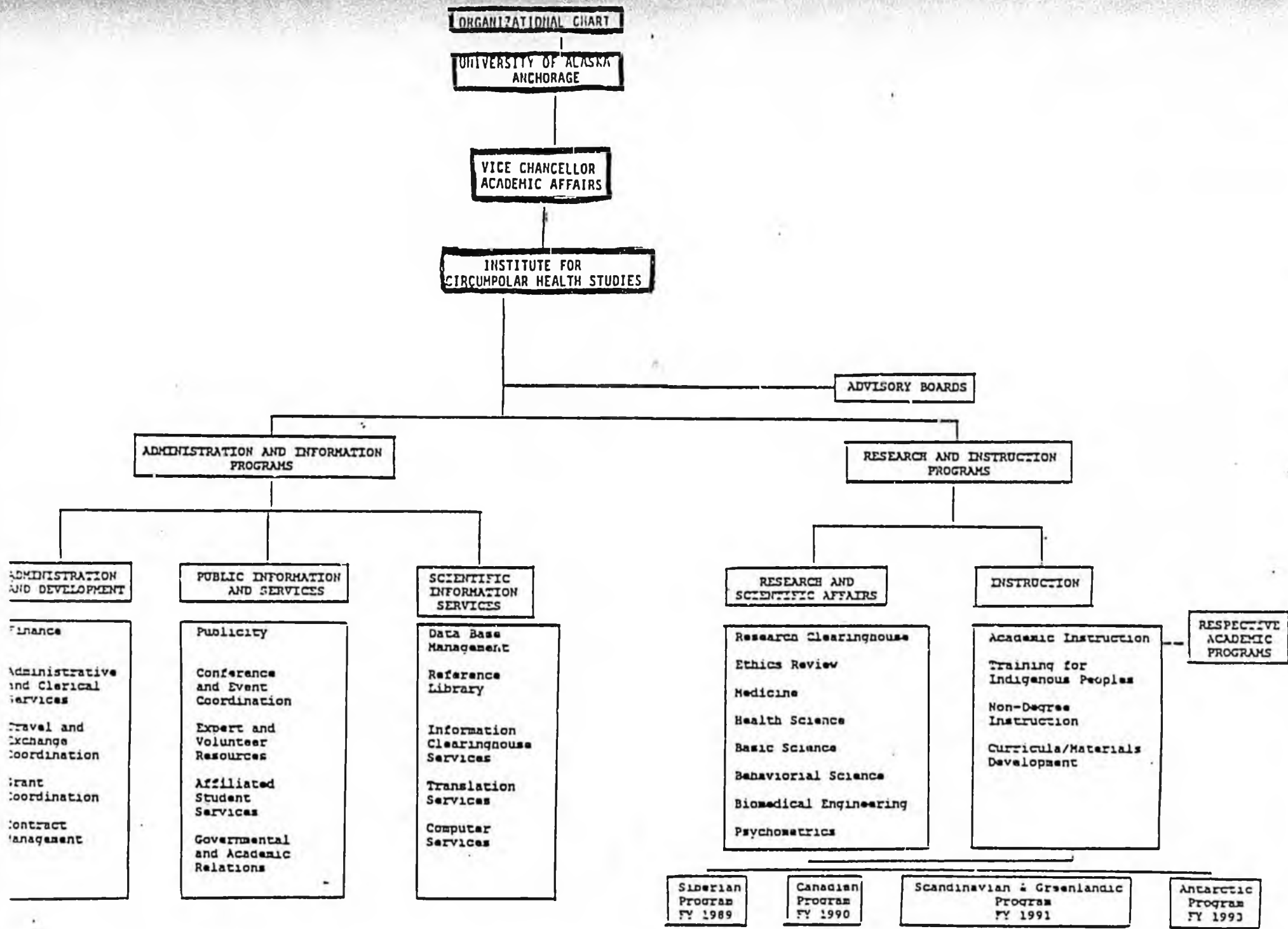


ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672
4622 HHS SB 379 - SCR 16 194



NOTE FOR SENATOR BINKLEY:

This proposal represents the long range goals for an Institute. It is not THE solution to all of our problems but it IS a start. The 250,000 grant which we are asking you to consider would allow us to bring on grant writers to look for the outside funding that we need to accomplish our goals. Working with the Alaska Dept. of Health and Social Services, we will be able to set up our medical data base on research that has been done in Alaska as well as in other countries and begin the task of bringing other circumpolar scholars to Alaska as well as our people going to other places to jointly explore common solutions.

We are not proposing a cure all to alcoholism, suicide and depression but what we do hope to achieve is a concerted effort to bring circumpolar researchers and data together to work towards a common solution to problems we all share.

Ted Malu

INSTITUTE FOR CIRCUMPOLAR HEALTH STUDIES

The structure of the Institute is outlined in the attached packet. The following budget is a basic operating budget ensuring the success of the Institute. A commitment by the state will trigger funding at the National Institute of Health and from the private sector.

BUDGET

Personnel (with benefits):

Director	\$67,500
Administrative Assistant	39,500
Secretary	29,000
Telecommunications	14,000
Printing (newsletters, publications)	23,000
Postage	8,000
Computers, printers, hard disc drive	21,000
Travel	48,000
Grants/development	
National advisory boards	
Research work groups	
<hr/>	
Total	\$250,000

S B

380

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HHESS

3-3-88

8:30 a.m.

HOUSE COMMITTEE REPORT

(7)

Date referred: 2/19/88

FURTHER REFERRALS:

Finance

DATE: 2/29/88

The Health, Education and Social Services Committee has considered SB 380 (title am)

"An Act making a special appropriation to the University of Alaska Anchorage for the establishment of the Institute for Circumpolar Health Studies; and providing for an effective date."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

John Ellis

SIGNING OTHER RECOMMENDATIONS:

Bill Hudson - No Rec.

George Stanley - No Rec.

RENE PRO. No Rec.

Steve Korman no rec.

John Ellis
Co-chairman's signature

Steve Korman

SENATE AMENDMENT

By The Finance Committee

To: _____ SENATE BILL No. 380

To: _____ HOUSE BILL No. _____

PAGE: 1 LINE: 7

After the word "Alaska" INSERT: Anchorage

INSTITUTE FOR CIRCUMPOLAR HEALTH STUDIES

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Grants/development National advisory boards Research work groups	
<hr/>	
Total	\$250,000

100-1000000

MEMORANDUM

February 15, 1988

TO: Senate Finance Committee

FROM: Senator John Binkley

RE: SB 379 and 380: Establishment of the Institute for Circumpolar Health Studies

Alcoholism, suicide and mental depression are not new issues. Certainly we have already spent millions of dollars and countless hours attempting to solve or at least adequately address them. One thing we do know is that Alaska is not alone in suffering from these problems. Other circumpolar areas and nations, including Canada, Siberia, Greenland and Scandinavia also suffer from them.

SB 379 calls for the establishment of an Institute for Circumpolar Health Studies within the University of Alaska as a major new step toward finding solutions to the health problems of Alaskans and inhabitants of other circumpolar regions. A companion bill, SB 380, requests a \$250 thousand special appropriation to be used as seed money in establishing the institute and seeking federal and private monies.

The foundation for this proposed institute has already been created in the University of Alaska's Alaska-Siberia Medical Research Program, opening the door to a new era of scientific exchange with the Soviet Union. The Alaska Legislature last year adopted a Joint Resolution of support (SJR 26) for this program.

The newly-created institute would be established as a world headquarters for circumpolar health studies, providing information, coordination, research and training for the international medical and health sciences community.

Because of that program, the World Health Organization has expressed interest in designating such an institute as a collaborating center for WHO. A linkage with the WHO would bring rapid prominence to the new institutue.

Working with the Alaska Department of Health and Social Services, the institute would set up a medical data base on research done in Alaska as well as in other countries,

and would begin the task of bringing other circumpolar scholars to Alaska to jointly explore common solutions.

Certainly creation of this institute will not cure all alcoholism, suicide and depression. By working together however, we can hopefully come up with solutions to the common problems we share with other circumpolar nations.

I hope you join me in supporting this proposal. I have included a more detailed description of the institute, and also copies of letters of support that either I or Dr. Ted Mala have received.

ATTENTION: SENATOR JOHNE DINKLEY
FOR MS. MOLLY MCCAMMON

A PROPOSAL FOR THE
Institute for CIRCUMPOLAR HEALTH Studies

A RESEARCH INSTITUTE OF THE UNIVERSITY OF ALASKA

BY THE UNIVERSITY OF ALASKA-SIBERIA MEDICAL RESEARCH PROGRAM

(907) 786-4746

ANCHORAGE
JANUARY 1988

Introduction

The foundation for an Institute for Circumpolar Health Studies (ICHS) is now being created in the University's Alaska-Siberia Medical Research Program. The Alaska-Siberia Medical Research Program is generating rapidly growing excitement within Alaska, nationally and internationally. The Program provides a unique opportunity for the University and for Alaska to pioneer in northern health studies and education in an unprecedented linkage with the Siberian Branch of the Soviet Academy of Medical Sciences. The establishment of the U.S.-U.S.S.R Joint Committee on Health has provided impetus for the University of Alaska's historic Alaska-Siberia Medical Research Program. This represents the first agreement ever of its kind between the United States and Siberia.

Scientific exchange with the Soviet Union opens exciting new doors. It also overcomes the largest political obstacle in establishing comprehensive circumpolar coordination on important northern health research. Thus, the Alaska-Siberia Medical Research Program should be viewed, in part, as a first step in launching an Institute for Circumpolar Health Studies under the auspices of the University of Alaska. A discussion of the current status of the Alaska-Siberia program is provided at the conclusion of this proposal.

Need

The Institute will be a cornerstone of new economic development for Alaska and a linkage point for circumpolar relations. It will provide impetus for establishing the research-center-as-basic-industry in Alaska, a component of our state's new infrastructure for economic development.

Alaska, as the only U.S. presence in the North, is the logical location for a national circumpolar health institute. Alaska stands to gain much from an increased emphasis, locally, nationally and internationally, on circumpolar health research and education. And we stand to gain much from becoming the home base for such activity.

- o First and foremost, a better understanding of health issues specific to circumpolar environments will create direct health benefits for every Alaskan.
- o Secondly, the establishment of a center of excellence in research and teaching, opening previously unopened doors of mutually beneficial international communication and exchange, will bring economic advantages and prestige to the state as a whole and to the University.
- o Thirdly, opportunities for training and academic study will become available to Alaskans who currently must leave the state for such education or find it beyond their reach.

Background

Economic growth in Alaska and elsewhere in the circumpolar region over the past several decades and an interest in making the best possible use of circumpolar resources have focused the attention of the United States and other circumpolar countries on developing the necessary knowledge and skills to operate effectively in circum-polar areas. As economic growth continues in the North, our understanding of related health issues must continue to expand.

