

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 8672 2171

2378 SHESS SB 542 (FILE 1) - SCR 12

analysis team had been sent up from McCullum Air Force Base to monitor the work. Two welders were sent up, myself and Ed Forsling, which worked on the track and radar, were sent up to assist these men. During the course of that day, routine maintenance on the substructure of the antenna was taking place.

431 Josephson: And then what happened?

434 Foster: At approximately...are you talking from our viewpoint as the victims....

436 Josephson: Yes.

438 Foster: ...not technically downstairs?

439 Josephson: No, no, from your viewpoint.

411 Foster: At the actual time of the accident, I don't have a fix because noone was really looking at their watch to know. But I was looking for some bolts that we had dropped when removing a hatch, and in the course of looking for these small bolts, I discovered a large about 11 inch bolt that holds some coax sections together. So I was, at the time of the accident, looking through the hole that big bolt had fallen out of. The welders were working and apparently noticed erratic arcs and so you will have to ask them. The two McCullum people were inspecting the screen. Carl Kepler was up on the screen, and as i climbed up and sat on the coax, he mentioned to me his flashlight was hot and that it had been glowing. At the time, I kinda thought he was kidding me; I thought he was putting me on. I told him I'd never heard of a radiation field strong enough to light a lamp like that. He mentioned the switch was off, and then Bill Emmings mentioned that his was doing it too. I still was not quite sure whether to believe this man or not and I was still looking for my bolt. So I mention, well 'why don't we go down and have the radiation monitor check this out'. And at that time, we left the antenna and when we got down stairs confirmed that the tracker had, in fact, been turned on.

479 Josephson: Now, isn't there supposedly some time of bell safe device or equipment to prevent that happening while the antenna is under repair?

482 Foster: Yes sir, there is.

484 Josephson: And what...again, if it is understandable to describe it, what is that device suppose to consist of?

486 Foster: A series of five keys, each one interlocks a little bit more the radar. By a little bit more, I mean both the high voltage that allows the transmitters to operate and progressively locks out the ability of the motors and pumps to start to prevent physical antenna movement. As each key is used, it is turned and held captive where it can't be removed to

restart the system. At the last stage or the fifth key allows actual entrance into the radar when the system is completely set down. Should that key be removed, the last of the actual interlock keys, it sets off a (inaudible)...which is a loud bell within the radar to warn you that someone has the keys physically in their possession.

498 Josephson: How long have you been at this installation?

499 Foster: Four years.

501 Josephson: Has any reported experience like that occurred prior to September 14?

503 Foster: Incidents involving the radar where people may have been exposed?

505 Josephson: Yes, sir.

506 Foster: Yes, sir.

507 Josephson: I don't expect that you will necessarily have personal knowledge of those incidents, but what do you understand to have occurred in that period, in the four year period?

510 Foster: O.e, one incident occurred prior to me coming to work here. The sight radiation monitor was working on the roof of the building with some painters as a monitor, and they pointed the antenna over at them. They were exposed for a duration of time, I'm not sure. In the three months leading up to the accident, which would be July and August, in each of those two months, we had incidents wherein personnel were either...were put into positions where they could have been exposed to RF radiation.

515 Josephson: Are you talking about July, August of 83?

517 Foster: Yes.

518 Josephson: When you say put into position where they might have been, what happened?

520 Foster: In the one case, a group of workers were put out to work in front of the large screens without being properly cleared by the radiation monitor, which no report was filed on that. That was in July and August. The supervisor of the civil engineers who is supposed to insure that the men were safe on the antenna through our control procedures, allowed himself to be locked in the radome as we were bringing the radar back on line. Then, of course in September itself, the six of us were radiated.

529 Josephson: Do you work under a collective bargaining agreement through a labor organization?

531 Foster: Yes sir, I do.

532 Josephson: What union are you affiliated with?

533 Foster: Teamsters, 959.

534 Josephson: Has the union attempted to ascertain what occurred for the nature of the radiation exposure or otherwise pursued this matter as a grievance in the collective bargaining agreement, to your knowledge?

537 Foster: They have...I don't believe it is within their preview to pursue the radiation incident, per say exposure level. At present, they are involving themselves, to a deeper degree, in helping resolve the safety issues. I felt the start was somewhat slow. Now, I won't get into exactly why. Maybe we had a communication problem. At present, they do seem to be coming more and more involved in resolving this.

544 Josephson: So far as your aware, the hazard of microwave radiation exposure at Clear Air Force Base would be restricted to employees on site as opposed to dependents and civilians in the neighboring community. Is that right?

548 Foster: I would think so.

551 Josephson: Do you have any other questions?

553 Moss: I would just like to know something about the interlock deal. Why did it...how did it happened? I can't understand why the safety lock didn't work.

557 Foster: On the day of the accident, we were following a written directive which outlined control of access to the radome, which is considered a hazardous area, and also describes the way the interlock system keys will be used. That particular document bypasses the majority of our interlock system and allowed this incident to happen.

555 Moss: In other words, it was bypassed.

566 Foster: Yes sir, following written directive.

568 Josephson: I'm not sure I understand that. You mean that it was a conscious decision to bypass the system by somebody?

570 Foster: Whether the party that issued the directive was fully aware of how the interlocks functioned or not, I can't say. I'm not them. That they succeeded to producing the document that defeated out interlock system, that is a reality.

575 Josephson: Was the directive emanating from the air force or from the contractor?

577 Foster: From the contractor.

579 Josephson: Was there any doubt that, that the people responsible for the order that resulted in the bypass of the interlock, knew that you and your colleagues were working as you working at that time? In other words, could they have been ignorant of the fact that someone was working with the antenna at that time?

585 Foster: No sir, they knew. We were dispatched up there by our supervisor.

588 Josephson: How many employees at Clear worked for the contractor, Pellick Services, Inc.?

590 Foster: I...

592 Josephson: I mean is it 50, or 100, or 200...do you have any idea?

594 Foster: It certainly must be in the several hundreds, but I'm not certain. I'm actually not sure how many employees are involved out there.

596 Josephson: Sen. Moss?

598 Moss: After the accident, how soon was it before your superiors were notified that you felt that you had an injury?

601 Foster: They were notified by our team leader within five minutes of our realization that we had, in fact, been in front of the radar when it was energized.

604 Moss: What occurred then?

606 Foster: Approximately 20 minutes later, the tech site manager instructed us to go back up on the antenna and reassemble it, and in fact, asked us to complete the welding work.

609 Moss: What's the tech site manager's name?

610 Foster: That is Mr. Eugene Macken.

611 Moss: Eugene Macken? Who is Tom Miller?

613 Foster: Tom Miller is the site safety man for Federal Electric.

615 Moss: Does he have anything to do with making sure that you have proper safety taken care of in this particular incident?

617 Foster: That is his responsibility, but he rarely, if ever, comes into the tracker area.

629 Moss: Has a long sight investigation been made in reference to this accident? I would just like to know who was involved in it.

633 Foster: Immediately after the accident, the parties involved were asked to make a brief unofficial statement. It wasn't even required to be signed. That is the only contact we had with any member of the air force or with IT&T regarding this accident investigation. The only realistic investigation we've had at any fashion since then was when and through state OSHA with Mr. Eric Short.

639 Moss: That's all I have right now, Mr. Chairman.

642 Josephson: Alright, thank you very much. I would like to maybe invite Mr. Short to come in, kinda out of order here, if that is alright with the other witnesses. Now that we've had...we have others to hear from, but I think at this time, Sen. Moss, it might be...

646 Moss: ...it might be the proper thing, yes.

654 Josephson: Mr. Short, what is your position with the state office of Occupational Safety and Health?

658 Short: Industrial hygienist.

659 Josephson: And are you based in Fairbanke?

661 Short: Anchorage.

662 Josephson: Anchorage. I understand that there, at least at last report, your office had issued a penalty and citation to the contractor who had contested that, and there are either negotiations pending or the possibility of formal administrative hearings on that matter, is that correct?

670 Short: Yes.

672 Josephson: ...And the size of the penalty was to be \$840, is that correct?

674 Short: Yes.

675 Josephson: How is that penalty calibrated or arrive at?

677 Short: There is an objective system which is used to determine penalties. It depends on the number of employees that are exposed, how frequently they are exposed, what the extent of their exposure is, if it is daily exposure, or accidental or incidental in nature. Also the degree of

injury that may be expected from that exposure, and actually, each category is rated on a 1 to 8 scale and then those factors are averaged together. Then, the seriousness of the...the classification of the citation is taken into consideration and other factors, other stress factors which may have contributed to the incident are taken into consideration, but it is an objective system which attempts to take into consideration all those factors and come up with a mathematical average which we then apply to a table to.

689 Josephson: Taking that into account, what would I infer from \$840 that it was regarded as a one time incident with potentially little damage or that it was a serious incident. Can you help me with that?

695 Short: The nature of the citation was considered serious. It was classified as a serious violation. There were actually two violations. One involved the lockout procedures and the other citation involved the overexposure itself. There are other adjustment factors which are applied. There are factors which are related to the size of the company which are taken into consideration. A company with ten or few employees may receive 40% off the final determined amount, between 10 and 25, 30 percent, between 25 and 50. In this case, there was no reduction based on the size of the company. I can allude to those figures what it involves...that there were federal civilian employees which we technically don't have jurisdiction over in the state. There were about seven employees that we can say were exposed, or that we had data sufficient stating that they were exposed. We know that two of those were federal civilian employees and the others were Pellick Services employees. We had four Pellick Service employees exposed, two federal civilian employees exposed. There were two others which, whose exposures at this time we cannot determine if they exceeded the recommended exposure limits. The other factor that was taken into consideration was that this was not a daily eight hour exposure situation that the company is aware of. It was an action. It was an incident where it was not a daily eight hour a day exposure. It was an incident that the company was not intentionally involved in exposing the employees to the condition. There are other factors that I can supply you more details on that, if you care.

748 Josephson: Yes, that would be fine. I am asking the question because you might consider me here as a lawyer dropping down from the moon into a strange land. In my own practical experience would be that a \$840...that contesting the \$840 penalty will probably costs thousands and thousand of dollars, and I'm wondering why the contractor does that. For example, if...would the payment of the penalty, under your regulations, constitute an admission for purposes of any civil action?

759 Short: That is a possibility.

766 Josephson: It was mentioned that the state may not have the access to the type of equipment that would allow for exposure measurements to be taken under your office's own jurisdiction. Is that...is that true and if

is that a problem that the legislature ought to consider or the department ought to consider?

770 Short: No. We have a radiation exposure assessment instrument. At the time we became aware of the incident, and since that time, that instrument is at the manufacturers for calibration. We are obligated to periodically calibrate our instruments for legal sufficiency of any measurements that we take with those instruments. That instrument was not available to us, and we also felt that federal OSHA did have a microwave radiation, or a radio frequently radiation actually at their disposal in the form of a (inaudible). He was a member of the health response team which is, in fact, intended to respond to these types of emergencies. It is not uncommon for a state program to ask for specific expertise if it is obtainable through the federal health response team.

788 Josephson: Have you had adequate cooperation from the federal government in terms of access to the base and access to the data that the air force might have?

793 Short: Yes. Some of their reports were not produced immediately. I'm somewhat sympathetic with the amount of time it can take to produce reports. We did wait for some time to get actual written descriptions of the air force's assessment. Before we actually got the written reports, I was in contact with the air force personnel who performed the survey and I was given information in the form of field notes concerning the measurement of information that they had obtained. But that was outside of their total incident report that they later produced and supplied to us.

801 Josephson: Let me go through your chronology. That may be the best way to elicit the information that will help clarify this. First of all, the office became aware of the September 14 microwave radiation exposure incident with the forwarding of a worker's compensation report of occupational injury from the Worker's Compensation Division. On September 26, 1983...let me ask first of all, in this situation, assuming that the employer was given notification of the incident, would the employer have an obligation to notify your office of the event before the processing of the worker's compensation report?

910 Short: It is my understanding that under current statutes, the employer is obligated to notify our office of an accident if it involves the overnight hospitalization of five or more employees, which in this case it didn't occur.

814 Josephson: I see. And is that...do you know if that provision is standard throughout the nation or is a provision which the legislature could change to require reporting, earlier reporting in situations like this?

818 Short: I believe it is a current federal standard and in order for a state program to operate where federal law exist, our law have to be at

least as stringent as the federal standards. We can set laws which are more strict than the federal standards.

820 Josephson: See, this is a possible area for legislative action if we feel it is justified. Then, your office inquired of Pellick Services, Inc. on September 28 about the extent of injury and whether or not hospitalization occurred. By the way, were any of these employees hospitalized overnight, do you know?

824 Short: I am not aware of any overnight hospitalization of any employees, except that which occurred when they were sent for physical, and indicated that they (inaudible)...there was not to my knowledge any overnight hospitalization.

828 Josephson: Did Pellick Services respond to your inquiry of September 29 concerning the degree of exposure?

830 Short: We were given some details. Our initial inquiries were made over the telephone and we did indicate that we would be pursuing an investigation of our own at that point. We have not yet received any notification from any of the affected employees. We had not received any complaints from the employees until October 24.

