

ALASKA LEGISLATURE COMMITTEE FILES 1995-1996 8672

8862 SENATE HEALTH EDUCATION & SOCIAL SERVICES

W E L F A R E

THE MYTH OF REFORM

Both parties are vowing to get hundreds of thousands of Americans off the dole and into jobs. It may be harder than they think

Once there was a president of the United States who vowed to break the "spider web of dependency" ensnaring the nation's welfare recipients. He signed into law a historic reform of public assistance, which he said would "lead to lasting emancipation from welfare dependency." But today, seven years after Ronald Reagan put his pen to the Family Support Act, the nation's welfare rolls have soared to record levels. Nearly 1 in 7 American children is receiving Aid to Families

with Dependent Children. Fewer than 1 percent of those on the dole work in exchange for their welfare check. And just last month, the U.S. General Accounting Office reported that only 11 percent of the 4.6 million parents on AFDC participate monthly in any of the education, training or job search programs set up by the 1988 law.

Few dispute the need to end the abuses in the welfare system or to expand welfare-to-work programs. But the idea that millions of low-income Americans can readily be moved from the relief rolls to the work rolls is the grand illusion of welfare reform, a bipartisan myth that sustains the legislative lurches of each new administration and Congress. Liberals believe more and better education and training programs will do the trick; conservatives think a forceful nudge will get the poor off their duffs. The stubborn reality, though, is that many of those who are most dependent on public assistance are unable

to get and keep full-time jobs in either the public or the private sector — and that even the best work and training programs barely dent the relief rolls.

Chronic welfare recipients live in a world far removed from the committee rooms where lawmakers draft well-intentioned plans to put them to work. Many women who have been on welfare for years have so little work experience that social workers must rehearse them with scripts so they will remember to say "thank you" and "goodbye" at the end of job interviews. Roughly a third of those who live on public assistance cannot read a street map or fill out a Social Security card application.

Disabilities, alcoholism and depres-



BARRIERS TO EMPLOYMENT

A substantial share of women on AFDC have impediments to full-time work, including:

- 37% Abuse or neglect as adults
- 35% Partial disabilities (or disabled person in household)
- 25-30% Learning disabilities
- 13% Substance-abuse problems

*Finding is based on survey in Washington State. USN&WR — Basic data: U.S. Dept. of Health and Human Services, Urban Institute



LACK OF EDUCATION. Aletha Townsend of Grand Rapids, Mich., at home with three of her children, has taken adult-education classes for 10 years but still has no diploma.

sion are rife, and women with bruised faces and broken limbs call in sick because their boyfriends have beaten them. Researchers say 25 to 40 percent of long-term AFDC recipients have handicaps that prevent them from holding a full-time job. Finally, many of those who have never had a job have never learned the work ethic: A woman in Grand Rapids, Mich., skips work to get her cable TV hooked up; another in Riverside, Calif., shuns jobs with early starting times because "I'm not a morning person."

Still, both parties pledge to put many

AFDC recipients to work. The House Republicans' "Contract With America" vows that by 2003, half the adults on AFDC—91 percent of whom are women—would be required to work 35 hours a week, usually in exchange for their benefits. The House Republican Conference projects that by 2001, the contract would require 1.5 million AFDC recipients to work, 29 percent of the total and 60 times the number working today. Clinton's plan seeks to limit aid to two years and expand education and training. It aims to put 566,000 recipients

in public service jobs by 2004.

To examine the realities of welfare and work, *U.S. News* sent reporters to four states—California, Illinois, Michigan and Wisconsin. Republican Govs. Pete Wilson of California, John Engler of Michigan and Tommy Thompson of Wisconsin have earned national acclaim for getting AFDC recipients into jobs and are now seeking greater state control over welfare. Yet even in their states, comparatively few women on welfare work a full week, and most women still do not work their way off the dole.

U.S. News talked with women who have been on welfare for at least two years; at any one time, their families constitute 72 percent of those on the rolls. Unlike the many mothers who use welfare to weather a divorce or illness, these women cycle on and off AFDC or remain on it for long stretches. A closer look at these long-term dependents and the obstacles they face suggests that neither party has acknowledged how hard it is for many recipients to move from welfare to work.

HURDLE 1: SKILLS AND APTITUDE

Two thirds of AFDC recipients who have been on the rolls for more than two years have not graduated from high school, and the average adult on welfare has eighth-grade reading and math skills. A 1994 paper by the Manpower Demonstration Research Corp. (MDRC), which evaluates welfare-to-work programs, found that 34 to 40 per-

cent of all AFDC recipients tested at the "least proficient" literacy level. That means they could not find an intersection on a street map or figure the total cost of a purchase from an order form.

A forthcoming survey of 3,200 employers in Atlanta, Boston, Detroit and Los Angeles by economist Harry Holzer found that only 5 to 10 percent of the low-skilled-job openings in those cities were available to applicants with few skills or work experience. Moreover, says Warrine Pace, a counselor with Project Match, a jobs program in Chica-

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go, some companies that once hired unskilled welfare mothers now insist that all applicants be over 21 and have a high school diploma. Employers, she says, say "I want [a woman] who can type 70 words a minute with Lotus 1-2-3."

The problem, in many cases, is not just a lack of schooling but a lack of aptitude. Most AFDC recipients score too low on intelligence tests to qualify for the armed forces, and nearly half of young AFDC mothers score below the 18th percentile for all women. When the mean aptitudes of female workers in different occupations are ranked, the lowest mean score, that of manual operatives—a category that includes gas station attendants and meat wrappers—is significantly higher than that of welfare mothers.

Aletha Townsend, an unwed mother of five children by four different men, dropped out of high school in the ninth grade and has been on AFDC since 1976. She lives in Grand Rapids, Mich., which has one of the most ambitious and successful job search and placement programs in the nation. Since the Carter administration, Townsend has briefly held one temporary job, inspecting car parts. Enrolled in adult-education courses for 10 years, she still does not have her general equivalency diploma. In 1992, about to have her last child, she quit school because "the math and English got too hard."

Townsend is now in her third Job Club, where she is supposed to be learning the skills she needs to find, apply for and land a job, but her skills are still at about a seventh-grade level. Her second Job Club was in June of last year, but officials cut \$100 a month from her grant because



MAKING EXCUSES. Rebecca Ybarra of Moreno Valley, Calif., with her children Robert and Rayleen, eliminates some potential jobs because she's "not a morning person."

the counselors said her "attitude was bad and I wasn't cooperating." Three weeks into another Job Club, she still hasn't called an employer. "I just have to get over my shyness and talk to the people," she says. "I haven't used the phone because I'm embarrassed I'll get turned down while everybody else is happy, saying, 'Look, I got an interview.'"

HURDLE 2: EXPERIENCE AND ATTITUDE

It is "Shields Day" at the Job Club in Riverside, Calif., the most touted welfare-to-work program in the nation. A counselor has told 15 clients seated around three tables to draw a shield on a piece of paper. On each drawing, the unemployed men and women write five words that describe something positive in their lives. Rhonda, in a floral-print black dress, says she has "stayed out of trouble." Melanie, sporting a Georgetown Hoyas basketball warm-up jacket, allows that "I use to fool around, but now I've settled down." After each presentation, the Job Club mem-

bers applaud, waving green pennants for the most impressive tales.

Building self-confidence is just a first step. In the Job Club, Melanie will learn how to write a résumé, fill out a job application and talk to a receptionist. Every other day she will spend several hours calling at least five employers that are hiring. Counselors provide gas money and bus passes for job interviews, buy uniforms for clients, arrange and pay for child care—whatever it takes. "I don't give a hot rock how my staff gets people jobs, so long as it's not illegal or inhumane," says Larry Townsend, the county director of social services.

Townsend's aim is to place as many welfare recipients as possible in private-sector jobs quickly. A 1994 evaluation by the MDRC found that the program boosted participants' earnings by an average of \$3,113 over three years, an increase of 49 percent. For every net dollar invested, the program returned \$2.84. Yet despite these impressive results, the Riverside program did little to shrink the welfare rolls. Most AFDC recipients did not earn enough to get off welfare. At the end of three years, fewer than half were employed—and just 25 percent were both off welfare and working.

Parents on AFDC for two years or more are more disadvantaged than short-term recipients

- 55% Did not graduate from high school
- 33% Had no work experience in previous year
- 70% Have three or more children
- 37% Have never married
- 39% White 27% Black 27% Hispanic

US&WR—Basic data: U.S. Dept. of Health and Human Services



CARING FOR THE ILL. Bertha Bridges of Detroit, who has been on AFDC for most of the past 15 years, fixes her daughter Angel's hair. Her son suffers from depression.

A government report released last month on seven jobs programs found that two thirds of the participants who had been on AFDC for two years or more earned nothing in the year before they registered for JOBS (Job Opportunities and Basic Skills), the work, training and education program set up under Reagan's Family Support Act.

Many women are hobbled not only by their lack of experience but also by their casual attitudes toward punctuality, dress and co-workers. Caseworkers tell of welfare mothers who believed they could skip work to pick up a free Thanksgiving turkey, did not know it was bad form to wear high-top sneakers and a cowboy hat to a job interview or thought they had to quit work because a child got chickenpox.

Rebecca Ybarra was once employed as a stocker in an electronics-assembly plant, earning as much as \$7 an hour. But since she went on AFDC nine years ago, the high school dropout has worked only sporadically. A sign in one River-

side classroom says, "There are no excuses," but Ybarra has plenty of them. She has no phone and says her sister gives her messages too late to return employers' calls. She eliminates some jobs because "I'm not really a morning person" and rules out the 3 p.m.-to-11 p.m. shift because "then I wouldn't get to see my



BATTLING DEPRESSION. Caseworkers in Kenosha, Wis., found 22-year-old Kim Towers struggling with depression and referred her to a therapist.

kids." Still, she says she wants to work and hopes her two children will one day look to her as a role model rather than as someone who sits home watching TV "just waiting for a check."

Project Match's Pace says getting off welfare can be frightening. "It's scary," she says. "You're about to leave a system where you know the check is going to come every month." And many women on welfare who do find jobs have trouble keeping them. Project Match officials have found that over a three-year period they can turn up jobs for most welfare mothers. But 70 percent either quit or are fired within a year, and more than half lose their jobs within six months. "The reality," says project director Toby Herr, "is not getting them the job, but keeping them in the labor force."

HURDLE 3: DEPRESSED AND DISABLED

The stereotype of the loud-mouthed "Cadillac queen" doesn't capture the fretful home life of many women on welfare. A substantial minority of AFDC mothers are depressed or anxious and find few diversions besides television. A 1991 analysis by Child Trends Inc., a private research firm, found that the TV is on seven hours or more every day in 55 percent of all AFDC households.

A third of AFDC mothers are disabled, have a disabled child or have a disabled adult living at home. In the recent seven-site JOBS program evaluation done by MDRC, 31 percent of enrollees who had been on AFDC for two years or more said they could not attend a school or training program because they, a child or a family member had a health or emotional problem.

Bertha Bridges, a Detroit resident who has been on AFDC for most of the past 15 years, might be able to work were it not for her depressed 12-year-old son, the middle of three children. At 8, her son was abused by a family friend; the boy has been in trouble ever since. Authorities sometimes send him home from school two or three times a week for profanity, fighting or disobeying his instructors, and he has been

suspended for fondling several girls. He was institutionalized twice for depression and diagnosed as having suicidal tendencies. Bridges has managed to complete her GED through Michigan's JOBS program, but her son's problems have prevented her from working more than part time. "It's so frustrating," she says tearfully, "not knowing how to help—or how to find it."

Even temporary emotional problems can slow some women's entry into the work force. The best data available indicate that 31 percent of those in public-assistance programs had one or more psychiatric disorders in the past year.

When caseworkers first interviewed Kim Towers, a 22-year-old mother of three in Kenosha, Wis., 10 months ago, they found she was struggling with depression and felt she would never "get anything done with my life." They referred her to a therapist for several sessions, and though she still hasn't found a job, she has nearly completed her GED.

HURDLE 4: DOMESTIC ABUSE

A 1992 study in Washington State found that 55 percent of welfare mothers had been hit, kicked, punched or beaten up by a boyfriend or spouse. In fact, when women find jobs, their good fortune sometimes precipitates a beating from a boyfriend or spouse who feels threatened.

Carmen Mattison of Grand Rapids, who has been on AFDC for eight years, has four children by two different fathers. She says the father of her first three children once threatened to kill her with a kitchen knife when she arrived home five minutes late from a visit to the library because he thought she had been "fooling around" with another man. He is now in prison for molesting Mattison's daughter. Mattison, a high school dropout, has worked only sporadically but is now training to be a nurse's aide and hopes to become a licensed practical nurse.

Many women are worried about abuse not only for themselves but for their children. In

the MDRC evaluation of JOBS, 28 percent of long-term welfare recipients said they couldn't go to a school or training program because they feared leaving their children in day care or with a baby sitter.

Princess Rowell, an unmarried mother of three in Milwaukee who has been

on AFDC for nine years, ignored three requests from the city's welfare office to look for a job because "I didn't want to trust anyone having my kids. . . . I thought they needed me more than I needed to go out and get a job." For six months she lost half of her \$517 monthly grant, though a friend she was living



SUFFERING ABUSE. Carmen Mattison of Grand Rapids is training to be a nurse's aide. The father of her first three children is in prison for molesting one of her children.

LEGAL CHALLENGES TO WELFARE REFORM

Courts: The next arena

Even if congressional Republicans agree with Bill Clinton on a plan to reform welfare, a new battle lies ahead in the courts. Aid recipients have won a string of rulings that cutting benefits violates their rights, and while their prospects may be dimmer in today's conservative-dominated Supreme Court, that will not deter lawsuits that could delay or derail some reforms.

Opponents of cuts in welfare argue that the Constitu-

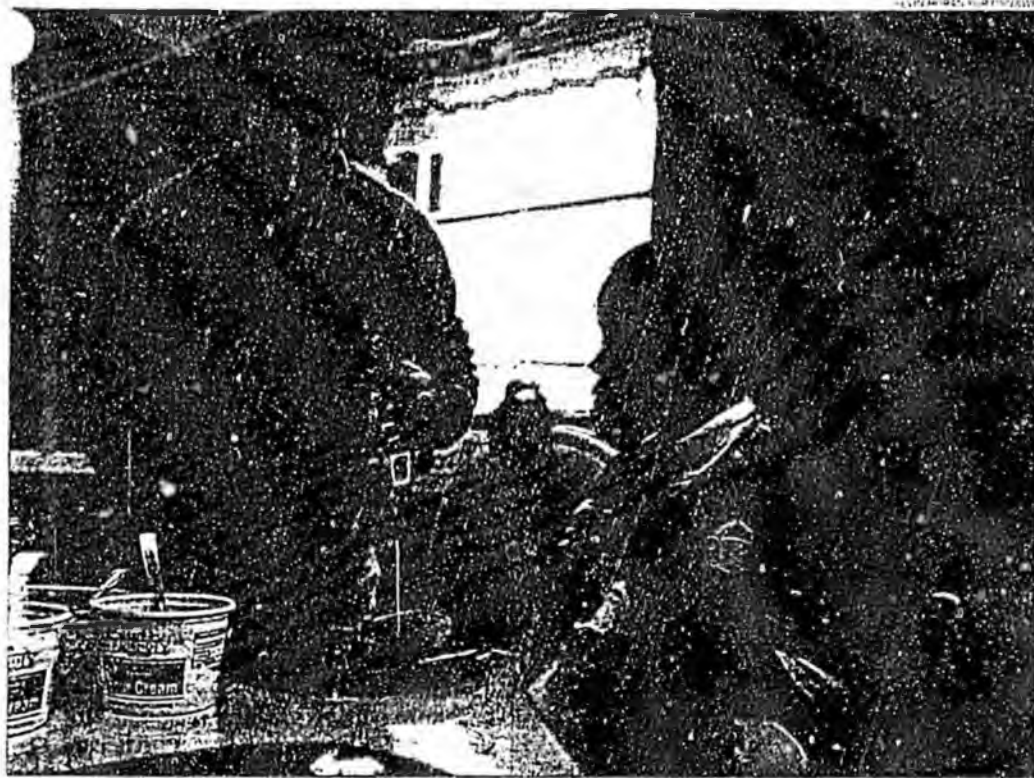
tion's clauses guaranteeing citizens "equal protection" under the law and barring the seizure of property without due process mean some aid recipients are entitled to hearings before their benefits can be cut. "There's no right to welfare . . . in the Constitution," replies Virginia's Republican Gov. George Allen, who wants to require able-bodied welfare applicants to work.

