

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

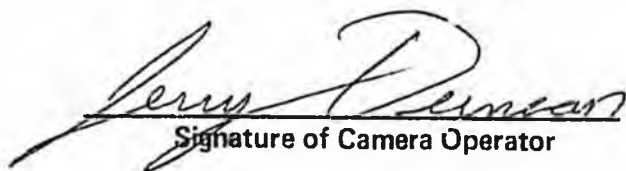
7761 HOUSE HEALTH EDUCATION & SOCIAL SERVICES 86

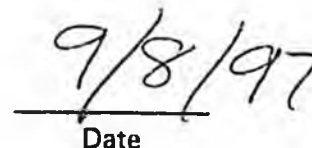


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AK. Native

Health

Board

2-24-94



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

DATE: 2/24/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
ALASKA NATIVE HEALTH BOARD
* HB 320: Public School Health & Safety Education
* HB 336: MINORS COMMITTING CRIMES WITH GUNS AND KNIVES
* INDICATES FIRST PUBL. MEETING

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/WHICH BILL?
Deborah Erickson	DHSS/Div. of Public Health	P.O. Box 110610 Juneau, AK 99811	99811		465-3090	(Y) N	HB 320
Joseph Dexter	NSHC/ANHB	Box 966 Nome	99762		443-3311	(Y) N	ANHB PRIORITIES
Annewalk	ANHB ✓	1345 Rudakof Circle Ste 206 Anch 99508			337-2028	(Y) N	ANHB Prior. HB 320
Andy Jimmie	ANHB	" "				Y N	HB 332
Robert J. Clark	ANHB	" "				Y N	"
Lannea Lee		P.O. Box 9822 SMC Ketchikan AK 99901		(MESSAGE) 247-2410		(Y) N	HB 336
Etta Garden		F.P.C. Box 207 KING COVE AK 99617	99617	497-2263		(Y) N	320
Pat De Soye	ALHIV	1745 Franklin #208 Juneau	99801	4635688		(Y) N	HB 320
Michael Paine	ALHIV	Same as above	99801	4635688		(Y) N	HB 320
Byne	V ALHIV					(Y) N	
DORIANE KUOAZI	V ALHIV	same as above	99801			(Y) N	HB 320



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Dyson Campbell ✓	ALHIV	174 S Franklin #208 Crescent	99801	4635688		(Y) N	HB 320
Ziff THROWELL ✓	"	"	"	"		(Y) N	HB 320
LORRI WILSON ✓	"	"	"	"		(Y) N	HB 320
ALEXIS ROBERTS PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
JANELLE BILLINGSLEA PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
MIKE COLE PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
VINCE BARRY Helen Moshkins ✓	DSE		99802			Y N	
Darryl Jarvis	AK Nurses Assoc	Waiida, AK 701 E Regard Crescent		576-5341		(Y) N	HB 320
MARVIN S. FABIS	MAT-54 School Dist	Palmer High School Palmer, AK	99645	376-3182		(Y) N	HB 320
						Y N	
						Y N	

ALASKA NATIVE HEALTH BOARD

STATE LEGISLATIVE PRIORITIES FOR FISCAL YEAR 1995

I. *PUBLIC POLICY LEGISLATION PRIORITIES*

- A. State health care reform**
- B. Public health services enhancement**
- C. Mandatory school health education**
- D. An increase in tobacco taxes**
- E. Loan forgiveness for health professionals**

II. *CAPITAL PROJECT APPROPRIATIONS PRIORITIES*

- A. Rural village water and sanitation facilities**
- B. Village clinic construction and replacement**

III. *HEALTH PROGRAM PRIORITIES*

- A. Home and community based services**
- B. Health promotion and disease prevention**
- C. Mental health and substance abuse services**
- D. Support for physician assistant training and compensation**
- E. UAA Masters in Social Work degree**

**SUMMARY OF RECOMMENDATIONS
ALASKA NATIVE HEALTH BOARD
STATE LEGISLATIVE PRIORITIES FOR FISCAL YEAR 1995**

I. PUBLIC POLICY LEGISLATION PRIORITIES

A. State health care reform

It is essential that the State of Alaska enact legislation in 1994 to establish the framework for health care reform in Alaska. Alaska has the opportunity to provide for universal coverage and cost containment in a manner that will fit Alaska's unique health care system and needs. The Alaska Native Health Board supports the authorization in 1994 of an "Alaska Health Authority" to be charged with developing a plan of action for the state. This plan should be based on a single-payer system. It should leave intact the Indian Health Service system for the provision of health services to Alaska Natives, while involving the Alaska Native health community in the design of the state's overall health system.

B. Public health services enhancement

The Alaska Native Health Board endorses the legislation introduced by Representative Joe Sitton (H.B.332) and its companion bill (S.B.259) to describe in statute the public health responsibilities of the state of Alaska, to create a public health commission, and to develop a comprehensive plan for providing public health services for the residents of Alaska.

C. Mandatory school health education curriculum

The 1993 legislature was successful in securing passage of legislation urging all school districts in the state to implement a comprehensive school health education curriculum. Despite the Governor's veto, the need remains to ensure that all school-age children in the state receive the basic information essential to maintain personal hygiene, respond to emergency medical conditions, prevent disease, and develop healthy lifestyles. Failure to implement such a curriculum on a mandatory basis will be more costly over the long run than the expense of providing this effort. The Alaska Native Health Board supports passage of H.B.320.

D. Supporting an increase in state tobacco taxes

Alaska has the sixth highest smoking rate in the United States, and the highest level of use of smokeless tobacco. Cancer has outstripped heart disease as the top killer of Alaskans. Raising tobacco taxes has the double benefit of raising revenues for the state while reducing the demand for tobacco, especially among younger Alaskans. The Alaska Native Health Board endorses the Governor's initiative, but recommends that the tax be increased to \$1.00 per pack of cigarettes.

E. Loan forgiveness for health professionals

Alaska continues to experience a serious need to recruit and maintain an adequate number of health care professionals statewide. Special needs exist in rural Alaska, where recruitment and retention are more difficult and the need for Alaska Native health professionals is well-demonstrated. We support Senator Ellis' bill (S.B.235) authorizing the forgiveness of state loans to health professionals in exchange for service in the state.

II. CAPITAL PROJECT APPROPRIATIONS PRIORITIES

A. Rural village water and sanitation facilities

For the third year in a row, the Alaska Native Health Board considers the construction and rehabilitation of village water and sanitation systems to be the highest priority for capital projects legislation. In 1993 significant progress was made in improving coordination with federal and state agencies and securing a long-term commitment of funding from both sources to address rural Alaska's \$1 billion unmet need. The Alaska Native Health Board endorses the recommendation of the Department of Environmental Conservation to maintain an annual commitment of at least \$25 million for construction projects in rural Alaskan villages.

B. Village clinic construction and replacement

The Alaska Native Health Board maintains the vision that all villages in Alaska will have adequate community health clinics. We endorse appropriations in response to needs identified by individual rural communities for clinic construction and rehabilitation as an overall capital improvement budget priority. Renewal of a special \$500,000 appropriation to the Department of Environmental Conservation will ensure that all village clinics will have piped water and sewer service before the year 2000.

(+ those clinics who are not hooked up already)

III. HEALTH PROGRAM OPERATIONS PRIORITIES

A. Home and community-based services

In 1993 the Department of Health and Social Services was successful in securing federal waivers to allow the use of Medicaid funds for providing home and community based services in Alaska. Unfortunately, Medicaid funding limitations have delayed the implementation of these new authorities. The Alaska Native Health Board recognizes that, in the long run, home and community based care will reduce the need for institutional services and result in dramatic cost savings for the state. We urge the legislature to provide the Medical Assistance funding necessary for the enhancement of these services in FY1995, and to support the Governor's bill (S.B.249 and H.B. 377) for assisted living services.

B. Health promotion and disease prevention

While health promotion and disease prevention initiatives are responsible for less than one percent of health expenditures in the state, they hold the greatest promise for long-term reduction of mortality, illness, and injury for Alaskans. Through such efforts as passage of the public health legislation and school health education legislation identified above, and through the maintenance and enhancement of funding for current Department of Health and Social Services initiatives, the legislature will provide a strong foundation for long-term health status improvement and medical care cost containment.

C. Mental health and substance abuse services

The State of Alaska made great strides in the late 1980s to develop a comprehensive array of community mental health and substance abuse facilities and services throughout Alaska. It is essential to continue efforts to resolve the Mental Health Lands Trust so that sustained state funding remains available for the services currently provided. Of particular concern is the provision of adequate resources to reduce dependency on the Alaska Psychiatric Institute by allowing rural hospitals to provide inpatient psychiatric services without financial risk.

D. Physician assistant training and compensation

Alaska has become increasingly reliant on physician assistants for providing comprehensive ambulatory care services, especially in many rural communities which lack physician services. The Alaska Native Health Board endorses legislation (S.B.231

and H.B. 341) which will allow and enhance reimbursement for physician assistant services.

Over the past two years the Southeast Alaska Regional Health Corporation has been successful in establishing the first program for training physician assistants in Alaska in conjunction with the University of Washington. The Alaska Native Health Board urges the legislature to provide the financial support necessary to maintain this effort.

E. Masters in Social Work degree at University of Alaska

The University of Alaska Anchorage has been successful in securing support for beginning a Masters in Social Work degree program in Anchorage. The Alaska Native Health Board endorses approval by the legislature of \$260,000 for implementing this program in FY1995.

BRIEFING PAPER: ALASKA HEALTH CARE REFORM

Alaska needs to join the growing number of states undertaking the reform of their health care systems. Alaska's health care costs are increasing at staggering rates, and over 75,000 Alaskans have no source of health care coverage.

While most Alaska Natives are included in the benefits system of the Indian Health Service, there are many health services that the Indian Health Service does not provide (such as long-term care) or does not adequately cover. The facilities operated by the regional Alaska Native non-profit health organizations are impacted by service demands of non-insured Alaskans in rural areas, and our resources for purchase of specialized care in the private sector cannot keep up with the increasing costs of such services.

Consequently, the Alaska Native Health Board has been an active participant throughout 1993 in the discussions designed to develop an Alaska-specific solution to our health care crisis.

We concur with both the findings of the ad-hoc committee and the governor that Alaska must put in place its own system of health care reform before a federal mandate is imposed. We urge the Alaska State Legislature to act this session to establish an "Alaska Health Authority" empowered to develop the specifics of a reformed system for consideration in the 1995 legislative session.

We support the concept of a single-payer system which recognizes the need to retain the separate federal medical programs of the Veterans Administration, CHAMPUS, and the Indian Health Service.

The Alaska Native health community is prepared to actively participate with the new Health Authority to ensure that the Alaska Native health system is efficiently and effectively coordinated with the system designed by the state in conjunction with the private sector medical community, the insurance industry, business, and labor.

The Alaska Native Health Board will be submitting specific recommendations concerning the bills which come before the legislature as the session progresses.

BRIEFING PAPER: ENHANCING PUBLIC HEALTH SERVICES

The Alaska Native Health Board was actively involved in a series of meetings in 1993 devoted to the promotion and protection of public health services in Alaska. These included the public health policy conference at the University of Alaska-Fairbanks, the Alaska Health Summit at the Egan Center in Anchorage, and several follow-up meetings with the State of Alaska and other public health agencies.

We share the concern of Representative Joe Sitton that, although the Alaska State Constitution mandates the protection of the health of the public, there has never been formal action to address this protection through state statutes. Furthermore, the essential public health services required by Alaskans should be clearly defined and well-coordinated through a long-term services plan.

The Alaska Native Health Board supports the concept of the formation of a permanent state board or commission to oversee this planning process and address coordination of services. Public health services in Alaska are provided through multiple agencies including the State Department of Health and Social Services, the Indian Health Service, borough and city health departments, and the regional Alaska Native health organizations. The efficiency of these services will be enhanced through proper oversight and coordination.

The reform of the health care system in Alaska must provide for the maintenance of essential public health services.

The Alaska Native Health Board endorses passage of S.B. 259 and H.B. 332 during this legislative session, and is prepared to actively participate in the formation of the commission and the development of a long-term public health services plan.

BRIEFING PAPER: MANDATORY COMPREHENSIVE SCHOOL HEALTH EDUCATION

Health services in Alaska are based to a large extent on crisis intervention and the medical model, which waits until problems become serious before resources are committed. The result is unnecessary suffering, a huge financial burden on individuals and society, and self-destructive patterns of behavior that are resistant to change.

Alaska's primary health problems are behavior-based. They include substance abuse, mental health disorders, suicide, tobacco use, sexually transmitted diseases, unintentional injury, drownings, child abuse, domestic violence, and increasingly HIV.

Whereas we have greatly expanded the availability of clinical services throughout Alaska, medical personnel alone cannot reverse the trends of these diseases and conditions. The Alaska Native Health Board believes in the old adage that "an ounce of prevention is worth a pound of cure."

One important key to success in addressing behavioral problems in our society lies in the education system. Positive behaviors learned at an early age will have life-long benefits. While a health education emphasis is applied in Headstart programs in Alaska, our elementary and high schools generally fail to provide comprehensive education for our youth regarding personal and family health.

