

ALASKA LEGISLATURE COMMITTEES 1903-1904 8072

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~~We feel that it is truly ironical that the most humane society in these
United States should continue as it has for 18 years to advertise the Euthanair
Machine in the face of the vast amount of evidence that it is the most cruel of
euthanasia methods and causes the most suffering among dogs and cats.~~

If you will address your letter to the following and then return the card indicating that you have written I would deeply appreciate it. It would be one more step toward the complete disuse of this machine.

Sincerely yours,

Celia Heriot
President of Pet Pride

Address your letter to:

Mr. Milton Searle, Executive Director
of the American Humane Association,
American Humane Magazine
5351 Roslyn Street
Englewood, Colorado 80110

Some Sample Letters

Dear Mr. Searle:

I am horrified by your inclusion in your magazine of an ad on the Euthanair machine promoting it as "quick, painless and humane." There is more than sufficient evidence to prove that this is totally false and we urge that as an "humane" organization, you discontinue these ads.

Dear Mr. Searle:

I am shocked that you would include in your publication an ad promoting the euthanair machine as humane, quick and one hundred percent efficient. According to Ruth Weddle, President of the California Coalition of Animals, over 60% of these machines used in California were proved faulty! In the name of humanity how can you continue for years to promote the machine in the same misleading way? Please, at least discontinue its advertising until we succeed in outlawing it. It is just a matter of time as it is with the leg hold trap!

Dear Mr. Searle:

Numerous other humane organizations are against the use of the euthanair machine. At present the U.S. Dept. of the Air Force disclaims any endorsement of the Euthanair Chamber and additionally states in letters that CCAO have on file that they do not consider its use as a humane method for the killing of dogs and cats.

All we ask now is your cooperation in asking your Editor to cancel the ad.

Dear Mr. Searle:

There are so many good things written in your magazine it seems a shame to spoil it with that tricky, misleading ad. It has been rumored about that you make a profit on the machine and that a former president of AHA formed the Corporation which brought it into being and that you have been doing business for 18 years.

Think how many suffering cats, billions - have spent their last moments in this agonizing manner!

PLEASE GET YOUR LETTERS OFF TODAY. And return the card.

Journal

Report of the AVMA Panel on Euthanasia

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Prepared by the American Veterinary Medical Association Panel on Euthanasia, at the request of the AVMA Council on Research.

Supported by grants from the AVMA Foundation and the American Animal Hospital Association La Croix Lecture Fund.

devices have been used for dogs and cats, closed wooden cabinets with separated front and metal floor sections serving as electrodes, or with a metal floor plus a metal collar and chain serving as electrodes.

Experiments in dogs have shown the necessity of directing the electrical current through the brain in order to produce instant stunning with loss of consciousness. In the dog, when the electricity passes between front and rear limbs or neck and feet, it causes the heart to fibrillate promptly but does not produce unconsciousness by action on the brain. The animal does not lose consciousness until affected by cerebral anoxia which occurs a minimum of 12 seconds after cardiac fibrillation is induced by the electrical shock. These data dictate against use of the older-style euthanasia cabinets that direct current through the heart and not directly through the brain. An apparatus which applies electrodes to opposite sides of the head, or in another way directs electrical current immediately through the brain, is necessary to induce unconsciousness instantly. This effect should be followed promptly by electrically induced fibrillation of the heart.

Disadvantages—(1) Electrocution is not a useful method for mass euthanasia because so much time is required with each animal; (2) it is not a useful method for a vicious, intractable animal; (3) violent extension and stiffening of the legs, head, and neck occur; (4) electrocution is esthetically objectionable; (5) in small animals, electrocution may not result in death because ventricular fibrillation and circulatory collapse do not always persist after cessation of current flow; and (6) it is hazardous to personnel.

Recommendations—Electrocution is humane only if special skills and equipment are employed to assure passage of sufficient current through the brain to produce unconsciousness followed by electrically induced fibrillation of the heart.

Gunshot and Captive-Bolt Pistol—Under some circumstances, gunshot may be the only practical method of euthanasia. It should be performed by a trained marksman utilizing a rifle or pistol appropriate for the situation. The projectile should be accurately placed to enter the brain, causing instant unconsciousness.^{1,10}

The captive-bolt pistol is more appropriate when there is effective restraint of the animal.¹ This pistol utilizes a blank cartridge as propellant, and when applied to the forehead fires a bolt through the skull, penetrating the brain. Since the bolt remains attached to the gun, the hazard of ricochet is eliminated.

Advantages—(1) Euthanasia is instant; and (2) under field conditions, gunshot may be the only effective method available.

Disadvantages—(1) It is dangerous to personnel; (2) it is esthetically unpleasant; (3) under field conditions it may be difficult to hit the brain; and (4) the method is not suitable where brain examination must be conducted after death.

Recommendations—Use of a captive-bolt pistol in restrained animals is recommended. Where restraint

cannot be effectively accomplished, gunshot is an acceptable method of euthanasia.

Decompression Euthanasia—Brain function and consciousness are highly dependent on an adequate oxygen (O₂) supply. Hypoxia is a deficiency of O₂ available to the tissues.^{70,71} Aircraft pilots flying at high altitude and exposed to a low O₂ environment frequently experience euphoria, followed by depression of the CNS. Hypoxia may be so acute that loss of consciousness occurs rapidly without any prior warning.^{13,14} Unconsciousness occurs within 10 seconds in dogs exposed to simulated pressure altitudes between 50,000 and 55,000 feet (equivalent to 68.8 mm of Hg), whether breathing air or 100% oxygen.⁷ Properly designed and maintained chambers operate at these pressures.

The relationships among unconsciousness, absence of pain, and involuntary muscular activity have been reviewed earlier in this report. Humane (the animal) and esthetic (the observer) considerations are often in conflict. Bancroft and Dunn³ listed some of the body responses during decompression after loss of consciousness and pain perception, as follows. Respirations become deep and rapid for several seconds. Marked abdominal distention occurs immediately, due to expansion of gases present in the gastrointestinal tract. The animal collapses in about 8 seconds. Mild convulsions generally occur in 10 to 12 seconds and last for several seconds. Decerebrate rigidity also may occur.²⁴ Following a convulsive seizure, the animal is quiescent except for occasional respiratory gasps. Usually lacrimation, salivation, and urination occur. Intravascular gas bubbles are not produced at 55,000 feet or below.²⁰

The literature on rapid decompression as a means of producing hypoxia and its use in euthanasia was reviewed by Booth.⁷ Although there are differences of opinion, evidence supported by EEG recordings indicates that hypoxia rapidly induces unconsciousness in both animals and human beings subjected to high altitude simulated by the use of decompression chambers.

Advantages—(1) Personnel safety; and (2) when properly used, decompression euthanasia is efficient and humane.

Disadvantages—Some cities and states have passed legislation banning the use of decompression euthanasia. The method has fallen into disrepute because of: (1) improper design, operation, maintenance, and functioning of equipment; (2) accidental recompression with recovery of the animal followed again by decompression before death occurred; (3) bloating, bleeding, vomiting, convulsions, urination, and defecation in the unconscious animal which are esthetically unpleasant; (4) possible overcrowding of the chamber; (5) the increased tolerance of immature animals (under 4 months old) to hypoxia and the long periods of decompression required before respiration ceases; (6) respiratory or middle ear infections, or both, that may cause pain from unequalized pressure; and (7) failure to understand the mechanisms of action of hypoxia and its effects on animals.



KETCHIKAN GATEWAY BOROUGH

344 FRONT STREET
KETCHIKAN, ALASKA 99901

March 8, 1983

The Honorable Joe Josepheson
Senate, State of Alaska
Pouch V
Juneau, Alaska 99811

Dear Senator:

Enclosed is some information we gathered on the decompression chamber (not rapid). We have contacted Dr. Richard Ott of Washington State University who would be willing to testify in favor of the chamber as a humane method of euthanasia.

Our response to Dr. Wilson is that we believe in "community" preference rather than State mandates. It may be later the Ketchikan citizens would decide to find alternatives.

Sincerely,

KETCHIKAN GATEWAY BOROUGH


Marvin Yoder
Borough Manager

MIY:jw

enclosures

cc: Dr. Rodman Wilson

RECEIVED

MAR 10 1983

Josepheson,

high-altitude low-pressure verified humane

AHA Reevaluates Euthanasia Method

By ROBT. L. HUMMER, VMD, MPH

The high-altitude low-pressure method of euthanasia was originally proposed on the basis of the scientific knowledge gained by respiratory physiologists, etc., concerned with the safety of aircraft pilots. Early studies showed that brain cells are the most susceptible of all the cells of the body to a reduced oxygen supply. On this basis it was postulated that reducing the supply of oxygen, by lowering the pressure within a closed container, would be a humane and practical method of killing the millions of animals that must be disposed of by humane societies and municipal animal shelters throughout the United States.

This method of euthanasia has been endorsed by The American Humane Association for more than a decade. AHA has done so with complete confidence that this method is, in fact, a "most humane euthanatizing process." But even with this assurance by AHA, and supported by numerous scientists, not infrequently some misinformed persons continue to insist that the animals killed by this method experience excruciating pain.

As a result of several experiences recently wherein this method has been challenged in courts of law, AHA felt honor-bound to reevaluate the method. This decision was made with two specific objectives: to obtain the best scientific information possible so as to confirm or refute the original position espoused by AHA; and to obtain scientific data to answer each allegation regarding the cruel aspects of this euthanatizing process.

The reevaluation study was performed at the College of Veterinary Medicine, Colorado State University, Fort Collins. The scientists conducting these studies were eminently qualified to evaluate the body reactions experienced by dogs and cats when in a high-altitude low-pressure cabinet.

Some of the claims proffered by those opposed to this method, and which were given special attention in this reevaluation study, are:

- a. The eyeballs are forced from their sockets.
- b. The eardrums are ruptured causing severe pain and hemorrhage.
- c. Bloating occurs to the extent that the skin either bursts or is stretched as tight as a drum head.
- d. The lungs are sucked from the chest.
- e. The brain is exploded.

- f. Animals with distemper, pneumonic, etc., suffer severe chest pains.

The AHA/CSU study proved conclusively that none of the above charges were factual. This statement is based on the observation of 102 dogs and 76 cats included in this study. It is of interest to note that of these animals, 38 dogs and 21 cats showed positive evidence of pneumonia. Furthermore, comparison of the data derived from these sick animals with that obtained from the other apparently healthy animals showed no substantial variations.

As a follow-up to the laboratory study and evaluation of this method, a field study was conducted. This latter study took place under typical animal shelter conditions at the Humane Society for Larimer County in Fort Collins. A commercially available Euthanair chamber was used.

The field study began September 1, 1975, and as of October 23, 1975, 290 dogs, 276 cats and five guinea pigs had been euthanatized.

The decompression method proved 100% effective in this field study. The shelter personnel who operated the equipment stated there were no problems with the method's effectiveness and reported no observations of the animals' reactions and responses which could indicate inhumane treatment.

Because of the scientific sophistication of this study, it was possible to establish the point, in time, when the animals lost consciousness. The electroencephalogram (EEG) and other physiological parameters of 17 dogs and seven cats indicated that unconsciousness occurred on an average of 52.5 seconds, with a range of 42-61 seconds, and 49.3 seconds, with a range of 43-59 seconds, respectively.

Additionally, it was determined that when unconsciousness occurred, the animals would fall. Thus, by relating the EEG onset of unconsciousness to the act of falling, it was shown that 73 dogs and 69 cats lost consciousness in an average of 51.8 seconds and 51 seconds respectively. This scientific observation should relieve the anxiety of many humanitarians, who previously had interpreted the muscle twitching and paddling movements seen in some animals immediately after they dropped, as being evidence of severe pain.

The actual cause of death by the high-altitude

low-pressure method is an oxygen deficit. The AHA/CSU study demonstrated conclusively that an inadequate amount of oxygen to sustain life was available in the cabinet after the recommended simulated altitude (pressure) was reached. This was determined by measuring the arterial blood-oxygen tension. (Po₂).

It must be emphasized that the ratio of oxygen to the other gases (primarily nitrogen) in the air is almost identical at sea level and at the altitude of 55,000 ft. Furthermore, it is the extreme reduction of the normal atmospheric pressure in the air at any altitude, as well as in the cabinet, that influences the amount of oxygen that is forced into the blood vessels (capillaries) within the air sacks of the lungs. Consequently, unconsciousness and death follow as a result of an insufficient amount of oxygen.

In addition to the above, another measurement was made to assure that death actually did occur in this environment.

In the 29 dogs used to determine the oxygen tension, it was noted that 0 blood pressure was confirmed an average of 5 minutes, 42 seconds (range 3 minutes, 55 seconds—6 minutes, 25 seconds) from the beginning of decompression.

All the above data was derived while the equipment was operated at a simulated altitude of 47,000 feet. While this altitude has been shown to be an effective *minimum* level to produce euthanasia *under closely controlled laboratory conditions*—it is the consensus of the AHA staff that from a practical point of view the 55,000 feet simulated altitude level is to be preferred. AHA and others will continue to use this altitude in all literature. This opinion is predicated on AHA's sincere desire to assure all concerned that the animals are killed in a humane manner. This decision is based on the findings of inspections of many shelters which indicated that improperly maintained equipment combined with

shortcuts by the operator strongly mitigate in favor of higher operating altitudes.

We may also use the experience of the human animal—man—who is the best experimental subject because he can relate his experiences.

Numerous humans subjected to hypoxic conditions report that, "from the beginning of the decompression process to the onset of unconsciousness is a euphoric period." According to experiences by many pilots and scientists, there has never been a report of pain during the hypoxia experience despite the fact involuntary muscular contractions and twitching occur as the individual loses consciousness.

Unlike asphyxiation from choking, breath holding or drowning—where carbon dioxide builds up throughout the body and air cannot be moved by the respiratory system, the sensation of suffocation is absent in a low-pressure environment such as exists in the high-altitude low-pressure euthanasia cabinet. In the latter situation, breathing continues unimpeded and carbon dioxide actually decreases until loss of consciousness occurs. Extrapolating from the human reports, there is no evidence to indicate that animals are affected differently under similar conditions. This extrapolation is supported by the EEG findings mentioned above.