Welfare-rights advocates will also challenge "any rule

that attempts to impinge on parents' sexual relations and the nature of households," predicts political scientist R. Shep Melnick of Brandeis University, who tracks welfare lawsuits. The courts could scuttle core proposals in the House GOP's "Contract With America" to bar welfare for teens who give birth out of wedlock. Requiring applicants to establish their children's paternity and refusing aid to aliens legally in the United States would most likely be contested, too.

Some reforms being tried by states will get early court hearings. Next week, the Supreme Court will consider a challenge to a California law





JOB OR FAMILY? Princess Rowell serves breakfast to her children in Milwaukee. She avoided a training program because she thought they needed her more than she needed a job.

with helped cover her expenses. Finally, Rowell entered a high school equivalency diploma program, but she dropped out for a month after she got pneumonia and had a bout of depression. She is now back in the program and speaks with pride about doing her homework at night with her kids. "Every morning,"

she says, "they ask me if I'm going to school today."

HURDLE 5: DRINKING AND DRUGS

A Department of Health and Human Services study released last month found that 16 percent of welfare mothers have substance abuse problems that are likely

to require treatment in order for the women to succeed in job-training programs. In Wisconsin, the No. 1 suggestion now advanced by state administrators for boosting JOBS's impact is to require treatment for drug and alcohol abusers.

Caseworkers often suspect drug and alcohol use among welfare mothers, but it is often hard to confirm. Betty Bass of Detroit went on AFDC in 1965 at age 15, when she had the first of four children, and she has been on public assistance most of the years since. She started drinking heavily and using drugs in the 1970s, when she married an abusive man who also used drugs.

During much of the 1980s, she was in and out of jail for passing bad checks, breaking and entering and cocaine possession, and in 1984 she was fired from a temporary job as a nurse's aide after she went to prepare afternoon baths and passed out in a drunken stupor. By 1992, she was "drinking 24 'n' 7" — 24 hours a day, seven days a week — sleeping in bathrooms in abandoned buildings and guzzling pints of liquor.

It may have taken decades, but Bass could still become self-sufficient. Last year, after getting out of jail, she entered treatment, and in March she started working at a cab company, logging calls on a computer for \$4.96 an hour. Her caseworker has arranged to pay for repairs to her 1986 Mustang and got her a \$40 pair of glasses so she could see the computer screen better.

HURDLE 6: UNWED TEENAGE MOTHERS

The most controversial provision of the Contract With America would prohibit mothers age 17 and under from receiving AFDC and housing benefits if they had children out of wedlock. Yet as a number of conservatives have pointed out, there is no evidence that the government knows how to persuade expectant fathers to marry or how to deter teenage girls from getting pregnant.

Michigan at least is trying. It is one of only eight states that require a minor parent to live at his or her parent's home to receive AFDC — unless the par-

that prevents new residents from collecting more aid than they received in their former states. The case was filed by attorneys for women such as DeShawn Green, a mother of two who moved from Louisiana, where she got a monthly welfare check of \$190, to California, where she would be denied the standard \$624 if the law is upheld. Green says she needs the increase to meet California's higher cost of living.

Invisible wall. Lower courts have ruled that the state violated a constitutional "right to travel." States may not erect an invisible wall against interstate migration in the form of discriminatory

treatment of newcomers," Green's attorneys argue to the Supreme Court. "Newcomers who are welfare recipients," replies the conservative Washington Legal Foundation, can "adjust to cuts through their choice of communities and lifestyles."

Another court fight is underway in New Jersey, which wants to bar additional aid for women who give birth while on welfare — another GOP contract idea. (The case is known as "the \$64 question" because New Jersey provides women on welfare with an extra \$64 a month when they bear another child.) Opponents argue that the measure would unlawfully interfere

with women's right to bear children, and that both the law and the GOP contract discriminate against the young. The Clinton administration backs the state's argument that the law does not discriminate because aid goes to family units to allot as they wish.

"Someday, food, shelter and health care will be recognized as a constitutional right, but not in the foreseeable future," says constitutional law expert Erwin Chemerinsky of the University of Southern California. That means the battle over welfare reform is sure to create new jobs — at least for lawyers.

BY TED GEST

■ U.S. NEWS

ent's home is unavailable (e.g., the parent is dead) or unsuitable (e.g., the parent is abusive). To date, the measure has not appreciably reduced the number of young, single mothers on AFDC.

Kiki Lee, 18, of Grand Rapids, had the first of her two children when she was 14. But because her mother was using Lee's AFDC grant to buy crack cocaine for herself, the Department of Social Services allowed Lee to move out at 15. A caseworker from Kent County's award-winning teen-parent program then intervened to help Lee, whose 4-year-old son, Duane, has the mental capacity of a 9-month-old. Recently, he took his diaper off and urinated into the oven. Lee's caseworker found specialized day care for Duane, and each weekday Lee bundles him into a special carrier that restrains him so he can be picked up for school. The county also provides a "traveling granny" for Lee, an older volunteer who has helped her locate cheap apartments and taught her to cook.

Despite the help, Lee—who has never worked—isn't going to be self-sufficient anytime soon. A little more than a year ago, she enrolled in a Job Corps center, but a girl who lived near the center found out Lee had been talking to her boyfriend and smashed her head with a metal bat. "The alcohol saved me," says Lee, who confesses to sharing eight cigar-size blunts of marijuana with friends earlier that day and downing a glass of Kiwi lemon "Mad Dog" wine. After getting 30 stitches in her head, she dropped out of the Job Corps. She is now in a GED program but won't finish for several years. "If they cut us off aid," she says, "I don't know what I'd do."

HURDLE 7: MONEY AND MANPOWER

Michigan Gov. John Engler, a champion of giving the states more responsibility for welfare, says that in his state "welfare reform means work." But of the 206,000 families on AFDC in Michigan last September, just 47,000 families—or about 23 percent of the caseload—were active in the state's JOBS program. Most of those participating were in school, though roughly 1 in 5 was being assessed and oriented and developing a plan to find work. Fewer than 3 percent—roughly 1,100 individuals—were in workfare slots, toiling in exchange for their grants. A new evaluation by Abt Associates of



BEATING THE BOTTLE. Betty Bass of Detroit logs phone calls for a cab company for \$1.96 an hour.

Engler's 1992 AFDC reforms found that one year after implementation, his initiative had increased the proportion of AFDC adults who did some work by only 1.7 percentage points and reduced the welfare rolls by 1 percentage point.

The pattern in Michigan of shunting JOBS clients into classrooms and job searches is repeated across the nation. It persists, in part, because workfare jobs

are expensive to create and hard to monitor. The Congressional Budget Office projects that the average annual cost of filling a 35-hour-a-week workfare position in 1999 will be roughly \$8,000, about half of which will go for child care. That is more than 10 times the cost per client of Riverside's jobs program.

Caseworkers in Michigan say that when they have tried to expand workfare placements, union representatives—fearing their members will be displaced—have bombarded the social-services department with grievances. It also is hard to see how caseworkers could take on the added responsibility of creating jobs and monitoring the performance of tens of thousands of welfare mothers. In one Detroit field office, six caseworkers each have an average of 246 JOBS participants to track, and one person is responsible for creating workfare slots for the 1,500-person caseload. A program official says the situation "borders on the absurd."

Simply getting welfare recipients to show up for an initial assessment can take several phone calls, threatening letters and paperwork to sanction uncooperative clients. The JOBS program in Kent County, Mich., unlike others, can provide free child care, transportation, drug treatment and other services on demand to all those required to participate in the program. And if a job program can flourish anywhere it is in Kent County, which has a labor shortage and an unem-



TEENAGE MOTHER. Eighteen-year-old Kiki Lee of Grand Rapids with her 4-year-old son, Duane, who is severely mentally impaired, and 2-year-old Shantavia. She left the Job Corps.

ployment rate of 4 percent. "We feel we have offered people a tremendous opportunity that costs them nothing," says program supervisor James Poelstra.

But Poelstra can't do much about the clients who don't seem to mind having their grants reduced (on average by about \$100 a month) for failing to participate. Typically, if program officials schedule 80 people for a Job Club, 25 will show up. Then they reschedule the 55 who didn't show and 10 to 15 will come the second time, and so on. The MDRC study found that after six months, 68 percent of the clients referred to the JOBS program in Grand Rapids eventually attended an orientation meeting. That "show rate" is much higher than average.

While the obstacles that long-term welfare dependents face are daunting, they are not always insurmountable. Many Americans without high school diplomas work every day, and immigrants who speak no English often do, too. Seriously disabled individuals hold full-time jobs, and many employees drink too much or abuse drugs. Some women on welfare candidly allow that they could work more if they wanted to.

While work programs rarely operate the way politicians promise and voters have been led to expect, that does not mean nothing can work. Chronic recipients may take more than two years to become self-sufficient, but most eventually will leave welfare as they move in with boyfriends or spouses, their children enroll in school or they find jobs. And if the goal of reform is to make more welfare mothers work at least part time, then jobs programs can help, too.

Since 2 out of 3 AFDC recipients are children, cutting off benefits to parents might well compound their families' problems. In 1992, GOP congressional leaders sought to try competing reform approaches by authorizing a series of radical experiments at the state level. At relatively little expense, it would be possible to field-test the GOP contract, Clinton's competing proposal and other new ideas. The Department of Health and Human Services has already authorized waivers for 26 states to try various reform schemes, some of which are quite far-reaching. But the results of these experiments won't be available for several years, so a reform-by-trial strategy would require politicians to defer national reform. That might not win many votes, but it could just work. ■

BY DAVID WHITMAN IN MICHIGAN WITH DORIAN FRIEDMAN IN WISCONSIN, MIKE THARP IN RIVERSIDE AND CAITE GRIFFIN IN CHICAGO

U.S. NEWS

W E L F A R E

THE MYTHS OF CHARITY

Philanthropic groups are heavily dependent on the government and already overburdened

If Congress and the White House both want to cut spending for social programs, who will house the homeless, feed the hungry, care for the sick and help the poor? With many states and cities facing their own budget crunches, House Speaker Newt Gingrich says private charities should pick up much of the burden. "I believe in a social safety net, but I think that it's better done by

churches and by synagogues and by volunteers," Gingrich told an interviewer.

In fact, it is highly doubtful that charities could pick up all or even most of the slack from the \$76 billion to \$450 billion in spending cuts now being proposed by Democrats and Republicans in Washington. The federal government, after all, began weaving a social safety net because states and cities, not to mention



WORKING OUT. Beatrice Glaberson exercises at the Council for Jewish Elderly's adult day-care center in Evanston, Ill., a suburb of Chicago.

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churches, synagogues and volunteers, could not cope with the Great Depression, urbanization, increased mobility, runaway health care costs, a swelling population and a declining sense of community in America.

Since the 1960s, private charities have become one of government's chief service providers. They are favored for their efficiency, and tax money has enabled them to serve more people. Nationally, charities now get about 30 percent of their funding from government, and many programs get more than half their money from government. Some, such as nursing homes and orphanages, can rely on government for at least 75 percent of their funding.

A look at the Singer Transitional Residence, a long-term shelter, and other social programs affiliated with the Jewish Federation of Metropolitan Chicago shows why charities are not prepared to take on a sizable new population of people in need.

The Chicago federation, the nation's 67th-largest charity, supports cradle-to-grave programs—from therapy for babies of crack-addicted mothers to subsidized housing for the elderly. Last year, it received \$23 million in government funds and raised an additional \$27 million to pay for social-spending programs by its affiliated charities. The Singer shelter pays 65 percent of its total costs—from food to night staff—with public monies. (President Clinton last month proposed eliminating the shelter's key federal grant.) "It doesn't take much rocket science to figure out that if the resources at our disposal are cut, we will serve fewer people," says the federation's Joel Carp.

The belief that charities can take over from government is rooted in two myths:

MYTH 1: CHARITIES PROVIDE A PRIVATE SOCIAL SAFETY NET

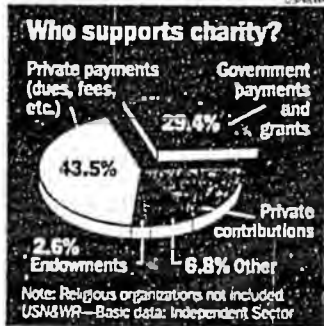
Federal and state transportation grants paid for the \$36,000, dark-blue van, one of 19 belonging to the Council for Jewish Elderly, that picks up 80-year-old Beatrice Glaberson every morning and takes her to an adult day-care center in



RECOVERING ADDICTS. Raymond Holland and Carliss Holeman, both fighting cocaine habits, at Mount Sinai Hospital's Parenting Institute. Between them, they have nine children.

Rogers Park. The program provides Glaberson with intellectual stimulation, which has helped her recover from a stroke. "It gives you something to do," she says, "instead of sitting at home, watching television, playing solitaire and eating candy."

Glaberson's own day-care bill is largely paid by Medicaid. Chicago's 469-bed Mount Sinai Hospital, which is affiliated with the Jewish Federation, receives less than 1 percent of its funds from private donors, and 80 percent of its patients are on public health insurance.



fessor of history at the University of Alabama. "When there was an accident in a plant, workers would all contribute to help the family," he says. "Today, people don't feel a need to do that. They think, 'I pay taxes for that. There's a program to take care of that.'" Reducing the size of government, Gingrich and others believe, will rekindle American generosity.

University of Pennsylvania history Prof. Michael Katz, however, says gov-

ernment has long supported the needy. The 13 original Colonies provided public relief, he says, and his study of welfare in Buffalo in the 1890s found that up to 75 percent of the programs were government funded.

If government has played a larger role in welfare than Gingrich supposes, Katz wonders if private donors are as ready to assume more of the burden as the House leader thinks. Experts dispute whether contributions to charities have gone up or down slightly in the past few years. But between 1963 and 1993, charitable giving soared from \$70 billion to \$126 billion, adjusted for inflation, according to the American Association of Fund-Raising Counsel. And Robert Bothwell of the National Committee for Responsive Philanthropy says some 30,000 new groups are formed each year "to deal with new issues and problems."

Gingrich has suggested more-generous tax deductions to spur people to give more to charity. But if it took 30 years for charitable giving to increase by \$56 billion, it is hard to imagine that private donors can come up with at least \$76 billion to take up the slack from Uncle Sam. Says Katz: "To think Americans will spend a tax cut on the poor, instead of at the mall, is a very generous interpretation of American character." ■

BY JOSEPH P. SHAPIRO IN CHICAGO
WITH JENNIFER SETER

(10)



Contracts. Conventional wisdom in recent years is that the rich got richer and the poor got poorer in the 1980s. It's only half right.

The poor aren't poorer

COMPLIMENTS OF THE ALASKA STATE LIBRARY

Liberal researchers rebut a popular lament and applause line of the '90s

America, land of opportunity, is fast becoming America, land of inequality—at least according to the conventional wisdom now enshrined in news stories, government reports and campaign speeches. Bill Clinton has said that “I believe with all my heart that I was elected on a commitment to bring an end to . . . an economic policy that makes the rich richer [and] the poor poorer.” In the past five years, reporters cited the fear that the rich are getting richer while the poor grow poorer in more than 600 stories, and a poll in December confirmed 81 percent of adults share that belief.

As is often the case with the conventional wisdom, it is half right. Over the past two decades, the rich generally have prospered and the annual incomes reported by Americans have become more unequal. But research by a number of prominent scholars—most notably sociologist Christopher Jencks of Northwestern University—suggests that much of the accepted wisdom about the poorest households is wrong. The revisionists, many of whom share Jencks’s liberal leanings, contend that the tax changes and domestic-program cuts of Ronald Reagan and George Bush did little to increase inequality; in fact, income inequality and poverty levels are significantly lower today than earlier in the century. In a series of forthcoming studies, Jencks and his colleague from the University of Chicago, Susan Mayer, show that in many respects the material lot of poor families actually improved during the past two decades. “Rich families with children do seem to have grown richer,” says Jencks. “But poor families with children did not necessarily grow poorer.”