School districts complain that the resources are not adequate and that other curricula must be prioritized, yet our school spending levels outstrip any other state. While conservative parents argue that sex education should not be taught in schools, our STD and teen pregnancy rates are among the highest in the country.

Health education focuses on many non-controversial areas, including personal hygiene, personal safety and injury prevention, knowledge of diseases, first aid and CPR. Sex education can be modified to meet parental concerns in each school district.

Health education is inexpensive relative to many other curricula, and will save millions of dollars in long-term medical care and other societal costs if implemented. School districts will not institute more than cursory programs unless mandated by the State of Alaska. Your mandate is requested.

BRIEFING PAPER: SUPPORTING AN INCREASE IN TOBACCO TAXES

An Anchorage Daily News headline in October, 1993 delivered a chilling message that has become all too common throughout the United States of America: "Cancer top killer in state: Officials blame tobacco for rise." This should come as no surprise in Alaska, with the sixth highest smoking rate in the U.S. The previous "top killer" in Alaska was heart disease, which is often attributable to smoking as well. Rates of smokeless tobacco use in Alaska are the highest in the United States, leading to early nicotine addiction among hundreds of youth each year and placing users at high risk for cancer of the mouth and other disease.

The good news about tobacco-related death and disease is that they are entirely preventable. In addition, lawmakers have at their disposal a powerful tool to significantly reduce demand for tobacco while actually raising revenues: that is, raising tobacco taxes.

Governor Hickel is to be commended for his recent proposal to raise Alaska's cigarette tax by 14 cents a pack (to 42 cents). However, consideration of the magnitude of the problem, the effectiveness of taxation, and levels of taxation in Alaska as compared to other states and countries quickly reveals that a 14 cent increase is not nearly enough. Consider the facts:

- Smoking claims more lives in the U.S. each year than alcohol, cocaine, heroin, auto accidents, homicide, and suicide combined.
- Smoking is seldom an informed choice. Almost all new users are children and teens who are most susceptible to advertising. Most adults smoke not by choice but from addiction.
- Tobacco is the only consumer product that kills when used exactly as prescribed.
- More Americans will die from second-hand smoke this year than from AIDS. Children whose parents smoke are at high risk of asthma, bronchitis, pneumonia, otitis media, and sudden infant death syndrome.
- Smoking causes approximately one out of every six deaths in Alaska. Alaska's health care costs attributable to smoking in 1989 were estimated at \$34.1 million for persons 35 and older. Alaskans spend over \$105 million each year on tobacco.

- Alaska Natives have one of the highest smoking rates in the nation, averaging nearly 50% among both men and women.
- Rates of smokeless tobacco use in Alaska are also highest among Alaska Natives.
- Alaska Natives have the highest cancer death rate of any Native group in the country. The most common cancer is lung cancer.

Since Canada raised its cigarette taxes in the late 1980s from an average of 46 cents per pack to \$3.27 per pack, teen smoking has been reduced by two-thirds and total cigarette consumption has fallen faster than anywhere in the world.

A recent Gallup poll revealed that most smokers want to quit, and 86 percent said they would try to quit if cigarette prices rose to \$5.00 per pack.

With our current tax of 29 cents per pack, Alaska ranks 23rd out of the 50 states in taxation levels, while the United States ranks last among 18 developed nations in cigarette taxes.

The Alaska Native Health Board strongly urges the legislature to raise Alaska's cigarette tax to \$1.00 per pack or higher. We also urge the state to use a portion of the revenues to fund a permanent Office of Tobacco Control within the Division of Public Health.

BRIEFING PAPER: LOAN FORGIVENESS FOR HEALTH PROFESSIONALS

The regional Alaska Native health organizations currently constitute a \$150,000,000 industry in rural Alaska. These organizations are responsible for the operation and management of six hospitals, numerous health centers, and a wide spectrum of community health programs.

The success of these organizations is critically dependent on their ability to attract and retain qualified health care professionals, including physicians, mid-level practitioners, dentists, nurses, pharmacists, radiology and laboratory technicians, and sanitarians. Many of the individuals currently employed were recruited from outside of the state and have a tenure of two years or less.

Alaska Natives currently represent less than 10 percent of the health care professionals serving with these organizations. While this number is increasing, one of the most significant barriers to successful placement of Alaska Natives in health professions is the high cost of medical education.

Often Alaska Natives who successfully complete courses of study in the lower 48 states end up practicing outside of Alaska or in urban areas because of the need to generate an adequate income to repay student loans.

The Alaska Native Health Board believes that more Alaskans will pursue the health professions, and that more Alaskan health professionals will return to serve in rural Alaska if the onus of repayment is relieved.

Passage of the legislation submitted by Senator Johnny Ellis, S.B.235, will provide the relief that is needed. This will ensure that Alaska's investment in health professional education is rewarded by attracting and retaining Alaskans in service to essential health programs throughout the state.

BRIEFING PAPER: RURAL VILLAGE WATER AND SANITATION FACILITIES

1994 marks the third year that the Alaska Native Health Board has placed village water and sanitation facilities at the top of its priority list for capital appropriations by the Alaska State Legislature.

We commend the legislature for the landmark actions of the 1993 session in approving nearly \$44 million for construction and rehabilitation of facilities in rural communities.

We believe that substantial progress was made administratively in 1993 in addressing the \$1 billion unmet need in these areas. The Departments of Environmental Conservation and Community and Natural Resources participated in a year-long joint effort with federal agencies to clearly substantiate the needs, improve coordination on construction prioritization and implementation, improve protocols for working with city and tribal governments, provide training for community system operators, and address such difficult issues as the need for subsidizing operational costs.

The Alaska Native Health Board in turn has taken the lead in organizing a Rural Alaska Sanitation Coalition, which will bring together rural health agency representatives and community government representatives to work cooperatively with state and federal agency personnel to continue this work in 1994 and 1995. We will be co-sponsoring a sanitation summit meeting in conjunction with the Alaska State Rural Development Council in Anchorage March 14-18, 1994, and urge attendance by legislators.

The most important ingredient in the long-range solution is a commitment by the State of Alaska to a ten-year schedule of construction equally matched by federal funds. The Department of Environmental Conservation is recommending an FY1995 capital appropriation of \$25 million to address the needs in the communities highest on its priority listing. While a ten-year schedule will require a commitment of \$50 million per year, we applaud DEC's initiative and urge the legislature's support.

Over 100 communities in rural Alaska still use honeybuckets for their waste management. Many sewage lagoons and community solid waste sites are out of compliance with federal and state standards. Rural Alaska will continue to face sanitation-related diseases such as Hepatitis A and meningitis until piped water and sewer are available in these communities.

BRIEFING PAPER: VILLAGE CLINIC CONSTRUCTION AND REPLACEMENT

Over 400 Community Health Aides serve as the backbone of rural Alaska's health care program. Substantial improvements in the numbers, compensation, and training levels of Community Health Aides have been accomplished in the past three years as the result of increased program support by the Indian Health Service. However, many community clinics continue to be substandard, lacking adequate equipment, heating sources, handicapped access, adequate lighting, storage space, and, most importantly, access to safe water and sanitation.

Most community health clinics in rural Alaska are owned and operated by local governments through leases with the Indian Health Service. The only source of financing for replacing or upgrading these facilities is through DCRA grant sources or designated capital appropriations.

The Alaska Native Health Board applauds the Alaska State Legislature for the appropriations made in 1993 for the upgrade of many facilities. Community governments which prioritize the safety and adequacy of their community health clinics deserve the continuing support of the legislature in meeting these needs.

The Alaska Native Health Board also requests the continuation of the annual appropriation of \$500,000 begun two years ago to address the need to provide for piped water and sewer service to all village health clinics. Over the past two years this allocation has met approximately one-half of the needs identified by the state and the Indian Health Service. We need to fulfill the objective of safe water supply in all rural clinics by the year 2000.

BRIEFING PAPER: HOME AND COMMUNITY BASED SERVICES

Last year the Alaska Native Health Board urged the State of Alaska to secure waivers from the U.S. Department of Health and Human Services to implement Project CHOICE. We are pleased that these waivers have been granted and that the program is now underway. The costs of institutional care for elderly and disabled Alaskans are the highest in the United States. Alaska's elderly population will continue to grow at an accelerating rate (94 percent in the last decade). It is essential that the State of Alaska undertake every effort to seek means for providing for the health and social needs of our elderly and disabled through non-institutional approaches in the coming years.

The technology for de-institutionalization is rapidly improving through the investments being made in home health care in the lower 48 states. This technology must be replicated in Alaska, and special efforts must be made to make it available in rural areas. Many of the regional Alaska Native health organizations are investing in the identification and training for home health aides and personal care providers and are seeking to convert available facilities for extended care services. Many rural Alaska communities are proposing low-cost alternatives through the offering of such programs as home-delivered or group meal programs, respite care, personal care/chore services, adult day care and group homes, case management, and assisted living services.

Investments by the State of Alaska in programs such as these will ensure that elderly and disabled rural Alaskans can stay in their home communities where their quality of life is better and their longevity will be enhanced. Such an investment will reduce the demand for the construction of higher-cost facilities in both urban and rural Alaska, and reduce the burden on Medicaid, GRM, and private insurance resources for financing these services.

It should be the goal of state policy makers to ensure a full continuum of care to meet the needs of all Alaskans, regardless of income or Medicaid eligibility. We encourage close scrutiny of the September 1993 reports released by the Older Alaskans Commission, entitled "A Blueprint for Home-Based Long-Term Care for the Elderly in Alaska" and "Long-Term Care Alternatives for Alaska's Elderly: 1993 and Beyond." The Alaska Native Health Board urges full funding for the Division of Medical Assistance appropriation for these services, and support the Governor's bill for assisted living (S.B.249 and H.B. 377). We urge the Legislature to work with the Older Alaskans Commission and regional Alaska Native health organizations to help close the large gaps in services to rural and Alaska Native elders. Such efforts will ultimately benefit not only our elders, but all Alaskans.

BRIEFING PAPER: HEALTH PROMOTION AND DISEASE PREVENTION

A dramatic shift in causes of death among Alaska Natives has been seen in the last 50 years. In 1950, almost 46 percent of Alaska Native deaths were from infections, while 11.3 percent were due to suicides, homicides, and unintentional injuries. Today, infections account for only 1.2 percent of deaths while suicides, homicides, and unintentional injuries (including drownings, aircraft and motor vehicle accidents, fires, and injuries related to alcohol and other drugs) now account for almost one-third of all Native deaths. Deaths from heart disease and cancer have increased from 12.4 percent of the total in 1950 to 31.8 percent today. Like suicide, homicide, and injury, cancer and heart disease are largely preventable through healthy lifestyle choices.

The 1993 report of the Alaska Health Resources and Access Task Force is unequivocal in its call for greater State investment in health promotion and disease prevention to address these behavioral health issues. This report cited the American Public Health Association's ranking of Alaska as 44th among the states in healthy behaviors.

The Department of Health and Social Services initiated an Office of Prevention under the Cowper administration; unfortunately this initiative was cancelled by Dr. Ted Mala. This administration has also reduced the number of public health nurses located in rural Alaska. The few programs that are currently in place need to be maintained and strengthened, including the BRU grant awards to the regional non-profit Alaska Native health organizations.

The Alaska Native Health Board strongly endorses the community health promotion grant program administered by the Division of Public Health using the federal Preventive Health and Health Services block grant. Programs such as the Rural Human Services Project and the Community Suicide Prevention grant program are essential to turning around rural Alaska's behavioral health problems. Programs which provide family counseling, alcohol-free community activities, aftercare services from persons returning from treatment, FAS and AIDS education and prevention, parenting skills training, smoking cessation services, and nutrition education are in critical need in most rural Alaska communities.

The resources of the Indian Health Service alone are not adequate to provide these programs. Continued support from the State of Alaska will ensure that future generations of Alaskans will be healthier and more productive citizens.

BRIEFING PAPER: MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The investment made by the State of Alaska over the past ten years in the establishment and growth of comprehensive mental health and substance abuse treatment facilities and services is finally paying off.

The Alaska Native Health Board believes that sustained education efforts regarding these problems, combined with an increased commitment on behalf of the Alaska Native leadership, is resulting in a growing desire to address these problems by families and communities to seek assistance and change in their lives.

Rural and Alaska Native organizations have invested more of our available resources to establish the types of programs which are proving successful, including recovery camps, halfway houses, and youth treatment programs. Alaska Natives have increasingly become committed to receiving the training necessary to provide these services for ourselves in our communities.

Now that the state revenue crisis is intensifying, the pressures to reduce funding for these programs will increase. Because of the nature of the problems they address, the need to sustain these programs over a ten to 20-year time frame is essential. If Alaska is to reduce the long-term demand for corrections facilities and programs, for psychiatric institutions, and for inpatient medical facilities, community-based prevention and treatment programs must be sustained.

