME ____ :

SENT: DATE 5/28 TIME 1:55 pm

BY ANCHORAGE INFORMATION OFFICE (278-3668)

DISPOSAL OF ORIGINAL: xx THROW AWAY

____ HOLD FOR PICK UP

NUMBER OF PAGES: ____ (NOT COUNTING COVER SHEET)

From Wm. C. Oleon Team Leader,
Anchorage Vet Center
To Senator Mike Callista
Reference HB 130

This is in reply to questions by several members of the Senate regarding H. B 130 and the possible coordination and co mingling of State and federal funds to set up a satellite vietnam veterans counseling Center (Vet Center Outreach) in Juneau, Alaska

I have been instructed by my supervisor, Mr. Robert Malone, Coordinator Region VI Vet Center Outreach Programs that a letter of Request & Intent be extended from the State of Alaska to the Administrator of the Veterans Administration, Washington D.C. to provide State of Alaska funds to the V.A. to provide for an additional Vietnam Outreach Center Satellite in Juneau, Alaska. These funds would be forwarded to the Anchorage Veterans Administration Regional Office to be used to lease office space, fund staffing, provide for travel, office operations,

and Communication.
Coordination of the Satellite in Juneau would be under the Anchorage Vet Center Team Leader who would be responsible for the entire operation of the Satellite including staffing & staff training, etc.

The existing Vet Center (Vietnam Veterans Counseling Outreach) in Anchorage includes the Main office in Anchorage and three Satellite operations in Fairbanks, Kenai, and Wasilla. Each of the Satellite operations are staffed with one counselor (Outreach Support Staff). The Anchorage Vet Center is staffed with 5 counselors and one office administrator. All coordination of the 4 offices goes thru the Anchorage office.

It has been requested that the $100,000 identified in N.B. 130 be increased to $200,000. - so that outside services from Juneau could be expanded to include all of Southeastern Ak., so that two counselors one secretary could travel allowance to set up sig-

Ship services in Sitka,
Ketchikan, Valdez, etc.
If there are any questions,
please call Bill Olsen,
277-1501.

Proposed amendment for HB 130:

replace section 2 with the following:

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, for payment on a competitively bid request for proposal, to a non-profit veterans service organization for a Vietnam veterans post traumatic stress disorder outreach program for Southeast Alaska, modeled on the United States Veterans Administration outreach program. A condition of the contract award shall be that the contract recipient shall hire Vietnam veterans for principle management and all counseling positions.

SUBMITTED BY VIETMAN VETERANS OF ALASKA, INC. 5/29/81

ARTICLES OF INCORPORATION FOR VIETNAM VETERANS OF ALASKA (VV/A)

We, the undersigned residents of the State of Alaska, being nineteen (19) years or more of age, do hereby associate ourselves together for the purpose of forming a corporation under the statutes of the State of Alaska.

Article One
NAME

The name of the corporation shall be Vietnam Veterans of Alaska (VV/A), and its location shall be 4501 Dredge Lake Ave., City of Juneau, Borough of Juneau-Douglas, State of Alaska.

Article Two
DURATION

The period of duration of this nonprofit corporation shall be until 11 November, 1984, unless otherwise terminated by affirmative vote of the corporation membership.

Article Three
PURPOSE CLAUSE

The business and purpose of this corporation shall be to advocate for and act as spokespersons on behalf of the Alaskan Vietnam Veteran, Vietnam-era Veterans and their families. To achieve this purpose, the following goals are established:

Goal #1: To advocate through the Alaska State Legislature for the creation of a Vietnam Veterans Counseling Program for Southeastern Alaska, and the rest of the State of Alaska.

Goal #2: To create heightened awareness and involvement by Vietnam Veterans and the public to the issues of the Vietnam Veteran. These are specifically defined as:

a. Employment
b. Service connected counseling
c. Continuance of Federal veterans benefits
d. Discharge review
e. Representation in the political sphere

Article Four
NONSTOCK CORPORATION

The corporation shall be nonstock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.

Article Five
DIRECTORS

The number of Directors constituting the initial board of directors of the corporation is seven (7), and the names and addresses of the persons who are to serve as initial directors are as follows:

Paul Davis, 570 Seatter St., Juneau, Ak.

John Rear, Box 497, Douglas, Ak.

Allen D. Blume, 4501 Dredge Lake Ave., Juneau, Ak.

Kris Krestensen, 504-B Kennedy St., Juneau, Ak.

Mike Luque, 826 Calhoun, Apt. #7, Juneau, Ak.

Steven Hale, 319 Carol Way, Apt. B, Juneau, Ak.

Jim Benka, 1003 B Street, Juneau, Ak.

Article Six
ELECTION OF DIRECTORS

The manner in which the directors are to be elected by the members is as follows: At the biennial general membership meeting in December of each year.

Director vacancies may be filled by general membership vote during the biennial general membership meeting in June of each year.

Article Seven
CORPORATE OFFICERS AND THEIR FUNCTIONS

The general officers of the corporation shall be Chairman, Vice-chairman for Finance, Vice-chairman for Communication, Vice-chairman for Organization, Vice-chairman for Employment, Vice-chairman for Legal Affairs, and Vice-chairman for Disabled Veterans.

The principal duties of the chairman shall be to preside at all meetings of the members and the board of directors and to have a general supervision of the affairs of the corporation. The chairman shall designate a member to preside over the general membership meetings, in the event he (the chairman) is unable to attend any such meeting.

The principal duties of the vice-chairman for finance shall be to keep an account of all monies, credits, and property of any and every nature of the corporation which shall come into his hands, and to keep an accurate account of all monies received and disbursed and of proper vouchers for monies disbursed, and to render such accounts, statements, and inventories of monies received and disbursed and of money and property on hand, and generally of all matters pertaining to his office, as shall be required by the board of directors.

The principal duties of the vice-chairman for communications shall be to countersign all deeds, leases, and conveyances executed by the corporation, affix the seal of the corporation thereto and to such other papers as shall be required or directed to be sealed, and to keep a record of the proceedings of the board of directors, and to safely and systematically keep all books, papers, records and documents belonging to the corporation, or in any way pertaining to the business thereof, except the books and records incidental to the duties of the vice-chairman for finance.

The vice-chairman for communications shall also act as primary liaison

to the legislature of the State of Alaska, and shall be responsible for appropriate publicity and public information programs.

The board of directors may provide for the appointment of such additional officers as they may deem fo the best interest of the corporation.

Not more than two members of the board of directors may be veterans of the Vietnam-era, who have not seen service in the Southeast Asian theater.

Whenever the board of directors may so order, any two offices, the duties of which do not conflict, may be held by one person.

The officers shall perform such additional or different duties as shall from time to time be imposed or required by the board of directors, or as may be prescribed from time to time by the bylaws.

Article Eight
ELECTION OF OFFICERS

The officers shall be elected by direct vote of the general membership of the Vietnam Veterans of Alaska.

Article Nine
MEMBERSHIP REQUIREMENTS

The method and conditions on which members shall be accepted and discharged or expelled shall be as follows:

"Membership in the Vietnam Veterans of Alaska is open to all Vietnam Veterans (including those with service in any area of Southeast Asia and adjacent waters) and Vietnam-era veterans, without distinction to race, sex, creed or national origins, save that military service shall have been with a branch of the United States military."

It is not a condition of general membership that documentation of prior service be presented. However, by request of ten (10) percent of the general membership, or formal request of the executive committee, a member may be requested to submit proof of prior service.

Article Ten
REGISTERED AGENT

The registered agent for Vietnam Veterans of Alaska is Mr. Charlie Deach, d.b.a. Charlie's Marine, P.O. Box 303, Douglas, Alaska 99824.

Article Eleven
AMENDMENTS

The articles may be amended in the manner provided by statute at the time of amendment.

Article Twelve
INCORPORATORS

The names as residences of the persons forming this corporation are as follows:

Paul Davis	570 Seatter St., Juneau, Ak.
Allen D. Blume	4501 Dredge Lake Ave., Juneau, Ak.
Charlie Deach	P.O. Box 303, Douglas, Ak.
	504 B, Kennedy St., Juneau, Ak.

Article Thirteen
BYLAWS

The conditions and regulations of membership and the rights and other privileges of the classes of membership shall be determined and fixed by the bylaws.

Bylaws are subject to ratification by vote of the general membership, and will be carried by simple majority vote. Amendments and modifications shall be subject to majority considerations of two-thirds vote of the general membership.

Article Fourteen
LIMITATION ON MEMBERS LIABILITY

The private property of the members of this corporation shall not be liable for its corporate debts.

Article Fifteen
PROHIBITION AGAINST ENCUMBERING PROPERTY

This corporation shall never mortgage or place a deed of trust or other lien on any of its properties for any purpose, nor shall it, save for current expenses, incur indebtedness at any time during its term of existence.

Article Sixteen
DISTRIBUTION OF ASSETS UPON DISSOLUTION

In the event, and as anticipated, of the dissolution of this corporation, or in the event it shall cease to carry out the object and purposes herein set forth, all the business, property, and assets of the corporation shall go and be distributed to such nonprofit charitable corporation, municipal corporation, or corporations, as may be selected by the board of directors of this corporation so that the business properties and assets of the corporation shall then be used for, and devoted to, the purposes of carrying a nonprofit veterans organization. In no way shall any of the assets or property of this corporation, or the proceeds of any of the assets or property, in the event of dissolution, go or be distributed to members, either for the reimbursement of any sums subscribed, donated, or contributed by such members, or for any other such purposes, it being the intent in the event of the dissolution of this corporation, or upon its ceasing to carry out the object and purposes herein set forth, that the property and assets then owned by the corporation shall be devoted to the Veterans of Foreign Wars, Disabled American Veterans or Veterans Administration Vietnam Veterans Outreach Program as determined by the board of directors.

Sworn and subscribed before me on this 14th day of Oct. 1981.

Lydia V. Randolph

Lydia V. Randolph

My commission expires 5-24-84

1. All business conducted by the organization will be done under Roberts Rules of Order (Newly Revised).

2. Officers of the Corporation will be elected to one year terms of office, subject to votes of "confidence" which may be requested during the biennial meeting.

3. The fiscal year for the Corporation shall coincide with the calendar year (1 Jan. to 31 Dec.)

4. The Corporation shall hold biennial meetings, one in June and the other in December. The December meeting will be for the election of officers, but is not limited to that topic.

5. Checks will be signed by two members of the Executive committee, of which three signatures will be authorized. These members being, the Chairman, the Vice-Chairman for Finance, the Vice-Chairman for Communications.

6. Membership in VV/A is open to all Vietnam Veterans (including those with service with U.S. Forces in any area of South East Asia Theater) and Vietnam Era Veterans.

7. It is a requirement for service on the Executive committee that persons seeking election show by presentation of appropriate documents their qualifications to serve.

8. VV/A does not recognize auxiliary and/or affiliate chapters, but may extend this privilige if approved by the general membership.

9. Effective November 11, 1984 the organization known as Vietnam Veterans of Alaska (VV/A) shall cease to exist. By recommendation of the Executive committee or request by ten (10%) percent of the membership the issue of continuance may be placed on the meeting agenda and shall be considered. The issue of continuance shall be placed on the agenda for each biennial meeting.