The Secretariat for the Union for Circumpolar Health (Sweden, Finland, Norway, Denmark, Iceland, Canada, Soviet Union and the United States) is currently lodged in Anchorage under the leadership of the director of the Alaska-Siberia Medical Research Program. In conjunction with that assignment, the World Health Organization has expressed interest in designating a Circumpolar Health Institute within the University as a collaborating center for WHO. Such already established linkages with international interests should bring rapid prominence to the ICHS.

The Alaska Legislature adopted a Joint Resolution of support (SJR 26) for the Alaska-Siberia program during the 1987 session.

Mission Statement

The Institute for Circumpolar Health Studies is to be established as a world headquarters of circumpolar health studies, a center of excellence based at the University of Alaska, serving information, coordination, research and training needs of the international medical and health sciences community.

It will be the Institute's mission to achieve the policy goals in circumpolar health as established by the World Health Organization and those of the U.S. National Arctic Health Science Policy (see attachment), and address the recommendations of the Polar Research Board, Committee on Polar Biomedical Research outlined in a report titled "Data Coordination and Career Stimulation in Polar Biomedical Research" (see attachment), within the framework of the University of Alaska's 1986 long range plan.

Institute Objectives

1. To establish an institute in Alaska which provides for the exchange of medical and health sciences data and which serves as a depository of information from and accessible to all participating nations.
2. To orchestrate research on health needs specific to Northern residents throughout the circumpolar region, including Alaska. Climate, environment, the economic implications for industry, and other Northern-related factors which are common to all circumpolar nations, and the concerns of the target populations, will provide a basis for determining study needs. Setting ethical standards for the impacts of research on subject populations will be a priority.

3. To develop the medical scientific research capabilities of the University, providing a mechanism to attract noted scientists and scholars to Alaska and broadening interaction for both our faculty and our students with other centers of health science research throughout the United States and circumpolar nations.

4. To meet the University's objectives in design of a distinctive academic program in the health sciences. Both by attracting the involvement of international experts on Northern health and by developing information resources, the Institute will contribute to academic instruction and research capabilities for faculty and students.

5. To provide instruction and training for the key research target groups: Alaska Natives, long-term settlers, short-term settlers, and transient workers. Thus those populations whose health needs are being studied will be able to contribute as researchers and trained specialists themselves, particularly important in remote areas.

6. To create an ongoing exchange process that initiates and implements meetings between U.S experts in the health sciences and their counterparts in other circumpolar countries.

7. To create a new component of Alaska's economic development infrastructure, adding new research activities to the array of successful basic industries in the state.

Structure

The ICBS is proposed as an institute originating under the Vice Chancellor of Academic Affairs. The Institute will be a component of the University's statewide system and will be located in Anchorage, reflecting the University mission to make medical and health sciences a priority of the Anchorage campus.

The Institute will be made up of a Research and Instruction branch and an Administration and Information branch. Research and Instruction will house the closely linked tasks of teaching and research. Administration and Information will house the complementary tasks of both public and scientific information and services. Once appropriately endowed, it will also handle the important development tasks that will go with making the Institute largely self-sufficient in funding.

It is critical that each of these program components be incorporated into the Institute's structure from the beginning. There is an overlapping linkage among them, and in concert they carry out the mission which is a response to needs laid out by the University, and to national and international policy goals.

Strategies

In keeping with the challenges which the University System has set for itself, the Institute is designed with three substantive program components: instruction, research and service.

Development will also be a significant function for the Institute, not only in the areas of grant and contract management but in other fundraising activities which will heighten awareness of the Institute and its objectives. It will be an integral part of the Institute's strategies for success.

The following strategies will be implemented to carry out each of the program components.

I. Instruction

1. **Curricula.** The Institute will serve to expand and specialize the University curricula in medical and health sciences. Development of curricula components which focus on health studies in the North will be integrated into programs including the empirical and applied sciences, international business, and public policy and will enhance the University mission in circumpolar understanding. Expanded curricula should be incorporated in the general education programs and particularly in professional schools and graduate programs.

2. **Faculty.** Both permanent and visiting faculty, drawn to the Institute's unique resources, will be affiliated with the ICBS. They will provide an instructional resource with specialized expertise for the University programs with which the Institute is associated.

3. **Professional Training.** A primary function of the ICBS will be the training of professional health specialists, providing skills and knowledge necessary to work successfully in remote Northern areas. Training of Northern rural residents will be a significant component.

4. **Non-Degree Instruction.** Development and presentation of conferences, seminars, workshops, and short courses will serve a broad constituency, both professionals in medical and health sciences and the general public. Initial topics, reflecting research focus, will include: nutritional guidelines for Northern regions; understanding of and innovation in alcoholism problem solving; processes of disease and human adaptation in the North; and physiological effects of chronic stress among Natives and industrial seasonal workforces.

II. Research

1. **Research Management.** The Institute will serve the research coordination needs of the international medical and health sciences community for circumpolar studies. An important aspect of international cooperation in research is the development of methodology and technique consistent from one locale to another. Locally-based scientific advisory boards in each participating circumpolar country will work together to establish method-ological guidelines. As a computerized repository for research data for Northern areas, the Institute will provide, for the first time, centralized data management for research results and worldwide access via the university BITNET computer system.

2. **Self-Generated Funding.** Circumpolar nations involved with the ICHS will, of course, pursue independent research. It is anticipated that largely external funding can be obtained for Alaskan research projects initiated by the Institute.

3. **Scope of Research.** As the University has noted in its long range plan, northern medicine and health sciences are of increasing importance to Alaska. Because of the extensive history of research in Siberia, bringing Soviet and Western research together will be extremely beneficial for Alaska and Western nations. Both basic and applied research will be conducted through the Institute. Initially, based on the existing Alaska-Siberia research agreement, areas of research will include: physiology, immunology, nutrition, stress studies, and alcohol abuse problems. Also, Baseline information will be compiled from existing research data. Research responding to the objectives of the National Arctic Health Science Policy and the priorities identified by the U.S. Arctic Research Commission will include areas of environmental health, biomedical engineering and socio/cultural studies such as ethnomedicine.

In accordance with current federal standards, protection of individual and community privacy and integrity and development of opportunities for community involvement will be cornerstones of the Institute's field research program.

III. Service

1. **Information Services.** The Institute will develop and maintain a data management system for circumpolar research data. Storage and retrieval capabilities will be developed to serve the needs of the research community. Data will also be available for academic instruction and professional training as well as for applied research needs. An Institute newsletter will be published.

2. **Clearinghouse and Reference Services.** The Institute will provide clearinghouse services for research proposals and ongoing projects within Alaska and throughout circumpolar countries. This will facilitate the coordination of research.

A reference library will be established for University and public use.

3. **Translation Services.** Translation services for circumpolar languages will be provided for published studies and for new research results as they come in.

4. **Academic Services.** In keeping with the goal of providing a broad spectrum of student programs and services, the Institute will offer an opportunity for the development of affiliated student organizations and activities, i.e., travel, study and information exchange opportunities for health professionals and students in other circumpolar regions.

5. **Public Services.** By making the results of study and data collection available to government and to the public, the Institute will provide information useful to public policy making on Northern health issues. The Institute will solicit individual volunteer and community participation in public events and activities intended to foster interest in inter-national and cross-cultural exchanges on health issues.

IV. Development

1. **Grant Coordination.** The Institute will aggressively pursue private and federal support. The Institute's appeal to funding sources includes not only its health sciences orientation, but also its circumpolar focus and the fact that it will be at the forefront of peaceful East-West exchange of scientific information and resources. Thus there is an opportunity to work with a broad range of national funding sources.

2. **Contract Management.** The Institute will seek contracts to carry out research being initiated by government and private institutions in the field of circumpolar health.

3. **Special Fundraising.** The Institute will undertake projects and events which will generate fundraising opportunities. Developing Alaskan public interest in the Institute's work will foster public support for the University.

V. Regional Programs and Advisory Boards

1. **Regional Programs.** Programs will be brought on line sequentially over a period of several years. The Siberian Program, currently established, will be the flagship program for the Institute. The Canadian Program will be initiated in FY 1990. The Scandinavian and Greenlandic Program is scheduled for FY 1991; the Antarctic Program, for FY 1993. This sequential approach is intended to allow for coordinated program development and for development of funding sources.

2. Advisory Boards. Boards will be established to provide peer review, to guide the development of research projects for Alaska, and to guide the overall international activities of the Institute. Advisory boards for each field of research will include both Alaskan and national representation.

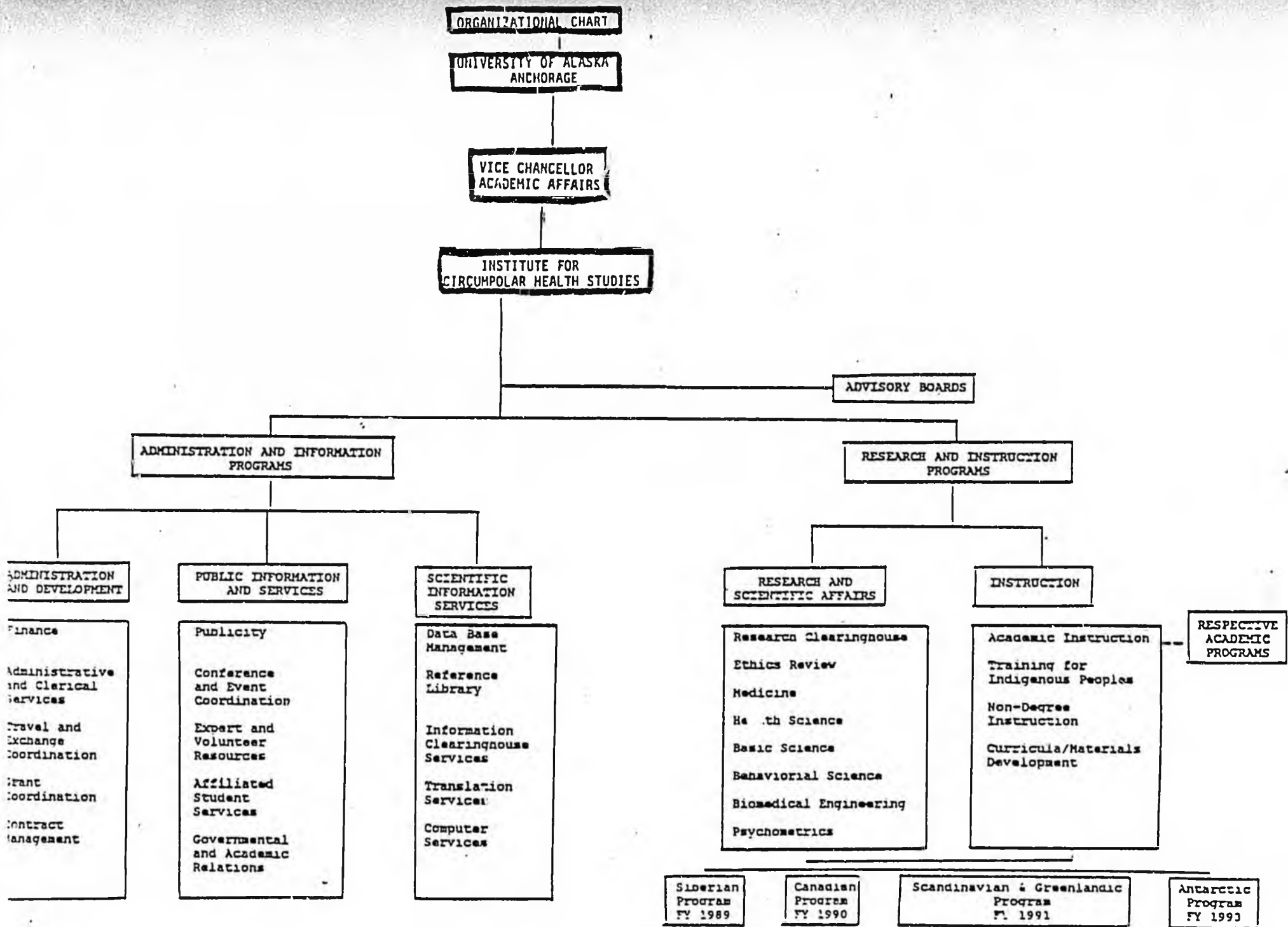
Implementation

Seed money from the State of Alaska is critical for the establishment of the Institute for Circumpolar Health Studies. A \$250,000 start up budget would provide the critical operating money for Institute staff and services not generally funded through grants. With seed money, it will be possible for the Institute to demonstrate the serious commitment of the State of Alaska, as it seeks additional funding from private and federal sources.

