

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

7445 SENATE HEALTH EDUCATION & SOCIAL SERVICES

- 1946 Approval to establish a Geophysical Institute on the campus of the University of Alaska Fairbanks, but funds not appropriated.
- Following the war, enrollment increases to 300 students.
- Establishment of the Associated Students of the University of Alaska, Inc. (ASUA) is approved by the Board of Regents.
- 1949 Dr. Terris Moore assumes presidency of the university and President Bunnell named president emeritus.
- Geophysical Institute is formally established as a department at the University of Alaska after funds are appropriated the previous year.
- Arthur Nagozruk from Barrow, Alaska, is the first Alaska Native to graduate from the university.
- 1953 Dr. Ernest N. Patty, a member of the original faculty in 1922, is inaugurated as third president of the University.
- Expansion of academic programs continues.
- 1955 Alaska Constitutional Convention convenes on Fairbanks Campus.
- 1957 President Ernest Patty bans liquor from campus; the Tradition Stone commemorates the death of drinking alcohol on campus and accurately illustrates the proverb, "A rolling stone gathers no moss." (see *Anecdotes*)
- The university awards its first Ph D., in space physics.
- 1959 Alaska Constitution signed in Signer's Hall on the UA campus. Governor Walter Egan presiding.
- 1960 Dr. William R. Wood succeeds Patty as president of the university the year after Alaska gains statehood.
- 1962 All existing community colleges brought within the university system by an act of legislature.

- 1963 The Alaska Legislature creates the Institute of Arctic Biology, which manages the Large Animal Research Station north of campus, the home of musk oxen, caribou, and reindeer.
- 1964 The Office of Dean of Students reorganizes into the Office of Student Affairs.
- 1969 Rural Student Services (RSS), originally the Student Orientation Services, is reorganized to help provide people from rural areas of Alaska accessibility to higher education.
- Poker Flat Rocket Research Range is the largest land-based research rocket range worldwide, the only high-latitude range in the United States, and the only university-owned rocket range in the world. Located thirty miles outside of Fairbanks, it is established for auroral and middle-to-upper atmospheric research.
- 1954-1975 Statewide facilities expand; community colleges are established around the state in Anchorage (1954), Ketchikan (1954), Juneau-Douglas (1956), *Palmer* (1961, became *Matanuska-Susitna*, 1964), Sitka (1962), Kenai Peninsula (1964), Kodiak (1968), *Kuskokwim* (*Bethel*, 1972), *Tanana Valley* (*Fairbanks*, 1974), and *Northwest* (*Nome*, 1975).
- 1971 The Center for Cross-Cultural Studies is established, becoming the research and development unit of the College of Rural Alaska and promotes programs which concentrate on the needs of Alaska's multicultural society with particular regard to the development of the state's human resources.
- 1973 President William R. Wood retires and is succeeded by Dr. Robert W. Hiatt on July 1.
- 1974 The University Foundation is established.
- 1975 The University of Alaska statewide system is established.
- 1976 Dr. Howard A. Cutler assumes duties as first chancellor of the University of Alaska Fairbanks and Dr. John Lindauer as first chancellor of the University of Alaska Anchorage.

The University of Alaska celebrates the U.S. bicentennial and the 60th anniversary of the university.

1977 Regents approve a reorganization plan proposed by U.A. President Humphrey under which education services are to be provided by four basic units -- the University of Alaska Fairbanks; University of Alaska Anchorage; University of Alaska Juneau; and the Division of Community Colleges, Rural Education and Extension.

Charles O. Ferguson is appointed interim president by the Board of Regents in February. At an August meeting, regents announce the selection of Neil D. Humphrey as president of the University of Alaska and appoint their executive secretary, Foster F. Diebold, as chief administrator of the University, pending appointment of a new president, after Ferguson's resignation in December.

1978 In February, regents appoint Diebold as president of the University for a term ending June 30, 1979.

1979 Regents announce the appointment of Dr. Jay Barton as the eighth president of the University of Alaska.

1980 University of Alaska Museum opens to the public having moved from the Eielson Memorial Building to the Otto Geist Building.

The federal government names the university a sea-grant institution.

R/V Alpha Helix, whose home port is the Seward Marine Center, is a 133-ft ice-strengthened research vessel operated by the Institute of Marine Science for the National Science Foundation. The vessel provides a research platform for a wide range of oceanographic studies at high latitudes.

1981 President Jay Barton announces the appointment of Dr. Patrick J. O'Rourke as chancellor of Fairbanks, succeeding Dr. Howard A. Cutler.

Enrollment at the university tops 5,000 students for the first time. The university begins to emphasize its shared scholarship and global education effort in a series of agreements signed with schools in Japan, Denmark, Canada, the People's Republic of China, and the U.S.S.R.

1990 UAF is known internationally for its high-latitude social and scientific studies. On a per-researcher basis, UAF receives more National Science Foundation funding than any other university in the United States.

1991 Dr. Joan Wadlow becomes chancellor of the University of Alaska Fairbanks.

UAF is declared the most affordable regional institution in the country by U.S. News and World Report.

1992 The University of Alaska Fairbanks celebrates the 75th Anniversary of its founding.

HCR

51

Revision Date: _____ Department Affected: Legislative Affairs Agency
 Title: Organ and Tissue Donation Week BRU: _____
 Component: _____

Sponsor: Rep. Gruenberg
 Requestor: House State Affairs Committee COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE						
FUND SOURCE:						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
FUND SOURCE:						
TOTAL	0	0	0	0	0	0

POSITIONS: N/A

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: 0

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: House State Affairs Committee Phone: 465-4859

Division: _____ Date: 2/24/92

Approved by Commissioner: Representative Gene Kubina, Chairman *Gene Kubina*

Agency: House State Affairs Committee Date: 2/24/92

State of Alaska

House Majority Leader

COMMITTEES

HOUSE JUDICIARY

HOUSE RULES

HOUSE STATE AFFAIRS

SPECIAL COMMITTEE

MILITARY AND VET AFFAIRS

LEGISLATIVE COUNCIL



Representative Max F. Gruenberg, Jr.
District 11
Spennard, Upper Midtown Anchorage

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MEMORANDUM

TO: Members Senate HESS Committee

FROM: Representative Max Gruenberg *Max*

RE: Sponsor Statement HCR 51

DATE: March 24, 1992

I would very much appreciate your support of HCR 51, "Designating April 19-15, 1992 as Organ and Tissue Donation Awareness Week"

Nationwide, and in Alaska there are 17,900 people awaiting a kidney transplant, 5,000 are awaiting corneal transplants 1,200 liver transplants 1,800 are awaiting heart transplants, 400 pancreas transplants, 250 heart-lung transplants and 300 awaiting lung transplants. Yet, approximately one third of the people needing organ transplants will die for want of a donated organ.

HCR 51 designates the week of April 19-25, 1992 as "Organ and Tissue Donation Awareness Week", urges' the Governor to proclaim an "Organ and Tissue Donation Awareness Week during and appropriate time period each year, and encourages the commissioners of the state departments to urge all residents of the state to participate.

If you have any questions about this bill, please contact Stan Robbins in my office (4968)

Thank you.

'IT'S A MIRACLE'

Approximately every thirty minutes, someone in the United States needs an organ transplant. Organ transplantation is one of the most remarkable medical success stories in the history of medicine. Transplants of kidneys, livers, hearts, pancreases, lungs and heart-lungs are now considered a widely accepted part of medical treatment. Transplantation owes a great deal of success to people who realize that they can help save another person's life, simply by signing an organ donor card.

Q: Why are organ and tissue donations needed?

A: Each year the number of people waiting for transplants increases dramatically. This year, tens of thousands of people will need corneal, skin and bone grafts. More than 23,000 will need kidneys, hearts, livers, heart-lungs, lungs or pancreases. Those in need range from babies to teenagers, young adults to those looking ahead to their retirement. Transplantation is their only realistic hope for a healthy and productive life.

Q: Can anyone sign an organ donor card?

A: Everyone should consider himself or herself a potential organ donor, regardless of age or medical history. Individuals under the age of 18 may sign a donor card with the consent of their parent or guardian. Parents should keep their children's donor cards with their own, perhaps in their wallet.

Q: Do these donor cards have the same validity as my driver's license?

A: If an organ donor card is included with your driver's license, both are legal documents and show your intent to become an organ donor. They are equally valid.

Q: If I move to another state, is my donor card still valid?

A: Yes. The uniform organ donor card is valid in all 50 states. Since there is no registration of potential donors, there is no need to change the card.

Q: What do I do with the card?

A: Keep the card in your wallet, perhaps with your driver's license. In addition, discuss your decision with your family. Hospital personnel will always ask for the consent of the next-of-kin before procuring the organs. If your family knows you signed a donor card or remembers you expressing a desire to donate, they will most likely give their consent.

- Q: If I decide to become an organ donor, will that affect the level of my medical care?**
- A:** Absolutely not. In order for someone to be eligible for organ donation, they must be declared "brain dead". The determination of brain death is made based on strict medical and legal standards. This determination must be made by a physician who is not involved with organ donation or organ transplantation. Organ recovery takes place only after every effort has been exhausted to save the life of the patient.
- Q: What is brain death?**
- A:** In the case of brain death, the brain has stopped functioning and artificial life support systems are used to maintain heartbeat and breathing. If these support systems are removed, all vital body functions stop. Brain death is irreversible, and is an accepted medical, ethical and legal principle.
- Q: What organs and tissues can be donated?**
- A:** One person's gift can benefit several people. The majority of needed organs are donated by individuals at the time of death. Needed organs include kidneys, hearts, livers, lungs, and pancreases. Tissue donations include eyes, skin, heart valves, bone marrow and bone. In certain circumstances, a kidney or bone marrow tissue may be received from a "living related" donor. This involves donating to a close family member. Kidney donation from those who are not close relatives is discouraged.
- Q: Does my religion support organ and tissue donation?**
- A:** Organ and tissue donation is consistent with the beliefs of all major religions. If you have any questions, please discuss them with your minister, priest or rabbi.
- Q: Who will receive my donated organs?**
- A:** Potential recipients are identified using the UNOS national computer system. The computer generates a list of patients ranked according to strict medical criteria and urgency of need. Donor and recipient identity is confidential, although some basic information may be shared.
- Q: What can I do in my area to promote the need for donor organs and tissues?**
- A:** To find out how to publicize the critical need for organ donors in your area, please contact your local organ procurement agency, tissue bank or UNOS.

UNOS
1100 Boulders Parkway, Suite 500
P.O. Box 13770
Dept. DB
Richmond, VA 23225
1-800-24-DONOR

Did you know?

Nationwide there are approximately:

17,900 people awaiting a kidney transplant

5,000 people needing corneal transplants

1,200 people awaiting a liver transplant

1,800 people awaiting a heart transplant

400 people in need of a pancreas transplant

250 patients awaiting heart-lung transplants

300 people needing lung transplants

Plus, there are thousands who are in need of skin grafts, heart valve replacements, bone transplants and other tissue grafts. Last year the Northwest Organ Procurement Agency reported recovering 196 kidneys, 47 hearts, 70 livers, and 31 pancreata, in addition to other organs and tissues.

Yet, approximately *one-third* of the people needing organ transplants will die for want of a donated organ.*

Over 78%¹ of those responding to a survey say that organ donation has a positive effect on the donor family's grieving process

The following chart gives information about one-year graft survival rates based on a study of all patients receiving transplants in 1988 and average national cost for each type of transplant:

¹Batten & Prottas, (1987)

Organ	First done successfully	1 year graft survival rate*	Average Cost (including first year medication & follow-up)**
Kidney	1954	81%	\$51,000
Heart	1967	82%	148,000
Heart-Lung	1981	57%	\$200,000
Liver	1963	70%	\$235,000
Lung	1963	49%	\$150,000
Pancreas	1969	71%	\$ 70,000
Cornea	1940	95%	\$4-40,000

* source: United Network for Organ Sharing, 11-90

** source: Roger Evans, Ph.D., Baselle Institute

Make a very important difference in someone's life.

Signing a donor card signifies your commitment to renewing the life and health of others in need. In the event of your death, your family will be asked what your wishes were. Now is the time to discuss this important issue with them. The gift of organ and tissue donation can truly be a gift of life for someone else.

1. Talk to your family about this important decision.
2. Fill out this donor card in the presence of two witnesses and sign your name in the space provided.
3. Have both witnesses sign their names in the spaces provided.
4. Carry this card in your purse or wallet where it can be easily found.

**Be an organ donor...
it's the chance of a lifetime!**

DONOR CARD

This is a legal document under the Uniform Anatomical Gift Act or similar laws, signed by the donor and the following two witnesses in the presence of each other.

Donor's signature

Donor's date of birth

City & State

Witness

Witness

Next of kin

Telephone

This is to inform you that I want to be an organ and tissue donor if the occasion ever arises. Please see that my wishes are carried out by informing the attending medical personnel that I am a donor. My desires are indicated below:

In the hope that I may help others, I hereby make this gift for the purpose of transplant, medical study or education, to take effect upon my death. I give:

- Any needed organs/tissues
 Only the following organs/tissues

Specify the organ(s)/tissue(s)

Limitations or special wishes if any

Donor's signature

Detach your donor card below and give the above portion to your family

Please type or print full name of donor

In the hope that I may help others, I hereby make this gift for the purpose of transplant, medical study or education, to take effect upon my death.

- I give: Any needed organs/tissues
 Only the following organs/tissues

Specify the organ(s)/tissue(s)

Limitations or special wishes if any

Figure 1
NUMBER OF TRANSPLANTS, BY ORGAN
(1985-1990)

	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Heart .	719	1,368	1,438	1,663	1,700	2,085
Heart-Lung	30	45	49	74	68	50
Kidney (Cadaveric and Living)	7,695	8,976	9,094	9,004	8,706	9,560
Liver	602	924	1,199	1,711	2,164	2,656
Lung	—	—	—	33	119	262
Pancreas	130	140	142	250	419	549
TOTAL	9,176	11,453	11,922	12,735	13,176	15,164

Source: United Network for Organ Sharing

Figure 3
NUMBER OF PEOPLE ON WAITING LISTS, BY ORGAN
(1987-1990)

As of December 31st	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Heart	699	1,032	1,324	1,796
Heart-Lung	155	205	240	226
Kidney	12,099	13,944	16,363	17,955
Liver	454	617	830	1,248
Lung	16	70	94	309
Pancreas	63	164	322	474
TOTAL	13,396	16,032	19,173	22,008

Source: United Network for Organ Sharing

Released from UNOS 5/91
 1991 stats available 5/92

Religious views on organ donation

The following is a brief synopsis of the official stances taken by some of the country's main religious groups. If there are questions about the patient's religious beliefs, it is recommended that the family consult their own religious leader or teacher.

Armish - If they know the donation will improve the health of the transplant recipient, they will consent. Reluctance is shown toward donation if the procedure's outcome is questionable.

Buddhist - Their belief is that donation is a choice of personal conscience. There is no written policy, but one leader, Rev. Gyomay Masao of Chicago says, "We honor those people who donate their bodies to the advancement of medical science and saving lives."

Catholic - Members believe donation is an act of fraternal love, charity and self-sacrifice. Transplantation is ethically and morally acceptable to the Vatican.

Christian Science - No specific position is taken. The decision is left up to the individual.

Gypsy - Although there is no formal resolution, gypsies normally oppose organ donation based on their firm belief that for one year after death, the soul retraces its steps. All body parts must remain intact for the soul retains a physical shape.

Hindu - The Hindu Temple Society of America explains that there is no prohibition to donation and that the decision is left to the individual.

Jehovah's Witness - While the church does not encourage organ donation, they believe the individual has the right to choose according to his/her conscience, with the provision that all organs are completely drained of blood before being transplanted.

Jewish - The teachings here maintain that saving a human life takes precedence over maintaining the sanctity of the human body. According to Rabbi Moses Tendler, "If one is in a position to donate an organ to save another's life, it is obligatory to do so."

Mormon - The church does not object to the individual's decision in favor of organ donation and transplantation.

Moslem - Leaders have now reversed their 1983 opposition to organ donation, provided that donors provide consent in writing prior to their death and that the organs are transplanted immediately rather than being stored in organ banks.

Protestant - Organ donation is actively encouraged, while the church recognizes the individual's right to make decisions regarding their own body. They believe organ donation can alleviate pain and suffering and is thereby seen as an expression of Christian love.

HCR

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ALASKA STATE LEGISLATURE

Representative Georgianna Lincoln

HESS Committee, Co-Chair
Resources Committee, Vice-Chair

P.O. Box V
Juneau, Alaska 99811

Budget Subcommittees
Health and Social Services
Revenue

Phone: (907) 465-3732
FAX: (907) 465-2652

MEMORANDUM

Alatna
Allakaket
Aniak
Anvik
Arctic Village
Beaver
Bethel
Birch Creek
Chalkyitsik
Chuathbaluk
Crooked Creek
Evansville
Fort Yukon
Galena
Grayling
Holy Cross
Hughes
Huslia
Kalskag
Kaltag
Koyukuk
Lake Minchumina
Lime Village
Lower Kalskag
Manley Hot Springs
Marshall
McGrath
Minto
Mountain Village
Nikolai
Nulato
Pilot Station
Pitkas Point
Rampart
Red Devil
Ruby
Russian Mission
Shageluk
Sleetmute
St. Mary's
Stevens Village
Stony River
Takatna
Tanana
Telida
Tuluksak
Tyonek
Venetie
Wiseman

TO: Senate House Health, Education and Social Services Committee

FROM: Representative Georgianna Lincoln *georg*

DATE: March 27, 1992

RE: HCR 52 - Alcohol-Related Birth Defects Awareness Week

HCR 52 recognizes Mother's Day Week, May 10-16 as Alcohol-Related Birth Defects Awareness Week in Alaska.