In summary, it was the consensus of the investigators of the AHA/CSU study that death by this method of euthanasia results from hypoxia and **that it is humane.**

Robt. L. Hummer, VMD, MPH, is veterinary consultant to The American Humane Association.

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How Much Do You

Know About

High Altitude Euthanasia

By **COMMANDER MARTIN PASSAGLIA**

● High altitude euthanasia is utilized by many humane organizations faced with the destruction of large numbers of animals.

Although this method of euthanasia has proven to be efficient and economical in operation, it frequently comes under criticism by those who do not understand its principles.

● Commander Passaglia is attached to the Medical Service Corps, U. S. Navy. He holds degrees in zoology, comparative physiology and human physiology. He is one of the most prominent aviation physiologists in the military. He has gained prominence through his special studies of the effects of high altitude euthanasia.

Commander Passaglia is a member of the board of directors of the San Diego County Humane Society and SPCA. Questions concerning high altitude euthanasia should be addressed directly to The American Humane Association.

The word "euthanasia" comes from the Greek *eu* which means *good*, and *thanatos* which is translated as *death*. The literal translation, therefore, is good or happy death.

In animal welfare, euthanasia refers to the painless destruction of suffering animals. The public accepts it as morally right and legal under certain, well-defined conditions.

To effect humane euthanasia for animals, there are a number of methods which one can utilize for this procedure. All are quite painless and are limited solely by the number of animals to be destroyed or other situational conditions. One of the best mechanical methods is the high altitude, low pressure method.

By way of a brief history of high altitude physiology, let me recount a few of the more classical situations I have extracted from literature.

In 1608, the Jesuit priest Acosta, while accompanying Pizzara across the Andes, first documented the terrible affliction which struck men and animals in the lofty heights. Acosta expounded at great length about this problem which he referred to as "mountain sickness"—a name which was used for centuries.

In 1862, the Englishmen Glaisher and Coxwell published a description of "balloon sickness" following their flight to 29,000 feet. In their account they noted a loss of accurate vision and hearing, and a paralysis of the arms and legs. Prior to unconsciousness, Coxwell managed to

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seize the valve rope with his teeth and, therefore, was able to effect a descent.

Paul Bert, the great French physiologist, in 1875 built a low pressure chamber and demonstrated that oxygen lack during an ascent was the direct result of reduced barometric pressure.

That same year, three of Bert's associates, Tissandier, Sival and Croce-Spenelli, ascended by balloon to 29,000 feet—but only one man lived to tell about it. Tessandier, the survivor, wrote:

"I now come to the fateful moments when we were overcome by the terrific action of reduced pressure at 23,000 feet. A torpor has seized me. I write, nevertheless, though I have *no clear recollection* of writing. We are rising, Croce is *panting*. Sival shuts his eyes—Croce also shuts his eyes. At 24,000 the condition of torpor that overcomes one is extraordinary. Mind and body become feeble. There is no suffering. On the contrary, one feels *inward joy*. *There is no thought of the dangerous position*; one rises and one is glad to be rising. I soon felt myself so weak that I could not even turn my head to look at my companions. I wished to call out that we were 26,000 feet, but my *tongue was paralyzed*. All at once I fell down powerless and lost all further memory."

The balloon rose to 29,000 feet, then began to descend of its own accord. At 15,000 feet, Tissandier regained consciousness and tossed the sandbags over the side. This is a singularly pointed demonstration of his lack of judgment. Obviously, the balloon began rising. Tessandier slumped back into unconsciousness and fortunately, for him at least, the balloon descended of its own accord. He was the only one alive!

I can move quickly to modern day and point out another name with which you are all very, very familiar—that of Charles Lindbergh. Lindbergh writes: "Learn to recognize hypoxia quickly; then you have time to do something about it before you lose consciousness."

His experiences prove again that *time* is a very, very important factor in high-altitude work!

In 1927 while flying the Spirit of St. Louis over the Rocky Mountains in Colorado he experienced, as he called it, an increasing vagueness of perception. A few years later, after extensive training at the Mayo Clinic in Minnesota, Charles Lindbergh determined he could expect approximately 15 seconds of reasonably clear consciousness following oxygen failure only if he discovered the oxygen failure immediately!

I have excerpts of Lindbergh's report about an experience he encountered in 1939 while flying an experimental aircraft for Lockheed. He

lost his oxygen at 36,000 feet and although he knew he had no more than 15 seconds of useful, reasonably clear conscious time in which to effect a transfer from the aircraft oxygen to an emergency oxygen bottle, he didn't do it. Rather than switch to the emergency oxygen bottle, he elected to nose the aircraft over and to descend normally from 36,000 feet until he was out of the area of danger.

He says: "The dials in front of me faded; my mind became too dull to think of the emergency bottle system. From somewhere above 30,000 feet to somewhere below 20,000 feet, I remember only a great shriek outside my cockpit and my determination to increase the angle of dive regardless of consequences."

The P-47 almost certainly went through a compressibility condition and that is a very, very high dynamic state where it was fortunate that the wings did not tear off. At about 17,000 feet, the aircraft was fully controllable again. With the increased density of air, he could again see the instrument dials and his senses regained their normalcy.

What then, in view of these two rather descriptive accounts, is the problem of hypoxia? How can we use it to our advantage?

In Greek, the word *hypoxia* means *an insufficient amount of oxygen*. There is a similar word which you may also see: *anoxia*, from the Greek, meaning *no oxygen*. There is a fine line between these two words which I will get into later.

At this time, however, I am going to be rather emphatic in pointing out that *there is no relationship between hypoxia and "asphyxia."* Please, let me emphasize that point: There is no relationship at all—physiologically or mechanically or any other way—between hypoxia and asphyxia.

In the condition of hypoxia, one reduces the pressure of the oxygen going into the lungs. In asphyxia, the body is mechanically deprived of oxygen and of the ability to remove carbon dioxide. This can be done in a number of ways. You can strangle a person; you can place a pillow over his face; you can enclose his head in a plastic sack. These are all forms of asphyxia. The lungs have been deprived of oxygen, and you have mechanically prevented the elimination of carbon dioxide, which must be done through the lungs.

Now, let's consider the relationship between an ascent to altitude and the reduction in barometric pressure that one observes in aviation.

As you go up in altitude, the barometric pressure is reduced! Barometric pressure—whether

you determine it in millimeters or inches of mercury, or whatever unit you use—is composed of the individual partial pressures of all the gases that make it up.

For example, we use the two major gases in the atmosphere, nitrogen and oxygen. The air is 80 percent nitrogen; therefore, the nitrogen pressure is 608 millimeters of mercury, or 80 percent of the total pressure. The oxygen percentage is 20; therefore, the total pressure of the oxygen pressure is 152 millimeters of mercury. This is what we are inhaling—152 millimeters of mercury of oxygen. And please remember—this figure represents a pressure, not a quantity or a volume. It is an oxygen pressure.

At sea level, we have approximately 100 millimeters of mercury of oxygen pressure in the lungs—that is, at the working level of the lung in the alveoli, where we have the exchange of gases, where the carbon dioxide is given off and the oxygen is picked up by the blood.

This 100 millimeters of mercury of oxygen at sea level produces a blood saturation (how much gas there is in the blood) of approximately 97 to 98 percent. This is the most that the blood can contain. When we make an ascent to 10,000 feet altitude, the amount of oxygen in the lung is reduced to 61 millimeters. If the amount of pressure pushing the oxygen into blood is reduced then, it's understood quite naturally that the amount of oxygen going into the blood is also reduced. The blood saturation at 10,000 feet is no longer 98 percent. It is approximately 89 percent. This is no longer normal! The higher we ascend, the less oxygen there is in the alveoli, the working place of the lung. We have, thus, reduced the amount of pressure pushing oxygen into the blood and have subsequently reduced the amount of oxygen in the blood.

If we ascend above 41,000 feet, even though we have oxygen to breathe, we become hypoxic. The first commandment of aviation is "as soon as you pass 10,000 feet you *must* wear an oxygen mask" and this is a rule every aviator knows. That is why an aviator will breathe 100 percent oxygen when he goes above 10,000 feet. But as soon as he passes 41,000 feet, even though he's breathing oxygen, he's in danger because he's not getting enough pressure in the lungs to sustain normal life.

Now, in order to provide him with an adequate amount of oxygen beyond 41,000 feet, we utilize what we call "positive pressure breathing." In other words, we are forcing oxygen under pressure into his lungs. This not only makes him inhale, but also inflates his lungs under pressure. Positive pressure breathing is used at any time an individual ascends beyond 35,000 feet.

Let me recapitulate! Beyond 10,000 feet the individual must be provided with oxygen in order to maintain a normal blood saturation. This condition of additional or supplemental oxygen is satisfactory to about 35,000 feet and, beyond 35,000 feet, in order to maintain normal blood saturation, he *must* be provided with positive pressure breathing, which is satisfactory to about 50,000 feet. As we ascend from sea level to 43,000 feet the alveolar oxygen pressure drops from 100 to zero. The blood saturation drops from 98 percent to zero and, as we pass 10,000 feet, we begin to experience hypoxia.

At 10,000 feet, the individual experiences *insidious* hypoxia. You don't know you have it. Many of us flying on long flights in unpressurized aircrafts at 10 or 11,000 feet become hypoxic—not enough to be of very serious consequence, but we do become hypoxic. You become tired, overcome with fatigue, sleepy, and rather lethargic. Card playing becomes dull, routine, because you are sleepy. Your fingertips become cold and, with very close observation, you would notice that your nail beds after about four hours at 10,000 feet are blue, rather than a healthy pink. Those of us who don't wear lipstick would notice that our lips are slightly blue—perhaps a little gray—not the normal pink we usually have. You don't know you have insidious hypoxia because it comes on so gradually that the brain is affected very gradually. This demonstrates a very, very important point.

At 50,000 feet the barometric pressure in millimeters and mercury is 87; the water vapor pressure in the lungs and the carbon dioxide in the lungs at 50,000 feet equal that amount, thus the human lung is completely filled with carbon dioxide and water vapor at that altitude.

Now, how does all this fit in with high altitude euthanasia of animals? And why is this method of euthanasia considered humane?

The symptoms of hypoxia are characteristically divided into two groups—subjective and objective. Any physiologist who speaks about subjective symptoms of hypoxia knows exactly about what he is speaking, simply because in order to be in our business, he must have actually experienced hypoxia.

Becoming hypoxic is our initiation into our work. As a matter of fact we do it quite frequently to refresh our memory of the experience.

Every aviator in the Navy, the Air Force, the Coast Guard and the Army must, by regulation, go through a physiology training program every

three years. During this program he must remove his oxygen mask at 30,000 feet and become hypoxic, in order to make him knowledgeable about the symptoms of hypoxia.

Unless you are looking for hypoxia—by knowing exactly when we turn off the oxygen—you would never know when you're hypoxic. Hypoxia is insidious. Therefore, each individual must learn through experience what he thinks is his cardinal symptom of hypoxia. This is so important in aviation, that we must necessarily repeat and repeat and repeat the program. When you fly an aircraft which requires your full attention, you don't have time to worry. You have other things to do other than sit there worrying about hypoxia. So you must be alert to the symptoms.

One of the first symptoms noticed is air hunger: The available air just doesn't seem to satisfy the need. Then comes apprehension which is always seen in students. Fatigue, a queasy feeling, or little dull headache that goes along with the blahs sometimes follows with a little dizziness thrown in for spice to make it interesting. This is the euphoria Tissandier wrote about in 1875. He just didn't care, "The balloon is rising—whoopee! It's a great feeling—I'm glad I'm here!"

We ask our students, as they are becoming hypoxant: "Do you want your oxygen mask?" They answer, "No. This is great, this is terrific, this is really outstanding. It's a tremendous feeling, a great feeling!"

The blahs are gone by this time, and the student feels great. Some students even become a little belligerent when you want to put the mask on them. But then, they experience a new sensation when they put the mask back on and breathe oxygen normally. The lights appear to become brighter. This happens because the student's vision had been dulled due to the lack of oxygen. Numbness and tingling are symptoms reported by many people.

Objectively, we notice things like hyperventilation wherein the student appears to want to breathe a little faster. Soon his fingertips become gray-blue and his face becomes a little ashen. There is mental confusion, as demonstrated when students play "patty-cake," a very simple childish routine, but one which requires a certain amount of coordination. We ask two students to do this and after a brief period, they become incoordinated—they aren't there at the same time. The routine becomes a little ridiculous. I might add, hypoxia is hilarious. It's dangerous, but it's hilarious!

There are two very, very important factors,

as far as we're concerned, which influence hypoxia: altitude and time of decompression (the height to which you ascent and the rapidity with which you get there). These are very, very important factors. For human beings, hypoxia is affected by alcohol. As a matter of fact, alcohol inebriation is a form of hypoxia. Alcohol affects the brain cell to the point where it will not accept oxygen.

But the most important factor relative to euthanasia is the altitude. The higher you ascend, the shorter your period of useful consciousness. At 50,000 feet, you have about 15 seconds before you lapse into unconsciousness because 15 seconds is about the period of time it takes for an oxygen molecule to go from the lung, to the heart, to the brain. This 15 seconds is all you have! Unconsciousness follows immediately thereafter. Thus, we have a relationship between altitude and time when we utilize decompression for euthanasia.