From the private sector, the Institute will focus initially on endowment of chairs to meet the faculty instruction and research needs of the Institute.

Initial staffing will include a full time director for the Institute and program coordination and support staff. Faculty affiliations will be established in coordination with the Office of the Chancellor of Academic Affairs, University of Alaska, Anchorage.

Development of the initial implementation plan for the Institute will be accomplished by the University of Alaska-Siberia Medical Research Program in conjunction with its advisory boards. Activities within Program Components will be identified. The critical success factors by which to measure those activities and target dates for completion will be established.



NOTE FOR SENATOR BINKLEY:

This proposal represents the long range goals for an Institute. It is not THE solution to all of our problems but it IS a start. The 250,000 grant which we are asking you to consider would allow us to bring on grant writers to look for the outside funding that we need to accomplish our goals. Working with the Alaska Dept. of Health and Social Services, we will be able to set up our medical data base on research that has been done in Alaska as well as in other countries and begin the task of bringing other circumpolar scholars to Alaska as well as our people going to other places to jointly explore common solutions.

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Ted Malu

INSTITUTE FOR CIRCUMPOLAR HEALTH STUDIES

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Postage	8,000
Computers, printers, hard disc drive	21,000
Travel	48,000
Grants/development National advisory boards Research work groups	

Total \$250,000

Senator John Binkley

Senate Finance Committee
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985



Finance Committee
Co-Chairman

MEMORANDUM

February 15, 1988

TO: Senate Finance Committee

FROM: Senator John Binkley *John Binkley*

RE: SB 379 and 380: Establishment of the Institute for Circumpolar Health Studies

Alcoholism, suicide and mental depression are not new issues. Certainly we have already spent millions of dollars and countless hours attempting to solve or at least adequately address them. One thing we do know is that Alaska is not alone in suffering from these problems. Other circumpolar areas and nations, including Canada, Siberia, Greenland and Scandinavia also suffer from them.

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I hope you join me in supporting this proposal. I have included a more detailed description of the institute, and also copies of letters of support that either I or Dr. Ted Mala have received.

12901 Kuparuk Rd.
Anchorage, AK 99516
February 7, 1988

Senator John Binkley
Alaska State Legislature
P.O. Box V (MS 3100)
Juneau, AK 99811

Dear Senator Binkley,

I wish to express my support for Senate Bills 379 and 380, establishing an Institute for Circumpolar Health Studies and providing a special appropriation to fund it.

The potential long range benefit to all Alaskans from these bills is of such vital importance that I urge speedy passage of both.

In addition, I strongly support Governor Cooper's proposal for the establishment of a Science and Technology Endowment to provide ongoing funding for these types of endeavors in the future.

Sincerely,
Roberta Helmuth

12901 Lupinus Rd
Anchorage, Alaska 99516
Feb. 6, 1988

Senator John Bickley
Alaska State Legislature
P.O. Box 1 (MS-3100)
Juneau, Alaska 99811

RECEIVED FEB 10 1988

Dear Senator Bickley:

I strongly support and urge passage of Senate Bills No. 379 and 380, which provide for the establishment of an Institute of Circumpolar Health Studies at the University of Alaska and funding for this Institute.

I trust that these bills will be passed at the earliest possible date, as they will benefit all Alaskans.

I also support Gov. Cooper's proposal for the establishment of a Science and Technology Endowment.

Sincerely,

Carl M. Smith

American Psychiatric Association

1400 K Street, N.W.
Washington, D.C. 20005
Telephone: (202) 682-6000

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Deputy Medical Director

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Deputy Medical Director

Jack W. White, D.B.A.
*Deputy Director,
Business Administration*



February 10, 1988

Senator John Binkley
Senate Finance Committee
P.O. Box V
Juneau, Alaska 99811

Dear Senator Binkley:

I have just finished a meeting with Dr. Theodore A. Mala and have learned of your very exciting bill which you are introducing in the Senate which would establish an Institute for Circumpolar Health Studies within the University of Alaska. I would like to personally congratulate you on your support of this very innovative idea and to say that I wish you every success. Even though this proposal has not yet been shared with the American Psychiatric Association's Council on International Affairs, I'm sure that this component as well as our Office of International Affairs would be very pleased with this possibility. I know that Dr. Mala's work is outstanding and that he has accomplished a great deal in bringing our country together with others in the circumpolar region and I am particularly excited about his work in Siberia.

If this new Institute is, in fact, approved, I am sure that the American Psychiatric Association would be eager to cooperate in any way that it can to facilitate communication and collaboration.

Thank you for your excellent proposal and my best wishes for every success.

Sincerely,

Melvin Sabshin, M.D.
Medical Director

cc: Deobrah B. Geeseman, M.D.
Governor Steve Cowper
Dr. Theodore Mala



Office of the Assistant Secretary
for Health
Washington DC 20201

DEC 16 1987

Theodore A. Mala, M.D., M.P.H.
Program Director
Siberian Medical Research Program
University of Alaska
3211 Providence Drive
Anchorage, Alaska 99508

Dear Dr. Mala: *Ted*

Thank you for sending me the material on the visit to Alaska by the Soviet medical delegation. You and the University of Alaska deserve a great deal of credit for your efforts in developing this interesting and potentially very productive initiative.

As you know, the development of this type of State government/private sector program with the Soviets is something we strongly encourage. Programs such as these are particularly timely in view of the recent Summit Meeting and the desire being shown by both countries to increase peaceful collaboration.

Again my congratulations and my best wishes for the successful development of activities under this initiative.

Sincerely yours,

RE
Robert E. Windom, M.D.
Assistant Secretary for Health

THE SALK INSTITUTE

3 December 1987

Dr. Theodore A. Mala
Program Director
University of Alaska
Siberian Medical Research Program
3211 Providence Drive
Anchorage, Alaska 99508

Dear Doctor Mala:

It is only now that I have seen your letter of 26 October. The delay is a reflection of more to do than time in which to do it. All my efforts for this past year have been devoted to attempts at control of AIDS via immunization of seropositive individuals and this leaves time for little else.

Your project is surely most worthy and I would like to be helpful. I will have to be away for virtually all of this month. I know that I cannot become involved in still another activity and although I don't know how much help I can be in a few hours of conversation, we can see. Let me hear from you as to when you might be able to visit here.

Sincerely,



Jonas Salk

Mr. Walter J. Hickel,
Box 101700,
Anchorage,
Alaska 99510-1700,
USA

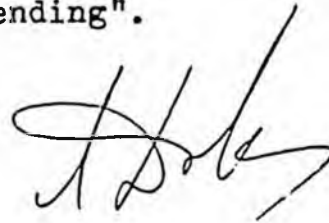
December 4, 1987

Dear Mr. Hickel,

I was glad to receive your letter and thank you sincerely for your invitation to visit Alaska.

Together with you I hope that ties between Alaska and Siberia will gradually develop to the benefit of both nations and those coldest places of our two countries could become the partners in the warmest relationships. Anyway, the start has been made and, as we say in Russia, "a good beginning makes a good ending".

With warm regards.

A handwritten signature in cursive script, appearing to read 'A. Dobrynin', written in dark ink.

Sincerely,

Anatoly Dobrynin

SB

420

HOUSE COMMITTEE REPORT

(7)

Date referred: 4/19/88

FURTHER REFERRALS:

DATE: 4-26-88

The Health, Education and Social Services Committee has considered SB 420

"An Act relating to the curriculum required in public schools."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note
- zero with analysis same as previous zero fiscal note published 2/23/88, 4/19/88

~~SIGNING DO PASS~~

Nick Kozma
Bill Hudson
Mark Hummer
J. Ellis
Robert E. HCC

SIGNING OTHER RECOMMENDATIONS:

J. Ellis
 Co. Chairman's signature
Nick Kozma

my name is

4/18/88

LAURA HILLARY

I support S.B. 420 to offer American Sign Language classes for credit as a foreign language at the high school level. ASL has ^{long} been established as a language by nationally- and internationally- renowned linguists, such as William Stokoe.

I personally have completed 4 semesters of American Sign Language at Anchorage Community College. The courses were very well structured, and are taught based upon linguistic analysis of ASL structure. ~~My~~ This sign language training was invaluable to me in my work as an instructor of deaf adults and as a sign language interpreter.

I feel that ASL classes offered at the high school level will potentially increase the number of qualified sign language interpreters in our state, a need that is felt not only in Anchorage & Fairbanks, but in Juneau, Kotzebue, Barrow, Bethel -- literally statewide. High school students who are interested in pursuing careers in education (particularly Special Ed), or social services will find their future employability enhanced by learning sign language.

Lastly, there is the benefit of increasing potential for human communication. Since there is a high incidence of deafness among Alaska's native population, there is a need for sign language fluency in the schools and communities across our state.

Th. 19
Laura Hillary

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HHESS	4-26-88
HSA	4-18-88



Official Business

Alaska State Legislature

Senate

P.O. BOX V
State Capitol
Juneau, Alaska 99811

Sponsor Summary

SB-420: "An act relating to the curriculum required in public schools."

SB-420 would require school districts to give credit for American Sign Language (ASL) as a foreign language if it is taught.

California and Ohio both have laws similar to that proposed by SB-420 and more than 300 institutions of higher learning across the United States offer classes in sign language.

The Commission on Education of the Deaf recognizes American Sign Language as a legitimate language. After extensive examination, researchers have concluded that ASL's linguistic structure is that of a natural and complete language.