This resolution is similar to resolutions introduced in past years which asked the public, both individuals and appropriate organizations, to become educated about and involved in awareness campaigns about the dangers of drinking during pregnancy. While we've come a long way in Alaska, we haven't eliminated the threat to the unborn from alcohol and other drugs.

Children born with Fetal Alcohol Syndrome suffer from a multitude of physical, developmental and mental problems. These problems may include permanent growth retardation, central nervous system damage, mental retardation, and abnormal facial features. FAS children may have heart defects, cleft palate, bone deformities, kidney and vision problems. They are never able to lead totally independent lives. The loss of a productive healthy life is impossible to measure, but in terms of medical and other societal costs these individuals conservatively cost society more than \$1.4 million over each lifetime.

Data suggests that 29 FAS children are born in Alaska each year. Fetal Alcohol Effects, a less severe form of Alcohol Related Birth Defects which may be caused by as little as one to three drinks per day, affects between two to fifteen that number each year. Some experts believe the number of FAE children in Alaska to be 10 times the number of FAS children. As more is becoming known about the lifelong impacts to children born with FAE, including learning disabilities and behavior problems, that block the individual's "fit" into society, there is a growing suspicion that FAE children may ultimately be even more costly than FAS children in medical and social services.

March 27, 1992
Page 2

Having healthy babies was once thought to be the woman's responsibility. Today we know this is a responsibility shared by partners, families, and friends--by each and every one of us. Mother's Day Week is a timely choice to kick off a renewed awareness of the importance of healthy choices, by the woman who is pregnant and her support system.

The State's FAS Coordinator has been working on various activities to promote Mother's Day Week as ARBD Awareness Week. This resolution will complement and reinforce those activities.

HCR 52

HCR 52 Declares the week of May 10-16, 1992 as Alcohol Related Birth Defects Week.

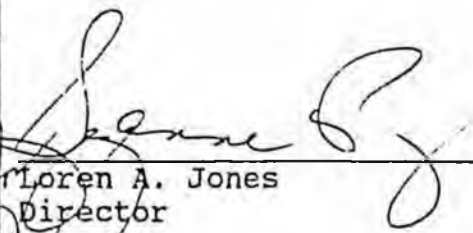
This is an annual declaration which is also promoted on a national basis to increase the level of awareness of the dangers of drinking while pregnant. It permits the State of Alaska to easily promote information related to Fetal Alcohol Syndrome (FAS) and other alcohol related birth defects.

Although it was initially identified by medical researchers in 1973, there is evidence that FAS was known since before biblical times. FAS is caused when a pregnant woman drinks alcoholic beverages. It is not known if there is a safe level of alcohol consumption, so the Surgeon General recommends that women who are pregnant or trying to become pregnant do not drink.

An FAS child will be small, have specific facial features, will not grow appropriately, will have central nervous system involvement, and most frequently will be mentally retarded. While some of these characteristics may be ameliorated with time, care and love, these are lifelong disabilities. Mental retardation never goes away.

It is estimated that each child born with FAS costs the state of Alaska a minimum of \$1.4 million during his/her lifetime. FAS is totally preventable. This declaration will assist in promoting the message regarding the dangers of drinking while pregnant.

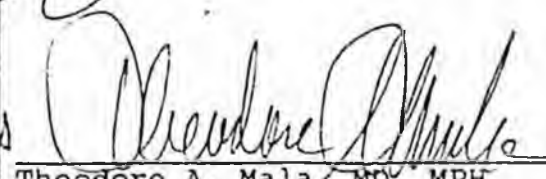
The Division strongly supports HCR 52.



Loren A. Jones
Director

2-25-92

Date



Theodore A. Mala, MD, MPH
Commissioner

74 Feb 92

Date

DHSS Position

STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

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ANCHORAGE, ALASKA 99524-0249
PHONE: (907) 561-4213

DIVISION OF ALCOHOLISM AND DRUG ABUSE

SUMMARY OF STATEWIDE FAS/FAE PREVENTION ACTIVITIES (since Mother's Day, 1991)

* Dena A Coy, the 18-bed, four bassinet prematernal home for pregnant, substance abusing women, operated by Southcentral Foundation through grants from Department of Health and Social Services (DHSS) and Indian Health Service (IHS), opened July 31, 1991.

* In September, the Centers for Disease Control signed agreements with the DHSS and IHS to accomplish three specific goals:

1. Assist the State of Alaska in developing, implementing, and evaluating FAS surveillance systems;
2. Provide technical and programmatic evaluation of the IHS FAS programs and data;
3. Develop model surveillance, data analysis, and program evaluation methods which could be used to assist other States, communities, Native American populations, Circumpolar and other nations.

* As mandated by SB 409, school district training on the needs of individual students who have alcohol and other drug related disabilities.

* IHS reports FAS coordinators in each of the 12 regions.

* FAS Task Forces have been formed or are on-going in Barrow, Bethel and Fairbanks.

* FAS Parent Support groups have been formed or are on-going in Fairbanks and Anchorage. Barrow will hold first meeting in March.

* High Risk Family Coalitions are active in Anchorage and Juneau.

* The Broken Cord aired on TV on February 3. An 800 number was on the screen for people to call for more information following the broadcast. KYBR, in Barrow, is reading the book over the air.

* **Trainings:**

- June 3-4, 1991: 250 attended conference sponsoring Dr. Ira Chasnoff, of National Association for Perinatal Addiction and Research.
- June, 1992: Dr. Barry Zuckerman, developmental and behavioral pediatrician, will present in Juneau, Fairbanks, and Anchorage.

* **Presentations:**

- Alaska Association of School Boards
- State Principals Association
- AAAYC - Infant Learning Program conference

State FAS/FAE Activity



NCADD FACT SHEET: ALCOHOL-RELATED BIRTH DEFECTS

DEFINITIONS

- Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation—and the only preventable cause among those three. FAS can be prevented by abstaining from alcohol consumption during pregnancy.¹

FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as a small head circumference, flattened midface, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.²

- Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birthweight, subtle behavioral problems or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.³

INCIDENCE AND RISK FACTORS

- Nearly 5,000 babies – one in every 750—are born with FAS every year. (FAS prevalence rates range from one in 1,000 to one in 200.) Comparatively, FAE may affect 36,000 newborns each year.⁴
- One in six women in the peak childbearing years of 18-34 may drink enough, either chronically or episodically, to present a hazard to an unborn infant.⁵
- Alcoholic women are at highest risk of bearing children with FAS. Alcoholism is a chronic, progressive and potentially fatal disease characterized by tolerance and physical dependency or pathologic organ changes, or both.⁶
- FAS is prevalent in 9.8 of every 1,000 American Indians from a particular high risk culture. Other American Indian populations have rates ranging from 1.3 to 10.3 for every 1,000.⁷
- An average of one to two reported drinks daily is linked to decreased birthweight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at an even lower dose: one to two drinks twice weekly.⁸
- The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAE and the consequences of alcohol exposure.⁹
- There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy. Although 90 percent of the public is aware that drinking during pregnancy may damage the fetus, one study showed that one-third of women interviewed believed that drinking more than three drinks a day during pregnancy was safe.¹⁰

ECONOMIC FACTORS

- Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat the 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were \$510.5 million.¹¹
- Women are now heavily targeted for marketing of alcoholic beverages. (Women will spend \$30 billion on alcoholic beverages in 1994, up from \$20 billion in 1984.)¹²

PUBLIC HEALTH RECOMMENDATIONS

- The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.¹³
- Women who breastfeed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.¹⁴
- As of January 1990, nine states and 17 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.¹⁵

SOURCES

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WHAT IS NCADD?

NCADD is a national nonprofit organization combating alcoholism, other drug addictions and related problems through its national office, 200 state and local Affiliates, and thousands of volunteers in communities throughout America. Founded in 1944, NCADD's primary mission is education, prevention and public policy advocacy.

NCADD provides education about alcoholism and other drug addictions as treatable diseases, offers prevention programs for schools, organizations and communities, dispenses medical/scientific information, answers questions from the public, legislative bodies and the media, and distributes a variety of publications. NCADD also offers information and referral services to children, teenagers, and adults seeking help with alcoholism, other drug dependencies, and related problems.

NCADD conducts, as it has every year since 1952, a prestigious national conference where leaders in the field convene to report their latest findings and to discuss emerging trends and issues of concern. NCADD also sponsors National Alcohol Awareness Month in April and National Alcohol-Related Birth Defects Awareness Week beginning on Mother's Day each year.

People seeking more information and/or referral can contact an NCADD Affiliate in their area or use NCADD's national toll-free help line: 1-800-NCA-CALL.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC

17 West 21st Street, New York, NY 10010 • (212) 206-6770
1511 K Street, N.W., Washington, D.C. 20005 • (202) 737-8122



National Geographic
February 1992

THE PREVENTABLE TRAGEDY

FETAL ALCOHOL SYNDROME

Text and photographs by GEORGE STEINMETZ



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When Malcolm was born, I thought my heart would break," she said. "And, oh my God, the guilt. . ."

Ellen O'Donovan* was losing her fight against alcoholism when she discovered she was pregnant. Months later her son was born with fetal alcohol syndrome, and his battles began.

I met them both in Dublin, where my photographic coverage had brought me. Ellen and her three-year-old son, Malcolm (left), live in a small town on Ireland's north coast; they had ridden a bus for six hours to visit Malcolm's doctor, a specialist who is treating the boy for severely defective vision, one of his many alcohol-related disabilities.

First identified about 1970, fetal alcohol syndrome (FAS) is a term used to describe the damage some unborn children suffer when their mothers drink during pregnancy. Alcohol in the mother's bloodstream can be toxic to the developing fetus depending on the stage of pregnancy and how much she drinks. Damage can range from subtle to severe, causing clumsiness, behavioral problems, stunted growth, disfigurement, mental retardation.

Ellen's doctor had told her that an American journalist wanted to photograph her with her son. She consented in hopes that others could learn from her mistake, but when I began unpacking my cameras, she hesitated. Then she took a deep breath and began to talk.

"I was drinking a bottle of vodka a day that December," she said grimly, "so out of touch that I didn't even know I was two months pregnant. When I found out, I quit there and then, but the damage was done."

The O'Donovans are not alone. Thousands of babies are born with alcohol-related defects each year, ranking FAS as one of the leading known causes of mental retardation.

According to his doctors, Malcolm was undersized at birth, with kidneys and a stomach that didn't work properly; he had to be tube-fed until he was 14 months old.

His head is smaller than normal, and he also has facial abnormalities typical of FAS children—small wide-set eyes, a thin upper lip, a short upturned nose, and a receding chin. He was born with damaged corneas, and his eyelids drooped. Surgery later gave him limited sight in his right eye.

FAS is irreversible, and during our session it became clear to me that Ellen has dedicated her life to caring for her son. "He doesn't seem retarded, thank God," she said. "He's even starting to talk a little. I'm working with him every day, helping him learn to do the things normal kids do."

I was moved by the way she held him and comforted him in Gaelic when he started to cry. "If this little boy hadn't come along, I might have drunk myself to death," she said quietly. She hasn't taken a drink, she added, in three and a half years.

Still, it isn't going to be easy. Unemployed and living with her mother, Ellen plans each day around Malcolm and the frequent trips they make to his doctors in Dublin. When I offered to reimburse her for the bus fare, she declined. "Just tell women out there that if they want to have a baby, leave the drink out of it," she said. Then she kissed her son on the top of his head and they were gone.

*Real names are not used.

A large dose of alcohol given to a pregnant mouse produced severe abnormalities in the developing fetus (bottom), according to doctors at the University of North Carolina studying effects of alcohol in early pregnancy.

Compared with a normal fetus (top), the one exposed to alcohol suffered eye



K. K. SULLIVAN,
UNIVERSITY OF NORTH CAROLINA, CHAPPEL HILL

damage, a stunted brain, and facial deformities similar to human babies with FAS, particularly those affected during the first trimester, when bones and organs are forming.

Blood-alcohol levels reached during the experiment approximate those that could occur in a woman of average size if she drank a quart of vodka within a 24-hour period.

met them in every country I visited—some with tiny, twisted bodies, others with faces tragically skewed. Some were agitated, while others seemed quite normal. Each encounter was disturbing, for few things compare to the sadness of a child stunted by FAS, or made miserable by a group of more subtle abnormalities known as fetal alcohol effect (FAE).

"What's really sad is how many FAS and FAE kids go through life undetected," says Ann Streissguth of the University of Washington, a specialist in FAS behavior. "It takes a trained eye to spot FAS, even in the severely retarded. And in FAE, mildly retarded kids are often misjudged because they tend to be talkative and outgoing. No one dreams their nervous systems are impaired."

As the FAE child grows, such positive traits are often muted by alcohol-related shortcomings—impaired memory, brief attention span, poor judgment and capacity to learn from experience. Some victims drop out of school in frustration or wind up on the margins of society.

Fetal alcohol damage shows itself differently in every child. In the Soviet Union I met a boy, a teenager, who was continually trying to stab his playmates with scissors; in Sweden I met a wonderful little girl who was so sweet and beautiful that I felt I was photographing an angel.

Little is known about the



FRATERNAL TWIN GIRLS, FIVE MONTHS OLD; FRANCE



FIFTEEN-YEAR-OLD BOY WITH FATHER; SWEDEN



THREE-YEAR-OLD GIRL, SWEDEN



TEN-YEAR-OLD GIRL, CHICAGO



SIX-YEAR-OLD BOY, SEATTLE



FOUR-YEAR-OLD

SEVENTEEN-YE



FOUR-YEAR-OLD GIRL; GERMANY



SEVENTEEN-YEAR-OLD BOY, SEATTLE

thresholds of alcohol that cause FAS. Genetics may also be a factor. Even with fraternal twins one might have severe FAS, while the other is mildly affected. Not all mothers who drink have FAS babies. Some doctors believe that any alcohol puts the baby at risk, while nearly all agree that binge drinking is perilous, especially during the first 12 weeks, when signs of pregnancy are few. As Ellen O'Donovan lamented, "I didn't even know I was pregnant. That's the tragedy of it." □

ICEBERG

AN EDUCATIONAL NEWSLETTER FOR PEOPLE CONCERNED ABOUT FETAL ALCOHOL SYNDROME (FAS) AND FETAL ALCOHOL EFFECT (FAE) . . . BECAUSE THE PROBLEMS WE READILY SEE ARE ONLY THE TIP OF THE ICEBERG

JAMA ARTICLE ON FIRST MAJOR STUDY OF LONGTERM CONSEQUENCES OF FAS Fetal Alcohol Syndrome in Adolescents and Adults

by Ann Streissguth



Most of the patients with Fetal Alcohol Syndrome or Fetal Alcohol Effect (FAS/FAE) described in the medical literature have been young children. Only isolated case reports of adolescents and adults have appeared. In the March, 1991 issue of the *Journal of the American Medical Association*, researchers from the University of Washington Medical School (in collaboration with others from New Mexico and British Columbia) published the first major study of the long-term consequences of FAS.

In this report, 61 patients are described, who range in age from 12 to 40 years. Their average age was around 17 years. Seventy-four percent of the sample were American Indian, because the study

involved a follow-up of earlier research carried out on several Indian reservations in the southwest. This report also included patients referred to dysmorphologists for diagnostic evaluations.

Physical Features Less Distinctive After Puberty

One important finding was that the physical features of FAS are less distinctive after puberty. The faces of the patients were not as characteristic as they had been in childhood.

Growth deficiency for weight was not as remarkable as in infancy and childhood. The majority remained short, and had microcephaly (small heads). This helps explain why the initial identification of persons with this disability is more difficult as they mature, and points up the importance of early identification.

Intellectual Level Varied

Intellectual development was extremely varied. Some patients were very mentally retarded and others had normal intelligence. The average intellectual level for the patients with FAS was in the mildly retarded range. Almost half of them, however, had an IQ of 70 or above, so would not be technically classified as mentally retarded.

This has important implications for obtaining community services. Many persons with FAS are not automatically eligible for programs designed for the mentally retarded.

Although the average academic functioning of these patients was at the 2nd to 4th grade level, some did read and spell at a 5th grade level or above. In general, arithmetic skills were the most limited, probably representing difficulty with abstract thought.

Impaired Adaptive Functioning

This study carried out systematic evaluations of the patients' level of adaptive functioning in three skill areas: daily living, socialization, and communication. This subgroup had an average chronologic age of 17 years but their average age of adaptive functioning was at a 7-year level.

The group performed best on daily living skills (at an average 9-year level) and most poorly on socialization skills (at approximately the 6-year level). Although one or two patients had age-appropriate daily living skills, none were age-appropriate in terms of socialization or communication skills. Even the patients who were not *technically* retarded failed to accomplish several specific types of adaptive behaviors such as: failure to consider consequences of action, lack of appropriate initiative, unresponsiveness to subtle social cues, and lack of reciprocal friendships.

These findings underscore the critical importance of keeping adolescents with FAS/FAE in the school setting. They certainly do

(continued on p. 7)

A FAS Success Story

LANCE by Connie Moss, Anchorage, Alaska

He came into our lives when he was just 24 hours old. That was 21 months ago. He has changed our lives in so many ways. Most professionals ask us "How do you do it?". I was so thankful when Dr. Streissguth did not ask me that, during our phone conversation in May.

When he blows me kisses I get a knot in my throat.

Lance has several medical problems, let me name a few. He is diagnosed as FAS, he is a cocaine baby, he is microcephalic, he has Myoclonic Jerks (a form of Epilepsy), he is still on Pregestimil (a predigested formula) due to his rumination, he is developmentally delayed (at 21 months he is functioning at a 10 months level), he has a severe allergy to all wheat products, he has a sleep disorder, and was diagnosed at 6 months as hyperactive.

But we prefer not to dwell on the negative. We are in the process of adopting him - an energetic, lovable toddler. We have loved him since the day he came to us as a foster baby at one day old. We are also adopting his 3 year old sister, who is FAE, and also a cocaine baby. She came to live with us when she was 6 months old.