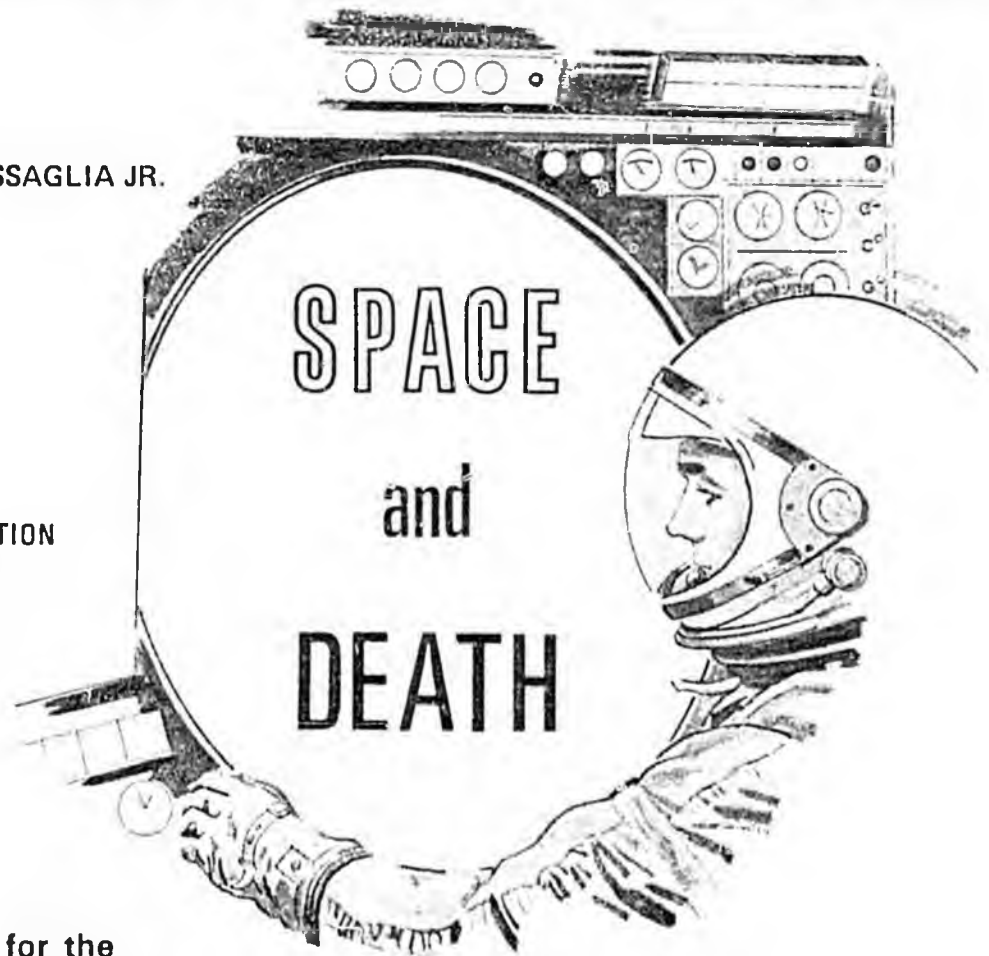
Decompression, as it is accomplished at the humane society, is a sudden, instantaneous exposure to reduced oxygen pressure. In the Euthanair tank, the rate at which the air is evacuated is about 15 to 20 seconds. During this brief period of time, there is a rapid replacement of the oxygen by carbon dioxide and water vapor in the animal's lungs. This brings about a cessation of oxygen transfer from the lungs to the blood. Hypoxia is essentially instantaneous and unconsciousness follows immediately. (The time factor cannot be reduced much more than that, simply because there is some residual oxygen floating around in the lungs which, of course, is going to the brain. But you notice the inverse relationship between altitude and time.)

To recapitulate all we have discussed thus far about hypoxia:

- Breathing, or respiration, is not impaired in any manner.
- There is no strangulation or suffocation during this period of time, nor is there any indication of distress.
- Life functions are normal in all respects, except that the brain is not receiving the proper amount of oxygen which it requires. And because the brain is insensitive to pain, there is no pain but a feeling of exhilaration which is called euphoria. This is a false feeling of well-being.
- The hypoxia subject, animal or human, does not feel that air is being denied to him—his feelings are normal with a gradual lapse into unconsciousness and subsequent death.
- Natural involuntary functions (those functions which are not controlled by the higher brain centers) will be observed until death occurs.

By MARTIN PASSAGLIA JR.

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P. O. Box 1266, Denver, Colo. 80201



Man's quest for the stars has revealed that unprotected exposure to high altitude can result in quick, painless, somnolent death. The principle causing that death—hypoxia—is the basis of high-altitude low-pressure euthanasia utilized by many of the nation's animal welfare agencies.

Several years ago, the world was shocked to learn of the deaths of three Russian cosmonauts who perished following a successful and daring space venture. Seemingly, the pendulum of success was about to swing in the direction of the Soviet Union after years of frustration and uncomfortable technological silence. Now the illusion was shattered.

Critical analysis by the skilled Russian scientists and engineers working in concert, deduced that these space pioneers had succumbed to hypoxia caused by an improperly sealed hatch on the Soyuz space vehicle. Astute reasoning and careful review of the flight plan, coupled with thorough analysis of the telemetry data, confirmed the nagging suspicion that the hatch was improperly secured following the final extra-vehicular excursion prior to re-entry and return home.

To all of us working in the aeromedical sciences, it was evident that the silent, stealthy killer—hypoxia—had once again claimed the lives of brave, but unsuspecting men, powerless to overcome the

insidiousness of its clutches. Hypoxia, the deadly peril of any high-altitude flight, had overpowered its victims unknowingly, and without pain, tranquilizing the space travelers into lassitude, somnolence, mental incapacitation, unconsciousness, and death.

Hypoxia is a very complex medical, physiological and psychological subject. It is probably the greatest danger in aviation (or any ascent from our sea level environment) because of its potential threat to the physiological well-being of the aviator, or adventurer, during all phases of the high-altitude exposure.

The condition of hypoxia is hazardous because the subjective effects of oxygen-lack are generally so slight and imperceptible that immediate recognition of the symptoms is essentially impossible—particularly with task pre-occupation. This condition is manifestly similar to alcoholic intoxication because

the victim is usually unable to discern his actual condition (how he *perceives* his condition) and does not possess the mental capacity to analyze critically his actions.

Because of this mental incapacitation and loss of psychomotor function, corrective action is rarely effected. The condition gradually and painlessly progresses to unconsciousness and eventual death through either loss of aircraft control, or as a natural progression if the hypoxic condition is sustained. The impairment of performance, coupled with the insidious loss of cerebral function (loss of cognition, logical analysis and judgment), facilitate the total incapacitation of the individual who is in a condition of extremis and basically moribund unless revivatory action is initiated immediately.

Basically, the altitudes to which the unprotected human or animal can ascend without physiological jeopardy are limited by the gas laws of physics. Concomitant with any ascent into the atmosphere, there ensues an accompanying reduction of the atmospheric, or barometric pressure.

Exposure of any unprotected individual or animal to these reduced pressures would necessarily have significant effects with respect to the gases normally inhaled. Accordingly, the reduced partial pressure in the high-altitude environment produces a corresponding loss of oxygen partial pressure within the lungs. This results in the transfer of fewer oxygen molecules to the arterial blood, with the subsequent occurrence of hypoxia. The hypoxic condition is accomplished because the amount of oxygen supplied to the arterial blood for oxygenation—that is, oxygen uptake and carbon dioxide release—is reduced; hence the partial pressure (tension) of oxygen supplied to the body tissues is also significantly reduced.

By definition, hypoxia is caused by the acute reduction in the oxygen-carrying capacity of the blood; oxygenation of the arterial blood is deficient to the point where all the essential tissues will not receive the amount of oxygen necessary for physiological well-being. Simply stated, as a result of the reduction of ambient pressure accompanying any ascent, there is a concomitant reduction of oxygen pressure (tension) in the arterial blood within the lungs and subsequently coursing to the brain, thus producing the attendant clinical manifestations.

Unlike asphyxia (the condition whereby oxygen uptake is obstructed or thwarted and carbon dioxide discharge is frustrated), the onset of hypoxia does not present any violent symptomatology and is characteristically benign and placid.

Throughout the hypoxic episode, whether experienced in flight or climbing mountains, there are *no perceptible alterations of the respiratory efforts*. Normal respiration is maintained without the violent pulmonary throes of suffocation or strangulation.

The insidiousness of the condition of hypoxia is magnified by the onset of a state of euphoria which indicates severe judgmental dysfunction to the point whereby the affected individual experiences a sense of well-being although his actual physiological condition is manifestly impaired. In addition, the victim exhibits a total lack of awareness of the danger.

Of all the tissues of the body, the nervous tissue (the tissue of the brain, spinal column, and nerves) has the greatest susceptibility to oxygen deprivation. In hypoxia, the impairment of function becomes quite noticeable initially in the central nervous system where the most profound physiological and psychological disturbances occur. In this respect, it is the cortical matter of the brain which is particularly intolerant to oxygen deprivation, and while degenerative changes are found throughout the entire brain, investigators have found the greatest neuronal damage is found in the cerebral cortex, the gray matter, and the cerebellum. It is these areas of the brain which are in direct control of mental faculty, emotions and coordination.

Drinker, in 1938, determined the susceptibility of various cells in the brain to damage following complete arrest of the circulation. The functional neurons of the cerebrum (pyramidal cells) demonstrated a survival time of 8 minutes. However, unconsciousness, following arrest of the cerebral circulation, occurs within 7-8 seconds as demonstrated by Rossen, et al in 1943.

Other investigators, such as Dusser De Barenne and his group, determined the length of time for which the various functions of the brain of an animal can survive following complete arrestment of the cerebral circulation. These data clearly indicate that, while certain reflexive functions remain viable after 5 minutes, cortical functions are not restorable beyond 5 minutes, indicating total degradation of cellular function.

Biochemically, the normal cellular oxidative (metabolic) processes, particularly those of the brain, are disrupted by oxygen lack, e.g. hypoxia. If the oxygen deprivation is prolonged, complete destruction of the enzymic structure within the cell occurs and death follows within minutes. These cellular oxidative processes are irreversible after approximately 5 minutes; hence, following unconsciousness, death occurs rapidly.

**There is a physiological difference between hypoxia and the "bends."
Hypoxia causes no discomfort; decompression sickness, however, can result in severe trauma.**

It is well known among animal welfare agency managers, and others, that the term euthanasia is used to refer to the painless destruction of suffering animals under precise, well-defined conditions, and therefore, is acceptable as morally and legally correct.

To achieve this painless destruction, any number of acceptable methods are available for the purpose, the selection of which is dictated solely by the number of animals to be destroyed, the degree of expediency desired, and many other situational conditions of logistic, social, psychological, and geographic importance. One of the best mechanical methods which is non-invasive, efficient, expeditious and psychologically non-traumatic for the animal handlers, is the high-altitude low-pressure method developed by Dr. Charles Lombard following his experiences with altitude chambers during World War II.

Predicated on sound physiological principles, and extensive low-pressure chamber experiences, many aerospace physiologists were quick to realize the efficacy of the low-pressure chamber as a quick and painless method for animal destruction.

The design of the chamber, in which the air pressure is lowered sufficiently to the point whereby the oxygen tension of the blood and tissues, and the brain in particular, is insufficient to maintain normal life functions, followed as a natural consequence. The sudden or rapid exposure of an animal by decompression to an atmosphere devoid of oxygen pressure (about 55,000 feet or 70 mm. of mercury) leads to unconsciousness within 10-15 seconds, irreversible cellular brain damage within 5-8 minutes, and death.

In any discussion relating to the effects of exposure of an animal or man (unprotected) to reduced atmospheric pressures, it is necessary to distinguish between those conditions caused by the reduction of the pressure itself (with its subsequent physiological alterations to the oxygen-carrying capacity of the blood and the consequent hypoxia) and those clinical conditions which result from the actual change in pressure mediated by the way of the various gas laws affecting pressure changes.

The distinction is necessary to describe accurately the observed clinical manifestations since certain effects vary with the amount of pressure change,

e.g. whether the change involves 10 mm. or 100 mm.; the rate of the pressure change, e.g. whether the change occurs in one minute or 10 minutes; and the type of the pressure change, e.g. whether the change is positive (increased) or negative (decreased). These latter physiological effects are aeromedically referred to as dysbaric manifestations and are limited to all the effects of pressure change, exclusive of hypoxia.

One must always bear in mind that the bodies of animals are solid, noncompressible structures devoid of evacuations except for those certain well-defined gas-containing cavities such as the paranasal sinuses, the middle ear, the alimentary canal (stomach and intestines) and the lungs. These cavities have varied modes and degree of communication with the ambient atmosphere via the body's natural orifices.

The lungs, for example, communicate freely to the ambient by way of the bronchi and trachea; the sinuses by way of small, generally unobstructed ducts within the upper nasal chamber; the middle ears by way of the eustachian tubes, which communicate intermittently into the nasopharynx; and the alimentary canal, by way of the mouth and anus respectively.

When the body is exposed to reduced pressures, the air within these cavities expands in accordance with physical gas laws—according to Boyle's law, the volume of a gas varies with the pressure, if the temperature is constant—and evacuates normally through a corresponding orifice. Because the air within these spaces can escape naturally and unobstructedly, there is little or no discomfort during the exposure to the ascent; nor is it possible for the body to burst, as sometimes alleged.

ological examination of the eardrums of experimental animals exposed to rapid decompressions at the USAF School of Aerospace Medicine failed to reveal any internal damage to the middle ear during the episode. Furthermore, repeated rapid decompressions of aviation personnel during routine training sessions support the experimental evidence provided by the Air Force investigators. One must emphasize, however, that it is only with exposure to increased pressure as experienced during scuba diving, or during the *descent* phase of aircraft flight, that compression of the tympanic membrane occurs with the probability of severe trauma following the sustained descent.

Further misunderstanding confuses the difference between hypoxia and decompression sickness or "bends."

As mentioned previously, exposure of an unprotected animal to reduced pressures produces significant effects with respect to the gases normally dissolved in the blood and body fluids. Accordingly,

reducing the oxygen pressure or tension in the high-altitude environment, or in the low-pressure chamber produces a corresponding reduction in the oxygen content within the lungs, blood, and specifically, the tissues of the brain, thus producing hypoxia.