Schools will not be required to teach sign language classes if this legislation passes. But, if the class is offered, schools will have to give credit to students who successfully complete the course. Presently many school districts offer courses in ASL, but often the courses are not given for credit.

The Anchorage Association of the Deaf, the National Education Association (NEA), and the Louise Rude Center for the Blind and Deaf all support this legislation.

We should recognize that the Deaf Community is part of our society. For far too long we have chosen to ignore and discriminate against the deaf. This legislation is one small step toward encouraging our students to learn an important communication skill, and toward recognition of the Deaf Community as part of us.

JK/emt

STATE OF ALASKA
1988 LEGISLATIVE SESSION

BILL VERSION: SB-420
PUBLISH DATE: _____

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: curriculum required in
public schools.
Sponsor: Kerttula
Requestor: Senate HESS

Agency Affected: Education
BRU: _____
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Steve Holel
Division: Commissioner's Office
Approved by Commissioner: William G. DeMert
Agency: Department of Education

Phone: 465-2800
Date: 2-19-88
Date: 2-19-88

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

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: relating to the curriculum
required in public schools
Sponsor: Kerttula
Requestor: _____

Agency Affected: Health & Social Services
BRU: _____
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)


GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

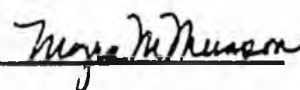
POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

The passage of SB 420 would have no direct fiscal impact on the Department of Health & Social Services.

Prepared by: Mel Henry, Director  Phone: 465-3370
Division: Mental Health & Developmental Disabilities Date: 3-1-88

Approved by Commissioner: Myra M. Munson  Date: 3-7-88
Agency: Health & Social Services

Distribution (by preparer):

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

Louise Rude Center for Blind and Deaf Adults

MAR 14 1988

CENTER FOR BLIND ADULTS
3903 Taft Drive
Anchorage, Alaska 99517
(907) 248-7770

JAMES H. OMVIG, Director
March 8, 1988

CENTER FOR DEAF ADULTS
1020 E. 4th Avenue
Anchorage, Alaska 99501
(907) 276-3456

Alaska State Legislature
P.O. Box F
Juneau, Alaska 99811

Soon you will be considering the passage of SB 420, which relates to giving credit for American Sign Language (ASL) when it is taught in public schools and which was sponsored by Senator Kerttula.

Here are a few facts about American Sign Language (ASL):

1. ASL is a visual/gestural language.
2. Its roots are in French Sign Language and Old American Sign Language.
3. It is used in both the U.S. and some parts of Canada.
4. Approximately 500,000 deaf persons use ASL as their primary language. Roughly 600 deaf persons residing in Alaska use it regularly.
5. ASL has its own syntax, grammar, and structural properties.
6. Like all languages, whether oral/auditory (spoken) or visual/gestural (signed), ASL sprang from a group's need to share information, feelings, values, and norms of behavior.
7. ASL is taught and used in every state of the union.
8. ASL has no written form, but advances in technology (video) enable users and instructors to record language samples for posterity and instructional purposes.
9. Although ASL has been used by deaf persons since about 1820, it has been studied by linguists only since the late 1950s.

March 8, 1988

Page 2

10. ASL can be referred to as an uncommonly taught language and thus usually is found in foreign language departments along with Navajo, Yupik, and most North American Indian languages.
11. ASL is not a foreign language in the strict sense of the term but for lack of other department choices; i.e. Modern Language Department; it would fit in the language department where other than English is taught.
12. Sign language is not universal. There are unique sign languages in all countries where deaf persons live: Spanish Sign Language; Filipino Sign Language; Korean Sign Language, etc.
13. The study of language is an enriching experience which introduces the student to a world view which is different from their own. It also provides a new discipline with which to challenge the mind.
14. We have a dearth of interpreters of ASL in Alaska. By allowing high school students to earn credit, we may be opening new career options for them.

I am very eager to see SB 420 become law in Alaska. It would not require the teaching of ASL but would give ASL the additional status it deserves in the language community by requiring that credit be earned when it is offered.

As a student of ASL for the last twenty years, I know firsthand of the benefits of learning a visual/gestural language. Knowing this language has enabled me to converse with deaf persons in education, rehabilitation, human service, and social settings. It has truly enriched my life. I encourage you to support the passage of SB 420.

If I can provide you with any further information regarding this or other pieces of legislation related to deafness, please contact me.

Sincerely,

Carolynn J. Whitcher
Director

CJW:cp

Education

MAINSTREAMING OF DEAF CHILDREN -- FROM BAD TO WORSE

by Harlan Lane, Ph.D.
(excerpted from THE DEAF AMERICAN)
(Spring 1987)

Ten years ago Congress passed the Education for All Handicapped Children Act, which has led to growing integration of deaf children with hearing children in local public schools. More than half of the estimated 80,000 deaf school children in the United States have now been "mainstreamed" to some extent, and the specialized schools for the deaf they would have attended are starting to close.

Yet the attempt to educate deaf children with teaching methods appropriate for hearing children has repeatedly proved a failure. In a classroom where spoken and written English are the basic means of communication, deaf children are baffled and withdrawn, since eight out of ten became deaf before they could learn English at home. These children lack the knowledge of English and the skills of articulation and lipreading required to succeed; studies have shown that speech teachers find two-thirds of their own deaf pupils hard to understand or utterly unintelligible, and deaf high school students can lipread no better than the man in the street -- that is, scarcely at all.

An educational disaster has thus resulted from using English to instruct deaf children; the average twelfth grade student reads at fourth grade level and does arithmetic (his best subject) at sixth grade level. Thus most deaf students leave school unable to read a newspaper readily; the manual trades await them, but the manual trades are dying out. The future is bleak for most of today's deaf students.

As a remedy, many deaf leaders want to keep the residential schools for the deaf and to reintroduce sign language and deaf teachers in their classrooms -- successful practices.

in the last century, when American deaf children studied all their subjects in their most fluent language, the American Sign Language of the Deaf. In a school with a signing community, the deaf student is able not only to understand and respond to the instruction, but also to get help after class with course work, to discuss local, national and international events, to participate in student activities, to develop friendships with other deaf students (most deaf people chose a deaf partner when marrying), to emulate older students and deaf teachers, to acquire self-respect as a deaf person.

None of these advantages are available to the deaf child in an ordinary public school where sign language, deaf teachers, and a deaf community are absent. The poor conditions therefor social and emotional growth are not offset by enhanced conditions for learning: the first report cards on mainstreamed deaf children show no improvement in English or mathematics attributable to mainstreaming (even though the first to be mainstreamed were the children with the best speech and hearing).

The deaf children who do best in school are the fortunate 10 percent who learned sign language as a native language from their deaf classmates from hearing homes in most subjects, even in learning to read and write English. They are also better adjusted, better socialized and have more positive attitudes. The superior performance of deaf children of deaf parents highlights the changes that most need to be made in the education of deaf children, namely, a return to sign language, deaf teachers and deaf administrators. These changes have long been advocated by many of the deaf community and by the National Association of the Deaf.

A recent UNESCO report on the education of the deaf concludes that deaf adults have an important role to play in the development and education of deaf children, and finds that the interaction of deaf adults with the

parents, the deaf children and the teachers also "enriches the socialization of the deaf child." Here is what these experts had to say about sign language: We must recognize the legitimacy of sign language as a linguistic system and it should be accorded the same status as other languages. Now that the importance of the national sign languages for deaf education is better understood, it is no longer admissible to overlook them or to fail to encourage their integration into deaf education. The old idea that the use of sign language interferes with the acquisition of spoken and written language is no longer considered valid.

If deaf adults were once again substantially involved in the education of deaf children, there would be role models for those children, American Sign Language would be introduced. English language skills would take their appropriate priority, English literacy would improve, schools would no longer be unsuccessful speech clinics but successful educational institutions.

Unfortunately, the very professions created to serve the interests of the deaf have been totally at odds for over a century with what the deaf perceive as their interests. These professions have vainly pursued the assimilation of deaf children into the hearing majority at the expense of their individual growth; thus, many special educators embraced mainstreaming precisely because it would help to close the residential schools the deaf hold dear. Congress was wiser, recognizing (in the words of the Supreme Court) that "regular classrooms simply would not be a suitable setting for the education of many handicapped children" and providing for alternative placements. But educators have largely ignored this provision of the 1975 act.

To achieve intellectual and emotional maturity and full participation in society most deaf children require an education conducted in their primary language, American

Sign Language, with the participation of deaf adults, in the setting of a specialized school. The state association should bring their case to their statehouse.

Alaska
Association of the
Deaf

1345 Rudakof Circle, Suite 107
Anchorage, Alaska 99508
907-333-7545 (TTY)

April 1, 1988

Representative Fran Ulmer
Chairman, State Affairs Committee
P.O. Box V
Juneau, Alaska 99811

Dear Representative Ulmer:

We would like to request your support of Senate Bill 420. This bill advocates for the introduction of American Sign Language in the Alaska public school system as a foreign language credit. We feel that this bill is very important as it deals with deaf communication. We are strongly in support of this bill and hope that you will also advocate for its passage.

We have learned that Senate Bill 420 has passed the Senate and is now in the House. It is our understanding that in the House it will have two committee assignments: House State Affairs and House Health, Education, and Social Services. We have been informed by another staff member of the Alaska legislature that Senate Bill 420 will be brought up for public hearing sometime in April 1988. Since you are the chairman of the House State Affairs committee we would be most grateful if you would notify us of the date of that hearing and we would also like to request that the hearing be held in Anchorage, or through teleconference with an interpreter provided by your committee, so that the deaf community here could have some input on this legislation.

Your attention to this matter is welcomed and greatly appreciated. Thank you for all the time and effort you may place in your advocacy of this bill and all others that deal with deaf issues. We strongly urge you to fully investigate Senate

Alaska
Association of the
Deaf

1345 Rudakof Circle, Suite 107
Anchorage, Alaska 99508
907-333-7545 (TTY)

March 3, 1988

Representative Fran Ulmer
Chairperson State Affairs
Room 102
P.O. Box V
Juneau, AK. 99811

Dear Representative Ulmer:

We understand that Senate Bill 420 which has passed out of the Senate recently will come to the State Affairs Committee. Senate Bill 420 advocates for the introduction of American Sign Language in a high school curriculum to be given credit as a foreign language.

The Alaska Association of the Deaf feels that this bill is very important in the areas of education and public awareness for the deaf community in Alaska. We are very supportive of this bill and hope that you and the State Affairs Committee will give it prompt attention and favorable action. Thank you for your attention to this matter.

Sincerely,



Albert Berke
Secretary

AB: cjp

POSITION PAPER
SENATE BILL NO. 420

"An Act relating to the curriculum required in public schools."

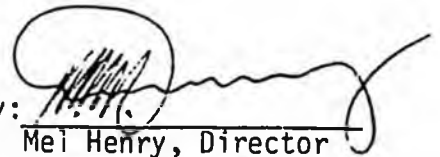
EFFECT OF BILL

SB420 would require that American Sign Language, if taught in a public school, would be given foreign language credit.