Misleading numbers. At first glance, census statistics on poverty appear to refute him. In 1969, 13.8 percent of American children lived below the official poverty

line; that figure rose to 21.9 percent in 1992. Moreover, families with children at the bottom of the U.S. income distribution experienced a 22 percent decline in inflation-adjusted income from 1973 to 1987. Yet as Jencks points out, such oft cited numbers are at best incomplete—and at worst misleading—since they are based on annual incomes reported by the poor.

One reason the numbers lie is that the poor often receive in-kind aid (particularly food stamps) that is not counted as income in official poverty statistics. On average, food stamps provided about 16 percent of the total family income of poor children in 1989. And as most consumers know, two families with the same reported income one year may live quite differently over time because their extended families—



Jencks. The iconoclast

COMPLIMENTS OF THE ALASKA STATE LIBRARY

U.S. NEWS

and their borrowing, saving and taxes—differ.

Above all, annual income is a misleading measure of well-being because of a nettlesome little secret: Many poor families substantially underreport their incomes. Often, the poorest families conceal money they earn at odd jobs or receive from friends and family to ensure that they remain eligible for welfare benefits and to reduce tax liability. In fact, Jencks and Mayer's research documents that for more than a quarter of a century, America's poorest households have spent far more each year than the total income they have reported receiving, and the gap between consumption and reported income has grown in recent decades. In 1988-89, the poorest 10th of all households with children reported a mean income of \$5,588, but Jencks and Mayer's analysis of government data shows that the same group of households acknowledged spending an average of \$13,558—more than twice their reported income.

By looking beyond the official poverty statistics, Jencks and other scholars present a fuller picture of the poor. Their research answers a number of fundamental questions:

■ **Has the material well-being of poor families with children deteriorated in the past two decades?** No—on the whole. Consumption and income among low-income households went in opposite directions during the 1980s. The mean income of the poorest 10th of households with children fell 4 percent in real terms, from \$4,935 in 1979 to \$4,745 in 1989. But the mean amount consumed by these households during the Reagan-Bush years rose 13 percent, from \$12,022 in 1980 to \$13,558 in 1988-89.

The disparity is especially important, says Jencks, because consumption and living conditions of low-income Americans provide a more realistic assessment of the material well-being of the poor than does income. The Jencks-Mayer research shows that consumption among the poorest 10th of households with children has edged upward a hair since the early 1970s; their living conditions and access to medical care also mostly improved. By 1990, households in the lowest decile were more likely to have at least

one room per person, a complete bathroom, air conditioning, central heat, telephone service, a dishwasher and a clothes dryer (table). And members of low-income households actually saw doctors more often than did middle-class individuals throughout the 1980s. In 1989, members of households making less than \$10,000 a year averaged 6.8 doctor visits; those making more than \$35,000 a year averaged 5.4. However, most such improvements in material well-being took place from 1969 to 1979.

concluded it was "simply not true" that "the poor were literally getting poorer over the last decade or two [or] that the incomes of the rich were skyrocketing."

But there is also bad news. First, the rate of upward mobility has not improved; second, very low income households tend not to move very far out of poverty. Research by Thomas Hungerford of the General Accounting Office shows that after averaging incomes, 60 percent of those in the bottom 10th in 1979 were still in the lowest decile in 1986;

A portrait of progress by the poor on some fronts

Researchers now find that the federal tax and spending changes made by the Reagan and Bush administrations did little to increase income inequality. They argue that many poor families improved their economic conditions in that decade, especially as measured by their consumption spending and their use of major modern household conveniences.



■ Consumption table

	Income	Consumption	Consumption as a share of income
1972-73	\$7,488	\$13,544	181%
1980	\$6,465	\$12,022	186%
1988-89	\$5,588	\$13,558	243%

USNAWR—Basic data: "Trends in the Economic Well-Being of Children" by Susan Mayer and Christopher Jencks

■ **Is there less upward mobility among the poor today than two decades ago?** No. During the past two decades, the rate of upward mobility has essentially remained constant. The good news is that there is substantial mobility out of the bottom of the income distribution, and the poor, on the whole, have tended to get richer over time. One analyst, Isabel Sawhill, who now works in the Clinton administration, co-authored a study that found individuals who started in the lowest fifth in 1977 increased their average family income 77 percent by 1986; those who started in the top fifth increased average family income by 5 percent. She

9 in 10 had climbed no higher than the 30th percentile. "Rags-to-riches success stories," he concludes, "are fairly rare, as [are] riches-to-rags sob stories."

Other studies, such as those by Greg Duncan at the University of Michigan, have failed to find any net change in persistent poverty among black or white children from 1967-72 to 1981-86. More recent research by Duncan and two analysts in the *May American Economic Review* indicate there may have been a slight uptick in long-term dependence on welfare in the late '80s, notably among black children and young women. But for poor families, the big picture

■ Percentage of households in lowest 10th of income with children with:

HOMEOWNERSHIP	
1970	37.8%
1980	33.3%
1990	23.9%

COMPLETE BATHROOMS	
1973	90.4%
1981	94.4%
1989	96.6%

AIR CONDITIONING	
1973	29.0%
1981	38.1%
1990	49.4%

CENTRAL HEAT	
1973	56.2%
1981	67.7%
1990	72.0%

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is that the big picture didn't change. In the '80s, dependence, persistent childhood poverty and upward mobility were nearly the same as in the '70s.

■ **Did most of the growth in income inequality in the 1980s stem from tax breaks for the rich and cuts in social programs?** No — although Reagan's tax-and-spending policies made matters somewhat worse. The rise in income inequality started in the mid-1970s and took place in Canada and some European nations, too. Most of it was due to "increased inequality in pretax earnings, and it is hard to blame that increase on any deliberate government policy," says economist Paul Krugman in his new book, *Peddling Prosperity*. Krugman, a *U.S. News* contributing editor, claims that Reagan and Bush should be blamed "only a little bit" for the rise in inequality.

The truth is that no one has a really compelling explanation for why wages have become more unequal since the energy crisis of 1973. Most economists cite trends such as the spread of technology and the globalization of world trade as factors that placed a premium on well-educated workers. Still, if the Republicans' policies had little impact on wage inequality, an important corollary is that Clinton-administration fiscal policies — including last year's tax increase on the wealthy — may do little to narrow the gap.

■ **Are inequality and poverty at unprecedented levels?** No, far from it. A recent study by Eugene Smolensky and Robert Plotnick for the Institute for Research on Poverty at the University of Wisconsin suggests that income inequality peaked around 1932. They conclude that "inequality was greater in the first three or four decades [of the century] than any period since." Yet the public has a tendency, as Jencks puts it, to mistakenly believe "that the rise in inequality is an inexorable trend line, with everything ultimately leading up to us."

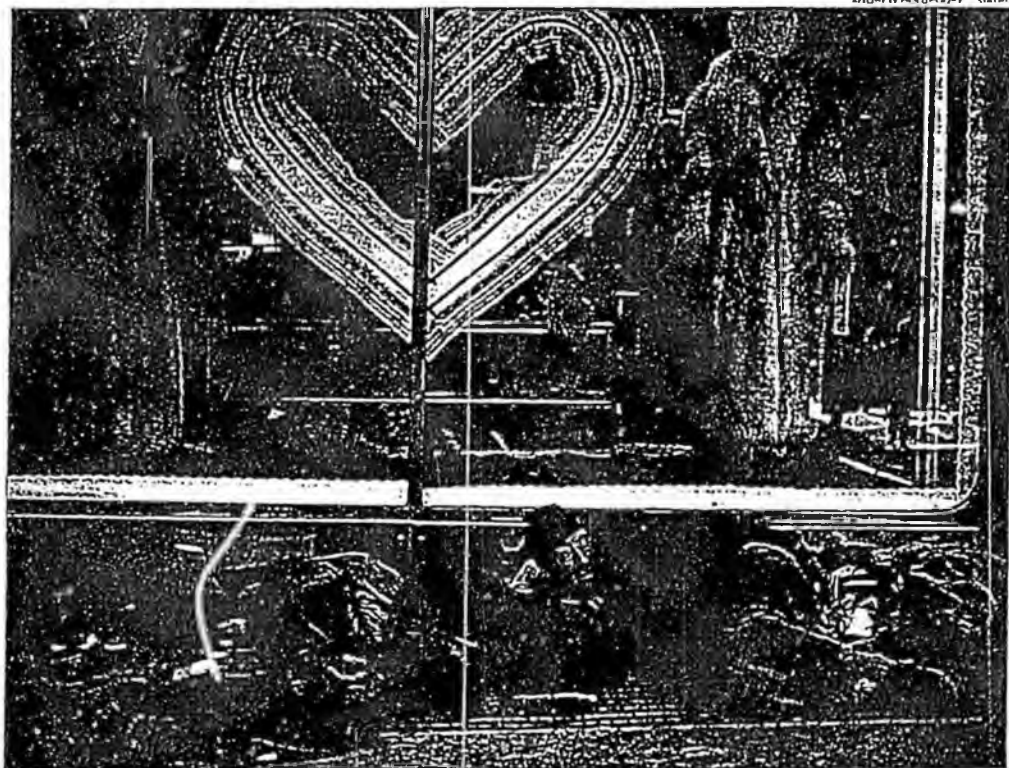
One illustration: In 1992, 14.5 percent of the U.S. population lived below the official poverty line. Yet Smolensky and Plotnick found that at the turn of the century, 70 to 80 percent of all Americans lived in poverty, and half did so by the end of the 1920s. Only after the economic boom of World War II did the poverty rate fall below 30 percent. Those

numbers are so high that the authors confess they seem "unreasonable". Americans today, they assert, have greater expectations than their forefathers about standards of living. Even so, they conclude, the standard of living among the poor plainly rose in the long term.

■ **Does underreporting of income by the poor mean that the extent of poverty in America is grossly exaggerated?** Not necessarily. Jencks and Mayer's results pertain only to households with children, so they say nothing about what has happened to the poorest of the poor — the

reported they had a mean per capita income of \$4.11 a day to cover expenses.

It's important to remember, too, that not all income is created equal. In the case of poor children, more and more family income comes in the form of a welfare check and less in the form of mom's or dad's paycheck. A study last year by Leif Jensen and his colleagues at Pennsylvania State University found that in 1969, poor children lived in families that drew 63 percent of their mean income from earnings and only 18 percent from public assistance. By 1989, the pro-



Familiar image. Poor families' material gains in the last decade were not shared by the homeless.

homeless — or about changes in the lives of one especially troubled group, impoverished single males. As it turns out, even among households with children, homeownership in the bottom decile has plummeted: 37.8 percent of families owned their homes in 1970, but 23.9 percent did in 1990. The Jencks-Mayer data also capture only part of children's living environments; they do not quantify how today's poor child differs from his predecessor in terms of what he learns from his parents, television and music, or in his prospects for encountering street crime and growing up without a father at home.

Jencks himself explains his findings by saying that "poor households may have more income than we thought, but the poverty line ought to be substantially higher, too." In 1989, he says, the bottom 10th of households with children

portion of family income derived from earnings had fallen to 46 percent and the proportion derived from welfare had doubled. As more poor children become dependent on welfare, more may also run the risk of being isolated from middle-class communities and mores.

The truth is that voters have often shown a fatalism about the nation's economic system. While 81 percent of American adults currently believe that the rich are getting richer as the poor get poorer, an almost identical proportion (76 percent) held the same conviction in 1980 — before Ronald Reagan took office and the so-called decade of greed began. For better and worse, the fairness and inequality of the American economy are still gauged partly through the eye of the beholder. ■

BY DAVID WHITMAN

Poorest get best insurance

Medicaid aids
those in need,
but that means
others fall behind

By Colleen LaMay
The Idaho Statesman

The poorest Idahoans have better health-insurance coverage than you do.

Disabled or poor people who qualify for Medicaid get free doctors' visits, free hospital care, free prescription drugs, free vision care and, for children, free dental care.

Meanwhile, many working-class folks have seen their coverage shrink and their premiums rise in recent years.

"It's ironical, and it isn't fair," said Rep. Bruce Newcomb, R-Burley, majority leader in the Idaho House. "Your taxes are going to subsidize people with lower incomes to get better health insurance than you can get."

Nothing is likely to change this year. State lawmakers are waiting for a signal from Congress, which has vowed to give all states more leeway in how they spend federal money, including Medicaid money.

Idaho's Medicaid program is funded through taxes — 70 percent federal taxes and 30 percent state taxes.

In the past nine years, Idaho's Medicaid costs have more than quadrupled, to \$329 million, and the number of people who qualify for free care has risen 167 percent, to 82,800.

State lawmakers and health officials blame the increase on Congress' orders to cover more and more people.

Cost-saving ideas

The state Department of Health and Welfare is thinking up ways to control costs in what already is one of the skimpiest Medicaid programs in the nation.

Among the possibilities: Tightening income and other eligibility criteria, and requiring the poor to pay at least a little toward their care.

"My feeling is that everybody ought to make a payment of some kind for every service they get," said Grant Ipsen, R-Boise, chairman of the Senate Health and Welfare Committee.

"I don't care whether it's 50 cents or \$5," he said. The issue is one of personal responsibility, he said. "We've done a

great job of educating people to rely on somebody else or something else."

Jim Greenwood, a 41-year-old Boisean with epilepsy, wants to be responsible for his own health care, as Ipsen suggests.

The problem is that he can't find a job. No one will hire him.

"It seems the overall attitude is, if you have anything wrong, we don't want you," said Greenwood, who lives on about \$600 a month in disability and other benefits.

"I'm not exactly a stupid individual," Greenwood said. "I do have a college education."

Greenwood's degree is in radio and television production, he said.

Now, he volunteers at the non-profit Idaho Citizens Network, answering phones and doing light office work.

To control the epilepsy that has plagued him since he was a child, Greenwood swallows dozens of prescription pills each month. He's not sure how much they cost, because Medicaid picks up the tab.

Many Medicaid patients can't afford to contribute to

their own care. To qualify for the free care, people have to meet strict income and other criteria that differ by program.

Ann Kirkwood, Health and Welfare spokeswoman, gave this example: A woman with two children who lives on \$621 a month in AFDC welfare payments and food stamps qualifies for Medicaid automatically.

"She's poor," Kirkwood said. "You're looking at an individual who must make choices about, 'Do I pay the heating bill, or do I buy medicine for my children?' Those are basic survival choices."

Covering the elderly

It's not young women and kids who are draining the Medicaid budget, anyway. The biggest chunk of Medicaid — about 30 percent of the budget in 1993 — covered the bills of elderly people in nursing homes.

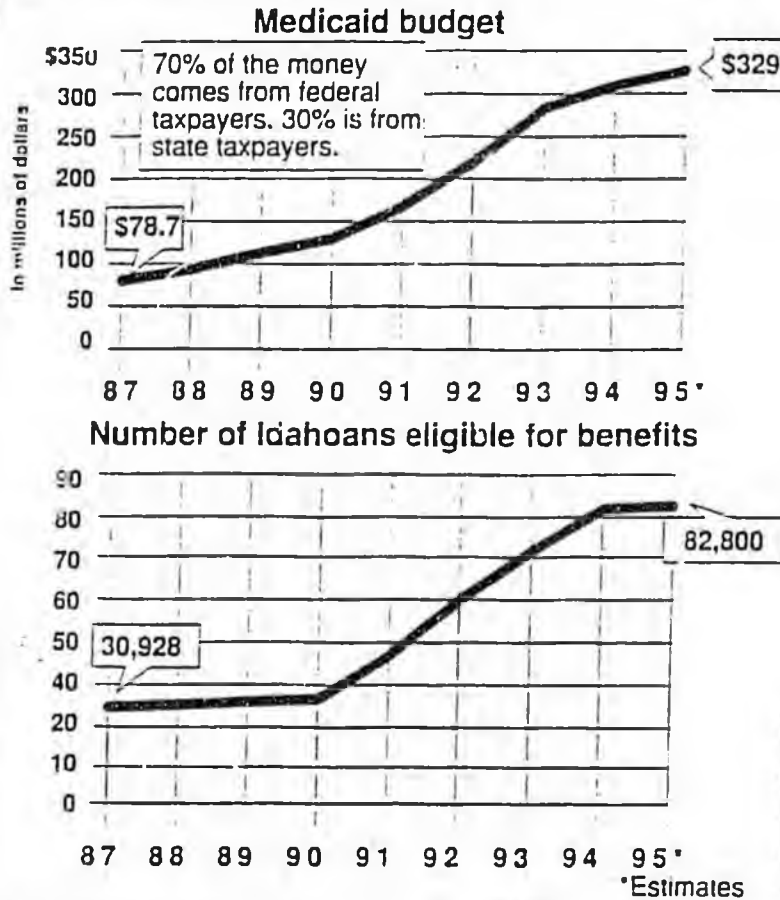
Most private health insurance doesn't cover long-term stays in nursing homes.