Concomitantly, reducing the pressure on the same unprotected body can cause nitrogen, the major constituent gas of the atmosphere, to come out of solution from the blood and other body fluids, and can cause decompression sickness or bends. This physical reaction proceeds in accordance with the physical gas law postulated by Henry, stating that the amount of gas dissolvable in a solution is directly proportional to the partial pressure of the gas to which the solution is exposed. Although the reaction proceeds naturally, decompression sickness in an animal or man is not always the resultant consequence.

Actual decompression chamber experience, reinforced by laboratory experimentation, indicates that the manifestation of the bends is not always a spontaneous occurrence following decompression, but generally occurs after several minutes of exposure in the hypobaric environment.

Because the unprotected body is unable to tolerate the attendant oxygen deficit, bubble formation and the clinical manifestation of bends would occur in the unconscious or expired state. But the animal is dead. The brain has terminated its vital functions and only reflexive action remains for approximately 20-25 minutes. Accordingly, the body is totally unaware of any terminal reflexes, body ejection, or alterations within the internal organs. If decompression sickness occurs—that is, if bubble formation does occur in the blood and tissue fluids, there is no dolorific reaction to the trauma.

The words "bubble formation" should be clarified at this point, since a misconception may exist regarding this physical reaction. Bubble formation refers to the evolution of minute gaseous entities within the liquid environment of the blood and tissue fluids and accumulating in the joint capsules primarily. The evolution is a very slow, steady process and not an effervescence, as possibly misunderstood by many.

As animal welfare agency personnel are all very much aware, there are any number of methods which can be employed to terminate life, all of which can be classified as humane, and are humane in the strictest sense. Life can be terminated expediently by shooting, electrocution, beheading, inhalation of toxic



About the Author

Martin Passaglia Jr. is a captain in the United States Navy Medical Corps, Corpus Christi, Tex. He has had extensive experience in aerospace physiology and is a recognized authority on high-altitude studies. This article is based on his presentation at the 99th annual meeting of The American Humane Association in San Diego in October.

gases, injection of toxic agents and many other means. All these methods are capable of destroying the animal without the infliction of unnecessary pain or suffering.

However, all these methods also possess certain features which mitigate against their general acceptance. Shooting and beheading are most certainly efficient and painless, but are socially and psychologically unacceptable for most of us. On the other hand, the administration of a lethal dose of barbiturate may be the method of choice for a single, benign, moribund animal; but for those exceedingly large numbers of spirited, intractable animals, the low-pressure method should be considered as an efficient, quick, and humane method of euthanasia well within the definition of humane treatment.

To knowledgeable and informed individuals, this method provides a workable, highly efficient and inexpensive solution to the most distasteful problem which must be addressed by animal welfare agencies on a continuing basis.

The role of executioner is a difficult and repugnant one for all of us to play because of the physical and emotional demands imposed by handling the animals and witnessing their destruction. The application of a humane, mechanical method which minimizes the intimate handling of the animals, as well as the distasteful observation of the animals as they expire, certainly provides for greater psychological acceptance by all involved.

Perhaps if our animal welfare agencies were not overwhelmed with the ever-increasing and unwanted animal populations, none of the previously mentioned methods would be necessary, and the limited number of voluntarily presented animals could be euthanatized individually.

However, this is not the case, nor will it ever be so, until public attention is focused on this acute, almost epidemic problem of animal overpopulation and will accept its share of the responsibility for the resolution. High-altitude euthanasia is not *the* answer; it is a method, a good, efficient, humane method.

February 1983

Mr. Joe Joesephson, Chairman
Senate Committee of Health
Education & Social Services
Pouch "V"
Juneau, Alaska 99811

Dear Sir: RE: SENATE BILL # 25
EUTHANASIA OF ANIMALS

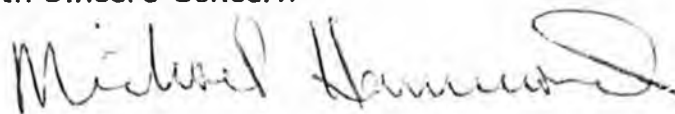
This letter is sent to express deep concern over the above proposed Bill and to protest the proposed change in the present law regarding the illegal use of a decompression chamber for the euthanasia of animals in the State of Alaska.

The present law was enacted only after years of careful study and consideration on the matter and reflects the inhumane use of a decompression chamber for this purpose.

A packet of factual information was sent to Juneau (HESS committee) giving detailed background data and information on the subject and I refer you to this packet.

I URGE YOU TO KILL THIS BILL NOW and thank you for your early attention to the matter.

With Sincere Concern

A handwritten signature in cursive script, appearing to read "Michael Hammond".



Alaska State Legislature

Senate

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

January 21, 1983

ALL MEMBERS OF THE SENATE
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEES

ALL MEMBERS OF THE SENATE
JUDICIARY COMMITTEE

Re: SB 25

Gentlemen:

Apparently the captioned bill, which I introduced by request, is controversial. I have attached proof of that assertion.

If either or both committees intend to hold hearings, and will advise me of that fact, I will endeavor to have one or two witnesses from Ketchikan attend to testify.

Regards,

3-

Robert H. Ziegler, Sr.

RHZ:lk

Enclosures

Animal control officials clarify use of chamber

by Steve Hansen
Times Writer

Municipal animal control officials said an article which appeared in The Anchorage Times concerning the use of decompression chambers to destroy pets was inaccurate.

The story appeared in the Sunday edition of The Times and was entitled "Chamber takes the pain out of killing animals." The story was based on information from Edith Christianson, director of the Alaska Society for the Prevention of Cruelty to Animals.

In the story, Christianson was quoted as saying that most Alaskan animal control officials favored the use of decompression chambers to destroy sick or unwanted pets because it was a more humane way to kill unwanted pets than the use of sodium pentobarbital injections.

Until 1980, Christianson and the Society for the Prevention of Cruelty to Animals (SPCA)

had been under contract to operate the Municipal Animal Shelter. The SPCA had used a decompression chamber to destroy animals.

But in 1980, the contract to operate the shelter was taken away from the SPCA and given to Smith Security, which now runs the shelter under the supervision of Vince Fennimore, municipal director of animal control.

Monday, Debra Eisen, spokesman for the Municipal Animal Shelter, and Fennimore, said the Alaska Legislature outlawed decompression chambers in 1980. Eisen said Smith Security had previously banned use of the chambers because of numerous scientific studies which indicated it caused a great amount of pain to the dying animal.

Eisen said most animal shelters throughout the nation were now using sodium pentobarbital injections to destroy animals because the studies showed the

injection caused a quicker and more painless death.

Eisen and Fennimore also said the statistics in the story were incorrect, including:

- The number of animals destroyed in the municipal shelter each year has decreased — not increased. The number of animals destroyed at the city shelter reached an all-time high in 1975 while under SPCA operation when 10,324 animals were killed, a monthly average of 860 deaths, Fennimore said. But the number of animals destroyed has since decreased each year since 1975, reaching a low of 5,750 in 1982, an average of 479 per month.

- Fennimore said municipal shelter statistics come to the same conclusions as a national study by the Humane Society of the United States which stated: "We advocate sodium pentobarbital injection as the most humane method of euthanasia . . . decompression is clearly not a humane death."

Anchorage Times 11/8/82

Robert H. Ziegler
Senator
301 State Office Bldg.
Juneau, Alaska 99801

14 Jan 83

Dear Bob,

In regard to our conversation on the 13th concerning the method of terminating the life of animals by the Ketchikan Gateway Borough animal control staff.

In 1973, I was on the "Animal Control Advisory Board" along with assembly members Ed Zastrow, Monte Guymon and animal control officer Pat Wise.

Patricia and I discussed in great length the available means of performing an unwanted and unpleasant task, that of dispatching the unwanted animals.

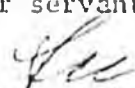
The "Euthanasia" or de-compression chamber was chosen because it was the most humane way to do the job and at that time was accepted by the United States Humane Society as well as accepted, recommended and used by the Oregon Humane Society in Portland, Oregon.

When properly used, the animal simply goes to sleep and never wakes up, ask any military jet pilot that has had to experience "Hypoxia" as part of his training and he will tell you that there is no pain or other discomfort, the world just goes away.

This is the same way the animal goes, only it's a one way trip.

The left-eyers are repugnant to most humans but the spirit of the animal is long gone by that time.

Your servant and friend,


L.W. (Lee) Vollmer
Box 6011
Ketchikan, Alaska 99901

Introduced: 1/18/83
Referred: Health, Education and Social
Services and Judiciary

1 IN THE SENATE

BY ZIEGLER
BY REQUEST

2

SENATE BILL NO. 25

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act repealing the restriction against killing an
7 animal by the use of a decompression chamber."

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

9 * Section 1. AS 11.61.140(a)(3) is repealed.

Health, Education and
Social Services Committee



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-4907
465-4908

February 9, 1983

Dody Froehlich
Secretary
CARE Alaska
P.O. Box 10-1424 S.S.
Anchorage, Alaska 99511

Dear Ms. Froehlich:

I appreciate your message concerning SB 25. Because of the interest in this subject, as I may have previously reported to you, I am not planning to move SB 25 out of committee, unless there are specific request for a hearing and, then, if so, only after those around the state who share your concerns have had a full opportunity to be heard.

On the face of it, I do not see that SB 25 would serve any valid public purpose although, of course, I cannot speak for all of my committee members.

Best wishes and thanks for writing as you did.

Sincerely,

A handwritten signature in cursive script that reads "Joe P. Josephson".

Joe P. Josephson

JPJ/rmc

P.O. Box 10 - 1424 S. S.
Anchorage, Alaska 99511



ALASKA, INC.

January 26, 1983

[RECEIVED]

JAN 31 1983

Josephson,

**FOUNDING
MEMBERSHIP**

Alaska
Cat Club

Alaska
Humane Society

Alaska
Kennel Club

Dog Obedience
Training Club
of Anchorage

South Central
Veterinary
Medical Association

State of Alaska
Senate Committee on Health, Education
and Social Services
Attn: The Honorable Joe P. Josephson, Chairman
Pouch "V"
Juneau, Alaska 99811

Re: Senate Bill 25

Dear Senators:

Further to our recent Public Opinion Message asking that you not support SB 25, we are confident that all of you realize that there were valid, humane reasons for outlawing the use of the Decompression Chamber for euthanizing animals in Alaska some 2½ years ago. To reverse this important legislation would be an enormous step backwards and would once again subject animals to the most inhumane death in a Decompression Chamber.

We are aware that your Committee is being sent a packet of factual data on this subject, and we see no need to duplicate this information, which we are certain will command your attention and that you will all arrive at the inescapable conclusion that it is essential that SB 25 be stopped in your Committee.

Our membership knows of no animal related organization, including veterinary groups, in this area that supports the use of the Decompression Chamber. Many respected national organizations, including the Humane Society of the United States and the American Veterinary Medical Association, have publicly stated that euthanasia by injection is the preferred, humane method and have specifically spoken out against the Decompression Chamber.

The Anchorage Municipal Animal Control operation has been tremendously improved over the past three years operated by a new contractor, who euthanizes by injection.

It is sad enough that human irresponsibility and lack of concern dictates that thousands of perfectly health, innocent animals must be destroyed in Alaska each year. The very least that we owe these animals in our civilized compassion is a painless, quick death, which the Decompression Chamber does not offer.

Sincerely,

CARE ALASKA, INC.

Dody Froehlich
Dody Froehlich
Secretary

CITIZENS for ANIMAL RESPONSIBILITY and EDUCATION

MSG 83-00003840 PRTY 1 01/26/83 11:16:42 ORIG: LA05 IN= 0003 OUT= 0037
FROM: MARCIE, ANC INFO TO: FOM, JUNEAU INFO
TARGET: LJHL SUBJ: F O M

1/25 MARCIE, ANC INFOOMNI #3840

TO: SENATORS JOSEPHSON, V. FISCHER, HALFORD, P. FISCHER & MOSS
FROM: ARDENE EATON, P. O. BOX 10-1592, ANCHORAGE 99511
345-0281 H
RE: SENATE BILL 25

I WANT TO PROTEST AGAINST THE LEGALITY OF THE DECOMPRESSION
CHAMBER. IT IS EXTREMELY INHUMANE!

EOM

✓
SP25

Health, Education and
Social Services Committee



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-4907
465-4908

January 27, 1983

Dody Froehlich
P.O. Box 110849
Anchorage, Alaska 99511

Dear Ms. Froehlich:

Senate Bill 25 is before the Senate Judiciary Committee at this time. The sponsor, Senator Ziegler, of Ketchikan, introduced the bill by request but has noted that it is controversial in matter.

If and when the bill comes before the Health, Education and Social Services committee later, I will definitely require hearings before permitting action on the measure.

Should hearings be held, we will let you know so that you will have an opportunity to testify before the committee in person, by teleconference, or otherwise.

Sincerely,

A handwritten signature in cursive script that reads "Joe P. Josephson".

Joe P. Josephson

JPJ/rmc

Health, Education and
Social Services Committee



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-4907
465-4908

February 9, 1983

Michael Kreger
221 Muldoon Road, #241
Anchorage, Alaska 99504

Dear Sir:

Thank you for your message concerning SB 25. Many constituents have written to me on this subject, and all in the Anchorage area appear to oppose the measure.

I therefore do not plan to have any hearings on the bill at this time, and I will not do so unless specifically requested to do so by members of the public.

I appreciate your concern and wish to thank you for participating in the legislative process as you have by sharing your views with me.

Best wishes.

Sincerely,

Joe P. Josephson

JPJ/rmc

TO: SENATOR JOE JOSEPHSON

FROM: MICHAEL KREGER, 2221 MULDOON ROAD, #241, ANCHORAGE, AK 99504
338-0006

I OPPOSE SB 25 INTRODUCED TO YOUR COMMITTEE ON HEALTH, EDUCATION, AND SOCIAL SERVICES.