RECOMMENDATION

The Department of Health and Social Services recommends passage of SB420.

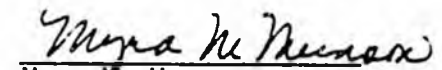
Recommended by:


Mei Henry, Director

Date:

15th March, 1988

Approved by:


Myra W. Munson,
Commissioner

Date:

March 7, 1988



Official Business

Alaska State Legislature

Senate

P.O. BOX V
State Capitol
Juneau, Alaska 99811

INDEX OF SB 420 INFORMATIONAL PACKET

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- 2) Alaska Senate Bill No. 420, sponsored by Senator Kerttula
- 3) Position Paper: Department of Health and Social Services
- 4) Fiscal Note (Zero): Department of Health and Social Services
- 5) Fiscal Note (Zero): Department of Education
- 6) Louise Rude Center's letter: Carolyn Whitcher, 3/8,/88
- 7) Maryland Senate Bill No. 230
- 8) Press Release on Maryland Senate Bill No. 230
- 9) California Assembly Bill No. 51
- 10) Ohio Association of the Deaf, Inc.: Proposed Legislation
- 11) Updated list of colleges that offer sign language classes
- 12) The American Sign Language Alphabet
- 13) The Pledge of Allegiance in sign language
- 14) Education: Article
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- 18) Religious Signing: Introduction
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- 21) Teaching English to the Deaf: Article
- 22) Deaf Heritage: Chronology
- 23) American Sign Language: Our Natural Language: Article
- 24) New York Times Article: Gallaudet Demonstration, 3/9,/88
- 25) New York Times Article: Gallaudet Gets Deaf President, 3/14,/88
- 26) Fairbanks Daily News-Miner: Gallaudet Resolved, 3/14,/88
- 27) Fairbanks Daily News-Miner: Article, 3/14,/88
- 28) Historical Document
- 29) Access Alaska: Article
- 30) The Other Side of Silence: Article
- 31) The Other Side of Silence: Prologue

JK/emt

1

Arden Neisser
1983

Prologue

My first glimpse of deaf life came while listening to a research paper about **American Sign Language (ASL)** at a university conference on language and linguistics in the mid-1970s. This remarkable language had only recently been discovered by academic linguists; the auditorium was filled, and interest was very high. Before making the presentation, the speaker gave a brief and startling history of ASL in America: Among educators of the deaf, ASL is not considered a language. It is never taught, is forbidden in the classroom, and strongly discouraged outside of school. The aim of deaf education for close to a century has been teaching the deaf to speak and to lipread. Despite the fact that few deaf students have ever achieved these goals, it still is.

Although ASL was discouraged and even suppressed, deaf people throughout the country have continued to use it. It is the fourth most commonly used language in the United States—after English, Spanish, and Italian—with a signing population of nearly 500,000.

Deaf people have always used sign language. Even uninstructed and isolated deaf people use signs. In 1972, a Danish anthropologist came across a single deaf man on a Polynesian island—the only one ever recorded in the island's twenty-four generations of oral history—and *he* was using a sign language to communicate with his family and friends. In schools for the deaf where a strictly oral method is pursued, and the prohibition against sign language is zealously enforced, children are still

2

THE OTHER SIDE OF SILENCE

known to sign among themselves at every opportunity. Observers have commented on this phenomenon for centuries, and modern psychologists have begun studying it. There is now experimental data showing that young deaf children who have had no exposure to any kind of sign language will indeed invent their own system of signs.

My own experience with ASL and the deaf community began with reading articles and attending lectures; I had never known a deaf person, never met a deaf child. I enrolled in a sign language course, and subsequently spent an entire, frustrating season signing nursery rhymes. What I was learning was not American Sign Language, but I did acquire a small vocabulary of standard signs borrowed from ASL and used in all sign systems. It was like learning a list of French words before taking a trip to Paris. Of course, it's better to go to Paris with a small list of French words than with none, and my signs, though pathetic by linguistic standards, were better than no signs at all. Later, when I began interviewing deaf people, I always used an interpreter.

ASL was a topic of considerable interest to scholars, but I wanted to know what it meant to the deaf; to understand the deaf point of view. I wondered if the recognition of ASL had improved their lives. I started with the children, and with the conviction that the new information, when filtered down to the level of the schools, could only lead to constructive action.

Most schools for the deaf are currently using some variety of sign language in the classroom as part of a new method called "total communication." When the decision was made, during the 1970s, to lift the ban on signing, no change in philosophy took place; to all other methods, techniques, training, and curricula, signs were merely added. Amoeba-like, these institutions are always eager to extend themselves, to increase their bulk and their budgets. The teachers have their own interests and traditions; their opinions were formed at teachers training colleges and special education departments. In some states, a single sequence of courses certifies a teacher to work with *my* handicapped child:

3

Prologue

crippled, retarded, disturbed, autistic, deaf, or blind. (There are almost no deaf teachers in schools for the deaf.) Though a sort of sign language is used in the schools, it isn't ASL. A peculiar kind of trade-off has taken place: the kids don't learn to speak very well, and the teachers don't learn to sign.

For five years, I made regular visits to schools and agencies, institutions dedicated to the education and welfare of the deaf. They were all public institutions, and ranged from well-staffed federal committees in Washington to a rural school with one deaf child and a part-time hearing specialist. Few professionals in the world of the deaf have ever thought seriously about deafness. They think only about hearing: hearing loss, partial hearing, residual hearing, and the conduction of sound. They spend a great deal of time describing to their deaf clients and pupils all the things that they are missing, like music, and poetry, and bird-song. I never heard so much talk about string quartets, sonnets, and the uplifting murmurings of nature as I did at the schools for the deaf! Everybody seems obsessed with sound. They know nothing at all about silence, and have never stopped to wonder how competent and intelligent people might go about coping with it.

Although the deaf live in a world without sound, it is the same world we all inhabit. To the problems of living in the environment they bring the full range of human resourcefulness, intelligence, and ingenuity. They have created for themselves a language that is not only comparable to all the world's great languages, but is perfectly adapted to their lives and needs. They have created for themselves as well a strong sense of identity, an authentic social community, and many cultural traditions. They do not speculate long about the nature of sound, or the mechanics of normal hearing. No living creature organizes its behavior around something it doesn't have. The deaf perceive the world through skilled and practiced eyes; language is at their fingertips.

When I wanted to learn about silence and sign language, I went to talk to the deaf.

HOUSE COMMITTEE REPORT

(7)

Date referred: 3/2/88

FURTHER REFERRALS: HESS

DATE: 4-18-88

The State Affairs Committee has considered SB 420

"An Act relating to the curriculum required in public schools."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published 2-23-88
- zero with analysis

SIGNING DO PASS:

[Handwritten signatures]

SIGNING OTHER RECOMMENDATIONS:

[Handwritten signature]

Chairman's signature

P. O. Box 635
Valdez, Alaska 99686
(907) 835-4446

April 26, 1988

TO: House HESS Committee
House RULES Committee

FROM: Jeanne Rasmussen *Jeanne Rasmussen*

RE: SB 420 - SIGN LANGUAGE IN PUBLIC SCHOOLS

I support SB420, however, I would like to see S.E.E. (SIGNING EXACT ENGLISH) or S.E. (SIGNING ENGLISH) included as sign language for which credit will be given.

I feel very strongly about this because S.E.E. is a more advanced language, and has the same syntax as spoken English. A.S.L. deals in concepts only, with no thought of sentence structure. ASL is likened to the Indian picture language and is really not translatable.

I am a parent of a girl who went deaf at age nine. We were recommended by the staff at the University of Washington Hospital as well as Alaska agents of the deaf to keep her in S.E.E. because it is signed the same as the spoken word. It has helped her in her schooling at the primary and secondary level, and will be most valuable for higher education. If students don't learn correct grammar, it is most difficult for them to write and speak it.

There are many deaf people who prefer S.E.E. So, I would ask your support in having credit given for S.E.E. classes as well as A.S.L. (AMERICAN SIGN LANGUAGE).

S B

467

HOUSE COMMITTEE REPORT

(7)

Date referred: 4/19/88

FURTHER REFERRALS:

Judiciary
Finance

DATE: 5-5-88

The Health, Education and Social Services Committee has considered CSSB 467(Fin)

"An Act relating to the registration of persons convicted of sexual offenses; and providing for an effective date."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact same as previous fiscal note published 4/12/88
- zero fiscal note same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

Bill Hude
~~_____~~
Clayce Hanley
REED E. GARDNER

SIGNING OTHER RECOMMENDATIONS:

Mr. Gumbert no rec
David Doolittle no rec
J. Ellis no rec
Mike Korman no rec

Mike Korman
 (Chairman's signature)
J. Ellis

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: "Relating to the registration of persons..."
Sponsor: Abood
Requestor: _____

Agency Affected: Public Safety
BRU: Alaska State Troopers
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES		6.7	13.3	13.3	13.3	13.3
TRAVEL		0	0	0	0	0
CONTRACTUAL		2.2	2.2	2.2	2.2	2.2
SUPPLIES		2.0	2.0	2.0	2.0	2.0
EQUIPMENT		2.0				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		12.9	17.5	17.5	17.5	17.5

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		12.9	17.5	17.5	17.5	17.5
FEDERAL FUNDS						
OTHER						
TOTAL		12.9	17.5	17.5	17.5	17.5

POSITIONS:

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

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Rick Halford Phone: _____
Division: _____ Date: _____

Approved by Commissioner: Senator Rick Halford Date: 4/11/88
Agency: Senate Finance Committee Co-Chairman

Distribution (by preparer):
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Legislative Sponsor
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STATE OF ALASKA
THE LEGISLATURE

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JUNEAU, ALASKA 99811
907-465-3800

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HHESS

5-5-88

9:00a.m.

SB

501

HOUSE COMMITTEE REPORT

5/3

(7)

Date referred: 4/28/88

FURTHER REFERRALS:

Rules

DATE: 5-3-88

The Health, Education and Social Services Committee has considered SB 501

"An Act placing the principal executive officer of the State Medical Board in the partially exempt service."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published 4/26/88
- zero with analysis

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

J. Ellis
Raye Stanley
ROSE
Walter E. Korman

Bill Hudson - No Rec.