835 Josephson: The air force...as I understand it, the measurements were taken by air force bioenvironmental engineers on September 22 and on October 25, which would be 33 days later, you received notification from the air force that its radiation exposure survey would be made available to your department when its report had been completed. Would that be, would there be any reason, to your knowledge, why the report of the September 22 measurements would not be available within that 33 day period?

841 Short: I was told that because certain aspects of the report may contain confidential information about the incident itself and the frequencies and some of (inaudible)...I was told that the report would have to be reviewed by air force personnel in California, and certain portions of that report may have to be omitted because of their confidential nature before it could be given to the state. So I was told that the reports had to be reviewed before it could be released, and certain persons in the air force would determine what portions of that report we could see and what portions we could not see.

847 Josephson: Have you seen the report?

848 Short: Yes.

849 Josephson: When was that made available to you?

850 Short: (pause) I'm not sure if it is in this chronology, but it did become available to us sometime in December. I can't figure the exact date.

852 Josephson: And I take it that some portion of the report were excised or cut out or blacked over for security reasons.

854 Short: I'm not sure just what portions of the initial report, if any, were actually cut. I was given some information before we received the final report pertaining to some of the field measurements that were taken, and that was primarily what our primary interest was in, was what exposure measurements they had come up with.

860 Josephson: Well, Mr. Foster testified that the September 22 measurements were not valid. Do you concur with that or not concur?

862 Short: There are some legitimate questions about the validity of the survey that was performed by the air force.

864 Josephson: Because of what reasons?

865 Short: Some of the switches that were utilized on the instrument and there are some questions about the extent of the calibration of the instrument. We did receive calibration documents. I have copies here of calibration documents on those instruments and there is some question about to what extent the calibration of the instruments at one frequency could be expected to be considered an adequate calibration for the frequencies being tested. There were other objections to the survey.

871 Josephson: Okay, I don't want to be an alarmist here. I think that would be very destructive to just come in and do that, but as a layperson, I would be concerned if appropriate medical care was not made timely to workers because of a lack of good medical history concerning the event. I don't know whether these measurements are of a nature, and you probably don't either, that a...(end of Side A, Tape I)

Side B, Tape I

001 Josephson: ...verbal and written request for a redoing of the exposure measurement. What, if any, justification is given for not having accomplished that by this time?

004 Short: Initially, our first request...on November 1, we verbally requested that Federal OSHA to provide personnel and equipment to assist in an exposure evaluation of Clear Air Force Base. I, in fact, talked to a person who would do that survey and we, in fact, was beginning to make arrangements to meet in Fairbanks and come to Clear to attempt to redo that survey. He was advised by one of his...by a person in regents in Federal OSHA who would determine whether he could go or not, but he was told that Federal OSHA would wait for the air force report and review them before they would redo the survey.

014 Josephson: Those reports became available to December and now it is the middle of March. Do you know why they, assuming there was a legitimate reason for Federal OSHA to do nothing until the air force reports were finalized, now that they have been finalized, do you know...this is not a cross examination of you. I'm simply trying to find out what the reason might be. Why they wouldn't have done in it January or February.

020 Short: Well, I would prefer not to answer that question on behalf of those persons. I have some ideas on that subject. They were aware that we had written a citation to Pellick Services based on the air force data which was considered potentially erroneously low. Their potentially erroneously low measurements were sufficiently high to merit the issuance of a citation. Noore was contesting that the measurements were erroneously high. We saw the measurements as at a minimum that they showed that an overexposure had occurred.

029 Josephson: In other words, the nature of the mechanical error or technical error would be bias towards an overly low report as opposed to an overly high report.

033 Short: Yes.

034 Josephson: Now, you...assuming that the federal authorities would not participate and would not honor your office's request to perform the measurements again, you have, if I understood you, you have the technical capability when your own equipment is on line to do it yourself. Is that true? Did I understand that correctly?

041 Short: I would...I do not have a lot of experience in radio frequency measurement. I could use the instrument and take a survey. I would feel more comfortable with a person with a, with more credentials in that specific field to take those measurements because of the controversial nature of the measurements.

049 Josephson: Alright, now Mr...I asked this question of Mr. Foster and I'll ask it of you. If the tests were done tomorrow, would they be instructive as to the radiation level on September 14, 1983 or are we beyond the time limit as any use in it anymore?

054 Short: The incident...if the power levels were known, it would be very informative. In fact, I am currently aware of the possibility that Federal OSHA will, in fact, send a person up to redo these measurements.

058 Josephson: They've indicated that they may now perform them?

059 Short: Yes.

063 Josephson: Senator Moss, do you have any questions?

064 Moss: No. All my questions have been answered.

065 Josephson: Just a moment please, while I review your statement.

070 Josephson: Let me this. Without an admission by the contractor that the matters raised in your citation are correct, and I understand that they are resisting that, do you know if, without prejudice to whatever their position may be, they have instituted the changes in procedure which your office found should be made, with regard to lock out procedures and so forth?

076 Short: I have been instructed not to discuss those matters which are currently in the legal process of being subject to a review board hearing. I could answer that if I (inaudible)... We are currently reviewing what abatement measures would be adequate with the employer and affected employees, and a proposal has been drawn up which will be sent to the employer. If they cannot accept the terms of that proposal, it is likely that the case would proceed to the review board hearing. Essentially, the last paragraph of this chronology reiterates our current position.

089 Josephson: I'm not sure I am inferring correctly, but I infer that there has been a change and that it's still being discussed with the employer and the employer still insists that the procedures were adequate, and that if you don't get compliance or admissions or payment or penalty or all of the above, I don't know what the combination would be, you may have a hearing.

094 Short: Yes, that's right.

096 Josephson: Senator Moss?

097 Moss: I've got one question. Maybe it will help me out some. Can present workmen's comp rules cover this type of an accident. In other words, these fellows are out of work for a while or whatever. Under the present rules as you understand them, would they cover them for this type of an accident?

103 Short: I don't work for that division. There are some complicated questions which I don't feel competent to answer concerning what workmen's compensation would or would not cover concerning the physicals or time off work or whatever.

107 Josephson: Let me, if I may Senator, ask this. You've talked about this in most of our colloquy has been about the accuracy of the information, the testing, and the level of cooperation you received. Mr. Foster's second contention was as to inadequacy of medical attention. Is that within the jurisdiction of your office to find out if adequate medical attention was provided?

112 Short: Under our current radio frequency standard, there is no provision for physicals to be given to employees if they are exposed to radio

frequency radiation. We do have such provisions in some standards. In fact, there are elaborate requirements which even dictate the contents of physicals for exposure to some substances. But we have adopted most of the federal rules which have...currently have no physical requirement under radio frequency exposure standard. There is no general requirement to provide physicals that are affected by workplace exposures to types of hazardous substances. We do have requirements under the asbestos standard and the lead standard and some other standards involving cancer-causing chemicals, which require physical and dictate the contents of the physicals.

122 Josephson: Given the legislature's policy statement last year in favor of right to know in the workplace, it seems to me that we may want, either by rule or by law, to clarify the right of workers who had been exposed to radio frequency...potential radio frequency injury. This idea that they should know accurately what the exposure was would be philosophically consistent with knowing what the toxic waste hazardous substance was. I mean that may be asking you....

129 Short: I completely agree with that, yes.

131 Josephson: With your expertise in this field, let me ask you, if the symptoms which Mr. Foster related to us would be consistent to what the literature says would be a sequel to radio frequency exposure?

136 Short: I don't feel competent to answer questions about medical symptoms in relation to exposure to, since at this time in particular, we are not sure exactly what that exposure was.

140 Josephson: His third contention was that there had not been an honest accident investigation, but I don't think he meant to relate this to your office. But to the efforts of the employer, have you...do your regulations provide for sanctions against employers if they do not make an honest accident investigation after the incident occurs?

148 Short: I am not aware of any requirements that our division would have pertaining to accident investigation. The workmen's compensation division may have something along that line.

152 Josephson: I mean in assuring workers safety, in addition to looking at the event that led to the injury, it would probably be appropriate for either us or the department to impose a duty of the employer to meet certain criteria for accident investigation as a general safety precaution.

156 Short: That would be an innovative and progressive type of legislation.

160 Moss: I was just going to comment. I don't want to speculate, but when you say that out of this that we have been into here should come from changes in the regulations to cover this type of an accident, it would allow

you to become more involved in it and your operations. We've got it for asbestos, we've got it for other (inaudible)...spelled out specifically. I am just wondering if it would be necessary for us to put a regulation or a law out that would create a regulation. It would give these people a quicker chance to take care of their problems and compensation and so forth.

171 Josephson: I came here not knowing much about this and I'm not an expert yet. I'm somewhat skeptical about the role of the state government in this matter. At least prospectively, and it won't help necessarily these particular workers, I see a variety of things that the state legislature probably ought to consider doing that we discussed, in terms of information, accident reporting, and that type of thing at least.

180 Moss: (inaudible)

182 Josephson: Do you have anything else to say that you think might help us?

184 Short: Is that a question?

186 Josephson: Not unless you want to comment. I'm not....

188 Short: Well, I could comment on that. We have the capability, we have the legislative capability to make standard which exceed federal standards. However, I would question whether we have...whether we are trying to have the research capability to produce the kind of information that would be required to document those kinds of change in the standards. Currently, in order for Federal OSHA to change any of these standards, there is quite an elaborate process that they have to go through. Federal OSHA has, at its disposal, national research institutes which study these problems and which propose and promulgate changes in standards. The state does not currently have or fund any type of research group which would be....If we were to try to change the standard, I don't know who would actually write that proposal. We are supposed to do inspections. It is doubtful that we actually have inspections, criteria for high inspections we are desired to perform on a yearly basis. I doubt that I would be taken out of the field to write proposals for changes in standards and I don't know who would do that or who would fund them or who these people would be.

207 Josephson: By the way, approximately, if you know, how many Alaskan workers do you think would be working in an industry where this type of hazard exists? I'm not talking about the system that was used, but in the nature of industry where there could conceivably be microwave radiation exposure?

211 Short: I don't know...

212 Josephson: I mean, I....

214 Short: I doubt it's a very large group. There are...that would be discoverable.

216 Josephson: Could you, could your department discover that for us and tell us whether we are talking a magnitude of 20 or 50 or 100 or 200 Alaskan workers?

219 Short: There is...I don't know if we have real good data because of the business situation changing so rapidly, as to how many people are employed in specific industries. There is some general data to that effect, but it is updated by the...there is a division in the building that is involved with assessing members of people in certain employment statuses. I am not real familiar with their data.

225 Josephson: Okay, we have a lot of things to look into when we get back to Juneau. Thank you, Mr. Short. If you'll stand by, we'll proceed then to....

228 (Unknown speaker): May I ask him a question?

229 Josephson: Pardon me?

230 (Unknown speaker): May I ask him a question?

232 Josephson: Well, we are not really going to do it that way...I will recognize you for one question, but we have to proceed? Will you identify yourself?

236 Bill (?): My name is Bill (inaudible). I'm one of the people here in the community. Have they ever been fined before for an accident? Not necessarily an accident, but have (inaudible)...been fined before due to investigation by the state for (inaudible)?

243 Short: I know we have done inspections there before that did not relate to radio frequency exposures. It related to other types of exposures that were involved with that type. I don't know if there were actually fines issued but I could find out. We keep all our cases on microfilm so it is discoverable information. I could find that out for you.

250 Bill (?): Do they cooperate with you when you do investigative (inaudible)....?

253 Short: During...this is the only investigation that I have been involved with with (inaudible)...Services.

255 Bill (?): (inaudible)

257 Short: When I went to the site, I received cooperation. There was...I waited sometime for data and information, but part of that was due to

air force related and some of their incidents. They did provide us with the documents that we requested and they were cooperative with me when I was at the site.

255 Josephson: Thank you. Mr. Jessop? Good afternoon. Mr. Jessop, I will invite you to proceed in the same spirit that Mr. Foster did in terms of telling us anything that you feel would be helpful to us.

266 John Jessop: Well, if you could give me an idea of what you would like me to...

269 Josephson: Well, I take it that you were one of the workers. Did Mr. Foster...just to move through this as quickly as possible, Mr. Foster's recount of what happened on September 14 is consistent with your own recollection right?

273 Jessop: Right.

275 Josephson: And then, following that, when did you begin to feel that you might have...not just from knowing what happened, but from physical sense, when you began to feel ill or bothered symptomatically?

279 Jessop: That following day when we were taken to Fairbanks Memorial Hospital.

281 Josephson: Who took you to the hospital?

282 Jessop: One of our drivers from the base. We were all taken together in a company bus, air force bus.

285 Josephson: Were you feeling ill at that time?

286 Jessop: I felt a little...kinda a little nauseated on the way, but I didn't really relate it to that accident.

289 Josephson: Okay, and when you got to the hospital, what...were test administered to you?

290 Jessop: Yes. They done an eye exam and blood tests, x-rays.

292 Josephson: What doctor, by name, would have been in charge of that procedure?

294 Jessop: I don't know if there was any doctor persay that was in charge. There were several doctors, a Dr. Carol, a Dr. Fischer, a Dr. Duramus, and a Dr. Martino that was assigned to us at the hospital.