The revenue stream required for their support is available through the Mental Health Lands Trust settlement. We urge the Alaska State Legislature to undertake all necessary actions to ensure the conclusion of this settlement in 1994. We further recommend close consideration of the recommendations of the Alaska Mental Health Board and the new strategic plan of the Division of Alcoholism and Drug Abuse for other approaches to resolving these difficult issues.

The Alaska Native Health Board requests that these community mental health and substance abuse programs be maintained at current levels in FY1995, and allowed to become successful in achieving our objectives of sobriety and wellness in the Alaska Native community.

BRIEFING PAPER: SUPPORT FOR PHYSICIAN ASSISTANT TRAINING AND COMPENSATION

In 1992 the Alaska Native Health Board endorsed the proposal by the Southeast Alaska Regional Health Corporation to initiate an in-state training program for physician assistants. In 1993 this program became a reality, and has helped increase the availability of Alaska-trained mid-level practitioners.

Physician assistants are in increasing demand throughout Alaska and are becoming an essential feature of the rural Alaska health care system.

Physician assistants meet the need for outpatient services in communities which are too large to be served by Community Health Aides but are too small to attract physicians as local health care providers. Under the preceptorship of urban-based physicians, they can provide a more comprehensive array of pharmaceuticals, coordinate medical evacuations, diagnose and refer more complex medical cases, and provide clinical support for Community Health Aides in surrounding communities. It is also substantially less expensive for rural communities to support physician assistants than physicians.

The University of Washington and the WAMI Medical Education Program have demonstrated that physician assistants who are trained in Alaska are more likely to return to practice in Alaska. In addition, the in-state training offered in Sitka is generally preferred by Alaska Natives over lower-48 based training.

State funding for continuation of the SEARHC physician assistant training program at Sitka is essential to maintain this program in future years of operation.

The Alaska Native Health Board also endorses legislation extending Medicaid reimbursement for more of the services provided by physician assistants in rural Alaska (S.B.231 and H.B. 341). Such reimbursement will increase the viability of subregional health centers operated by local governments and reduce the demand on Medicaid for payment of travel costs for referral to treatment in urban facilities.

BRIEFING PAPER: SUPPORTING THE MASTERS IN SOCIAL WORK PROGRAM AT THE UNIVERSITY OF ALASKA-ANCHORAGE

Last year the Alaska Native Health Board encouraged the Alaska State Legislature to support the development of a Masters in Social Work Degree Program at the University of Alaska in Anchorage. This program has now been authorized and has enrolled 30 students.

There is a high demand for social workers throughout the state. Our regional health and social services organizations require MSW degree social workers to be in compliance with federal and state regulations for program operations. Other agencies demanding qualified MSW candidates include the Division of Family and Youth Services and community mental health centers.

The availability of an Alaska-based program increases the ability of Alaska Natives to secure this degree both in terms of affordability and access. Eleven percent of the University of Alaska's Bachelors in Social Work graduates are Alaska Natives, and many seek to achieve a masters degree.

The program increases the tuition revenues of the University of Alaska system, capturing resources that would otherwise go to outside educational institutions.

The program includes the requirement for students to provide 14,800 hours per year of voluntary placement in Alaska health and social service agencies, enhancing the services of these agencies and increasing the familiarization of the students with Alaska's unique program demands.

The UAA Masters In Social Work degree program needs a second year commitment of \$260,000 from the Alaska State Legislature to maintain its operations. The Alaska Native Health Board strongly endorses this investment.

SEARHC / 93

**SOUTHEAST
ALASKA
REGIONAL
HEALTH
CORPORATION**

*Accreditation
with Commendation*

**Celebrating
national recognition
for quality patient care**

SEARHC / 93

Inside:

- 1 **Celebrating Accreditation**
- 2 **Joining Hands with Ketchikan**
- 3 **Breaking New Ground**
- 4 **Drawing from the Past... Looking to the Future**

Dear Friends,

Early in 1993, we received good news from the Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission not only renewed our hospital and clinic accreditation but also awarded both facilities their prized *Commendation* citation.

President's message

With this kind of national recognition, SEARHC patients can be assured that their health corporation is providing a level of care that meets and exceeds all standards for excellence set by the health care industry.

Later in 1993, we again received positive feedback about the quality of our services. The Commission on Accreditation of Rehabilitation Facilities (CARF) awarded national accreditation to our Raven's Way adolescent substance abuse treatment program. CARF certification is a major milestone for our youth program, which we started just four years ago.

Such recognition of our patient care is especially important to us as we prepare to assume management responsibilities for the Indian Health Service Ketchikan Clinic. Our goal is to make this same quality of care available for the Native people of the Ketchikan area. We look forward, in 1994, to finally welcoming our brothers and sisters in Ketchikan to the SEARHC family.

Sincerely,

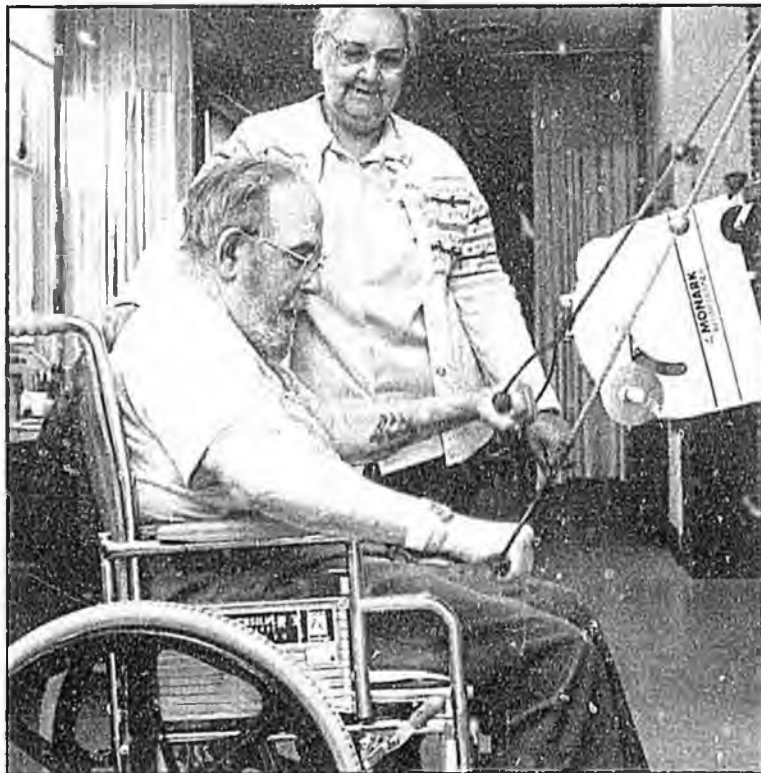


Ethel Lund, *President*

1

*Celebrating
accreditation*

Mt. Edgecumbe Hospital was rated among the best in the nation



▼
The nation's leading hospital accrediting body—the Joint Commission on Accreditation of Healthcare Organizations—in 1993 awarded SEARHC Mt. Edgecumbe Hospital *Accreditation with Commendation*.

A Joint Commission commendation is the most prestigious rating a hospital can receive. Only 6% of hospitals nationwide have achieved this status. Our overall

score in the Joint Commission review was the highest ever achieved by an Indian Health Service or tribally-administered IHS hospital. To qualify for a Joint Commission commendation a hospital cannot have even one serious deficiency during the extensive on-site review. This award is not possible without a total team effort and a high level of performance by many different services.

In a separate review by the Joint Commission, our hospital's Chemical Dependency Unit (formerly Alcoholism Therapy Services) was also found to be free of major deficiencies. The reviewers praised the program as being "ahead of the power curve" when compared to similar hospital services nationwide.

Celebrating accreditation

(CONTINUED)



Our Juneau clinic was the first in Alaska to receive a perfect accreditation review score

facilities undergo once every three years. While most hospitals seek accreditation, fewer outpatient clinics participate in the review process. SEARHC's Juneau Clinic is one of just four accredited clinics in Alaska.

During the review, the Joint Commission scrutinizes every part of a facility's operations, including medical records, safety procedures, staff credentials, and quality assurance. One of the Joint Commission reviewers told SEARHC Juneau staff, "You have done more with quality assurance than any other clinic I've surveyed. Your staff is clearly committed to quality patient care."

SEARHC Juneau Medical-Dental Clinic has also been awarded the Joint Commission *Accreditation with Commendation*. The Juneau Clinic is the first medical clinic in Alaska ever to receive a perfect score of 100 in all areas of the accreditation review.

The evaluation by the Joint Commission is a voluntary process that hospitals and other health care

Our youth treatment program was first of its kind in the state to be awarded national accreditation


In 1993 our Sitka-based Raven's Way program became the first youth substance abuse treatment program of its kind in Alaska to receive national accreditation. Raven's Way is a free-standing, or non-hospital based, treatment program. After an exhaustive on-site evaluation of the program the Commission on Accreditation of Rehabilitation Facilities (CARF) found that Raven's Way meets the "high standards of performance" the organization has set for treatment programs nationally.



Four years ago, we took on the challenge of demonstrating a new concept in treatment—one based on the "experiential" (outdoor) education model. CARF was impressed with this model and said in its report, "The utilization of the natural environment to develop self-sufficiency and self-esteem via kayaking, hiking, and related activities is commendable."

CARF also commended us for the expansions we have made to our program over the past several years. The report notes: "[SEARHC] has wisely developed and implemented a comprehensive treatment program which addresses the physical, social, psychological, cultural, and spiritual needs of the persons served."

Joining hands with Ketchikan



SEARHC is scheduled to assume management of the Indian Health Service (IHS) Ketchikan Clinic in the coming year. A resolution passed last year by the Ketchikan Indian Corporation (KIC) ended a decade of uncertainty about the future administration of the clinic—which provides medical services to the Native people of Ketchikan, Saxman, and Prince of Wales Island.

IHS indicated several years ago a willingness to contract for tribal operation of the Ketchikan Clinic. After studying the matter, KIC determined that it would be most beneficial for the tribe to take advantage of SEARHC's experience and expertise in Native health care. Tribal councils in Saxman and the Prince of Wales communities of Klawock, Craig, Kasaan, and Hydaburg have also endorsed SEARHC management of the clinic.

We are pleased that the Ketchikan clinic will now be transferred to Native management and that health services for the Native people of Southeast will now be unified. Tribal management of health services for SEARHC communities has meant more local autonomy, greater flexibility in management, and improved patient services.

Our goal is to raise the level of care at the Ketchikan Clinic over the next five years to that of the corporation's Juneau and Sitka facilities. The clinic in Ketchikan has been underfunded by the federal government for many years, and we hope to attract additional resources for the facility.



In the coming year we will begin to manage the Indian Health Service Ketchikan Clinic

3

Breaking
new ground



In the fall of 1993, SEARHC welcomed students arriving for the first in-state training program for physician assistants. Guest speaker Health and Social Services Commissioner Ted Mala told the 12 students—all of whom are from Alaska—that there is a tremendous need for physician assistants (PAs) in the state and that they are on the leading edge of a growing movement. "I expect PAs to play a major role in national health care reform," he stated. Training PAs, we believe, is the most efficient way to meet the health needs of underserved rural Alaska communities.

This year we helped start the first physician assistant training in Alaska

To launch this exciting new program, SEARHC brought together a coalition of health and education agencies. In addition to SEARHC, other members of the coalition are: MEDEX Northwest Physician Assistant Training Program (University of Washington), University of Alaska Southeast (Sitka), and Yukon Kuskokwim Health Corporation.

The Alaska PA training center is based in Sitka and uses SEARHC and UAS facilities. The program is a satellite campus of MEDEX Northwest—the only PA training program in the Pacific Northwest. A major focus of the new Alaska program is to recruit Community Health Aides to prepare for PA certification.

One of the reasons PA training will play a big role in health care reform is that the cost and time investment needed to train a PA is just a fraction of what is required to train a doctor. Additionally, PAs are also much more likely than medical school graduates to return to their home region when they complete their training.

*Drawing from
the past*



**We
began a
traditional
healing
program
that is
being led
by our
Council
of Elders**

SEARHC celebrated the arrival of its new inter-tribal drum at a dedication ceremony last fall in Sitka. The "big drum," which is considerably larger than most Southeast Native dance drums, has been given the name "Haa Shagoon," (Spirit of our Ancestors).

Drumming has traditionally played an important role in Native wellness. The drum will be available for use at Mt. Edgecumbe Hospital and in the Southeast communities. It joins the SEARHC healing robe and the recently built sweat lodge at Mt. Edgecumbe Hospital as a part of the SEARHC traditional healing program.

The intent of this initiative is to recognize and respect the important role that spiritual healing plays in Native wellness. The robe is being used regularly by the SEARHC Chemical Dependency Unit (formerly ATS) and Raven's Way youth treatment program.

To provide guidance for the new program, SEARHC has asked Nora and Richard Dauenhauer, Walter Austin, Cyrus Peck, Jr., and Nels Lawson, Sr. to serve as a Council of Elders.

Looking to
the future

We are using
the newest
**Quality
Management
techniques
to solve major
community
health
problems**

Several years ago we were one of the first Indian Health Service contractors to apply the principles of Total Quality Management (TQM) to the operation of a health care facility. This new management approach has been highly successful for many leading corporations nationwide. But the use of TQM in the health care industry has been limited.