Walter E. Korman
 Co-Chairman's signature
J. Ellis

STATE OF ALASKA
1988 LEGISLATIVE SESSION

BILL VERSION: SB 501

PUBLISH DATE: SENATE 4/26/88

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act placing the Exec. Officer
of the State Medical Board in partially exempt service
Sponsor: Senate HESS
Requestor: _____

Agency Affected: Commerce & Economic Dev.
BRU: Occupational Licensing
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES		0	0	0	0	0
TRAVEL		0	0	0	0	0
CONTRACTUAL		0	0	0	0	0
SUPPLIES		0	0	0	0	0
EQUIPMENT		0	0	0	0	0
LAND & STRUCTURES		0	0	0	0	0
GRANTS, CLAIMS		0	0	0	0	0
MISCELLANEOUS		0	0	0	0	0
TOTAL OPERATING		0	0	0	0	0

CAPITAL		0	0	0	0	0
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REVENUE		0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS		0	0	0	0	0
OTHER		0	0	0	0	0
TOTAL		0	0	0	0	0

POSITIONS:

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

ANALYSIS : (Attach a separate page if necessary)

Funding for this position is included in the department's FY 89 operating budget request.

Prepared by: Jennifer Strickler, Management Analyst
Division: Occupational Licensing

Phone: 465-2144
Date: 4/13/88

Approved by Commissioner: J. Anthony Smith
Agency: Commerce and Economic Development

Date: 4/15/88

Distribution (by preparer):

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

RECEIVED
APR 14 1988

SB 501: An Act placing the principal executive officer of the State Medical Board in the partially exempt service.

The Department of Commerce and Economic Development is in support of SB 501 which places the State Medical Board's Executive Secretary position in the partially exempt service.

Currently, two (the Alaska Board of Nursing and the Alaska Real Estate Commission) of the three boards which have executive secretaries assigned to them have their positions listed under AS 39.25.120 as in the partially exempt service. Last session, the Medical Board was also granted an executive secretary position. Despite legislative intent that the position be classed partially exempt, because AS 39.25.120 was not specifically amended to exempt the position, the executive secretary to the Medical Board has had to be classed as a general government employee.

An executive secretary to a licensing board functions with a great deal of independence. The position, a Range 18, while hired by the Division of Occupational Licensing, is hired only with the concurrence of the applicable board and primarily serves the board in its policy making capacity. The licensing and examination of applicants is handled by a licensing examiner in Juneau (a Range 12), while responsibility for board meetings, board agenda, coordination of investigations and the development of policy issues is the sole responsibility of the executive secretary. The level of independence and professionalism required of the position justifies its PX status.

In addition, the position must meet the needs of the board and be very responsive to the policy directives and desires of the board it serves. As a representative of the board at major national meetings and at in-state meetings and conferences, the board must have full confidence that the employee both fully understands and represents the position and interests of the board. If not, the board, which is not a full-time agency, must have the latitude to remove the employee without having to be subjected to the lengthy, progressive discipline requirements that quite rightfully protect general government employees who are supervised on an ongoing basis.

Finally, the inconsistency of having two executive secretary positions classed PX and one position classed GGU makes for obvious administrative disparities that complicate the work environment.

The department supports this bill and urges its adoption.

Kathy Marshall for

J. Anthony Smith, Commissioner
Department of Commerce and Economic
Development

4/14/88

Date

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HHESS

5-3-88

8:30 a.m.

SCR

16

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

H HESS

3-31-87

8:30 a.m.

HOUSE COMMITTEE REPORT

(7)

Date referred: 3/16/87

FURTHER REFERRALS:

DATE: 3-31-87

The Health, Education and Social Services Committee has considered CSSCR 16(Rls)

Relating to Fetal Alcohol Syndrome Awareness Week.

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent.

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

Roll E (Roll)
[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

SIGNING OTHER RECOMMENDATIONS:

[Signature] (VORSC)

[Signature]
 Chairman's signature
[Signature]



STATE OF ALASKA
OFFICE OF THE GOVERNOR
BILL ANALYSIS

DEPARTMENT Health & Social Services	DIVISION Public Health	BILL NUMBER SCR 16	SPONSOR Binkely, Coghill, Josephson, Szymanski & Faiks
DEPARTMENT POSITION Supporting			
PREPARED BY Elizabeth Ward, M.N.	DATE 2/26/87	COMMISSIONER'S SIGNATURE <i>Mega M. Munson</i>	DATE 3/5/87

SUMMARY

OTHER AGENCIES AFFECTED BY BILL	CONSTITUENT GROUP(S) AFFECTED BY BILL
ORGANIZATIONAL SUPPORT FOR BILL	ORGANIZATIONAL OPPOSITION TO BILL

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

ANALYSIS OF BILL/PROGRAM EFFECTS

The Division of Public Health, Department of Health and Social Services, endorses and supports Senate Concurrent Resolution No. 16, Relating to Fetal Alcohol Syndrome Awareness Week. The bill is consistent with the educational and program objectives of the Division of Public Health; signature and enactment of the bill is recommended.

AMENDMENTS PROPOSED

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

CS for SCR 16

Relating to Fetal Alcohol Syndrome
Awareness Week

CONTENT SHEET

1. My Baby, Strong and Healthy
2. Copy CS for SCR 16 (Rules)
3. Copy, Bill/Resolution History
4. Congressional Record - Senate, 9/12/86, declaration of
National Fetal Alcohol Syndrome Awareness Week
5. Literature regarding FAS

**NATIONAL FETAL ALCOHOL
SYNDROME AWARENESS WEEK**

The joint resolution (S.J. Res. 373) designating the week beginning May 19, 1987, as "National Fetal Alcohol Syndrome Awareness Week," was considered, ordered to be engrossed for a third reading, read the third time and passed.

The preamble was agreed to.

The joint resolution, and the preamble, are as follows:

S.J. Res. 373

Whereas fetal alcohol syndrome is one of the three major known causes of birth defects with accompanying mental retardation in the United States, and the only preventable one;

Whereas fetal alcohol syndrome can result in such serious health problems as: deficiencies in prenatal and postnatal growth that are associated with mental retardation; developmental disabilities that may cause an infant to experience delays in learning to walk and speak; and heart defects, including defects in the wall between the pumping chambers of the heart;

Whereas in cases in which fetal alcohol syndrome is avoided, infants may still experience alcohol-related birth effects, known as fetal alcohol effects, which are a series of health problems that include increased irritability during the newborn period and hyperactivity;

Whereas the discovery of fetal alcohol syndrome as a major health problem is a recent occurrence, and many questions regarding the illness remain unanswered;

Whereas there has never been an infant born with fetal alcohol syndrome whose mother did not consume alcohol during pregnancy;

Whereas fetal alcohol syndrome can be prevented if pregnant women and women considering pregnancy abstain from alcohol consumption; and

Whereas the Surgeon General of the Public Health Service has issued an advisory stating that pregnant women and women considering pregnancy should not consume alcohol: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the week beginning May 10, 1987, hereby is designated "National Fetal Alcohol Syndrome Awareness Week", and the President of the United States is authorized and requested to issue a proclamation calling upon the people of the United States to observe such week with appropriate activities.

Mr. DOLE, Mr. President, I move to reconsider the vote by which the joint resolution was passed.

Mr. BYRD, I move to lay that motion on the table.

The motion to lay on the table was agreed to.



Official Business

COMMITTEE:

House HESS Committee

DATE: March 30, 1987

SIGN-IN

Subject of meeting:

HB 107 - Alaska Community Colleges
 SCR 16 - Fetal Alcohol Syndrome Week
 HB 113 - Approp: Pupil Trans/Tuition Sup.
 CSSB 115 - Approp: Pupil Trans/Tuition

NAME	ADDRESS	PHONE	REPRESENTING	DO YOU WANT TO TESTIFY? & Which Bill
Brian Rogers	812 Gruening Bldg U of AK Fairbanks 97775	474 6490	U of A	HB 107 - will answer questions
Ralph Melrota	5889 Kenyatta androski, AK 99509	562-2660	ACCFT	NO
Wang Stan	205 N. Franklin	596-1736	Gov's Council on Voc. Ed.	
Dale Shirk		566-1756	HAA	NO
BOB ARNOLD	1802 Glacier Hwy Juneau, Alaska	596-4372	self	no
Kurt Parkan	Beyer		Beyer	no
T. J. ...	315 J. ... Juneau	483-3121	C.B.J. ...	CSSB 115 HB 113
Clark Armstrong	217 Second Street Suite 204 Juneau	586-8110	CAB Juneau	if needed CCSB 115

Drinking is harmful all through the pregnancy. It is especially harmful to the baby during the first three months, a time when many women do not know they are pregnant.

FAS is a totally preventable birth defect which only YOU can prevent.

FETAL ALCOHOL SYNDROME



Alaska Native Health Board

3000 BROADWAY, SUITE 200, ANCHORAGE, ALASKA 99501

October 13, 1986

RECEIVED
OFFICE OF THE HEALTH
ALASKA NATIVE HEALTH BOARD

OCT 16 1986

Vicki A. Hild
Alaska Area Native
Health Service
A-CHSB
P.O. Box 7-741
Anchorage, Alaska 99510

Dear FAS Networking Members:

Just a brief update. On September 29th I assumed the position of statewide FAS Coordinator with the Alaska Native Health Board and the Alaska Area Native Health Service. I feel it will be an exciting and challenging position that will enhance our FAS prevention efforts. I will be in contact with most members on specifics. My mailing address will remain the same. The new telephone number is 257-1709.

The North Pacific Rim's FAS Program, which started as a pilot project, will continue with emphasis on prenatal clinics at the Alaska Native Medical Center and on community education in their villages. Also, the Copper River Native Association has submitted a proposal for a FAS prevention program.

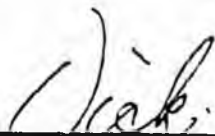
Results from the FAS diagnostic clinics held this past year throughout Alaska revealed a FAS rate for Alaskan Natives of 4.1/1000 live births. This is a conservative rate as some FAS children were unable to attend these clinics.

How does this rate compare? The rate of FAS in France and Sweden is 1.4/1000 live births, in the contiguous 48 states the rate is 1.7/1000 live births, and in Navajo the rate is 2.0/1000 live births.

For those who may not have heard about the case in California on Fetal Abuse, I have enclosed a copy of a newspaper article. Another interesting update is regarding the case in Canada where a woman who had given birth to a FAS infant was charged with child abuse -- she was found guilty.

Until the next update.

Sincerely,



Vicki A. Hild, M.S.P.H.
FAS Coordinator

ALASKA NATIVE HEALTH BOARD
Alaska Fetal Alcohol Syndrome (FAS)
Fact Sheet

MAR 12 1987

- * In 1985, all Alaskans consumed 4.35 gallons of absolute alcohol per capita.
- * Alaska appears to have one of the highest recorded rates of FAS.
- * The rate of FAS in Alaskan Natives is conservatively estimated at 4.2/1000 live births.
How does this compare?
 - France FAS rate - 1.6/1000 live births
 - Seattle FAS rate - 1.7/1000 live births
 - Navajo FAS rate - 2.0/1000 live births
- * The rate of FAS in the Alaskan non-Native population is not yet known, but it is expected to also be high.
- * A conservative estimate of new cases of FAS in Alaska is 10 per year.
- * In the lower 48 it is estimated that for every child born with FAS, 10 are born with Fetal Alcohol Effects (FAE). FAE describes less severe damage due to alcohol. The extent of FAE in Alaska is not yet known.
- * In Alaska, the dollar cost to care for one FAS child for his/her lifetime can be up to one million dollars or more.
- * In Alaska, FAS may be the number one identifiable cause of mental retardation.