298 Josephson: Did...as a result of that experience in the hospital, were you told that you had any illness?

299 Jessop: No. We weren't told. Those doctors told us, everyone of them told us that they didn't know anything about RF radiation. They freely admitted that to us. They knew nothing about it.

303 Josephson: Did you...were you also offered to go out to Brooks for a more substantial examination?

305 Jessop: Yes, I was. I refused to go.

307 Josephson: For what reason?

308 Jessop: Because circumstances surrounding the investigation, the survey, and the attitude that the air force people and the company had during our meetings of September 22 and 23 and 26. We were being flim flamed in those meetings and lied to and, at the time...time to go to Brooks, Mr. Foster chose not to go because they were sending us down on false pretenses, we felt.

315 Josephson: Well, you say you were flim flamed and lied to, and in order to allow us to appreciate that, could you be more specific as to what was said and what you felt was erroneous?

319 Jessop: There was some very legitimate questions brought up by Mr. Foster at those meetings and those people avoided him, went around his questions. They talked about their dog Fido and little pink rabbits and all kinds of things, and they didn't approach this thing in any legitimate fashion after an accident.

325 Josephson: Now what changes, if any, have you noticed in your own physical condition since September 14?

329 Jessop: I'm very tired. I don't eat right, I don't sleep right. I have some horrible headaches I have had every since shortly after the accident. We never received any kind of legitimate treatment, medical treatment due to this accident.

334 Josephson: Are you under a doctors care at this time?

336 Jessop: Yes, I am.

338 Josephson: Who is that?

340 Jessop: A doctor that we are seeing in Anchorage at Providence Hospital.

342 Josephson: Who is that?

343 Jessop: Dr. Sternhagen.

344 Josephson: He's the cancer specialist?

345 Jessop: Um hum. He's the only doctor that has treated us with any dignity at all.

347 Josephson: Yes, I know him. He's a fine man. Has he diagnosed your condition?

349 Jessop: No. He freely admits that he doesn't know what this stuff does to people other than in his cancer treatment.

352 Josephson: Sir, has he indicated to you...Is he also treating Mr. Foster too?

354 Jessop: Yes.

355 Josephson: Now, has he indicated to you whether, if he had the data that was not forthcoming, or was arguably not forthcoming in the measurements of September 22, that that would help him diagnose your cases?

359 Jessop: He feels that that data is very pertinent to our medical treatment in the future with legitimate doctors that we plan to see that may be able to treat us.

363 Josephson: This is (inaudible)... to, I suppose to a bill we have, Senator Moss, on requiring information about Agent Orange exposure for veterans as a basis for downstream medical treatment, medical history treatment.

369 Moss: I think they have been plagued with the same problem that these gentlemen have.

371 Jessop: Well, without knowing the legitimate data, you can't really base anything on what they find. Nobody will listen to us.

373 Josephson: Now, Mr. Short indicates that Federal OSHA has finally, or at last has said that it will recapitulate those measurements. That will be helpful to you.

376 Jessop: You bet. That's number one.

378 Josephson: Now, Mr. Foster complained in three areas having to do with the question of medical attention which you've mentioned, the inaccuracy or alleged inaccuracy of radiation information and the failure to conduct an honest accident investigation, to quote his testimony. Are those your complaints also?

384 Jessop: You bet. One hundred percent.

386 Josephson: Okay, is there anything else that you would like us to know or anything else that's on your mind that hasn't been brought out yet?

388 *Jessop: No, not necessarily. I think we need...we definitely need an honest investigation of this.*

390 *Josephson: Okay, and you're here under subpoena also?*

391 *Jessop: Yes sir.*

392 *Josephson: Has anybody tried to induce you not to appear?*

393 *Jessop: Wouldn't do any good.*

395 *Josephson: Senator Moss, do you have any questions?*

397 *Moss: One question I might have. Maybe its an opinion. Do you feel that long extended periods of microwave action on people or perhaps animals or anything like that will have an effect on you?*

401 *Jessop: I'm not an...I'm not an expert in any fashion of the word, but I would certainly think so. From what I've been through, I'd feel sorry for anything that got in the way.*

407 *Josephson: Are you...are your medical bills being treated, being paid through worker's compensation or how are they being paid?*

409 *Jessop: Well, not very good. I just received another bill from the x-ray department of the hospital just yesterday, that hasn't been paid. We're not being taken care of properly at all on this. When we go somewhere or when they send us somewhere, workmen's comp pays for our time off work but they do not pay for our medical bills. They've never paid to these glasses since this accident.*

414 *Josephson: Have your eyes changed since the accident?*

415 *Jessop: Very much.*

419 *Josephson: Do you have...you have filed...Mr. Foster did, if I'm correct in this. Have you filed through the worker's compensation board? Are you one of those who reported an occupational injury?*

422 *Jessop: I sure did.*

424 *Josephson: Has there been an hearing yet before the worker's compensation board?*

425 *Jessop: No there hasn't.*

427 *Josephson: Is it your statement that some medical bills are paid by the employer and others are ignored? Is that what's going on?*

430 Jessop: No, I didn't say by the employer. I said by workmen's comp which is...

432 Josephson: Well, the employer's carrier.

434 Jessop: Yeah, the carrier. To my knowledge, they haven't paid any of the medical bills.

435 Josephson: On what basis have they not paid?

436 Jessop: I have no idea.

438 Josephson: Is that your experience also, Mr. Foster?

439 Foster: Yes sir. We have been bogged down on this also in lost wages. Were in the same problem there.

441 Josephson: Well now, you indicated that the worker's comp pays for your lost wages.

443 Jessop: When we are not working...when we were sent down to Brooks, the time that I was in the hospital, they paid, they paid my time. To my knowledge, they have not paid anything on the doctor bills.

446 Josephson: Is that consistent to what your experience is or not?

447 Foster: I'm still receiving bills; some of them paid back in December, I can think of off the top of my head.

450 Josephson: Has the employer or the employer's insurance company indicated to you, MR. Jessop, that this medial treatment you are getting is unnecessary?

453 Jessop: No, they haven't said that. They (inaudible)...

456 Josephson: Have they required you to report to doctors of their choice for examination?

458 Jessop: I just happen to have a letter here from the insurance carrier. You are welcome to keep that. I will get some more of them; I have many copies of them. I'm proud of that one. That particular letter is a letter that was sent to me cutting me off from workmen's compensation benefits because I refused to go see a rat doctor. By that, I mean a doctor that does does study. He is a bioelectrical magnetical engineer doing research on rats. And I refused to go be examined by him and, consequently, I was cut off. I have never, to this day, received a letter changing that.

465 Josephson: In this letter from the employer's, apparently the employer's insurance carrier dated October 24, 1983, you are advised that Mr.

Foster had asked that the adjuster locate a position to evaluate you and Mr. Foster. The adjuster says that she works for IT&T/Pellick Services and contacted them, and the only physician they knew of not affiliated with the air force and who received training for radiation treatment with Dr. Ghandi at the University of Utah....

472 Jessop: He's a Ph.D., not an M.D...

474 Josephson: I see.

475 Jessop: I don't wish to trust my health with somebody who's not a medical doctor. They can say anything they want.

478 Josephson: And I...let me go on. She says that she was willing to contact Dr. Ghandi and find out if he would evaluate you and Mr. Foster or review your medical records and advise the carrier if further examination was necessary, and you declined to accept that on the basis that she was an agent for the IT&T/Pellick Services. Is that correct?

483 Jessop: Um hum.

485 Josephson: Therefore, quoting 'therefore at this time I do not see that I can offer any additional services that would be covered under the Worker's Compensation Act at this time.' So, how many times have you been to Anchorage to see Dr. Sternhagen?

490 Jessop: I've been once since the first time.

491 Josephson: A couple times?

492 Jessop: Just a week ago. They paid for that trip.

493 Josephson: They paid for the trip?

494 Jessop: Yup. They paid for the plane ticket.

496 Josephson: So you have this...(inaudible)...where the employer pays for your travel to the doctor and gives you compensation through the workers compensation system when you see a doctor, but is not paying the doctor bills. Is that right?

501 Jessop: Right. It's a helluva mess, isn't it?

503 Josephson: I can see them saying, 'we're not going to do any of that because we don't think your sick', but I can't see them doing part of it and not all of it.

507 Jessop: We can't either. It's something beyond our feeble minds.

510 Josephson: I was asking you, have they directed you to go to a doctor of their choice for evaluation?

512 Jessop: Yes they have.

513 Josephson: Who was that?

514 Jessop: That was a Dr. Becker in San Francisco. We had even talked to him. He indicated to us that he didn't want to see us because of the publicity that this thing had received, and we received letters back from the workmen's comp carrier stating that he did not wish to see us.

520 Josephson: Have they sent you to anyone else or asked you to see...?

521 Jessop: No.

523 Josephson: In your worker's compensation proceedings, are you and Mr. Foster represented by counsel?

524 Jessop: No, we are not?

525 Josephson: Any more questions? Do you have anything to add? If not, thank you very much.

528 Josephson: Mr. Forsling? Thank you for being with us, Mr. Forsling. You were one of the eight...

530 Ed Forsling: Yes.

532 Josephson: ...Alright. And, did you experience, or believe you experienced physical symptoms following September 14.

533 Forsling: Yes. Immediately after he had knocked the antenna, I was very hot and sweating and my eyes were burning a little bit. I told the team leader that I was hot and didn't feel right and I felt that I ought to go into the medic room. He went in to see the site manager who was acting supervisor, and come back and told us we had to go back up. From what I've learned since this accident, we've lost pretty pertinent data there because when the body gets highly overheated, the blood pressure goes up, the heart rate goes up and the temperature, of course, goes up. Some of us still had, after four hours, high blood pressure, high temperature after the body had four hours to try to cool itself.

544 Josephson: Did the employer...had the employer given you any training as to what to look for in case of overexposure? What symptoms to look for?

546 Forsling: No, sir. We did come across a document there on the sight, 161-9 air force (inaudible)...should be contacted immediately. And it says that you should evaluation (sic) dosimetry within 30 days from there. We were aware of this because when we went down to the medic's office, we asked him how did he know what to look for. They said that (inaudible)...that they had called Brooks. Apparently, they were aware of that documentation there on the sight too.

557 Josephson: Did you decline to go to Brooks along with the other gentlemen?

559 Forsling: No sir, I was hurting pretty bad at the time. I just hoped for the best.

561 Josephson: When you say your hurting pretty bad, what do you mean?

562 Forsling: I was suffering a lot of pain.

563 Josephson: Where?

564 Forsling: To my back, to my joint, joints, and I was having headaches. I had swelling in my ankles that had come about immediately which apparently, according to some documentation, is a symptom. But the only thing I suffered following the accident was that a couple of days later, I started to get the tingling sensation, the eye tick, and there's a...I had lost the hearing twice in my left ear. On time for almost three hours, I had a complete lost of feeling on my left side and...(inaudible)

570 Josephson: Are you being treated by a physician?

572 Forsling: Yes, I'm seeing Dr. Sternhagen and he's the guy that's going to various doctors in town here....

575 Josephson: In Fairbanks?

577 Forsling: ...for evaluation and to keep on monitoring. He said it was out of his expertise and one of the reasons he's referring us out was that he thought that dosimetry was important and he thought we should hang in there too.

582 Josephson: He thought what was important?

583 Forsling: Um, dosimetry and (inaudible). Most of the medical research data that I've looked at directly relates it to damage and long-term.

586 Josephson: So in addition to the physical symptoms you have obviously, there is a mental overhang of what will happen 5, 10, 20 years down the road.

590 Forsling: Well, we were kinda informed that, really, at the first meeting by Col. Dallas. He kinda went through some medical documentation (inaudible). He started with sunburn and got into some very pretty severe cases.

596 Josephson: Can you speak up? I'm being signaled that you're not getting...

599 Forsling: Then he started telling us that we had sunburn symptoms...or similar to sunburn. It was pretty hard to believe when you're hit with (inaudible)

604 Josephson: Did you join in making an application, or a report of injury to the worker's compensation program like Mr. Foster suggested?

607 Forsling: Yes.

609 Josephson: Alright. Are your medical bills being paid by the carrier for Pellick Services, Inc?

611 Forsling: No sir. I have a copy of a letter. I was first told that centrology report would be enough. Apparently, it wasn't.

614 Josephson: A letter from whom?

616 Forsling: I have a copy of a letter that they had sent one of the doctors asking....related to the accident.

620 Josephson: So, what may be going on is that they take, at least officially, they take the position that the three of you who were all showing symptoms may be ill for reasons having nothing to do with what occurred on September 14.

625 Forsling: I can't really answer that because it pays some and some they don't. How they can relay them, I don't know.

629 Josephson: Are you a member of Teamsters 959 also?

630 Forsling: Yes sir.

632 Josephson: Senator Moss?

634 Moss: Yes. I just wanted to ask Mr. Forsling, how long have you been wearing glasses?

636 Forsling: I've never worn them until about 30 days after this accident. About 40 days. I still didn't require glasses when I was at Brooks. Now my eyes aren't in focus. I got a mark through one of the lenses, I guess and the other stuff, I couldn't understand on the report.