10. Dues for membership in Vietnam Veterans of Alaska (VV/A) will be $5.00 yearly.

5-27-81

WITNESSES FOR
SENATE H.E.S.S. MEETINGS

HB 130
HB 92
HB 176

Name	Address/Phone	Representing
DICK ENGEN	465-2910	ALASKA STATE LIBRARY
PETE KELLEY	" 4990	REP. MOSS
Michael Luque	465-4685	VVA
DON LOFTIEN	6-2748	VVA
B.W. Finley	465-2723	U.S. Vet. Empl.
Nancy Gustafson	586-2798	Juneau Borough Library
Phyllis K. Davis	6-3830	Alaska Lib. Assoc. / Gov. adv. Bd on Libraries
Charlie Kean	586-9620	VVA -
JOHN HECHT	586-2101	VVA
Judie Walker	465-3347	DHSS - DPA

Made
Copies

PROPOSAL FOR IMPLEMENTATION OF HB 130

This bill appropriates $165,000 to establish a training and technical assistance account to assist mental health, crisis, drug and alcohol programs to identify post-traumatic stress disorder (PTSD) in Vietnam veterans and to identify and treat veterans and their families affected by the disorder.

IMPLEMENTATION PLAN

A. Training conference: Statewide training would be offered through three training workshops to be held in Anchorage, Juneau, and Fairbanks. Transportation would be paid for four people from each mental health district or sub-district. This should include one person from mental health, one Vietnam vet (chosen by the Vietnam veterans organization if possible), and two people from alcoholism and crisis programs (this may include domestic violence workers). Additional care givers or vets could come at their own expense.

The workshop would be a 'professional' training experience. It would focus on:

1. Identification of PTSD, the history and symtoms.
2. Impact of PTSD on the individual, family, and community.
3. Approaches to treatment including rap groups, individual, marital and family therapy. (This would include the use of demonstrations such as the running of an actual rap group.)
4. Other related issues such as the effects of exposure to agent orange.
5. Work sessions to determine what can be done in individual communities. We would sponsor a recognized authority to run the workshop.

B. Local Programs: A Vietnam veteran (with counseling credentials and experience) would be hired to travel around the state to interested communities. He would stay in a community for approximately three weeks and while there would:

1. Advertise a series of meetings for Vietnam veterans at which PTSD and available services would be discussed.
2. Begin a rap group, co-leading it with a local mental health professional. The group would meet 2-3 times while he was in the community and would continue with the guidance of the mental health professional when he departed.

3. Provide training and consultation for the clinic staff and other interested community people in PTSD and related issues.

In order to facilitate this program in the community, minigrants would be made available to cover costs associated with advertising the group and other services and setting up the group.

(While this is written as if one person would do all of the traveling, it might be more appropriate for 2 vets to share this position, working the rest of the time in the center in Anchorage or at some other place).

COSTS

A. Summary:

The costs of this program would be approximately as follows:

Transportation for workshop participants	37,000
Workshop expenses	12,000
Workshop speakers	15,750
Traveling veteran/consultant	70,250
mini grants	30,000
	165,000

Any money not spent in these categories could go towards the cost of materials development. This would include developing radio and TV spots and training manuals to be distributed around the state.

B. Cost Detail

1. Transportation for workshop participants:

approximately cost/person airfare	250.00
3 days perdiem @ 67/day	201.00
Cab, etc.	10.00
TOTAL	461.00

4 people from 20 districts @ $461/person $36,880

2. Workshop expense, room rental, food, brochures, training material:

$4000/workshop X 3 workshops = $12,000

3. Workshop facilitators (speakers)

cost per person:

transportation and per diem:	1,000
honorarium	750
total	1,750

3 facilitator for 3 conferences @ 1750 each = $15,750

4. Traveling veteran/consultant

Salary at Clinician III (range 21) level = 39120
fringe @ 26.7% 10445

Travel and per diem:

to 15 communities X 300 airfare = 4500

per diem:

Average $75 per day X 15 communities
18 days/community = 20,000

Total cost for consultant = 70,000

5. Mini grants:

$2000 minigrants to 15 communities = 30,000

HB 582

HOUSE BILL NO. 582 by Meekins, Carney, Gardiner, Miller, Barnes, Cato, Grussendorf, Hayes, Clocksin and Rogers, entitled:

"An Act making special appropriations for the promotion of tourism and tourist attractions and for the operation and improvement of parks and other facilities used by tourists; and providing for an effective date."

was read the first time and referred to the State Affairs and Finance Committees.

CONSIDERATION OF THE DAILY CALENDAR

SECOND READING OF HOUSE BILLS

HB 130

HOUSE BILL NO. 130 (making special appropriations to establish programs to deal with post-traumatic stress disorder; effective date) was read the second time with the Health, Education & Social Services Committee report (page 1009 of the journal) and the Finance Committee report (page 1466 of the journal).

Representative Meekins moved and asked unanimous consent that COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 130 (Finance)(same title) be adopted in lieu of the original bill. There being no objection, it was so ordered.

CSHB 130(Fin)

Amendment No. 1 by Moss and Clocksin:

Page 1, line 22 - 28

Delete *Sec. 3.

Add *Sec. 3 of CSHB 130(HESS)

Representative Moss moved and asked unanimous consent that Amendment No. 1 be adopted.

CSHB 130(Fin) continued

Representative Hayes objected and withdrew his objection. There being no further objection, Amendment No. 1 was adopted.

CSHB 130(Fin)am

Representative Meekins moved and asked unanimous consent that CSHB 130(Fin)am be considered engrossed, advanced to third reading and placed on final passage. There being no objection, it was so ordered.

CSHB 130(Fin)am was read the third time.

The question being: "Shall CSHB 130(Fin)am pass the House?" The roll was taken with the following result:

CSHB 130(FIN) AM

Yeas:	40	Abood, Adams, Anderson, Barnes, Beirne, Bettisworth, Brown, Buchholdt, Bylsma, Carney, Cato, Chuckwuk, Clocksin, Cotten, Cuddy, Duncan, Fanning, Freeman, Fuller, Gardiner, Grussendorf, Halford, Haugen, Hayes, Hurlbert, Malone, Martin, Meekins, Metcalfe, Miller, Montgomery, Moss, O'Connell, Phillips, Randolph, Rogers, Smith, Sutcliffe, Vaska, Zharoff
Nays:	0	
Not Voting:	0	

And so, CSHB 130(Fin)am passed the House.

Representative Meekins moved and asked unanimous consent that the roll call on the passage of the bill be considered the roll call on the effective date clause. There being no objection, it was so ordered.

CSHB 130(Fin)am was referred to the Chief Clerk for engrossment.

Vietnam Veterans/Alaska, Inc.

Working Budget: FY 82

Personnel:	
1 Executive Director/Counsellor:	$25,000/yr
2 Paraprofessional co-therapists:	17,000/yr. each
1 Secretary/Researcher:	12,500
Personnel benefits:	17,875
TOTAL	$89,375
Equipment:	
1500 sq. ft. (store front) office x $1.25/sq. ft.	18,000
Office operations/equipment:	2,500
TOTAL	$20,500
Travel:	
Haines, Skagway, Sitka, Wrangell, Petersburg, Ketchikan	$10,000
Operations Total:	$129,875

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 130

Title "An Act making special appropriations to establish programs...post-traumatic stress disorder

Requested by Commissioner's Office Date 2/18/81

II. FISCAL DETAIL

Agency Affected Dept. of Health & Social Services

Program Category Affected Mental Health and Developmental Disabilities

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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

IV. DATE Feb. 19, 1981 PREPARED BY Thomas R. Brandon

AGENCY Division of Mental Health & Dev. Disabilities

PHONE 465-3370

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named) M&B Approval Jack R. Hubbard Date 2-19-81

33-001 (Rev. 12/80)

TESTIMONY: REP. H. PAPPY MOSS - HB 130

I WOULD LIKE TO THANK THE COMMITTEE FOR CALANDERING HB 130. I SPONSORED THIS BILL FOR MANY REASONS, BUT PRIMARILY BECAUSE I'VE BECOME AWARE OF AN INCREASINGLY EVIDENT PROBLEM THAT EFFECTS, EITHER DIRECTLY OR INDIRECTLY, A SIZABLE PERCENTAGE OF ALASKANS - THE VIETNAM SYNDROME OF POST-TRAUMATIC STRESS.

THERE IS AN ESTIMATED POPULATION OF 15,000 TO 20,000 VIETNAM VETERANS IN ALASKA. NOT ALL OF THESE HAVE READJUSTMENT PROBLEMS, BUT MANY DO, AND IT IS BECOMING INCREASINGLY EVIDENT THAT THIS IS A DELAYED STRESS - WHICH THE NUMBER OF CASES IS INCREASING. THE STATISTICS ARE ALREADY IN THAT VIETNAM ERA VETERANS EXPERIENCE A THIRTY PERCENT GREATER SUIDIDE RATE, A TWENTY PERCENT UNEMPLOYMENT RATE, A DIVORCE RATE TWICE THAT OF NON-VETERANS, AND MAKE UP FIFTEEN PERCENT OF THE PRISON POPULATION.

A RECENT REPORT BY THE NATIONAL INSTITUTE OF MENTAL HEALTH AND THE VETERANS ADMINISTRATION HAS URGED PROGRAMS ADDRESSED IN THIS BILL - "WELL TRAINED VETERANS PEER COUNSELING".

I HOPE YOU AGREE, AS I DO, WITH THE AUTHOR OF THIS REPORT, THAT, VIETNAM VETERANS ARE BEING USED POLITICALLY WITHOUT ANY SERIOUS EFFORT TO ADDRESS THE PROBLEMS THEY HAVE AND THAT WE HAVE WITH THEM.. . . . IT IS TIME TO ATTEND TO THEIR NEEDS.

POSITION PAPER

HOUSE BILL NO. 130

"An act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective data".

House Bill 130 appropriates from the general fund 165.0 to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for training and technical assistance to mental health, crises, drug and alcohol programs to Vietnam era veterans and families experiencing post-traumatic stress disorders. The sum of 100.0 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for payment as a grant to Vietnam Veterans/Alaska Inc., for a Vietnam Veteran post-traumatic stress disorder outreach program based on the United States Veterans Administration model. The sum of 50.0 is appropriated from the general fund to the Department of Health and Social Services for work in cooperation with the Department of Labor, the Department of Community and Regional Affairs, the Alaska Court System, and the Department of Education, Division of Vocational Rehabilitation to gather data for the identification of Vietnam era veterans receiving state services relating to post-traumatic stress disorder.

It is estimated that Alaska has over 20,000 Vietnam era veterans. During the month of January 1980, approximately 56 Vietnam veterans were served in Alaska community mental health clinic. Research studies conducted on Vietnam era veterans find that 40-60% of these veterans experience some form of acute, chronic, or cyclical form of POST TRAUMATIC STRESS DISORDER (PTSD). The 1980 Diagnostic and Statistical Manual of Mental Disorders includes for the first time the Post-Traumatic Stress Disorder. It is defined as a group of symptoms following a psychological traumatic event that is generally outside of the range of usual human experience (military combat, rape or assault, floods and earthquakes). Characteristic symptoms involve re-experiencing the traumatic event (dreams, recollections), numbing of responsiveness, reduced involvement with the external world, sleep disturbances, guilt about survival, and memory impairment.

One of the current successful recovery process methods for the PTSD is the veteran and a mental health professional preferably with Vietnam war experience. The methods employed in these rap groups vary from the traditional individual and group psychotherapy since the focus is not on individual pathology but on a process of recovery of shared meaning.

The recent aknowledgement of the existence of the PTSD and the young age of the Vietnam veteran make this group excellent candidates for preventive interventions. However, before such interventions take place mental health, drug abuse, and alcohol programs have to be aware of this new syndrome. The identification and proper management of crisis and preventive interventions require training and technical assistance to the existing mental health and alcohol/drug treatment delivery system.