Over the past two years we have successfully adapted the quality management approach to the Native health care work environment. We created our own brand of TQM—which we call SEARHC Quality Management (SQM)—to improve our programs and services.

This year we embarked on another quality management innovation—applying SQM techniques to finding better solutions to the leading health concerns of our communities. We are now forming a number of new SQM teams—each focusing on one of the critical Native health issues identified in our Strategic Health Plan.

These SQM teams are looking into such health status issues as HIV/AIDS, diabetes, substance abuse, dental health, and unintentional injuries. Each team draws on the expertise of a variety of our staff members and involves key individuals in the communities as needed.

**SOUTHEAST
ALASKA
REGIONAL
HEALTH
CORPORATION**

SEARHC



**CORPORATE OFFICES
& Juneau Clinic**

3245 Hospital Dr.
Juneau, AK 99801
(907) 463-4000 (Offices)
(907) 463-4040 (Clinic)

**MT. EDGECUMBE HOSPITAL
& Community Health Services**

222 Tongass Dr.
Sitka, Alaska 99835
(907) 966-2411 (Hospital)
(907) 966-2451 (Comm. Health Serv.)

PRESIDENT'S COUNCIL

President
Ethel Lund

Senior Vice President
Kenneth Brewer

Vice President, Operations
Arthur Willman

**Vice President, Community
Health Services**
Mark Gorman

Medical Director
Susan Carlson, M.D.

**BOARD OF
DIRECTORS**

Chair
Lincoln Bean, *Kake**

Vice Chair
Viola Burgess, *Hydaburg**

Secretary
Mary Brown, *Klawock**

Treasurer
Mary E. Smith, *Saxman**

Members

Pauline Jim, *Angoon*

Liv Gray, *Hoonah*

Edna Paddock, *Tenakee*

Jeannette Ness, *Petersburg*

Mary Paddock, *Haines*

Minnie Stevens, *Skagway*

Dolores Cadiente, *Juneau**

Vivian Lewis, *Yakutat*

Dolly Jensen, *Ketchikan*

Carol Brady, *Wrangell**

Dan Moreno, *Sitka*

Evelyn Hotch, *Klukwan***

Paula Peterson, *Kasaan*

Marlene Sprague, *Craig*

Karen Diakanoff, *Pelican*

**Executive Committee*

***Exec. Committee Alt.*

**The New
Hospital/Clinic
Governing Body**

Until last year the Board Executive Committee doubled as the Hospital/Clinic Governing Body. But, with the growing amount of oversight tasks relative to accreditation, the board decided last year that the function of the Hospital/Clinic Governing Body needed to be separate from other board business. The Governing Body now has its own officers elected by the full board, meets quarterly, and acts as the voice of the SEARHC Board with the national hospital accrediting organization. Its officers are:

Chair
Pauline Jim, *Angoon*

Vice Chair
Marlene Sprague, *Craig*

Secretary
Dolly Jensen, *Ketchikan*

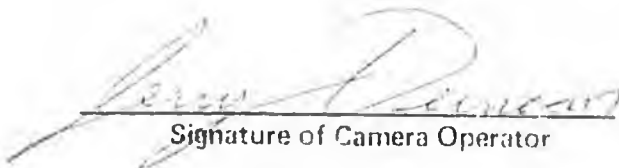
Members
Edna Paddock
Mary Paddock
Karen Diakanoff (Alt.)

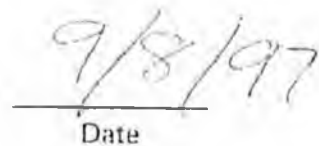


RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.


Signature of Camera Operator


Date

Confirmation
St. Medical
Board: Dr.
Rowen, etc.

3-1-93

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759



March 1, 1993

The Honorable Ramona Barnes
Speaker of the House
State Capitol
Juneau, AK 99801-1182


Dear Madam Speaker,


In accordance with AS 39.05.080, the House Health, Education and Social Services Committee reviewed the qualifications of the following and recommends the appointment be forwarded to a joint session for consideration:

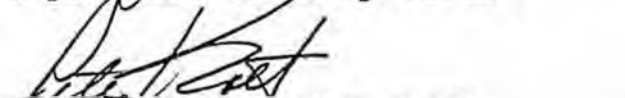
STATE MEDICAL BOARD Noel W. DeVries

This does not reflect an intent by any of the members to vote for or against this individual during any further sessions for the purposes of confirmation.


RECOMMENDATION


Representative Cynthia D. Toohy
Co-Chair

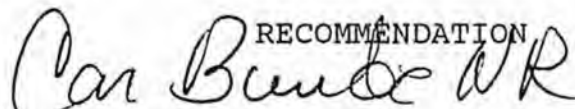

Representative Gary Davis

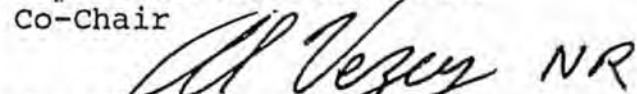

Representative Pete Kott

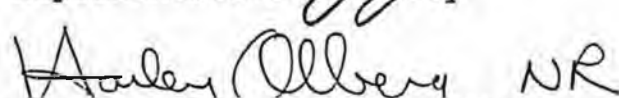

Representative Bettye Davis


Representative Tom Brice

RECOMMENDATION


Representative Con Bunde
Co-Chair


Representative Al Vezey


Representative Harley Olberg


Representative Irene Nicholia

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

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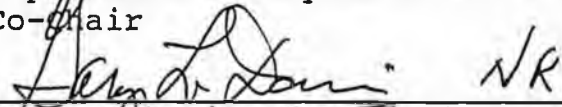
STATE MEDICAL BOARD

Gary L. Johnson

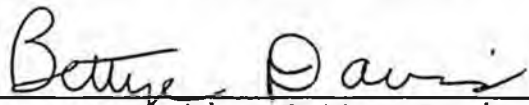
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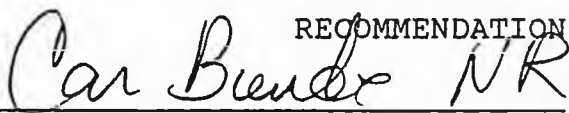
 NR
Representative Gary Davis

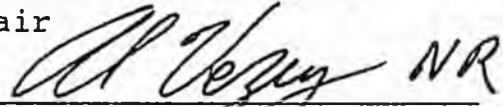

Representative Pete Kott

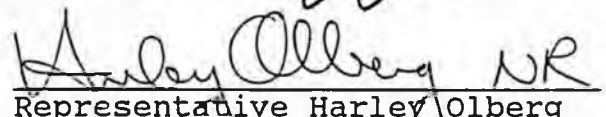

Representative Bettye Davis


Representative Tom Brice

RECOMMENDATION

 NR
Representative Con Bunde
Co-Chair

 NR
Representative Al Wezey

 NR
Representative Harley Olberg


Representative Irene Nicholia

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
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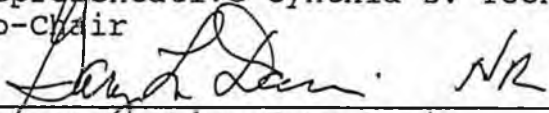
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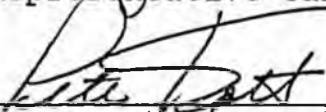
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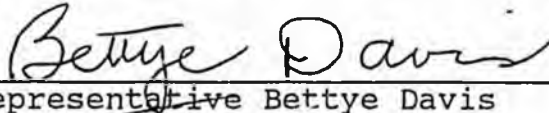
STATE MEDICAL BOARD Joan Jelinek

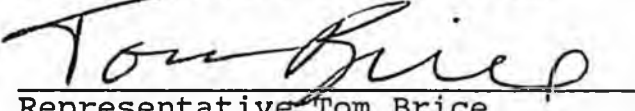
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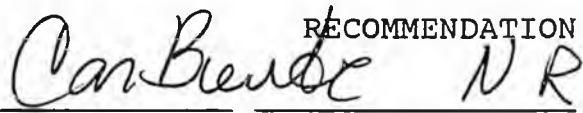
 RECOMMENDATION
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Co-Chair

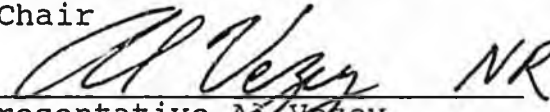
 NR
Representative Gary Davis



Representative Pete Kott



Representative Bettye Davis


Representative Tom Brice

 NR RECOMMENDATION
Representative Con Bunde
Co-Chair

 NR
Representative Al Vezey

 NR
Representative Harley Olberg


Representative Irene Nicholia

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
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March 1, 1993

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Juneau, AK 99801-1182

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STATE MEDICAL BOARD

Robert J. Rowen

This does not reflect an intent by any of the members to vote for or against this individual during any further sessions for the purposes of confirmation.

[Signature]
RECOMMENDATION

Representative Cynthia D. Toohy
Co-Chair

[Signature] NR
Representative Gary Davis

[Signature] DP
Representative Pete Kott

[Signature]
Representative Bettye Davis

[Signature]
Representative Tom Brice

[Signature] NR
RECOMMENDATION

Representative Con Bunde
Co-Chair

[Signature] ~~NR~~ DNC
Representative Al Vezey

[Signature] NR
Representative Harley Olberg

[Signature] NR
Representative Irene Nicholia

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



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(907) 465-3759

March 1, 1993

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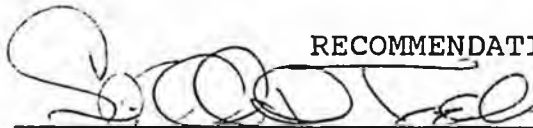
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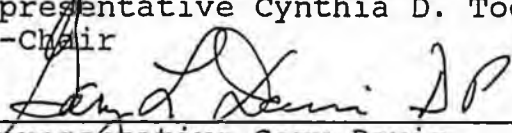
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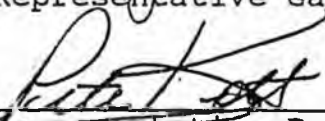
STATE MEDICAL BOARD

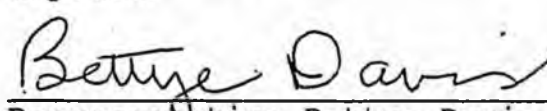
Eileen L. Becker

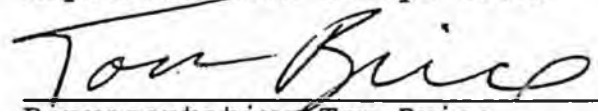
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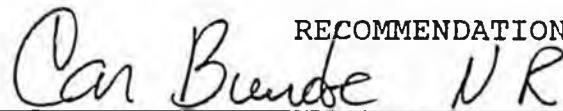
 RECOMMENDATION
Representative Cynthia D. Toohy
Co-Chair

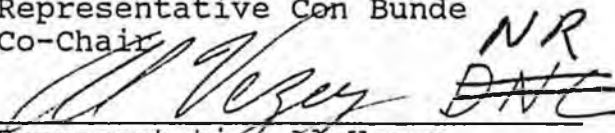

Representative Gary Davis

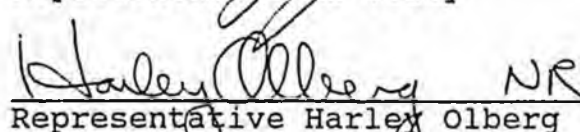

Representative Pete Kott

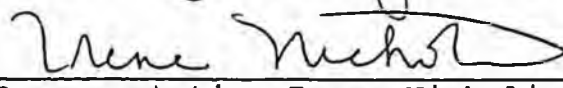

Representative Bettye Davis


Representative Tom Brice

 RECOMMENDATION
Representative Con Bunde NR
Co-Chair

 NR
Representative Al Vezey

 NR
Representative Harley Olberg


Representative Irene Nicholia

Resume - Noel W. DeVries

DOB 2-18-39

Residence - 226 Silvertip Street, Palmer, 99645

Mailing - P.O. Box 1027, Palmer, 99645

Work - 745-3362/ Home - 745-3495

Alaskan resident since April 1983

Family - Wife, Edna; four children, ages 29, 26, 19 and 14
Two grandchildren

Education - BS Degree(Math) - Bozeman State University 1966
MBA Degree - Northern Illinois University 1972
RHEMA Bible Training Center 1987-88
Licensed Specialty Contractor - State of Alaska
Licensed Real Estate Saleman 1989
Licensed Real Estate Broker 1991

Military - U.S. Army, 1959-1961 - Honorable Discharge

Current Work Experience:

Real Estate Associate Broker, May 1991 to Present
Real Estate Sales Agent April 1989 to April 1991
Jack White and Co. & DeVries and Associates,

Past Management and Business Experience:

Owner/Manager G-D Enterprises 1989 to present, Speciality Contractor engaged in minor repairs and renovation of residential properties.

Computer Systems in Senator Edna DeVries' office, 1985 to 1987. Experience in Dbase III and Displaywriter's Reportpack and Textpack. Mass mailings list and correspondence.