SB 25

DM 1227 (AIR TEL) AND LIO MSG 4371

TO: SENATORS JOSEPHSON, V. FISCHER, HAI ORD, P. FISCHER, MOSS
FROM: MAXINE VEHLow, 2905 WEST 31TH, ANCHORAGE 99503
248-1625 II

PLEASE KILL SB 25. THE DECOMPRESSION CHAMBER IS AN OBSOLETE AND INHUMANE WAY OF DISPOSING OF ANIMALS. WE ARE A LEADER NOW AND CHANGING BACK WOULD BE A SERIOUS SETBACK.

De comp

R - you have a previous letter on this.

01/28/83

10:52:48

ORIG: LA01

IN= 0001

OUT= 0027

SURE, ANC LIO

TO: POM, JNU INFO

TARGET: LJHL SUBJ: POM

4

1/28/83, JUNE, ANC LIO, MSG 4474

TO: ~~SENATORS JOSEPHSON~~, RAY, AND WIEGLER

FROM: JULIA DUYHCH, 4422 IRENE DRIVE, ANCHORAGE, AK 99504
333-7822, 272-2501

REPEAL OF THE RESTRICTION AGAINST THE USE OF THE DECOMPRESSION CHAMBER
WOULD BE THE MOST INHUMANE ACT. DECOMPRESSION CHAMBERS CAUSE AN ANIMAL
TO HAVE A HORRIBLE DEATH.

/S/ JULIA DUYHCH

Animal

Nancy Debra

TO: ALL LEGISLATORS
FROM: BARBARA KULLANDER
BOX 2182
JUNEAU, AK 99803
789-2322

I'M AGAINST ERA. *A*

EDM*****
TO: ALL LEGISLATORS
RE: SJR 1

FROM: MARY ANNE BARHAM
P.O. BOX 116
KODIAK, ALASKA 99615

PLEASE SUPPORT THE CONTINUANCE OF THE EQUAL RIGHTS AMENDMENT FOR ALASKA
BY SUPPORTING SJR 1.

FROM: JAN MC CRIMMON, 2335 EAGLE RIVER ROAD, EAGLE RIVER, AK. 99577
PHONE: 694-3831

I URGE YOUR SUPPORT FOR THE PASSAGE OF SJR-1 FOR THE ERA. *C*

FROM: LUCILLE FREY
1741 WESTVIEW CIRCLE
ANCHORAGE, AK 99504 (H) 337-3543

WE'VE WAITED LONG ENOUGH. PLEASE SUPPORT THE ERA RESOLUTION,
SJR 1. *Ke*

FROM: MARILEE COLUMBIA
SRA BOX 6657 A1
PALMER, AK 99645

SD25 REPRESENTS A CRUEL WAY OF DISPOSING OF ANIMALS. I'D LIKE THE
LAW TO STAY THE WAY IT IS AT THIS TIME.

X X
Animal
Disposal



Health, Education and
Social Services Committee



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-4907
465-4908

January 18, 1983

*See:
Animal Decompression
Chamber*

Terry Burrell
3716 Wesleyan
Anchorage, Alaska 99504

Dear Terry:

Your message concerning the animal decompression chamber is acknowledged.

If and when this question comes before the Senate, I'll be mindful of your views in the course of any deliberative process involving that issue.

With best wishes, I am

Sincerely,

A handwritten signature in cursive script that reads "Joe F. Josephson".
Joe F. Josephson

MSG 83-00001903 PRTY 01/17/83 10:48:33 ORIG: LA03 IN= 0001 OUT= 002
FROM: JUNE, ANC LIO TO: POMS, JNU INFO
TARGET: LJHL SUBJ: POM 21

1/17 JUNE, ANC LIO, MSG 1903
TO: SENATOR ZIEGLER AND ALL SENATORS

FROM: TERRY BURRELL, 3716 WESLEYAN, ANCHORAGE, AK 99504
H-333-2774

IN ALL THAT'S HUMANE AND KIND, DO NOT ALLOW THE ANIMAL DECOMPRESSION CHAMBER
TO BE USED IN ALASKA.

RECEIVED

JAN 17 1983

Josephson

S

B

26

5/2/83

SB 36

Joe, Rich

Cong Van Drem - Zeigler

"Good Samaritan Act."

Requested by All Firefighters Assoc.

This bill (9 states) would benefit →
from people trained in hazardous
materials be more willing because of
liability.

Bob Nagoe - Firefighters Assoc.



ALASKA STATE FIREFIGHTERS ASSOCIATION

P.O. Box 187

~~145 North W~~

Juneau, Alaska ~~99801~~ 99802

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Hearing on Senate Bill No. 26 "Providing for Immunity from Civil Liability for Certain Persons who Render Service in Response to Hazardous Materials Emergencies"

May 2, 1983

Mr. Chairman:

My name is E. Robert Haag representing the Alaska State Firefighters Association and the Alaska Fire Chiefs Association.

We wish to speak in favor of Senate Bill No. 26 now before your Committee. Our two Associations, at their annual meetings last October 1982, passed a number of resolutions pertaining to the Fire Service. One of the resolutions concerned supporting of a State enacted "Hazardous Materials Good Samaritan Act".

Senate Bill No. 26 would provide for a new section to AS 09.65 to add to the "Alaska Good Samaritan Act" (AS 09.65.090) a section "Civil Liability for Responding to Hazardous Material Emergency". The existing AS 09.65.090 covers only "Civil Liability for Emergency Aid". A copy of this section is enclosed for your general information. It covers "a person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person....".

Alaska Fire Chiefs and Firefighters are concerned since incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska. These incidents often require immediate assistance of

persons with technical expertise to advise the Fire Service as to how to deal with the hazardous materials accident or spill. Many persons, outside of the Fire Service, who are technical experts, are reluctant to provide advice because of fear of legal liability.

Take an example of a Fire Chief in a small community who encounters a hazardous materials accident. When he arrives on the scene he finds a powdered substance spilled from a container. He does not know what it is and the container is not marked. His quick reaction is to call the local high school chemistry teacher to see if he can possibly identify the powder. That teacher could refuse to make a test in fear of a civil liability. If the proposed Statute were law, that same teacher would feel more at ease to make the test since he could be protected under the "Civil Liability Act".

A number of States have enacted "Good Samaritan Acts" similar to the proposal before your Committee.

Mr. Chairman and members of the Committee, we strongly urge your "DO PASS" on this Bill so that it may proceed through the Senate and the House to become a valuable Statute. The saving of even one life, by the passage of this Bill, would make you feel proud that you had an important part in its becoming law. Mr. Chairman, if we can provide you with any information to assist in the Bill's passage, please let us know.

We thank you for your valuable time in allowing us to testify.

Alaska Fire Chiefs' Association



RESOLUTION No. 82-3

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska Fire Chiefs' Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska Fire Chiefs' Association urges the Alaska State Legislature to pass such a law in the next legislative session.

APPROVED in conference October 20, 1982 in Ketchikan, Alaska.

BASIL J. SANDS, Jr., President

ALASKA STATE FIREFIGHTERS ASSOCIATION

RESOLUTION No. 82-16

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska State Firefighters Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska State Firefighters Association support and assist the Alaska Fire Chiefs' Association in this regard.

ACTION Passed

DATE: October 23, 1982

Leigh Gallagher
LEIGH GALLAGHER, President, ASFA

GOOD SAMARITAN ACT

Sec. 09.65.090. Civil liability for emergency aid. (a) A person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.

(b) This section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct. (§ 1 ch 32 SLA 1967; am § 1 ch 119 SLA 1971; am § 38 ch 102 SLA 1976)

Cross references. — As to constitutionality of ch. 102, SLA 1976, see notes to AS 09 55.536 and Alas. Const., art. II, § 14.

Effect of amendments. — The 1976

amendment rewrote subsection (a) and deleted the second sentence of subsection (b) which read "Gross negligence means reckless, wilful, or wanton misconduct."

THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE

FISCAL NOTE

Expenditure Type
 Revenue Type

I. REQUEST

Bill/Resolution No. SB 26
Title "...immunity from civil liability..."
Requested by senate HSS Date _____

II. FISCAL DETAIL

Agency Affected Department of Public Safety
Program Category Affected Administration of Justice
BRU, Program, Or Subprogram(s) Affected Alaska State Troopers
(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 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0			

FUNDING (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
	0	0	0			

POSITIONS

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
FULL TIME						
PART TIME						
TEMPORARY						

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

No fiscal impact is anticipated.

RECEIVED

FEB 8 1983

LEGISLATIVE FINANCE

IV. DATE January 19, 1983 PREPARED BY Francis C. Allan Phone 269-5691

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

DIVISION State Troopers Initials mck
DEPARTMENT OF PUBLIC SAFETY Initials mlw

33-001 (Rev. 12/82)

OMB Reviewed by: Eric Laschever *ESL*

SB 26 - IMMUNITY FROM CIVIL LIABILITY TO PERSONS RESPONDING TO HAZARDOUS MATERIALS EMERGENCIES.

SECTION 1

(a) GRANTS CIVIL LIABILITY EXEMPTION TO A PERSON REQUESTED TO RESPOND TO A HAZARDOUS MATERIALS EMERGENCY FOR AN ACT OR OMISSION WHILE GIVING AID.

(b) DOES NOT PRECLUDE LIABILITY FOR A PERSON RENDERING AID IF THAT PERSON CAUSES DAMAGES THROUGH GROSS NEGLIGENCE, RECKLESS OR INTENTIONAL MISCONDUCT; OR THROUGH SIMPLE NEGLIGENCE IN THE ORDINARY CONDUCT OF THAT PERSON'S BUSINESS (EXCEPT FOR THOSE REQUIRED TO RESPOND TO AN EMERGENCY BY THEIR PROFESSION); OWNS, LEASES OR CONTROLS THAT WHICH IS INVOLVED IN THE ACCIDENT; OR A PERSON EXPECTING REIMBURSEMENT FOR SERVICES.

(c) IMMUNITY GRANTED IN (a) EXTENDS TO THE PERSON'S EMPLOYER OR ANY PERSON OR ENTITY RESPONSIBLE FOR THE PERSON RESPONDING TO THE EMERGENCY FOR ACTS OR OMISSIONS OF THE PERSON.

(d) DEFINES HAZARDOUS MATERIAL AS A SUBSTANCE CLASSIFIED AS HAZARDOUS BY THE STATE OR FEDERAL GOVERNMENTS OR A CHEMICAL, PETROLEUM PRODUCT, GAS, OR OTHER SUBSTANCE THAT IS LIKELY TO CAUSE HARM IF RELEASED

ALASKA STATE FIREFIGHTERS ASSOCIATION

RESOLUTION No. 82-16

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska State Firefighters Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska State Firefighters Association support and assist the Alaska Fire Chiefs' Association in this regard.

ACTION _____

DATE: _____

LEIGH GALLAGHER, President, ASFA

Alaska Fire Chiefs' Association



RESOLUTION No. 62-3

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska Fire Chiefs' Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska Fire Chiefs' Association urges the Alaska State Legislature to pass such a law in the next legislative session.

APPROVED in conference October 20, 1982 in Ketchikan, Alaska.

BASIL J. SANDS, Jr., President

*Not copy of act
Look at when to put
to JNCC.*

S

B

58



JUNEAU, ALASKA

Alaska State Legislature

BLUE RIBBON COMMISSION ON THE
STATE PERSONNEL ACT

Senator Bill Ray, Chairman

Pouch YG
Mail Stop 3123
Juneau, Alaska 99811
(907) 465-4442

MEMORANDUM

January 26, 1983

TO: Senate Health, Education and Social Services

FROM: Teresa B. Cramer *Teresa B Cramer*
Administrative Assistant

SUBJECT: Senate Bill 58 - Prohibiting Duplicate Teachers' Retirement Benefits for Alaska BIA Service

The Blue Ribbon Commission heard testimony from the Division of Retirement and Benefits that a loophole exists in the Teachers' Retirement System statutes which permit receiving TRS credited service for federal employment in Alaska BIA schools. Teachers who qualified for federal retirement from a BIA school and who then worked for the state in a position covered by the Teachers' Retirement System could receive benefits for the same years of service from each system.

Under TRS, teachers may receive credit for Alaska BIA service by contributing 7% of their entry TRS salary for each year of BIA service to be credited. The law provides that state retirement benefits for Alaska BIA service will be reduced by the amount received from the federal government for the same service. However, this is verified only at the time of applying for retirement.

Credit from both retirement systems is possible if the teacher who has worked for both employers buys TRS credited service for BIA employment and takes a lump sum payment of his or her federal retirement contributions before retiring from the state. At the time of state retirement, the teacher reports being eligible to receive no federal retirement benefits for Alaska BIA service. After establishing state benefits, the teacher could repay the lump sum to the federal government and claim a federal retirement. The teacher would then be drawing from two retirement systems for the same period of service.

The commission recommends that language be added to the TRS statutes to permit the Division of Retirement to require retired members to verify annually any federal benefits received for Alaska BIA service.

Bill Analysis

Page 1 The first section of the bill deletes material concerning
Line 9 treatment of duplicate benefits from the current authorization for claiming BIA service.

RECEIVED

JAN 27 1983

Josephson,

Page 2 The language deleted in section 1 is moved to AS 14.25.169
Line 4 by the second section of the bill).

Line 7 Section 2 also provides authorization for the Division of
 Retirement and Benefits to request annual verification of
 the amount of any federal retirement benefits for Alaska
 BIA service for which state benefits are also received.

JOE P. JOSEPHSON
DISTRICT G - ANCHORAGE
1526 F STREET
ANCHORAGE, ALASKA 99501
(907) 277-4419

ALASKA STATE SENATE

WHILE IN JUNEAU
POUCH V
JUNEAU ALASKA 99811
(907) 465-4807
(907) 465-4525



COMMITTEES
HEALTH EDUCATION & SOCIAL SERVICES (CHAIR)
JUDICIARY (VICE CHAIR)
FINANCE
MAJORITY CAUCUS (CHAIR)

M E M O R A N D U M

TO: Senators Vic Fischer, Paul Fischer, H. "Pappy" Moss,
Rick Halford; Ms. Nancy Deitrick, Professional Assistant

FROM: Joe Josephson, HESS Chairperson

RE: Senate Bill 58 (Retirement Information Reporting by
Teachers Transferring from BIA to State of Alaska school
districts)

DATE: March 7, 1983

I attach a communication from J. K. Humphreys, Director, Division of Retirement and Benefits, Department of Administration.