The Division of Mental Health and Developmental Disabilities endorses the provisions of HB 130 that attempt to provide training and technical assistance, data collection, and support programs based on the United States Veterans Administration outreach programs to Alaska's Vietnam era veterans.

Recommended by: Verner Stillner, M.D.

Verner Stillner, M.D., M.P.H.
Director, Division of Mental Health and Developmental Disabilities

Date: 2/17/81

Approved by: Helen D. Beirne

Helen D. Beirne, Commissioner
Department of Health & Social Services

Date: 2/27/81

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 130

Title "An Act making special appropriations to establish programs...post-traumatic stress disorder"

Requested by Commissioner's Office Date 2/18/81

II. FISCAL DETAIL

Agency Affected Dept. of Health & Social Services

Program Category Affected Mental Health and Developmental Disabilities

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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

IV. DATE Feb. 19, 1981 PREPARED BY Thomas R. Brown

AGENCY Division of Mental Health & Dev. Disabilities

Original: Legislative Finance PHONE 465-3370

cc: Budget and Management

Prime Sponsor (First Legislator Named) M&B Approval [signature] Date 2-20-81

33-001 (Rev. 12/80)

and spilled over into the media. Last week, under thinly veiled pressure, it scrubbed its TV show, released its donors from their pledges and went out of business. "I hope they'll stay involved," a relieved Reagan man said—but not too closely or aggressively next time.

Reagan and his recovery program, as it happens, have found allies aplenty in corporate America prepared to help without being prompted or pushed. John Swearingen, chairman of Standard Oil of Indiana, sent a letter to his stockholders endorsing the package in passionate tones—"The future of the nation is at stake"—and urging them to write their congressmen in its support. Boston's First National Bank dropped a plug into its newsletter, between some tips on spring house painting and a promo for the New England Aquarium, and will mail it to 300,000 depositors with their next statements. Dow Chemical urged its 22,000 employees in a mailer to "make your views known" to the Hill. W.R. Grace & Co. bought full-page ads in three newspapers defending Reagan's tax proposals. Eddie Chiles, a septuagenarian Ft. Worth oil millionaire who has done more than 200 "I'm mad" radio commercials attacking Washington liberals, changed his run for Reagan and Reaganomics. "I'm not mad," his latest spots proclaim. "I'm glad."

More Than Sizzle: But the most imposing lobby of all may be the Budget Coalition, a germinating ad hoc alliance of hundreds of businesses and business associations including the U.S. Chamber of Commerce, the National Association of Manufacturers, the National Federation of Independent Business and the blue-chip Business Roundtable. They tested power together shellacking Big Labor in a series of lobbying wars three years ago and are regrouping now in Reagan's service, with high-tech computer and telecommunications capabilities that make his now defunct coalition of friends look like a cottage industry by comparison. "They were the sizzle," said an operative in the new group. "We are the steak."

There was a measure of political risk for Reagan in the enthusiasm of Big Business for a program he has doggedly advertised as equitable to everybody. The embattled Democratic left has already seized on it as an attack issue and fired some opening rounds against what Edward Kennedy called an effort by the privileged to "sell the Reagan plan like soap." But the President showed little inclination to turn away support, from the boardrooms or anywhere else. He is fighting to keep his honeymoon alive at least long enough to see his programs safely through to passage—a struggle in which he will need all the help he can get.

PETER GOLDMAN with ELEANOR CLIFT, THOMAS M. DeFRANK, JAMES DOYLE and RICH THOMAS in Washington and bureau reports

The Troubled Vietnam Vet

There are nights even now when Dan Spranger dreams of Vietnam. It is 1969 again: he is back with his buddies at Tiger Lair, a Ninth Infantry Division firebase in the Mekong Delta. They are laughing as they load the mortars, fire and load again. Spranger watches the mortar rounds arc upward, sees them fall and explode in a nearby hamlet. The villagers run screaming from their hootches, but they are not Viet Cong: they are women and children, *Americans*—and there, trapped in the barrage, are his wife and baby daughter. Like many dreams, it is a mixture of fantasy and reality, a metaphor for Spranger's fear that his family is among the casualties of the war. They are: Spranger, 32, has lost his job, he and his wife are divorcing, and his daughter has congenital deformities he thinks may be the result of his battlefield exposure to Agent Orange.

James D. Wilson—Newsweek

Storefront help in San Francisco: 'I wake up screaming'

Spranger is one of thousands of Vietnam veterans still haunted by the nation's longest and least-wanted war—and his dark dreams, like the slow disintegration of his life, bespeak his continuing inability to make a separate peace. According to a disturbing new study* by the Center for Policy Research in New York City, more than a third of those who saw heavy combat in Vietnam suffer from what is now recognized as "post-traumatic stress disorder," a slow-fuse emotional reaction that is often known as the "Vietnam syndrome." Its symptoms, ten and even fifteen years after the vet's return, are rage, guilt, flashbacks, nightmares, panic, depression and emotional numbing. Although it is more prevalent among black combat veterans, the researchers showed that Vietnam syndrome can afflict all races, all income groups and all personality types—even those who, because of their stable family backgrounds, were once thought unlikely to develop chronic stress.

Prodded by veterans' complaints and mounting evidence that such delayed reactions to the war were indeed common, Congress two years ago appropriated $20 million to finance 91 storefront counseling centers nationwide. This year, funding for the centers is on the hit list proposed by budget director David Stockman. The cutback, and Stockman's deferment from the draft in 1968-69, provoke many veterans to fury. "This is the one meaningful program for Vietnam veterans," says John Terzano of the Vietnam Veterans of America. "We're being slapped in the face by a guy who was hiding out in divinity school" during the war. The vets' allies in Congress are fighting to preserve the funds—and last week, the veterans' affairs committees in both houses agreed to restore funds for the centers.

Cook: The Vietnam veterans' special burden, as angry returnees have insisted for years, was the nation's wholesale refusal to welcome—much less honor—those who served in the only war America has lost. Veterans were treated as "baby killers or drug freaks," says Dr. Jack Ewalt, a psychiatrist who is assistant chief of mental-health services for the Veterans Administration, and the public's hostile indifference gave the vets little support for purging especially brutal memories. Spranger, proudly returning to his home in Detroit in the months before Kent State, was stunned by the hostility he encountered. He clammed up, telling acquaintances he had served his hitch as a cook. "At least," he says, "no one could ask me if I had killed any kids or women." Others complained of being rushed home without any time to decompress. "On Thursday I was in Vietnam," says Angel Almedina, a vet who runs a counseling center in New York City. "On Friday I was drinking beer on 109th Street."

The VA, backed by studies showing that 80 per cent of the war's veterans had made successful transitions to civilian life, was

*Legacies of Vietnam: Comparative Adjustment of Veterans and Their Peers

slow to provide special programs for the troubled minority, and some of its officials still question the need. "There is a great deal of feeling that this program has performed its function," says a VA spokesman in New York, referring to the imperiled counseling centers. And some VA doctors, convinced that most vets traumatized in the war were predisposed to stress reactions by unstable family life during childhood, refused to concede the very existence of a Vietnam syndrome. "You'd be amazed at the number of guys who have been counseling at the VA and the subject of combat was never brought up," says Reggie McCaw, a former 101st Airborne medic who works in a San Francisco counseling center. "When a vet brings it up, the psychiatrist says, 'That's all very interesting—now let's get back to your childhood'."

Stable: The notion of a lasting stress reaction is now accepted by leading psychiatrists—and the new five-volume study, based on 1,380 interviews across the nation shows the Vietnam syndrome is more prevalent than previously believed. A crucial finding: the persistence of stress depends much more on the veteran's exposure to combat than on the emotional stability of his childhood. In light combat, soldiers from disadvantaged backgrounds did develop more psychological problems than their buddies who had more stable upbringings. But in heavy combat all such differences disappeared: soldiers from stable backgrounds were just as likely to report delayed stress symptoms as veterans from the least stable homes. The study also found that combat-related stress is largely concentrated among veterans who served after 1968, when American involvement intensified and dissent became a powerful force at home.

To the VA's Ewalt, the Vietnam syndrome is much the same as "shell shock" among World War I doughboys or "combat fatigue" among veterans of World War II. But this time, he says, "it has a tendency to come on later, and as far as we can tell, there have never been so many cases"—up to 700,000 of the nation's nearly 3 million Vietnam veterans, by his estimate. Still, Ewalt says, "the idea that every Vietnam vet is a ticking time bomb or a druggie is simply not true."

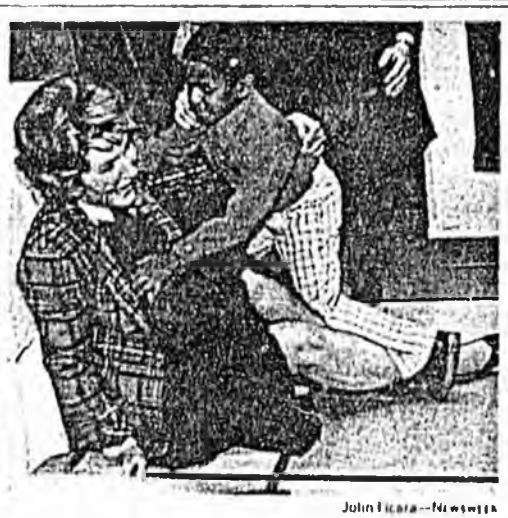
But for those vets still suffering from the trauma of Vietnam combat, the problems are often acute. Arlen Tibbetts, an ex-marine who counsels vets in San Francisco, recently found one vet, an alcoholic, living in the weeds below San Francisco's Bay Bridge. "He said he felt more comfortable in the bush," Tibbetts said. "In his mind, he never left Vietnam." Brooklyn vet Steven Cytryszewski, 32, is also still fighting the war. He has flashbacks, nightmares and bouts of panic. "I smell the sulfur from the ammunition and I feel the heat from the sun," he says. "Sometimes I wake up screaming 'Incoming rounds!' When I drive along a road with trees on both sides, I don't look at the road, I look at the trees. I'm looking for snipers."

Like many veterans, Cytryszewski is critical of the VA's regular programs and enthusiastic about the counseling centers the vets run themselves. "Nobody laughs at me," he says. "If I tell them I hit the ground when I hear sudden noises, they say they do, too." The centers' simple premise is that talk is the first step to exorcising the past. One anguished vet told Dr. John Caknipe, chief counselor at Detroit's Flight of the Phoenix center, about a hand-to-hand night battle that wiped out his unit. When dawn came, he found himself surrounded by the grotesquely mutilated bodies of his men and 36 wounded Vietnamese, all without hope of medical aid. In despair, he shot and killed all 36; his superiors ordered him never to tell what he had done. "When he finally broke," Caknipe says, "he cried for three hours. Then he stood up and said, 'I feel light . . . I feel light.' And he left."

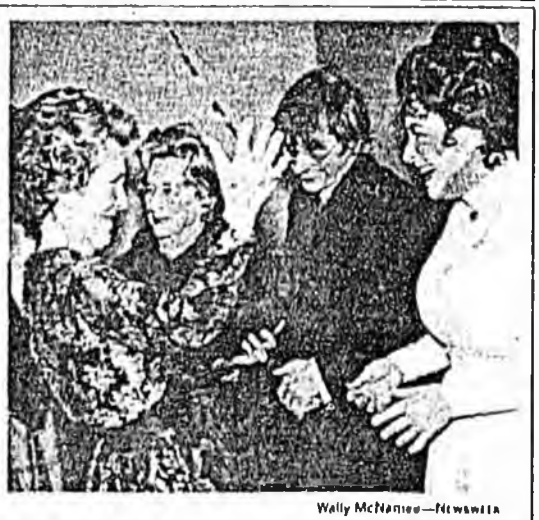
Betrayal: Despite their support in Congress, the veterans have little assurance that their funding will survive the labyrinthine budget process—and the prospect of closing the storefront centers has already revived their sense of betrayal by an uncaring nation. The study's authors, who found the vets' approach can help, urge continued support for "well-trained veteran peer counseling." Vietnam veterans are "used politically without any serious effort to address the problems they have and that we have with them," says sociologist Robert Laufer, who directed the study. "Our report suggests that it is time to attend to their needs." By doing so, the corollary seems to be, America can at last begin its own long-deferred reckoning with Vietnam.