If he lost his Medicaid benefits, Greenwood isn't sure what

See Medicaid/2B

Skyrocketing Medicaid costs

In the past nine years, the cost of providing health-insurance coverage to poor Idahoans has more than quadrupled. The number of people who qualify for help also has increased dramatically, from 30,928 in 1987 to 82,800 this year.



Source: Idaho Dept. of Health & Welfare

Medicaid/ From 1B

he'd do. "That's a good question," he said. "There is no such thing as a free clinic in Boise. I don't know what I'd do."

Greenwood's boss at the Citizens Network, Roger Sherman, doesn't believe the answer to Idaho's Medicaid dilemma is

cutting the benefits of the poor.

Instead, everyone should get the same comprehensive coverage, he said.

"Now it's a fairness issue, because we've designed a good system and made it available to poor people," Sherman said.

"We have a lousy system we make intermittently available to everyone else."

TRENDS

Putting Welfare On the Clock

Setting a time limit for welfare benefits is an easy idea to sell. But nobody is quite sure how it would work.

BY PENELOPE LEMOV

Talk about consensus: The vote in the Republican-controlled Iowa House was 99 to 1; in the Democrat-led Senate, it was unanimous. This was not on a question of whether motherhood was good for the state of Iowa. Rather, it was on the very touchy question of welfare reform in general and a controversial approach to that reform in particular. The Iowa legislature was voting to limit the length of time a family can stay on the welfare rolls.

Welfare time limits are turning out to be a legislative hit everywhere they come up. Besides Iowa, they have been part of welfare reform proposals enacted in four states this year. Wisconsin, Colorado and Florida are all seeking waivers from the federal government to move ahead with demonstration programs in which adults would have two years to receive benefits before they had to get a job and be off welfare. Vermont has already received a federal waiver for a 30-month welfare time limit. Iowa got a waiver this summer for its plan to impose a flexible limit that will be set by social workers on a case-by-case basis. Meanwhile, several other states have placed the time-limit issue on their agendas for the coming year.

All of this is going on while the Clinton administration labors to draw up its own federal welfare reform bill to be sent to Congress sometime next year. The president has cited time limits repeatedly as a possible means by which the federal government and its state partners could, as the president has pledged, "end welfare as we know it."

The states are not, however, slowing down to stay behind Washington's lead. They have a strong fiscal incentive for proceeding on their own—they pay 50 percent of the freight for

Aid to Families with Dependent Children (the basic "welfare" grant) and about that much for Medicaid, the health care coverage that accompanies AFDC. There is also a strong political incentive. Voters are angry. They are convinced that the welfare system is broken, that welfare recipients should accept more responsibility in exchange for their benefits, and that the states are as responsible as anyone—perhaps most responsible—for cleaning up the mess. "Joe and Sally Smith don't know the feds run welfare," says Kathy Keeley, of the Corporation for Enterprise Development, who has been running focus groups on the subject all over the country. "All they know is that they have to deal with the problems that welfare and poverty create."

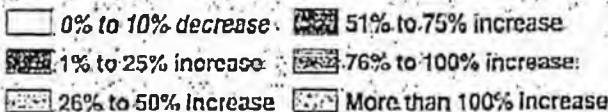
Welfare reform as a national issue has never really gone away, and it surged to public consciousness in the late 1980s with passage of the federal law that

keyed in on providing education, training and child care so welfare recipients could seek decent jobs. But the current wave of interest in time limits and tougher standards was born at the state level in 1991, when three big-state governors all proposed ways to deal with their rising caseloads through strict new rules that moved far beyond the largely painless incentives contained in the 1988 law.

In Maryland, Governor William Donald Schaefer proposed, and the legislature eventually passed, a bill that reduced welfare payments if parents did not pay their rent, keep their children in school and keep up childhood vaccinations. California considered a plan by Governor Pete Wilson to award teenage parents higher benefits if they attended high school—but also to reduce benefits if they dropped out. Then came New Jersey's bombshell: The legislature voted to eliminate the increase in a mother's AFDC grant if she gave birth to an additional child after she went on the welfare rolls. "Once it became clear that these three governors could propose drastic changes in welfare programs without being labeled anti-poor,

WELFARE AS WE KNOW IT

Percentage change in AFDC caseloads, July 1989 to June 1993



TRENDS

racist or worse, politicians in other states followed," says Douglas Besharov of the American Enterprise Institute. "The proverbial cat was out of the bag."

Since then, the focus all over the country has been on what is now being called the "new paternalism"—plans that revolve around personal responsibility and use fiscal bonuses and penalties to reward and punish behavior.

TIME LIMITS, IN THEIR WAY, represent a marriage of the new paternalism and the 1988 federal law. They can be seen as a way of adding some powerful sticks to go alongside the carrots that law produced.

But at the moment, for all their political popularity, they are a concept without a blueprint. No one knows what a tough time-limit law would actually do. And there are troubling questions. Will there be enough jobs in the private sector to accommodate all the people forced off welfare who will be looking for employment? If not, as seems more likely, will the states create subsidized work in return for welfare benefits, or will they just kick a family off the rolls? If the only job available doesn't pay the rent, food and clothing bills, will the state step in and subsidize incomes? In the end, might it actually be more expensive than "welfare as we know it"?

"People need to be off welfare rolls and they need to work—everyone agrees with that," says Larry Jackson, Virginia's commissioner of social services. "But it won't cost less. It's cheaper in the short run to hand out a welfare check." Jackson notes that a single mother with two preschool children who works 40 hours a week at a minimum-wage job would earn \$8,500 a year. In Virginia, that's \$3,500 below the poverty level. It is unlikely that this single mother will be able to afford child care, health care, and transportation to work, all out of the skimpy paycheck. "Do we really believe that this can be done on a minimum-wage job with no subsidy at all from the government?" Jackson asks. "The numbers don't add up."

It seems inevitable that, under a time-limited welfare system, governments at various levels will have to be into the jobs business more intensively than they are now. And they will have to get better at job creation and training. "That's a critical part to running a time-limited

system," says Judith Gueron, president of Manpower Development Research Corporation, which evaluates the effectiveness of many state programs.

Some lessons are already being learned from the jobs programs that states began crafting with the enactment of the 1988 federal law. One especially worth looking at is in California's Riverside County, where the results have

been impressive. In part, this is because the county has had a strong labor market. But it is also because of the program's message: Riverside encourages quick entry into the labor force. Rather than tilt heavily toward education and training, as most job-placement efforts do, Riverside has concentrated on job-search assistance. Its philosophy has

been, in effect, that people on welfare should get a job, any job, because even low-wage employment can lead to better opportunities somewhere else.

Even in a program widely acknowledged to be successful, however, many participants remain unemployed. A study by Manpower Development Research found that as many as 46 percent of the welfare recipients assigned to Riverside's program would have exceeded a two-year time limit had one been in effect. So switching to a strict two-year limit would require hard decisions and probably additional spending in Riverside; it would likely require an even more painful adjustment in a community that had not been working as hard at job creation before the limit was adopted.

IOWA DID NOT CHOOSE THE strict two-years-and-off rule other states have voted for. Instead, the state will develop a contract or plan with each family that spells out what steps the head of the household will take to become self-sufficient and what the state will do to help. Under the existing jobs program, the state has allowed those with "good cause"—a transportation problem or a lack of child care, for instance—to use that as a reason for not getting a job. The new approach will

eliminate good cause and focus on solving the problem rather than exempting the person from work. Among the tools that will be used to accomplish those goals are one-stop "work force development centers" and expanded versions of the school-to-work programs that have junior high and high school kids whose families are on welfare working with local businesses.

Iowa has 37,000 families on public assistance, out of a state population of 2.7 million people. The state will make an initial investment of \$3.5 million in its new program. If all goes well, the state anticipates that enough people will be moved off welfare and into jobs that the system will start saving the state \$10 million annually by the third year and

close to \$60 million annually by its 10th year.

But those savings will depend heavily on four factors. One is the wellbeing of the Iowa economy, which has everything to do with the state's ability to place people in private-sector jobs. The others are health care reform, which could provide affordable health insurance; the availability of state funds for child care; and the effectiveness of a child-support payment recovery program that could add significantly to the income of single mothers.

There are no easy solutions when it comes to welfare. Time limits may not be a solution at all. They may, as Iowans are beginning to realize, create new problems at least as complex and expensive as the ones they were meant to solve. All those problems could be complicated by the federal reform effort, which has the potential to put any state's effort out of sync with new law.

But so far, at least, such fears are not enough to stop the new paternalism from evolving and winning converts in a wide variety of places. As Kathy Keeley, fresh from her focus groups, notes, "Politicians are reframing what they have to sell their constituents. It doesn't matter politically what the feds do. Locals are accountable. People want welfare changed." □

When the clock runs out, there has to be a job available that will pay the rent, food and clothing bills.

Welfare

ROUTING REQUEST

The Rise and Failures of the Welfare State

Welfare Spending Hits Record High
Welfare spending by federal, state, and local governments hit an all-time high of \$306 billion in 1992. In constant dollars, welfare spending is now seven times greater than when the War on Poverty began in 1965.

The welfare spending total includes cash, food, housing, and medical aid, education and training, and social services targeted to poor and low-income Americans.

Entitlements for the general population, such as Social Security and Medicare for the middle class, are excluded.

Welfare spending in 1992 exceeded 5 percent of Gross National Product, topping the previous record levels set during the Great Depression of the 1930s. Total welfare spending in 1992 equaled \$8,270 for every poor person in the U.S.

Source: Robert Rector, "The Poverty Paradox: How America Spent \$5 Trillion on the War on Poverty

Without Reducing the Poverty Rate," *Heritage Foundation Executive Memorandum #364*, September 22, 1993.

Many Welfare Mothers Have Limited Earning Potential

A study by Child Trends Inc. shows that mothers in the Aid to Families with Dependent Children program have extremely low cognitive skill levels. Welfare mothers have significantly lower math and verbal abilities

than other women of the same ethnic group who were not enrolled in welfare programs. When all U.S. women were ranked according to basic math and verbal skills, over half of welfare mothers were found to have cognitive skill levels placing them in the bottom 20 percent of the overall population.

Other research has shown that training programs do little to improve the cognitive skills and earnings capacity of welfare recipients. These findings underscore the difficulty of making single mothers on welfare economically independent through labor market earnings. Strategies to reduce illegitimate births and promote and sustain marriage are thus essential in any serious effort to reduce welfare dependence and raise living standards.

Source: Nicholas Zill, Kristin Moore, Christine Ward, and Thomas Stief, *Welfare Mothers as Potential Employees: A Statistical Profile Based on National Survey Data*, February 25, 1991, Child Trends Inc., 2100 M Street NW #610, Washington, DC 20037.

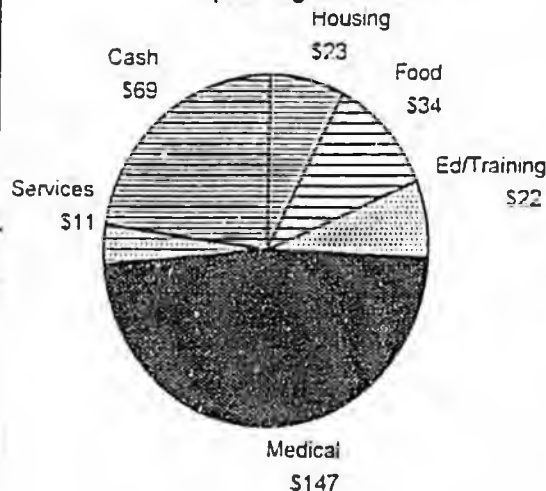
Job Training Has

Little Effect on Earnings

The Job Training Partnership Act (JTPA) is the federal government's largest training program. A recent study commissioned by the U.S. Department of Labor found that the program had very little effect in raising the earnings of trainees. Adult males had no significant increase in earnings as a result of participating in JTPA. Teenage male dropouts actually showed a marked decline in earnings ability. JTPA did raise the earnings of adult women participants by between \$50 and \$75 per month by the end of the 18-month study period. The overall average increase in earnings for adult women was 7.2 percent. However, most of this increase was caused by an increase in the number of hours worked; the average hourly pay rate among adult women participants was increased by only 3.4 percent.

Source: Howard Bloom, et al., *The National JTPA Study: Title II-A Impacts on Earnings and Employment at 18 Months*, Research and Evaluations Report Series 93-C, U.S. Department of Labor, Employment and Training Administration, Washington, DC, 1993.

The 1992 Welfare State Spending in Billions



Information on this page was provided by Robert Rector, policy analyst for social, welfare, and family issues at The Heritage Foundation. For more information, contact The Heritage Foundation, 214 Massachusetts Avenue NE, Washington, DC 20002, phone 202/546-4400, fax 202/544-2260.


The Heritage Foundation

Kids' welfare more important than intact families

SAN FRANCISCO — On a recent Wednesday morning, an abandoned 10-month-old, Shane Dineen, bundled in a new outfit and strapped securely in a stroller, was found several yards off Skyline Boulevard in Pacifica, a suburb of San Francisco. It was not until that Thursday, however, that mother Charlene Dineen, who is homeless, called police to report that her baby was missing.

Later that day, Shane's older sister, 3-year-old Katie Joe, was placed in foster care like her brother. Charlene Dineen maintained that Shane had been abducted on Tuesday night by a stranger in a van and she had spent the time since looking for him on the streets. Her story was especially suspicious in light of the fact that she was cited Wednesday at 3 a.m. on a misdemeanor charge of defrauding a taxi — at which time she did not alert police to Shane's alleged kidnapping. Dineen was charged with child abandonment after two witnesses placed her near the scene Wednesday at 1:30 a.m.

This is not your typical abandoned-baby story, and the Dineens are not your typical homeless family. By all accounts, Charlene Dineen, age 31, does not appear to have a drug problem. She seems to have taken good care of



DEBRA SAUNDERS

her children — at least until last week. Shane's lips were purple when he was found, but he had not succumbed to hypothermia. Other than that, Shane was in healthy condition and was wearing clean, new clothes. A University of California at San Francisco nurse told reporters that Dineen took good care of her children and never missed appointments.

Which begs the question: If Charlene Dineen was not a drug abuser and managed to take good care of her children, why was she homeless? Perhaps, as one state social services worker put it, sometimes homelessness is "a lifestyle choice."

Some may wish to fault the government for not providing enough services, but consider this: Dineen was eligible for and, according to police, receiving

Government has failed Shane and Katie Joe, not by a lack of services, but by a lack of standards.

12/15 MDN

Aid to Families with Dependent Children. Homeless AFDC families automatically are eligible for homeless assistance — including rent and utility deposit money — unless they have used the program already in the last two years. Dineen also is reported to have stayed in a shelter recently and to have been enrolled in a parent mentoring program while she was pregnant with Shane. (County officials will not verify whether Dineen was on aid.)

If it turns out that Dineen is mentally ill, it could be argued that government has failed both her and her children, by not having adequate permanent care for the mentally ill — which is another big issue.

No matter what the cause for Dineen's inability to keep a roof over her children's head, however, government has failed Shane and Katie Joe, not by a lack of services, but by a lack of standards. In a better world, authorities would have removed the children from Dineen until she found permanent housing.

It's against California law to remove children simply because they are sleeping on the streets. That law should be repealed.

Pending her trial, Charlene Dineen must be presumed innocent. Meanwhile, she may buck the stereotype of homeless mom by caring for her children and keeping all her doctor appointments, but her failure to provide a safe home for Shane and Katie Joe should of itself constitute child endangerment. Instead, California focuses on keeping families together, not keeping children safe.

In the name of compassion, the state actually may pay Charlene to keep her children in the great outdoors. Oddly, the left is outraged not at that frequent injustice but at the GOP's suggestion that orphanages might provide an answer. What a curious compassion that puts the feelings of parents before the welfare of children.

□ Debra Saunders is a San Francisco Chronicle columnist.