The communication advises that the regulatory authority of the Teachers Retirement Board obviates the necessity for further consideration of SB 58.

Accordingly, without objection, I do not plan to bring SB 58 back before the HESS Committee.

J.P.J.

Enclosure

cc: Mr. J.K. Humphreys

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS
POUCH CR
JUNEAU, ALASKA 99811

Public Employees' Retirement System
Teachers' Retirement System
Judicial Retirement System
Elected Public Officers Retirement System
National Guard Retirement System
Territorial Retirement System
Retirees' Voluntary Dental-Vision-Audio Plan
Supplemental Benefits System
Group Health/Life Insurance Benefits
Deferred Compensation Plan
Public Employers Social Security Contributions

Bill Sheffield, Governor

(907) 465-4460

February 9, 1983

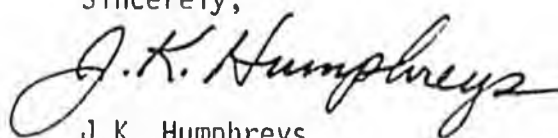
The Honorable Joe Josephson
The Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Josephson:

During the committee hearing concerning SB 58 on February 7, the Department of Administration was asked to determine whether the purposes of SB 58 could be accomplished through regulation rather than a change in the law. I discussed this question with Tom Jahnke of the Attorney General's Office and it is clear that we can address any potential problem regarding duplicate benefits in this area by proposing a regulation to the Teachers' Retirement Board at their March 16 meeting.

We will propose a regulation for the next board meeting. I regret any time that may have been spent on this matter unnecessarily; please let us know if you require any further information.

Sincerely,



J.K. Humphreys
Director

JKH/jb

cc: Eleanor Andrews
Deputy Commissioner
Department of Administration

Tom Jahnke
Assistant Attorney General
Department of Law

JKH/jb

RECEIVED

FEB 09 1983

Josephson,



JUNEAU, ALASKA

Alaska State Legislature

BLUE RIBBON COMMISSION ON THE
STATE PERSONNEL ACT

Senator Bill Ray, Chairman

Pouch YG
Mail Stop 3123
Juneau, Alaska 99811
(907) 465-4442

February 8, 1983

The Honorable Joe Josephson, Chairman
Senate Health, Education and Social
Services Committee
Pouch V
Juneau, Alaska 99811

RE: SB 58 - Prohibiting Duplicate Teachers' Retirement
Benefits for Alaska BIA Service

Dear Senator Josephson:

I have spoken with Senator Ray, chairman of the Blue Ribbon Commission, concerning the committee's question of whether this legislation is necessary given the possibility that the same thing can be accomplished by regulation. Senator Ray pointed out that, in fact, the Division of Retirement and Benefits has not yet adopted regulations on this issue. Therefore it appears to him to be advisable for the Legislature to act to make its wishes known.

Please let me know if I can be of further assistance.

Yours very truly,

Teresa B. Cramer
Administrative Assistant

RECEIVED

FEB 09 1983

Josephson,

to Nancy

THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 58
Title An Act Prohibiting Duplicate Teachers' Retirement Benefits for AK BIA Service
Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Administration - Division of Retirement & Benefits
Program Category Affected Labor Services and Elementary & Secondary Education
BRU, Program, Or Subprogram(s) Affected TRS
(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 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-			

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

There will be no costs or savings as a result of this bill as it contains a change in language of the statute which is procedural and the effect is the same; that is a benefit payable for Alaska BIA service must be offset by any benefits paid by the federal government for the same service.

IV. DATE 1/31/83

PREPARED BY J.K. Humphreys, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

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

33-001 (Rev. 12/82)

SB 58

Meresa Cramer - Blue Ribbon Commission on State Personnel Act

loophole in law could allow someone to buy into state retirement after leaving Fed. and then buy back into Fed. system

need to require continued reporting of any Fed. benefits.

7% which teacher pay to buy into system is not full actuarial cost. State is providing supplement.

Ken Humphries - no fiscal impact (he thinks!)

Victoria - hold over until more info reached re possibility of doing by regulation.

Fiscal note?

S

B

7

2

Feb 2, 1983

Elizabeth Dickerson

Senate Adv. C

SB 72

incest & children treated differently
than rape victims, around the state.

Delwitte wants changes to include
Medicare and Medicaid or
Native ~~AA~~ care expenses through
IHS.

Joe *needed ands. o.c.*
Jay

For an Act entitled: "An Act relating to sexual assault investigations."

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

* Section 1. AS 18 is amended by adding a new chapter to read:

CHAPTER 68. SEXUAL ASSAULT INVESTIGATIONS.

Sec. 18.68.010. SEXUAL ASSAULT EXAMINATION KIT. (a) The Department of Public Safety and the Department of Law shall develop a uniform sexual assault examination kit.

(b) Under protocols developed under AS 18.68.020

(1) the Department of Public Safety shall distribute the kits throughout the state; and

(2) peace officers and health care providers shall use the kits for gathering of evidence in cases of suspected sexual assault.

(c) The appropriate person under the protocols developed under AS 18.68.020 shall provide a sexual assault examination kit at no charge to an alleged victim of a sexual assault.

Sec. 18.68.020. SEXUAL ASSAULT INVESTIGATIONS PROTOCOLS. (a) The Department of Public Safety and the Department of Law in conjunction with the Department of Health and Social Services shall develop a manual of protocols governing the distribution and use of the sexual assault examination kit developed under AS 18.68.010.

(b) The Department of Public Safety shall distribute copies of the protocol manual developed under this section to the appropriate peace officers and health care providers in the state.

Sec. 18.68.030. TRAINING IN PROTOCOLS AND SEXUAL EXAMINATION KITS. The Department of Public Safety and the Department of Law shall develop and implement training in the use of the protocols and the sexual assault examination kits for peace officers, district attorneys and other appropriate law enforcement agencies, health care providers and sexual assault program personnel.

memorandum

To: Joe
From: Nancy
Re: Today's meeting

SSSB 72 - Relating to Sexual Assault Examinations

You may remember this bill from last year, at that time it provided for free medical exams for assault victims. Prior to the committee's acting on the bill, it was determined that paying for the exams was not the problem.

Different sexual assault kits are used in the state without a uniform protocol resulting in vital evidence not being properly and legally collected which causes problems in the prosecution of sexual assault crimes.

This bill provides for the development and distribution of a uniform sexual assault kit, and for the distribution of a protocol manual.

there is AN AMENDMENT FROM SENATOR KERTTULA which:

1. Deletes the Department of Health and Social Services from subsection (a), development of sexual assault kit.
2. Adds Department of Law to (a), under investigation protocols; and
3. Adds a new section to the bill requiring Public Safety and Law to develop and implement a training program for law enforcement agencies, health care providers and sexual assault program personnel.

SB 346 - Mental Health Commitment law

Two changes were suggested by the department:

1. Allow a second 30 day voluntary commitment of minors, Page 4, line 3, section 5.
2. Delete language added in Section 7, page 5, lines 9-12 limiting placement in a correctional facility.

CSHCR 38 - Sign Language

I have ordered the CS you wanted

SB 362 - Student loans

This relates to allowing a student enrolled in two schools to receive a student loan, I don't think the committee will object to signing it out of committee.

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

ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

110 SEWARD #13 JUNEAU ALASKA 99801
(907)535-3550

POSITION PAPER: SSSB72 AN ACT RELATING TO SEXUAL ASSAULT INVESTIGATIONS

The Alaska Network on Domestic Violence and Sexual Assault, representing twenty member programs statewide providing services to victims of domestic violence and sexual assault, supports sponsor substitute for Senate Bill 72, An Act Relating to Sexual Assault Investigations.

The Network's primary area of concern is provision of comprehensive, sensitive, and timely services to victims. In cases of sexual assault, this concern involves assuring the victim that all necessary evidentiary information will be gathered in order to facilitate a successful prosecution. For that reason, it is imperative that uniform kits are provided for use statewide, that protocols be developed for use and distribution of the kits, that protocols address needs of both rural and urban areas, and that training be provided in both the use of the protocol and the kit to peace officers, District Attorneys, other appropriate law enforcement agencies, health care providers, and sexual assault program personnel.

Uniformity of kits is necessary in order to insure that evidence is gathered properly and that all necessary materials are available for a complete and thorough examination.

The development of protocols that address that unique and specific needs of rural areas is necessary because the level of health care provision may differ from that available in urban areas and because law enforcement personnel may not be immediately available.

It is the Network's position that training in the protocol and the use of the kit is primary. Availability of the kits is incidental if health care providers and criminal justice personnel are unaware of their availability and untrained in their use. Sexual Assault examinations can be an additional trauma to the victim, and so should be done in a sensitive and efficient manner. Training in performing sexual assault examinations is necessary in order to accomplish this aim.

In cases of sexual assault investigation and prosecution, collection of evidence plays a crucial role. In the opinion of the Network, more efficient, timely, and sensitive performance of sexual assault examinations can be accomplished by the provision of uniform kits, development of protocols, and provision of training to involved personnel in their use.



STATE OF ALASKA

OFFICE OF THE GOVERNOR

ALASKA WOMEN'S COMMISSION
3601 C STREET - SUITE 742
ANCHORAGE, ALASKA 99503

MEMO

TO: Senate Finance
FROM: Kathy Marshall, Executive Director
SUBJECT: Sponsor Substitute for Senate Bill No. 72
DATE: February 6, 1984

The Alaska Women's Commission urges the adoption of Sponsor Substitute for Senate Bill No. 72 which provides for free emergency examinations for victims of sexual abuse for the purpose of gathering evidence to assist in the possible prosecution of the offender. This bill would encourage victims to prosecute and aid the State in convicting offenders.

The Commission also supports the development of uniform sexual assault examination kits which would be distributed statewide along with a manual of protocols.

CC:
Senators
J. Kerttula
V. Fischer
J. Josephson

SB 72: BACKGROUND INFORMATION

It appears that payment for emergency medical examinations for victims of sexual offenses has at times varied throughout the state. The following supports this statement.

Anchorage, Bethel, Barrow, Fairbanks and Juneau police departments were asked how these exams were paid for in their areas. The following is information gathered from those departments.

Anchorage - When a victim of sexual assault is taken by the city police to the hospital and an exam is administered, the police department pays for the exam with department funds which essentially come from the Municipality of Anchorage.

Bethel - In Bethel the police department stated that the majority of sexual offense victims in their area are native and would be taken to the native hospital in Bethel where there would be no charge to the native victim (hospital is federally funded). But in the case of a nonbeneficiary (non-native) the victim would be personally responsible for the payment of the exam.

Barrow - In Barrow the same standards are followed as in Bethel.

Fairbanks - The police department in Fairbanks stated that if the city police take a sexual assault victim to the hospital and the victim undergoes an exam, the expense of the exam is the responsibility of the investigating agency, in this case the city police department would pay for the exam with funds from their operating budget. In a case outside of the city limits where the State Troopers were called, the exam would be paid by the State Troopers with state funds which come from the Department of Public Safety.

Juneau - As far as the Juneau police department knew, the victims of sexual assault would be responsible for the expense of an exam given.

Nola Capp, administrator to the Violent Crimes Compensation Board, stated that awards of compensation for emergency medical examinations have been made both to a provider via the victim and also to the victim who had previously paid at the time of the exam.

According to the Network on Domestic Violence and Sexual Assault, the payment for these examinations have been a problem in past years. It seems that on occasions an examination would not be administered unless payment was made. This seems to have been generally corrected. Incest victims, however, have been treated differently. According to the Network often the incest victim must be reimbursed through the board which causes financial hardship.

Given the different procedures utilized throughout the state for these examinations, it is in the best interest of the state to enact a uniform law.

SB 72 adds a new section to AS 18.67 "Violent Crimes Compensation Board" and provides that emergency examinations for victims of sexual offenses will be provided at no cost to the victim when the purpose of the examination is to gather evidence to assist in the possible prosecution of the offender.

As the evidence gathered is used only for the benefit of prosecution there is no justification for a victim having to pay for this examination, even if later reimbursed by the board.

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: Senate Bill No. 72 Date on Bill: 1/25/83
 Title: "An Act relating to free emergency medical examinations of victims of sexual offenses"
 Sponsor: Sens. Kerttula, V. Fischer and Josephson
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital			0	0	0	0		
Operating			0	0	0	0		
Total			0	0	0	0		

b. Revenues:

Revenue								

2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It not represent the policy of the Sheffield Administration or the final estimate of impact.

Prepared By: Dean Tirador Phone: 465-3090
 Division: Public Health Date: 2-10-83

Approved by Commissioner: *Robert Gordon Smith* Date: 2/14/83
 Department: Health and Social Services

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

POSITION PAPER

SENATE BILL NO. 72

"An Act relating to free emergency medical examinations of victims of sexual offenses."

This Bill adds a new section to the statute governing the Violent Crimes Compensation Board which provides that the victim of sexual assault or, in the case of a minor, a victim of sexual abuse may request and shall receive free emergency medical examination at a public or private hospital or other emergency medical facility so that evidence may be gathered to assist in the possible prosecution of the offender. The Bill also provides that the Board may reimburse the hospital or emergency facility for the reasonable costs of the examination. It further provides for retroactive payment to the victim or parent if the victim agrees to aid in the prosecution of the offender.

The Department of Health and Social Services endorses measures which assist in law enforcement. Costs of examinations for victims are coverable under the state's Medicaid program at present and under many health insurance programs. We have no means to estimate how this Bill would affect the costs to the Violent Crimes Compensation Board. We do not anticipate any increased costs to the medical assistance programs administered by this Department.