TOM MORGANTHAU with STEVEN STRASAD in New York, MARY LORD in Washington, JACOB YOUNG in Detroit and GERALD C. LUBENOW in San Francisco

Diane Walker



John Ficara—Newsweek



Wally McNamee—Newsweek

Nancy's Ups and Downs

It was an up-and-down week for Nancy Reagan, but if anyone had to take a spill, better the First Lady than the Reagans' 22-year-old son, Ron, who danced for the first time at New York's Metropolitan Opera House in a performance to benefit the Joffrey Ballet. Ron, a member of the Joffrey training company, kept his balance in "Unfolding," an "abstract neoclassical" ballet, and was rewarded with a bravura hug from his mother at intermission. Three days later, at a visit to St. Ann's Infant Home in Hyattsville, Md., the First Lady was bowled over by the greeting of a 5-year-old named Brian, who rushed to hug her when she crouched for a greeting. "That's all right," she reassured the youngster. "I thought you were being affectionate." She was inspecting one of her favorite projects, the federally funded Foster Grandparent Program. All was dignity, however, at the glittering Kennedy Center première of "The Little Foxes," where Nancy had a warm chat with the wife of Sen. John Warner of Virginia—the star of the show, Elizabeth Taylor.

Anchorage Daily News

Winner, 1976 Pulitzer Prize Gold Medal for Public Service

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A salute to our forgotten soldiers

Memorial Day is a little more than a pleasant outing for many Americans, another three-day weekend to break the monotony of Monday-to-Friday jobs.

For a few others, the occasion is remembered for reasons more akin its original intent, as a opportunity to honor those who fought and died in American wars.

Each of those approaches serves a purpose, but there is a better goal we could pursue today. Rather than simple recreation for ourselves or even memories of fallen soldiers, we could use the opportunity to dedicate ourselves to a more pressing and relevant task — the problems of America's Vietnam veterans.

Unlike the fighting men of our other wars, veterans of Vietnam returned not to cheers but approbation and chilling silence. The cause for which they fought was never clear and their contribution never honored. The physical and psychological torments of that conflict introduced new and unmanageable conflicts. Economic and political factors at home combined to work against their integration back into the fabric of society.

The hundreds of thousands who fought for us in that war deserve far better than they have received. Slowly — too slowly, to be sure — the country is beginning to recognize its debt to the men who served, regardless of the travesty of policy involved with the war they fought.

The Alaska House of Representatives has taken a positive step in that direction. Last week members voted 40-0 to fund $315,000 in assistance to Vietnam veterans in Alaska. Most of that money will go for studies of "post-traumatic stress disorder," a clinical name for the variety of problems that have followed too many of the vets like unwelcomed ghosts since their service. Some $100,000 of that sum also goes to Vietnam Veterans/Alaska for outreach programs designed to help identify and help those who need assistance.

The reasons for such unanimous action are varied, but all valid. Rep. Pappy Moss, a World War II veteran, recalled the cheers that greeted his return from war and felt what the pain of their very different homecoming must have been for Vietnam vets. Rep. Brian Rogers, a Vietnam War protester during the conflict, had different reasons for his "yes" vote. He protested a war he felt was criminal, but said last week, "more criminal has been the treatment of those who served in the war."

On Memorial Day, reflections of the status of our Vietnam veterans should center on how society can belatedly begin to help them. A few moments of thought today cannot solve the problems that have been years in building, but it can give needed impetus to solutions.

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Vietnam vets welcome

Posted in the second-floor window of the Juneau Veterans of Foreign Wars hall is a sign many Vietnam veterans believe may be the only in existence.

It says, "Vietnam vets welcome."

The Vietnam veteran. He — or she — is like any other war veteran, really. He was a volunteer. He was a draftee. He was anxious to test his mettle in battle. He was scared stiff. He was a hero. He was a coward. He lived. He died. All for the "honor" of his country.

Yet the Vietnam veteran is unlike any American soldier before him. He is the forgotten — some say he was purposely ignored — soldier. A pawn in a Southeast Asia political fiasco that left the U.S. scrambling just to save face, the Vietnam veteran served his year to 13 months in the rice paddies to return to an indifferent, sometimes hateful American public.

In wars before, veterans were welcomed home with open arms and hearts. For their efforts against Uncle Sam's enemies, they were heroes. When the last shot had been fired, those veterans returned home to a nation overflowing with gratitude.

Not the Vietnam veteran. How many "welcome home" parades do you recall for any Vietnam veteran, now matter how heroic?

None. While many returned to a normal life, still many other Vietnam veterans have been lost in the shadows of guilt, rage, flashbacks, nightmares, panic, depression, emotional numbing, job discrimination and peer group rejection, some of the many factors that add up to "delayed stress."

Just as "delayed stress" has many causes, it has as many, if not more, manifestations.

- Families have been shattered by the shock of men not being able to cope with civilian life.
- By some accounts, about 50,000 Vietnam veterans have died by suicide, more than the number who died in combat.
- According to a study by the Center for Policy Research in New York City, more than a third of those soldiers who saw heavy combat in Vietnam suffer from what is called "post-traumatic stress disorder," labeled the "Vietnam syndrome" in a recent Newsweek magazine article.

Most of the Americans who served in Vietnam have been home for at least 10 years, yet the slow-fuse syndrome persists.

To combat it, around the nation Vietnam veterans have banded together under federal and private programs to help each other cope. Whether it consists of counseling or just having another vet there to talk with, the programs have proved themselves valuable to the thousands of men and women who otherwise would be left alone to fight the toughest battle of their lives.

In Juneau, the Vietnam Veterans of Alaska, Inc., have taken up that battle. Upwards of 60 veterans from virtually every walk of life have taken it upon themselves to work with each other, lending an ear and support to any and all who ask for it. With the aid of the local Veterans of Foreign Wars, American Legion and other groups, the Vietnam Veterans here are putting together a program they hope will fill a gap left by Veterans Administration and other programs.

Funded by dances and other fund-raising efforts, the local group is struggling to breathe life into their program. They have members available for informal counseling in the lower level of the VFW hall and meet there once a month to plan their programs.

Right now, though, chief among their problems is funding. Admittedly on a nickel-and-dime budget, the group plans a fund-raising dance for Friday at the National Guard Armory. Playing will be the band Benroe.

Sock hops, however, cannot address the problems faced by the thousands of Vietnam veterans in Alaska. The only federally operated center in the state is in Anchorage — and it faces the possibility of losing its funds this year, leaving effectively no overall program for the many veterans there.

Currently pending in the Alaska Legislature is a bill that would help pick up the slack left by the Veterans Administration and other programs. Originally sponsored by Rep. Pappy Moss, D-Delta Junction, the bill would fund training for mental health counselors, coordination of the effort to get a handle on on the extent of the statewide problem and a Southeast Alaska outreach program such as that now operated by the Veterans Administration elsewhere. It would also fund the Anchorage outreach program, if federal funding is lost.

Though Office of Management and Budget chief David Stockman said last weekend such programs could be best funded through block grants, the state-level funding would provide its own "safety net" for the program should that money not become available.

While the price at $915,000 may seem steep, if federal funding is maintained for the Anchorage program, as promised by Mr. Stockman, two-thirds will return to the state.

We voice our unreserved support for this bill, committee substitute for House Bill 130, and urge legislators to support it, too.

While some persons may see a conflict in our position on local funding for charities and our support for the Vietnam veterans bill, there is one major difference. Every Vietnam veteran gave up something for every one of us. For that we owe the veterans a debt of gratitude and a shot at a normal life that military service may have threatened.

It may be one way Alaska as a whole can erect its own sign, "Vietnam veterans welcome."

Problems plague Vietnam vets, new study says

Associated Press 3/23/81

New York — Nearly one-fourth of the men who saw heavy combat in Vietnam have since been arrested on criminal charges, according to a government study which concludes that Vietnam veterans as a whole "are plagued by significantly more problems than their peers."

The degree of alcoholism, drug abuse and medical and psychological problems attributable to combat in Vietnam was found to be "statistically significant" by researchers in the government's most comprehensive post-war inquiry.

Vietnam combat veterans who are black or members of other minority groups were found to be severely disadvantaged in post-war schooling and jobs, the study said, noting that the age of most of those veterans now could make most of those career setbacks irreversible.

The five-volume study, to be made public today by the New York-based Center for Policy Research, was begun in 1973 by a group of Vietnam veterans with private grants. Sponsorship of the $2 million project later was taken over by the National Institute of Mental Health and the Veterans Administration.

The study was based on interviews in 10 cities with 1,340 men. Half of those interviewed were veterans and about half of those veterans had served in Vietnam.

According to reports in this week's Newsweek magazine and today's New York Times, the study said that more than one-third of heavy-combat veterans are still suffering from delayed stress reactions and 24 percent have been arrested on criminal charges in the post-war period.

The latter figure compares with a 10 percent arrest rate among veterans of light combat, 17 percent among other Vietnam veterans and 14 percent among non-veterans.

On the other hand, the study concluded that many of veterans had been strengthened by their Vietnam experiences and were inclined to "work through" rather than suppress difficult problems.

A total of 2.8 million Americans are veterans of the Vietnam conflict, which began in the early 1960s and ended in April 1975 with the fall of Saigon.

The study found that while 70 percent of the veterans as a whole went back to school after leaving the service, only 20 percent of those who served in Vietnam completed college. Only 7 percent of black veterans did so.

Half the Vietnam veterans found white-collar jobs, compared to 69 percent of the non-veterans. Unemployment of black Vietnam veterans was triple that of white Vietnam veterans, the study showed.

The report, which goes to Con-

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Vets . . .

(Continued from page A-1)

gress, urges continued support for "well-trained veteran peer counseling."

Funds for 91 veterans' centers around the country, where Vietnam veterans are counseled by veterans who also served there, are on the "hit list" of federal budget director David Stockman, President Reagan's budget cutter.

Newsweek said some Vietnam veterans were critical of Stockman because he did not serve in the war, but had a deferment while attending divinity school.

The magazine said the report indicated that while the stability of family background could influence a veteran's reaction to light combat duty, those who saw heavy combat were likely to suffer delayed stress symptoms — such as nightmares, depression and panic — regardless of family background.

Million Viet vets may need aid

4/9/81 By MIKE FEINSILBER
Associated Press Writer

WASHINGTON (AP) — Up to 1 million Vietnam veterans suffering from psychological battle wounds may need the storefront counseling centers that the Reagan administration intends to close, a confidential government study says.

The report, prepared by the Veterans Administration in November but never made public, warns that the delayed stress syndrome already shown by thousands of Americans who faced combat in Vietnam "will get worse in the years ahead."

Nevertheless, VA officials defended the administration's decision to cut $31 million from the agency's $24 billion budget by closing down the 91 centers where former servicemen help counsel their distressed comrades.

The study cited an estimate that between 500,000 and 1 million veterans will develop delayed post-war symptoms by 1985.