We laugh so hard he forgets he's angry

Lance is a daily challenge, but the love he has brought to our home is immeasurable. The first time he said "mama", he got hugged so tight he jumped with surprise. Every milestone is embedded in my memory. To me he is the cutest child ever born. When he blows me kisses I get a knot in my throat. We've been through the trenches together, and we have survived.

The reason we have survived is Dr. Ann Steissguth! The first real information I received on FAS was at a symposium in Anchorage. I must admit that when she stepped up on the platform, I thought, "How can this tiny

woman, in her tailored suit, know anything about what I face daily?", but from the moment she opened her mouth to speak, I was spellbound. She was describing "my" children!

I took notes till my hand was cramped. That day changed the way I dealt with my children. I credit our success with Lance to her. After the symposium, I read everything I could get my hands on about FAS children, most of it written by Dr. Streissguth. It works, it really works and I am much more relaxed and encouraged about the future of my children.

We have provided tight structure in our home. It is of the utmost importance. Second is consistency in everything possible. Third comes repetition. I find myself repeating things to everyone, because I am so used to doing it with the kids. Fourth is teaching appropriate behaviors; no one wants to be around a child that is constantly "in your face".

He has learned to say "please".

Also, you must be an advocate for your child. Lance is seen weekly by the Anchorage Infant Learning Program, once a week he goes to occupational therapy and will soon be starting physical therapy. All of these things now come to us as second nature, but it was really difficult and frustrating in the beginning.

We have always been a family that loves to laugh. Lance has provided us with free entertainment. He just recently "learned" to throw a temper tantrum from our younger foster child.

First he would kick, and forget to lay down. Then he learned to lay down and scream, but forgot to kick. This went on for several weeks, (different variations) with Lance never quite getting it all together. We laugh so hard over this display that he forgets he's supposed to be angry. It does ease the tension.

In May we were faced with the dilemma of placing Lance on Ritalin. We had serious reservations about



doing that. I made several phone calls for advice and wound up putting in a call to Dr. Streissguth. I was certain she would be too busy to speak to me, but I thought maybe someone on her staff would be able to take the call. You can imagine my surprise when I actually got put through to her. It was the most wonderful experience!

I felt she truly understood how I was feeling. She was so uplifting, so encouraging, so warm, and so helpful that I felt like I was on a "high" after our conversation. We decided not to put Lance on Ritalin, and feel very confident with our decision. I now have renewed strength to continue with our children.

Dr. Streissguth also gave me some excellent ideas on getting Lance to eat real foods. It is working, slowly but surely. We are creating in him a "desire" to eat. He is offered one small bite at every meal. If he eats it fine, if he chooses not to, fine. If he wants another bite, we distract him and do not give it to him. He is now becoming interested in more "bites". This is in just one week. It has taken an enormous burden off our shoulders. We were beginning to wonder if he would still be on the bottle at age 18! The bonus is that he has learned to say the word "please".

We have many wonderful stories I could tell you about our children but let me just end by telling you this. There is a reason for our children being in our lives and I have finally realized, thanks to Dr. Streissguth, that it is NOT to drive me crazy!

Fetal Alcohol Syndrome - A letter from a 16 year old

by Sidney Helbock

When I first found out that I had the symptoms of Fetal Alcohol Syndrome I was confused and angry. I thought that I was different from everyone else and that I would be known for what I have. Since then I have learned that the symptoms vary from individual to individual. It depends on during what stage of the pregnancy the mother drank, and the amount of alcohol consumed.

I used to think
I was different from
everyone else

One of my symptoms is trouble understanding instructions. When a teacher shows us a certain topic, I can understand. Visual contact is a very important way of learning for me. Instructions sometimes confuse me. Following instructions is hard. When I'm asked or told to do something (like "take out the garbage") I won't understand, or the words will get mixed up in my mind.

Most of the time
I worry a lot

Some other symptoms are: not being able to follow oral instructions as well as written ones (example - Teacher



giving assignment instructions orally - not being able to remember or follow them correctly); not hearing exactly what was said to me (example - My stepfather giving me a command to do, and not hearing him clearly, even in the same room. It's like I don't catch some words or phrases.); being impulsive, doing or acting on excitement, not able to focus on reality if disaster strikes.

Most of the time I worry a lot, and make problems seem impossible to handle. When I worry, I make myself sick. At school sometimes I get sick to

my stomach, or get a fever and feel awful.

These symptoms are very small compared to some symptoms I've

this is to help me
guide myself
and others

heard of. Some people find it impossible to believe when I explain my problem, since they can't see the signs of FAS.

This letter is to help me guide myself and others. I want to help people learn about FAS, help parents who have kids who have it, and let other people who have it understand themselves better.

Sincerely, Sidney Age 16

The Battle to Protect Our Children

Are we not our ancestors' people? Were our people not great warriors: When an enemy threatened them, did they not come together and fight as one to protect their families? Why do we turn away from our enemy today? Why do we dishonor our ancestors by cowering like dogs in the face of our enemy, "alcoholism"? Can we not come together as one to fight our enemy? An enemy who is killing and disabling our children. An enemy who has already killed many of our brothers and sisters. An enemy who has killed most of our parents and even some of our grandparents. NOW is the time for us to "Call our Warriors" to battle. Let us prepare for battle. Let us prepare our minds, our souls and our bodies for the greatest battle of our lives...the battle to protect our children.

by Virginia LeaderCharge
Presented at the Inchelium FAS
Conference, August 20, 1991

DECLARATION OF WAR

WHEREAS: Alcoholism is maiming and killing our loved ones, and

WHEREAS: Fetal Alcohol Syndrome is the number one cause of mental retardation, and

WHEREAS: Fetal Alcohol Syndrome is TOTALY PREVENTABLE, and

WHEREAS: We can no longer stand idly by and watch our families and friends decimated by this enemy,

THEREFORE BE IT RESOLVED: that we, the undersigned, hereby make a
DECLARATION OF WAR

against alcoholism and Fetal Alcohol Syndrome, and,

BE IT FURTHER RESOLVED: that we, the undersigned,

"CALL THE WARRIORS TO BATTLE".

This declaration was produced by the attendees at the Inchelium Fetal Alcohol Syndrome Conference, in Inchelium Washington on August 20, 1991.



Parents' Support Group

Connecting with others who really *do* understand !

The enthusiasm and sense of belonging generated at Parents' Support Group meetings is testimony to the existence of unmet needs in families with FAS/FAE affected children.

Many parents have experienced frustration, anger, grief, anxiety and other feelings in relation to the challenges of dealing with their children. Families or helping professionals who do not face some of the problems FAS/FAE families do, may not believe, and/or understand this intensity. Sometimes they discount or minimize the reality faced by affected parents because they just don't face such issues in their own family.

In the support group, it is often a new experience for these parents to meet with and talk to a whole roomful of people who can truly share their feelings. What a healing and supportive environment. How wonderful to know their own anguish is validated by the understanding and acceptance of many other parents. The past sense of isolation vanishes as they connect with others who share their life experience.

In addition, there has been an outpouring of wonderful, creative ideas to help support families and educate the community and professionals about FAS/FAE issues.

Some suggestions for parents:

- Leave a paper trail. Accumulate reports, letters and comments on incidents and events. These documents will be valuable to help you justify a safe, appropriate solution for your child if/when things accelerate.

- Talk to professionals. Reach out to your own doctors, teachers, and counselors with information. Leave the Iceberg in their offices. Communicate your experiences to them so they see the gut impact as well as the facts. Be clear about what you and your children need.
- Share your feelings. Take good care of yourself by regularly attending support groups, and working on your own support network.
- Share your ideas. Check out your perceptions and evaluations with other parents who experience the same reality. Listen to how other parents solve problems and try what seems to fit your own circumstances. Tell others how you solve problems, and share your successes.
- Maintain perspective. Our FAS/FAE children take an inordinate amount of our time and energy. Focus on the family as a whole. Recognize your obligations to your own self care, and to others in your family. Aim for balance.

The Parents' Support Group in Seattle meets at 7:30 PM every other Monday, at the Aurora Church of the Nazarene, North 175th and Meridian North, Room 209. Call Roberta Wright (206) 546-6226 for dates and other pertinent information.

The next few meetings will be used to plan long range goals and decide on a name for the group. All parents are invited to come and participate. Parents from other areas will be assisted in setting up support groups in their own communities.

FROM OVERSEAS

Dear Mrs. Leuthold,

Ann Streissguth sent me the first issue of "the Iceberg", your very remarkable newsletter. I congratulate you!

In France we have a lot of children, adolescents and adults with FAS/FAE problems. In our next workshop about FAS, I'll talk about your campaign to fight pregnant women's alcoholism.

"Iceberg", I think, can bring overseas many answers to our problems.

*Yours sincerely,
Dr. Philippe Dehaene
Centre Hospitalier de Roubaix, France*

EDITORS NOTE: I have sent Dr. Dehaene a packet of several copies of past issues to share with his colleagues. He included copies of his research and promotional materials they have been using for some time aimed at pregnant women (in French of course). The brochures have a photograph of a pregnant woman ala Demi Moore, and are very attractive.

BIBLIOGRAPHY AVAILABLE

Editor,

Did you know that a bibliography is available on Alcohol and Pregnancy with hundreds of items from the past 2 years? It was compiled in May of 1991 by the NIAAA Office of Scientific Affairs, and is available from the National Clearinghouse on Alcohol and Drug Information. (P.O. Box 2345, Rockville, MD 20852) There is no charge for this. They can be reached at 1-800-729-6686 or (301) 468-2600. Please let people know about this.

*A Reader
Seattle, WA*

EDITORS NOTE: I encourage all readers to make use of this valuable resource to educate themselves. This bibliography can also be shared with the professionals you deal with in your life, and help them get accurate and valid information on FAS/FAE issues.

I C E B E R G

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ICEBERG Post Office Box 4292 Seattle, WA 98104

Adoptive Families and the "Search" Movement

How to Get the Medical Information You Need About your Adopted Children

by Sally Graves



I was watching my 18-month-old grandchild blowing soap bubbles in the yard last month, and it occurred to me that soap bubbles provided a visual symbol for the way we spread information around among counselors, researchers and parents in the field of FAS/FAE.

Foster parents, adoptive parents, caseworkers, therapists, birth parents, and teachers all tend to move around within their special "bubbles", reflecting the area of interest closest to them. Too often, our bubbles are closed and they float past each other. Sometimes they barely touch and then bounce

away. Often they are solitary and never touch at all. But, when I watched the toddlers playing with their bubbles, I noticed something. When you are working close to someone else, the bubbles can stick together and merge into one big bubble, or integrate into a cluster with innumerable little ones attached.

For example, I'm an adoptive parent of "special needs" children. I also have biological children. Years ago my bubble focused on my kids and the ways that everyone in our family was affected by the dynamics that adoption created for us. I've had to learn a lot about the psychological and developmental impacts of adoption. As our children became adults, we learned a great deal about resources for searching out birth families (the "Search Movement"). Now we are connected with a new network (a new bubble?) of adult adoptees and birth parents that we barely knew existed five years ago.

Recently I was speaking with another adoptive parent who had become an expert on the disabilities caused by FAS, but had no idea how to begin asking and searching for birth parent information. "I guess I'll have to hire a private detective..." she sighed. "Oh no, that's not necessary," I assured her. "Let me tell you about W.A.R.M., and the triad support groups, and the volunteer search consultants..."

Our bubbles had bumped against one another and merged into a larger bubble. We each shared knowledge and resources and were strengthened to work for change.

Birth parents need support in dealing with the grief they feel about their children. Adoptive and foster parents need to connect with birth parent information in order to do their parenting jobs. Medical professionals need to hear the experiences of the parents (adoptive, foster or birth) doing the actual child rearing, so that all of us working with FAS/FAE children can do the best possible job.

These are some important resources for those interested in birth parent search information and support. The American Adoption Congress (ACC) maintains a "hotline" for the purpose of offering search and support referrals at (505) 296-2198. In Washington State, the affiliate of AAC is the Washington Adoption Rights Movement (W.A.R.M.). Contact W.A.R.M. at 5950 6th Ave. S. (#107), Seattle, WA 98108, (206) 767-9510.

Sally Graves is an adoptive parent in Seattle, and co-coordinator of the Adoptive Parents Support Group of the Seattle Interracial Family Association. She is Assistant Director of the Social Work Continuing Education Department at the University of Washington.

Senate Authorizes \$2 Million Plus for FAS — Will the House?

Senator Brock Adams: Activist for FAS Programs

Brock Adams is one of the strongest supporters of alcohol research in general, and FAS programs in particular. This past year he has spearheaded significant legislation.

Adams has worked closely with Senators Tom Daschle, Tom Harkin, and Edward Kennedy on S1306. One goal of this Senate bill is to reorganize the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). Adams recommended ADAMHA Institutes should focus more attention on FAS and other alcohol-related birth defects. He named the University of Washington in Seattle as a national leader of FAS research.

Adams obtained authorization from the Senate for \$2 million for the Centers on Disease Control to begin a program to assist states in FAS prevention, evaluation, and improvement of data on the number of infants born diagnosed with FAS.

Adams made American Indian governing units and agencies eligible to apply for Federal grants. The areas covered include a variety of mental health services, demonstration projects, substance abuse prevention and treatment projects, and community grants.

Adams included American Indians as one of the focus groups for the new Office of Special Populations. This

office will develop and coordinate plans to prevent substance abuse and mental illness, and to counteract discrimination.

Now it is vital to get the House to keep the same level of appropriations for FAS in their corresponding versions of these bills. Time is of the essence! Let the House members know how you feel, or send your letters of support to Senator Adams, 915 2nd Avenue, Seattle, WA 98104

NOFAS - Healing the Broken Cord

New Organization Dedicated to Eradication of All Alcohol Related Birth Defects

The first annual meeting of the National Organization for Fetal Alcohol Syndrome (NOFAS) will be held in Minneapolis on October 21-23, 1991. The conference, titled "Healing the Broken Cord", will feature Rodney A. Grant from "Dances with Wolves". Grant will speak on how to focus on healing the Indian community as a whole. The conference is coordinated by the American Indian Institute of the University of Oklahoma. Each presentation will be followed by a talking circle session led by a trained facilitator.

Contact sponsor Patti Munter at (202) 785-4585, NOFAS, 1815 "H" St. NW, Suite 750, Wash., DC for information — or the conference coordinator for the American Indian Institute, University of Oklahoma at (405)325-4127.

NOFAS has been organized with specific goals and objectives.

- To reduce the rate of alcohol related birth defects in the United States

through increased public awareness and education.



- To establish an annual conference on FAS/FAE aimed primarily at the Indian community which will address medical, educational and community issues.
- To assist in the promotion of preventative education and community empowerment through a media campaign aimed at the Indian community.
- To train health care professionals, educators and community members in issues of FAS/FAE and addressing the specialized needs of FAS/FAE children.

Promotional materials from NOFAS further explain the factors that motivate their organization.

FAS/FAE is the leading known cause of mental retardation. It can be prevented. If women didn't drink when pregnant there would not be another case of FAS.

Recent data estimates that 2.7 out of every 1,000 babies born in this country are afflicted with FAS/FAE, and in some Indian communities one out of four babies born are affected by alcohol. Mental retardation, low IQ, organ dysfunction and hyperactivity are just some of the problems these children must bear. — all are irreversible.

Alcohol related birth defects are a national problem and require a national program that will provide all women and families access to information on alcohol and prenatal care for the health and life of their children. NOFAS will establish a central source of information on FAS/FAE prevention, intervention and treatment.

An Adult Has Been Diagnosed as FAS or FAE - Now What?

by Diane Davis

An adult with FAS is often a child in an adult body. Physically, that body may appear to be completely normal, or it can have definite malformations. The range is wide, as is true of what tasks these adults can easily perform, how much information they can retain, how well they can manage even the simplest of daily living skills. There is great variety in how they respond to the world socially and emotionally. Some common factors are:

- Their academic skills are limited.
- They have poor judgement and little concept of what is right or wrong.
- They are often victims because others take advantage of them.
- They have little or no ability for handling money appropriately.
- They may have a normal sex drive but little or no impulse control and a limited ability (if any) to care for a child of their own.
- They may become depressed and isolated easily, and few have normal friendship patterns with peers.

In our society, there is the expectation that adults who look "normal" will act like adults, not children. There is very little tolerance for the type of acting out that FAS/FAE adults may do.

Because they are like children, these adults need primary caretakers who can look after them. They need to be protected. They need consistency and routine, especially in a job setting. They need tasks that they can succeed at, and bosses and other adults who are patient and understanding.

Providing supervised social activities is also important. Often FAS/FAE children and adults excel in art, music and certain sports. Activity provides a valuable outlet and brings fun into a life that can be frustrating and lonely.

Adequate medical/dental care is another area of importance. Just as young children don't always know that they need a doctor's attention or that it is time for a dental or eye examination, neither do FAS/FAE adults. They

need responsible others who will follow through with seeing that they get to their appointments.

Counseling that has just begun to become available for FAS/FAE affected children and their families. Sometimes the family needs strengthening emotionally before it can begin to adapt to the changes that need to be made. Parents and siblings may need to open up and express their feelings, disappointments, fears and frustrations. They may need to become more educated about FAS/FAE. Affected children can also benefit from counseling. They can be introduced to specific, concrete ideas and ways of dealing with things. They also can respond in a positive way to the one-on-one attention and a person who can be objective and give them the emotional support they need.

Diane Davis is a therapist in private practice. She specializes in issues related to chemical dependency, FAS and FAE. She can be reached at (206) 323-9097.