Management - three Christian Bookstores - 10/1983 to 1/1985
Retail sales and management of bookstores, did ordering, scheduling of employees, advertising, customer sales, accounts payable and receivable.

General Contractor, DeVries & Construction, Whitefish, Montana, 1974 to 1983, specializing in residential and light commercial building and investment in rental properties.

Investment Analyst for Milwaukee Company - a retail stock brokerage firm. 1972 to 1974 Reviewed clients stock portfolios and provided information on local companies to the firms brokers.

System computer programmer for Brunswick Company - responsible for programming and maintaining a nationwide telecommunication system. 1968 to 1970

Computer Programmer for Boeing Company 1966 to 1968 - Experience on large-scale inventory and scheduling systems.

Community Service:

Past Chairman of School Board, Palmer Community Christian School
Vice President of Wasilla Chapter of Full Gospel Businessmen
Fellowship International.

Republican Precinct 23 Committeeman.

Director of Joe Purcell Ministries.

Member of Valley Board of Realtor's MLS Committee.

Member of Prison Match Program, Palmer Correctional Facility

References:

Ben Pollen, EC 01 Box 8004D, Palmer, Ak. 99645, 745-8920

Dick Stoffel, 1352 Pioneer Peak, Wasilla, Ak. 99687, 376-1691

Pastor Joe Purcell, 1600 Tanana Drive, Wasilla, 99687, 376-2053

CURRICULUM VITAE

NAME: -Gary L. Johnson, M.D.

AGE: -43

HEALTH: -Excellent

MARITAL STATUS: -Married 21 years, two children

ADDRESS: -P.O. Box 82066, Fairbanks, AK 99708

CITIZENSHIP: -United States of America

BIRTHPLACE: -Ironwood, Michigan

SPECIALTY: -Family Practice

BOARD CERTIFICATION: -Diplomat, American Board of Family Practice, 1981. Recertified 1988.

FELLOWSHIP: -Fellow, American Academy of Family Physicians

LICENSURE: -Alaska, Michigan, Wisconsin

EDUCATION & DEGREES: -Elementary
& Secondary: Public School System
Ironwood, Michigan

-Undergraduate: Michigan Technological University
Bachelor of Science, with honor
Biological Science

-Graduate: Purdue University
Master of Science
Biological Science

-Medical: Michigan State University
College of Human Medicine

-Postgraduate: Family Practice Residency
St. Joseph Medical Center
Wichita, Kansas

-Visiting
Fellowship: Obstetrics
University of Wisconsin School
of Medicine
St. Vincent/Bellin Hospitals
Green Bay, Wisconsin

-Current in: Advanced Cardiac Life Support
Advanced Trauma Life Support

TEACHING APPOINTMENTS

& INTERESTS:

- Teaching Assistant, General Biology, Purdue University
- Teaching Assistant, Plant Physiology, Purdue University
- Instructor, Patient Interaction & Interviewing Skills, Michigan State University, College of Human Medicine
- Medical Coordinator, Obstetrical Education Committee, Grand View Hospital, Ironwood, MI
- F.A.A. Certified Flight Instructor, 1975-present

PROFESSIONAL

ORGANIZATIONS:

- Past President, Gogebic County Medical Society
- Board of Directors, Upper Peninsula Quality Assurance Association (Regional PRSO)
- Member, Society of Teachers of Family Medicine
- Member, American Academy of Family Physicians
- Member, Alaska Academy of Family Physicians
- Member, American Medical Association
- President, Fairbanks Medical Association, 1988-1990
- Delegate, Alaska State Medical Association, 1988-1992
- Chairman, Department of Family Practice, Fairbanks Memorial Hospital 1990
- Treasurer, Alaska State Medical Association 1990
- President-Elect, Alaska State Medical Association, 1991
- President, Alaska State Medical Association, 1992-1993

HONORS, AWARDS, & FELLOWSHIPS:

- National Science Foundation Pre-College Science Program participant
- National Honor Society
- Bausch & Lomb Science Award
- National Science Foundation Summer Research Fellowship

COMMUNITY SERVICE:

- Trustee, Grand View Hospital, Ironwood, MI
- Board of Directors, Upper Peninsula Health Education Corporation
- Member, Regional Perinatal Morbidity and Mortality Review Committee
- Aviation Medical Examiner and Accident Investigator
- Safety Officer, Eielson AFB Aero Club
- Medical Director, Nenana Valley Advisory Group for Emergency Medical Services
- Rotary Club
- State of Alaska, Department of Health & Human Services, Medical Care Advisory Committee, Chairman
- F.A.A. Accident Prevention Counselor

PUBLIC SPEAKING:

- 1981 Commencement Address, Luther L. Wright High School, Ironwood, MI
- Keynote Speaker, Upper Peninsula Health Education Corporation, annual meeting, 1981
- Healthwise Speaker, Fairbanks, AK
- Speaker, Cigarette Break-away Program, American Lung Association of Wisconsin
- Noon Lecture, "Vaginal Birth after Cesarean Section", Eau Claire Family Practice Residency Program, Eau Claire, WI

CURRICULUM VITAE

Joan Jelinek, M.D.

December 21, 1992

ADDRESS: 1305 21st. Avenue Suite 101
Fairbanks, AK 99701
Phone (907) 452-7524

PLACE OF BIRTH: Seattle, Washington.

MARITAL STATUS: Married, two children.

EDUCATION: University of Washington, Seattle, Washington.
B.A. Biology: 1966.

San Jose State University, San Jose, California.
M.A. Microbiology: 1969.

University of New Mexico, Albuquerque, New Mexico.
M.D. Medicine: 1980.

POSITIONS:

1990 - present: Internal Medicine
1305 21st. Avenue Suite 101
Fairbanks, AK 99701

1985 - 1990: Fairbanks Clinic
1867 Airport Way
Fairbanks, Alaska

1988 - present: Medical Director Denali Center
1949 Gillam Way
Fairbanks, Alaska

1987 -1991: Consultant Internal Medicine
Chief Andrew Isaac Health Center
1638 Cowles Street
Fairbanks, Alaska

1987 - present: Active Staff
Fairbanks Memorial Hospital
Fairbanks, Alaska.

1985-1987: Associate Staff
Fairbanks Memorial Hospital
Fairbanks, Alaska.

CURRICULUM VITAE

Joan Jelinek, M.D.
-page 2-

- 1981-1985: Resident; Internal Medicine
University of New Mexico, Affiliated
Hospitals
Albuquerque, New Mexico.
- 1980-1981: Intern; Internal Medicine
University of New Mexico, Affiliated
Hospitals
Albuquerque, New Mexico.
- 1969-1976: Research Associate
School of Medicine
University of New Mexico
Albuquerque, New Mexico.

APPOINTMENTS: 1989 - 1992: Alaska State Board Medical Examiners.

- COMMITTEES: 1991 - present: Quality Assurance Subcommittee, Internal
Medicine.
- 1987 - present: Credentials Subcommittee, Internal
Medicine.
- 1991: Vice Chairperson, Department Internal
Medicine.
- 1987: Chairperson, Department Internal
Medicine.
- 1987: Executive Committee
Fairbanks Memorial Hospital.
- 1986 - 1990: Hospital Quality Assurance Utilization
Review.
- 1986 - 1988: Member Utilization Review Committee
Denali Center.

PROFESSIONAL SOCIETIES:

1985-present: American Board of Internal Medicine:
Candidate # 105882.
American Medical Association
Alaska State Medical Society

1980-present: American College of Physicians

LICENSURES:

Alaska (# AA 1898).

New Mexico (# 83-58)

OTHER:

DEA No. AJ1981198.

ACLS Provider:

Physician's Recognition Award: Current to 1/3/93.

BIBLIOGRAPHY

THESES AND ABSTRACTS

1. Studies on the Suitability of Serial Cell Lines as Host Cells for the Leishmaniform Stage of Leishmania Species. (A thesis presented to the faculty of the Department of Biological Sciences at San Jose State University, June, 1969).
2. Messner, R.P., Emmons, J.D., and Jelinek, J.G.: Pepsin-site agglutinators -- piggy back booster antibodies? Clin. Res. 18:180, 1970.
3. Messner, R.P. and Jelinek, J.G.: Receptors for yG on human granulocytes. Clin. Res. 18:180, 1970.
4. Messner, R.P., Carlson, E.E., and Jelinek, J.G.: Inhibition of phagocytosis and killing of bacteria by gold *in vitro*. Arthritis and Rheum. 13:337, 1970.
5. Messner, R.P. and Jelinek, J.G.: Inhibition of yG mediated phagocytosis by the first component of complement. Arthritis and Rheum. 14:403, 1971.

PUBLICATIONS:

1. Messner, R.P. and Jelinek, J.G.: Receptors of yG globulins on human neutrophils. J. Clin. Invest. 49:2165, 1971.
2. Messner, R.P. and Jelinek, J.G.: Inhibition of yG mediated phagocytosis by the first component of complement. Clin. Immunol. and Immunopath. 1:203, 1973.
3. Messner, R.P., Kennedy, M.S., and Jelinek, J.G.: Antilymphocyte antibodies in Systemic Lupus Erythematosus: effect on lymphocytes surface characteristics. Arthritis and Rheum. 3:201-206, 1975.

OMNI MEDICAL CENTER

Robert Jay Rowen, M.D.
Diplomate, American Boards of
Family Practice, Emergency
Medicine, Chelation Therapy

Glenna Johnson-Wilde, N.D.
Doctor of Naturopathic
Medicine

Sandra Denton, M.D.
Diplomate, American Boards of
Emergency Medicine &
Chelation Therapy

CURRICULUM VITAE

NAME: Robert Jay Rowen
SS#: 221-7138
DOB: 11/17/49

EDUCATIONAL BACKGROUND

1967-1971 John-Hopkins University; Baltimore, Maryland; BA Degree.
Phi Beta Kappa.
1971-1975 University of California; San Francisco School of Medicine.
M.D. Degree.

TRAINING

1975-1976 Rotating Internship Highland General Hospital; Oakland, California
1977-1979 Family Practice Residency; University of Arizona; Tucson, Arizona

WORK EXPERIENCE

1976-1977 General Medical Officer; Gallop Indian Medical Center;
Gallop, New Mexico.
1979-1983 Staff Family Physician and Staff Emergency Room Physician;
Alaska Native Medical Center; Anchorage, Alaska.
1983- Present Private Practice. Practice deals with preventive medicine
including, but not limited to, nutrition, acupuncture, diet,
lifestyles, intravenous nutrition, electrical therapy, chelation
therapy, environmental toxins, biologic therapies, etc.
Preventive medicine, emphasis on assisting the body to heal by
providing what it lacks to function properly and avoiding or
removing toxins that interfere with biologic processes.

CERTIFICATIONS

American Board of Family Practice - 1980. Re-certified - 1986.
American Board of Emergency Medicine - November 1985.
American Board of Chelation Therapy - November 1986.

HOSPITAL AFFILIATIONS

Providence Hospital; Anchorage, Alaska

PROFESSIONAL ORGANIZATIONS

American College of Advancement in Medicine
American Society of Bariatric Physicians
American Society of Clinical Hypnosis
American Academy of Environmental Medicine.

Eileen Becker
FM

FM 105 FM 102 AM 62
K-WAVE • KPEN • KGTL RADIO
Contemporary Hits • Country • Soft AC Hits
Homer - Kenai-Soldotna - Kodiak

RESUME

Eileen L. Becker
P.O. BOX 109
Homer, Alaska 99603
(907) 235-7526

PERSONAL

Born: April 23, 1945, Grand Canyon, AZ.
Married: August 21, 1965
Children: Jaffary 23 years, Gary & Mike 21 years, Jonathan 16,
Amber 9, Jon May 17
Graduate of San Luis Obispo High School. Class of 63

EXPERIENCE

August 1979 - Present Vice President/Owner of KWVV-FM, KPEN-FM &
KGTL-AM Radio Stations. Assisted in the
planning, developing operating of all
three stations. I have an up to date
knowledge of the various activities of
the operation. Active in public relations
of the stations. Coordinates
on-air promotions and contests.

April 1973- July 1980 Owner-operator of the Heritage Hotel,
formerly Heady Hotel in Homer, Alaska.
During this time managed the cleaning
staff, supervised and operated the front
desk and the laundry facilities of the
hotel.

August 1967 - March 1973 Maintained our home and gave birth to Jeff
and identical twins, Gary & Michael.

November 1963 -July 1967 Cashier Clerk for the County of San Luis
Obispo, California. Full time position
with the County Tax Collector. During
this time husband David Becker was finishing
his college education at the Cal Poly
University at San Luis Obispo.

Peninsula Communications, Inc.