According to Yale psychiatrist Arthur S. Blank Jr., flashbacks, nightmares, insomnia, depression, withdrawal from normal activities, memory loss and guilt about war events already are showing up in veterans.

"Termination of the program in 1981-82 would mean that the program was dismantled prior to the period of its greatest need," the report said. A copy was obtained by The Associated Press.

At a hearing Wednesday of a House Veterans Affairs subcommittee, Dr. Carl W. Hughes, assistant chief medical director for professional services at the Veterans Administration, said the attempt to reach troubled veterans has been successful. He said 52,512 veterans have used the centers.

"The program has been highly effective as an outreach effort," he said, adding that it has brought in "great numbers of veterans who previously had had little confidence in or contact with the agency."

Hughes cited budgetary considerations as the reason for ending the program.

"The allocation of scarce budget dollars necessarily involves difficult judgmental evaluations among many fine programs and proposals," he said. "It must be recognized, as regards needs which may still be unmet among Vietnam veterans, that VA facilities do offer alternative programs that have successfully assisted veterans for many years."

Subcommittee members said the VA had bowed before to pressures from the Office of Management and Budget. The OMB defended the decision this week, saying: "A nationwide system of outreach centers is not a cost-effective way of reaching the remaining veterans in need of help."

For some veterans,

by Patti Epler
Times Writer

ANCHORAGE Times 5/17/81

It was the longest military action in U.S. history, a war of bitter controversy from the start.

For 10 long years, American soldiers shed their blood in the jungles and rice paddies of Southeast Asia — Vietnam, Laos, Cambodia, Thailand.

More than 57,000 Americans died in the Vietnam conflict. Their average age was 19 years old.

And when it ended, the survivors came home. There were no bands or parades or speeches glorifying their deeds. Instead, the hero's welcome that had greeted veterans of past wars was replaced by protesters, people who waited at airports to throw eggs and rocks, hurling accusations of "rapists" and "baby killers."

It's been six years since the fall of Saigon, eight years since American troops were pulled out of the fighting.

But for hundreds of thousands of combat veterans, the Vietnam war has never ended.

Today, the battle rages in the mind, deeply imbedded in the psyche of many combat veterans who fight the flashbacks, the unfocused anger, the mistrust of anyone who wasn't there with them.

It's called the "Vietnam Syndrome," formally known as post-traumatic stress disorder. Last year, the syndrome was classified by the federal government as a service-related disability and veterans who suffer from it are eligible for compensation the same as if they had lost an arm or a leg.

It can be as intangible as a feeling of frustration over a new job or as real as the Fort Richardson soldier who five years ago held two Anchorage residents hostage in a local church to protect them, he said, from the Viet Cong who were "surrounding" the building.

Sometimes violence is the way the syndrome becomes apparent. But for the most part, counselors and psychologists say, the Vietnam Syndrome is seen in sleepless nights, the inability to be content with surroundings or marital problems. If untreated, the syndrome can lead to broken homes, alcoholism, even suicide.

It's a problem that has touched the lives of all Vietnam combat veterans though many have been able to put the past behind them and get on with their lives. But for thousands of others, including many here in Anchorage, it's something they have to live with every day.

ACCORDING TO A recent study done by a New York-based research center, more than one-third of Vietnam combat veterans suffer from the syndrome to some degree. And, says a separate study by the Veterans Administration, the problem will get worse in the years ahead with 500,000 to 1 million veterans developing symptoms by 1985.

"Post-traumatic stress is the main reason our center exists," says Bill Oleson, director of the Vietnam Veterans Outreach Center here. The Anchorage center is one of about 90 similar facilities established nationwide in 1979 to help Vietnam era veterans overcome the traumas they suffered as part of their military service.

The center here opened in March, syndrome, the center provides job referral service, drug and alcohol counseling, marital counseling and helps unravel the snags in red tape veterans may face when applying for benefits.

Oleson and his staff estimate there are 10,000 Vietnam veterans in the Anchorage area. If, as the New York Center for Policy Research study says, one-third suffer from post-traumatic stress disorder, there may be more than 3,000 Anchorage residents and their families who for a decade have carried the scars of an unwanted war.

Last month, three out of four men coming to the Anchorage center suffered from some form of the Vietnam Syndrome, Oleson said.

THE LONG-TERM problems of post-traumatic stress were not fully known until many years after combat veterans had returned home. Military officials had learned to deal with "shell shock" or "combat fatigue" — the equivalent syndromes in past wars — but treatment that worked then did not apply to the Vietnam war for a number of reasons.

• The average age of the Vietnam combatant was 19 years old, compared to the World War II average of 26. Many Vietnam soldiers who wondered every day if they would survive the firefights, the ambushes, the booby traps or sniper attacks were as young as 17.

"They took him right out of his home and trained him to be a killer," Oleson said. "But no one ever de-emphasized the learned agression, no one ever thought to uncock the trigger."

• Equally as important, according to a recent study on the disorder by Denver-based Outreach counselor Jim Goodwin, was that Vietnam soldiers knew they would only be in Southeast Asia for 12 months, 13 months if they were in the Marines. The attitude was one of getting there and just hanging on until the year was up and it was time to rotate home.

Instead of units of men going to the same area together as happened in World War I and World War II, the Vietnam tour was a solitary, individual episode.

"The war becomes a highly individualized and encapsulated event for each man," psychologist P.G. Bourne wrote in 1970. "His war begins the day he arrives in the country and ends the day he leaves."

Morale suffered and feelings of mistrust began to grow as "seasoned" veterans with several months experience were replaced by green recruits. It was hard to trust the man next to you to do the job when he'd only been "in country" a few days.

• During World War II, most veterans spent weeks or months with their units returning from combat. The long ride home gave them time to talk over the horror and tragedy with men who had been through it, who knew what they were feeling.

But for the Vietnam veterans, it was a different story. Forty-eight hours after leaving Da Nang airport they were landing in California, a quick but lonely trip home.

• When they arrived, it was hard to find someone to help them get over the traumatic experience. Talking about it, knowing that you aren't

Feeling depressed? Nervous? down?

If you're a veteran of the V flict, you may be suffering from stress syndrome stemming fro periences in Southeast Asia.

The Vietnam Veterans Outr here would like to help, even if y a friend to talk to.

vived, is the best therapy there is, counselors say.

But for the returning veterans, no one was there to listen. In fact, veterans found they had to to hide the fact that they had just returned from Southeast Asia to avoid the hostility and accusations of the people, their countrymen, they thought they were serving.

Gerald Thomas, president of the Alaska branch of the Vietnam Veterans of America, got on a bus at Norton Air Force Base in California a few days after leaving an intense combat position in Vietnam. The bus was greeted by demonstrators who threw rocks and eggs at the returning soldiers and called them names.

"I don't think anybody expected any kind of special welcome," said Charles Olsen, a former rifleman with the Ninth Infantry Division. "But I really didn't appreciate being greeted by Joan Baez at the air-

selors, like Bill Oleson, speculate that programs like the Outreach centers have helped to bring veterans with stress problems out of the closet.

"It seems to be snowballing," Oleson said, "possibly because they're finding out that they're not crazy. It's a symptom of war like the loss of a kidney."

Some nights, as many as 60 men will come to rap sessions at the Anchorage center, a modern office-type building on Eighth Avenue and F Street. They come just to talk, to be with others who shared the tragedies of Vietnam, to know that others have problems with their jobs and families that seem to stem from their military service.

In a lot of cases, it's hard to put your finger on exactly what the problem is. It might be sleepless nights, a feeling that your job is boring, a fight with your wife for no apparent reason.

In other cases, it's more evident. Like the veteran who was backpacking and suddenly found himself looking for mines and watching the treeline for signs of enemy movement.

Or James David Houston, who on June 3, 1976, shot and killed a man in the bathroom of a Fourth Avenue bar. Houston, then a 26-year-old sergeant stationed at Fort Richardson, later defended himself against the murder charges on the grounds that he was suffering from a chronic form of post-traumatic stress disorder.

The shooting occurred when David Burwell walked into the bathroom while Houston was showing a friend a gun. Houston had told his friends earlier in the day that he felt uncomfortable and believed that he was being watched.

When Burwell saw the gun, he apparently started to leave the men's room and Houston shot him twice.

A Michigan psychologist noted for expertise in Vietnam syndrome cases, Emanuel Tanay, testified that Houston suffered a traumatic neurosis of war, complicated by severe alcoholism problems. Houston acted "in a reflex type manner as the result of mental illness," Tanay testified.

Although Houston was convicted of second-degree murder charges in that trial, the Alaska Supreme Court later reversed that conviction on the basis that Houston was not allowed a separate proceeding on his mental state. Houston eventually pleaded guilty to manslaughter charges.

? Job got you

Vietnam con- a traumatic om your ex-

each Center you just need

They can provide counseling for a wide range of problems, set you up with job interviews and help break through the red tape many veterans find when they apply for benefits under the GI Bill.

Call the office at 277-1501 for information or drop by the center, at 550 W. Eighth Ave., between 8 a.m. and 5 p.m.

FIGHTING THE war in Vietnam was different than fighting in the European theaters. In World War II, Goodwin said, the U.S. was clearly threatened by a uniformed and easily recognizable foe. But in Vietnam, it appeared the whole country was hostile to American forces.

And instead of taking an area and holding it, areas of ground were frequently given up only to be taken again with more lives lost.

"The rage that such conditions generated," Goodwin said, "was widespread among the American troops. It manifested itself in violence and mistrust toward the Vietnamese, toward the authorities and toward the society that sent these men to Vietnam and then would not support them.

"Rather than a war with a just ideological basis, Vietnam became a private war of survival for every American individual involved."

For Oleson, who served his time in the Mekong Delta, it was the booby traps that were most frightening. "People would get killed and maimed," he said, "but there was no way to fight back, nobody to take it out on.

"A lot of guys really felt they'd rather get dusted (killed) than be crippled or lose an arm or leg."

Instead of psychological breakdown in the field, as happened during past wars where men stayed in combat for longer periods, the Vietnam soldiers tried to hold on, knowing they only had a few more months to go. Others turned to drugs as a shield and, psychologists found, their stress-related symptoms didn't show up until much later, after they had returned home, because of the effectiveness of drugs as a buffer.

IN MOST CASES, symptoms of the post-traumatic stress disorder have taken years to surface. The reasons are still not clear but coun-

BUT FOR EVERY veteran who gets into trouble, there are a hundred who don't, Oleson pointed out. And counselors believe the problem of post-traumatic stress to be so serious they are quick to act when it appears someone is faking symptoms.

In January, Glennallen resident Stanley Neitzel went on trial for the murder of his girlfriend. Neitzel had shot the woman in the forehead after firing several bullets on either side of her head.

Neitzel initially claimed he suffered a mental breakdown following a head injury he sustained in combat during the Vietnam war. But that defense was shot down after it was learned, with the help of veterans officials, that Neitzel had actually suffered the head injury when he fell off a truck while stationed in Hawaii.

Acts of serious violence committed by Vietnam veterans are the

(See VIETNAM, page B-2)

Vietnam ...

(Continued from page B-1)

ones that get the most publicity but are far and away the fewest and most chronic examples of the Vietnam Syndrome.

The most common symptom is depression, accompanied by sleeplessness, feelings of worthlessness and the inability to concentrate on one thing for too long.

"We see guys coming in here in three-piece suits who have excellent jobs and are well-placed in this community," Oleson said. "But they say their job just doesn't interest them any more. Nothing will ever come to the level of intensity and life-threatening situation of combat in Vietnam."

Helplessness about their condition is another sign indicative of post-traumatic stress, Goodwin said.