641 Josephson: Now, of the three of you, you are the only one who went to Brooks?

643 Forsling: Of us three, yes.

645 Josephson: And what did Brooks...what did they tell you at Brooks?

647 Forsling: None of them would talk to me. I couldn't get one word out of them?

649 Josephson: You mean there is medical information there that you don't know what it means?

652 Forsling: I was assigned the position the first day. I told them what pains and aches and swelling and various symptoms, and after the first day or so, he'd gone TDY and I was never able to talk to him. When I did ask a question or two through the various specialists they sent me to, I didn't get any acknowledgement and...

659 Josephson: Excuse me. You have Alaska physicians now. Have they tried to get medical data out of Brooks on your case?

663 Forsling: Yes sir. I...it took me three months to get my medical records out of them.

665 Josephson: Brooks did send your medical records?

666 Forsling: Finally, yes sir.

668 Josephson: Alright. Have you seen those records?

669 Forsling: Yes sir.

670 Josephson: What diagnosis if any was made of Brooks?

672 Forsling: Well...

673 Josephson: I know you're not a medical doctor, but you probably discussed them with your physician.

676 Forsling: It shows I'm 100% healthy almost.

678 Josephson: I see. So they say you are in great shape?

679 Forsling: Yes sir.

681 Josephson: Do you have those with you by any chance? Copies of those medical records?

684 Forsling: I have them at home. I can bring them in later. Why don't I send it to you.

687 Josephson: How long were you down there?

689 Forsling: Eight days. From October 11th through the 19th.

691 Josephson: Well, when you saw you were in great shape according to Brooks, did that make you feel better?

693 Forsling: Yes sir, but I was still having pains and I still had swelling and I...my eyes still weren't affecting me then. It seemed like my eyes started changing three or four days after I left Brooks. '

697 Josephson: So they never had an opportunity to consider that problem?

700 Forsling: On their report, there were lots of comments injected on the report that I didn't agree with at all.

703 Josephson: About what occurred there or what your history was or what your....

707 Forsling: They injected in a couple of places they said that I said things that I hadn't said. That was on the comment section.

710 Moss: (inaudible)

712 Josephson: Any other questions?

714 Moss: I just wanted to make sure we got that in about his eyes, because...who's your optometrist?

720 Forsling: Dr. Derimese is the ophthalmologist.

722 Moss: Did he actually...he said you needed glasses then? Have you had more than one change? I think Mr. Jessop's had two sets of glasses.

726 Forsling: Well, he told me that my eyes were changing pretty rapidly and he was going to wait until it stabilizes a little more before I get another pair.

730 Moss: Do he have any idea why they were changing so rapidly?

733 Forsling: Well, he's never seen...I don't think he's ever had an RF radiation patient before this. It's probably putting a doctor on a spot if he hasn't seen it before, you don't address it.

736 Moss: Well, I don't know. I'm beginning to think somebody ought to be on the spot about the whole thing.

740 Josephson: Do you have anything else you would like to add?

743 Forsling: Just that it is hard to get anyone to listen to us for a long time.

746 Josephson: Well, you've gotten pretty good cooperation, as I understand it, from Congressman Young's office and...

749 Moss:we're listening...

750 Josephson: ...and we're here, of course. But how about the state Department of Labor people. They haven't been responsive to you have they?

754 Forsling: Yes sir, I thought they were very responsive up to the hearings.

756 Josephson: Up to the hearings?

758 Forsling: Well, after I'd heard what the proposals were, which I guess they've changed since then when I read the papers, I didn't agree with at all.

761 Josephson: What do you mean, their resolution of the matter with administratively...

764 Forsling: Well, what Mr. Jorgensen had said in the paper.

767 Josephson: What was that?

768 Forsling: Well, for one thing what had been done was an abatement, and basically nothing had been done. At our hearing, it was brought up, I brought up the fact that the safety problem still existed and noone seemed to disagree with it, but yet it (inaudible)...settle for an abatement of what had been done.

778 Moss: I want to inject a question right here, Mr. Chairman. Does this interlock problem, is it still a potential safety hazard now?

781 Forsling: Yes sir, they have not been corrected.

783 Moss: It has not been corrected. Why hasn't it been corrected?

786 Forsling: There has been attempts. They have done two things, but it's changed the....I wouldn't know how to explain it to you.

789 Moss: In other words, it has not been corrected. The problem that created you all's accident has not been corrected?

792 Forsling: Well there's still...there's still problems.

796 Josephson: I think that was indicated earlier and that it is still being negotiated.

804 Forsling: We have a...the union's gotten us a meeting with the company...(End of Side B, Tape I)

TAPE II, SIDE A

001 Josephson: I think I have no other questions. Thanks you very much. Are there other persons here who wish to testify on this matter or who feel that they can add anything that....

005 Foster: I will add one thing, if I might.

008 Moss: If you will come over so we can (inaudible)....

011 Foster: I just wanted to point out that in January of this year, John Jessop and myself did go to Brooks air force base when it was offered as a medical requirement by IT&T, and offered us a lettered form under standard workers compensation. At that time, we did travel to Brooks air force base. There seems to be a shroud of mystery as to whether or not this incident produced injury. I don't wish this reprinted, but you may read it. It is my medical records. This stuff does hurt people. There seems to be considerable debate there over and over, does radiation hurt people. The answer is yes. That is really all I have to add. You're free to read those or reproduce them.

023 Moss: (inaudible)....for example, when you said, what is your condition now? How long have you been wearing glasses? I don't think I asked you that question.

027 Foster: The majority of my life. It's a long term....

029 Moss: Have you had to changed glasses since this accident?

031 Foster: Yes sir, twice.

033 Moss: Do you have the same problems with your eyes that we've heard testified to before from the other gentlemen?

035 Foster: I've had visual hallucinations, difficulty focusing, difficulty reading back-lighted objects.

038 Moss: Did you ever have that happen to you before the fact?

040 Foster: No, sir.

043 Josephson: I'm interested to know, I mean I can't really assess this unless I were to see Mr. Forsling's report, but why they diagnosed you as suffering ill effects from excessive exposure to radio frequency radiation level and why they would not...why they would tell you that you are in 100% shape. I don't understand that.

051 Foster: It is part of this incredible situation we find ourselves in. The entire incident since it happened has filled our lives with double talk. We haven't had a straight answer in six months.

057 Josephson: Go ahead.

058 Moss: No, you go ahead. I'm just going to ask one thing. Why you were down there, did you run across anybody else that had heard of any other people having the same type of problem...accident?

062 Foster: When we went to Brooks Air Force Base, it was indicated to us that there was a great deal of medical expertise available at that station. That is why IT&T made a medical requirement of the trip. When we actually got down there, I actually only spoke to one physician that had ever even seen an RF injury. The expertise they quote, when you are talking military circles, is over at the office of environmental and health laboratories, and that's where they do their radiation research on rats. They don't have a cadre of physicians there that are experienced in dealing with human exposure problems. Or if they do, they weren't available when John Jessop and myself were there.

084 Moss: Now, what happens to the rats? Do you know?

086 Foster: When they are exposed to radiation?

087 Moss: Yeah.

088 Foster: Judging from what we've read and just speaking with people, it causes it to exhibit a considerable number of abnormalities, behavioral changes, immune change, neurological changes, visual changes. We have a great deal of medical information we've sent around and got, part of it originating from the military, which we are certainly willing to make available to you.

100 Josephson: The only thing I've noticed is....do you mind if I read this out loud?

102 Foster: I would prefer you did not. It's private information there.

105 Josephson: I can say...I can say, I think, that they are cautious in their discussion of cause and effect relationships.

110 Foster: Yes, very much so.

113 Josephson: Thank you very much.

115 Foster: We'll need those back.

116 Josephson: Yes, sure. Does anyone else have any information that they would like to add? Your name is?

123 Mark Johnson: Mark Johnson.

125 Josephson: Mr. Johnson.

127 Johnson: You questioned Mr. Short on what could the legislature do as far as accidents of this nature in the future. And you asked how many people worked in this type of industry, etc. We have, you know, within the teamsters, we represent a large majority of people throughout the state that are involved in this type of work environment, or similar. I would estimate that we, without putting a pencil to it, we represent probably 700 employees who are subject to this type of radiation, not only here at Clear....Pardon?

138 Moss: Statewide?

139 Johnson: Statewide. I would have to put a pencil to it to give you the exact figure, but that's a top of the head guess.

142 Josephson: How many did you say?

144 Johnson: I am guessing in the neighborhood of 700. Not only here at Clear, but at the remotes sites throughout Western Alaska, all the employees that work for Alascom who are subject to some sort of exposure to radiation. Since there is not a lot in the regulations to the various state agencies or state agencies, and a lot is unknown about it, I would think that maybe the legislature ought to look at putting something in there. I don't know what would be required. I could probably make some suggestions to you after a little bit of research.

153 Josephson: Well, it seems to me that, from a point of view of prospective remedies and prospective remedies are not really remedies at all, but it may be helpful. There may be more items that we'll consider when we play this testimony back. First, there is the principle of the right of the worker to know what the worker has been exposed to. As I said, that principle...the legislature has affirmed that principle in the more standard areas of hazardous and toxic substance exposure, and more recently in the Agent Orange situation where I believe we have the bill requiring positions to keep a central reporting on such cases so that down stream can know what the

history was. And, by the way, that may be something else we may consider here so that any future physician will know what the exposure was. Second thing that occurs to me is the issue of the duty of the employer to report. It should not be, in my judgment, a function of whether the employee took the initiative to file a workers compensation claim. The third area is the need for, not only the right of the worker to know, but an accurate testing method that has to be in place and has to be available. That seems to have been something of a problem here. Fourth possible area is in the administration of the workers compensation law itself because we have some confusion here about the cause and effect. It may be that we can deal with that by creating presumptions.

For example, we have a bill in the legislature now that says that a firefighter who develops certain symptoms, you know lung diseases and this kind of thing, will be presumed to have incurred them in the course of his firefighting career so that the burden is not on the worker to show the cause and effect; it is on the employer or the employer's carrier to rebutt the natural presumption. By the same token, this is a case that is sort of classic. If you have a group of employees who all show sudden symptoms such as the visual problems we heard, and all had the same exposure levels, perhaps, and again this is not something that effects the people who were exposed on September 14, but at least prospectively in the future, it would be the employer's burden to disprove...to come up with some explanation as to why all would have the same symptoms, rather than put it on the employer, employee, I mean, to show the cause and effect relationship. Those are some of the things I think we might want to look at. Yes ma'm?

238 (Lady Speaker): (inaudible)...working around a health hazard, that they also have knowledgeable documents on record that it seems human beings suffered from this type of accident...(inaudible)

249 Josephson: I have no information as to how many physicians in the United States there may be who would be expert, but I think it is a good suggestion that whoever they are, wherever they are, there shouldn't be any guessing about it. We ought to know where they are, and there ought to be a roster of them, and those are the people who ought to be consulted.

255 Foster: In some of our research, at a request from the employees to find the best doctors throughout the country who might know something about radiation, the name that keeps coming up is Brooks, where we individuals went. At this case, you tend to shy away from that because of the allegations that the air force is attempting to maybe not give the whole story. But there are several other places that we came upon. In fact, that is exactly why we came upon Dr. Sternhagen. He was recommended by...through our health and welfare people. They had contacted several people throughout the country, and it all seemed to focus back to Dr. Sternhagen, although he did not know that much. He was probably the most familiar and the closest to us.

269 Josephson: Are you the local BA for 4959?

271 Foster: Yes, I am.

273 Josephson: Do you have anything else you would like to add?

274 Foster: No sir.

275 Josephson: Thank you. Does anyone else wish to testify?

278 (Male Speaker): I think it was the Teamsters that drew these gentlemen to Anchorage. The Teamsters is the one who found the doctor for these gentlemen, and to my knowledge, they are willing to take his recommendation claim any piace in the world.

285 Josephson: Well, thank you. I appreciate everyone's participation and especially Senator Moss's suggestion that we do this. I think it does suggest some areas for legislation and also oversight of our administration and has been very helpful to me. Thank you very much.

294 Moss: Yes, thanks a lot.

END OF HEARING

April 16

Joe, Vic, Rick, Pappy, Paul

513 400 - pupil transportation

Steve Hale - DOE

Bruce Batelko - Law

Dept of law encouraged DOE to do this
bill. Kinai lawsuit over contract
succeeding 3 years.

Hope to have lower costs for trans-
portation with longer contracts.

Possibility for abuse. Dept. requires
at least 3 proposals for each bid.

Each district contracts separately

513 542 - microwave in the workplace

Robert Landau - Dept of Labor.

support bill

Sec 1-5 good - ed training for
safety programs will aid in preventing
by accidents. Notification can help
Dept. assure corrective action.