WELFARE
CERAMIC
ADN 12/19

NATIC

Welfare program fails to

By ELIZABETH SHOGREN
and RONALD BROWNSTEIN
Los Angeles Times

WASHINGTON — A 1988 law designed to transform the nation's welfare system from a permanent support system into a temporary safety net has fallen far short of its goal of helping recipients find jobs, the General Accounting Office of Congress reported Sunday.

In a separate study, a conservative polling organization said the public

overwhelmingly supports the concept of welfare reform, but strongly resists many of the key elements of the welfare initiative contained in the House GOP's Contract With America.

The GAO report, commissioned by the New York senator who drafted the 1988 law, was released just as Congress is preparing to overhaul the welfare system once again. It could influence the direction of the debate by identifying

flaws in the previous reform effort.

Authored by Sen. Daniel Patrick Moynihan, D-N.Y., the Family Support Act restructured the government's principal form of welfare assistance, Aid to Families with Dependent Children. It created a new program, called JOBS, to help recipients get the training, counseling and job-placement services needed to leave the welfare rolls. The program was targeted at those recipients

Los Angeles Daily News Monday, December 17, 1990

DN

make cut, GAO says

considered most at risk of long-term dependency on government benefits.

Although annual spending on the JOBS program had grown to \$1.1 billion by 1993, its efforts "are generally not well-focused on recipients' employment as the ultimate goal," said the GAO, which conducts audits and investigations at the request of Congress.

The program's lack of success reflects two key weaknesses, the report said. First, administrators

are only held accountable for the level of participation by welfare recipients, and not for their ability to successfully place recipients in jobs. In addition, most JOBS officials have done little to forge strong links with private-sector employers who potentially could hire welfare recipients.

While some localities developed programs that helped recipients prepare for and find employment, after three years no JOBS

program was able to move a majority of its participants off welfare and into jobs, the GAO reported.

Participation has been disappointing, with roughly 11 percent of the 4 million parents receiving AFDC taking part in JOBS between 1991 and 1993, the agency said. Only 24 percent of teen-age mothers receiving AFDC participated in JOBS, even though they are especially prone to long-term dependency.

Will America Drown? Immigration and the Third World Population Explosion

Editor: Humphrey Dalton

"Massive illegal immigration will continue as long as the Federal Government continues to reward it ... providing incentives to illegal immigrants to violate U.S. immigration laws ... Two-thirds of all the babies born in Los Angeles County are born to illegal immigrant parents.

PETE WILSON Governor of California

The unprecedented population explosion in the Third World today threatens to swamp the U.S. with illegal immigrants attracted by the U.S. "welfare magnet." This book reveals the facts about the mounting tide of international migrants, illegal as well as legal, and tells how illegal immigration *can* be controlled.

CONTENTS

Can the U.S. Assimilate the Growing Waves of New Immigrants?; Invasion U.S.A.: The Farce of "Political Asylum"; The "Family Unity and Employment Opportunity Immigration Act" of 1990, America: Candy Store with a Broken Lock?; "Today California: Tomorrow America?"; The Economic Costs of Immigration; Immigration and Crime; "Hey, Hey, Ho, Ho, Western Culture's Got to Go!"; Multiculturalism: Its Implications for a Free Society; Are Some Immigrant Populations More Susceptible To Crime Than Others?; The End of History: Chaos?; Stopping Illegal Immigration; Appendix: A Chronological History of the Principal U.S. Immigration Laws.

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Washington, D.C. 20043

Public Welfare in America

Dick Arney, M.C.
United States House of Representatives

When President Lyndon Johnson launched his Unconditional War on Poverty, he boldly declared, "the days of the dole in the United States country are numbered." However, within two years of the enactment of his Economic Opportunity Act of 1964, a remarkable escalation in public assistance payments began. While President Johnson may have been correct that the days of welfare are numbered, that number is proving to be very large indeed.

Any attempt to reform welfare must begin with the recognition that the current system has not resolved - rather seems to be perpetuating - poverty. It has created behavioral disincentives that trap many recipients in poverty from generation to generation and has also created yet another unwieldy and unresponsive bureaucracy. The key dilemma of the welfare state is that prolific spending intended to alleviate material poverty has caused the collapse of the low-income family and led to a dramatic increase in behavioral poverty - dependency, lack of educational aspiration and achievement, increased single parenthood and illegitimacy.

Studies have consistently shown that higher welfare benefits decrease work effort and increase welfare dependence. Increased dependence, in turn, has strong negative effects on children's intellectual abilities and life prospects. If we hold constant a wide range of factors such as family income, parental education, and residence, long-term welfare dependence by a family is seen to reduce a child's intellectual ability by more than one-third compared to children in similarly low-income families that were not on welfare.¹ Children raised by families on welfare are more likely to fail in school, more likely to get caught up in crime, and more likely to end up on welfare themselves as adults.²

Welfare Spending

Although the poverty rate has remained relatively steady since 1965, welfare spending has risen from 1.5 percent of GNP when Lyndon Johnson launched the program in 1965 to 5 percent today.

The Journal of Social, Political & Economic Studies

The federal government spends more than \$240 billion on welfare annually,³ which is more than twice the money needed to raise every person on welfare out of poverty.⁴

Government Programs Destroying Families

It is no longer a question of whether this money has produced positive results, but rather what can be done to erase the debilitating effects welfare has had on society.

The current system has made marriage economically irrational for most low-income parents. Welfare has converted the low-income working husband from a necessary breadwinner into a financial handicap. It has transformed marriage from a legal institution that protects and nurtures children into an institution that financially penalizes nearly all low-income parents who choose it. Welfare benefits will be higher if a man and woman do not marry and are treated by the government as separate "households."

Too many mothers decide not to marry the fathers of their children; they marry welfare instead. As George Gilder, author of *Wealth and Poverty* observed, the modern welfare state has convinced poor fathers that they are dispensable. Through government programs, we send the message that men are most useful as procreators, not as family partners and providers. Government will pick up the tab for their children provided that they do nothing to help the mother or to assume responsibility.

Currently, the welfare benefit package (AFDC, Medicaid, housing, and food stamps) offers each single mother an average of between \$8,500 and \$12,000 in benefits, depending on the state.⁵ The mother continues to receive that level of benefits as long as she does not work or marry an employed male.⁶

Research by Dr. Robert Hutchens of Cornell University estimates that a 10 percent increase in AFDC benefits in a state translates into an eight percent decrease in the marriage rate of all single mothers.⁷

The poverty rate among those living in traditional married couple families is less than half the overall poverty rate; the poverty rate for female headed families (with no husband present) is nearly six times the poverty rate for traditional two parent families. Individuals living alone outside a family similarly have very high poverty rates.⁸

Who Is On Welfare?

According to U.S. Census Bureau data, 64 percent of welfare recipients are white, 31 percent are black, 14 percent are Hispanic and five percent are classified as "other." 42 percent of recipients are under 18, 48 percent are between the ages of 18 and 64, 10 percent are over 65. 48 percent of recipients have less than four years of high school education, 33 percent are high school graduates, and 18 percent have had at least one year of college. 57 percent of recipients are female, 43 percent are male.⁹

More than 20 percent of the children born in the late 1960s have spent at least one year on welfare; more than 70 percent of black children born in the same period have done so.¹⁰ More than 30 percent of all children born in 1980 will live on welfare, as will 80 percent of black children.¹¹ A majority (over 54 percent) of persons receiving means-tested income transfers in 1990 were not in poverty, as it is officially defined.¹²

Welfare's Culture of Dependency

Children raised in families that receive welfare assistance are themselves three times more likely than other children to be on welfare when they become adults.¹³ This inter-generational dependency is a clear indication that the welfare system is failing in its effort to lift people from poverty to self-sufficiency. A recent study found that higher welfare benefits increased the number of women who left the labor force and enrolled in welfare. A 50 percent increase in monthly AFDC and Food Stamp benefit levels led to a 75 percent increase in both the number of women enrolling in AFDC and in the number of years spent on AFDC. The percentage of children receiving AFDC is higher in states with the highest AFDC payments and lower in states with the lowest AFDC payments.

The Office of Economic Opportunity conducted controlled experiments between 1971 and 1978 in Seattle and Denver, known as the Seattle/Denver Income Maintenance Experiment (SIME/DIME). The experiments found that increasing welfare benefits had a dramatic negative effect on labor force participation and earnings. For every \$100 of extra welfare given to low-income persons, the earned income of the recipients fell by \$80.¹⁴ Welfare reduces the probability that a poor person or family will leave poverty in any given year by about 60 percent. The chances of rising above the poverty level are two and one half times greater if an individual or

family does not receive welfare.¹⁵ At any one time, more than half of welfare recipients have been on welfare for ten years.

Welfare's Debilitating Impact – The Rise of Single Parent Families

When the Great Society was launched in 1965, the illegitimacy rate among blacks was 25 percent; today, it is 66 percent. If current trends continue, the black illegitimate birth rate will reach 75 percent in ten years.¹⁶ Thirty years ago, one in every 40 white children was born to an unmarried mother; today, it is one in five.¹⁷

The current system's financial penalties on marriage can be correlated with an unprecedented and growing number of unwed mother welfare recipients. The percentage of welfare recipients living in female-headed households increased from 29 percent in 1964 to 61 percent in 1976.¹⁸

White women raised in single parent homes are 161 percent more likely to bear children out of wedlock themselves and 111 percent more likely to have children as teenagers. Of those who do marry, marriages are 92 percent more likely to end in divorce than are the marriages of women raised in two parent families. Similar trends are also found among black women.¹⁹

Children raised in single parent families, when compared to those in intact families, are one-third more likely to exhibit behavioral problems such as hyperactivity, antisocial behavior, and anxiety.²⁰ Children in single parent families are two to three times more likely to need psychiatric care than those in two parent families;²¹ they are also more likely to commit suicide as teenagers.²² Children in single parent families score lower on IQ, aptitude and achievement tests.²³ With family income, neighborhood, parental education, and other variables held constant, young black men from single parent homes are twice as likely to commit crimes and end up in jail than are similar young men in low-income families where the father is present.²⁴

Failed 1988 Attempt at Reform

Welfare rolls have increased sharply since the 1988 welfare reform legislation became law. Less than one percent of the welfare population is working today. And the program has cost us \$10 billion more than expected – \$13 billion instead of \$3 billion. At the time of enactment, it was predicted that the number of families on AFDC

would not reach five million until late 1998. In fact, that milestone was reached in early 1993.

While Americans were told that the 1988 reforms required most welfare recipients to work for benefits, by 1992 only one percent of all AFDC parents was actually required to enroll in workfare in exchange for welfare benefits.²⁵

Conclusion

Welfare reform must begin with the realization that most programs designed to alleviate "material poverty" generally lead to an increase in "behavioral" poverty. While the poor were supposed to be the beneficiaries of the War on Poverty, they instead have become its victims. For more than 40 years, the welfare system has been promoting non-work and encouraging single parenthood and has obtained dramatic increases in both. Policy-makers must realize that welfare is no substitute for stable families and welfare programs must be designed to avoid undermining the families even when trying to solve the problems of poverty.

Notes

¹ M. Anne Hill and June O'Neill, "The Transmission of Cognitive Achievement Across Three Generations," March, 1992.

² Robert Rector, "President Clinton's Commitment to Welfare Reform: The Disturbing Record So Far," Heritage Foundation Background, December 17, 1993.

³ Art Pine, "Riot Aftermath," *Los Angeles Times*, May 27, 1992.

⁴ Donald Lambro, "Questions Rise From the Rubble, 'Great Society' Not So Great, Critics Say," *Washington Times*, May 10, 1992, the expenditures are specifically for the years between 1965 and 1990.

⁵ This sum equals the value of welfare benefits from different programs for the average mother on AFDC.

⁶ Technically, the mother may be married to a husband who works part-time at very low wages and still be eligible for some aid under AFDC-UP program. However, if the husband works a significant number of hours per month even at a low, hourly rate, his earnings will be sufficient to eliminate the family's eligibility to AFDC-UP and most other welfare.

⁷ Robert Hutchens, "Welfare, Remarriage, and Marital Search," *American Economic Review*, June, 1989.

⁸ Richard Vedder and Lowell Galloway, "The War on the Poor," *The Institute for Policy Innovation*, No. 117, June, 1992.

⁹ Carrie Teegardin, "Debunking the Welfare Queen Myth: White Women with Children are Most Typical," *Atlanta Journal and Constitution*, December 11, 1992.

¹⁰ Robin Toner, "New Politics of Welfare Focuses on Its Flaws," *New York Times*, July 3, 1992.

¹¹ Thomas Sanction, "Hot To Get America Off The Dole," *Time*, May 25, 1992.

**THE PRECEDING PAGES
WERE TREATED AS A UNIT
IN THE ORIGINAL FILE**

Ken & Eleanor Nesting
7330 Silver Birch Dr.
Anchorage, Alaska 99502

March 20, 1995

Sen. Loren Lemam
Alaska State Legislature
Juneau, Alaska 99801

Dear Sen. Loren Lemam

My wife and I attended your meeting on March 13 in Anchorage addressing SB98. Because of the turn-out, we didn't get to testify.

We support SB98, as originally written, including the ineligibility of welfare recipients to receive Permanent fund dividends. I had a draft outlining all my arguments for favoring SB98. During the March 13 meeting, I picked up your hand-out brochure on the objectives of your bill, to find my arguments were, with one exception, outlined in your brochure, so, suffice to say, we think alike.

The one exception is one you need to stress. There are vast numbers of working poor out here; people in lower-paying jobs, raising families, living from paycheck to paycheck and depriving themselves of most of the things that make life pleasurable, in order to maintain the pride and dignity that self-sufficiency affords. These are the people who "lead lives of quiet desperation", people who realize most welfare recipients live far better than they. As prices and taxes increase and wages don't keep pace these people come ever closer to the limit, and more and more of them give up, swallow their pride, and go on welfare. This trend could easily become an avalanche, destroying our economy.

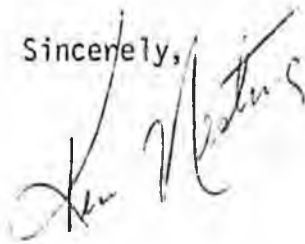
There are three things you legislators must do:

1. Keep inflation in check to hold down prices.
2. Lower taxes.
3. Make menial jobs more attractive than welfare.

As each individual drops out of the work-force in favor of welfare, the economy takes a double hit. Taxes these people pay, however miniscule, stop, and government welfare payments increase. As you in government have little control of private sector wages and benefits, you must make the welfare alternative less attractive. SB 98 is a big step in that direction.

Keep up the good work.

Sincerely,



PO Box 61
Russian Mission, Ak 99657
March 6, 1995
Phone 907-584-5528

Lyda Green; committee chairperson.
The committee on Health Education and Social Services.
State Capitol
Juneau, Ak. 99801

Dear Chairperson:

As a teacher in a Yupik village for 10 years, I want to express my opinion on the current welfare system. I feel, as many of the teachers I talk to in rural Alaska, that the dependence on welfare and entitlements is the #1 reason for the ineffectiveness of our local Native schools. Although you can point in a variety of directions for this ineffectiveness, most come back to the comfort level the majority of the people have under the current welfare situation. The role models that students see are varied, some work for their money, but most don't. It doesn't take long to determine who our students are going to emulate.

It is a common response from my Junior High students and even younger, "I can't wait until I'm 16 so I can drop out!" Certainly as they look around and see the benefits to staying in school as compared to dropping out, there is not that much distinction between the two at the local level. It is hard to have high goals when no goals is the norm. I'm not saying that they make a lot of money, but it must be comfortable enough. On a regular basis these same people are turning down job opportunities to substitute teach in the school, failing to apply for local jobs and certainly not taking advantage of ways to stretch the dollars they now receive. Ways such netting fish under the ice or trapping local animals for cash and meat. This has almost become a rarity in our village. Oddly enough it is people with jobs that take advantage of these opportunities. It has just gotten too easy for many and it is time that current levels of support was curtailed.

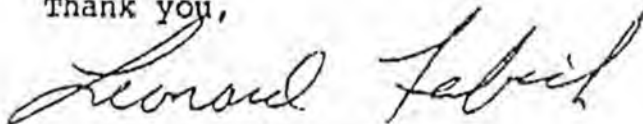
My wife and I both support the bill to garnish the permanent fund

dividend to welfare recipients, to cut welfare by at least 15% to 20% and to find alternatives to entitlements after 2 years of service.