"Essentially, Vietnam-style combat held no final resolution of conflict for anyone. Regardless of how well one worked, sweated, bled and even died, the outcome was the same. Our GIs gained no ground, they were constantly rocketed or mortared. They found little support from their 'friends and neighbors' back home, the people in whose name they were drafted into military service. They felt helpless. They returned to the U.S., trying to put together some positive resolution of this episode in their lives, but the atmosphere at home was hopeless. They were still helpless. Why even bother anymore?"

Isolation, the feeling or the reality of having few friends and cynicism are other words used to describe those suffering from post-traumatic stress.

Rage and anger are big problems, according to Goodin, particularly because they take out their anger on those close to them, including wives and children. Reasons for the intense rage seem to stem from a type of combat where the enemy is not easily seen and there is no one to attack when they themselves were attacked. The feelings were transferred to figures of authority when the veterans have returned home and can now be seen in the veterans' general mistrust of anyone in the "system," Goodwin said.

VIETNAM VETERANS tend to alienate themselves from their family and friends, feeling that no one can understand what they've been through or why they have become the way they are.

"They learned how to turn the emotions off over there," said Gene Nelson, a former Marine who now works as a counselor at the Anchorage center. "But they never learned how to turn them back on."

"The only thing you can experience are absolutes," added Don Soldato, another Marine-turned-counselor. "When you hate, you really hate."

"You came back in three ways," he said. "In a black plastic suit, with your chin on your chest or a chip on your shoulder. The ones who came back with a chip on their shoulder are the ones who are aggressively fighting for their rights. Those with their chin on their chests are the ones who aren't making it."

Today, men like Nelson, Soldato and Thomas are waging a different kind of war. It's not a personal war or a battle within themselves to overcome the problems associated with post-traumatic stress.

Instead, they're fighting to help every Vietnam veteran they can, whether it's giving them support and friendship, counseling or helping them secure a loan for a house or overcoming a drinking problem.

"We're finding out now that this (Outreach) progam is about 10 years too late," said Soldato. "And the next five years are going to be the worst."

"Here we are, we're 30 years old now," said Thomas, "and we're just starting to realize we're still two or three steps below where our peers are in terms of jobs and education.

"We're not asking for something we didn't earn," he added. "Because we've damned well earned these things."

Thomas said veterans are fighting for specific things like the right to have an Outreach center, to extend benefits under the GI Bill including education and job training and low-income housing loans — "things that should have been done 10 years ago."

THE FEELING of cynicism is apparent in these men. They pointed to the hostages who spent more than a year in captivity in Iran and were treated to a hero's welcome when they returned.

"They were honored and glorified when they returned," said Soldato. "But they didn't hold their position like they should have, like we had to. But they get free passes to baseball games for the rest of their lives and job security, too."

Thomas said he thinks the military today could be stronger if the Vietnam veterans had been treated better. "How can you build a military up and ask people to serve when you're telling the past veterans that you've forgotten them?"

"The programs we want only cost as much as two MX missiles," he added.

The Anchorage center, which operates on a budget of $200,000 per year, has expanded its operations to include satellite centers in Wasilla and Fairbanks. A third satellite office will open soon in Kenai, Oleson said.

Veterans were worried that President Reagan's proposed budget cuts would include closing down some centers but Oleson said both houses of Congress have indicated the centers should remain open. Earlier this week, the Senate Veterans Affairs Committee voted to fund the centers for at least two more years.

Oleson said he plans to start some new programs at the Anchorage center including a session for wives, girlfriends and family members of Vietnam veterans so they can better understand what is troubling their spouse.

OBITUARIES

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 130 (Finance) am

"An Act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective date."

CS for House Bill 130 appropriates from the general fund 165.0 to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for training and technical assistance to mental health, crises, drug and alcohol programs to Vietnam era veterans and families experiencing post-traumatic stress disorders. The sum of 100.0 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for payment as a grant to Vietnam Veterans/Alaska Inc., for a Vietnam Veteran post-traumatic stress disorder outreach program based on the United States Veterans Administration model. The sum of 50.0 is appropriated from the general fund to the Department of Health and Social Services for work in assessing needs and determining what services are delivered to Vietnam era veterans.

It is estimated that Alaska has over 20,000 Vietnam era veterans. During the month of January 1980, approximately 56 Vietnam veterans were served in Alaska community mental health clinics. Research studies conducted on Vietnam era veterans find that 40-60% of these veterans experience some form of acute, chronic, or cyclical form of POST TRAUMATIC STRESS DISORDER (PTSD). The 1980 Diagnostic and Statistical Manual of Mental Disorders includes for the first time the Post-Traumatic Stress Disorder. It is defined as a group of symptoms following a psychological traumatic event that is generally outside of the range of usual human experience (military combat, rape or assault, floods and earthquakes). Characteristic symptoms involve re-experiencing the traumatic event (dreams, recollections), numbing of responsiveness, reduced involvement with the external world, sleep disturbances, guilt about survival, and memory impairment.

One of the current successful recovery process methods for the PTSD is the rap group run by a mental health professional and a veteran preferably with Vietnam war experience. The methods employed in these rap groups vary from the traditional individual and group psychotherapy since the focus is not on individual pathology but on a process of recovery of shared meaning.

The recent acknowledgement of the existence of the PTSD and the young age of the Vietnam veteran make this group excellent candidates for preventive interventions. However, before such interventions take place, mental health, drug abuse, and alcohol programs have to be aware of this new syndrome. The identification and proper management of crisis and preventive interventions require training and technical assistance to the existing mental health and alcohol/drug treatment delivery system.

Section three, as presently worded, is not specific enough as to the type of project intended and to its scope. In communications with the bill's sponsor,

the following wording was agreed upon as better meeting the needs of the sponsor and is endorsed by the Department of Health and Social Services. It is recommended that the following be substituted for section three:

> Sec. 3. The sum of $50,000 is appropriated from the general fund to the Department of Health and Social Services, Office of Information Systems, to develop, in conjunction with other state agencies, a needs assessment of Alaska Vietnam veterans, and to gather data on the capability of state information systems to identify and monitor these veterans.

Recommended by: _____
Verner Stillner, M.D., M.P.H.
Director, Division of Mental Health & Developmental Disabilities

Date: 5/26/81

Recommended by: _____
Lee Hendrickson, Coordinator
Office of Information Systems

Date: 5/26/81

Approved by: _____
Helen D. Beirne, Commissioner
Department of Health and Social Services

Date: 5/27/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Committee Substitute for House Bill 130 (Finance) am
Title Making special appropriations to establish programs...post-traumatic stress disorder.
Requested by Commissioner's Office Date 5/20/81

II. FISCAL DETAIL
Agency Affected Dept. of Health & Social Services
Program Category Affected Mental Health & Developmental Disabilities
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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

No cost impact is foreseen of the Department of Health and Social Services as as result of this legislation.

IV. DATE May 26, 1981 PREPARED BY Verner Stillner, M.D., M.P.H., Director
AGENCY H&SS/Mental Health & DD
PHONE 465-3370

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) M&B Approval [signature] Date 5/29/81

33-001 (Rev. 12/80)

POSITION PAPER

HOUSE BILL NO. 130

"An act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective data".

House Bill 130 appropriates from the general fund 165.0 to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for training and technical assistance to mental health, crises, drug and alcohol programs to Vietnam era veterans and families experiencing post-traumatic stress disorders. The sum of 100.0 is appropriated from the general fund to the Department of Health and Social Services, Division of Mental Health and Developmental Disabilities for payment as a grant to Vietnam Veterans/Alaska Inc., for a Vietnam Veteran post-traumatic stress disorder outreach program based on the United States Veterans Administration model. The sum of 50.0 is appropriated from the general fund to the Department of Health and Social Services for work in cooperation with the Department of Labor, the Department of Community and Regional Affairs, the Alaska Court System, and the Department of Education, Division of Vocational Rehabilitation to gather data for the identification of Vietnam era veterans receiving state services relating to post-traumatic stress disorder.

It is estimated that Alaska has over 20,000 Vietnam era veterans. During the month of January 1980, approximately 56 Vietnam veterans were served in Alaska community mental health clinic. Research studies conducted on Vietnam era veterans find that 40-60% of these veterans experience some form of acute, chronic, or cyclical form of POST TRAUMATIC STRESS DISORDER (PTSD). The 1980 Diagnostic and Statistical Manual of Mental Disorders includes for the first time the Post-Traumatic Stress Disorder. It is defined as a group of symptoms following a psychological traumatic event that is generally outside of the range of usual human experience (military combat, rape or assault, floods and earthquakes). Characteristic symptoms involve re-experiencing the traumatic event (dreams, recollections), numbing of responsiveness, reduced involvement with the external world, sleep disturbances, guilt about survival, and memory impairment.

One of the current successful recovery process methods for the PTSD is the veteran and a mental health professional preferably with Vietnam war experience. The methods employed in these rap groups vary from the traditional individual and group psychotherapy since the focus is not on individual pathology but on a process of recovery of shared meaning.

The recent aknowledgement of the existence of the PTSD and the young age of the Vietnam veteran make this group excellent candidates for preventive interventions. However, before such interventions take place mental health, drug abuse, and alcohol programs have to be aware of this new syndrome. The identification and proper management of crisis and preventive interventions require training and technical assistance to the existing mental health and alcohol/drug treatment delivery system.

The Division of Mental Health and Developmental Disabilities endorses the provisions of HB 130 that attempt to provide training and technical assistance, data collection, and support programs based on the United States Veterans Administration outreach programs to Alaska's Vietnam era veterans.

Recommended by: Verner Stillner, M.D.

Verner Stillner, M.D., M.P.H.
Director, Division of Mental Health and Developmental Disabilities

Date: 2/17/81

Approved by: Helen D. Beirne

Helen D. Beirne, Commissioner
Department of Health & Social Services

Date: 2/24/81

HB130

Bill Olsen
277-1501
Vet Center

last yr. requested $ from VA for a program in S.E.
but....
not enough $ for S.E. from Feds.

should be accountability

OR 1) Steilacoom somewhere
2) Arch office

Fed. $ to extend for 2 yrs.

★ there should be something ★

[redacted]

if $ thru Vet Centers:

1) letter agreement w/ Nimmo

2) $ → [redacted]
V.A. Regional office - Anch.
David Barnett
25,000 @ quarter = 100,000 year -

---

will cooperate either way

good feeling w/ Stillwell

Original sponsor: Moss

Offered: 5/18/81
Referred: Rules

Funding Information
General Fund $315,000
Other Funds -0-
$315,000

IN THE HOUSE BY THE FINANCE COMMITTEE

CS FOR HOUSE BILL NO. 130 (Finance) am

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making special appropriations to establish programs to deal with post-traumatic stress disorder; and providing for an effective date."

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

* Section 1. The sum of $165,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, to establish a training and technical assistance account in the division to assist mental health, crisis, drug and alcohol programs to identify post-traumatic stress disorder in Vietnam veterans, and to identify and treat veterans and their families affected by the disorder.

↳ "peer group rap sessions"

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Department of Health and Social Services, division of mental health and developmental disabilities, for payment as a grant to the Vietnam Veterans/ Alaska, Inc. for a Vietnam veterans post-traumatic stress disorder outreach program based on the United States Veterans Administration outreach program.

for S.E. Alaska - Kenai - Anch. - Fbks -

* Sec. 3. The sum of $50,000 is appropriated from the general fund to the Department of Health and Social Services, office of the commissioner, office of information systems, to develop, in conjunction with other state agencies, a needs assessment of Alaska Vietnam veterans, and to gather data on the capability of state information systems to identify and monitor these veterans.