It is noted that no provision is made for reimbursement of costs to physicians or other health care providers who may be involved in such examinations.

Recommended by: E. S. Rabequ, M.D.
E. S. Rabequ, M.D., Director
Division of Public Health

Date: Feb 10, 1983

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date: 2/14/83

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

DEPARTMENT OF PUBLIC SAFETY

RECEIVED

POSITION PAPER

Sponsor Substitute for Senate Bill 72

"An Act Relating to Sexual Assault Investigations"

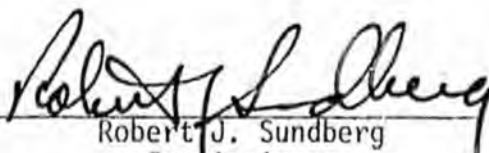
The Council on Domestic Violence and sexual assault supports Sponsor Substitute for SB 72 which develops a system for improving sexual assault investigations throughout Alaska. This would be accomplished through the use of state of the art sexual assault examination kits and through the development of protocols to be used by peace officers, medical personnel and district attorneys in sexual assault investigations.

According to the FBI, sexual assault is the most underreported crime. Approximately 3.5 - 10% of sexual assaults are being reported. Sexual assault is underreported because victims often suffer undue trauma in the legal process and are not confident perpetrators will be found and prosecuted. In order to improve reportings to law enforcement and convictions of criminals, we must be able to assure victims that the system is effective and humane.

Investigations are more complicated in rural areas where there is a lack of health care providers. Protocols are crucial for cases when hospital exams are not possible because planes can not fly due to weather or funds are not sufficient to send victims to hospitals. Rural protocols need to be different than urban protocols.

The Council feels strongly that uniform sexual assault examination kits and protocols are not sufficient to insure adequate evidentiary collection. All professionals who come in contact with the victim and perpetrator must have knowledge of the dynamics of sexual assault and correct investigative procedures. Training needs to be given to all peace officers or people who have initial contact with the victim and perpetrator in how to sensitively work with the victim; to health care providers in how to collect evidence and treat the victim's emotional crisis; to district attorneys in effective prosecution techniques and sensitive treatment of the victim and to sexual assault advocates in investigative principles and legal issues.

Some further information regarding this legislation is: the Alaska State Troopers Lab distributes Dalchem kits to some communities. Dalchem is considered state of the art by many forensic experts. In order to distribute the kits statewide, additional funds would be needed. Also, training is provided to state troopers and municipal police officers at the State Trooper Academy on general investigative principals and the dynamics of sexual assault. Specific training would need to be funded to implement the protocols and for refresher training. In addition it must be noted that sexual assault investigations are seriously hampered because evidence must be sent to outside crime labs and routinely take as long as 3 months to be returned.


Robert J. Sundberg
Commissioner

POSITION PAPER

SS SENATE BILL No. 72

"An act relating to sexual assault investigations"

The bill requires the Departments of Public Safety, Law, and Health & Social Services to cooperatively establish a statewide uniform investigation and examination process for victims of sexual assault. The implementation of the process includes the development of manual protocols, and a specific sexual assault examination kit which will be distributed to appropriate law enforcement, and health care providers in the state.

In addition, the bill will provide a unified method for collection of data and specimens that will assure the best possible protection of the victim and the accused.

The Department of Health & Social Services endorses measures which will assure protection of the public and assists law enforcement.

Recommended by: E.S. Rabeau M.D.
E.S. Rabeau, M.D., Director
Division of Public Health

Date: 2-3-84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner

Date: 2/6/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: 2/3/84

REQUEST Bill/Resolution No.: Senate Bill 72 Title: "An act relating to sexual assault investigations" Sponsor: Sens. Kerttula, Fischer Requestor: Senate HESS & Finance Date of Request: 2-1-84	Sponsor Substitute FISCAL DETAIL Agency Affected: Department of Health & Social Svcs. Program Category Affected: Public Health State Health Services BRU, Program or Subprogram(s) Affected: Patient Services
--	---

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

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

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Lois Bergerson Phone: 465-3150
 Division: Public Health Date: 2/3/84

Approved by Commissioner: Robert London Smith, Ph.D. Date: 2-3-84
 Agency: Health and Social Services

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

12/1/83

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: SB 72 Date on Bill: 1-25-83
 Title: An Act relating to free emergency medical examinations of victims of sexual assault
 Sponsor: Kerttula, V. Fischer and Josephson
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86
Capital				
Operating		90.6	93.4	99.1
Total		90.6	93.4	99.1

b. Revenues:

Revenue				

2. Source of funds to offset fiscal impact of bill:

Not indicated by sponsors of bill

3. Assumptions:

According to the Council on Domestic Violence, approximately 500 victims of sexual offenses per year who need medical examinations do not receive them. There will be additional hearings, as all persons applying would not be eligible by statute.

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It therefore does not represent the final estimate of fiscal impact.

Prepared By: Nola K. Capp, Administrator *NKC* Phone: 465-3040
 Division: Violent Crimes Compensation Board Date: 2/24/83
 Approved by Commissioner: *[Signature]* Date: 2/25/83
 Department: ALASKA PUBLIC SAFETY

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

2/15/83

FISCAL NOTE DETAIL
BILL NO. SB 72

EXPENDITURES	FY 83	FY 84	FY 85	FY 86
100 Personal Services		26.6	28.2	29.9
200 Travel		7.9	8.4	8.9
300 Contractual		8.6	9.1	9.7
400 Commodities				
500 Equipment		2.5		
600 Land & Structures				
700 Grants, Claims, etc.		45.0	47.7	50.6
800 Miscellaneous				
TOTAL		90.6	93.4	99.1
FUNDING				
General Fund		90.6	93.4	99.1
Federal Funds				
Program Receipts				
Inter-Agency Receipts				
Other				
POSITIONS				
Full Time		1	1	1
Part time/Seasonal				
Non-Perm				
Months		12	12	12

ANALYSIS:

If the proposed legislation is enacted, it is anticipated there would be an increase of approximately 500 claims, as the Council on Domestic Violence states approximately 500 victims of sexual offenses need medical attention each year who do not receive it. The medical costs would be approximately \$90 per claim, making a total of \$45,000 needed for grant money and this is a conservative estimate.

Because there will be an increase of claims, it is determined it will be necessary to have one more board meeting at a cost of \$1500.00. Because of the eligibility requirements of the statute it is anticipated there would be 8 hearings at \$800 for travel per hearing.

The current staff for the Violent Crimes Compensation Board consists of two persons. This change in the statute would necessitate the addition of a clerk typist (range 8) and associated costs, including equipment.

Under contractual services, there would be a need for a terminal only for the IBM displaywriter at \$3000.00 per year. There would be the cost of hearing officers' fees for 8 hearings at \$700 per hearing or a total cost of \$5600. The costs are assumed to begin 7/1/83.

1.	POSITION TITLE Clerk-Typist III			RANGE/STEP 8B	BARG. UNIT G	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY Juneau	ELECTION DISTRICT 4	LEG.		
3.	CONTINUATION LEVEL			ADDITION	JUSTIFICATION				
4.	TYPE OF EXPENDITURE			AMOUNT					
	1		2		3				
	PERSONAL SERVICES								
5.	Salary		19,176						
6.	Benefits		3,367						
7.	Supplemental Benefits		1,175						
8.	Fixed Benefits		2,880						
9.	TOTAL PERSONAL SERVICES		01		26,598				
10.	Travel		02						
11.	Contractual		03						
12.	Commodities		04						
13.	Equipment		05		2,484				
14.	Other				29,032				
15.	TOTAL COST								
	RECEIPT CODE		FUNDING SOURCE						
16.			Federal Receipts 1002						
17.			G.F. Match 1003						
18.			General Funds 1004		29,082				
19.			I-A Receipts 1005						
20.			Program Receipts 1028						
21.			Other						
FOR B&M USE ONLY									
4A KEY NUMBER _____									

The number of claims received annually by the Violent Crimes Compensation Board has doubled since 1976 and is projected to double again during the two-year period ending 6/30/84. Yet the program has only the same two-person staff it had in 1973.

It is anticipated the change in the statute will increase the number of claims by 500. This increase, on top of the existing understaffing, will necessitate the addition of a clerk-typist and associated costs, including equipment.

There will be an increase in hearings, which must be transcribed verbatim.

The equipment costs include a desk, chair, file cabinet, table, calculator and transcriber.

13 REQUEST FOR NEW POSITION

AGENCY Department of Public Safety
PROGRAM Crime Identification & Apprehension
BRU Violent Crimes Compensation Board
COMPONENT _____

FY 84

Page 1 of 1
Revised Date 2/24/83

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: SB 72 Date on Bill: 1-25-83
 Title: An Act relating to free emergency medical examinations of victims of sexual assault
 Sponsor: Kerttula, V. Fischer and Josephson
 Requestor: Senate HESS

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86
Capital				
Operating		90.6	93.4	99.1
Total		90.6	93.4	99.1

b. Revenues:

Revenue				
---------	--	--	--	--

2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

According to the Council on Domestic Violence, approximately 500 victims of sexual offenses per year who need medical examinations do not receive them. There will be additional hearings, as all persons applying would not be eligible by statute.

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It therefore does not represent the final estimate of fiscal impact.

Prepared By: Nola K. Capp, Administrator *mbc* Phone: 465-3040
 Division: Violent Crimes Compensation Board Date: 2/24/83

Approved by Commissioner: *Robert L. Berg* Date: 2/28/83
 Department: _____

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

FISCAL NOTE DETAIL
BILL NO. SB 72

EXPENDITURES		FY 83	FY 84	FY 85	FY 86
100	Personal Services		26.6	28.2	29.9
200	Travel		7.9	8.4	8.9
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400	Commodities				
500	Equipment		2.5		
600	Land & Structures				
700	Grants, Claims, etc.		45.0	47.7	50.6
800	Miscellaneous				
TOTAL			90.6	93.4	99.1
FUNDING					
General Fund			90.6	93.4	99.1
Federal Funds					
Program Receipts					
Inter-Agency Receipts					
Other					
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Part Time/Seasonal					
Non-Perm					
Months			12	12	12

ANALYSIS:

If the proposed legislation is enacted, it is anticipated there would be an increase of approximately 500 claims, as the Council on Domestic Violence states approximately 500 victims of sexual offenses need medical attention each year who do not receive it. The medical costs would be approximately \$90 per claim, making a total of \$45,000 needed for grant money and this is a conservative estimate.

Because there will be an increase of claims, it is determined it will be necessary to have one more board meeting at a cost of \$1500.00. Because of the eligibility requirements of the statute it is anticipated there would be 8 hearings at \$800 for travel per hearing.

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2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Jumeau	ELECTION DISTRICT 4	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT						
	1	2	3							
	PERSONAL SERVICES									
5.	Salary	19,176								
6.	Benefits	3,367								
7.	Supplemental Benefits	1,175								
8.	Fixed Benefits	2,880								
9.	TOTAL PERSONAL SERVICES	01	26,598							
10.	Travel	02								
11.	Contractual	03								
12.	Commodities	04								
13.	Equipment	05	2,484							
14.	Other		29,082							
15.	TOTAL COST									
	RECEIPT CODE	FUNDING SOURCE								
16.		Federal Receipts	1002							
17.		G.F. Match	1003							
18.		General Funds	1004	29,082						
19.		I-A Receipts	1005							
20.		Program Receipts	1020							
21.		Other								
FOR B&M USE ONLY 4A KEY NUMBER _____										

The number of claims received annually by the Violent Crimes Compensation Board has doubled since 1976 and is projected to double again during the two-year period ending 6/30/84. Yet the program has only the same two-person staff it had in 1973.

It is anticipated the change in the statute will increase the number of claims by 500. This increase, on top of the existing understaffing, will necessitate the addition of a clerk-typist and associated costs, including equipment.

There will be an increase in hearings, which must be transcribed verbatim.

The equipment costs include a desk, chair, file cabinet, table, calculator and transcriber.

13 REQUEST FOR NEW POSITION

AGENCY Department of Public Safety
PROGRAM Crime Identification & Apprehension
BRU Violent Crimes Compensation Board
COMPONENT _____

Page 1 of 1
Revised Date 2/24/83

FY 84

11095

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: Senate Bill No. 72 Date on Bill: 1/25/83
 Title: "An Act relating to free emergency medical examinations of victims of sexual offenses"
 Sponsor: Sens. Kerttula, V. Fischer and Josephson
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital			0	0	0	0		
Operating			0	0	0	0		
Total			0	0	0	0		

b. Revenues:

Revenue								

2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It does not represent the policy of the Sheffield Administration or the final estimate of fiscal impact.

Prepared By: Dean Tirador *Dean Tirador* Phone: 465-3090
 Division: Public Health Date: 2-10-83
 Approved by Commissioner: Robert Gordon Smith Date: 2/14/83
 Department: Health and Social Services

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

POSITION PAPER
SENATE BILL NO. 72

"An Act relating to free emergency medical examinations of victims of sexual offenses."

This Bill adds a new section to the statute governing the Violent Crimes Compensation Board which provides that the victim of sexual assault or, in the case of a minor, a victim of sexual abuse may request and shall receive free emergency medical examination at a public or private hospital or other emergency medical facility so that evidence may be gathered to assist in the possible prosecution of the offender. The Bill also provides that the Board may reimburse the hospital or emergency facility for the reasonable costs of the examination. It further provides for retroactive payment to the victim or parent if the victim agrees to aid in the prosecution of the offender.

The Department of Health and Social Services endorses measures which assist in law enforcement. Costs of examinations for victims are coverable under the state's Medicaid program at present and under many health insurance programs. We have no means to estimate how this Bill would affect the costs to the Violent Crimes Compensation Board. We do not anticipate any increased costs to the medical assistance programs administered by this Department.

It is noted that no provision is made for reimbursement of costs to physicians or other health care providers who may be involved in such examinations.