Sec 5(b) - cite dept. reg

Sec 4 - OSHA form 20 not appropriate

SECTIONAL ANALYSIS OF SB 542 - AN ACT RELATING TO MICROWAVE EXPOSURE IN THE WORKPLACE BY THE SENATE HESS COMMITTEE

THIS BILL AMENDS THE DEPARTMENT OF LABOR STATUTES RELATING TO THE PREVENTION OF ACCIDENT AND HEALTH HAZARDS WHICH INCLUDES THE "WORKER RIGHT TO KNOW" LEGISLATION PASSED IN 1983.

- SECTION 1 requires that an accident involving microwave exposure which results in the hospitalization or death of any employee must be reported to the Department of Labor
- SECTION 2 Requires that employee safety education programs on exposure to hazardous and toxic substances include microwave radiation.
- SECTION 3 Requires that information on microwave exposure be made available on posters to be distributed by the department for posting in the workplace.
- SECTION 4 Requires that an employer must display information on microwave exposure if that hazardous substance is used in the workplace.
- SECTION 5 Defines microwave exposure as exceeding the level of intensity defined by Federal standards.
- SECTION 6 Amends the Workers' Compensation statute regarding presumptions to include microwave radiation exposure incidents.

Paragraph in §§ 1908.4, 1908.7, and 1908.8, with conditions placed on the following:

management structure; enforcement; numerical limitation; health objective; percentage of qualified personnel.

of a plan for upgradations; consultation of management.

information to employers; services provided and

participation in on-

protection require-

of written report to

and evaluation proce-

ment shall also include the State's anticipated under the agreement, format required by the Secretary.

sample agreement. A copy is available for informational Offices of the Secretary and Health Administration, U.S. Department

requests. The State may, within a reasonable period of time concerning its request. If a request is denied, the State will be informed in writing. Persons supporting the agreement will specify the terms of the agreement. Additional terms may be added at a later time if the agreement is satisfactorily implemented. Appropriations are not required. The agreement may also be renewed. The agreement for

Either party may terminate the agreement under this section upon written notice to

29 C.F.R.

Chapter XVII—Occupational Safety and Health Administration Part 1910

§ 1908.10 Exclusions.

An agreement under this part will not restrict in any manner the authority and responsibility of the Assistant Secretary under sections 8, 9, 10, 13, and 17 of the Act, or any corresponding State authority.

Subpart E—Means of Egress

- Sec.
- 1910.35 Definitions.
- 1910.36 General requirements.
- 1910.37 Means of egress, general.
- 1910.38 Employee emergency plans and fire prevention plans.
- 1910.39 Sources of standards.
- 1910.40 Standards organizations.

PART 1910—OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Subpart A—General

- Sec.
- 1910.1 Purpose and scope.
- 1910.2 Definitions.
- 1910.3 Petitions for the issuance, amendment, or repeal of a standard.
- 1910.4 Amendments to this part.
- 1910.5 Applicability of standards.
- 1910.6 Incorporation by reference.

Subpart B—Adoption and Extension of Established Federal Standards

- 1910.11 Scope and purpose.
- 1910.12 Construction work.
- 1910.13 Ship repairing.
- 1910.14 Shipbuilding.
- 1910.15 Shipbreaking.
- 1910.16 Longshoring.
- 1910.17 Effective dates.
- 1910.18 Changes in established Federal standards.
- 1910.19 Special provisions for air contaminants.

Subpart C—General Safety and Health Provisions

- 1910.20 Access to employee exposure and medical records.

Subpart D—Walking-Working Surfaces

- 1910.21 Definitions.
- 1910.22 General requirements.
- 1910.23 Guarding floor and wall openings and holes.
- 1910.24 Fixed industrial stairs.
- 1910.25 Portable wood ladders.
- 1910.26 Portable metal ladders.
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AUTHORITY: Secs. 6(a), 8(g), 84 Stat. 1593, 1598; 29 U.S.C. 655, 657, unless otherwise noted.

SOURCE: 39 FR 23502, June 27, 1974, unless otherwise noted.

y employer shall maintain the same units used in paragraph (b) of this section dix B to 10 CFR Part 20.

losure to former employee of employee's record. (1) At it of a former employee an shall furnish to the employ- of the employee's exposure n as shown in records main- the employer pursuant to (n)(1) of this section. Such ll be furnished within 30 i the time the request is l shall cover each calendar f the individual's employ- iving exposure to radiation esser period as may be re- y the employee. The report include the results of any is and analysis of radioac- ial deposited in the body of yee. The report shall be in nd contain the following : "You should preserve this future reference."

nic Energy Commission li- EC contractors operating 's and facilities—AEC Agree- e licensees or registrants. (1) oyer who possesses or uses aterial, byproduct material, nuclear material, as defined omic Energy Act of 1954, as under a license issued by the ergy Commission and in ac- with the requirements of 10 20 shall be deemed to be in e with the requirements of n with respect to such pos- use.

contractors operating AEC d facilities: Any employer sses or uses source material, material, special nuclear or other radiation sources contract with the Atomic ommission for the operation ants and facilities and in ac- with the standards, proced- other requirements for rotection established by the on for such contract pursu- Atomic Energy Act of 1954 ed (42 U.S.C. 2011 et seq.), deemed to be in compliance requirements of this section ect to such possession and

(3) AEC-agreement State licensees or registrants:

(i) *Atomic Energy Act sources.* Any employer who possesses or uses source material, byproduct material, or special nuclear material, as defined in the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 et seq.), and has either registered such sources with, or is operating under a license issued by, a State which has an agreement in effect with the Atomic Energy Commission pursuant to section 274(b) (42 U.S.C. 2021(b)) of the Atomic Energy Act of 1954, as amended, and in accordance with the requirements of that State's laws and regulations shall be deemed to be in compliance with the radiation requirements of this section, insofar as his possession and use of such material is concerned, unless the Secretary of Labor, after conference with the Atomic Energy Commission, shall determine that the State's program for control of these radiation sources is incompatible with the requirements of this section. Such agreements currently are in effect only in the States of Alabama, Arkansas, California, Kansas, Kentucky, Florida, Mississippi, New Hampshire, New York, North Carolina, Texas, Tennessee, Oregon, Idaho, Arizona, Colorado, Louisiana, Nebraska, Washington, Maryland, North Dakota, South Carolina, and Georgia.

(ii) *Other sources.* Any employer who possesses or uses radiation sources other than source material, byproduct material, or special nuclear material, as defined in the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 et seq.), and has either registered such sources with, or is operating under a license issued by a State which has an agreement in effect with the Atomic Energy Commission pursuant to section 274(b) (42 U.S.C. 2021(b)) of the Atomic Energy Act of 1954, as amended, and in accordance with the requirements of that State's laws and regulations shall be deemed to be in compliance with the radiation requirements of this section, insofar as his possession and use of such material is concerned, provided the State's program for control of these radiation sources is the subject of a currently effective determination by the Assistant

Secretary of Labor that such program is compatible with the requirements of this section. Such determinations currently are in effect only in the States of Alabama, Arkansas, California, Kansas, Kentucky, Florida, Mississippi, New Hampshire, New York, North Carolina, Texas, Tennessee, Oregon, Idaho, Arizona, Colorado, Louisiana, Nebraska, Washington, Maryland, North Dakota, South Carolina, and Georgia.

OMB CONTROL No. 1218-0010, paragraph (n). (46 FR 62845, Dec. 29, 1981)

(Secs. 4(b)(2), 8(b) and 8(c), 84 Stat. 1592, 1593, 1596, 29 U.S.C. 653, 655, 657; Secretary of Labor's Order No. 8-76 (41 FR 25059); 29 CFR Part 1911)

(39 FR 23502, June 27, 1974, as amended at 43 FR 49746, Oct. 24, 1978; 43 FR 51759, Nov. 7, 1978; 46 FR 62845, Dec. 29, 1981)

§ 1910.97 Nonionizing radiation.

(a) *Electromagnetic radiation—(1) Definitions applicable to this paragraph.* (i) The term "electromagnetic radiation" is restricted to that portion of the spectrum commonly defined as the radio frequency region, which for the purpose of this specification shall include the microwave frequency region.

(ii) *Partial body irradiation.* Pertains to the case in which part of the body is exposed to the incident electromagnetic energy.

(iii) *Radiation protection guide.* Radiation level which should not be exceeded without careful consideration of the reasons for doing so.

(iv) The word "symbol" as used in this specification refers to the overall design, shape, and coloring of the rf radiation sign shown in figure G-11.

(v) *Whole body irradiation.* Pertains to the case in which the entire body is exposed to the incident electromagnetic energy or in which the cross section of the body is smaller than the cross section of the incident radiation beam.

(2) *Radiation protection guide.* (i) For normal environmental conditions and for incident electromagnetic energy of frequencies from 10 MHz to 100 GHz, the radiation protection guide is 10 mW/cm.² (milliwatt per square centimeter) as averaged over

any possible 0.1-hour period. This means the following:

Power density: 10 mW./cm.² for periods of 0.1-hour or more.

Energy density: 1 mW.-hr./cm.² (milliwatt hour per square centimeter) during any 0.1-hour period.

This guide applies whether the radiation is continuous or intermittent.

(ii) These formulated recommendations pertain to both whole body irradiation and partial body irradiation. Partial body irradiation must be included since it has been shown that some parts of the human body (e.g., eyes, testicles) may be harmed if exposed to incident radiation levels significantly in excess of the recommended levels.

(3) *Warning symbol.* (i) The warning symbol for radio frequency radiation

hazards shall consist of a red isosceles triangle above an inverted black isosceles triangle, separated and outlined by an aluminum color border. The words "Warning—Radio-Frequency Radiation Hazard" shall appear in the upper triangle. See figure G-11.

(ii) American National Standard Safety Color Code for Marking Physical Hazards and the Identification of Certain Equipment, Z53.1-1953, shall be used for color specification. All lettering and the border shall be of aluminum color.

(iii) The inclusion and choice of warning information or precautionary instructions is at the discretion of the user. If such information is included it shall appear in the lower triangle of the warning symbol.

It consists of a red isosceles triangle with an inverted black isosceles triangle, separated and outlined in aluminum color border. The "Warning—Radio-Frequency Radiation Hazard" shall appear in the upper triangle. See figure G-11.

American National Standard Code for Marking Physiological and the Identification of Equipment, Z53.1-1953, shall specify color specification. All lettering border shall be of aluminum color.

The inclusion and choice of information or precautionary information is at the discretion of the manufacturer. Information is included in the lower triangle of the symbol.



1. Place handling and mounting instructions on reverse side.
2. $D =$ Scaling unit.
3. Lettering: Ratio of letter height to thickness of letter lines.

Upper triangle	:	5 to 1	Large
			6 to 1 Medium
Lower triangle	:	4 to 1	Small
			6 to 1 Medium
4. Symbol is square, triangles are right-angle isosceles.

Figure G-11
Radio-Frequency Radiation Hazard Warning Symbol

(4) *Scope.* This section applies to all radiations originating from radio stations, radar equipment, and other possible sources of electromagnetic radi-

ation such as used for communication, radio navigation, and industrial and scientific purposes. This section does not apply to the deliberate exposure

of patients by, or under the direction of, practitioners of the healing arts.

§ 1910.98 Effective dates.

(a) The provisions of this Subpart G shall become effective on August 27, 1971, except as provided in the remaining paragraphs of this section.

(b) The following provisions shall become effective on February 15, 1972:

§ 1910.94 (a)(2)(iii), (a)(3), (a)(4), (b), (c)(2), (c)(3), (c)(4), (c)(5), (c)(6)(i), (c)(6)(ii), (d)(1)(ii), (d)(3), (d)(4), (d)(5), and (d)(7).

(c) Notwithstanding anything in paragraph (a), (b), or (d) of this section, any provision in any other section of this subpart which contains in itself a specific effective date or time limitation shall become effective on such date or shall apply in accordance with such limitation.

(d) Notwithstanding anything in paragraph (a) of this section, if any standard in 41 CFR Part 50-204, other than a national consensus standard incorporated by reference in § 50-204.2(a)(1), is or becomes applicable at any time to any employment and place of employment, by virtue of the Walsh-Healey Public Contracts Act, or the Service Contract Act of 1965, or the National Foundation on Arts and Humanities Act of 1965, any corresponding established Federal standard in this Subpart G which is derived from 41 CFR Part 50-204 shall also become effective, and shall be applicable to such employment and place of employment, on the same date.

§ 1910.99 Sources of standards.

Section	Source
1910.94(a).....	ANSI Z9.4-1968, Ventilation and Safe Practices of Abrasive Blasting Operations.
1910.94(b).....	ANSI Z43.1-1968, Ventilation Control of Grinding, Polishing, and Buffing Operations.
1910.94(c).....	ANSI Z9.3-1970, Safety Code for the Design, Construction and Ventilation of Spray Finishing Operations.
1910.94(d).....	ANSI Z9.1-1969, Safety Code for Ventilation and Operation of Open-Surface Tanks.
1910.95.....	41 CFR 50-204.10.
1910.96 (a) through (e) and (g) through (i).	41 CFR 50-204.20.

Section	Source
1910.96(f).....	ANSI N2.3-1967, Immediate Evacuation Signal for Use in Industrial Installations Where Radiation Exposure May Occur.
1910.97.....	ANSI C95.1-1966, Safety Level of Electromagnetic Radiation with Respect to Personnel and American National Standards Institute C95.2-1966, Radio Frequency Radiation Hazard and Warning Signal.