P.O. Box 109 • Homer, AK 99603 • (907) 235-7551 • 262-6000 • 486-6000 • FAX 235-6683

MEMBERSHIP AND OUTSIDE ACTIVITIES

Member of the Homer Chamber of Commerce since 1973
Served on the Board of Directors for 5 years 1984-1989
Member of the Soldotna, Kenai, Kodiak and Seward Chamber of Commerce
Served on the Steering Committee of the Homer Community Schcols 1975-77
Member of the Board of Directors for the local Homer Crisis Pregnancy Ctr
from 1985 to present.
Served on the Executive Committee for Stonecroft Ministries/Christian
Women Club since 1977 to present.
Member of Christian Community Church since 1976.
Treasurer for District 7 Republican Party, delegate to St. Convention
Have served on several committees such as Homer's 25th Anniversary
planning committee, Board of Director for the Homer Jackpot Halibut
Derby, and has organized the "Taste of Homer" for the past 7 years.

LTN1100-R01. LEGISLATIVE TELECONFERENCE NETWORK PAGE 01
03/09/93 10:49:16
TCN: 30261 DATE & TIME: 03/01/93 13:30 TO 15:30 STATUS:7 STATS. IN

**** ORDER SUMMARY ****
SPONSOR: SHES (JNT) HEALTH, EDUCATION & SOCIAL SERVIC CHAIRS: RIEGER
PURPOSE: PUB PUBLIC HEARING 1
CONTACT: BETTY HARGRAVE TEL#: (907)465-3762
CHAIRING SITE: JUNEAU CAPITOL CAP205

3/1/93
JOINT

SPONSOR REMARKS(PUB): TESTIMONY:I INVITATION ONLY 0 MINUTE LIMIT
T/C FOR CONFIRMATION HEARINGS: STATE MEDICAL BOARD
TESTIMONY WILL BE TAKEN BY INVITATION.

**** AGENDA ****

1 CONFIRMATION HEARING FOR STATE MEDICAL
2 BOARD

**** PARTICIPATING LIDS ****

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
FBX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
HOM HOMER LTD	128 W PIONEER #4	LOCATION STAFF
* JNU JUNEAU	CAPITOL	LOCATION STAFF
KTN KETCHIKAN	352 FRONT STREET	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF
SIT SITKA	210 LAKE STREET	LOCATION STAFF
SOL KEN/SOL	34824 KALIFONSKY	LOCATION STAFF

**** VOLUNTEER & OFFNET SITES ****

ZZZ OF1 OFFNET 1 PALMER NOEL DEVRIES (907)745-3362

PARTICIPANTS IN: ANCHORAGE ANC

1	JOHN FRANKLIN	ANCHORAGE	OBSV. CONFIRMATION
	7121 CHESTER COURT	ANCHORAGE	AK 99504 (907)333-2141
2	HELENE HENNINGS	ANCHORAGE	OBSV. CONFIRMATION
	1326 LATOUCHE	ANCHORAGE	AK 99501 (907)279-2919
3	GENE HENNINGS	ANCHORAGE	OBSV. CONFIRMATION
	1326 LATOUCHE	ANCHORAGE	AK 99501 (907)279-2919
4	DALTRICE BOEHMER	ANCHORAGE	OBSV. CONFIRMATION
	5911 DENALI ST. BLD A1	ANCHORAGE	AK 99518 (907)563-5782
5	CLARA MAMA	ANCHORAGE	OBSV. CONFIRMATION
	2627 GLACIER ST NO 5	ANCHORAGE	AK 99508 (907)333-4735
6	CRISTY ANN ROGERS	ANCHORAGE	OBSV. CONFIRMATION
	PO BOX 221524	ANCHORAGE	AK 99522 (907)333-0414
7	JIM MILLER	ANCHORAGE	OBSV. CONFIRMATION
	PO BOX 110935	ANCHORAGE	AK 99511 (907)000-0000
8	ALMA LIND	ANCHORAGE	OBSV. CONFIRMATION
	PO BOX 113014	ANCHORAGE	AK 99511 (907)248-7758
9 DR.	SANDRA DENTON	ANCHORAGE	OBSV. CONFIRMATION
	4115 LAKE OTIS PKWY 200	ANCHORAGE	AK 99508 (907)563-6280
10	PAT HAYES, RN	ANCHORAGE	OBSV. CONFIRMATION
	3331 E HUFFMAN RD	ANCHORAGE	AK 99516 (907)345-2772
11	JUDY COX	ANCHORAGE	OBSV. CONFIRMATION
	6261 E 41ST COURT	ANCHORAGE	AK 99504 (907)333-6363
12	W.C. THOMPSON	ANCHORAGE	OBSV. CONFIRMATION
	3601 TWILIGHT LANE	ANCHORAGE	AK 99516 (907)345-1072
13	D. QUAST	ANCHORAGE	OBSV. CONFIRMATION

LTN1100-R01
03/09/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 02
10:49:16

TCN: 30261 DATE & TIME: 03/01/93 13:30 TO 15:30 STATUS:7 STATS. IN

PARTICIPANTS IN: ANCHORAGE ANC

14	JOSEF PRINCIOTTA	ANCHORAGE	OBSV. CONFIRMATION
	10301 EVERGREEN ST	ANCHORAGE	AK 99516 (907)346-2582
15	LINDA NEULS	ANCHORAGE	OBSV. CONFIRMATION
	330 L STREET NO 200	ANCHORAGE	AK 99501 (907)562-6306
	12845 S. BRAGAW ST	ANCHORAGE	AK 99516 (907)345-5482

PARTICIPANTS IN: FAIRBANKS FBX

1 MS.	JOAN JELINEK M.D.	FAIRBANKS	TSFY. CONFIRMATION
	1305 21ST AVENUE	FAIRBANKS	AK 99701 (907)452-7524
2 MR.	GARY JOHNSON M.D.	FAIRBANKS	TSFY. CONFIRMATION
	P.O. BOX 80606	FAIRBANKS	AK 99708 (907)479-3235
3 MR.	ROBERT ROTH	FAIRBANKS	OBSV. CONFIRMATION
	P.O. BOX 80304	FAIRBANKS	AK 99708 (907)452-1987

PARTICIPANTS IN HOMER LTN

1	MRS. EILEEN L. BECKER	HOMER	TSFY. CONFIRMATION
	BOX 109		AK 99603 (907)235-7526
2	PENNY ROBERTS	HOMER	OBSV. CONFIRMATION
	BOX 2726		AK 99603 (907)235-6403

PARTICIPANTS IN: JUNEAU JNU

1	SEN. STEVE REISER		TSFY. CONFIRMATION
			AK (907)000-0000
2	SEN. MIKE MILLER		TSFY. CONFIRMATION
			AK (907)000-0000
3	SEN. LOREN LEMAN		TSFY. CONFIRMATION
			AK (907)000-0000
4	SEN. JOHNNY ELLIS		TSFY. CONFIRMATION
			AK (907)000-0000
5	REP. CYNTHIA TOOHEY		TSFY. CONFIRMATION
			AK (907)000-0000
6	REP. CON BUNDE		TSFY. CONFIRMATION
			AK (907)000-0000
7	REP. GARY DAVIS		TSFY. CONFIRMATION
			AK (907)000-0000
8	SEN. BERT SHARP		TSFY. CONFIRMATION
			AK (907)000-0000
9	REP. BETTY DAVIS		TSFY. CONFIRMATION
			AK (907)000-0000
10	REP. HARLEY CLBERG		TSFY. CONFIRMATION
			AK (907)000-0000
11	REP. TOM BRICE		TSFY. CONFIRMATION
			AK (907)000-0000
12	REP. AL VEZEY		TSFY. CONFIRMATION
			AK (907)000-0000
13	REP. IRENE NICHOLIA		TSFY. CONFIRMATION
			AK (907)000-0000
14	REP. PETE KOTT		TSFY. CONFIRMATION
			AK (907)000-0000
15	TESTIFIER 1		TSFY. CONFIRMATION
			AK (907)000-0000
16	OBSERVER 1		OBSV. CONFIRMATION
			AK (907)000-0000

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 03
 03/09/93 10:49:16
 TCN: 30261 DATE & TIME: 03/01/93 13:30 TO 15:30 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU JNU

17	OBSERVER 2		OBSV. CONFIRMATION
			AK (907)000-0000
18	OBSERVER 3		OBSV. CONFIRMATION
			AK (907)000-0000
19	OBSERVER 4		OBSV. CONFIRMATION
			AK (907)000-0000
20	OBSERVER 5		OBSV. CONFIRMATION
			AK (907)000-0000
21	OBSERVER 6		OBSV. CONFIRMATION
			AK (907)000-0000
22	OBSERVER 7		OBSV. CONFIRMATION
			AK (907)000-0000
23	OBSERVER 8		OBSV. CONFIRMATION
			AK (907)000-0000
24	OBSERVER 9		OBSV. CONFIRMATION
			AK (907)000-0000
25	OBSERVER 10		OBSV. CONFIRMATION
			AK (907)000-0000
26	OBSERVER 11		OBSV. CONFIRMATION
			AK (907)000-0000

27	OBSERVER	12	AK	(907)000-0000
28	OBSERVER	13	AK	OBSV. CONFIRMATION
29	OBSERVER	14	AK	(907)000-0000
30	OBSERVER	15	AK	OBSV. CONFIRMATION
31	OBSERVER	16	AK	(907)000-0000
32	OBSERVER	17	AK	OBSV. CONFIRMATION
33	OBSERVER	18	AK	(907)000-0000
34	OBSERVER	19	AK	OBSV. CONFIRMATION
35	OBSERVER	20	AK	(907)000-0000
36	OBSERVER	21	AK	OBSV. CONFIRMATION
37	OBSERVER	22	AK	(907)000-0000

PARTICIPANTS IN: KETCHIKAN KTN
 1 MR. ELMO WORTHAN OBSV. CONFIRMATION
 BOX 637 WARD COVE AK 99928 (907)225-7308

PARTICIPANTS IN: MATSU MAT
 1 MS ROSE PALMQUIST OBSV. CONFIRMATION
 BOX 870294 WASILLA AK 99687 (907)376-2274

2 MR ERNEST LINE OBSV. CONFIRMATION
 2645 WHISPERING WOODS DR WASILLA AK 99654 (907)376-6709

PARTICIPANTS IN: SITKA SIT

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 04
 03/09/93 10:49:16
 TCN: 30261 DATE & TIME: 03/01/93 13:30 TO 15:30 STATUS:7 STATS. IN

PARTICIPANTS IN: SITKA SIT
 1 DR. D. R. LEHMANN ASMA OBSV. CONFIRMATION
 116 ANNA DR. SITKA AK 99835 (907)747-5861

PARTICIPANTS IN: KEN/SOL SOL
 1 MRS. RUBY GAEDE OBSV. CONFIRMATION
 HC3 BOX 907 SOLDOTNA 99 00669

PARTICIPANTS IN: OFFNET 1 ZZZ OF1
 1 MR. NOEL DEVRIES TSFY. CONFIRMATION
 AK (907)000-0000

LTN1100-R01
03/09/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01
10:52:09

TCN: 30288 DATE & TIME: 03/01/93 15:30 TO 17:00 STATUS:7 STATS. IP

**** ORDER SUMMARY ****

SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY
PURPOSE: PUB PUBLIC HEARING BURDE
CONTACT: LYNN SMITH TEL#: (907)465-6825
CHAIRING SITE: JUNEAU CAPITOL CAP106

3/1/93
H/HES

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 2 MINUTE LIMIT
PUBLIC TESTIMONY WILL BE TAKEN THERE IS A 2 MINUTE LIMIT
TCN REQUESTED ON 03/01/93 AND HAS 6 UPDATES

**** AGENDA ****

1 CONFIRMATION HEARINGS STATE MEDICAL BOARD

**** PARTICIPATING LIOS ****

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
FBX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
HOM HOMER LTC	126 W PIONEER #4	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
KTN KETCHIKAN	352 FRONT STREET	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF
SOL KEN/SOL	34824 KALIFONSKY	LOCATION STAFF

PARTICIPANTS IN ANCHORAGE AND

1	JOHN	FRANKLIN	AK	TSFY. CONFIRMATION (907)000-0000
2	HELENE	HENNINGS	AK	TSFY. CONFIRMATION (907)000-0000
3	GENE	HENNINGS	AK	OBSV. CONFIRMATION (907)000-0000
4	DALTRICE	BOEHMER	AK	TSFY. CONFIRMATION (907)000-0000
5	CLARA	MOMA	AK	OBSV. CONFIRMATION (907)000-0000
6	CRISTY	ROGERS	AK	TSFY. CONFIRMATION (907)000-0000
7	JIM	MILLER	AK	TSFY. CONFIRMATION (907)000-0000
8	ALMA	LIND	AK	OBSV. CONFIRMATION (907)000-0000
9 DR	SANDRA	DENTON	AK	TSFY. CONFIRMATION (907)000-0000
10	PAT	HAYES	AK	TSFY. CONFIRMATION (907)000-0000
11	JUDY	COX	AK	TSFY. CONFIRMATION (907)000-0000

13	D.	GUAST	AK	(907)000-0000	OBSV. CONFIRMATION
14	JOSEF	FRINCIOTTA	AK	(907)000-0000	TSFY. CONFIRMATION
15	LINDA	NEULS	AK	(907)000-0000	TSFY. CONFIRMATION
16	EDGAR PAUL	BOYKO	AK	(907)000-0000	TSFY. CONFIRMATION