Longterm Study (from p.1)

not have the adaptive living skills to survive well outside of a structured environment. Our research also points up the necessity of schools taking a broad functional approach to education, and the importance of job-skills training and work experience. It is of interest to note that of those patients on whom information was available, only 6% were in vocational programs, 2% were working, and none were entirely independent.

Family History

Family environments of these patients with FAS/FAE had been remarkably unstable. On average, they had lived in five different principal homes in their lifetimes. Only 9% were with both biologic parents; 3% with their biologic mothers. For those for whom accurate data could be obtained, 69% of their biologic mothers were known to be dead. This statistic demonstrates the severe impact of alcoholism in women (they died not only of cirrhosis, but of many other types of alcohol-related accidents and violent deaths).

This information leads to the conclusion that an early diagnosis of FAS in a child is important from the standpoint of both mother and child. Mothers (who have given birth to children with FAS) are clearly at risk for alcohol-related disability and premature death. Diagnosis of FAS in the child can not only help the child receive proper services early in life, but can help the mother be recognized as needing support and services for her own alcoholism.

Maladaptive Behaviors Present Greatest Challenge

This article concludes "Fetal Alcohol Syndrome is not just a childhood disorder; there is a predictable long-term progression of the disorder into adulthood, in which maladaptive behaviors present the greatest challenge to management."

As we point out in the article, however, the outcomes that we have documented represent the interactive influences of biology and environment.

Most of these patients were born before mothers were generally aware that drinking during pregnancy was harmful. Most of these patients were undiagnosed as infants and young children, or if they were, this diagnostic information was not carried along with them through life. Thus, most were raised by caretakers who were unaware of their diagnosis and taught by teachers who had no knowledge that they had a life-long disability.

Home, School and Community Interventions

It is our hope that with more widespread diagnosis of FAS, and with clearer understanding of the long-term consequences of FAS, that more reasonable and appropriate environmental interventions can be developed, at home, in the school, and in the broader community. Out of this realization can come the help for each child to develop to his or her own best potential, in an environment that is ultimately the most enhancing for that individual.

No Inevitable Conclusions

Wide variation in intellectual levels in this group of patients confirms what we have known since the beginning, namely that the diagnosis of FAS does not carry with it any particular guarantees, or inevitabilities about IQ, or about academic achievement levels. Diagnosis of FAS does not mean that a person cannot graduate from high school or even attend college. It does mean that some degree of brain damage *has been sustained* and that the results of this will be apparent in the persons' adaptive behaviors.

This article further suggests that the more serious manifestations of FAS may well be experienced at that time in life when the expectations for independent functioning are the greatest. It is our hope that the result of this knowledge will be better program development, more widespread help and support for parents and teachers, and more realistic and helpful expectations for the patients themselves.

Unrealistic expectations can lead to frustration, despair, and hopelessness. Public knowledge about this disability should garner support for the disabled persons and lead to hope for a happier, more fulfilling future.

Fetal Alcohol Syndrome in Adolescents and Adults. A. P. Sireisguth, J. M. Aase, S. K. Clarren, S. P. Randels, R. A. LaDuc, D. F. Smith. *Journal of the American Medical Association.* April 17, 1991, Vol. 265, No. 15, pp. 1961-1967.

SUBSCRIPTION FORM (Prepaid subscriptions only. Enclose check or money order. ICEBERG, P.O. Box 4292, Seattle, WA 98104)

ORGANIZATION _____

NAME _____

PHONE _____

ADDRESS _____

STATE _____

ZIP _____

Professional Rates

Family Rates

_____ One year at \$15.00 per year

_____ One year at \$5.00 per year

Yes, I ALSO wish to help support the goals of the Iceberg with a contribution.

Enclosed please find a contribution of _____ to promote education about FAS/FAE.

CONTACTS

THANK YOU FROM SEA TO SHINING SEA

We wish to thank our generous readers. From all over the US and Canada they have sent money to help support our efforts to educate about FAS/FAE. Some contributions were small — others were very substantial. Every one is valued for the commitment it represents, as well as for the financial support offered.

Heart felt thanks to you all. Together we can make a difference. THANKS! to these recent contributors:

Ann Alton	Barry A. Feder	Julie S. Parker
Nancy Anderson	Dean M. Franzen	Belle K. Rosenbloom
Elizabeth Bagshaw	Sally Graves	Jackie Steil
Mrs. Wm. Cameron	Jean Haas	Vera Sullivan
Maureen E. DeLapp	Carolyn Haney	Rick Teboe
Josie DeVries	Louise G. Harper	Pat Vavrick
Sylvia W. Epstein	Kouying Morovan	John & Mary Wegmann

Adolescent Task Force Reports

FAS is a developmental disability issue. By changing state law to recognize this, FAS/FAE families would become eligible for many services. This will not happen without active participation and advocacy. Contact Josie DeVries at (206) 778-4048 to add your voice to the team effort. This is vital!

COMING EVENTS

Oct. 18, 91 Wash. State School Directors Assessment Committee. Presentation on FAS/FAE by Sandra Randels and Heather Carmichael-Olson. Call Cindy Lonnborg, program coord. (206) 493-9231, 221 College St. NE, Olympia, WA 98506-5313

Oct. 21, 91 (+ Every other Monday evening) Seattle Parent's Support Group. Call Roberta Wright at (206) 546-6226 for location and more information. All parents/other caregivers are welcome. Groups are forming in other areas.

Oct. 21, 91 (+ Every Monday) 6-7:30 PM. Grandmothers Group at Central Seattle Recovery Center, 1401 E. Jefferson - third

floor. Free child care provided. Call Connie Gaines (206) 322-2970 for more info.

Oct 23, 91 (+ Every Wed. from 1-2:30 PM) Support Group for Grandmothers/Caregivers of Alcohol/Cocaine Affected Children (Columbia Health Center, 4400 37th South, Seattle) Call: Gwen Browne (206) 296-4650

Oct. 21-23, '91 The First Annual Meeting of the National Organization for Fetal Alcohol Syndrome (NOFAS) is planned for Minn, MN. "Healing the Broken Cord". Contact sponsor Patti Munter, (202) 785-4585, NOFAS, 1815 "H" St. NW, Suite 750, Wash., DC for info. or American Indian Institute, University of

Oklahoma, (405)325-4127. More on p.6.

Nov. 1, 1991 FAS Conference. Educational Service District 189. Speakers Sandra Randels, Donna Burgess, and Marceil Vadheim. Call Karen Small (206) 424-9573, 205 Stewart Rd., Mt. Vernon, WA 98273.

Nov. 15-16, 91 Conference on "Prenatally Exposed to Alcohol & Drugs: Medical, Psychosocial, & Educational issues for the Child, Family & Community". Contact Donna Nimec, MD at Children's Hosp. (303) 861-8888, 1055 E. 19th Ave., Denver, CO 80218. Speakers: Sandra Randels, Donna Burgess, and Robin LaDue.

Dec. 11-12, 91 Casey Family Program Training Conference-FAS Workshop. Speakers: Sandra Randels, Heather Carmichael-Olson. Contact Mary Liz Callan, Conf. Coord., (206) 448-4620, 2033 6th Ave. (Suite 1100), Seattle, WA 98121-2536

Readers are invited to submit events of interest for publication in "Coming Events" as a community service. Publication does not imply endorsement. Mail to P.O. Box 4292, Seattle, WA 98104

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HJR

57

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CS HJR 57 (STA)

Revision Date: _____
Title: Omitting PFD & Longevity Bonus from income calculations for HUD Rental Assistance
Sponsor: Representative Boyer
Requestor: House State Affairs Committee

Department Affected: Administration
BRU: Division of Pioneers' Benefits
Component: Longevity Bonus Program

COMPONENT

0	0	2	6
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

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

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

POSITIONS:

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

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.) The resolution itself would have zero fiscal impact. However if HUD did change their method of calculation, it would have a fiscal impact.

See attached page 2 for analysis.

Prepared by: Dennis L. DeWitt
Division: Pioneers' Benefits

Phone: 465-4400
Date: March 11, 1992

Approved by Commissioner: Nancy Bear Usura
Agency: Administration

Date: 3/16/92

Distribution (by preparer): Legislative Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

Rev 3/11/92
b/legCSHJR57FN

Page 1 of 2

FISCAL NOTE CS HJR57(STA)

Longevity Bonus

page 2 of 2

The resolution requests a waiver from the Federal Government to eliminate the use of the Longevity Bonus and the Permanent Fund Dividend from gross income in the rent calculation for housing assistance. If the federal method of calculation was changed, the following impact is expected.

Alaska Housing Authority estimates they have 635 families with a member over 65 years of age, of which 94% are receiving the Longevity Bonus. The other 6% (or 38 families) are not receiving the Longevity Bonus.

Therefore the fiscal note was calculated on the maximum number of persons who would qualify from statistics available.

From the statistics in the "1990 census of Population and Housing, STF 1A", it was estimated that 38 households equal 60 persons. An additional 60 persons over 65 years of age would apply for the Longevity Bonus if the bonus no longer counted as income in determining the housing assistance eligibility. Sixty persons at \$3,000 a year equals \$180,000 per year. The fiscal note includes the estimated population increase for each additional year.

Alaska Housing Authority estimates that about 63 individuals would qualify under the bill, which supports the Division's calculations.

Fiscal Year	Number of People	Total Cost
93	60	\$180,000.00
94	63	\$189,000.00
95	66	\$198,000.00
96	69	\$207,000.00
97	72	\$216,000.00
98	75	\$225,000.00

Alaska State Legislature

REPRESENTATIVE
MARK BOYER

VICE-CHAIRMAN
HOUSE FINANCE COMMITTEE

FAIRBANKS

1098 LAKEVIEW TERRACE
FAIRBANKS, ALASKA 99701
(907) 456-6473

JUNEAU

P.O. BOX V
STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 465-3466

House of Representatives

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Senate Health, Education and Social Services Committee

FROM: Representative Mark Boyer *MB*

DATE: March 11, 1992

RE: HJR 57, "income" for HUD rental assistance

I would like to request that HJR 57 be scheduled for a hearing in the Health, Education and Social Services Committee.

Currently the State of Alaska has "hold harmless" provisions for most needs-based programs so that recipients of permanent fund dividends and longevity bonuses do not lose benefits for which they would otherwise qualify. However, the U.S. Department of Housing and Urban Development (HUD) factors income from these sources into payment calculations for housing assistance. This affects approximately 8100 Alaskans in 3129 housing units throughout the state.

The Secretary of HUD has the authority to grant waivers (see attached). HJR 57 requests that the Secretary exercise this authority and "approve as a waiver the Alaska permanent fund dividend program and the longevity bonus program in determining annual adjusted gross income for purposes of payment calculations for [HUD's] housing assistance programs."

The Alaska State Housing Authority (ASHA) is the state agency that handles the HUD housing assistance programs. ASHA's Board passed resolutions supporting the exemption of permanent fund dividends and longevity bonuses from gross income for the purposes of rent calculations.

HJR 57 passed the House earlier this week with a vote of 32 to eight. It has zero fiscal notes from the Dept. of Administration and the Dept. of Commerce and Economic Development.

Thank you.

FAIRBANKS 20B

RESOLUTION REQUESTING THE SECRETARY OF HUD TO
APPROVE A WAIVER OF THE PERMANENT FUND DIVIDEND
CHECKS FROM CONSIDERATION IN GROSS INCOME FOR RENT
CALCULATIONS

Resolution No. 379

WHEREAS, the Alaska Permanent Fund Dividend (APFD) checks are considered income by the U.S. Department of Housing & Urban Development (HUD) in determining annual adjusted gross income for rent calculations; and

WHEREAS, the amount of the APFD varies, based upon the earnings of the APFD account; and

WHEREAS, the amount of the APFD checks has varied from a low of \$331 to a high of \$1,000, and has averaged \$670 since its inception in 1982; and

WHEREAS, income from the APFD arrives in one annual check, any time during the last three-month period of the year; and

WHEREAS, the APFD of every family member is currently included in determining the total adjusted annual income; and

WHEREAS, the total family's APFD may place families above qualification income limits for housing assistance; and

WHEREAS, monthly rental payments are based on the total adjusted income; and

WHEREAS, this causes seniors and low-income families to pay a high percentage of their income each month in order to compensate for this once-a-year payment; and

WHEREAS, it is the intention of HUD to provide opportunities for low-income residents to save money for homeownership, self-employment, or other self-sufficiency opportunities; and

WHEREAS, it is the intent of this resolution to provide greater opportunities to all low-income Alaskans to increase their quality of life.

NOW, THEREFORE, BE IT RESOLVED, that through support from residents, Alaska public and Indian housing authorities, and the Alaska Legislature, a campaign be waged to request the Secretary of HUD to grant a waiver of the Alaska Permanent Fund Dividend checks from inclusion in annual adjusted gross income for rent calculations.

Passed by the Board of the Alaska State Housing Authority this 11th day of October, 1991.

areas. The distribution of contract authority by individual program need not be the same for each allocation area, so long as the total amounts of contract authority made available to the field office for each program type and for the metropolitan and nonmetropolitan portions are not exceeded.

§ 791.405 Field office consultation procedures.

(a) *Consultation with single-jurisdiction allocation areas.* The field office shall consult with the chief executive officers of SMSA central cities and other local governments that have been designated as single-jurisdiction allocation areas pursuant to § 791.104(b)(2). Sufficient time should be provided prior to the consultation to allow the local government to review the preliminary allocation plan and to consult with its local public housing agency. As part of the consultation process, the field office shall ask the chief executive officer to comment on local government preferences with regard to housing type, program type, and the extent to which the local government wishes to use its allocation for carrying out public housing modernization. The field office shall accommodate these preferences as much as possible, consistent with limitations on contract authority by housing type assigned to the field office, the contract authority made available to the allocation area, and the competing preferences of local governments in other allocation areas.

(b) *Consultation with multi-jurisdictional allocation areas.* The field office shall develop appropriate procedures for consultation with local governments within each multi-jurisdictional allocation area about the preliminary allocation plan. Local governments shall have an opportunity, after consulting with their public housing agencies, to indicate their preferences with regard to housing type, program type, and the extent to which they wish to compete for the use of available contract authority for carrying out public housing modernization. The field office shall accommodate these preferences as much as possible, con-

sistent with limitations on contract authority made available to the allocation area, and the competing preferences of other local governments within the allocation area and in other allocation areas.

(1) Where all of the contract authority for an allocation area is to be targeted for exclusive use in previously underfunded localities in accordance with § 791.404(d), consultation shall be limited to those localities.

(2) Where an areawide housing plan has been developed by two or more local governments or by an APO on behalf of the local governments, the field office shall consult with local government and APO representatives on their preferences and on the need for targeting to previously underfunded localities.

(c) *Consultation with State housing agencies and FmHA.* The field office manager shall meet with representatives of the State housing agencies and FmHA, as appropriate, in order to reach agreement on what portion of the housing assistance in each allocation area will be provided by the set-asides for their respective programs. If the field office and the State agency or FmHA cannot agree, the regional administrator shall resolve the differences. The regional administrator shall also coordinate the use of any State agency or FmHA set-aside which affects more than one field office jurisdiction.

§ 791.406 Approval of the allocation plan.

After the consultation procedures in § 791.405 are completed and appropriate adjustments made, the field office manager shall approve the allocation plan. For each allocation area within the field office jurisdiction, the plan shall indicate the number of assisted housing units by housing type and program type for each household type, the amounts of contract and budget authority for each, and any amounts allocated for public housing modernization. The plan shall include a map or maps clearly showing the allocation areas within the field office jurisdiction. The approved allocation

Office of the Secretary, HUD

working days after receipt of the field office allocation.

§ 791.407 Exchanges and reallocations of contract authority.

(a) The field office shall make every reasonable effort to obtain a sufficient number of approvable applications to use the available contract authority for each allocation area in a manner consistent with the housing, household and program types specified in the allocation plan. If this objective cannot be achieved, the field office shall make exchanges or reallocations of contract authority in accordance with the following procedures.

(1) If applications for a particular program type or housing type would not use all of the contract authority designated for that program type or housing type in the allocation area, the field office shall attempt to exchange the remaining contract authority for an equal amount of contract authority in another program type or housing type in another allocation area, so long as the total amount of contract authority for each allocation area remains unchanged.

(2) If applications are not sufficient to use all of the contract authority designated for a particular household type in the allocation area, even after exchanges in program type and housing type, the remaining contract authority may be provided to localities within the allocation area that have already met their annual household type goals on a proportional basis.

(3) If the field office manager determines that not all of the contract authority allocated for a particular allocation area is likely to be used during the fiscal year, the remaining authority may be reallocated to other allocation areas where it is likely to be used during that fiscal year.

(4) If the regional administrator or the appropriate Assistant Secretary determines that not all of the contract authority allocated to a field office is likely to be used during the fiscal year, the remaining authority may be reallocated to another field office where it is likely to be used during that fiscal

year. Only the appropriate Assistant Secretary may reallocate contract authority among regional administrators.

(b) Any exchanges or reallocations of contract authority between allocation areas, field offices, or regions shall be consistent with the assignment of contract and budget authority for the specific program type and housing type, any established set-asides, and metropolitan and nonmetropolitan designations.

(c) In addition to the requirements of paragraph (b) of this section, contract authority shall not be reallocated for use in another State unless the field office manager, the regional administrator, or the appropriate Assistant Secretary has determined that other allocation areas within the same State cannot use the available authority in accordance with HAPs during that fiscal year.

PARTS 792-798 [RESERVED]

PART 799—WAIVER AUTHORITY

§ 799.101 Waivers.

(a) *Basic provision.* Upon determination of good cause, the Secretary of Housing and Urban Development may, subject to statutory limitations, waive any provision of this chapter. Each such waiver shall be in writing and shall be supported by documentation of the pertinent facts and grounds.