Recommended by:

E. S. Rabeau, M.D.
E. S. Rabeau, M.D., Director
Division of Public Health

Date:

Feb. 10, 1983

Approved by:

Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date:

2/14/83



STATE OF ALASKA

OFFICE OF THE GOVERNOR

ALASKA WOMEN'S COMMISSION

3601 C STREET - SUITE 742

ANCHORAGE, ALASKA 99503

MEMO

TO: Senate Health, Education and Social Services
FROM: Kathy ^{Km} Marshall, Executive Director
SUBJECT: Sponsor Substitute for Senate Bill No. 72
DATE: February 6, 1984

The Alaska Women's Commission urges the adoption of Sponsor Substitute for Senate Bill No. 72 which provides for free emergency examinations for victims of sexual abuse for the purpose of gathering evidence to assist in the possible prosecution of the offender. This bill would encourage victims to prosecute and aid the State in convicting offenders.

The Commission also supports the development of uniform sexual assault examination kits which would be distributed statewide along with a manual of protocols.

CC:
Senators
J. Kerttula
V. Fischer
J. Josephson

Alaska State Legislature

Advisory Council Members
Senator Kerttula, Chairman
Senator Bennett
Senator Fahrenkamp
Senator Vic Fischer



1024 W. 6th Avenue, Suite 203
Anchorage, Alaska 99501
Phone: (907) 274-1426

SENATE ADVISORY COUNCIL

MEMORANDUM

TO: SENATOR JALMAR KERTTULA
FROM: ELIZABETH J. HICKERSON
RE: SS SB 72
DATE: JANUARY 21, 1984

Last session you sponsored SB 72, an act relating to free emergency medical examinations of victims of sexual offenses. My office received numerous calls opposing the bill, primarily because the examination is presently being paid through private health insurance coverage or by local police agencies, or provided at no cost to the victim by the Native Health Services, or reimbursed by the Violent Crimes Compensation Board. It was the consensus that if the state assumed total expense for these examinations, these alternatives would not longer be available. Basically, the victim would not gain any additional coverage and the state would be responsible for the total expense involved.

It is important to note that there is a category of victims that "fall through the cracks". These are victims that do not have medical insurance, are not eligible for treatment at a native hospital, do not live in an area where the expenses are otherwise covered and do not report the incident to the police.

Barbara Miklos, Director of the Council on Domestic Violence and Sexual Assault, and I have discussed this matter at length and participated in meetings with agencies, program people and local law enforcement agencies during December, 1983. Attached are the minutes from the meeting held in Juneau. The following reflects the proceedings at the meeting in Anchorage.

ANCHORAGE MEETING

In attendance: Victor Krumm (DA's office), Ilona Wright (Humana), Elizabeth Ward (Public Health Nursing), Walt Kilmore (State Troopers), Mary Snowball (AK Native Health Services), Del Smith (Anchorage Police Department), Paula Haley (STAR), Cindy Schindler (Providence) and Walter Johnson (Health Aid Program), Barbara Miklos (CDVSA), and Elizabeth Hickerson (SAC).

The following was agreed upon.

1. Different sexual assault kits are being used throughout the state. This has caused problems in the prosecution of sexual assault crimes because vital evidence has not always been collected.

2. There is no uniform protocol manual being used in the state. This has caused problems in the prosecution of sexual assault crimes because vital evidence has not always been properly and legally collected.

3. A uniform kit and protocol are needed to address the above problems. The Department of Public Safety in conjunction with the Departments of Law and Health and Social Services are the proper agencies to adopt and distribute both. The cost for these is estimated at minimal and should be borne by the departments.

4. Sexual assault examinations are being paid by: public hospitals, private insurance policies, local law enforcement agencies, and the Violent Crimes Compensation Board. This process is basically working and should remain intact.

5. Travel for victims that report the crimes is being provided by the local law enforcement agencies and should continue.

6. Sexual assault intervention training for health aids is part of their established program, however this is somewhat limited. There are restrictions on the scope of medical examinations that health aids are allowed to administer.

7. Additional training for all medical personnel is needed. Special problems exist for those employed by the federal government. The state does not have jurisdiction over their training, however, it is doubtful that state sponsored training would be refused. The same applies for private hospitals.

8. Sexual assault intervention training is provided at the Trooper Academy in Sitka, however more money is needed, as is continuing education for veteran troopers and village public safety officers.

9. Rural areas present special problems due to weather, and lack of properly trained medical personnel and VPSOs. It is not uncommon for sexual assaults to be reported, but due to weather conditions, the victim is unable to be transported to a medical facility staffed by personnel licensed to perform the examination.

10. More education on sexual assault prevention, intervention and treatment is needed to combat common myths associated with this violent crime.

CONCLUSION

The attached sponsor substitute addresses the problems associated with the kits and the protocol. The Council on Domestic Violence and Sexual

Assault is the appropriate state agency to provide additional training for medical and law enforcement personnel. The Governor's present budget for the Council is not sufficient to increase training in the area. Ms. Miklos could provide financial data and justification on the matter, if you wish to pursue the issue of training.

In short, the sponsor substitute for SB 72 will provide for a uniform sexual assault kit and protocol manual. This according to representatives of the Departments of Public Safety, Law, and Health and Social Services is the most pressing problem which will cost a minimal amount of money to solve. Training for those involved in sexual assault cases needs to be increased and updated, and can best be performed by the Council on Domestic Violence and Sexual Assault.

Rape Exam Meeting, November 30, 1983, prepared by Barbara Miklos

Participants:

Caren Robinson, AWARE
Samuella Samienego, AWARE
Nola Capp, Violent Crimes Compensation Board
Sgt. Bill Farber, Alaska State Troopers
Lois Bergerson, Director, Public Health Nursing
Matt Anderson, Alaska Emergency Medical Services
Charles Fry, Council staff
James Fisher, Council Member, Alaska Department of Law
Barbara Miklos, Council staff

Issues:

Troopers will pay for exam and transportation if it is part of the investigation.

What is shelf life of kit - how long will it last in the villages?

EMT I - cannot obtain blood not trained, not trained in rape exams and would be difficult to keep them updated on skills.

VCC - must apply within 5 days to police to be eligible for VCC - victim must apply.

In FY 83 VCC had 33 rape claims - estimated did not pay for 4 - most of the claims were for loss of work and counseling.

Rural areas - must be plans for times when victims cannot travel. Troopers will fly in to village and determine if exam can be done there. If not they will fly victim to and from town.

Victims that fall through cracks are those that do not report to police. According to VCC legislation, they can not be reimbursed as far as medical payment concerned.

VPSO - need training at academy for rape investigations.

Need to remember psychosocial and medical aspects of exams not just investigation.

Child sexual assault - A problem because often do not hear from victim until a while after incident. Exam may not be a part of legal investigation but is necessary for child's welfare. Parents often pay for medical exam.

Must remember the many victims who do not report exams at all - money for exams probably not the primary reason for not reporting.

Need a simple protocol that is distributed to everyone - police, EMT's, health aides, PNN's, Nurses, M.D.'s, VPSO's.

Page 2

People in villages might be able to do less sensitive aspect of exams - fingernail clippings, clothes, take pictures. Still need to be sensitive of victim's trauma.

Victims in villages may not know where to go. May be hesitant to go to a health aide or VPSO.

AWARE has trained some health aides in rape exams.

Need 2 protocols: 1 for town, 1 for areas without M.D.'s and equipment.

Need more timely lab work - now sent to FBI.

If trooper can not get out to the villages because weather is bad, instruct victim on what to do.

PHN's need to have protocols and training in working with victims and rape trauma syndrome.

Some communities do not have health aides or clinics - real problem. Should transport those people in.

DA's need to be involved in developing protocols, particularly for rural areas. Need to know what is required for different cases.

PHN's do not routinely do pelvic exams. Only nurse practitioners. There are only 3 public health nurse practitioners functioning as such.

Every village needs a how to kit for rape exams - simple.

Can evidence hold up in court if exam not done by a physician?

M.D.'s need to be aware they do not determine if a rape was committed; police do that. M.D.'s record victims statements and obtain medical information.

Need more advanced training courses. Dr. Shirley Anderson has given training to Juneau M.D.'s.

Need basic orientation for new practitioners - Harborview has a slide presentation.

All practitioners and law enforcement need training.

Need state sexual assault prosecutor.

Need transportation for incest victims and non-offending parents in villages.

Could be a problem prosecuting if victims do not go to police immediately. Can call the police and still not want to prosecute. Will help police to know about offender.

Page 3

Need to find out who pays for prolonged medical attention because of rape -
broken bones, V.D., etc.

CSSSSB 72 - AN ACT RELATING TO SEXUAL ASSAULT INVESTIGATIONS

THE SENATE HESS COMMITTEE SUBSTITUTE PROVIDES FOR:

1. A UNIFORM SEXUAL ASSAULT EXAMINATION KIT TO BE DISTRIBUTED STATEWIDE BY THE DEPARTMENT OF PUBLIC SAFETY FOR THE USE OF ALL PEACE OFFICERS AND HEALTH CARE PROVIDERS IN GATHERING EVIDENCE IN CASES OF SUSPECTED SEXUAL ASSAULT.

Sexual assault cases have, historically been under reported - estimated 3.5% to 10% are actually reported - for a variety of reasons, mainly related to the victim's fear of the legal system. In addition, collected evidence is sent to outside laboratories and take at least three months for the results to be returned.

Because sexual assault kits are not available statewide, and because health care and police staff are not trained in the use of the kits, mistakes are often made in the collection of evidence making prosecution difficult.

2. SEXUAL ASSAULT INVESTIGATION PROTOCOLS SHALL BE DEVELOPED BY THE DEPARTMENTS OF LAW AND PUBLIC SAFETY IN COOPERATION WITH HEALTH AND SOCIAL SERVICES. COPIES OF THE PROTOCOL MANUAL WILL BE DISTRIBUTED STATEWIDE BY PUBLIC SAFETY.

3. THE DEPARTMENTS OF PUBLIC SAFETY AND LAW SHALL DEVELOP AND IMPLEMENT TRAINING IN THE USE OF PROTOCOLS AND THE EXAMINATION KITS FOR :

PEACE OFFICERS
DISTRICT ATTORNEYS
LAW ENFORCEMENT AGENCIES
HEALTH CARE PROVIDERS
SEXUAL ASSAULT PROGRAM PERSONNEL

Meetings were held, in the preparation of this bill with the appropriate agencies, medical personnel and the Senate Advisory Council. Their conclusion in considering the problems of collecting sexual assault evidence was that ignorance on the part of those dealing with the victim was the main reason for the failure of the system.

It was recognized that a simple procedure, which could be followed by all levels of medical personnel, explaining the reasons for the protocols would best suit the situation in Alaska.

THE SENATE HESS COMMITTEE ALSO ATTACHED A LETTER OF INTENT OF THE HESS COMMITTEE SUBSTITUTE, RECOMMENDING THAT MEDICAL PERSONNEL CONTINUE TO BE INVOLVED IN THE DEVELOPMENT OF PROTOCOLS AND TRAINING TO ENSURE SUCCESSFUL IMPLEMENTATION.

FISCAL IMPACT

THERE ARE TWO FISCAL NOTES ATTACHED TO THE BILL:

1. THE DEPARTMENT OF PUBLIC SAFETY HAS REQUESTED \$122.0 (REPLACEMENT COSTS FOR THE KIT ARE INCLUDED IN THE BUDGET FOR THE CRIME LAB).

THE AMOUNT WOULD COVER PERSONNEL SERVICES, TRAVEL AND PERDIEM FOR THE TRAINING IN USE OF THE SEXUAL ASSAULT KITS, AND THE PURCHASE OF 600 KITS.

2. THE DEPARTMENT OF LAW HAS REQUESTED \$87.9 FOR AN ASSOCIATE ATTORNEY II POSITION FOR THE DEVELOPMENT OF THE PROTOCOLS, THE USUAL SUPPORT COSTS AND HIGHER TRAVEL COSTS FOR TRAINING PROGRAMS (\$7.5) \$20.0 IS ALSO BUDGETED FOR THE PRINTING OF PROTOCOL MANUALS. THIS POSITION IS ALSO INTENDED TO GIVE ONSITE SUPPORT TO HEALTH CARE AND SOCIAL SERVICES PROVIDERS.



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

LETTER OF INTENT

CS for SSSB 72 - An Act relating to sexual assault investigations.

February 10, 1984

Senator Jalmar Kerttula
President of the Senate

Dear Mr. President:

The Committee on Health, Education and Social Services, to which was referred the Sponsor Substitute for Senate Bill 72, concerning sexual assault investigations, recommends that the bill be replaced by the attached Committee Substitute for SSSB 72 (HESS), and that the Committee Substitute do pass.

During hearings, the Committee heard testimony that input from the medical field, and particularly emergency room personnel, would better guarantee the successful implementation of sexual assault kits. Noting that work sessions on the development of the Sponsor Substitute included medical personnel, the Committee would recommend that continued medical input be sought in the development of the sexual assault kits, protocols and training programs.

Respectfully submitted,

Joe P. Josephson,
Chairman
Health, Education and
Social Services
Committee

FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SSSB 72
 Title: "An Act relating to sexual assault investigations."
 Sponsor: Sen. Kerttula
 Requestor: Senate Mess
 Date of Request: 2/2/84

FISCAL DETAIL

Agency Affected: Department of law
 Program Category Affected: Administration of Justice
 BRU, Program or Subprogram(s) Affected: Prosecution

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		49.6	52.6	55.8	59.1	62.6
200 TRAVEL		7.5	8.0	8.5	9.0	9.5
300 CONTRACTUAL		24.8	10.4	11.0	11.7	12.4
400 SUPPLIES		4.5	3.2	3.4	3.6	3.8
500 EQUIPMENT		1.5				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	87.9	74.2	78.7	83.4	88.3
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	87.9	74.2	78.7	83.4	88.3
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	1	1	1	1	1
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Richard I. Pegues, Director

Phone: 465-3672

Division: Administrative Services

Date: 2-6-84

Approved by Commissioner: Norman C. Gorsuch

Date: 2-6-84

Agency: Department of Law

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83