LTN100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 02
 03/09/93 10:52:09
 TON: 30268 DATE & TIME: 03/04/93 15:30 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN ANCHORAGE ANC

17	PATRICK	NOLAN, D.O.	AK	(907)000-0000	TSFY. CONFIRMATION
18	SCOTT	CROWTHER	AK	(907)000-0000	TSFY. CONFIRMATION
	1726 BELLEVUE LOOP	ANCHORAGE	AK	99515 (907)349-2198	
19	PHIL	NELSON	AK	(907)000-0000	OBSV. CONFIRMATION
	3421 ARCTURUS CR.	ANCHORAGE	AK	99517 (907)243-3504	

PARTICIPANTS IN FAIRBANKS FBX

1 MS.	JOAN	JELINEK M.D.	AK	(907)000-0000	OBSV. CONFIRMATION
	1305 21ST AVENUE	FAIRBANKS	AK	99701 (907)452-7524	
2 MR.	GARY	JOHNSON M.D.	AK	(907)000-0000	OBSV. CONFIRMATION
	P.O. BOX 80606	FAIRBANKS	AK	99708 (907)479-3235	

PARTICIPANTS IN HOMER LTC HOM

1 MS.	FENNY	ROBERTS	AK	(907)000-0000	OBSV. CONFIRMATION
	BOX 2726	HOMER	AK	99603 (907)235-6403	

PARTICIPANTS IN JUNEAU JNU

1	REP	TOOHEY	AK	(907)000-0000	TSFY. CONFIRMATION
2	REP	BUNDE	AK	(907)000-0000	TSFY. CONFIRMATION
3	REP	DAVIES	AK	(907)000-0000	TSFY. CONFIRMATION
4	REP	VEZEY	AK	(907)000-0000	TSFY. CONFIRMATION
5	REP	KOTT	AK	(907)000-0000	TSFY. CONFIRMATION
6	REP	OLBERG	AK	(907)000-0000	TSFY. CONFIRMATION
7	REP	NICHOLIA	AK	(907)000-0000	TSFY. CONFIRMATION
8	REP	B. DAVIS	AK	(907)000-0000	TSFY. CONFIRMATION
9	REP	BRICE	AK	(907)000-0000	TSFY. CONFIRMATION
10	STAFF	STAFF	AK	(907)000-0000	OBSV. CONFIRMATION
11	STAFF	STAFF	AK	(907)000-0000	OBSV. CONFIRMATION
12	STAFF	STAFF	AK	(907)000-0000	OBSV. CONFIRMATION
13	STAFF	STAFF	AK	(907)000-0000	OBSV. CONFIRMATION
14	2	TESTIFY	AK	(907)000-0000	TSFY. CONFIRMATION
15	2	TESTIFY	AK	(907)000-0000	TSFY. CONFIRMATION
16	2	TESTIFY	AK	(907)000-0000	TSFY. CONFIRMATION

LTN1100-R01
03/09/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 03
10:52:09

TCN: 30289 DATE & TIME: 03/01/93 15:00 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU

JNU

18	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
19	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
20	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
21	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
22	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
23	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
24	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
25	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
26	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
27	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000
28	2	OBSERVE	OBSV. CONFIRMATION
			AK (907)000-0000

PARTICIPANTS IN: KETCHIKAN

KTN

1 MR.	ELMO	WORTMAN	OBSV. CONFIRMATION
	BOX 637	WARD COVE	AK 99928 (907)225-7308

PARTICIPANTS IN: KEN/SOL

SOL

1 MRS.	RUBY	GAEDE (ROWEN)	NONE	TSFY. CONFIRMATION
	HC3 BOX 907	SOLDOTNA		AK 99669 (907)000-0000

2 MRS.	JULIA	TENISON (ROWEN)		TSFY. CONFIRMATION
	PO BOX 3917 THIRD JUDICI AL DIST.	SOLDOTNA	AK	(907)776-5598

BOARD: MEDICAL BOARD. STATE

BOARD IDENTIFICATION NUMBER: 61

TITLE: State Medical Board

DEPT: Department of Commerce and Economic Development

AUTHORITY: AS 08.64.010

STATUS: June 30, 1995

REQUIREMENTS: LEGISLATIVE CONFIRMATION

PROHIBITIONS: Cannot serve more than all or part of two consecutive terms.

TERM: 4 years

DESCRIPTION: 7 members appointed by Governor: 5 licensed physicians residing in as many separate Alaska judicial districts as possible; 2 public members with no direct financial interest in the health care industry.

SPECIAL FACTS: Quorum - 4 members; serve at the pleasure of the Governor (AS 08.01.020). Staffed with an executive secretary located in Anchorage. Members serve until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term. A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person has last served.

FUNCTION: Prescribes and establishes rules/regulations to carry into effect provisions of chapter.

COMPENSATION: Standard travel/per diem.

MEETINGS: 4 times per year.

*FOR FURTHER INFORMATION CONTACT: Licensing Examiner, Division of Occupational Licensing, Dept. of Commerce and Economic Development, P.O. Box 110806, Juneau, AK 99811-0806
PHONE: 465-2541

(Revised 12/15/92)

STATE OF ALASKA - OFFICE OF THE GOVERNOR
Boards and Commissions Office

Membership Roster

(061) MEDICAL BOARD

Member	Appointed	Reappointed	Term Exp.
Eileen L. Becker Public P.O. Box 109 Homer, AK 99603	01/09/93		01/09/97
Noel W. DeVries Public P.O. Box 1027 Palmer, AK 99645	12/09/91	07/23/92	08/13/96
Joan Jelinek Physician 1305 21st Avenue, Suite 101 Fairbanks, AK 99701	12/14/92		01/12/96
Gary L. Johnson Physician P.O. Box 82066 Fairbanks, AK 99708	11/12/92		11/06/96
David A. McGuire Physician Suite 202, 4048 Laurel Street Anchorage, AK 99508	04/21/92		04/21/96
Robert J. Rowen Physician 615 East 82 Street, Suite 300 Anchorage, AK 99518	07/23/92		07/08/96
Edward D. Spencer Physiican P.O. Box 1907 Palmer, AK 99645	02/18/92		04/21/94

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

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FUNCTION: Prescribes and establishes rules/regulations to carry into effect provisions of chapter.

COMPENSATION: Standard travel/per diem.

MEETINGS: 4 times per year.

*FOR FURTHER INFORMATION CONTACT: Licensing Examiner, Division of Occupational Licensing, Dept. of Commerce and Economic Development, P.O. Box 110806, Juneau, AK 99811-0806
PHONE: 465-2541

(Revised 12/15/92)

STATE OF ALASKA - OFFICE OF THE GOVERNOR
Boards and Commissions Office

Membership Roster

(060) MEDICAID RATE ADVISORY COMMISSION

Member	Appointed	Reappointed	Term Exp.
Nancy H. Lewis Physician 2168 Yellow Snow Road Fairbanks, AK 99709	12/31/89		12/31/92
Jay Livey Commissioner/Health and Social Services/or designee H&SS, P.O. Box 110601 Juneau, AK 99811-0601	04/24/90		
Lynn D. Mitchell CPA 941 S. Cobb Palmer, AK 99645	09/03/92		12/31/94
Paul Rodger Moline Public/Consumer 6709 Marguerite Juneau, AK 99801	06/11/92		12/31/93
Dennis Murray Health Facility Heritage Place 232 Rockwell Av Soldotna, AK 99669	01/01/92		12/31/94

STATE OF ALASKA - OFFICE OF THE GOVERNOR
Boards and Commissions Office

Membership Roster

(061) MEDICAL BOARD

Member	Appointed	Reappointed	Term Exp.
Eileen L. Becker Public P.O. Box 109 Homer, AK 99603	01/09/93		01/09/97
Noel W. DeVries Public P.O. Box 1027 Palmer, AK 99645	12/09/91	07/23/92	08/13/96
Joan Jelinek Physician 1305 21st Avenue, Suite 101 Fairbanks, AK 99701	12/14/92		01/12/96
Gary L. Johnson Physician P.O. Box 82066 Fairbanks, AK 99708	11/12/92		11/06/96
David A. McGuire Physician Suite 202, 4048 Laurel Street Anchorage, AK 99508	04/21/92		04/21/96
Robert J. Rowen Physician 615 East 82 Street, Suite 300 Anchorage, AK 99518	07/23/92		07/08/96
Edward D. Spencer Physiican P.O. Box 1907 Palmer, AK 99645	02/18/92		04/21/94

BOARD: MENTAL HEALTH BOARD. ALASKA

BOARD IDENTIFICATION NUMBER: 63

TITLE: Alaska Mental Health Board

DEPT: Department of Health and Social Services

AUTHORITY: AS 47.30.661

STATUS: ACTIVE

REQUIREMENTS:

PROHIBITIONS:

TERM: 3 years

DESCRIPTION: 13 members appointed by Governor with due regard for population/balanced geographic representation: at least one-third shall be providers of mental health services; at least one-third shall be consumers or parents/guardians of consumers of mental health services; remaining members shall include the Commissioner or Commissioner's designee, Dept. of Health and Social Services, and members representative of the public-at-large. Board shall elect chair.

SPECIAL FACTS: Members may be removed for cause including poor attendance or lack of contribution to the board's work.

FUNCTION: State planning and coordinating agency for fed/state laws relating to mental health. Assists the state in ensuring an integrated comprehensive mental health program.

COMPENSATION: Standard travel/per diem.

MEETINGS: 6 times per year; normally 2 day meetings.

*FOR FURTHER INFORMATION CONTACT: Executive Director, Mental Health Board, Dept. of Health and Social Services, 431 N. Franklin Street, Suite 101, Juneau, AK 99801-1121
PHONE: 465-3071 (Revised 12/15/92)

STATE MEDICAL BOARD:

Sec. 08.64.010. **CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.** The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible, and two persons with no direct financial interest in the health care industry.

Sec. 08.64.050. **OATH OF OFFICE.** Each member shall take an oath of office. The oath shall be filed and preserved in the division of occupational licensing of the department.

Sec. 08.64.060. **SEAL.** The board shall adopt a seal.

Sec. 08.64.070. **OFFICERS.** The board shall elect a president and secretary from among its members. The president and secretary may administer oaths.

Sec. 08.64.085. **MEETINGS OF THE BOARD.** The board shall meet at least four times a year.

Sec. 08.64.090. **QUORUM.** Four members of the board constitute a quorum for the transaction of all business properly before the board.

Sec. 08.64.100. **POWER OF BOARD TO ADOPT REGULATIONS.** The board may adopt regulations necessary to carry into effect the provisions of this chapter.

Sec. 08.64.101. **DUTIES.** The board shall

- (1) examine and issue licenses to applicants;
- (2) develop written guidelines to ensure that licensing requirements are not unreasonably burdensome and the issuance of licenses is not unreasonably withheld or delayed;
- (3) submit an annual report of its proceedings to the governor, including a statement of money received and disbursed;
- (4) after a hearing, impose disciplinary sanctions on persons who violate this chapter or the regulations or orders of the board;
- (5) adopt regulations ensuring that renewal of licenses is contingent upon proof of continued competency on the part of the licensee; and
- (6) under regulations adopted by the board, contract with private professional organizations to establish an impaired medical professionals program to identify, confront, evaluate, and treat persons licensed under this chapter who abuse alcohol, other drugs, or other substances or are mentally ill or cognitively impaired.

Sec. 08.64.103. **INVESTIGATOR; EXECUTIVE SECRETARY.** After consulting with the board, the department shall employ two persons who are not members of the board; one shall be assigned as the investigator for the board; the other shall be assigned as the executive secretary for the board. The investigator shall

- (1) conduct investigations into alleged violations of this chapter, and into alleged violations of regulations and orders of the board;
- (2) at the request of the board, conduct investigations based on complaints filed with the department or with the board; and
- (3) be directly responsible and accountable to the board, except that only the department has authority to terminate the investigator's employment and the department shall provide day to day and administrative supervision of the investigator.

Sec. 08.64.105. REGULATION OF ABORTION PROCEDURES. The State Medical Board shall adopt regulations necessary to carry into effect the provisions of AS 18.16.010 and shall define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.

DEVRIES



Alaska State Legislature

Please enter into the record my testimony to the HES COMMITTEES
 committee name
 committee on STATE MED BOARD CONFIRM. (dated 3/1/93)
 bill/subject

I am satisfied that Mr. Rod De. Cris holds a strong anti-abortion position and that this position would deeply color his decisions relative to the abortion question as it ^{might} come before the Board in making necessary decisions. Therefore, I oppose his confirmation.

Signed: Ernest C. Loni
 Testifier

Self
 Representing (Optional)

2645 Whisp. Wds. Dr. Wasilla, Ak. 99657
 Address

376-6709
 Phone No.

Drs. Wilson and Rice, P.C.

P.O. Box 8678
Ketchikan, Alaska 99901

907-225-4104

ARTHUR N. WILSON, M.D., 1896-1983
ARTHUR N. WILSON, JR., M.D.
PETER E. RICE, M.D.