(b) *Reservation of authority by the Secretary.* The authority under paragraph (a) of this section is reserved to the Secretary and no delegation of this waiver authority shall be effective unless executed subsequent to June 7, 1976, for the Assistant Secretary for Housing—Federal Housing Commissioner on September 6, 1983, for the Assistant Secretary for Public and Indian Housing. Authority to waive by either Assistant Secretary is limited to each Assistant Secretary's respective programs.

(Sec. 7(d), Department of Housing and Urban Development Act (12 U.S.C. 3535(d)) (19 FR 6715, Feb. 21, 1981))

ASSOCIATION OF ALASKA HOUSING AUTHORITIES

Entitled: Requesting the Secretary of HUD to approve a Waiver of the Permanent Fund Dividend Checks from consideration in gross income for rent calculations



Resolutions 91-03

WHEREAS, the Alaska Permanent Fund Dividend (APFD) checks are considered income by the U.S. Department of Housing and Urban Development in determining annual adjusted gross income for rent calculations; and

WHEREAS, the amount of the APFD varies, based upon the earnings of the APFD account; and

WHEREAS, the amount of the APFD checks has varied from a low of \$331 to a high of \$1,000, and has averaged \$670 since its inception in 1982; and

WHEREAS, income from the APFD arrives in one annual check, sometime within the last three-month period of the year, and

WHEREAS, the APFD of every family member is currently included in determining the total adjusted annual income; and

WHEREAS, the total family's APFD may place many families above qualification income limits for housing assistance; and

WHEREAS, monthly rental payments are based on the total adjusted income; and

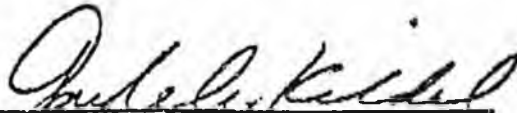
WHEREAS, this causes seniors and low-income families to pay a high percentage of their income each month in order to compensate for this once-a-year payment; and

WHEREAS, it is the intantion of HUD to provide opportunities for low-income residents to save money for homeownership, self-employment, or other self-sufficiency opportunities; and

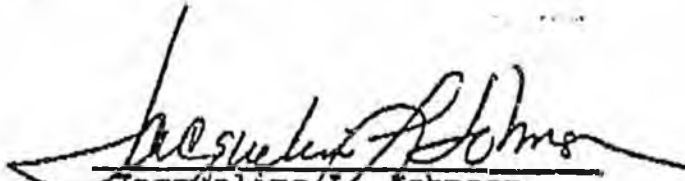
Association of Alaska Housing Authorities
Resolution 91-03
Page 2

WHEREAS, it is the intent of this resolution to provide these opportunities to all low-income Alaskans to increase their quality of life.

NOW, THEREFORE, BE IT RESOLVED, by the Association of Alaska Housing Authorities, that through a campaign of support letters from residents and Alaska public and Indian housing authorities, and support from the Alaska Legislature, a campaign be waged to request the Secretary of HUD to grant a waiver of the Alaska Permanent Fund Dividend checks from inclusion in annual adjusted gross income for rent calculations.



Gayle Kildal
Secretary, AAHA



Jacqueline L. Johnson
President, AAHA



03/18/92 16:31

002/002



MEMORANDUM

March 18, 1992

To: Dennis DeWitt, Division of Pioneer Benefits
From: Sherrie Simmonds, Community Relations Coordinator
Subject: Longevity Bonus Waiver, HJR 57

The following is updated information concerning HJR 57, support of a waiver of the longevity bonus income from HUD income calculations.

The Alaska State Housing Authority (ASHA) currently has 505 units occupied by senior heads of household. Of those, 43 are not receiving the Longevity Bonus; however, only 3 of those fall on the border of the income cutoffs and would not qualify for ASHA housing if they were receiving the Bonus. Right now, we are unsure if the remaining 40 people are not receiving the Bonus because of lack of information and/or ability to apply, or if they have made a conscious decision not to apply. (We do plan to pursue that.) In the meantime, it does not appear that this waiver, even if it were approved by HUD, would have a significant impact on your program.

The next hearing for HJR 57 is in Senate HESS on Friday, March 20, at 8 a.m. You mentioned that you wouldn't have time to get anything together in writing, but might be available to testify. We would appreciate any help you can give.

Thank you.

c: Fawn Helms, Representative Boyer's Office

astc:\vp51\sa\asdd.a

We the undersigned support House joint resolution No.57 (State Affairs)

A Resolution requesting the Secretary of Housing and urban Development to omit the Alaska permanent fund dividend and the Alaska longevity bonus from gross income for purposes of making payment calculations applicable to certain housing assistance programs.

1. Paula Butler
2. Janie P Williams
3. Elizabeth Smith
4. Bernice Durand
5. June M. Stanfield
6. J Arthur Matthews
7. Ray J. Kennedy
8. Luth S. Wallace
9. Drina E. Horn
10. G L J Woods
11. May E. ...
12. Dorothy H. ...
13. Rachel E. Morrissey
14. Kathryn E. Luska
15. Ramona Perry
16. Oleci E. Watkins
17. Arthur L. Davis
18. Bonnie W. Morgan
19. Robert J. Kemp
20. Geraldine Fullon
21. G. Houghton
22. C. J. ...
23. Pearl Chissum
24. Ralph D. Lewis
25. Dorothy ...
26. Raymond L. Bird
27. Agnes Pratt
28. John M. Hansen
29. Rosella Williams
30. Fred Pease
31. George W. Craft
32. Anne Moore
33. Gladys Nicholas
34. Leannia Baskett
35. Mabel Charlie
36. Jane Parker
37. ...
38. Edna ...
39. Margaret A. Leewood
40. Tom L. Russell

HJR

70

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Revision Date: _____ Department Affected: Legislature
 Title: Amend Internal Revenue Code BRU: _____
 Sponsor: Rep. Leman Component: _____
 Requestor: _____ COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-					
CAPITAL	-0-					
REVENUE	-0-					
FUND SOURCE:						

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: [Signature] Phone: 465-3732
 Division: House Health Education and Social Services CMTE Date: 1/21/92
 Approved by Commissioner: _____ Date: 1/21/92
 Agency: _____



REPRESENTATIVE LOREN LEMAN West Anchorage

3111 C Street Anchorage, AK 99503 561-7614 During Session: P.O. Box V Juneau, AK 99811 465-2095

M E M O R A N D U M

DATE: March 31, 1992

TO: Senator Arliss Sturgulewski, Chairman
Senate Health, Education and Social Services Committee

FROM: Representative Loren Leman *Loren*

SUBJECT: Request for Hearing
HJR 70: Increase Personal Exemption and Provide
Parental Child Care Exemption

=====

Please schedule HJR 70 for a hearing by the Health, Education and Social Services Committee at your earliest convenience.

HJR 70 requests the IRS to allow a parental child care exemption for the services of a parent who stays at home to care for at least one child under the age of 13, and to increase the personal exemption for a child under 18 by at least \$500.

This is a pro-family proposal that has bipartisan support in our Legislature and in Congress. It has a zero fiscal note.

It passed the House without opposition. I urge its swift passage through the Senate.

Attached are the following:

- Fiscal Note
- Sponsor Statement
- Backup Information

Attachments



REPRESENTATIVE LOREN LEMAN West Anchorage

411 C Street Anchorage AK 99503 561-7611 During Session P.O. Box V Juneau AK 99811 465-2095

SPONSOR STATEMENT

DATE: March 26, 1992

BY: Representative Loren Leman *Loren*

SUBJECT: HJR 70: Resolution Urging Congress to Amend the Tax Code

=====

The tax burden for working and middle class families, especially young families, has grown heavier over the past 40 years. Although they disagree on methodology for change, President Bush and Congress agree that something needs to be done. Families with children are overtaxed and need a break from the inflation-driven tax increases that have fallen disproportionately on them.

HJR 70 urges Congress to promote parental child care and increase the personal exemption for children by amending the Tax Code. This is a pro-family proposal that has bipartisan support in Congress.

One element of this resolution is a parental child care exemption for the services of a parent who stays at home to care for at least one child under the age of 13. The increase in spendable income would be a big help to many families.

Current tax law allows for a credit of a portion of up to \$4,800 to offset expenses for child care services provided by others. However, no deduction or credit is allowed for parents who surrender opportunities for a second income outside the home by staying at home to care for their own children.

During the last thirty years, we have seen tremendous changes in the composition of our families. These changes have certainly influenced nearly every element of society. Although some of these developments may be largely a result of a changing culture, many recent studies demonstrate the close relationship they have with the absence of parents from the home.

A second element of this resolution is an increased personal exemption for children. President Bush proposed an increase of \$500 in this exemption during his State of the Union address. Other proponents of tax reform in Congress have suggested even more significant changes.

Helping parents give their children a better life by allowing them to keep more of their earnings is one of the best things we can do to strengthen families. Families, after all, are the most basic structure of society and their protection should be the highest objective of social policy.

Passage of HJR 70 will show the Legislature's support for this protection. Concerns raised about this resolution have been addressed during the committee process.



POLICY INSIGHTS

The Tax Cut Families Need

During his long tenure on Capitol Hill, Rep. Dan Rostenkowski (D-IL), chairman of the House Ways and Means Committee, has been fairly consistent in favoring high taxes. It is therefore not without significance that during the past holiday season, the door to Mr. Rostenkowski's congressional office was decorated with Christmas greetings and wishes for a happy new year and "a tax cut in 1992."

When even Dan Rostenkowski is campaigning for a tax cut, it is obvious that sentiment for tax reduction is strong. It is equally clear, given Mr. Rostenkowski's powerful position as head of the Ways and Means Committee, that tax reduction is a real possibility in this session of Congress.

Rostenkowski is one of at least a half dozen major Democratic congressional figures with tax relief plans to offer. They are joined by just as many Republican tax cut proposals. Remarkably, there is a common thread among the many plans that have been proposed. Democrats and Republicans alike seem to agree that families with children are over-taxed and need a break from the inflation-driven tax increases which have fallen disproportionately on their shoulders over the past generation.

The tax climate that enabled families to prosper in the 1950s was so favorable to child rearing that most families with children in that era were virtually exempt from federal income tax. The value of the personal exemption was so high, relative to wage levels, that the exemptions alone eliminated tax liability for families with two or more children and incomes near the national median. Moreover, payroll taxes in those days were so low that most ordinary workers who had growing families were able to take home virtually all of the money they earned.

Real wage levels rose through the fifties and sixties, and their higher incomes pushed many families into tax-paying brackets. But still, the effective tax rates paid by families with children were quite

low until the rapid inflation of the late sixties and the seventies artificially eroded the value of the personal exemption. By the mid eighties, most of the real-dollar increase in federal taxation had been concentrated on those wage earners who were trying to raise children.

In the tax reform of 1986, this problem received some attention with the doubling of the personal exemption. It was evident that the exemption had by then lost most of its significance. At a pre-inflation level of just \$1050 per person, it simply failed to shelter a sufficient amount of earned income from taxation to provide for the basic subsistence of families. By doubling the personal exemption, Congress took a step towards repairing this inequity. But the bigger exemption was not enough to solve the financial squeeze imposed on families by excessive taxation.

Working class and middle class families feel that they are simply falling behind, and not without reason. Real wage levels for men under forty, especially for men with no more than a high school education, are actually lower than they were in the early seventies. Thus, the fathers of young families are actually earning less than their own fathers did. But this is just the beginning of the problem. The cost of housing and health care — elements which tend to loom much larger in the budgets of families with children than among those without children — have far outstripped inflation. As a consequence, home ownership seems out of the financial reach of a growing segment of the population, while the rapidly rising cost of health insurance — or worse yet, the threat of an uninsured illness — further erodes the purchasing power of an ordinary worker's earnings.

Yet even as the cost of living has been rising for young families, their tax burden has grown heavier. Not only are the effective income tax rates higher than a generation ago, but the payroll tax rate, which

Number 402
January 1992

...tax reduction is a real possibility in this session of Congress."

"With a national election looming, widespread discontent within his own party over his failure to keep the now-infamous 'no new taxes' campaign pledge, and a faltering national economy, the President has come to recognize tax relief for families as a pressing national priority."

This issue of **POLICY INSIGHTS** was written by Michael Schwartz, Director of the Free Congress Foundation Center for Social Policy.

falls most heavily on lower-income workers because not one cent of earned income is exempt from it, has more than doubled since the mid-sixties. Most families with children now pay more in payroll taxes than in federal income taxes.

This financial squeeze is one of the main reasons why more mothers have been forced into the workforce. Married women with children are more likely to hold a job outside the home than are either unmarried women or married women without children, even though almost everyone would agree that the responsibility of raising children is such that a lower rate of employment would be expected among this group. Obviously, perceived financial necessity is a significant factor in driving up employment rates among married mothers. Yet much of the additional gross family income generated by second jobs is dissipated in high taxes and the additional expenses entailed in having both parents in the labor force.

The public debate over child care in the late 1980s helped to focus public attention on the issue of overtaxation of families, and members of Congress in both Houses and both parties have gotten the message.

Plans Now on the Table

Among the many tax reduction proposals offered in Congress in 1991, nearly all include some provisions for easing the tax burden on middle-income families. Several of them are specifically targeted to aiding families in meeting the financial cost of raising children. For example, Sen. Lloyd Bentsen (D-TX) has proposed a non-refundable tax credit of \$300 per child. He was outbid by Sen. Bill Bradley (D-NJ), who proposes a refundable \$350 per child credit. Sen. Bob Kasten (R-WI), whose bill is co-sponsored by Rep. Vin Weber (R-MN) in the House, matches Bentsen's \$300 per child credit, but raises it to \$1000 per child for children under six years of age. Sen. Dan Coats (R-IN) recommends, instead of a tax credit, an increase in the personal exemption for dependent children from \$2150 to \$3500, which translates into a tax savings of about \$200 to \$400 per child. In addition, the Coats bill calls for a tax credit of \$500 for preschool children. The Coats bill is sponsored by Rep. Frank Wolf (R-VA) in the House, where it has gained the co-sponsorship of an absolute majority of the entire House membership. Other tax cutting proposals, including some aimed at reducing payroll tax rates, are not specifically targeted to families with children, but would produce similar effects in assuring more take-home pay for working parents.

This immense burst of tax-cutting initiatives in Congress indicates that a consensus is emerging, a consensus which crosses party lines and which is gaining in force. Standing against that consensus has been a cadre of key Bush Administration figures, led

by budget director Richard Darman and Treasury Secretary Nicholas Brady, who have resisted tax reduction proposals.

But in his State of the Union address, President Bush finally broke with his advisors on this point. On January 28 he added the weight of his office to the emerging congressional majority in favor of tax relief for families. With a national election looming, widespread discontent within his own party over his failure to keep the now-infamous "no new taxes" campaign pledge, and a faltering national economy, the President has come to recognize tax relief for families as a pressing national priority.

Fundamental Criteria

Clearly, however, this is just the beginning rather than the end of the debate. Congress and the President must reach an agreement on the specific tax revision which will be of greatest benefit to families and which will contribute to economic recovery. It seems that four principles should guide them in their efforts to reach a solution.

- 1. The tax cut should be targeted directly to families with children. A more general tax cut would dilute the benefits to families with children. Fiscal responsibility places a limit on the amount of revenue which the Treasury can forego, and as far as possible the tax reductions should go to families with children. Such families, frankly, got short shrift in the 1986 tax reform and the inequities that have gradually crept into the tax code over the past generation are far from remedied. Moreover, strengthening the financial position of families with children will marginally ease the burden on the nation's social service structures, and, in general, families are far more effective in caring for the needs of children than even the best of social service programs.

This is a point on which President Bush and most congressional leaders appear to be in general agreement. Those who favor more general tax relief have a certain political advantage, since there would be no immediate gain for the majority of taxpayers in tax relief targeted to children. Nonetheless, maximizing tax relief for families will produce the greatest social benefits, both in the short run and in the long run.

- 2. The tax cut should be non-refundable. This is a point on which President Bush is at odds with at least some of the Democratic advocates of tax reduction, although Senator Bentsen favors a non-refundable credit. A refundable per-child tax credit would amount, in effect, to a welfare supplement and create a greater disincentive to work for poor families, as well as exorbitant marginal taxation for those families who increase their earnings. This problem is

already the one major difficulty with the earned income tax credit, which is the only refundable credit against personal income taxes.

- 3. The tax cut must be large. A cut which adds an insignificant amount to the disposable income of families is simply wasted effort. Here President Bush's proposed increase of \$500 in the personal exemption for dependent children is weak in comparison with most of the proposals offered in Congress. Under the President's plan, the actual per-child tax advantage to families would be in the range of just \$75 to \$140 — far below the amounts envisioned in the congressional plans. Tax breaks so small will not be enough to give hard-pressed families a sense of greater security. Under most of the congressional plans, which provide per-child tax breaks ranging from \$300 to \$1000, it is possible to foresee parents reducing their work hours in order to spend more time with their children or having the confidence to make major purchases. The President's proposal is not large enough to offer such incentives.
- 4. The tax cut should not be limited to the poor. While the working poor are obviously in need of assistance, middle class families are also suffering a serious financial squeeze. The old definitions of material comfort no longer apply. A household income of \$50,000, in a two-earner family with children and a mortgage, is simply not a definition of affluence. Many families in these circumstances are just getting by, with no ability to set aside savings. Fortunately, despite the potential for election year demagoguery, there appears to be a reasonable level of consensus between the President and congressional leaders of both parties, so there is a possibility for real tax reduction and not simply income redistribution.

While there is a good chance that whatever emerges from the deliberations between Congress and the White House will embody these four principles, there is not yet agreement on the means by which the tax cut can be implemented. One distinction is that some proposals call for tax credits, while others offer deductions or increases in the personal exemption for dependent children. The credit mechanism is more egalitarian, in that the same dollar amount of tax savings is offered per child, regardless of family income. This is, in fact, nothing other than a family allowance, which has been popular in many European countries through most of this century.