It's true that what a mother-to-be eats and drinks affects her baby. That's why pregnant women are advised not to drink alcohol because it can cause a BIRTH DEFECT called FETAL ALCOHOL SYNDROME (FAS). With FAS the baby is growth retarded, mentally retarded, has facial deformities and many other physical problems.

BUT THE FATHER'S DRINKING ALSO AFFECTS HIS CHILDREN:

It affects his ability to father children.

It increases the chance of other birth defects in his children.

His babies have low birthweight.

The father's support of the mother during the pregnancy is the most important action a man can do to have a healthy baby.

- * Make an agreement that neither you nor the mother-to-be will drink alcohol, smoke cigarettes, marijuana or use any drugs during the pregnancy. This agreement makes it easier for a woman to maintain a healthy life style.
- * Encourage regular prenatal care, and go with her to the checkups.
- * See to it she eats a balanced diet, and takes prenatal vitamins and iron if prescribed.
- * Remind her not to take any medicine during the pregnancy unless told to by her doctor.

IT'S YOUR BABY TOO!!!

ALASKA NATIVE HEALTH BOARD

FETAL ALCOHOL SYNDROME
(FAS)
FACT SHEET

- * Fetal Alcohol Syndrome (FAS) is a birth defect caused by the mother drinking during her pregnancy.
- * FAS is probably the second most common birth defect.
- * FAS may be the number one cause of mental retardation in the nation.
- * Doctors Kenneth Jones and David W. Smith first identified and described the Fetal Alcohol Syndrome in Seattle, Washington in 1973.
- * The complete syndrome is termed Fetal Alcohol Syndrome (FAS) with milder forms of prenatal alcohol damage termed Fetal Alcohol Effects.
- * Criteria for FAS
 1. Prenatal or postnatal growth retardation in height, weight, and/or head circumference.
 2. Altered morphogenesis (abnormalities) especially of the face.
 3. Central nervous system involvement, often with mental retardation.

AND

- 4. There must be a positive history of the mother drinking during the pregnancy.
- * Facial abnormalities that are characteristics of FAS include:
 - small head circumference
 - small widely spaced eye openings
 - indistinct or no groove between the nose and upper lip
 - short nose
 - thin upper lip
 - flat midface
- * FAS children are smaller than normal children in height, weight, and head circumference, usually below the third percentile, and they NEVER "catch up." They remain shorter. They remain thinner even with adequate nutrition. The head is smaller because when the alcohol affected the brain's development, it stopped growing. And when the brain stopped growing, so did the skull. The head remains smaller.
- * The most devastating aspect of alcohol damage to the central nervous system is mental retardation. Alcohol "scrambles" the normal development of the brain so the children with FAS can be mildly to severely mentally retarded. The average I.Q. of 100 being normal. The range of I.Q. scores of FAS children is very broad with recorded scores of 15 to 105.
- * Other problems seen with central nervous system damage due to alcohol include:
 - irritability in infancy

babies born to moderate (2 drinks per day) drinking mothers have FAS.

- * Once a woman has an FAS child, and if she continues to drink, her future children will have FAS with increasing severity.
- * Nursing mothers who drink are also passing alcohol to their infants. Alcohol level in the milk is about the same as her blood alcohol level. Heavy drinking while breast feeding may have deleterious effects including growth retardation (particularly of the brain) and decreased viability.
- * Total Cost to Society of Fetal Alcohol Effects
 - lost productivity and potential
 - special care facilities
 - health care costs
 - special education needs
 - physical, intellectual and behavioral impairments
 - emotional burden on family and child
- * Preventing FAS is EVERYONES' responsibility.
- * Create an awareness about alcohol use and pregnancy with everyone you talk with.
- * Support pregnant women in not drinking.
- * Encourage the father to be supportive and make him aware of his responsibility in preventing FAS.
- * Tell women who are planning to become pregnant to stop drinking alcohol at least one month before they expect to get pregnant. Maybe the rule should be, "No birth control, no alcohol."
- * Offer alcohol-free drinks like alcohol-free beer and alcohol-free sparkling wine. Don't forget there are other fruit and vegetable juices that can be used in making tasty drinks.
- * We all pay in one way or another for every FAS child born.

FAS High Risk Criteria

A woman is considered at risk for having a FAS infant if she reports one of the following:

1. Consuming two or more alcoholic drinks per day or a total of 45 drinks per month, or
2. Binge drinking (consuming five or more alcoholic drinks on any one occasion ranging from twice a week to two or three times a month), or
3. Previously delivered a FAS or FAE infant, or
4. If the patient identifies herself as being at risk because of drinking environment and lack of supportive environment in which to stop drinking during the pregnancy.

MEDICAL EVALUATION AND THERAPY OF FAS AND FAE CHILDREN

Among FAS and FAE children, there is considerable variation in the degree and types of anomalies present. Many of the anomalies are associated with functional deficits which may require immediate and long term medical attention. When FAS or FAE children are diagnosed they should be evaluated for these deficits and appropriate medical and rehabilitation services provided. Some of the anomalies, common in FAS and FAE children which will require further medical and or developmental evaluation and treatment are outlined below. This list is not intended to be a complete list of anomalies present in FAS or FAE children but should provide the health care provider with a direction in evaluating the medical and social needs of these children.

<u>Area of Anomalies:</u>	<u>Evaluate for:</u>	<u>May Require:</u>
- Growth	- Failure to thrive - Weak sucking ability - Other feeding dysfunction	- gastronomic or nasogastric feeding in infancy
- Head and Face		
Eyes	- Ptosis - Strabismus - Epicanthic folds - Microphthalmic - Nystagmus - Myopia - Estropia - Abnormal retinal vasculature	- thorough ophthalmologic evaluation, glasses
Nose	- persistent rhinorrhea associated with a small nose and small nasal canals	
Ears	- recurrent otitis media - auditory deficiencies	- hearing aids, thorough hearing evaluation
Mouth	- cleft palate - cleft lip - poorly formed teeth - small trachea (may cause difficult intubation)	- surgery, orthodontic treatment, speech therapy
- Body Organs		
Heart	- cardiac defects (detected in 70% of diagnosed FAS cases): - septal defects - teratology of fallot - pulmonary valve stenosis - patent ductus arteriosus	- surgery
Kidney and Urogenital Tract	- hydronephrosis (dilation of the kidney, usually due to obstruction of urine flow) - hypoplasia (small kidney) - renal agenesis (absence of one or both kidneys) - obstruction of the Uthero-pelvic conjunction	- surgery, management of urinary tract infections

Medical Evaluation and Therapy of FAS and FAE Children (continued)

<u>Area of Anomalies:</u>	<u>Evaluate for:</u>	<u>May Require:</u>
Liver	<ul style="list-style-type: none"> - prolonged hyperbilirubinemia - abnormal liver functioning 	
Genitals	<ul style="list-style-type: none"> - undescended testicles - hypospadias (abnormal urethral openings) - delay of menarche in girls 	
- Skeletal		
Limb and Joints	<ul style="list-style-type: none"> - limited range of motion of hip, knees, elbows, and other joints - Clubfoot - radioulnar synostosis (fusion of elbow and forearm bones) - Klippel-feil anomaly - scoliosis - reduced skeletal age - shortened fingers - congenital hip dislocation - flexion contracture of the elbow - limited flexion of metacarpal phalangeal joints 	<ul style="list-style-type: none"> - thorough orthopedic evaluation, physical therapy, surgery, occupational therapy
- CNS		
Brain	<ul style="list-style-type: none"> - mental retardation - learning disorders - microcephaly - seizure activity - cerebral palsy 	<ul style="list-style-type: none"> - IQ testing; educational diagnostic workup; management of behavior disorders, hyperactivity, seizures, etc.; special education; foster placement; complete developmental assessment.
- Other Behavioral Deficits	<ul style="list-style-type: none"> - delays in gross motor development - poor motor coordination - hyperactivity - poor eye-hand coordination - short attention span - variable social quotient - learning disabilities - school failures and conduct disorders - sleep disturbances - psychopathology 	
- Other CNS Disorders	<ul style="list-style-type: none"> - neural tube defects 	
- Other Health Problems	<ul style="list-style-type: none"> - recurrent infections - immune deficiencies 	<ul style="list-style-type: none"> - special monitoring for high risk recurrent health problems
- Home Environment	<ul style="list-style-type: none"> - alcohol abuse - child neglect or abuse - proper nutrition - stimulating environment 	<ul style="list-style-type: none"> - foster placement, pre-school attendance, public aid, family counseling/therapy

Alaska Native Health Board

Fetal Alcohol Syndrome - Cost Estimates
in Alaska

1. Neonatal Intensive Care \$1,300-\$2,000 per day x 7 days = \$9,100-\$14,000
2. Heart Defects surgical procedures 99% are done outside \$20,000 and up for uncomplicated/non-emergency \$50,000 for and up complicated/emergency
3. Cleft Palate Surgery Usually 4 surgeries, plus dental work and orthodontics = \$50,000 - \$75,000
4. Speech Therapy Initial Diagnostic \$200 2-3 sessions per wk. at \$70-\$135 per wk. x 1 yr. = \$9,360 - \$21,060
5. Kidney Defects surgical procedures Approximately \$1,500 per procedure
5. Vision Defects Surgery for strabismus or ptosis average \$1,000 Exams and glasses \$300 and up
7. Special Education 1 child for 1 year average - \$9,000 Preschool - \$15,000 Multi-handicapped - \$22,000 Deaf/Vision Impaired - \$24,000
8. Foster Care \$14 - \$30 per day, yearly cost \$5,110 - \$11,950
9. Residential Care \$100 - \$150 per day, average stay 12 - 18 months = \$36,500 - \$82,125
10. Day Treatment \$55 per day, average length 6 - 8 months = \$9,900 - \$13,200 (30-day month)
11. Institutionalization \$230 - \$280 per day \$83,950 - \$102,200 per year
12. Travel Costs Would vary, but if travel necessary, additional thousands of dollars would be added to cost of treatment/care.