* Sec. 4. The unexpended and unobligated portions of the appropriations made by secs. 1 and 3 of this Act lapse into the general fund on June 30,

1982.

* Sec. 5. This Act takes effect immediately in accordance with AS 01.10.-070(c).

271-4053 Veteran's Admin.

600,000 for Anch. (main operation)
↙ ↓ ↘
Currently Fed $ Kenai Wasilla Fairbanks.
may not be funded after Oct.

Vet Center

April 30, 1981

Room 101
550 W. 8th Ave
Anchorage, AK 99501
Tel: (907) 277-1501

Honorable H. Pappy Moss
House of Representatives
Pouch V
State Capitol
Juneau, AK 99811

Dear Mr. Moss:

At the request of several members of the legislature, I have been asked to respond to recent testimony given in behalf of HB 130 (Post Traumatic Stress Disorder, Vietnam Veterans).

I am presently employed by the Federal Government to administer a Veterans Outreach Center in Anchorage. The Center employs myself, two other counselors and an office administrator to provide counseling services for all Vietnam Era Veterans who have needs related to Post Traumatic Stress Disorder, unemployment, drug and alcohol, marital, legal, vocational or educational, service connected disabilities, and a dozen other kinds of problems. All of the staff are Vietnam Combat Veterans. In addition, there are two satellite programs; one each in Fairbanks and Wasilla, Alaska. Each satellite is staffed by one counselor (Vietnam Combat Veteran). Neither counselor has secretarial assistance. There will also be a Kenai satellite in the near future.

I fully support some type of Vietnam Veteran's Outreach program in Southeast Alaska. If the Federal government cannot, at this time, stretch limited funds to staff such a program, then hopefully, the State of Alaska can.

However, I want to correct some of the statements attributed to me, William Oleson, made by, or quoted by Allen Blume in his testimony on HB 130 to the Committee. Mr. Blume is in error on the following statements:

1. The present Anchorage program, including satellites, will terminate on September 30, 1981.

   The present program, in its' entirety, will be extended for at least one year through September, 1982, and possibly to September, 1983.

2. Mr. Blume stated that the program nationally cost $75 million to start up. The program, nationally, was allocated $9 million. Six million dollars was actually spent to get 91 Centers operational, including Alaska's Vet Center.

3. Mr. Blume stated that Public Law 96-142 was the guiding law passed by Congress authorizing Veterans Outreach programs.

   The program was authorized by Public Law 96-22.

4. Mr. Blume stated that their were 9 million veterans in Vietnam, with 2.8 million in combat.

   There were 9 million Era veterans total, stationed around the world between 1964 through 1975. 2.8 million veterans were in Vietnam and approximately 1.2 million were in combat.

5. Mr. Blume stated that 1.3 million dollars were allocated to the Anchorage Vet Center and satellites for start up and operation.

   The cost of the Anchorage Outreach program and satellites is considerably less than $300,000. The cost of the Anchorage Center alone for one year was less than $200,000. The satellites are still being organized with leases being negotiated, etc.

6. Mr. Blume stated that monies for operation of the Center are appropriated through the Veterans Administration directly to William Oleson.

   The Vet Center Outreach program is completely supported by the Alaska Veterans Administration Regional Office. This VARO pays all salaries, rent, communications, local travel, etc. No monies come directly to the Center. The Center staff reports to me, the Team Leader. I report to the Regional Coordinator located in Los Angeles, CA. There are six Regional Coordinators. The Regional Coordinators report to one National Director stationed within the V.A. in Washington, D.C.

7. Mr. Blume refers to four (4) Outreach Centers.

   There is one Center, staffed by four people, including one office administrator; and three satellites, two of which are partially operational, one is not, and staffed with one Outreach Technician in each satellite.

Attached is a copy of a printout identifying the number of veterans visiting the Anchorage Center only, from October, 1980, to March,1981. Please note the problems identified, the number of visits (approximately four per eligible veteran), and the number of contacts per problem areas. Also note in addition the number of phone conversations in addition to face-to-face contacts.

The critical areas, related to Post Traumatic Stress Disorder, as the Prime Problem are: #10, Anxiety/Fears; #11, Bad dreams/Flashbacks; #12, Suicide/Homicide, is related to these.

This printout should alleviate any fears concerning testimony by Mr. Lindley about veterans not responding to Outreach services.

Dr. Stellner gave excellent testimony which was directly on target in identifying the problems of the Combat veteran. Post Traumatic Stress Disorder is the Problem. Drugs, alcohol, marital difficulties, unemployment, etc. are symptoms of the problem. Dr. Stellner's testimony directly supports testimony given by myself and other veterans (Dr. Dennis Thomason, and Mr. Gary Thomas, President of the Vietnam Veterans of America) to Mr. Russ Meekin's Violence and Crime Committee requesting that all social services serving veterans within the State of Alaska be trained to recognize Post Traumatic Stress and to be able to directly deal with the veteran on the veteran's level.

Needed is an awareness by all Mental Health therapists, as well as: Job Services, Vocational Rehabilitation programs, etc., that PTSD is the central problem of most combat veterans. Mental Health can complement, but will not replace, Rap Groups and other identified therapy conducted by Veterans helping Veterans to readjust.

Thank you for allowing me this opportunity to respond. I wish I could have served on the teleconference to give testimony. I was alerted by Mr. Blume two hours before the time and date; unfortunately, I had clients scheduled and could not break the appointments.

Sincerely,

William C. Oleson,
Outreach Team Leader

cc: Don Clocksin
Mike Beirne
Betty Cato
Jim Duncan
Terry Martin
Brad Bradley

Attachment: printout

Juneau branch?

VIETNAM VETERANS READJUSTMENT COUNSELING PROGRAM

03/26/81 EOR MARCH PROFILE DISTRIBUTION

SITE # 203 ANCHORAGE

PROFILE AREAS	VETERANS ELIGIBLE	COUNSELED INELIGIBLE	NUMBER OF VETERANS SEEN	NUMBER OF CONTACTS BY CATEGORY OUTREACH	READJ	REFER	FOLLOW-UP	TELEPHONE CONTACTS VETERANS	OTHER
ACTUAL TABULATION	203	2	3	0	2,635	6	7	97	120
TABULATION BY PROFILE:									
1. MARITAL	17	1		0	344	0	0	9	0
2. LEGAL	12	1		0	140	0	0	1	2
3. VOCATIONAL	102	0		0	739	0	2	32	48
4. EDUCATIONAL	18	0		0	71	0	2	4	6
5. FINANCIAL	66	0		0	523	0	0	4	8
6. VA (OR OTHER BENEFITS)	75	1		0	422	4	2	39	39
7. PHYSICAL	10	0		0	200	0	0	5	11
8. MENTAL	6	0		0	118	0	0	1	2
9. ALCOHOL/DRUGS	30	0		0	637	0	0	9	21
10. ANXIETY/FEARS	48	0		0	1,119	0	0	13	20
11. BAD DREAMS/FLASHBACKS	42	0		0	1,050	0	0	11	18
12. SUICIDE/HOMICIDE	5	0		0	188	0	0	0	0
13. AGENT ORANGE	14	0		0	107	0	2	4	5
14. INTERPERSONAL	45	0		0	635	0	0	15	11
15. SKILL TRAINING	0	0		0	0	0	0	0	0
16. DISCHARGE UPGRADE	13	0		0	113	0	0	7	12
17. OTHER	35	0		0	285	2	0	11	6

HB

131

COMMITTEE REPORT

SENATE

FURTHER: Finance

5/22/81

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 131(HESS)

increasing state aid for health facilities and hospitals

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: Senate HESS

To: CS for HOUSE BILL 131 (HESS) SENATE BILL No. _____

HOUSE BILL No. 131

PAGE: 1 LINE: 21

Page 1, line 21: Delete "$19000" and insert "$2,000"

Beds	HOSPITAL	REVENUE OVER EXPENSES (LOSS) GAIN		Per Bed	DAILY SERVICE CHARGE	OCCUPANCY	LENGTH OF STAY
(199 after July 1)							
175	Alaska Hospital	(2.5 Million)	-	142,857	220.00	53.6	4.7
67	Bartlett (Juneau)	(-0-)		0	190.00	46.2	4.2
30	Central Peninsula Soldotna	210,000	+	7,000	195.00	56.4	3.2
14	Cordova	(120,907)	-	8,636	195.00	28.5	5.1
25	Kodiak	(155,426)	-	6,217	215.00	43.9	2.8
13	Petersburg X	(135,000)	-	10,384	190.00	21.0	3.0
33	Seward X	(211,000)	-	6,393	190.00	10.0	2.7
24	Sitka	(251,000)	-	10,458	190.00	42.9	4.3
13	South Peninsula (Homer) X	(240,000)	-	18,461	195.00	79.0	2.8
15	Valdez X	(374,438)	-	24,962	210.00	13.4	2.5
17	Valley (Palmer)	(354,297)	-	20,841	185.00	50.0	2.9
10	Wrangell X	(130,593)	-	13,000	190.00	24.0	3.4
13	Norton Sound (Nome)	(276,901)	-	21,300	342.00	51.0	3.9
44	Ketchikan	185,596	+	4,258	210.00	42.4	3.7
155	Fairbanks	660,000	+	4,258	185.00	70	4.9
250	Providence	1,951,552	+	7,806	210.00	80	6.03

Senate HESS

X debt picked up by local govt.

[ON HOUSE BILL NO. 131]
FROM: SENATOR PARR

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB131 (HESS) amended
Title An act increasing state aid for health facilities and hospitals
Requested by Charlie Parr Date 6/3/1981

II. FISCAL DETAIL
Agency Affected Department of Community & Regional Affairs
Program Category Affected Development
BRU, Program, or Subprogram(s) Affected Community Assistance Grants
(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		3,766.0	4,142.6	4,556.9	5,012.6	5,513.9
TOTAL		3,766.0	4,142.6	4,556.9	5,012.6	5,513.9

FUNDING (Thousands of Dollars)

GENERAL FUND		3,766.0	4,142.6	4,556.9	5,012.6	5,513.9
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

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

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

3,765,999 additional funding would be required to fund CSHB 131(HESS) amended in FY 82. A ten percent increase per year was assumed for funding the next four fiscal years.