STACY N. SCHULZ, M.D.
DAVID F. HOEFT, M.D.

February 3, 1993

Ben Grussendorf
House of Representatives
State Capitol
Juneau, AK 99801-1182


Dear Mr. Grussendorf,

I am writing this letter as chief of staff at Ketchikan General Hospital and president of the Ketchikan Medical Society. I would like to register my strong objection to the confirmation of Robert Rowen to the state medical board. As a practitioner of totally unproven alternative medicine techniques such as blood cleansing, chelation therapy and intravenous injection of hydrogen peroxide, he has no place on the state board of medicine. If he is approved this would serve only to condone and legitimize unscientific and dubious medical practices. Confirmation of Dr. Rowen would give a green light to other "antiscience practitioners" around the country that this is a haven for their dubious medical practices. In addition, a practitioner such as Dr. Rowen should not be in the position to judge the qualifications and capabilities of present and future Alaskan physicians.

I feel strongly enough about this issue that I would certainly refuse to ever serve on a board which Dr. Rowen was a part of, and I would hope that all of the other M.D. members of the board will resign if he is approved.

Please vote against confirmation of Dr. Rowen.

Sincerely,



Peter E. Rice, M.D.



SITKA MEDICAL CENTER

700 KATLIAN STREET, SUITE E • SITKA, ALASKA 99835 • (907) 747-5861
AFTER HOURS (907) 747-3241
FAX (907) 747-5415

February 2, 1993

Representative Ben Grussendorf
Alaska House of Representatives
Capitol Building, Room 415
Juneau, AK 99801-1182

Dear Representative Grussendorf:

Though I am generally in favor of the Governor being allowed to name whoever he chooses to State Boards, I find that his nomination of Dr. Robert Rowen to the State Medical Board to be not in the best interest of Alaska. Dr. Rowen is an outspoken proponent of alternative medicine, including some very questionable practices. I do not believe that this man should be sitting as a judge to review the qualifications of present and future Alaska physicians.

I would encourage you to oppose Dr. Rowen's nomination to the State Medical Board.

If you have any questions regarding this, please feel free to contact me.

Sincerely yours,

Donald R. Lehmann, M.D., A.B.F.P.

DRL:bj



Alaska State Legislature

Please enter into the record my testimony to the H 49 H995
committee name

committee on Dr. Rowan's, dated 3-1-93
bill/subject
Confirmation

Please vote to confer by Rowan
when I need medical attention, I
do not want to be limited to
"conventional medical" treatments.

Signed: Rose Palmquist
Testifier

Self
Representing (Optional)

Box 870794 - Wasilla AK 99687
Address

376-2274
-Phone No.

ROWEN



Alaska State Legislature

Please enter into the record my testimony to the 4 + 5 HOSS
committee name

committee on Dr. Rowen's, dated 3-1-73
bill/subject
Confirmation

I am vote to confirm by Rowen
when I need medical attention, I
do not want to be limited to
"conventional medical" treatments.

Signed: Rose Paumotu
Testifier

Self
Representing (Optional)

Box 790794 - Wasilla, AK 99681
Address

376-2274
Phone No.

ESTHER M. COMBS
11061 Boulder Circle
Anchorage, Alaska 99516

March 3, 1993

TO: Alaska State Legislature
Health, Education & Social Services Committees

HOUSE

Cynthia Toohy, Co-Chair
Con Bunde, Co-Chair
Gary Davis, Vice Chair
Al Vezey, Member
Peta Kott, Member
Harley Olberg, Member
Bettye Davis, Member
Irene Nicholia, Member
Tom Brice, Member

SENATE

Steve Rieger, Chairman
Bert Sharpe, Vice Chairman
Loren Leman, Member
Mike Miller, Member
Dave Donley, Member
Suzanne Little, Member

SUBJ: Opposing the Appointment of Dr. Robert Rowan to the
Alaska State Medical Board

Enclosed is a statement that I request be put into the official record of testimony regarding the proposed appointment of Dr. Robert Rowan to the State Medical Board. As you will see, I am adamantly opposed to his appointment and the reasons are summarized on the last page of my written testimony under the heading of Conclusions.

I will be pleased to respond to any questions you may have or need for clarification. My daytime number is (907) 265-5900. I will be in close contact with Representative Irene Nicholia's office should there be a need for immediate contact.

Thank you for your consideration of this testimony.



Statement of Esther M. Combs to the Alaska State Legislature

At 8:00 a.m. on October 24, 1991, my daughter Lisa, who was 26 years old, went to see Dr. Robert Rowan to discuss a weight control program.

I later learned that about 10:00 a.m., she had received an injection of another patient's blood. Lisa's body went into shock. She experienced irregular, rapid heart beats, an asthma attack as she gasped for air, and had crushing chest pain. She thought she was dying. She managed to gasp out to Dr. Rowan to have him call her cardiologist. That happened and the cardiologist told him to do an EKG transmit to his office. Only Dr. Rowan's nurse informed him the EKG machine had been broken for a month or more.

Lisa was experiencing a life threatening situation, she was fighting to keep from dying. Dr. Rowan did not have a cardiac "crash cart" in his clinic, he did not have a working EKG monitor, he did not call 911 to have her transported to the nearest hospital for emergency treatment. He kept her in his office for two hours administering this and that after clearing out his entire clinic of other patients. Then he had his office call the immediate family two hours later to report an "allergic reaction but all was fine."

There was not only one life in jeopardy, there were two: my daughter was also pregnant with her second child.

About 1:00 p.m. I received a telephone message from his office that there had been a medical problem and that I might want to come over to their offices to see her. Her husband Steven had gotten a similar message so we drove over together. The receptionist seemed to be expecting us and we were directed to go right in to the inner clinic area where Lisa was sitting in a recliner. There was an I.V. in her arm and a nurse standing by her. She looked extremely ill and pale, almost greenish in color. In fact, I recall becoming very alarmed and sensed that something was very wrong.

I asked her what happened and she whispered, "I'll tell you in a little bit." The nurse said she had an allergic reaction to the "HOT" treatment. From time to time Lisa would say to the nurse that she felt short of breath and faint and asked for the oxygen mask to be put back on.

A "HOT" treatment is a procedure peculiar to Dr. Rowan's alternative medicine practice in Anchorage. It basically consists of withdrawing a large syringe of a patient's blood, running that blood through a type of ultraviolet light, then injecting the "treated" or "cleansed" blood back into the patient through an intravenous setup.

Then there was a brief time when the nurse left Lisa and I asked

my daughter what happened. She said, "They gave me someone else's blood." - I was startled. Then she said it was apparently a different type from hers and she went into a shock reaction.

The nurse returned then Dr. Rowan came in. He was talking to Lisa and was telling her he would give her drugs to take home with her that should make her feel better. At one point I recall that Dr. Rowan was attempting to inject back into Lisa some of the blood presumably withdrawn earlier in a "HOT" treatment but she started having a reaction to it and asked that it be stopped. The reaction she described was racing heartbeat, shortness of breath and feeling weak or faint. My daughter is an asthmatic and has a heart condition and she was under medical care by a cardiologist who prescribed medication for her irregular heart rhythm.

About 4:00 p.m., she was moved from the recliner to a room with a bed where she laid down. She had trouble walking and needed help. The nurse stayed with her and at one point Dr. Rowan came in and told Lisa, "Well, here is my personal file on the HOT treatment and I'll let you take it home to read while you are recuperating. You'll see that it's a safe procedure." He laid the file on Lisa's stomach. He would come and go from the room. I remember once he was rubbing her stomach and he said, "We really love you Lisa and you're going to be all right." He asked her if she wanted the nurse to go home with her but Lisa declined the offer. About 6:00 p.m. I left Lisa with her husband and went home. My husband and I were staying with our daughter for a few months so I recall that she felt ill and weak at home that night.

The next day, Friday October 25, Lisa said she felt really bad like she had been hit with a truck or had an extremely bad case of the flu. She made an appointment with her cardiologist that day for a checkup and an EKG. Her husband and I took her to her appointment but before going there she wanted to see Dr. Rowan and the nurse to assure them that she survived the night with no other problems. Her husband and I had very negative feelings about going back to his office but out of respect for Lisa's wishes we took her over there.

Lisa walked back to the clinic area and her husband and I stayed in the patient waiting area. Finally Steven said he was going to go back and see how things were going with Lisa and the doctor and nurse. He came rushing back and said, "Mom, you won't believe this but they've got her hooked up to an I.V." I went back and saw the I.V. with blood dripping into her veins. I said, "Lisa, what happened?" She just looked defeated and had her eyes cast on the floor and she said, "Mom, I didn't want to do this. I told them (the doctor and nurse) I didn't want anymore of this HOT treatment but Dr. Rowan insisted it would make me feel better." - She continued saying, "Mom, I just don't have the fight in me, I don't feel good as it is and I don't want this."

I found this to be incredible and inside I felt enraged. I was sitting next to her and her husband was a couple chairs away on the other side of her. The same nurse from the day before was there and at one point she asked how I was doing. I said I was doing fine but I was very angry about this whole replay of the treatment. The nurse said she thought it might be well if Dr. Rowan talked with me. I said I had no desire to talk to him but she said she would ask him anyway. Pretty soon, Dr. Rowan came over. He was eating his lunch. The nurse mentioned to him about talking to me.

I looked at him and said I was very angry, that this was my daughter whose life was in danger yesterday because there was a blood mixup - she had gotten another patient's blood. I said she had a severe reaction, a life threatening one. He concurred and said, "That's right." Dr. Rowan said in all the years of his practice in this clinic or this kind of clinic for seven years, this was the first time this had happened.

While I acknowledged that mistakes can happen, when it is in the medical field it can cost a life so my point was precautions should always be taken to protect a patient from procedural errors. Dr. Rowan said the lack of labeling was never a problem or cause for concern that an error would be made by either he or any of his staff.

The nurse would occasionally talk about her part, saying she accepted full responsibility for the mixup. She described how she laid the syringe containing Lisa's blood down on this table. Next to it was syringe containing another patient's blood. When she turned around to pick up Lisa's, she picked up the other patient's syringe instead. I told Dr. Rowan at that point that I thought he should bear full responsibility as he was in charge of the clinic. I don't recall any particular response from him.

I said, "Well, have you done anything about labeling and identifying the patient's blood withdrawn since this happened."

He said, "Yes." He then went into detail about how each syringe of a patient's blood drawn was now color coded to match the label on the patient's I.V. or wrist bracelet.

We talked some more and he began to show some emotion in his eyes and he said he was really scared and he was glad he had emergency room experience and that he could treat Lisa. I said she had a heart condition and that I was very concerned she could have had a heart attack or seizure and that she should have been taken to a hospital emergency room. He said he knew she was in a life threatening situation and had prayed about it as he was administering various treatments. I glanced at the nurse who was starting to get tearful and I was feeling more angry by the minute.

Steven asked Dr. Rowan if he was going to have the other

patient's blood, which had been injected into Lisa, tested for any infectious diseases. Dr. Rowan said that was being done and the results should be available soon.

The HOT treatment was just about concluded and Dr. Rowan asked Lisa, "Well see, don't you feel better?" Then he started boasting to her about how successful these treatments were. Lisa said she was going over to her cardiologist for an EKG. I recall Dr. Rowan saying to her that she didn't have to say anything to him (her cardiologist) about what happened yesterday, at least not in detail. He suggested that she say something like, "Well, yes, there was a problem but it was taken care of and, you know, now I am doing fine." I thought to myself that that was an odd thing for him to say.

CONCLUSION:

Dr. Rowan's medical practice and unorthodox methods of treatment of patient's conditions causes possible further infliction of harm on the patient and could place the patient in a life threatening situation. Further, he espouses the "HOT" treatment but refuses to have it subjected to a double-blind scientific testing to measure its benefits if any. Dr. Rowan is so convinced that this treatment is a cure-all that he said he was waiving a portion of his medical bill for my daughter's treatment. Further, he stated he would give her a "double your money-back guarantee" if she didn't get better.

Secondly, through his own admittance, for seven years, Dr. Rowan never had a patient blood identification system in place to preclude a patient blood mixup such as one which had occurred in my daughter's case. In this modern day of many infectious blood diseases, i.e., various hepatitis, or AIDS it is literally courting disaster for a physician or a clinic not to take precautions against blood contamination or mix-ups.

Thirdly, while Dr. Rowan boasts of his emergency medical room training, he did not equip his clinic with adequate emergency medical equipment nor when an emergency occurred, did he seek to have the patient transported immediately to the nearest hospital emergency room. Instead he attempted to treat my daughter with questionable medication, i.e. massive intravenous doses of Vitamin C "to clean the toxins out of her system" when in fact she was having a severe allergic reaction to an injection of someone else's blood.

Fourthly, Dr. Rowan is an extremely persuasive individual who exerts his personality onto others. In the patient-doctor situation with my daughter, he pressured and coerced her to take the "HOT" treatment on the the second day on October 25, in spite of her personal wish, which she stated to him, that she did not want that treatment again. The potential for a doctor to pressure a patient without considering the patient's rights or