Ideas For Community Activities
On The Prevention Of
Alcohol-Related Birth Defects
(ARBD)

- * Make a written contract with pregnant client not to drink during the pregnancy.
- * Offer pregnant clients a \$100 off their total prenatal and delivery bill if they do not drink during the pregnancy.
- * Offer pregnant clients a gift, such as an infant safety seat, if they do not drink during the pregnancy.
- * Work with local taverns and restuarants to offer free non-alcoholic drinks to their pregnant customers.
- * Work with local school board and teachers to incorporate a class on Alcohol-Related Birth Defects in junior and senior high schools. The class could be incorporated into a child development course, health course, science course.
- * Work with schools to have special ARBD presentations made in the schools by the health aide, community health representative, public health nurse, or doctor.
- * Arrange to have ARBD presentations made to the PTA.
- * At local health fairs, have an ARBD display.
- * Encourage Native Health Corporations, Indian Health Service and State Alcohol Programs to develop prevention and intervention programs for pregnant women.
- * Launch an ARBD media campaign, including television, radio and newspapers, in your area.
- * Contact local childbirth educators (LaMaze Childbirth Association) in hospitals and family planning clinics, and encourage and support their efforts by providing them with information on Alcohol-Related Birth Defects.
- * Develop a one-hour ARBD presentation targeted to youth that can be presented to youth groups and clubs.
- * Conduct ARBD presentation to women's groups in your community.
- * Conduct ARBD presentation to men's groups in your community.
- * Work with AA to have ARBD presentations made at regular AA meetings, and also at Al-Anon and Al-A-Teen meetings.
- * Prepare educational display on ARBD for local clinic.
- * Develop an ARBD prevention network in your own community/area by identifying persons who are interested in working to prevent Alcohol-Related Birth Defects.
- * Adopt a pregnant woman and be her support person throughout the pregnancy and postpartum period.

ALASKA NATIVE HEALTH BOARD/ALASKA AREA NATIVE HEALTH SERVICE
FETAL ALCOHOL SYNDROME PREVENTION PROGRAM

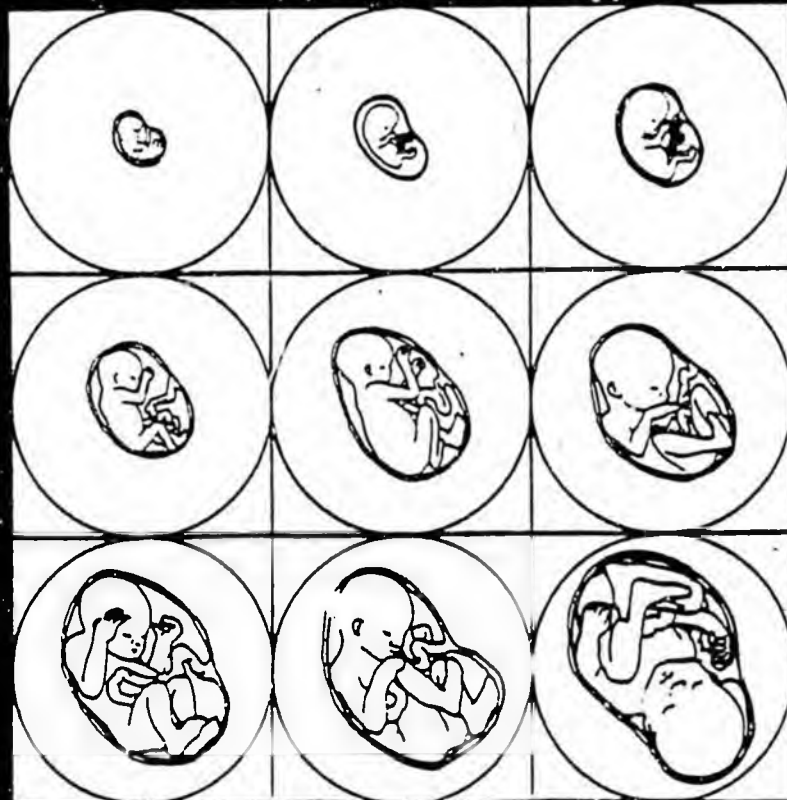
GLOSSARY OF TERMS

- ABBERANT -Wandering or deviating from the usual or normal course.
- ACETALDEHYDE -A compound formed by the action of enzyme systems on ethanol when it is metabolized by the body. It is further metabolized to acetic acid.
- ANOMALIES (ANOMALY) -Marked deviation from the standard, especially as a result of congenital or hereditary defects.
- ANTABUSE -The trademark for a preparation of disulfiram used to treat alcoholics. It is thought to interfere with metabolism of acetaldehyde, and its use results in temporary nausea, vomiting, palpitation, and other adverse effects.
- APNEA -Cessation of breathing.
- CAMPTODACTYLY -One or more fingers constantly flexed at one or more joints.
- CLINODACTYLY -Abnormal bending of fingers or toes.
- CORPUS CALLOSUM -An arched mass of white matter found in the longitudinal tissue that separates the two hemispheres of the brain. Transverse fibers connect the two hemispheres.
- CYANOSIS -A bluish discoloration of skin and mucus membranes due to excessive concentration of reduced hemoglobin in the blood.
- CONGENITAL -Existing at, or dating from birth.
- DEFICITS -A lack or deficiency.
- DYSMORPHOLOGY -The study of birth defects or malformation in a species.
- ECCHYMOSES -Blood under the skin--giving the appearance of bruises.
- EMBRYO -The fertilized ovum that eventually becomes the offspring during the period of most rapid development. In humans, this period is from 2 weeks after fertilization until the end of the 7th or 8th week, then it becomes a fetus.

MOTILITY	-The ability to move spontaneously.
NECROPSY	-Examination of a dead body to determine cause of death. Syn. - Autopsy.
NEONATE	-A newborn under 28 days of age.
PALMER CREASE	-Any of the normal grooves across the palm which accommodate flexion of the hand. In certain congenital anomalies, there is only a single transverse crease.
PALPEBRAL FISSURE	-The longitudinal opening between the eyelids.
PARITY	-The number of live births that a woman has delivered.
PERINATAL	The period shortly before and after birth generally considered to begin with completion of 28 weeks of gestation and ending 1 to 4 weeks after birth.
PHILTRUM	-The vertical groove in the middle of the upper lip.
PLACENTA	-An organ surrounding the fetus during pregnancy which joins the mother and offspring and supports growth and development during gestation.
POSTNATAL	-Occuring after birth.
PRENATAL	-Existing or occuring before birth.
PTOSIS	-Drooping of the upper eyelid.
STRABISMUS	-Deviation of the eye which the patient cannot overcome without treatment. The inability of both eyes to focus on one subject.
SYNDACTYLY	-Fingers or toes joined together.
SYNDROME	-A group of symptoms that characterize a disease or pathological entity.
TACHYCARDIA	-Accelerated pulse.
TERATOGEN	-An agent or factor that causes physical defects in the developing embryo.

Protecting Babies

from alcohol-related
birth defects



Expectant mothers who drink during their pregnancy may cause irreparable harm to their frail, delicate unborn babies. A major effort to reduce alcohol-related birth defects is under way in California.

Individuals and organizations concerned with the problem are active on a variety of fronts. Among their strategies:

- Urging city and county governments to require that birth defect warning posters be displayed whenever alcoholic beverages are sold.

- Supporting state and federal legislation mandating that birth defect warnings be included on the labels of alcoholic beverages.

- Training medical practitioners to recognize symptoms of alcohol and drug abuse in women of child-bearing age so they can be referred to appropriate treatment.

- Making FAS an element in pre-natal counseling, with emphasis on educating fathers as well as mothers about the risks of alcohol and drug use during pregnancy.

- Creating new school curriculum materials for early education about the risks of using drugs or alcohol during pregnancy. As yet, barely five percent of California school districts include prevention of birth defects in their health classes.

- Improving programs for diagnosis of alcohol-related birth defects so that children with this disability may receive treatment that will help them develop to their full potential.

- Expanding research to determine exactly how a developing fetus is affected by the mother's alcohol and drug use, and to develop better modes of care for victims of alcohol and drug related birth defects.

Preventing birth defects associated with alcohol use was the subject of a national conference held in San Diego in 1986, sponsored by the Program on Alcohol Issues of the UCSD Extension. Research and treatment specialists from 15 states and Canada attended the conference, adopting a series of recommendations for new measures aimed at increasing public awareness of the danger of drinking during pregnancy.

Dr. Gladden Elliott, president of the California Medical Association, told the conference that new knowledge is dispelling the notion that Fetal Alcohol Syndrome is relatively rare.

"We now know that the syndrome affects from one to 11 of every 1,000 births," he said. "For those women who have a drinking problem, it may strike as many as 29 infants per 1,000 births. This means that every year physicians are treating between 3,600 and 6,000 babies with fetal alcohol syndrome. And an additional 36,000 newborns each year show some signs of less severe alcohol-related birth defects."

More research is needed to determine what proportion of the 10,000 to 12,000 infants born each year with birth defects or developmental disorders are the victims of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE).

Fetal Alcohol Syndrome is the most severe of these conditions and is associated with alcohol abuse or dependence by the mother, especially in the early weeks of pregnancy. FAS babies have decreased weight and head size, various degrees of mental retardation, and physical abnormalities most evident in facial features. The less severe Fetal Alcohol Effects are associated with drinking at any stage of pregnancy and include low birth weight, spontaneous abortion and some partial aspects of the Fetal Alcohol Syndrome.

The costs associated with Fetal Alcohol Syndrome are staggering. The direct costs of caring for affected children in the United States are estimated to be at least \$2 billion a year. Institutional care for a severely retarded FAS child may run to \$65,000 a year, or \$2.5 million over its potential lifetime. In terms of human suffering, of course, the cost is incalculable.

A new study reported late last year in the British medical journal *Lancet* identifies Fetal Alcohol Syndrome as the leading cause of mental retardation in infants — ranking ahead of Down syndrome and spinal bifida. Alcohol use is the one cause of birth defects that is completely preventable.

Research has yet to establish exactly what mechanism is involved in causing harm to a developing fetus when the

mother drinks. There is no known "safe" amount of alcohol that an expectant mother can drink, nor a period in her pregnancy that might be considered safe for drinking. Therefore pregnant women are urged to abstain altogether from alcohol when they are trying to conceive and throughout their pregnancy.

Programs to combat alcohol-related birth defects are being waged by public health agencies and medical organizations along with such private organizations as the March of Dimes Birth Defects Foundation and Healthy Mothers, Healthy Babies.

A special effort is being made to reach teen-agers with information about FAS and FAE. Dr. Mary Lu Hickman, a medical consultant to the state Department of Developmental Services, points out that one out of 10 girls will give birth before the age of 18.

"Teen-age mothers often don't realize they are pregnant until maybe the second or third month," says Hickman. "By that time, if they have had drinking episodes, the damage of FAS probably has already occurred. Major brain and organ systems are laid down by the eighth or ninth week."

Dr. Hickman chairs the California Prevention Task Force on developmental disabilities which is developing a plan called "Prevention 1990." The plan, she told the UCSD conference, will have a strong component dealing with both the prevention and treatment of alcohol related birth defects.

"The most important element of the plan is to get birth defects into the educational curricula," she said. "We want all students to have awareness and knowledge of the lifestyle necessary to prevent birth defects, including FAS and FAE."

She said the key to effective education about the risks of drinking and smoking during pregnancy must begin at an early age. "We feel very strongly that the knowledge needed to make a decision whether to drink or smoke should be given at least by grades three and four if it is going to be effective."

Future mothers and fathers are not the only target of education programs aimed at reducing alcohol-related birth defects. The California Medical Association recently inaugurated a