An increase in the personal exemption for dependent children has the conceptual advantage of protecting a certain minimum level of earnings from taxation. These tax-exempt earnings are supposed to be roughly approximate to bare subsistence. This embodies the principle that citizens will be taxed

only on that portion of their earnings which exceeds the essentials of survival. This is a sound principle and, as long as the personal exemption is indexed for inflation, it offers a systemic assurance that families will not be taxed into utter dependency.

Another question that could be explored is the possibility of combining some reform of the personal income tax with tax reductions channelled through the payroll tax. As noted, this tax is regressive and, for most families, more burdensome than the income tax. A per-child reduction in the payroll tax rate would not only give workers with dependent children more take-home pay, but would also provide such workers with a slight marginal advantage in the labor market, thereby tending to reduce unemployment among the heads of families. Moreover, since the Social Security trust fund, which is currently running an enormous surplus in revenues over outlays, is off-budget, this might be a convenient mechanism for keeping the tax cut within budgetary guidelines.

Some other tax reforms outlined by President Bush deserve comment. His proposal that withdrawals be permitted without penalty from IRAs for home purchases, education and medical expenses is one which will help families. It is also a feature of the tax reform package proposed by Senator Bentsen, so there is reason to believe that it could form part of a bi-partisan tax relief program.

The President's proposed tax credit of \$5000 for the purchase of a first home would be beneficial in many ways, and could play a key role in economic recovery. It is worth noting, however, that currently first-time home buyers are less likely to be married couples than are second-time purchasers of homes. Home ownership is vital to family stability, and this tax credit might help reverse the recent trend towards lower level of home ownership. This tax credit, however, is not family-specific, but one which will be of benefit to large numbers of single persons who have not yet formed families.

Helping parents give their children a better life by allowing those parents to keep more of what they earn may be the single best thing Congress and the Administration can do this year to strengthen families now and to invest in the future. Families, after all, are what societies are made of, and the protection of families should be the highest objective of social policy. □

For More Information:

For more information on this topic, contact Michael Schwartz at the Free Congress Foundation, at (202) 546-3000. For more information on receiving POLICY INSIGHTS, contact Paul Gannon at (202) 546-3000.

"Helping parents give their children a better life by allowing those parents to keep more of what they earn may be the single best thing Congress and the Administration can do this year to strengthen families now and to invest in the future."

From Department of Treasury
FAMILY TAX ALLOWANCE

Current Law

In general, a taxpayer is allowed a personal exemption for himself, his spouse, and for each dependent. Personal exemptions are allowed as deductions in computing taxable income. The amount of each personal exemption is \$2,300 for taxable years beginning in 1992.

In general, a child age 18 or under qualifies as a dependent if the taxpayer furnishes over half the child's support. A "child" includes a child by blood, an adopted child, a stepchild, and a child placed with the taxpayer by an authorized placement agency for legal adoption. In addition, a child who is a member of the taxpayer's household and lives with the taxpayer during the entire taxable year may be considered the taxpayer's "child." The amount of the personal exemption is indexed for inflation. Personal exemptions are phased out for high-income taxpayers.

Reasons for Change

Taxpayers incur significant costs in rearing children. An increase in the personal exemption for dependent children is a simple and effective way to decrease the financial burden on families.

Proposal

The proposal increases the personal exemption for dependent children age 18 and under at the end of the taxable year by \$500 per child. This amount would be indexed for inflation. The proposal is effective October 1, 1992.

Effects of Proposal

Under the proposal, the personal exemption for dependant children age 18 or under at the end of the taxable year will increase by \$500 per child. For taxable years beginning in 1992, the increase will be prorated.

Revenue Estimate

	Fiscal Years						
	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1992-97</u>
	(Billions of dollars)						
Family tax allowance:	0	-4.4	-4.6	-4.7	-5.0	-5.2	-23.8

HJR

73

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

Bill version: CSHJR 73(HES)

Publish Date: 3-11-92

Revision Date: _____ Department Affected: LEGISLATURE
 Title: REVIEW OF INDIAN CHILD WELFARE ACT BRU: _____
 Sponsor: REP. MACLEAN Component: _____
 Requestor: _____ COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	-0-					
TRAVEL	-0-					
CONTRACTUAL	-0-					
SUPPLIES	-0-					
EQUIPMENT	-0-					
LAND & STRUCTURES	-0-					
GRANTS, CLAIMS	-0-					
MISCELLANEOUS	-0-					
TOTAL OPERATING	-0-					

CAPITAL	-0-					
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REVENUE FUND SOURCE:	-0-					
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FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: [Signature] Phone: 465-3732
 Division: HOUSE HEALTH EDUCATION & SOCIAL SERVICE Date: 3/9/92
 Approved by Commissioner: _____
 Agency: _____ Date: _____

ALASKA STATE LEGISLATURE

Representative Eileen Panigeo MacLean
Co-Chair House Finance Committee
P.O. Box 830
Barrow, Alaska 99723



WHILE IN JUNEAU
Box V
Juneau, Alaska 99811
465-4525
465-4833

HOUSE REPRESENTATIVES

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Borough

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Atkasuk
Barrow
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Nuiqsut
Point Hope
Point Lay
Wainwright

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Borough

Ambler
Buckland
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Kiana
Kivalina
Kobuk
Kolzebue
Noatak
Noorvik
Selawik
Shungnak

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Senate Health, Education and Social Services

FROM: Representative Eileen MacLean, Co-Chair
House Finance Committee

Rep. Eileen P. MacLean

DATE: March 26, 1992

RE: Request for scheduling - HJR 73

I respectfully request that HJR 73, "urging appropriate officials to review implementation of the Indian Child Welfare Act", be scheduled for a hearing in the Health, Education and Social Services Committee as soon as possible. HJR 73 received unanimous support on the House floor last Friday.

I introduced HJR 73 in reaction to concerns raised from individuals in my district about the protection of Native children in abusive family situations. The resolution urges that the review examine the strengths and weaknesses of the ICWA as they relate to the protection of Alaska Native children. No such review of the Act has ever taken place since its inception in 1978.

The study will pay particular attention to aspects of the ICWA which have made its implementation in Alaska problematic, such as jurisdictional disputes between the tribes and the state and the funding mechanism in the Act that has not kept pace with the needs in the area of child protection. The review will also examine the successful experiences of some Native organizations that have established a cooperative effort with the state for child protection.

Senator Arliss Sturgulewski

Page 2

March 26, 1992

I would be happy to provide you with additional information about the resolution. Please contact me if you have questions or concerns. I look forward to the committee's consideration of this important resolution.

SPONSOR STATEMENT

HJR 73

REP. EILEEN P. MACLEAN

HJR 73 recommends that the BIA, the General Accounting Office of the Congress and the Joint Federal-State Commission on the Policies and Programs Affecting Alaska Natives conduct a comprehensive review of the 1978 Indian Child Welfare Act (ICWA), with the full participation of Native organizations. The resolution urges that the review examine the strengths and weaknesses of the ICWA as they relate to the protection of Alaska Native children.

The study will pay particular attention to aspects of the ICWA which have made its implementation in Alaska problematic. These include jurisdictional disputes between tribes and the state and the funding mechanism in the Act that has not kept pace with the needs in the area of child protection. The review will also examine the successful experiences of some Native organizations that have established cooperative efforts with the state for child protection.

There has never been a comprehensive, empirical study of the ICWA, especially one which focuses on its implementation in Alaska. It is important to examine our experience with this Act based on the observations of the people involved in its implementation. Such an examination will help us enhance its effectiveness in Alaska. The review is especially important in light of the signing of state-tribal agreements authorized by AS 47.10.230 (g), which establishes the powers and responsibilities of tribes and the state when a Native child is taken into state custody.

Concerns have been raised that the review is an attempt to significantly alter the Act; however, this is not the intent of HJR 73. The resolution was introduced based on concerns raised about the state's system of child protection. Because the federal Act supersedes the state's law, examination of the ICWA is warranted. But within the context of examination of the ICWA, the state's role will be scrutinized.

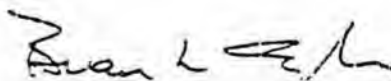
The underlying principle of the ICWA is to protect the best interests of Native children and to promote the stability and security of Native tribes and families. From this examination will emerge a complete package of recommendations for how this effort can be more successful.

POSITION PAPER
HJR NO. 73

The Division of Family and Youth Services has been the primary state agency responsible for the implementation of the Indian Child Welfare Act, since it is the agency responsible for child protection, child custody and adoption proceedings. Impacts of the Act include very close working relationships with Native social services agencies and village governments, not only for legal notice as required by ICWA, but to work together to find relative or tribal placements when children cannot remain safely at home. With the implementation of the State Tribal Agreements, policy and procedures are much clearer, and the Division supports ICWA in policy and in practice.

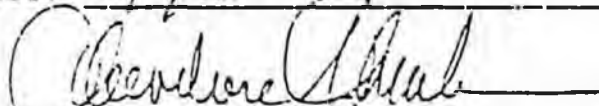
Nevertheless, problematic areas remain. The village governments were not adequately funded to implement ICWA, and those villages without staff have a difficult time participating with DFYS in locating resources and planning permanency for the child. Some DFYS staff require additional cultural competence training. The majority of Native children adopted through DFYS are now adopted within the Native culture, but there is still difficulty in recruiting enough Native foster homes to meet ICWA placement preferences. Private adoptions appear to have a high rate of placement out of ICWA preferences. Native children still are disproportionately represented in out of home care, and many village governments and Native agencies do not have sufficient resources to provide in home services to families in order to prevent removal.

For these reasons, the Division of Family and Youth Services supports passage of House Joint Resolution No. 73, Urging appropriate federal officials to review implementation of the Indian Child Welfare Act.



Brian Saylor, PhD, MPH
Deputy Commissioner
Department of Health and Social Services

Date: 3/5/92



Theodore A. Malx, MD, MPH
Commissioner
Department of Health and Social Services

Date: 18 March 1992

DON YOUNG
CONGRESSMAN FOR ALL ALASKA

WASHINGTON OFFICE
2331 RAYBURN BUILDING
TELEPHONE 202/225-5765

COMMITTEES:
INTERIOR AND INSULAR
AFFAIRS
MERCHANT MARINE AND
FISHERIES
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CIVIL SERVICE



Congress of the United States
House of Representatives

Washington, D.C. 20515

March 19, 1992

DISTRICT OFFICES

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TELEPHONE 907/271-5978

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501 FEDERAL BUILDING
KETCHIKAN, ALASKA 99902
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RT 1, BOX 1605
KENAI, ALASKA 99611

BOX 177
KODIAK, ALASKA 99615

P.O. BOX 1860
NCME, ALASKA 99762

Representative Eileen McLean
Alaska State Legislature
Box V
Juneau, Alaska 99811

Dear Representative McLean:

Thank you for your communication with regard to HJR 73, a bill introduced by you to review the implementation of the "Indian Child Welfare Act" (ICWA). I appreciate hearing from you on this important issue.

I commend your work on addressing some of the concerns with regard to the "Indian Child Welfare Act" program and agree that serious review of implementation is needed. I support your timely efforts on this in the state legislature and your intention to offer an amendment to the bill incorporating, in the review, that the involvement of the Joint Federal-State Commission on Policies and Programs affecting Alaska Natives be included. I believe the Commission can offer positive solutions towards addressing some of the problems with this program.

In addition, I believe that adequate funding has to be appropriated to fulfill Congress's intent with implementing ICWA. With this in mind, I have requested a meeting with Assistant Secretary Edie Brown to voice my grave concern with the Bureau's decision with regard to funding for Alaska's ICWA program. There is an inequity of funding allocations between Alaska and Tribes from the lower 48.

Please continue to keep me apprised of your concerns and please do not hesitate to contact me again with regard to this or any other issue of concern to you.

With my kindest personal regards,

Sincerely,

A handwritten signature in dark ink, appearing to read 'Don Young', written over a printed name.

DON YOUNG
Congressman for All Alaska

DY:caa

Ahtna, Inc.

GLENNALLEN OFFICE
P.O. BOX 649
GLENNALLEN, AK 99588
PHONE: (907) 822-3476
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ANCHORAGE OFFICE
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FAX: (907) 274-6614

March 5, 1992

**Representative Eileen Paniego MacLean
Co-Chair House Finance Committee
PO Box 830
Barrow, Alaska 99723**

Dear Representative MacLean:

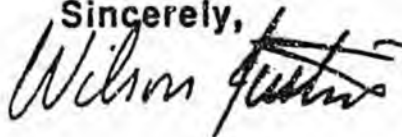
Thank you for keeping my office informed of legislative activities.

HJR 73 is timely and there are problems that should be looked at.

ICWA conceptually is a great idea, but woefully understaffed, underfunded and is primarily fueled by emotions on a personal level. I agree that the process can be improved in particular with the children.

Thanks.

Sincerely,



**Wilson Justin
President**

WJ:ele



BERING STRAITS NATIVE CORPORATION

March 11, 1992

Representative Eileen Panigeo MacLean
Co-Chair House Finance Committee
P.O. Box 830
Barrow, Alaska 99723

Dear Ms. MacLean

First of all, let me apologize for the delay in responding to your letter requesting comments on resolution HJR 73. I have been on personal leave for the last three weeks and was unable to respond to your letter until now.

Thank you for giving us the opportunity to review and comment on HJR 73. I only hope that our comments arrive in time before the House of Representatives make a decision on this resolution.

We agree, there definitely a need to have study done to determine whether the Indian Child Welfare Act has proven beneficial to our Native children. We also agree that the five (5) issues outlined in the resolution are very important to the success of the ICWA program and the well-being of our Native children.

The only additional comment that I would like to add is that the designated federal officials in Congress do cooperate to conduct and complete this comprehensive review in a timely manner, so as not to further delay in addressing issues, problems or making changes to better achieve the purposes of the ICWA for the protection of our Native children.

Sincerely,

Carol J. Piscoya
Director of Shareholder Relations

cc: file



MAR 1 1992

The Aleut Corporation

March 13, 1992

Representative Eileen Panigeo MacLean
Co-Chair House Finance Committee
Box V
Juneau, Alaska 99811

Dear Representative ^{Eileen} MacLean:

Thank you for requesting our comments concerning the Indian Child Welfare Act. The Aleut Corporation deals with ICWA only through our shareholder department and our knowledge is limited.

I contacted some of the non-profit organizations to solicit their comments for this letter, which is why it has taken me so long to respond.

It is apparent that the confidentiality which was mandated to protect the children works against the children. It becomes a long process to seek authorization and by the time authorization is received, it is too late for the children and the people involved with trying to help them are frustrated.

There were two suggestions made by those working with ICWA. The first is to create or form an informational pool or center where the red tape can be reduced and the long delays eliminated--through this center all of the ANCSA corporations would cooperate with each other for providing information. Second, technical assistance or training should be made available to the tribes and/or villages on the ICWA so that they know the authority or power is there to keep the children in their area. People seem to be afraid to involve themselves, which makes it difficult for getting information when needed.

I apologize for taking so long to respond. I do appreciate your involving us in the decision-making process.

Sincerely,

Alice Petrivelli
President

KONIAG, INC.

• 4300 B Street, Suite 407, Anchorage, AK 99503

(907) 561-2668 • FAX (907) 562-5258 •

March 3, 1992

Representative Eileen MacLean
Co-Chair, House Finance Committee
P.O. Box V
Juneau AK 99811

Dear Representative MacLean:

I am in receipt of your letter of February 24, 1992, regarding your proposed House Resolution 73 that urges a review of the Indian Child Welfare Act.


I agree with you that this act may not be working in the best interest of either Native children or parents. We have first hand experience whereby a Koniag region Native woman, who has not lived in Alaska since a few month's after birth, was caught in a vicious web, created by a village tribal council, when she chose to place her child (born in Los Angeles) with a well-to-do non-Native family. She litterally had to go into hiding, leaving the U.S. while the case was fought in court. Fortunately for her, a sympathetic judge ruled in her favor, however, we are not certain at this point that the case has been resolved.

I believe that this is probably not an isolated case. Parents must be free to exercise choice regardless of the wishes of the tribe. The placement of a child must be decided on the basis of the adopting family's desire and ability to provide the best possible up bringing, not anything else.

HJR 73 is timely and appropriate for I believe that a thorough investigation of the ICWA will reveal that it clearly does not always work in the best ~~int~~erest of the child.

Sincerely,

KONIAG, INC.


Frank Pagano
President

Mamilaq ASSOCIATION

P.O. Box 256
Kotzebue, Alaska 99752
(907) 442-3311

March 6, 1992

Representative Eileen MacLean
Alaska House of Representatives
P.O. Box V
Juneau, AK 99811

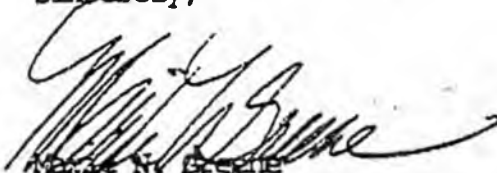
RE: Support for HJR 73

Dear Eileen,

Thanks for this opportunity to comment and support HJR 73, which urges a federal review of the implementation of ICWA in Alaska. As part of the review, we also recommend specific consideration be given to the State-Tribal Model Agreements adopted during the Cowper administration. The momentum generated by that effort to instill local relevance into ICWA's implementation in Alaska seems to be lost.

We fully support HJR 73 and are grateful for your efforts and those of Representative Lincoln in bringing this need to light.

Sincerely,



George N. Escamé
President

cc: ~~Representative~~ Representative Georgianne Lincoln
~~Senator~~ Senator Al Adams

BKSPHJR/TWIMONA

MEMBER VILLAGES

Unalakleet, Okiakpak, Nuvung, Nuurvik, Akuligaq, Isinnay

Aleutian/Pribilof Islands Association, Inc.