I will have to say that to just stop paying people in two years would be catastrophic, but I would support a work fair project in the village. I would be the first in line to pay taxes to support a program that would decrease the dependence on welfare. There are many things that could be done in the village to earn the money from a work fair project. This would begin to allow people to set new goals, feel good about themselves and their community and exhibit positive role models for students.

Things like mandatory education for welfare recipients either high school or GED, cut off for recipients who allow their students to stay home or fall in school, and most of all the need to give something for the money they receive.

Thank you,



Leonard M. Fabich

Municipality
of
Anchorage



P.O. BOX 196650
ANCHORAGE, ALASKA 99519-6650
(907) 343-6730

TOM FINK
MAYOR

ANCHORAGE WOMEN'S COMMISSION

June 21, 1994

Loren Leman
Alaska State Senate
716 W. 4th Avenue
Anchorage, Alaska 99501-2133

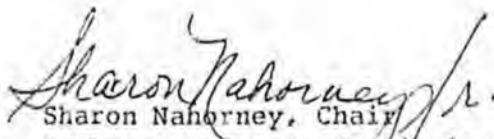
Dear Representative Leman:

The Anchorage Women's Commission is concerned about the impact that the present welfare system has on women. It is our belief that the current system provides little motivation for welfare recipients to become self reliant. In fact, the system itself affirmatively discourages personal improvement. In light of this, the Anchorage Women's Commission prepared a position statement which includes recommended target areas. This statement is attached hereto.

Recognizing that the federal government has regulations which limit welfare reform within the State of Alaska, the Anchorage Women's Commission is requesting your support in obtaining the necessary regulations which would allow our suggested reform to take place within our state.

The Anchorage Women's Commission stands ready to assist you in carrying forward this welfare reform legislation. Please contact Pat Jasper at (907) 243-4567 if we can answer any questions or if you request assistance.

Sincerely,


Sharon Nahorney, Chair
Anchorage Women's Commission

Enclosure

Municipality of Anchorage



P.O. BOX 196650
ANCHORAGE, ALASKA 99519-6650
(907) 343-6730

TOM FINK
MAYOR

ANCHORAGE WOMEN'S COMMISSION

WELFARE REFORM POSITION STATEMENT

The Anchorage Women's Commission encourages welfare reform that results in the development of independence and self-reliance of people. The Commissioners believe that work is inherently good and that in order for welfare reform to be effective, it must encourage the recipient to attain employment.

It is the position of the Commission that one of the welfare systems most in need of reform is Aid to Families with Dependent Children (AFDC). It is further the position of the Commission that the enactment and implementation of legislation with the features listed below would assist in achieving the goals of independence and self-reliance.

1. Limit AFDC to six years maximum for each recipient (other forms of help such as unemployment benefits have a time limit).
2. Require that, in order to continue receiving benefits, an AFDC recipient must:
 - a) take a job; or
 - b) begin vocational training or college; or
 - c) begin public service work when the youngest child who is conceived before applying for AFDC attains the age of six months (an agency such as Work Progress Administration (WPA) may need to be created to manage public service work if there are not sufficient job opportunities);
 - d) except that a recipient may receive benefits for a period of six weeks after a child conceived after applying for AFDC is born.
3. Prohibit increases in benefits for children conceived and born after first applying for public assistance.
4. Eliminate penalties for obtaining education grants or loans by continuing AFDC and Medicaid while the recipient is receiving education or training.
5. Require recipients to take low paying jobs if other employment opportunities are not available. To maintain the recipient's status above the poverty level, AFDC could supplement wages and should continue medical coverage.
6. Raise financial restrictions which place a limit on assets of the sort that actually assist the recipient in seeking employment, i.e., automobile.
7. Allow home ownership when the mortgage payment is comparable to or less than subsidized housing allowances.
8. Increase allowable limits on savings accounts in order to encourage responsible money management (i.e., to allow recipients to save for their children's education, for a vehicle, for a down payment on a house, etc.)

State Senator Lyda Green
Fax # 465-3805

P.O. Box 90
Russian Mission, AK
99657
March 7, 1995

Dear Sen. Green:

I support your proposed changes to welfare. It is too comfortable for people on welfare. They aren't motivated to stay in school or get a job.

We can't get people to be substitutes in school. I hear junior high and high school children saying they want to quit school when they are 16 years old and go on welfare.

I like your ideas; Keep working hard to make some real changes in welfare.

Sincerely,
Anne C. Peterson

Anne C. Peterson

Mr. & Mrs. Albert M. Saulsbury
P. O. 146
Palmer, AK 99645
February 3, 1995

Senator Linda L. Green
Chairperson Senate Finance Committee
Juneau, AK 99801

RE: WELFARE REFORM:

Dear Senator Green:

This letter is to follow up on our phone conversation of January 31, 1995. I believe that Public Assistance needs to be a "hand up" and not "a way of life." I do not advocate the elimination of Public Assistance. However, I do believe that the various programs can be more effective if they are combined under one agency's control with oversight by the legislators.

Under the present system, a family of 2 can receive a combination of Public Assistance, as well as have an earned income of \$1,603 per month, for a total combined income of \$34,140 per year. Where is the incentive to get off the public dole. Broken down I find the following:

1. AFDC for a family of 2 is \$821.00 and for a family of 3 it is \$923.00.
2. Unlimited health care at a cost of \$5.00 to the individual, the balance being paid for by State and Federal Governments i.e. working tax payers. There are few restrictions as this Federal program administered by the State of Alaska is changing daily (Source; Wasilla branch of the Welfare Department, as of February 2, 1995).

3. A hunting, trapping, and fishing license for \$5.00 (my cost \$55.00).

4. Rental assistance is available to those earning \$1,333.00 or less per month or \$20,300 per year. For example; I find a two bedroom apartment that rents for \$750.00 a month. I pay 30% or \$225.00, and the State and Federal Governments pay 70% or \$525.

5. A one time energy grant up to 400.00

EXAMPLE 1: FAMILY OF 2

\$1,333.00 total income from all sources.

525.00 rent subsidy per month.

271.00 Food Stamps.

Per month \$2,129.00

Per year \$25,548.00

One time energy grant 400.00

Hunting, trapping, fishing 50.00

Permanent Fund Dividend 1,800.00 (2 x 900.00).

Total Welfare per year \$27,798.00

EXAMPLE 2: FAMILY of 2

Allowed work income 1,603.00 (per mo. w/out rent subsidy)

Cash Welfare 821.00 (per mo.)

Food Stamps 271.00 (per mo.)

TOTAL PER MO. \$2,695.00 (per mo.)

TOTAL PER YR \$32,340.00

with Permanent Fund 1,800.00

Grand Total per yr. \$34,140.00

Why should I (anyone) work more than part time?

This is by no means and exhaustive list of all Public Assistance available. They may qualify for; Child Care Assistance of \$453.99 per month (for a 5 yr. old child); the JTPA work Subsidy Program; Federal Financial Grants for college education; Department of Vocational Rehabilitation Assistance; etc..

My earned income in 1994 was \$33,958. I had to be away from my wife and son in the Alaskan Bush, living in poor housing, eg. a wooden floored tent or other substandard housing to earn this money. In the light of what is available from the various agencies, it makes me wonder who is the fool here.

Respectfully submitted,

Mr. & Mrs. Albert M. Saulsbury
Mr. & Mrs Albert M. Saulsbury

Title Mr.
FName Matt
LName Scully
Credential
Job Title
Organization
Address1 6121 Austria Drive
Address2
City Anchorage
State AK
Zip 99516
Phone
Subject reduce budget, supports welfare reform
Pro or Con
Date Received 3/2/95
Comments

Constituent Contact Sheet

NAME: Rita Delgado
ADDRESS: _____

DATE: 3/3/95

PHONE: 376-2019

S.S.N.: _____

Rachel

REGARDING: Oppose \$24 million welfare program. Supports welfare reform.

ACTION TAKEN: _____

RESPONSE TO CONSTITUENT _____



FAX MEMO

To: Lyda Green AK Senate		From: David M. DeSonier 12835 Lindsey Circle Anchorage AK 99516	
Subject: Welfare Reform		For Info Call: (907) 345-6608 / 263-4122	
Date: 2/26/95	Time: 16:54:56	Fax Number: (907) 253-4392	

Dear Senator:

Just wanted to say, "Way to go," regarding the proposed welfare reforms that I heard about Friday. I know you'll catch heat from many folks who feel they're entitled to that money. Don't give in; you're on the right track.

You many not remember, but you and Tom McKay and I had a wonderful conversation at ARCO's CAP dinner a few weeks ago. I also saw you Friday at the Lincoln Dinner, but didn't have a chance to speak with you.

Keep up the good work.

Sincerely,

David M. DeSonier

FYI

Constituent Contact Sheet

NAME: Vicki McNulty
ADDRESS: _____

DATE: 3/3/95

PHONE: 733-1530

S.S.N.: _____

REGARDING: Supports Welfare Reform bill.

ACTION TAKEN: _____

RESPONSE TO CONSTITUENT: _____

ENCORE



FAX TRANSMITTAL SHEET

To: Lyda Green

From: Joanne Vaskal

Fax Number: 465-3805 # of Pages 4

Date: 3/7/95

Message: On March 3, I sent a letter to the Governor supporting
his "Four-Point Welfare Reform" Package. In light of your
proposal going to the legislative committee this week, I
wanted to share my story with you. I very much support
the need to reform the system and would be more than happy
to give public testimony if you need assistance.

Home: 248-9094 Office: 561-2006

Please call (907) 561-2006 if you have problems receiving this transmittal.

March 3, 1995

Tony Knowles
Governor
P.O. Box 110001
Juneau, Alaska 99611-0001

Dear Governor,

I am writing you to voice my support for your "Four-Point Welfare Reform Plan". As a recent "victim" of a the Welfare System, I am compelled to use my talents and contacts to help ensure the program is there to help those with real needs.

I've been very proud of the fact, that as a divorced mother of two, I have been able to provide for myself, my children (50% of the time), manage my own successful business and be an active member of the community. I've spent the last three years contracting my services to non-profit agencies. I assist them by coordinating and managing special events that will help raise funds to supplement their program budgets. Never in a million years did I think I would be going back to some of these agencies requesting assistance for myself and my children.

Due to a pre-existing condition, I have been unable to secure affordable health insurance for myself. Thankfully, my children's health care is taken care of by their devoted father.

The recent acceleration of my pre-existing condition, forced me to have major surgery. Since I had no health care coverage, I was able to get Alaska Regional Hospital and my physician to agree to a discount, if I paid cash up front for my estimated expenses. I took everything I had in savings, borrowed money from my mother and paid them over \$13,000 before I went in the hospital on January 24.

The surgery went well, and I was pleased that once I recovered from the operation I could return to work (at least part-time in two to three weeks.) All my contracts are "work-in-progress" and since I stopped working on January 23, and had depleted my savings to pay for the surgery, I needed to get back to my clients as soon as possible.

On January 31, I was re-admitted with major complications. Five days after being re-admitted, I had to undergo a second operation. One week later I went home. I left the hospital with a vaginal catheter in place and administered I.V. antibiotic infusions to myself every six-hours, for ten days. I could not be alone and I could not afford a home health-care nurse, so my mother flew up from Washington to stay with me.

Fortunately, I share custody of my two children with their father. They usually live with him every other week, but since I was unable to care for them, they ended up staying with him for five weeks straight. Thank goodness for me and for the kids, that they have a wonderful father who would not deprive them of anything!

My recovery was slow and I continued to have set-backs that required doctor and emergency room visits. With medical bills in excess of \$33,000 no income, and a very small amount of cash left in my bank account (not even enough to cover one months rent), I applied for emergency medical assistance from the State Division of Public Assistance.

While waiting to hear from the state, I alerted my landlord, daycare providers and creditors to my situation. Everyone understood and since I had a good track record, they were all willing to wait it out with me, until I received assistance from the state.

On March 2, I received notification from the State of Alaska Division of Public Assistance that I was not eligible for any emergency assistance. The reasons:

- 1). "Bank account balance was \$542.84"
(\$42.84 over the amount allowed to have.)
- 2.) "Children were not deprived of their father at least 50% of the time for the month of February."
(It did not matter that I was either in the hospital or too sick to take care of them. It didn't even matter that I have a court-ordered shared custody arrangement with their father - and praise God they have a father that is active in their lives.)

I do not have to tell you, I no longer have \$542.84 in my bank account - as a matter of fact, I have a lot less than that. Yes, I am back on the week-on week-off schedule with my kids, but I don't know how long I will be able to provide for them even my 50%. If not for the generosity of friends and family, who have provided groceries and meals, I could not provide for them at all.

In a matter of two months, I have gone from being a proud provider to being fearful of losing my children, a roof over my head, my transportation and my business. By being denied eligibility for emergency assistance, I am being forced to be temporarily destitute and I still won't qualify for Public Assistance because my kids spend 50% of their time with their father.

I keep asking myself, how can something like this happen? If it happened to me, how many more people who have legitimate temporary emergency situations, been denied assistance. I personally know of people who are on "the system" and have made a career of it. All I needed was one maybe two months worth of public assistance and assistance with some of my medical bills and I would have been back on my feet.

As a member of Rotary International, I have been asking myself lately the Rotary "4-Way Test" of things we think, say and do:

- 1.) Is it the TRUTH?
- 2.) Is it FAIR to all concerned?
- 3.) Will it build GOODWILL & BETTER FRIENDSHIPS?
- 4.) Will it be BENEFICIAL to all concerned?

I wish our government leaders would put the Welfare System through this same test.

I know in my heart I will make it through this time in my life. I am a strong, resourceful person with tremendously wonderful family and friends. The people I feel sorry for are those who are in similar situations to mine and don't have anyone to lean on. God help them!

If we don't get a handle on our Welfare System soon, we are going to be forced as a state and a nation to set more money aside for homeless shelters, food banks and low-income housing. Wasn't the Welfare System designed to help people get back on their feet rather than knock them off their feet?

Proudly,
Joanne Marie Yaskell

Mr. Ernest
PO Box 563

Erickson

745-2626

Date POM Sent	Constituency	Bill Number	Response	Distribution	Affiliation	Reg Voter	Subject
SB 98	C	03/02/95	Supports	20	Y		

I WANT SB 98 PASSED AS IS.

Mr. Leonard

M. Fabich

584-5528

PO Box 61

				Distribution	Affiliation	Reg Voter
Russian Mission	AK	99657		05	U	
Date POM Sent	Constituency	Bill Number	Response	Subject		
SB 98	N	03/03/95	Supports			

TEACHING IN A NATIVE VILLAGE FOR 10 YEARS, I WANT TO EXPRESS MY EVER INCREASING CONCERN OVER THE CURRENT WELFARE SITUATION AND THE NEGATIVE EFFECT IT IS HAVING ON EDUCATION WHILE WELFARE IS CONTINUING TO SUPPORT FAMILIES FOR DOING NOTHING. IT WILL CONTINUE TO BE A GOAL FOR OUR STUDENT POPULATION.

SB

100

Chapter 36. Trade Practices and Frauds.

Section	Section
90. Unfair discrimination	240. Failure to renew
150. Procedures as to undefined practices	250. Notice of eligibility
190. Fictitious group;	255. Premium refund
210. Limits on cancellation	260. Proof and method of mailing notice
220. Notice of cancellation	300. [Repealed]
230. [Repealed]	310. Definitions
235. Notice of premium or coverage changes upon renewal	420. Premium increases on automobile insurance policies

Sec. 21.36.090. Unfair discrimination. (a) A person may not make or permit unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for a contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of the contract.

(b) A person may not make or permit unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, policy fees, or rates charged for a policy or contract of disability insurance or in the benefits payable, or in any of the terms or conditions of the contract, or in any other manner whatever.

(c) A person may not make or permit arbitrary or unfair discrimination between insureds or property having like insuring or risk characteristics, in the premium or rates charged for a policy or contract of property, casualty, surety, marine, wet marine or transportation insurance, or in the dividends or other benefits payable on the insurance, or in the selection of it, or in any other of the terms and conditions of the insurance.