[39 FR 23502, June 27, 1974, as amended at 40 FR 23073, May 28, 1975; 47 FR 25323, June 11, 1982]

§ 1910.100 Standards organizations.

Specific standards of the following organizations have been referenced in this subpart. Copies of the standards may be obtained from the issuing organization.

American Conference of Governmental Industrial Hygienists, 1014 Broadway, Cincinnati, OH 45202.

American National Standards Institute, 1430 Broadway, New York, NY 10018.

National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts 02210.

[39 FR 23502, June 27, 1974, as amended at 40 FR 18426, Apr. 28, 1975]

Subpart H—Hazardous Materials

§ 1910.101 Compressed gases (general requirements*).

(a) *Inspection of compressed gas cylinders.* Each employer shall determine that compressed gas cylinders under his control are in a safe condition to the extent that this can be determined by visual inspection. Visual and other inspections shall be conducted as prescribed in the Hazardous Materials Regulations of the Department of Transportation (49 CFR Parts 171-179 and 14 CFR Part 103). Where those regulations are not applicable, visual and other inspections shall be conducted in accordance with Compressed Gas Association Pamphlets C-6-1968 and C-8-1962.

(b) *Compressed gases.* The in-plant handling, storage, and utilization of all compressed gases in cylinders, portable tanks, rail tankcars, or motor vehicle cargo tanks shall be in accordance with Compressed Gas Association Pamphlet P-1-1965.

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Alaska Health Project

417 West Eighth Avenue — P. O. Box 10-1037, Anchorage, Alaska 99510 — (907) 276-2864

April 13, 1984

MEMORANDUM

TO: Senator Josephson

FROM: Alaska Health Project

SUBJECT RE: Senate Bill #542, An Act Relating to Microwave Radiation
in the Workplace

Alaska Health Project appreciates the opportunity to comment in support of SB 542. Employees and employers should be made aware of potential exposures to microwave radiation in the workplace.

After reviewing the proposed legislation, we wish to present the following comments:

1. Page 2, Line 1 should also include, with photographs of all materials, products, and equipment before charges are made.

Photographs would be an easy method to ensure that the accident could be reconstructed in the event that these items have to be moved or altered.

2. Page 3, Line 17 should be deleted to read, established as the radiation protection guide by the American Conference of Governmental Industrial Hygienists, (ACGIH, Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment, 1983-1984).

ACGIH was organized in 1938 by a group of governmental industrial hygienists. Currently, the organization has over 2600 members. The organization is devoted to ensuring the health and safety of employees. It is recognized internationally having contributed substantially to establishment of safe standards in the workplace.

Use of ACGIH Standards will afford greater protection to Alaskan workers and employers potentially exposed to microwave radiation.

3. The introduction of SB 542 indicates one of the major gaps in the recently adopted Worker Right-To-Know Law SB 79. SB 79 does not cover physical agents such as noise, ionizing radiation, microwave radiation, heat, cold. SB 542 seeks to amend at least part of this loophole.

While we strongly support SB 542, we also urge the legislature not to limit SB 542 to microwave radiation. We suggest that SB 542 be amended to include all potentially harmful physical agents in the workplace.

MEMORANDUM

TO: Senator Josephson

April 13, 1984

Page Two

By doing so, we fill the gaps apparent in SB 79 and we avoid the need for additional legislation in the future.

We are available to discuss our comment at any time. Thank you for the opportunity to comments on SB 542.

Jackie McClintock - Workers Comp

Sec 6 - rebuttable presumptions.

Existing language already provides sufficient protection. Claims from Clear were never denied as contradicted. Problem w/ getting info from physicians, as of April 11 had not gotten M.D. reports on these cases.

Employer has burden of proof. They have 2 yrs. from date of knowledge to file.

Sec 6 is redundant.

Can see problems - making special presumption for special job classes may weaken the presumption for other workers. No requests for hearings.

SB 445 - Child Abuse

Carl Haretzki - Dept. of Law/Crim. Div.

47.17.010 requires named professionals to report to DHS suspected child abuse or neglect (form) Criminal penalty.

SB

542

(FILE 2)

RESTRICTED

NOTE ___ NOTE ___ NOTE ___

5/5/1987

This file is restricted under AS.9.25.120 because it contains health records. File has not been microfilmed and distributed.

S

R

g

COMMITTEE REPORT
SENATE

FURTHER:

2/19/84

Date 2/21/84

Mr. President

The Committee on HESS considered SR 9

relating to a state policy for the developmentally disabled.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for _____
- new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Chairman

Chairman recommendation



HOUSE OF REPRESENTATIVES

OFFICE OF THE MAJORITY LEADER

Room 216
STATE CAPITOL

Pouch V
State Capitol
Juneau, Alaska 99811

TO:

Sen Josephson

ATTN:

REMARKS:

Per our telecon, ltrs attached:

1. Our ltr to Gov. S.

2. Response

3. Joe Laird's ltr

FROM:

Wood

DATE:

conferences

appreciate
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or the cost

... providing for them was excessive; causing other worthwhile programs to suffer. You are certainly correct that we can no longer afford to fund programs without definitive information of what the real needs are; and perhaps more importantly, their effectiveness.

I have experienced considerable frustration with our efforts at drug and alcohol rehabilitation. During the past legislative session, Judge Elaine Andrews released a blast at the Legislature from the bench, castigating us for our failure to provide adequate funds in these endeavors. Knowing that we had appropriated some \$14.8 million for this purpose, I felt we had been maligned. However, my attempts to determine what the real needs are have been fruitless. We had a replay of similar but more vocal concerns when the current year's budget allocation was reduced to approximately \$11 million.

I have asked the House Research Agency to devote some time toward defining the needs of our drug and alcohol abuse programs, and to make a modest attempt to assess how well we are succeeding in our efforts in prevention and rehabilitation. To properly make these determinations will require a substantial effort. However, I believe such an undertaking is needed, and would appreciate your comments.

Another pressing concern I have in the field of human services is with the care of the handicapped and elderly. It appears to me that our efforts in caring for these people are primarily concentrated in large, single facilities. For example, for the developmentally handicapped, our primary facility is Harborview

at Valdez. Sending people there has resulted in charges that we are "warehousing" people in a remote area, where they are inaccessible to family and friends, and thereby are denied the love and support they should receive; and that rehabilitation/training efforts are insufficient. It would seem that these arguments have considerable merit. The cost of supporting a person at Harborview is quoted at some \$86,000 per annum; a figure that I agree is alarming.

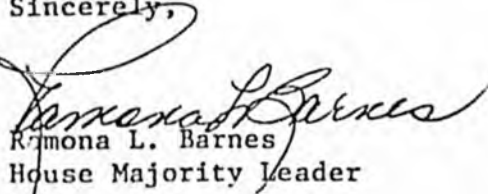
I am under the impression that we are now learning that retarded people have much greater potential than was heretofore supposed; that it simply requires additional effort and resourcefulness to bring their potential to fruition. I am impressed with the work being done by some of the Anchorage agencies, particularly the Employment and Training Center of Alaska (ETCA). To see retarded people happily performing meaningful work, and the joy on their faces when they are lovingly taught a particular operation is a most rewarding experience.

It is regrettable that ETCA needs space to expand and serve more clients, but has no space unless the Vocational Rehabilitation unit is relocated. I would encourage you and the Department to assist in finding a suitable location for Voc Rehab.

The December 2nd Social Services Providers' meeting was impressively attended. Frankly, I was surprised at the large number of participants, as I'm sure you were, and efforts to accommodate the unexpected crowd were commendable. I was, also, taken aback with the testimony of many who spoke at the hearing. The delegates from the providing agencies repeatedly expressed their concerns about the proliferation of services in the same or closely related fields, resulting in what one provider termed a "smorgasbord of services."

It was clearly evident that Commissioner Smith and other Department officials listened intently while some of the delegates spoke of a need for better client management that would steer service recipients to those agencies most appropriate to deal with their particular problem or concern. If a better system can be implemented to manage the provision of these services that will ensure greater efficiency and economy, I shall be happy to assist in any manner possible.

Sincerely,


Ramona L. Barnes
House Majority Leader

RLB:jl

cc: Commissioner Robert L. Smith



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 10, 1984

The Honorable Ramona Barnes
Alaska House of Representatives
Pouch V
Juneau, AK 99811

Dear Representative Barnes:

Thank you so much for your recent letter regarding the Human Services Provider Conferences and the various issues which confront our most vulnerable citizens.

The Provider Conferences were an excellent start to generating a responsive and cost-effective continuum of human services to ensure Alaskans self-sufficient lives of productivity and happiness in a safe and secure environment. I share your concern for the provision of effective alcohol and drug abuse prevention and treatment programs, and am currently involved in a thorough review of our treatment methods to ensure that our policies and funds are directed toward programs which produce documented results--sobriety.

The provision and availability of cost-effective services to individuals within their local and regional communities are of prime concern to me and are no more poignantly evident than in the arena of services to the elderly, handicapped, and the developmentally disabled.

The 1980s have brought a new awareness of our commitments and responsibilities to the developmentally disabled citizens:

- The continued improvement of the quality of life for developmentally disabled Alaskans;
- The delivery of services in a manner which significantly enhances the cultural heritage within natural families and the community environment;
- The recognition of the importance of expanding opportunities for independence in employment, education, and community living;

February 10, 1984

-The delivery of services in the least restrictive manner possible while ensuring the individual's health, safety, and growth.

The ability of local and regional communities to provide group homes, home-based and respite care, and vocational services for the developmentally disabled must be significantly enhanced before the Harborview Developmental Center can be revamped to provide solely local community and regional services.

The Department of Health and Social Services has identified 200 additional families in need of respite care, 120 persons in need of vocational services, and 98 persons in need of community residential care. The Department will concentrate its efforts on developing these future services, where economically feasible, in the communities in which the developmentally disabled persons reside. We must proceed to create community-based services capable of serving those on our current waiting lists and future clients.

Community-based services such as those provided at ETCA are paramount if we are to meet our commitments to the developmentally disabled. You may be assured I will look into the matter of relocating the Vocational Rehabilitation Unit and will provide you with a report at a later date.

I am indeed delighted with your continued desire and interest in this arena, and I look forward to a partnership with you in planning, funding, and providing these important human services in Alaska.

Sincerely,



Bill Sheffield
Governor



ASSOCIATION FOR RETARDED CITIZENS OF ALASKA
P.O. BOX 4-BBB ANCHORAGE, ALASKA 99509

March 3, 1984

State of Alaska
Department of Health and Social Services
204 Alaska Office Building
Pouch H-01
Juneau, Alaska 99811
Attention Robert London Smith Ph.D.
Commissioner

Dear Dr. Smith

I am appalled that you (your department) would instruct Dr. Gregovich to stand up in front of the Senate and ask that they vote down Senate Resolution - 9.

How can you take this position? What in the resolution; which simply calls for the recognition of the rights and dignity of nature for the developmentally disabled, can be so offensive to you?

It is apparant to me, that Greek letters of learning after a person's name do not remove the shrouds of ignorance and prejudice. It is ironic that a Dr. of Philosophy would stand in front of the Senate and speak using the tenat of argument - "AD IGNORANTUM". This same tenat he would then take to his students and berate its principal of argument as fallacious.

There is a statement that "history repeats itself," perhaps it is so. Approximately 115-125 years ago, ignorant people decried a proclamation put forth by a man named Lincoln, it was entitled the "Emancipation Proclamation". Would you have stood up then Dr. and called for it to be voted down? 200 Hundred years ago when men argued the rights and dignity of man, a bill came forth, it was called "The Bill of Rights", would you have stood up then and decried that this bill be voted down?

The language in Sr-9, to most degree, is no different in context then in a reply sent by the Governor to House Majority Leader Ramona Barnes. This resolution as passed by the Senate is going to be introduced by the House.

March 3, 1984

How can you set yourself above the Governor, the Legislature, and most importantly the people to run in opposition to those directions mandated of you and your department to take?

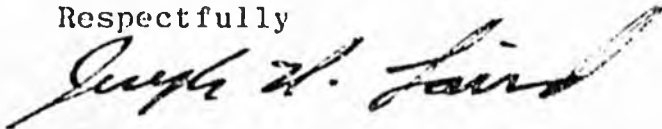
Dr. Rabbeau was asked in the HESS Finance subcommittee meeting what position your department took in planning for the Developmentally Disabled? His response was that this issue was not an issue, not a priority. He intimated no planning is being done or will be done.

Let me assure you Dr. we will write the plan for you and hopefully in its writing will determine a means to exclude your need or your department's need for continuence.

I commend the Governor and the Legislature for their understanding and support of the concerns of Developmentally Disabled People. I commend the Governor in his proclamation calling this the decade of the disabled. I commend the Governor for opening his home here in Anchorage for a reception for Special Olympics to support Developmentally Disabled People. I commend the Legislature both House and Senate for their tremendous support this year.

I ask of the Governor and the Legislature how we, all of us, can continue to allow you and your department to run in direct opposition to us?