401 E. Fireweed Lane, Suite 201
Anchorage, Alaska 99503-2111
Phone (907) 276-2700

March 20, 1992

Representative Eileen Panigao MacLean
Co-Chair House Finance Committee
P.O. Box V
Juneau, Alaska 99811

Dear Representative MacLean:

This is in response to your request regarding the Indian Child Welfare Act and problems encountered with implementation and issues in Alaska.

In our agency, one of the biggest hindrances encountered is trying to determine Tribal Affiliation of children when requests are received from Social Service agencies. A recent example of this was a request from an out-of-state child welfare office. The family was not listed in any of our records. The information we had was forwarded to the Bureau of Indian Affairs in Juneau and we requested their assistance in determining which tribe the children might be affiliated with. The paper work was returned to us, stating the following:

"Regarding the identity Alaska Native heritage, and tribal affiliation of individuals, enclosed is a copy of our recent memorandum outlining the documentation required for the issuance of Certificates of Indian Blood. For the ---- children, a copy of each child's Certificate of Live Birth, issued by the Bureau of Vital Statistics is required to document parentage. When/if Certificates of Indian Blood are to be released to a third party such as your office, a release of information statement, signed by the parent, must accompany the requests for Certificates of Indian Blood, to satisfy the considerations of the Privacy Act of 1974."

In regards to the above case, the Child Welfare agency was attempting to determine whether these children are subject to the Indian Child Welfare Act (the children's legal status).



Page two

Occasionally not enough information is known by the requesting Child Welfare agency and sometimes parents are not very cooperative in supplying necessary information to the agency (these are usually emergency situations when children have been removed from the home for some type of abuse). Sometimes under these circumstances, one cannot furnish birth certificates, etc.

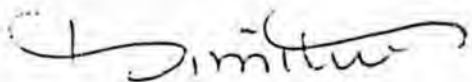
When receiving the requests to determine tribal affiliation, one needs to respond quickly in Child in Need of Aid (CINA) cases to ensure that the proper tribal entity is notified and has time to respond whether to intervene or not on behalf of the children.

In the above case example, our agency called another Bureau of Indian Affairs agency office and they agreed to look into the matter further and the paper work was forwarded to their office. All of this took precious time as the CINA case proceeded.

The case mentioned in my example is not an isolated incident. The requests are received by our agency on a regular basis as Child Welfare agencies try to comply with ICWA to "Notice" the proper tribal entity. Other individuals in the state that handle ICWA matters have indicated that they have encountered the same problem as described above in trying to determine tribal affiliation of children. I believe we all need to get together in Alaska to work out a plan on how to act quickly in determining children's tribal affiliation to ensure the correct tribe is "Noticed" in plenty of time to respond. It is my belief that children are being lost in the system, thus losing their link to families and their heritage.

Please let me know if I can be of further assistance to you regarding ICWA matters.

Sincerely,



Dimitri Philemonof
Executive Director

MR/cmh

PUBLIC LAW 95-608 [S. 1214]; Nov. 8, 1978

INDIAN CHILD WELFARE ACT OF 1978

For Legislative History of Act, see p. 7530

An Act to establish standards for the placement of Indian children in foster or adoptive homes, to prevent the breakup of Indian families, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Indian Child Welfare Act of 1978".

SEC. 2. Recognizing the special relationship between the United States and the Indian tribes and their members and the Federal responsibility to Indian people, the Congress finds—

(1) that clause 3, section 8, article I of the United States Constitution provides that "The Congress shall have Power * * * To regulate Commerce * * * with Indian tribes" and, through this and other constitutional authority, Congress has plenary power over Indian affairs;

(2) that Congress, through statutes, treaties, and the general course of dealing with Indian tribes, has assumed the responsibility for the protection and preservation of Indian tribes and their resources;

(3) that there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe;

(4) that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions; and

(5) that the States, exercising their recognized jurisdiction over Indian child custody proceedings through administrative and judicial bodies, have often failed to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families.

SEC. 3. The Congress hereby declares that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.

SEC. 4. For the purposes of this Act, except as may be specifically provided otherwise, the term—

(1) "child custody proceeding" shall mean and include—

(i) "foster care placement" which shall mean any action removing an Indian child from its parent or Indian custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;

Indian Child Welfare Act of 1978.
25 USC 1901 note.
25 USC 1901.

Congress, responsibility for protection of Indians.

25 USC 1902.

Definitions.
25 USC 1903.

(ii) "termination of parental rights" which shall mean any action resulting in the termination of the parent-child relationship;

(iii) "preadoptive placement" which shall mean the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and

(iv) "adoptive placement" which shall mean the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Such term or terms shall not include a placement based upon an act which, if committed by an adult, would be deemed a crime or upon an award, in a divorce proceeding, of custody to one of the parents.

(2) "extended family member" shall be as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent;

(3) "Indian" means any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional Corporation as defined in section 7 of the Alaska Native Claims Settlement Act (85 Stat. 688, 689);

43 USC 1606.

(4) "Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe;

(5) "Indian child's tribe" means (a) the Indian tribe in which an Indian child is a member or eligible for membership or (b), in the case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the more significant contacts;

(6) "Indian custodian" means any Indian person who has legal custody of an Indian child under tribal law or custom or under State law or to whom temporary physical care, custody, and control has been transferred by the parent of such child;

(7) "Indian organization" means any group, association, partnership, corporation, or other legal entity owned or controlled by Indians, or a majority of whose members are Indians;

(8) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in section 3(c) of the Alaska Native Claims Settlement Act (85 Stat. 688, 689), as amended;

43 USC 1602.

(9) "parent" means any biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include the unwed father where paternity has not been acknowledged or established;

(10) "reservation" means Indian country as defined in section 1151 of title 18, United States Code and any lands, not covered under such section, title to which is either held by the United States in trust for the benefit of any Indian tribe or individual or held by any Indian tribe or individual subject to a restriction by the United States against alienation;

- (11) "Secretary" means the Secretary of the Interior; and
 (12) "tribal court" means a court with jurisdiction over child custody proceedings and which is either a Court of Indian Offenses, a court established and operated under the code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings.

TITLE I—CHILD CUSTODY PROCEEDINGS

Sec. 101. (a) An Indian tribe shall have jurisdiction exclusive as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing Federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

Indian tribes,
exclusive
jurisdiction over
Indian child
custody
proceedings.
25 USC 1911.

(b) In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe, absent objection by either parent, upon the petition of either parent or the Indian custodian or the Indian child's tribe: *Provided*, That such transfer shall be subject to declination by the tribal court of such tribe.

(c) In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child, the Indian custodian of the child and the Indian child's tribe shall have a right to intervene at any point in the proceeding.

(d) The United States, every State, every territory or possession of the United States, and every Indian tribe shall give full faith and credit to the public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings to the same extent that such entities give full faith and credit to the public acts, records, and judicial proceedings of any other entity.

Sec. 102. (a) In any involuntary proceeding in a State court, where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement of, or termination of parental rights to, an Indian child shall notify the parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, such notice shall be given to the Secretary in like manner, who shall have fifteen days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe. No foster care placement or termination of parental rights proceeding shall be held until at least ten days after receipt of notice by the parent or Indian custodian and the tribe or the Secretary: *Provided*, That the parent or Indian custodian or the tribe shall, upon request, be granted up to twenty additional days to prepare for such proceeding.

Foster care
placement, court
proceedings.
25 USC 1912.

(b) In any case in which the court determines indigency, the parent or Indian custodian shall have the right to court-appointed counsel in any removal, placement, or termination proceeding. The court may, in its discretion, appoint counsel for the child upon a finding that such appointment is in the best interest of the child. Where State law makes no provision for appointment of counsel in such proceedings, the court

shall promptly notify the Secretary upon appointment of counsel, and the Secretary, upon certification of the presiding judge, shall pay reasonable fees and expenses out of funds which may be appropriated pursuant to the Act of November 2, 1921 (42 Stat. 208; 25 U.S.C. 13).

(c) Each party to a foster care placement or termination of parental rights proceeding under State law involving an Indian child shall have the right to examine all reports or other documents filed with the court upon which any decision with respect to such action may be based.

(d) Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under State law shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.

(e) No foster care placement may be ordered in such proceeding in the absence of a determination, supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

(f) No termination of parental rights may be ordered in such proceeding in the absence of a determination, supported by evidence beyond a reasonable doubt, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

Parental rights,
voluntary
termination.
25 USC 1913.

SEC. 103. (a) Where any parent or Indian custodian voluntarily consents to a foster care placement or to termination of parental rights, such consent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that either the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent or Indian custodian understood. Any consent given prior to, or within ten days after, birth of the Indian child shall not be valid.

(b) Any parent or Indian custodian may withdraw consent to a foster care placement under State law at any time and, upon such withdrawal, the child shall be returned to the parent or Indian custodian.

(c) In any voluntary proceeding for termination of parental rights to, or adoptive placement of, an Indian child, the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination or adoption, as the case may be, and the child shall be returned to the parent.

(d) After the entry of a final decree of adoption of an Indian child in any State court, the parent may withdraw consent thereto upon the grounds that consent was obtained through fraud or duress and may petition the court to vacate such decree. Upon a finding that such consent was obtained through fraud or duress, the court shall vacate such decree and return the child to the parent. No adoption which has been effective for at least two years may be invalidated under the provisions of this subsection unless otherwise permitted under State law.

25 USC 1914.

SEC. 104. Any Indian child who is the subject of any action for foster care placement or termination of parental rights under State law, any parent or Indian custodian from whose custody such child was removed, and the Indian child's tribe may petition any court of com-

petent jurisdiction to invalidate such action upon a showing that such action violated any provision of sections 101, 102, and 103 of this Act.

Sec. 105. (a) In any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family; (2) other members of the Indian child's tribe; or (3) other Indian families.

Adoptive
placement of
Indian children.
25 USC 1915.

(b) Any child accepted for foster care or preadoptive placement shall be placed in the least restrictive setting which most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with—

- (i) a member of the Indian child's extended family;
- (ii) a foster home licensed, approved, or specified by the Indian child's tribe;
- (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
- (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

(c) In the case of a placement under subsection (a) or (b) of this section, if the Indian child's tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in subsection (b) of this section. Where appropriate, the preference of the Indian child or parent shall be considered: *Provided*, That where a consenting parent evidences a desire for anonymity, the court or agency shall give weight to such desire in applying the preferences.

(d) The standards to be applied in meeting the preference requirements of this section shall be the prevailing social and cultural standards of the Indian community in which the parent or extended family resides or with which the parent or extended family members maintain social and cultural ties.

(e) A record of each such placement, under State law, of an Indian child shall be maintained by the State in which the placement was made, evidencing the efforts to comply with the order of preference specified in this section. Such record shall be made available at any time upon the request of the Secretary or the Indian child's tribe.

Sec. 106. (a) Notwithstanding State law to the contrary, whenever a final decree of adoption of an Indian child has been vacated or set aside or the adoptive parents voluntarily consent to the termination of their parental rights to the child, a biological parent or prior Indian custodian may petition for return of custody and the court shall grant such petition unless there is a showing, in a proceeding subject to the provisions of section 102 of this Act, that such return of custody is not in the best interests of the child.

Petition, return of
custody.
25 USC 1916.

(b) Whenever an Indian child is removed from a foster care home or institution for the purpose of further foster care, preadoptive, or adoptive placement, such placement shall be in accordance with the provisions of this Act, except in the case where an Indian child is being returned to the parent or Indian custodian from whose custody the child was originally removed.

Removal from
foster care home.

Sec. 107. Upon application by an Indian individual who has reached the age of eighteen and who was the subject of an adoptive placement,

25 USC 1917.

Reassumption,
jurisdiction over
child custody
proceedings.
25 USC 1918.
18 USC prec.
1151 note.
25 USC 1321.
28 USC 1360
note.

the court which entered the final decree shall inform such individual of the tribal affiliation, if any, of the individual's biological parents and provide such other information as may be necessary to protect any rights flowing from the individual's tribal relationship.

SEC. 108. (a) Any Indian tribe which became subject to State jurisdiction pursuant to the provisions of the Act of August 15, 1953 (67 Stat. 588), as amended by title IV of the Act of April 11, 1968 (82 Stat. 73, 78), or pursuant to any other Federal law, may reassume jurisdiction over child custody proceedings. Before any Indian tribe may reassume jurisdiction over Indian child custody proceedings, such tribe shall present to the Secretary for approval a petition to reassume such jurisdiction which includes a suitable plan to exercise such jurisdiction.

(b) (1) In considering the petition and feasibility of the plan of a tribe under subsection (a), the Secretary may consider, among other things:

(i) whether or not the tribe maintains a membership roll or alternative provision for clearly identifying the persons who will be affected by the reassumption of jurisdiction by the tribe;

(ii) the size of the reservation or former reservation area which will be affected by retrocession and reassumption of jurisdiction by the tribe;

(iii) the population base of the tribe, or distribution of the population in homogeneous communities or geographic areas; and

(iv) the feasibility of the plan in cases of multitribal occupation of a single reservation or geographic area.

(2) In those cases where the Secretary determines that the jurisdictional provisions of section 101(a) of this Act are not feasible, he is authorized to accept partial retrocession which will enable tribes to exercise referral jurisdiction as provided in section 101(b) of this Act, or, where appropriate, will allow them to exercise exclusive jurisdiction as provided in section 101(a) over limited community or geographic areas without regard for the reservation status of the area affected.

(c) If the Secretary approves any petition under subsection (a), the Secretary shall publish notice of such approval in the Federal Register and shall notify the affected State or States of such approval. The Indian tribe concerned shall reassume jurisdiction sixty days after publication in the Federal Register of notice of approval. If the Secretary disapproves any petition under subsection (a), the Secretary shall provide such technical assistance as may be necessary to enable the tribe to correct any deficiency which the Secretary identified as a cause for disapproval.

(d) Assumption of jurisdiction under this section shall not affect any action or proceeding over which a court has already assumed jurisdiction, except as may be provided pursuant to any agreement under section 109 of this Act.

States and Indian
tribes,
agreements.
25 USC 1919.

SEC. 109. (a) States and Indian tribes are authorized to enter into agreements with each other respecting care and custody of Indian children and jurisdiction over child custody proceedings, including agreements which may provide for orderly transfer of jurisdiction on a case-by-case basis and agreements which provide for concurrent jurisdiction between States and Indian tribes.

(b) Such agreements may be revoked by either party upon one hundred and eighty days' written notice to the other party. Such

revocation shall not affect any action or proceeding over which a court has already assumed jurisdiction, unless the agreement provides otherwise.

SEC. 110. Where any petitioner in an Indian child custody proceeding before a State court has improperly removed the child from custody of the parent or Indian custodian or has improperly retained custody after a visit or other temporary relinquishment of custody, the court shall decline jurisdiction over such petition and shall forthwith return the child to his parent or Indian custodian unless returning the child to his parent or custodian would subject the child to a substantial and immediate danger or threat of such danger.

Improper
removal of child
from custody.
25 USC 1920.

SEC. 111. In any case where State or Federal law applicable to a child custody proceeding under State or Federal law provides a higher standard of protection to the rights of the parent or Indian custodian of an Indian child than the rights provided under this title, the State or Federal court shall apply the State or Federal standard.

25 USC 1921.

SEC. 112. Nothing in this title shall be construed to prevent the emergency removal of an Indian child who is a resident of or is domiciled on a reservation, but temporarily located off the reservation, from his parent or Indian custodian or the emergency placement of such child in a foster home or institution, under applicable State law, in order to prevent imminent physical damage or harm to the child. The State authority, official, or agency involved shall insure that the emergency removal or placement terminates immediately when such removal or placement is no longer necessary to prevent imminent physical damage or harm to the child and shall expeditiously initiate a child custody proceeding subject to the provisions of this title, transfer the child to the jurisdiction of the appropriate Indian tribe, or restore the child to the parent or Indian custodian, as may be appropriate.

Emergency
removal of child.
25 USC 1922.

SEC. 113. None of the provisions of this title, except sections 101 (a), 108, and 109, shall affect a proceeding under State law for foster care placement, termination of parental rights, preadoptive placement, or adoptive placement which was initiated or completed prior to one hundred and eighty days after the enactment of this Act, but shall apply to any subsequent proceeding in the same matter or subsequent proceedings affecting the custody or placement of the same child.

Effective date.
25 USC 1923.

TITLE II—INDIAN CHILD AND FAMILY PROGRAMS

SEC. 201. (a) The Secretary is authorized to make grants to Indian tribes and organizations in the establishment and operation of Indian child and family service programs on or near reservations and in the preparation and implementation of child welfare codes. The objective of every Indian child and family service program shall be to prevent the breakup of Indian families and, in particular, to insure that the permanent removal of an Indian child from the custody of his parent or Indian custodian shall be a last resort. Such child and family service programs may include, but are not limited to—

25 USC 1931.

- (1) a system for licensing or otherwise regulating Indian foster and adoptive homes;
- (2) the operation and maintenance of facilities for the counseling and treatment of Indian families and for the temporary custody of Indian children;

(3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care;

(4) home improvement programs;

(5) the employment of professional and other trained personnel to assist the tribal court in the disposition of domestic relations and child welfare matters;

(6) education and training of Indians, including tribal court judges and staff, in skills relating to child and family assistance and service programs;

(7) a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as foster children, taking into account the appropriate State standards of support for maintenance and medical needs; and

(8) guidance, legal representation, and advice to Indian families involved in tribal, State, or Federal child custody proceedings.

42 USC 620,
1397.

(b) Funds appropriated for use by the Secretary in accordance with this section may be utilized as non-Federal matching share in connection with funds provided under titles IV-B and XX of the Social Security Act or under any other Federal financial assistance programs which contribute to the purpose for which such funds are authorized to be appropriated for use under this Act. The provision or possibility of assistance under this Act shall not be a basis for the denial or reduction of any assistance otherwise authorized under titles IV-B and XX of the Social Security Act or any other federally assisted program. For purposes of qualifying for assistance under a federally assisted program, licensing or approval of foster or adoptive homes or institutions by an Indian tribe shall be deemed equivalent to licensing or approval by a State.