(d) A person may not practice or permit unfair discrimination against a person who provides a service covered under a group disability policy that extends coverage on an expense incurred basis, or under a group service or indemnity type contract issued by a nonprofit corporation, if the service is within the scope of the provider's occupational license. In this subsection, "provider" means a state licensed physician, dentist, osteopath, optometrist, chiropractor, nurse midwife, naturopath, physical therapist, or occupational therapist. (§ 1 ch 120 SLA 1966; am § 5 ch 163 SLA 1976; am § 1 ch 80 SLA 1983; am § 28 ch 2 FSSLA 1987)

Effect of amendments. — The 1987 amendment, effective January 1, 1988, and added "naturopath, physical therapist, or occupational therapist" at the end of subsection (d). Deleted "or" preceding "nurse midwife"

Add acupuncture,

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Are American Women
Ready for RU486?

The Surprising
Power of
Acupuncture

Strength Training
Anyone Can Do

A Special Report From
the Calorie Room

Weight Loss

HACHES • What Your Voice Says About You

THAT

AFTER 5,000 YEARS, ACUPUNCTURE
MAY BE JUST A FEW MONTHS AWAY
FROM GETTING THE FDA'S BLESSING.
HERE'S WHY IT SHOULD GET YOURS.

M E D I C I N E ' S
L A T E S T
M I R A C L E

By Rick Weiss

NANCY ROSENSTADT SAILED through surgery, chemotherapy, and radiation after she was diagnosed with adrenal cancer in 1986. Only afterward, when her cancer was finally obliterated, did she start to go downhill. The treatment, it seems, made her muscles start to shrink and her nerves wither, and no one knew how to stop it.

"Nobody could understand it," says the 38-year-old computer programmer. "I tried every kind of doctor—chiropractors, neurologists. The pain was so intense I couldn't lift my body or walk without a cane."

Then three years ago, after being featured at a medical conference where doctors called her condition hopeless, Rosenstadt got referred to the National Institutes of Health Clinical Center, the nation's Last Chance Cafe for desperate medical cases. It is here, in the world's largest hospital devoted

solely to experimental therapies, that terminally ill patients are granted access to unproved new treatments hot off laboratory benches: custom-designed radioactive antibodies, genetically engineered immune stimulants, human gene therapy.

And it is here, on this sprawling federal campus in Bethesda, Maryland, that Rosenstadt has, during the past three years, experienced a recovery she feels is nothing short of miraculous—not as a result of any high-tech drug but at the hands of acupuncturist Xiao-Ming Tian.

"He promised me, 'You'll give me this cane someday,'" she says, looking a little cross-eyed as she glances at the wagging needle Ming has jabbed between her eyes. "Well, last year I did give it to him."

Ming gave the cane back, she says—it was a ceremonial sort of thing. "But I can walk

P H O T O G R A P H S b y M A R I O L O P E Z

Lower-Back Pain

FOR A PULLED MUSCLE, ACUPUNCTURISTS MIGHT RECOMMEND
A SINGLE TREATMENT OF FIVE CAREFULLY LOCATED NEEDLES.

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education
State of Alaska

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Lower-Back Pain

FOR A PULLED MUSCLE, ACUPUNCTURISTS MIGHT RECOMMEND
A SINGLE TREATMENT OF FIVE CAREFULLY LOCATED NEEDLES.

now, I can drive. I can exercise. It's amazing. You can't understand acupuncture until you try it."

PERHAPS NO OTHER alternative therapy has received more attention in this country or gained acceptance more quickly than acupuncture. Most Americans had never even heard of it until 1971, when *New York Times* foreign correspondent James Reston wrote a startling first person account of the painkilling effects of acupuncture following his emergency appendectomy in China. Today the needling of America is in full swing. Last year alone, Americans made some 9 to 12 million visits to acupuncturists for ailments as diverse as arthritis, bladder infections, back pain, and morning sickness.

In a culture that is overwhelmingly shy of needles, what could account for such popularity?

Safety, for one thing. There is something to be said for a medical practice that's been around for 5,000 years, with billions of satisfied patients. If acupuncture were dangerous, even its stodgiest critics concede, somebody would have noticed by now.

Many people are also encouraged by doctors' growing willingness to refer patients for acupuncture—or to learn the ancient art themselves—despite its unconventional claims. Acupuncturists say that health is simply a matter of tweaking into balance a mysterious life force called *qi* (pronounced chee), which is said to move through invisible meridians in the body. That's hardly a mainstream view, yet of the 9,000 practicing acupuncturists in this country, fully a third are M.D.s.

Most important, there's mounting evidence that acupuncture has something important to offer, especially when it comes to pain. In one big study, acupuncture offered short-term relief to 50 to 80 percent of patients with acute or chronic pain. And in the only controlled trial that followed patients for six months or more, nearly six out of ten patients with low back pain continued to show improvement, compared to a control group that showed no improvement. Other studies have shown that acupuncture may be useful in treating nausea, asthma, and a host of other common ills.

With success stories piling up, acupuncturists decided to approach the Food and Drug Administration, which has never officially sanctioned the practice. In November, the country's leading acupuncturists, Ming included, gathered together their best evidence and sent the 500-page doc-

ument off to the agency, with a formal request that their needles be approved as safe and effective medical devices. No one can say for sure when a decision will come down, but it could be as early as May.

FDA approval of acupuncture needles would be big news. For starters, it would make reimbursement far more likely from Medicare, Medicaid, and the many private insurers that do not now cover acupuncture treatments. Just as important, a nod of approval from the FDA would be a symbolic victory. It would be the first time the agency had given its stamp of approval to a medical device rooted in a theory totally outside that of mainstream medicine.

MING PULLS ASIDE a curtain and strides into the cubicle where Rosenstadt is resting. A former champion discus thrower, he's a big man with a wide, kind face and balding head. With his twinkling eyes, which look inexplicably wise, and the "M.D." embroidered after his name on his white coat, he appears an almost cartoonishly perfect embodiment of Eastern and Western medicine. In many ways, he is just that. Ming is as likely as the next M.D. to prescribe antibiotics to fight a raging infection. But having studied under China's greatest masters, it is acupuncture that he relies on most. He is the first and only acupuncturist employed by the federal government, a position created for him on the recommendation of Western medical colleagues who had referred some of their patients to him as a last resort and were impressed by his results.

"How are you doing?" Ming asks, leaning over Rosenstadt to check on the needles he popped into her skin a few minutes ago. In addition to the one just above the bridge of her nose, there is a needle stuck in the rim of her ear, one in each temple, and five running the length of her left leg.

Most are not inserted very deep—perhaps a quarter of an inch—and they do not hurt. Like most patients, Rosenstadt describes the sensation as a tingling or mild buzz, especially noticeable when Ming begins to twirl the needles clockwise and counterclockwise in her skin, a technique that is said to help the needles do their job of moving *qi* through the body.

There are nearly 400 acupuncture points along the body's 14 major meridians, or energy-carrying channels, Ming says, and

each has a Chinese name that describes the kind of energy or organ it affects. But to know if he is in exactly the right spot, he must twirl the needle after inserting it and be sure that he gets a response from the patient—a report of feeling a deep heaviness or numbness in the area or, more commonly, a simple "yes."

"That is called the *ashi* point," Ming says. "*Ashi* is Chinese for 'Oh, yes,'" he explains. "Every point, when you do it right, is an *ashi* point."

Can a simple twist of a needle really put an ailing body on the path to recovery? Consider the evidence:

Pain Control

BRUCE POMERANZ, a tall, thin, birdlike physiologist at the University of Toronto, had heard the early stories touting acupuncture as a powerful painkiller and didn't believe a word of it. He was certain it was a trick of the mind, that it worked only because people believed it would work. "I thought it must be placebo," he says. "So I said, 'Okay, I'll prove it's placebo.'"

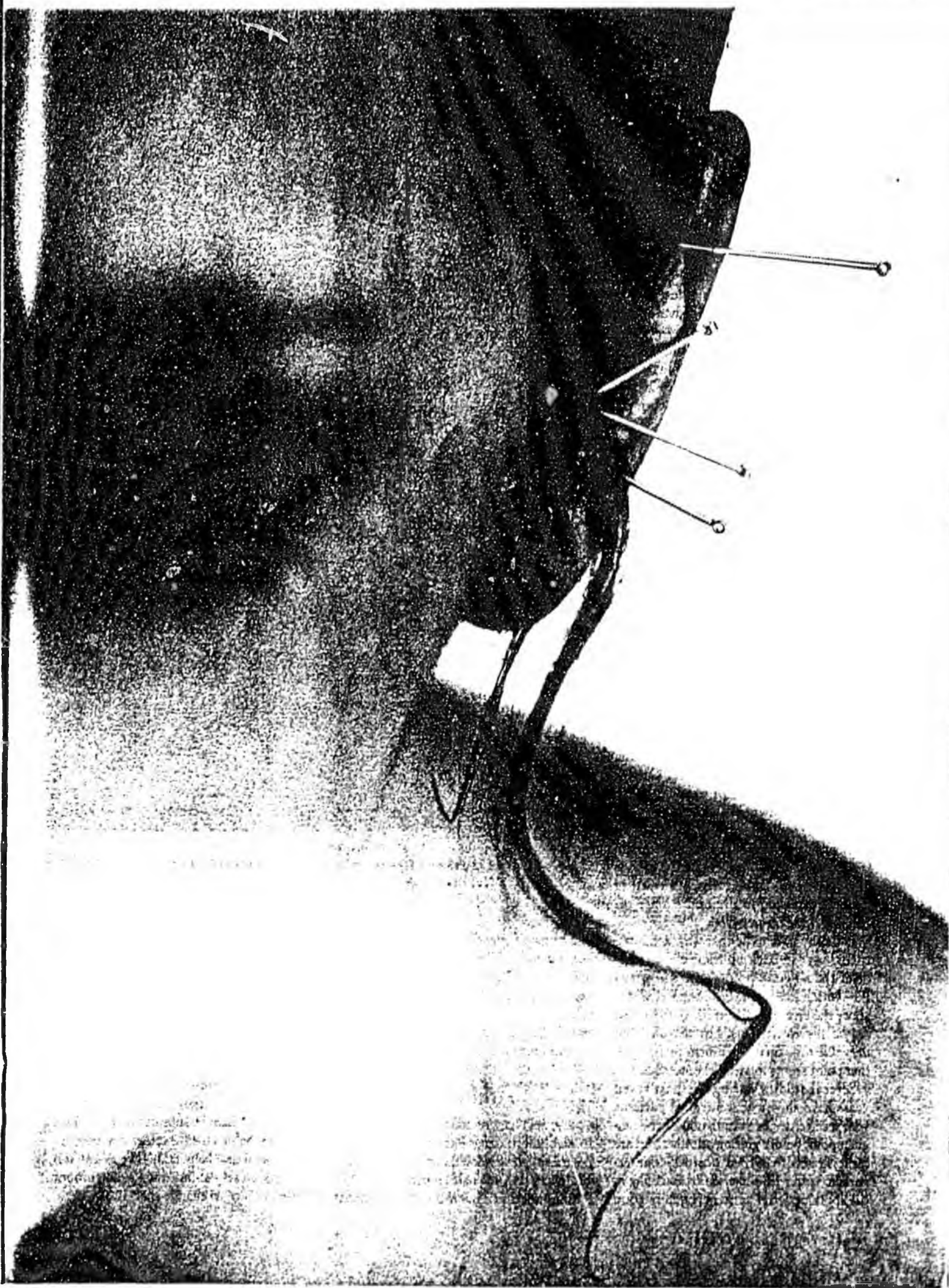
Working in his lab in the early 1970s, he and a colleague performed some animal experiments on their own. "We did it at the end of the day," he says, "after the real experiments were done." Taking aim with Chinese charts showing the locations of acupuncture points in animals, they needed some cats and used electrodes to measure the pain responses in individual nerve cells. "To my chagrin," he says, "it worked." Pain-transmitting nerves just didn't fire in the animals given acupuncture.

The finding remained an enigma until a few years later, when scientists discovered endorphins, the now famous opiates that are made in the brain in response to pain and that cause "runner's high." "I thought, Wow, now these results make sense," Pomeranz says. In a series of groundbreaking experiments that followed, he and others showed that acupuncture's pain-reducing effects are largely due to its ability to stimulate the release of endorphins. "That gave acupuncture some respectability," he says. Before long, experiments were being done on people, and with astonishing results.

In one of the best studies, published in 1987, Joseph Helms, a physician and acupuncturist in Berkeley, California, gave weekly acupuncture treatments to a group of women with a long history of painful

Addiction

AN EARFUL OF NEEDLES, 30 MINUTES A DAY, HELPS DRUG AND ALCOHOL ADDICTS BREAK THE HABIT.



menstrual cramps. After three months of treatment, ten out of 11 women reported at least 50 percent less pain, as measured by a package of subjective tests; only two of 11 untreated women, and one of ten women who received weekly counseling (included to see if the benefits of acupuncture were simply from regular contact with a doctor), improved as much. What's more, the acupuncture group ended up using 41 percent less painkilling medication, while the others saw no decrease in drug use. They also had fewer headaches, backaches, and complaints of water retention and breast tenderness.

More recent studies suggest that acupuncture is good for just about anything that hurts: tennis elbow, muscle strain, kidney stones. In a small pilot study at the University of Maryland last spring, researchers showed that in adults with osteoarthritis of the knee—a painful degeneration of the joint lining—twice-weekly acupuncture treatments reduced pain and increased mobility in eight out of 12 patients over a period of two months. The same researchers also recently showed that in dental patients undergoing molar extractions, acupuncture reduced the intensity of pain afterward and increased the amount of time that patients could go without painkilling drugs.

Nausea

PRACTITIONERS OF CHINESE medicine say it is revealing that so many "cures" in Western medicine make people sick in the course of making them better. Cancer chemotherapy drugs, for example, have become so synonymous with nausea that they are now considered the standard challenge when new anti-nausea drugs are tested. And anesthesia, helpful as it is during surgery, leaves roughly a third of patients vomiting in the hours after regaining consciousness.

It doesn't have to be that way, acupuncturists say. To back up their claim, they offer the *neiguan* point—also known as P6—which lies about two fingers' width above the crease on the inside of the wrist, between two tendons. For reasons that defy scientific analysis, a firm pricking of that point seems to settle the stomach.

Several studies during the past seven years have shown that surgical patients who receive needle stimulation of the *neiguan* point before getting anesthetized are far less likely than their unstuck counterparts to suffer from nausea or vomiting in the six hours after surgery. Equally good



Shoulder Pain

ARTHRITIS AND OTHER SHOULDER PROBLEMS ARE GENERALLY TREATED WITH A COURSE OF SIX TO TEN 30-MINUTE SESSIONS.