Respectfully



Joseph H. Laird
President - Association Retarded Citizens of Alaska

CC. Governor Bill Sheffield
Alaska State Legislature
Anchorage Times
Anchorage Daily News

POSITION PAPER

Senate Resolution No. 9

"Relating to a state policy for the developmentally disabled."

Purpose: To provide the Legislature with a comprehensive plan for services to persons with developmental disabilities.

Scope: All appropriate departments and agencies.

Discussion: The resolution requests that the Governor submit a comprehensive plan to the Legislature for persons with developmental disabilities. The Department of Health and Social Services is already engaged in the process of developing a long range plan for this as well as other areas. Therefore, even though the Department of Health and Social Services cannot speak for other Departments of the State or for local government, it finds that even though the resolution may be worthwhile, it is unnecessary.

Recommended position: The Department of Health and Social Services supports the passage of Senate Resolution No. 9, however, this endorsement should in no way be interpreted as altering the Department's full support of the Governor's budget as submitted.

Recommended by: Philip Shapiro, M.D. (Signature) (FOR)
Philip Shapiro, M.D., Director
Division of Mental Health and
Developmental Disabilities

Date: 3/4/84

Approved by: Robert London Smith (Signature)
Robert London Smith, Ph.D.
Commissioner

Date: 3/4/84

POSITION PAPER

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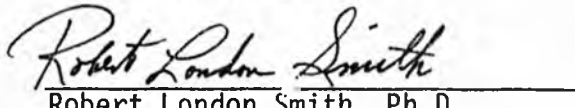
Discussion: The resolution requests that the Governor submit a comprehensive plan to the Legislature for persons with developmental disabilities. The Department of Health and Social Services is already engaged in the process of developing a long range plan for this as well as other areas. Therefore, even though the Department of Health and Social Services cannot speak for other Departments of the State or for local government, it finds that even though the resolution may be worthwhile, it is unnecessary.

Recommended position: The Department of Health and Social Services does not support the passage of Senate Resolution No. 9.

Recommended by: 

Philip Shapiro, M.D, Director
Division of Mental Health and
Developmental Disabilities

Date: 2/29/84

Approved by: 

Robert London Smith, Ph.D.
Commissioner

Date: 2/29/84

Paul, Rick, Joe

2/29/84

SR 9

~~Carolyn King~~

Bob Gregorick - MA & DD

Comp. Plan to Legislature by 1984.
~~the~~ Resolution Amendment - don't support.
Gov Council #16 a

SENATE RESOLUTION 9 by the Senate HESS Committee Relating to a state policy for the developmentally disabled.

This resolution was developed by the Committee following a joint hearing of the House and Senate HESS Committees with the Governor's Council for the Handicapped and Gifted at the end of January.

The Governor's Council explained their funding priorities, needs assessment and long range plans as they have in the past. The plan for 1984-86 was divided into regions of the state, with detailed information on the population, current service levels and needs.

The many advocacy and family groups involved with the Governor's Council feel that the needs for services within the community for the developmentally disabled are long overdue. Plans of service have been developed for six years - but are not implemented. Institutional care continues to absorb most of the developmentally disabled dollars, while many people remain unserved.

For this reason, the HESS committee has introduced SR 9, requesting the Governor and his departments to present to the legislature in 1985 a comprehensive plan for the developmentally disabled that will advance the following goals:

- *improve their innate dignity, value and rights.
- *expand their opportunities in employment, education and community living.
- *the delivery of social services in the least restrictive manner
- *the exploration of community based alternatives to institutionalization.

COST COMPARISON
1983 - 1984

	# CLIENTS	TOTAL EXPENSE
HOPE	134	\$1,479,242
HARBORVIEW	86	7,671,300

COSTS NOT IDENTIFIABLE OR FOUND IN HARBORVIEW BUDGET

PERSONEL SERVICES

ACCOUNTING SERVICES

ADMINISTRATION SERVICES

SPACE OCCUPANCY - DEPRECIATION / RENT / MORTGAGE ETC.

COST OF THESE ITEMS WOULD INCREASE HOPE'S BUDGET BY:

PERSONEL SVC	156,049	
ACCOUNTING	197,817	
ADMINISTRATIVE	334,723	
SPACE OCCUPANCY	455,636	
		<u>\$ 1,164,225</u>

COSTS PER SELECTED ITEMS

ON A PER RESIDENT BASIS

HARBORVIEW

HOPE

	<u>TOTAL</u>	<u>PER RES.</u>	<u>TOTAL</u>	<u>PER RES.</u>
DIRECT CARE				
SALARIES & BENEFITS	5,644,300	65,631	2,823,440	21,070
UTILITIES	1,039,300	12,084	56,956	425
INSURANCE	167,100	1943	46,291	345
FOOD/SUPPLIES	513,100	5966	257,400	1921

If we could subtract from the 205 →
in 25 to decrease in HOPE'S

HOPE COTTAGES INC
 DAILY / ANNUAL COST
 FEBRUARY 17, 1984

<u>PROGRAM</u>	<u>PER RESIDENT DAILY COST</u>	<u>PER RESIDENT ANNUAL COST</u>
ICF/MIR	224.69	82,336.54
CHILDREN'S G. HOME	76.74	28,036.84
ADULT G. HOME	62.12	22,101.92
FOSTER CARE	37.70	12,782.20
A PT CLUSTER	32.68	11,960.88
CO-RESIDENCE	26.55	7,521.20
SEMI-INDEP. LIVING	17.74	6,492.84
RESITISM	20.49	7,499.54

HOPE COTTAGES AND
 AVERAGE PER-DIEM COSTS
 FEBRUARY 17, 1974

<u>PROGRAM</u>	<u># CLIENTS</u>		<u>PER-DIEM</u>		<u>TOTAL DAILY COST</u>
CHILDRENS G. HOME	16	X	\$76.74	=	\$1237.84
ADULT GROUP HOMES	41	X	63.12	=	2587.92
FOSTER CARE	17	X	37.70	=	630.70
APT. CLUSTER	8	X	32.68	=	261.44
CO-RESIDENCE	10	X	20.55	=	205.50
SEMI-INDP LIVING	13	X	17.74	=	232.82
MULTISIM	20	X	20.49	=	409.8
					<u>409.8</u>
SUB-TOTAL	124		—		5536.08
ICF/MR SERVICES	<u>30</u>	X	<u>224.69</u>	=	<u>6740.70</u>
TOTAL	<u>154</u>		—		<u>12376.78</u>

$5536.08 \div 124 = 44.64$
 $12376.78 \div 154 = 79.72$

NON ICF/MR PERDIEM
 OVERALL PERDIEM

Division of Mental Health & Developmental Disabilities

Developmental Disabilities Services BRU

FY 85 Budget Amendment

Spread Sheet by Increment & Amounts (\$)

February 7, 1984

*3.75 million
total need.*

<i>Objective</i>	Governor's Level	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7	Total
<i>Respite</i>	270,300	70,800		43,500				35,100	419,700
<i>Vocational</i>	1,144,000	47,600		100,000	334,800	105,600	105,600	96,800	1,934,400
<i>Residential</i>	3,266,200	387,264	496,664	358,600	161,328	282,324	403,320	463,818	5,819,518
<i>PADD</i>	215,200					40,000			255,200
<i>Unempl.</i>	90,900					68,100			159,000
<i>Total</i>	4,986,600	505,664	496,664	502,100	496,128	496,024	508,920	595,718	8,587,818



Division of Mental Health & Developmental Disabilities

Developmental Disabilities Services BRU

FY 85 Budget Amendment

Spread Sheet by Increment & Clients to be Served

February 7, 1984

ve	Governor's Level	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7	Total
	200	48	0	29	0	0	0	26	303
ial	130	5	0	10	36	12	12	11	216
ial	162	12	12	9	8	14	20	23	260
	5	0	0	0	0	1	0	0	6
nt.	1	0	0	0	0	1	0	0	2
	498	65	12	48	44	28	32	60	787

B) 1100.0 1144.0
 C) 3140.7 3266.2
 D) 207.0 215.2
 4707.7 4895.7

FY 85 Developmental Disabilities Services BRU

TES AND PERFORMANCE MEASURES	1	2	3	4	5	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7
	COST PER UNIT	Governor's Level	Identified additional families	Total # of families or Sum of 2 & 3	Cost for additional families							
Despite care to services.	New 1500.0/ unit											
Families in need	Existing	400										
Families served	1350.0/ unit	200										
Families not served	unit	200										
families served in:												
Fairbanks		105	17	122	22,950							17/22,950
Kodiak		5	8	13	10,800							8/10,800
Juneau		25	13 (BE/5H)	38	18,300	13/ 18,300						
Sitka		20	0	20	0							
Ketchikan		20	0	20	0							
KENAI		25	1	26	1,350							1/ 1,350
Barron		-0-	5	5	7,500	5/ 7,500						
Nome		-0-	5	5	7,500	5/ 7,500						
Kotzebue		-0-	5	5	7,500	5/ 7,500						
Bethel		-0-	5	5	7,500	5/ 7,500						
Nome		-0-	3	3	4,500		3/ 4,500					
Seward		-0-	3	3	4,500		3/ 4,500					
Soldotna		-0-	4	4	6,000		4/ 6,000					
Palmer		-0-	7	7	10,500	7/ 10,500						
Wasilla		-0-	8	8	12,000	8/ 12,000						
Kenai		-0-	2	2	3,000		2/ 3,000					
Cordova		-0-	3	3	4,500		3/ 4,500					
Valdez		-0-	3	3	4,500		3/ 4,500					
Delta Junction		-0-	5	5	7,500		5/ 7,500					
Healy		-0-	3	3	4,500		3/ 4,500					
Wentzville		-0-	3	3	4,500		3/ 4,500					
SUBTOTAL:		200	103	303	149,700	70,800	0	43,500	0	0	0	35,100

1144.0

IVES AND PERFORMANCE MEASURES	1	2	3	4	5	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7
	COST PER UNIT	Governor's Level	Identified additional adults	Total # of adults or Sum of 2 & 3	Cost for additional adults							
Vocational to DD Adults:	New 10,000/year											
needing training		250										
trained	Existing 8,800/year	130										
not served		120										
trained in:												
Anchorage		70	34	104	299,200				8770,400	11770,400	127105,600	6752,800
Fairbanks		35	13	48	114,400				4735,200	4775,200		5744,000
Juneau		15	2	17	17,600	2/ 17,600						
Ketchikan		5	5	10	44,000				5744,000			
Kodiak		5	4	9	35,200				4735,200			
Kunai		-0-	3	3	30,000	3/ 30,000						
Paleomer--KATSU		-0-	10	10	100,000			0/100,000				
Sitka		-0-	15	15	150,000				157150,000			
Bethel		-0-	0	0	0							
SUB-TOTAL:		130	86	216	790,400	47,600	0	100,000	334,000	105,600	105,600	96,800

3266.2

ACTIVES AND PERFORMANCE MEASURES	1	2	3	4	5	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7
	COST PER UNIT	Governor's Level	Identified additional individuals	Total # of individuals Sum of 2 & 3	Cost for additional individuals							
Residential Support and Skills Training in the City: Moderate: Persons needing service Persons served Persons not served # of persons served in:	New 24,650/year Existing 20,166/year	260										
Anchorage		108	48	156	967,968	4780,664						
Fairbanks		31	15	46	302,490		4780,664					
Kodiak		8	2	10	40,332							
Juneau		10	0	10	0							
Ketchikan		5	0	5	0							
Kenai-Soldotna		0	4	4	98,600	4798,600						
Valdez		0	8	8	161,328							
Wasilla		0	4	4	98,600							
Severe: (MR + Behavior Disorders) Persons needing care Served Not served # of Persons served in:	52,000	17										
Anchorage		0	17	17	884,000	47208,000	87416,000	57700,000				
Sub-total:		162	98	260	2,553,318	387,264	496,664	360,000	161,328	282,124	407,320	463,818

215.2

YES AND PERFORMANCE MEASURES	1	2	3	4	5	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7
	COST PER UNIT	Governor's Level	Identified Additional Serv & Repre	Total # of Serv & Repre. Sum of 2/3	Cost for Additional Serv & Repre							
Advocacy services and representation for DD individuals:												
Representatives statewide		5										
services & representation												
<i>Prater</i> <i>Age</i>		3	1	4	40,000					1/ 40,000		
<i>Fairbanks</i>		1	0	1	0							
		1	0	1	0							
SUBTOTAL:		5	1	6	40,000	0	0	0	0	40,000	0	0

VALUES AND PERFORMANCE MEASURES	1	90.9 2	3	4	5	Increment 1	Increment 2	Increment 3	Increment 4	Increment 5	Increment 6	Increment 7
	COST PER UNIT	Governor's Level	Identified Additional Managers	Total # of Managers Sum of 2 & 3	Cost for Additional Managers							
Management Direct managers in:	68.1											
(serves statewide)		1	1	2	68,100	0	0	0	0	1/ 68,100	0	0
Sub-total:		1	1	2	68,100	0	0	0	0	68,100	0	0

SCR

12

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board
Ronald A. Pavellas
Humana Hospital Alaska
Anchorage

Chairman-Elect
Mark Hawkins
Sitka Community Hospital
Sitka

Immediate Past Chairman
Tom Mingen
Fairbanks Memorial
Hospital
Fairbanks

Secretary/Treasurer
Edward Zeine
Cordova Community
Hospital
Cordova

Delegate to the American
Hospital Association
Al M. Camosso
Providence Hospital
Anchorage

Alternate Delegate to the
American Hospital Assoc.
Michael Lockwood
Central Peninsula Hospital
Soldotna

Delegate to the American
Health Care Association
Jack Buck
St. Ann's Nursing Home
Juneau

Alternate Delegate to the
American Health Care
Association
Emma G. Ivy
Wrangell General Hospital
Wrangell

Delegate to the Association
of Western Hospitals
Michael Herring
South Peninsula Hospital
Homer

Alternate Delegate to the
Association of Western
Hospitals
Daniel Van Wieringen
Kodiak Island Hospital
Kodiak

Trustee Delegate to the
American Hospital Assoc.
Moe Kadish
Trustee, Providence
Hospital
Anchorage

Alternate Trustee Delegate
to American Hospital
Association
Robert Jensen
Central Peninsula Hospital
Soldotna

Physician Member of
the Board
Keith Brownsberger, M.D.
Anchorage

President
Dennis L. DeWitt
Juneau

April 1, 1983

The Honorable Joe Josephson
Senator
Pouch V
Juneau, Alaska 99811

Subject: SCR 12.