Additional
services.
25 USC 1932.

SEC. 202. The Secretary is also authorized to make grants to Indian organizations to establish and operate off-reservation Indian child and family service programs which may include, but are not limited to—

(1) a system for regulating, maintaining, and supporting Indian foster and adoptive homes, including a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as Indian foster children, taking into account the appropriate State standards of support for maintenance and medical needs;

(2) the operation and maintenance of facilities and services for counseling and treatment of Indian families and Indian foster and adoptive children;

(3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care; and

(4) guidance, legal representation, and advice to Indian families involved in child custody proceedings.

Funds.
25 USC 1933.

SEC. 203. (a) In the establishment, operation, and funding of Indian child and family service programs, both on and off reservation, the Secretary may enter into agreements with the Secretary of Health, Education, and Welfare, and the latter Secretary is hereby authorized for such purposes to use funds appropriated for similar programs of the Department of Health, Education, and Welfare: *Provided*, That authority to make payments pursuant to such agreements shall be effective only to the extent and in such amounts as may be provided in advance by appropriation Acts.

(b) Funds for the purposes of this Act may be appropriated pursuant to the provisions of the Act of November 2, 1921 (42 Stat. 208), as amended. 25 USC 13.

SEC. 204. For the purposes of sections 202 and 203 of this title, the term "Indian" shall include persons defined in section 4(c) of the Indian Health Care Improvement Act of 1976 (90 Stat. 1400, 1401). 25 USC 1934.
25 USC 1603.

TITLE III—RECORDKEEPING, INFORMATION AVAILABILITY, AND TIMETABLES

SEC. 301. (a) Any State court entering a final decree or order in any Indian child adoptive placement after the date of enactment of this Act shall provide the Secretary with a copy of such decree or order together with such other information as may be necessary to show—
Final decree, information to be included.
25 USC 1951.

- (1) the name and tribal affiliation of the child;
- (2) the names and addresses of the biological parents;
- (3) the names and addresses of the adoptive parents; and
- (4) the identity of any agency having files or information relating to such adoptive placement.

Where the court records contain an affidavit of the biological parent or parents that their identity remain confidential, the court shall include such affidavit with the other information. The Secretary shall insure that the confidentiality of such information is maintained and such information shall not be subject to the Freedom of Information Act (5 U.S.C. 552), as amended.

(b) Upon the request of the adopted Indian child over the age of eighteen, the adoptive or foster parents of an Indian child, or an Indian tribe, the Secretary shall disclose such information as may be necessary for the enrollment of an Indian child in the tribe in which the child may be eligible for enrollment or for determining any rights or benefits associated with that membership. Where the documents relating to such child contain an affidavit from the biological parent or parents requesting anonymity, the Secretary shall certify to the Indian child's tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such tribe.

SEC. 302. Within one hundred and eighty days after the enactment of this Act, the Secretary shall promulgate such rules and regulations as may be necessary to carry out the provisions of this Act. Effective date.
Rules and regulations.
25 USC 1952.

TITLE IV—MISCELLANEOUS

Day schools.
25 USC 1961.

Report to
congressional
committees.

Copies to each
State.
25 USC 1962.

25 USC 1963.

SEC. 401. (a) It is the sense of Congress that the absence of locally convenient day schools may contribute to the breakup of Indian families.

(b) The Secretary is authorized and directed to prepare, in consultation with appropriate agencies in the Department of Health, Education, and Welfare, a report on the feasibility of providing Indian children with schools located near their homes, and to submit such report to the Select Committee on Indian Affairs of the United States Senate and the Committee on Interior and Insular Affairs of the United States House of Representatives within two years from the date of this Act. In developing this report the Secretary shall give particular consideration to the provision of educational facilities for children in the elementary grades.

SEC. 402. Within sixty days after enactment of this Act, the Secretary shall send to the Governor, chief justice of the highest court of appeal, and the attorney general of each State a copy of this Act, together with committee reports and an explanation of the provisions of this Act.

SEC. 403. If any provision of this Act or the applicability thereof is held invalid, the remaining provisions of this Act shall not be affected thereby.

Approved November 8, 1978.

LEGISLATIVE HISTORY:

HOUSE REPORT No. 95-1386, accompanying H.R. 12533 (Comm. on Interior and Insular Affairs).

SENATE REPORT No. 95-597 (Comm. on Indian Affairs).

CONGRESSIONAL RECORD:

Vol. 123 (1978): Nov. 4, considered and passed Senate.

Vol. 124 (1978): Oct. 14, H.R. 12533 considered and passed House; passage vacated, and S. 1214, amended, passed in lieu.

Oct. 15, Senate concurred in House amendments.

The Indian Child Welfare Act of 1978: A Critical Analysis

By RUSSEL LAWRENCE BARSIE*

Enacted in 1978, the Indian Child Welfare Act¹ (Act) is the result of an attempt by Congress to promote the stability of Indian families and tribes.² Responding to a demonstrated risk of unwarranted removal of Indian children from their homes by state and private child welfare agencies,³ the Act was intended to impose strict procedural limitations on these agencies' activities.⁴ Unfortunately, the Act falls far short of achieving the goals set by Congress.

In addition to authorizing special grants for Indian child welfare services, the Act creates seven major procedural safeguards for Indian child custody proceedings. Exclusive tribal jurisdiction is established over reservation children, except where jurisdiction previously was lost to the states under federal law.⁵ Furthermore, tribes are authorized to petition the government to reassume such previously lost jurisdiction.⁶ The Act also provides that state jurisdiction over child custody proceedings may be transferred to tribal courts at the tribe's or the parents' request.⁷ Both the tribe and the parents are given the right to notice

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1. Pub. L. No. 95-608, 92 Stat. 3069 (1978) (codified in scattered sections of 25 U.S.C.).

2. 25 U.S.C. § 1902 (Supp. II 1978).

3. *Id.* § 1901(a). See generally *Indian Child Welfare Act of 1978: Hearing on S. 1712 Before the Senate Select Comm. on Indian Affairs, 95th Cong., 1st Sess. (1977)* [hereinafter cited as *1977 Hearing*]. Figures from three states relied on by the Senate indicate the proportion of Indian foster care placements in non-Indian homes: New York (97%), Maine (64%), and Utah (88%). *Id.* at 538. See also *id.* at 111 (statement of Dir. Carl E. Mundell and Alan Gutwirth, American Academy of Child Psychiatry) (85% of Indian children in foster care placed in non-Indian homes in survey of 16 states); AMERICAN INDIAN POLICY REVIEW COMMISSION, REPORT ON FEDERAL STATE AND TRIBAL FOSTER CARE SERVICES (Comm. Print 1976) [hereinafter cited as *1976 Report*] (Washington reports 80%, Wyoming 57% in non-Indian foster homes).

4. 25 U.S.C. § 1902 (Supp. II 1978).

5. *Id.* § 1911(a).

6. *Id.* § 1918.

7. *Id.* § 1911(b).

and the right to intervene in state proceedings involving Indian children.⁸ The Act requires that higher standards of proof be applied in Indian child custody proceedings⁹ and mandates that placement of Indian children by state agencies be subject to special preferences for Indian families and communities.¹⁰ It also stipulates that consent by Indian parents to adoption or placement must be informed and is revocable for extended periods of time.¹¹ Finally the Act secures both tribes' and parents' access to state records.¹²

Although these provisions are well intentioned, their effectiveness is limited by inconsistencies and ambiguities in the drafting of the Act. Consequently, the Act may confuse and even exacerbate the problems which prompted its passage.

This Article summarizes and evaluates the most severe shortcomings of the Indian Child Welfare Act, beginning with a summary of the problems that previously existed in Indian child custody proceedings. The congressional response to these problems, in the form of the Act, is then discussed and analyzed. The enforcement provisions of the Act and the guidelines promulgated thereunder by the Secretary of the Interior are reviewed in a separate section. Suggestions are made throughout for increasing the effectiveness of the Act, both in its implementation and by amendment.

A "National Crisis"

The Human Factor

I said that the tribe was concerned that if many more of their children were taken, because there's been quite a history of taking these kids from this reservation, that they were afraid that their very survival would be at stake.

And, the codirector of this county welfare office responded to that by shrugging his shoulders and saying, "So, what?"¹³

Nationwide, Indian children have been removed from their homes with unusual frequency.¹⁴ By conservative estimates, one out of five

8. *Id.* §§ 1911(c), 1912(a).

9. *Id.* § 1912(e)-(f).

10. *Id.* § 1915.

11. *Id.* § 1913.

12. *Id.* §§ 1912(c), 1951.

13. *Indian Child Welfare Program. Hearings Before the Subcomm. on Indian Affairs of the Senate Comm. on Interior and Insular Affairs*, 93rd Cong., 2d Sess. 70 (1974) [hereinafter cited as *1974 Hearings*] (statement of Bertram Hirsch, counsel for the Association on American Indian Affairs).

14. The following table, adapted from data collected by the Association on American Indian Affairs (AAIA) and appearing in *1977 Hearing, supra* note 3, at 538, 603, compares

Indian children has lived in a foster or adoptive home at some time.¹⁵

The number of foster placements per 1,000 of Indian and non-Indian children in a number of states:

Indian Children in Foster Care Placements		Placements per 1,000 Children	
State	Year	Indians	Non-Indians
Idaho	1976	77.5	12.1
Maine	1975	75.8	4.0
Minnesota	1972	58.1	3.5
Wisconsin	1973	53.5	4.0
South Dakota	1974	45.5	2.0
Utah	1976	37.2	2.5
North Dakota	1976	36.1	1.8
Oregon	1976	36.1	4.1
Montana	1976	35.3	2.8
Washington	1973	35.0	3.6
Wyoming	1976	34.6	1.1
Nevada	1976	19.5	2.8
Alaska	1973	13.9	4.6
New York	1976	13.4	4.0
Michigan	1973	11.1	1.6
Arizona	1976	[10.2]	1.8
California	1974	8.1	3.0
Oklahoma	1972	7.4	1.9
New Mexico	1976	6.9	2.9
<i>Weighted Average</i>		20.0	3.4

Arizona does not report placements by race, the figure here is an estimate. A random sample of county records suggests the actual figure may be greater.

An estimate of adoptions per 1,000 of Indian children as compared with non-Indian children in several states also may be derived from the AAIA data appearing in *1977 Hearing, supra* note 3:

Adoptions of Indian Children		Adoptions per 1,000 Children	
State	Year	Indians	Non-Indians
Minnesota	1964-1975	126.6	12.2
Michigan	1973	123.5	33.0
Wisconsin	1966-1970	71.9	4.0
Oregon	1975	58.8	52.1
South Dakota	1970-1975	55.5	30.9
Utah	1975	49.0	14.6
Washington	1972	46.3	2.5
California	1975	38.0	4.5
Montana	1973-1975	35.8	6.9
Alaska	1969-1972	33.8	3.4
North Dakota	1975	32.6	14.6
Oklahoma	1972	24.5	5.1
Arizona	1969-1972	19.0	4.5
<i>Weighted average</i>		41.1	11.1

and one out of six has lived in a non-Indian home.¹⁶ Compared with White children, Indian children tend to remain under foster care longer and tend to be moved from foster home to foster home more frequently.¹⁷ The public cost of this disproportionately high rate of substitute care is great; an average of approximately \$1,000 per year for each foster child.¹⁸

The costs of massive displacement of Indian children from their homes and tribes have been severe. Prolonged substitute care during youth has been associated with high alcohol abuse and suicide rates

Only four states have records of the percentage of adopted Indian children who are adopted by non-Indians: Alaska (93%); California (92%); Montana (87%); and North Dakota (75%). Of the thirteen states listed above, 80% of all adopted Indian children were adopted before their first birthdays. See also 1976 REPORT, *supra* note 3, at 81-85, 177-242, 1974 Hearings, *supra* note 13, at 72-94, 231-52.

15. Cf. 1976 REPORT, *supra* note 3, at 79 (25-30% raised by non-Indians in homes and institutions), 1977 Hearing, *supra* note 3, at 1 (minimum of 25% of Indian children in foster homes, adoptive homes, or boarding schools); *id.* at 113 (one out of nine in foster homes, adoptive homes, institutions or boarding facilities in three states); *id.* at 187 (25% separated from their families). In 1968, 25% of all Devil's Lake Sioux children were in foster homes, adoptive homes, or institutions. See 1974 Hearings, *supra* note 13, at 95. In 1971, 14% of children from the Warm Springs reservation were either in foster homes or under institutional care. See *id.* at 101. See also 1977 Hearing, *supra* note 3, at 360, 59% (Washington statistics), 1974 Hearings, *supra* note 13, at 146 (Minnesota statistics).

16. A 1969 Association on American Indian Affairs survey of 16 states found 65% of all Indian child placements were with non-Indian families. 1974 Hearings, *supra* note 13, at 17. Individual tribes vary from this average. In 1974, 85% of the foster placements of Yakima children were with non-Indian homes, as were 75% of the adoptions. *Id.* at 120, 123-24. At the Rosebud Sioux reservation in South Dakota, however, 61% of adoptions and 64% of foster placements were with non-Indians. *Id.* at 155-56. Placement rates in individual states also vary. Rates of foster placements with non-Indian families five years ago, were 95% in Washington and Oregon, 93% in California, 87% in Montana, and 75% in North Dakota. 1977 Hearing, *supra* note 3, at 303-18; Red Bird & Melendy, *Indian Child Welfare in Oregon* [hereinafter cited as *Red Bird & Melendy*], in *THE DESTRUCTION OF AMERICAN INDIAN FAMILIES* 45 (S. Unger ed. 1977) [hereinafter cited as Unger]. In a 1966 study of Child Welfare League of America records, 93% of adoptions of Indian children were by non-Indian families. Lyslo, *Adoptive Placements of Indian Children*, *CATH. CHARITIES REVIEW* Feb. 1967, at 23-25. A high proportion of placements also are made out of state. In 1976 the Colville Tribe found that 85% of its foster children were placed with non-Indians, and 23% were removed to homes in other states. 1977 Hearing, *supra* note 3, at 271. Cf. 1976 REPORT, *supra* note 3, at 79 (25-35% of all Indian children raised by non-Indians in homes and institutions).

17. In a detailed study of Yakima children in foster care, for example, 88% had been in more than one foster home and 54% had been in more than two. 1974 Hearings, *supra* note 13, at 123-28. The ratio of foster placements to adoptive placements is significantly higher among Indians than among non-Indians. See, e.g., 1977 Hearing, *supra* note 3, at 385.

18. See 1974 Hearings, *supra* note 3, at 324-26 (statistics for New Mexico and Minnesota).

within the Indian population.¹⁹ Psychiatrists report that Indians raised in non-Indian homes tend to have significant social problems in adolescence and adulthood.²⁰ According to a report prepared in 1975 for the American Academy of Child Psychiatry,

[t]here is much clinical evidence to suggest that these Native American children placed in off-reservation non-Indian homes are at risk in their later development. Often enough they are cared for by devoted and well-intentioned foster or adoptive parents. Nonetheless, particularly in adolescence, they are subject to ethnic confusion and a pervasive sense of abandonment.

Frequently, when these children become adults they find themselves being treated as Indians, but do not know how to behave like Indians.²¹

Prolonged substitute care thus creates a vicious cycle that works to break up and dissipate Indian families. Stricken by a "constant sense of not knowing where they will be or how long they'll be there,"²² young Indian adults may find it extremely difficult to establish permanent roots. Their fear of loss leads to the conclusion that close personal contact is impossible, perhaps seriously impairing their ability to be parents.²⁴

The removal of a child from his or her home also affects parents and remaining children. In a recent report of eight case studies, University of Minnesota psychiatrist Joseph Westermeyer observed that the removal of a child "effectively destroyed the family as an intact unit. The parents invariably separated. It exacerbated the problems of alcoholism, unemployment, and emotional duress among the parents."²⁵ Puyallup Tribal Chairperson Ramona Bennett succinctly

19. See 1977 Hearing, *supra* note 3, at 156-57 (statement of National Tribal Chairmen's Association), 1974 Hearings, *supra* note 13, at 6, 28 (statement of William Hyler, Association on American Indian Affairs, quoting National Institute for Mental Health).

20. 1974 Hearings, *supra* note 13, at 46-47 (statement of Dr. Joseph Westermeyer); see 1976 REPORT, *supra* note 3, at 87; 1977 Hearing, *supra* note 3, at 155 (statement of Don Milligan); 1974 Hearings, *supra* note 13, at 113-14 (statement of Dr. James Shore and William Nicolls); *id.* at 117-18 (statement of Mel Sampson, Northwest Affiliated Tribes).

21. 1977 Hearing, *supra* note 3, at 114 (statement of Drs. Carl Mundell and Alan Gutwirth, American Academy of Child Psychiatry); see also 1974 Hearings, *supra* note 13, at 56 (statement of Drs. Mundell and Gutwirth).

22. 1974 Hearings, *supra* note 13, at 49 (statement of Dr. Joseph Westermeyer); *id.* at 129 (statement of Dr. Robert Bergman, Indian Health Service).

23. *Id.* at 58 (statement of Drs. Carl Mundell and Alan Gutwirth).

24. *Id.* See also Tolley, *Acculturation, Child-rearing, and Self-esteem in Two Young American Indian Tribes*, 4 *ETHOS* 185-201 (1976). Tolley found that children from relatively more traditional Florida Indian families had better self-concepts and motivation than children of more "acculturated" families, suggesting that a coherent and complete tribal experience is more healthy.

25. Westermeyer, *The Ravage of the Indian Families in Crisis*, in Unger, *supra* note 16, at 54.