IV. DATE 6/3/1981 PREPARED BY Netta Cragg
AGENCY Community & Regional Affairs
PHONE 465-4733

Original: Legislative Finance

CS HB 131 amended

	1 Hospitals 1000/bed	2 Hosp. w/10 or more beds 250,000/hosp.	3 Hosp. w/less than 10 beds 50,000/hosp	4 Health Facilities 2000/bed	5 Health Facilities 8000/Facility
Boroughs					
Anchorage	449000			650000	64000
Juneau		250000		180000	
Kenai Peninsula		500000			
Kodiak Island		250000		54000	72000
North Slope					56000
Sitka		250000		24000	8000
CITIES					
Cordova		250000			24000
Craig					8000
Fairbanks		250000		132000	24000
Galena					8000
Homer					16000
Hydaburg					8000
Kenai					16000
Ketchikan		250000			
King Cove					8000
Klawock					8000
Nome		250000			16000
Palmer		250000			
Pelican					8000
Petersburg		250000			16000
Sand Point					8000
Saint Mary's					8000
Seldovia					8000
Seward		250000		128000	16000
Skagway					8000
Unalaska					8000
Valdez		250000			8000
Wrangell		250000			8000
Yakutat					8000
Bethel				98000	8000
57 x 8,000					456000
Total	449000	3500000		1266000	904000
	6,119,000				
COLA	652,648				
	6,771,648				
	<3,005,649> current funding				
	3,765,999				

	Fairbanks	Norton Sound	Kodiak	Providence	Alaska	Palmer	Homer	Soldotna	Seward	Valdez	Cordova	Bartlett	Sitka	Wrangell	Petersburg	Ketchikan
X Ray Therapy		x		x	x		x	x				x			x	
CAT Scan				x	x											
Audiology																
Radioisotope, Radium Cobalt Therapy				x												
Chemotherapy	x			x	x											
Family Planning		x			x						x					
Social Work	x	x		x	x						x					
Psychiatric Consult. and Education		x			x						x					
Psych. Partial Hospitalization				x							x					
Inpatient Psych.	x	x		x							x					
Clinical Psych.		x					x				x		x			
Pediatric Unit	x			x	x							x	x	x		
Obstetric Unit	x	x	x	x	x	x	x	x	x			x	x	x	x	x
Intensive Care	x	x	x	x	x	x	x	x	x			x	x	x		
Intensive Cardiac				x	x	x		x	x		x	x	x	x		
Premature Nursery	x			x	x										x	
Burn Unit	x			x												
Open Heart Surgery				x												
Inpat. Renal Dialysis	x			x	x											
Post-op Recovery	x		x	x	x	x		x				x	x			x
Inhalation Therapy	x	x			x			x	x	x	x	x	x		x	x
Inpatient Abortion	x				x	x		x	x			x		x	x	
Alcohol Detox	x	x			x				x		x		x	x	x	
Inpatient Rehab.	x															
Occupat. Therapy				x												
Physical Therapy	x	x	x	x	x			x	x		x	x		x	x	x
Speech Therapy	x															

(Information from the 1980 State Health Plan)

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
HOUSE BILL 131
(Revised 3/18/81)

"An Act increasing state aid for health facilities and hospitals; and providing for an effective date."

House Bill 131 provides an increase in the amounts available under the health facilities revenue sharing program to municipalities for the operation of health facilities and hospitals. The Department recognizes the need for assistance in operations for many of the State's health facilities, particularly the small rural hospitals.

The health facility revenue sharing program, which was originated to relieve health facilities of financial strains placed upon them because of uncollectable debts, has undergone changes in support levels and perhaps in its philosophy since it was established in 1971. There have been similar efforts to increase the minimum amounts available in recent legislative sessions.

All health facilities have basic operational costs which must be supported regardless of the volume of patients available to generate revenues. This fact can perhaps best be seen by looking at the minimum requirements for a hospital.

Each hospital, whether rural or urban, must have the following basic areas in its facility through which to provide health care services:

Patient Care Including:

1 intensive care room
1 isolation room
1 two-bed pediatric room
1 five-crib nursery
1 coronary care room
1 psychiatric room
? two-bed acute care rooms

TOTAL 5,600 sq. ft.

Gross square feet:

Surgical	2,400	Obstetrics	3,400
Emergency	1,100	Radiology	900
Laboratory	400	Physical therapy	500
Dietary	1,700	Administration	1,600
Central services	400	General storage	300
Laundry	700	Waste disposal	600
Morgue	400	Outpatient	2,000

COMBINED sq. ft. TOTAL 22,000

There is a basic cost of operation for this minimum hospital which results from staffing costs, building maintenance, and utilities.

The costs for building maintenance and utilities are almost entirely a function of the area of the hospital. The staffing costs are directly related to the services which are offered by the hospital and comprise the greater part of operating costs. A certain level of minimum staffing for the functions of medical records, dietary, maintenance, housekeeping, laundry, nursing, laboratory, x-ray, etc., is unavoidable and must exist in order for a hospital to provide service. Due to the low population served and thus the low levels of revenue generated, the rural hospitals and nursing homes have difficulty in meeting operating expenses. Many of the rural hospitals subsist only as a result of grants from local government.

Position Paper
for
Committee Sustitute for House Bill 131

All facilities continue to experience operational cost increases as a result of inflation reflected in increased fuel costs, increased salaries and increased cost of supplies.

The health facility revenue sharing program which at present provides operational costs to facilities on a regular annual basis according to the number of patient care beds available in each facility is not sufficient to provide more than a small portion of the operating expense of rural hospitals in particular. It is the feeling of the Department that the $250,000 amount proposed in CSHB 131 is not unreasonable.

Recommended by: Phoebe A Lindsey

Phoebe A. Lindsey
Director, Division
of State Health Planning
and Development

Date: April 7, 1981

Approved by: Helen D. Beirne

Helen D. Beirne
Commissioner

Date: 4/15/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CS for HB 131
Title An Act increasing state aid for health facilities and hospitals.
Requested by _____ Date 4/9/81

II. FISCAL DETAIL
Agency Affected Health & Social Services
Program Category Affected Health
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 81	FY 82	FY 83	FY 84	FY 85	FY 86
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						
PART TIME						
TEMPORARY						

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

IV. DATE _____ PREPARED BY _____
AGENCY _____
PHONE _____

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

33-001 (Rev. 12/80)

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Donald E. Clocksin, Chairman
465-3797
465-3777

Pouch V
State Capitol
Juneau, Alaska 99811

TO: Rep. Sam Cotten, Chair
House Finance Committee

FROM: Rep. Don Clocksin, Chair
House HESS

RE: CS for HB 131

DATE: April 15, 1981

Please be advised that the House HESS Committee requests that the House Finance Committee consider the following amendment to CSHB 131 - State aid to hospitals. This change was intended to be made by the HESS Committee but an error was made.

On page 1, line 21: Change "$1,000.00 per bed" to "$2,000.00 per bed.".

Thank you.

DC:sp

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB 131
Title An Act relating to state aid for health facilities and hospitals
Requested by Haugen Date May 18, 1981

II. FISCAL DETAIL
Agency Affected Department of Community and Regional Affairs
Program Category Affected Development
BRU, Program, or Subprogram(s) Affected Community Assistance Grants
(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		2,373.1	2,610.4	2,871.5	3,158.6	3,474.5
	TOTAL		2,373.1	2,610.4	2,871.5	3,158.6	3,474.5

FUNDING (Thousands of Dollars)

GENERAL FUND		2,373.1	2,610.4	2,871.5	3,158.6	3,474.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

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

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

2,373,067 additional funding would be required to fund HB 131 in FY 82. A 10 percent increase per year was assumed for funding the next five fiscal years.

IV. DATE May 18, 1981 PREPARED BY Netta Crago
AGENCY Community and Regional Affairs
PHONE 465-4733

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

33-001 (Rev. 12/80

CSHB 131

	1 Hospitals 1000/bed	2 Hosp. w/10 or more beds 250000/hosp.	3 Hosp. w/less than 10 beds 50,000/hosp.	4 Health Fac. 1000/bed	5 Health Fac. 8000/fac.
BOROUGHS					
Anchorage	425000			325000	64000
Juneau		250000		90000	
Kenai Peninsula		500000			
Kodiak Island				27000	72000
North Slope					56000
CITIES					
Cordova		250000			24000
Craig					8000
Fairbanks	155000			66000	24000
Galena					8000
Homer					16000
Hydaburg					8000
Kenai					16000
Ketchikan		250000			
King Cove					8000
Klawock					8000
Nome		250000			16000
Palmer		250000			
Pelican					8000
Petersburg		250000			16000
Sand Point					8000
Saint Mary's					8000
Seldovia					8000
Seward		250000		64000	16000
Skagway					8000
Unalaska					8000
Valdez		250000			8000
Wrangell		250000			8000
Yakutat					8000
Bethel				49000	8000
57 x 8,000					456000
Total	580000	2750000		621000	896000
4,847,000					
COLA 531,716					
5,378,716					
<3,005,649> Current funding					
2,373,067					

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
HOUSE BILL 131
(Revised 3/18/81)

"An Act increasing state aid for health facilities and hospitals; and providing for an effective date."

House Bill 131 provides an increase in the amounts available under the health facilities revenue sharing program to municipalities for the operation of health facilities and hospitals. The Department recognizes the need for assistance in operations for many of the State's health facilities, particularly the small rural hospitals.

The health facility revenue sharing program, which was originated to relieve health facilities of financial strains placed upon them because of uncollectable debts, has undergone changes in support levels and perhaps in its philosophy since it was established in 1971. There have been similar efforts to increase the minimum amounts available in recent legislative sessions.

All health facilities have basic operational costs which must be supported regardless of the volume of patients available to generate revenues. This fact can perhaps best be seen by looking at the minimum requirements for a hospital.

Each hospital, whether rural or urban, must have the following basic areas in its facility through which to provide health care services:

Patient Care Including:

1 intensive care room
1 isolation room
1 two-bed pediatric room
1 five-crib nursery
1 coronary care room
1 psychiatric room
2 two-bed acute care rooms

TOTAL 5,600 sq. ft.

Gross square feet:

Surgical	2,400	Obstetrics	3,400
Emergency	1,100	Radiology	900
Laboratory	400	Physical therapy	500
Dietary	1,700	Administration	1,600
Central services	400	General storage	300
Laundry	700	Waste disposal	600
Morgue	400	Outpatient	2,000

COMBINED sq. ft. TOTAL 22,000

There is a basic cost of operation for this minimum hospital which results from staffing costs, building maintenance, and utilities.

The costs for building maintenance and utilities are almost entirely a function of the area of the hospital. The staffing costs are directly related to the services which are offered by the hospital and comprise the greater part of operating costs. A certain level of minimum staffing for the functions of medical records, dietary, maintenance, housekeeping, laundry, nursing, laboratory, x-ray, etc., is unavoidable and must exist in order for a hospital to provide service. Due to the low population served and thus the low levels of revenue generated, the rural hospitals and nursing homes have difficulty in meeting operating expenses. Many of the rural hospitals subsist only as a result of grants from local government.

Position Paper
for
Committee Sustitute for House Bill 131

All facilities continue to experience operational cost increases as a result of inflation reflected in increased fuel costs, increased salaries and increased cost of supplies.

The health facility revenue sharing program which at present provides operational costs to facilities on a regular annual basis according to the number of patient care beds available in each facility is not sufficient to provide more than a small portion of the operating expense of rural hospitals in particular. It is the feeling of the Department that the $250,000 amount proposed in CSHB 131 is not unreasonable.

Recommended by: Phoebe A Lindsey
Phoebe A. Lindsey
Director, Division
of State Health Planning
and Development

Date: April 7, 1981

Approved by: Helen D Beirne
Helen D. Beirne
Commissioner

Date: 4/15/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

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Title An Act increasing state aid for health facilities and hospitals.
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EXPENDITURES (Thousands of Dollars)

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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						
PART TIME						
TEMPORARY						

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

IV. DATE _____ PREPARED BY _____
AGENCY _____
PHONE _____

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

33-001 (Rev. 12/80)

Copies members

VALLEY HOSPITAL

P. O. Box H
Palmer, Alaska 99645
(907) 745-4813

May 27, 1981

Senator Charles H. Parr
S.R. Box 50599
Fairbanks, Ak. 99701

Dear Senator Parr:

We support House Bill No. 131. We are a small, rural hospital, the only acute care facility in our service area. Ours is a private, self-supporting institution, although our accountability to the public is greater than most private health care organizations, by vurtue of our public association through membership. Our ability to provide the ever-increasing service level demanded, and even to stock necessary supplies and make payroll, has always been severely jeopardized by a negative cash flow and corresponding inability to pay bills.

We urge the passage of House Bill 131 as soon as possible. This will make a significant improvement in our ability to survive. Thank you very much.

Sincerely,

William E. Nettles

William E. Nettles
Administrator
Valley Hospital Association, Inc.