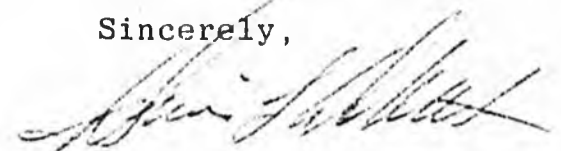
Dear Senator Josephson:

The Alaska State Hospital Association has reviewed SCR 12 and wishes to inform you of our support.

The "stay well" program proposed in this measure has the potential to draw the consumer back into a consideration of the economics of seeking health care services. This will, in our judgement begin to address the problem of ever increasing utilization in general and specifically such problems as inappropriate use of hospital emergency rooms. When the consumer feels no economic difference in the use of a physician's office or an emergency room, all too often the consumer opts for the one most likely available at the consumer's convenience, the emergency room. When insurance pays for either the physician or emergency room visit there is no effective difference to the consumer. The "stay well" program you suggest would offer some incentive, even if minor and indirect, it would be a great improvement.

While there are many facets to the cost of health care, the misuse and over use by the consumer is a major part of the problem. We believe that SCR12 begins to address that part of the problem. We are anxious to help secure its passage.

Sincerely,



Dennis L. DeWitt
President

DLD:hb



MARKETING INFORMATION

Introduction

From an agent's or insurance carrier's point of view, three areas exist that are of major concern in developing health care programs for clients:

- to retain business from year to year by offering a product that is competitive in the market
- to attract new clients with innovative new ideas
- to achieve and maintain lower loss ratios

Amerigard is an employee participation program in which the employee administers the deductible portion of the health care program.

Benefits

Such a program offers benefits to all of the parties concerned:

- Insurance agent - can offer an attractive alternative to conventional benefit packages
- Insurance carriers - have lower administrative costs since fewer small claims will be handled by the company
- Employers - can, in many cases, offer improved coverage at the same or lower cost
- Employees and employers - can receive cash back at the end of the year if account funds are used wisely
- Providers - are paid for services when they are received

Amerigard offers a program that is a simple "turn-key" package that takes advantage of existing institutions and rewards each of these participants.

Organization

With Amerigard, funds allocated by the employer for providing health care benefits are split. A portion is used to purchase a standard, high-deductible major medical policy. The balance is deposited into special individual checking accounts for each employee. The employee is given the responsibility for administering his or her account.

As a reward for wise use of this benefit, the employee receives a portion of the balance remaining in his or her Amerigard account at the end of each year. The employer determines what percentage is given to the employee when the program is designed. (Amerigard recommends at least 50%.) The balance is returned to the employer or may remain on deposit and be applied toward the next year's coverage.

Marketing Information - Page 2

Amerigard will establish the checking accounts for employees. Special Amerigard checks will be issued on these accounts (see attached sample). The employee will write checks from his or her account just like a personal account.

Amerigard does not handle benefit funds. Employers make deposits to the accounts directly, with one check at monthly, quarterly or semiannual intervals.

Amerigard representatives will meet with employees and employers to explain how the program works and at intervals to answer questions that participants might have.

Amerigard's fee is low. Initially, a \$10 per participant fee is charged. After that, an annual fee of \$10 per participant is assessed.

Summary

In summary, Amerigard is a simple, inexpensive, incentive-based employee participation program. It offers benefits to all who participate.

Amerigard is also easy to implement with our "turn-key" package. Amerigard can be in operation in as little as two weeks.

Attachments

- Operational Plan
- Sample check
- Brochure



520 SW YAMHILL ST., SUITE 424 PORTLAND, OREGON 97204 503/224-2555

BASIC AMERIGARD INFORMATION

OPERATIONAL

The following are operational responsibilities of the employer participant:

1. To start the Amerigard accounts, a list of the participating employees' names along with a check for the initial deposit should be sent to the Bank, to the attention of the Operations Manager. Sample calculation: $\$42.00 \times \# \text{ of participants} = \text{monthly deposit}$.
2. Accounts were established in the name of each participating employee with the signature cards. As soon as the Amerigard checks arrive, you will be given a list of the names and account numbers.
3. At the end of each subsequent month, you should receive a list of names and account numbers from the bank for verification.

TO ADD A NEW EMPLOYEE:

Add the employee's name to the list and include him in your calculation of the payment for the next monthly deposit. Accompany the list with a signature card for the new employee(s).

TO CLOSE AN EMPLOYEE'S ACCOUNT:

An account may be closed by drawing a line through the name on the list and subtracting that individual's portion from calculation of the monthly deposit. If an account is to be closed at an earlier time, you should contact the Bank.

4. Employees will be advised to contact you if they must write a check in excess of their account balance. If the bank receives an Amerigard check for payment which exceeds the account balance, they will notify you. In either case, a check should be sent to cover the excess. A suggestion that will simplify record-keeping: make all such extra deposits in increments of \$42.00. After 12 deposits of \$42.00 have been made to the account, no further deposits should be made.

If you should have questions about the Amerigard Accounts, please do not hesitate to call our office (224-2555).

If you have any questions regarding the insurance aspect of your plan, you should direct those inquiries to the Insurance Agency.



520 SW YAMHILL ST., SUITE 424 PORTLAND, OREGON 97204 503/224-2555

AGREEMENT

1. Term: One year
2. Conditions: Amerigard
 - A. Amerigard will assist in securing information needed for major medical policy coverage.
 - B. Amerigard will provide the details of establishing individual accounts for each employee participant.
 - C. Amerigard will provide assistance during period in liaison with the insurance carrier, the financial institution and the employer.
 - D. Amerigard will provide operational details for each participant as well as any material needed during the coverage period to insure the smooth operation of the plan.
3. Conditions: Employer/Financial Institution
 - A. Employer agrees to provide a list of employees participating in the plan to enable the insurance carrier to quote premiums and coverage detail for major medical coverage with a \$500 deductible clause and for the establishment of accounts for each participant.
 - B. Employer agrees to pay insurance premiums as established on a periodic basis as set out in the accepted policy.
 - C. Employer agrees to provide financial institution with monthly or quarterly payments for deposit to the participants' accounts along with a list of participant account numbers.
 - D. Employer agrees to notify the financial institution of terminations of participants on a monthly basis.
 - E. Employer agrees to indemnify the financial institution should the participant during the term of the agreement have need to use more money than that which has accumulated in the particular account up to an amount equal to \$500, \$500 per account being the maximum indemnified.
 - F. Employer agrees that any percentage amount of any amount previously agreed to remain in the participant's account at the anniversary date will become payable to the participant as an incentive to exercise control over the use of the money for health care.

- G. Employer may have the option of withdrawing the balance in accounts of participants at the anniversary date or may elect to leave the balance intact for coverage for the following year.
- H. Employer has the option of choosing monthly, quarterly, or annual payments into the accounts of the participants.

EMPLOYER: _____ AMERIGARD INC.

BY: _____ BY: _____

FINANCIAL INSTITUTION:

BY: _____



520 SW YAMHILL ST., SUITE 424 PORTLAND, OREGON 97204 503/224-2555

**AMERIGARD'S
"STAY WELL"
PROGRAM**

An alternative approach for
providing Health Care Benefits.

INTRODUCTION

The Amerigard STAY WELL program is one which puts the responsibility for the use and administration of health care funds back where it belongs -- with the employee.

By dividing the usual expenditures for health care benefits between special Amerigard accounts and premiums for a high deductible major medical policy, the cost to an organization for providing these benefits may be substantially reduced. This is accomplished by

- offering incentives to employees for staying well
- allowing employees to administer their own health care funds
- eliminating much of the paperwork required by traditional health insurance programs.

FACTS about the current situation

- Health insurance costs are exploding upward
- The associated administrative burden is also increasing
- Business and industry are caught between increasing employee demand for health care coverage and soaring costs

To cope with this situation, most organizations are pursuing one or more of the following options:

- Continuing "business as usual" and absorbing the added costs.
- Tightening controls on current programs by making staff cuts, etc.
- Deferring additional benefits and cutting existing programs.
- Seeking alternatives to traditional health care programs.

Amerigard's Stay Well program is NOW AVAILABLE and provides the alternative that many managers have been looking for. Amerigard is a not-so-traditional program whose features include:

- Sharing responsibility with employees for their own health care plan.
- Providing incentives to employees to stay well and on the job.
- Simplifying the administrative system so that paying for care received is as simple as writing a check.

The Bottom Line Results

- Reduces costs, administrative burden, and time away from work (as much as 40% in some cases).
- Provides an improved benefit plan with first dollar coverage.
- Boosts worker and organization productivity.
- Improves employee morale.

Why Does Amerigard Work?

Amerigard's STAY WELL program is NOT another insurance program. It invokes a different principle, that of Free Enterprise. Everyone benefits when costs are reduced and employees are kept on the job.

In traditional programs, the only way to get anything out of the benefit is to use it! The more you use it, the more you gain! With Amerigard's STAY WELL Program, participants have first dollar coverage when they need it and are given cash back when they do not.

Does Amerigard keep people from going to the doctor when they are sick? Newsweek doesn't think so. Nor does Larry Parcell, Vice President of Blue Shield of California, who holds that "(STAY WELL) is probably the most innovative concept since major medical insurance caught on in the 1950's." (Newsweek, August 25, 1980)

Savings accrue with the reduction of unnecessary doctor visits, which health economists agree is at least 50%.

The results with Amerigard are:

- Much less time lost due to "illness".
- Substantial savings to the organization.
- First dollar coverage when needed.
- Cash back to the participant for staying well.

How Amerigard Works

In traditional programs, all premiums paid are lost; all fees paid go directly to the insurance carriers. Such programs are usually accompanied by lots of forms, many restrictions and hassles in payments to the concerned parties.

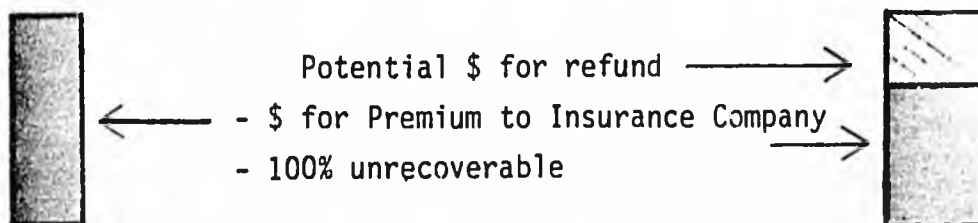
With the Amerigard Program, the usual expenditure is divided-- with a portion, the employer pays for a high deductible major medical policy which is less expensive. The balance is deposited into special accounts that have been established, by Amerigard, for each participant. Especially prepared checks, designed so that they can be used only for medically related expenses, are given to each participant. The participants "administer" THEIR OWN account just as they do their personal checking account.

- When services, such as doctors visits, medication, laboratory and x-ray procedures, are received, they are paid for by check from the Amerigard account. PAYMENT IS IMMEDIATE, WITHOUT FORMS.
- Should charges reach the deductible limit, the participant follows the procedure established by the major medical carrier.
- Cancelled checks and monthly statements provide proof of payment toward the deductible limit.
- Funds remaining in the Amerigard accounts at the end of the year are returned to the employer and employee in the manner determined when the program is established.

TYPICAL EXAMPLES

Traditional Program

Amerigard Program





Example 1

No benefit used. Amerigard account balance is divided between employer and participant.

Major Medical Premium. Fixed cost; unrecoverable



Example 2

Balance in account after a portion of the account has been used. Divided and refunded.

Portion used for medical care. Unrecoverable.

Major Medical Premium. Fixed Cost; unrecoverable.



Example 3

Account balance entirely used; unrecoverable.

Major Medical Premium. Fixed Cost; unrecoverable.