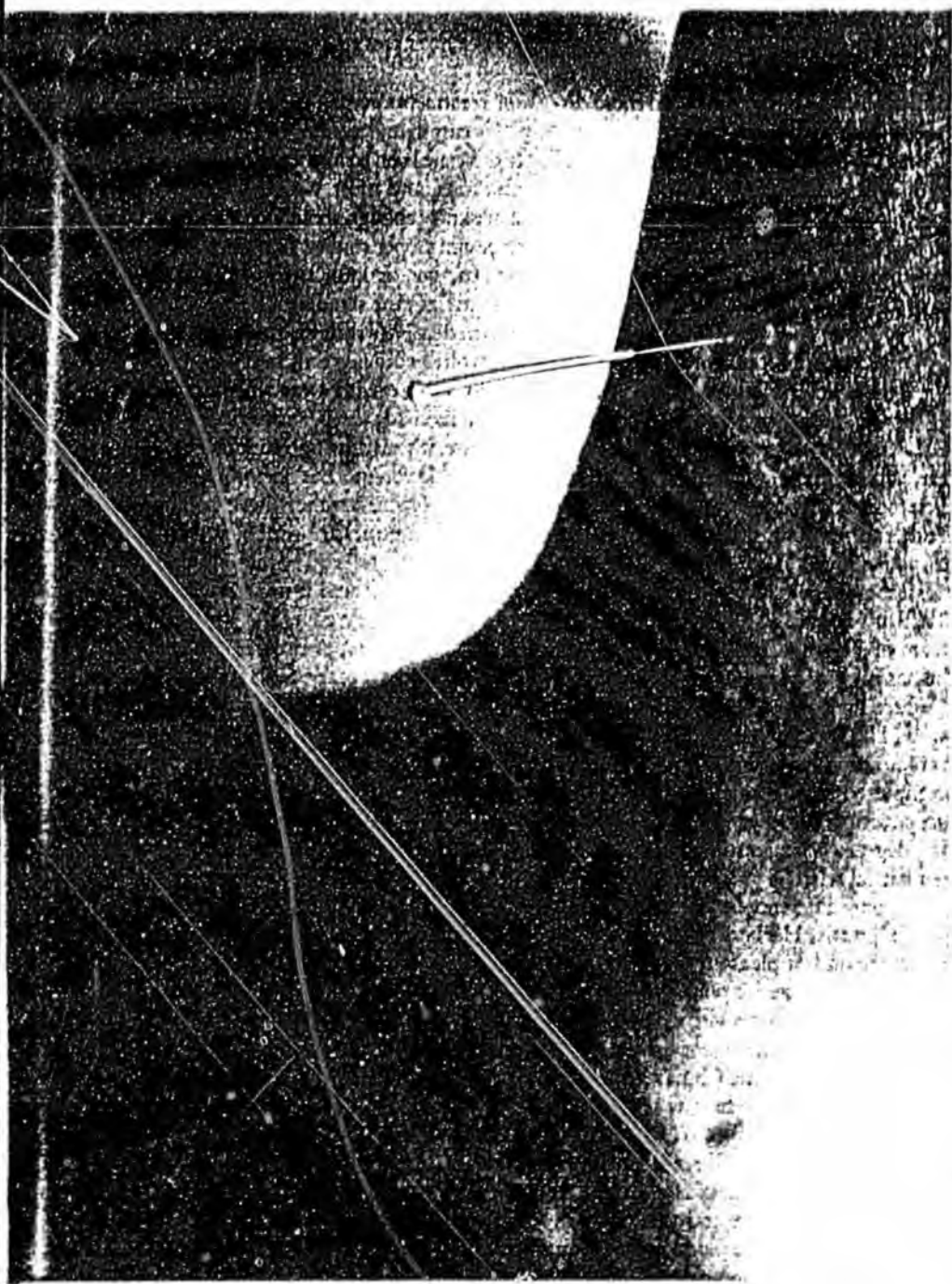
results have been obtained with cancer patients using the lifesaving but usually nauseating chemotherapy drug cisplatin. In at least two studies of more than 100 patients each, better than 90 percent of them had significantly less nausea when treated with acupuncture just before taking the drug.

Addiction

FOR A NATION of addicts—to cigarettes, to alcohol, to drugs—acupuncturists propose a simple antidote: a few needles in the ear, every day, for half an hour.

Acupuncture's habit-breaking benefits

have been well documented in people hooked on heroin and crack cocaine through a program called Drug Court, in which felony drug offenders are given the chance to enter an intensive program of counseling and daily acupuncture treatments as an alternative to prison. Acupuncture stimulation of four points on the ear has a powerful calming effect, counselors and addicts say. It not only reduces the craving for a fix—perhaps by substituting the brain's own endorphins for the street-drug equivalent—but it also helps addicts relax enough to think clearly about their predicament and to resolve to change their lives.



Premenstrual Syndrome

A CONSTELLATION OF SIX OR MORE NEEDLES, RANGING FROM A POINT ON THE EAR TO ONE THREE INCHES ABOVE THE ANKLE, IS THE USUAL REMEDY.

The program has its roots in work by Michael Smith, a psychiatrist and acupuncturist who directs the substance abuse division of Lincoln Hospital in the rough-and-tumble South Bronx, where some 30,000 addicts have been treated with the help of acupuncture in the past 20 years.

All told, about half of Drug Court addicts make it through the year-long program, a graduation rate far higher than anything seen in standard residential treatment programs. And an analysis in Miami recently found that more than three quarters of the program's graduates went at least two years without another

arrest, compared to the 15 to 20 percent seen with standard drug diversion programs.

The needle has had success against other addictions, as well. In a two-month study published in 1989, more than half the alcoholics who got acupuncture stayed sober, compared to 3 percent of those who received "sham" acupuncture treatments, in which needles were inserted in phony acupuncture points. And for a testimonial on acupuncture as an aid to quitting cigarettes, just ask the judge who administers the Drug Court program in Miami's Dade County. He smoked several packs a day for 35 years until five years ago, when he

served the same sentence on himself that he had just begun serving on convicted felons: daily appointments with an acupuncturist. After ten days, he kicked the habit for good.

Stroke

IT'S HARD TO IMAGINE a more striking contrast of high- and low-tech medicine than that being practiced by Margaret Naeser at Boston University School of Medicine. Naeser is using CAT scan images of stroke victims' brains to predict with stunning accuracy which patients will benefit from acupuncture and which will not.

Naeser has found that most patients who have had a stroke can speed their recovery—as measured by tests of mobility and strength—when given two to three acupuncture treatments a week for two to three months. Specifically, she says, those patients whose CAT scans show that less than 50 percent of their motor neuron pathways have been damaged see improvement. Among those with greater damage, none benefit.

Chinese doctors routinely use acupuncture in the hours after a heart attack to help reopen clogged arteries that bring blood to the heart—perhaps by triggering the release of hormones that dilate blood vessels—and it's possible that acupuncture can do the same for vessels feeding the brain. Another possibility, Naeser says, is that acupuncture may help surviving neurons find new pathways, effectively bypassing damaged parts of the brain.

Asthma

AMONG THE LESS well documented but tantalizing reports are those suggesting acupuncture can help ease the shortness of breath that comes with asthma and other respiratory problems. The best study to date, led by Kim A. Jobst at Oxford University, showed improvements as measured by "quality of life" scores and breathlessness measures. Other studies have turned up mixed results. Nine showed reduced dependence on medicine, Jobst says, while three showed no benefit and three concluded that people getting acupuncture actually did worse.

If acupuncture does help, the explanation could lie in its apparent ability to work directly on nerves to reduce the spasmodic tendency in asthmatic lungs, keeping them from contracting at the least little irritant in the air. Alternately, it may open narrowed blood vessels in the lungs. Or it

may simply prompt patients to relax and breathe more fully. Whatever the mechanism, with asthma incidence and death rates skyrocketing in recent years—and growing evidence that long-term use of standard asthma drugs may be exacerbating rather than easing peoples' symptoms—it would be foolish, Jobst says, to ignore acupuncture's potential.

Other Uses

THERE ARE SCORES of other ailments for which there is at least anecdotal evidence that acupuncture is useful, although without proper studies it is impossible for now to say for sure. Skin conditions unresponsive to prescription medications have been reported to clear up within days. Facial paralysis thought to be due to irreparable nerve damage has disappeared after just three or four treatments. Sleeplessness, restlessness, vision and hearing problems, and impotence all have yielded in one report or another to the power of the needle. Some research even suggests that stimulation of a point near the small toe may help turn a breech-position fetus around in the womb before delivery.

To critics of acupuncture, this bounty of riches is precisely what constitutes grounds for suspicion: How could one kind of treatment, one simple needle, treat such a wide variety of ailments?

"We look at acupuncture and we've got to say, 'Wait a minute. Can one device do all those things?'" says David Lytle, an FDA research biophysicist. "There's a credibility thing that has to be dealt with."

Others are equally skeptical. Many mainstream doctors still shake their heads—some even snicker—when asked about acupuncture. After all, there is no objective evidence that qi exists, and there is nothing resembling Chinese meridians in Western physiology or anatomy books. "No way," they say. "It's just a needle. How in the world could it work?"

In fact, endorphins could account for quite a lot. These compounds are powerful painkillers and mood enhancers. And they are typically served up by the brain along with a splash of cortisol, an anti-inflammatory hormone that can reduce many kinds of muscle and joint pain, including arthritis.

There is also evidence, Pomeranz and others note, that stimulation of sensory nerves that run from the skin to the spinal cord can trigger a burst of activity in so-called sympathetic nerves, which link the spinal cord to various organs. Among the

benefits: increased blood flow to those distant organs.

Ming just smiles. "It's too complicated to understand," he says. Besides, he points out, it's not as if Western medicine makes so much more sense: Nobody understands how anesthesia works, he says, but nobody says we should stop using it.

SUCH GLIB EXPLANATIONS just irritate Victor Herbert. "Acupuncture? Oh, you mean quackupuncture," says the outspoken lawyer and doctor who practices medicine at the Bronx Veterans Affairs Medical Center in New York and is a longtime critic of most alternative medical specialties.

Herbert spent three weeks in China in 1979 investigating acupuncture with a team of 11 other American doctors, and he has his own ideas about how it works. "Where hypnosis works, acupuncture will work," he says. "Ten percent of people are profoundly suggestible, and they will get complete relief from either hypnosis or acupuncture. Another 80 percent are varying degrees of suggestible, and they will get partial relief."

The only difference between acupuncture and hypnosis, Herbert says, is that acupuncture adds a pleasant dose of endorphins. And to prove his point that you don't need acupuncture to get its effects, he launches into a favorite story about a visit to the Beijing Institute, China's leading research facility, where he saw several rabbits strapped onto tables. The rabbits, he explains, had tiny tubes threaded into their brains so the researchers could measure endorphin levels before and after acupuncture stimulation of the pain-control point. As expected, the opiates rose dramatically after each animal was needled.

"I said, 'That's very interesting,'" Herbert recalls. "Then I said to them, 'Watch this. I'm going to pinch this rabbit's ass.' I did, and then we measured the animal's endorphins. Sure enough, the levels had risen as much as they had from acupuncture. 'Thank you very much,' I said. 'Now I understand how acupuncture works.'"

Acupuncturists themselves acknowledge that until recently, their research had more holes than a pin cushion. One recent summary concluded that only 28 of the approximately 2,500 acupuncture studies published in English since 1960 offered meaningful information about whether

the treatments actually worked.

It's easy to understand why. Few acupuncturists have been trained in Western research methods, and most Western researchers don't know enough about Eastern medicine to design proper studies. Complicated matters further, acupuncture simply doesn't lend itself to the standard method of proving medical worthiness, the double-blind controlled clinical trial, in which neither doctor nor patient knows whether the patient is receiving a real treatment or a placebo. Sure, it's easy enough to fool a patient, but how do you fool the doctor?

Still, a few researchers have compared "sham" acupuncture—such as random needle pricks—to "real" acupuncture, and many have compared it to other placebos. In virtually every case, the best results were with real acupuncture, suggesting that Herbert and other critics might be underestimating its specific power.

Besides, acupuncturists say, it's hard to resist the sheer volume of anecdotal support for acupuncture. Safe and effective? Come on! Some 160 generations of Chinese can't all have been wrong. Has there ever been a longer clinical trial in history?

THINK ABOUT IT, Ming says over a cup of green tea in his office. Is there any Western medical discipline with a safety record like this? Even FDA-approved acne medications can cause birth defects. So okay, he says: If a condition is clearly in need of radical treatment with Western drugs or surgery, fine. But if there is some question . . . some time . . . he shrugs his shoulders. Why not try something simple?

Patients are waiting. Margaret Clark is a 16-year-old with hormone imbalances and fibromyalgia, an inflammatory disease that typically causes deep muscle pains and joint stiffness. She went from specialist to specialist without any success until an exasperated endocrinologist finally referred her to Ming. Since she began weekly treatments last month, she says, her muscle spasms have mostly gone away, her joints have grown less achy, and the frequent headaches she'd been getting have become rare.

Ming spears her with seven needles in a matter of a few seconds: one near the shoulder blade, two in the lower back, and four in the backs of her legs. He twists the wires gently and waits for the signal that

Nausea

A SIMPLE PRICKING OF THE WRIST SEEMS TO CONTROL MORNING SICKNESS, MOTION SICKNESS—EVEN THE NAUSEA ASSOCIATED WITH CHEMOTHERAPY.



Finding a Good Acupuncturist

YOUR KNEE SHUDDERS WITH A JOLT OF ELECTRICITY every time you go down stairs, or your shoulder is tied up in knots again, and you're thinking about seeing an acupuncturist. Before you do, let your doctor know what you're up to. Most physicians will want to first rule out conditions that can't be helped by the needle, such as acute infections, cancer, and heart disease. After that, here are a few things to keep in mind when choosing an acupuncturist:

Check credentials. A state license doesn't guarantee competency, but it helps, particularly if you live in one of the 25 states that set rigorous training standards (Alaska, California, Colorado, Florida, Hawaii, Iowa, Louisiana, Maine, Maryland, Massachusetts, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, as well as the District of Columbia). In states that don't require a license, choose an acupuncturist certified by the National Commission for the Certification of Acupuncturists. Its 3,100 members have a minimum two years of training at an accredited acupuncture school—or have worked as an apprentice acupuncturist for at least four years—and have passed both a written and practical exam. (For details about the licensing laws in your state or to find out whether a particular acupuncturist is certified, call the NCCA at 202/232-1404.)

Acupuncture licensing requirements for doctors are generally more lenient than for non-M.D.s. For any acupuncture treatments beyond the most rudimentary, it's best to choose a physician who is a member of the American Academy of Medical Acupuncture; it requires a minimum 200 hours of training for membership. (Call the AAMA at 800/521-2262 to find out if your physician is a member.)

Insist on disposable needles. (Most acupuncturists now use them.) Although proper sterilization should kill bacteria and the viruses that cause hepatitis or AIDS, reusable needles always carry a small risk of infection.

Ask about treatment styles. Acupuncture encompasses several distinctive styles. Japanese acupuncture, for example, calls for fewer and finer needles inserted at shallower depths, requiring more precision in needle placement. There's no evidence that one particular style is more effective than another, but you should know what you're getting into.

Check out the cost. A first visit to a nonphysician acupuncturist can cost as little as \$40 or as much as \$100. Follow-up visits usually range from \$30 to \$70. Physician acupuncturists generally charge a little more. Only a handful of insurance companies cover acupuncture for now, so be sure to check your policy ahead of time.

Be realistic. Decide in advance what your goals are and discuss them with your acupuncturist. If you're not happy with your progress after a few weeks, think about changing acupuncturists or check back with your doctor for advice about other options. —R.W.

his aim is true. Clark says, "Um-hmm."

"Ashi!" Ming says. Oh, yes.

In an adjoining room Ming treats Tony Bonanno, a 48-year-old music teacher and guitarist who a few years ago began to suffer from nerve degeneration in his arm, causing constant pain and threatening to end his musical career. "After five or six treatments, the difference in the pain level was incredible," Bonanno says, sitting in a chair while Ming deftly inserts needles into his neck, elbows, and hands. "I have more energy, I feel relaxed and rejuvenated, and I can play fine movements on the guitar again."

Ming twists the last needle.

"Um-hmm," says Bonanno.

"Ashi," Ming says.

Later, in his office, Ming leans back in his chair. The walls are covered with anatomical charts showing acupuncture meridians and target points, all labeled in Chinese. And there are certificates, in English, displaying his Western credentials. The contents of his bookshelves span the spectrum of medical wisdom from China's Yellow Emperor of 2600 B.C., considered by many to be the founder of acupuncture, to William Osler, the "father" of modern Western medicine—who, by the way, in the first edition of his famous medical textbook, advocated the use of "hat pins" stuck into certain points in the body as a treatment for back pain.

"We get all the toughest cases," Ming says with a sigh, "but not much credit. Everybody we see has tried everything—everything—before they finally come to us. And when they leave, they say, 'I wish I had come here before.'"

Word gets around. Every week new people show up, and Ming tolerates another round of the same old questions. Are there really "points" in the body—actual holes where the needles must enter? There are holes, he says, but maybe not the kind of holes we usually think of.

Is it just endorphins? Nerve stimulation? Suggestion? Ming smiles at the very Western effort to boil it down to a simple answer.

"People are not like cars," he says, "where you can just fix the tire or change the oil."

He is not trying to be mystical. Just realistic. Everything is connected, he says, and everybody is different. But to get hung up on the question of how it works is to miss the point.

The proper question to ask, Ming suggests, is, *Does it work?* And that he can answer in a single word: "Ashi." ■

Rick Weiss is a contributing editor.

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David Frazier & Associates Inc.

1600 "A" Street, #300

Anchorage, Alaska 99501

(907) 258-1169

FAX (907) 258-3638

Porter

To: Senator Lyda Green

Senate HESS

Fax: 465-3805

From: David Frazier

Legislative Chair, South Alaska Life Underwriters

Fax:

February 1, 1995

Comments: I saw your spouse today and he suggested that I contact you about our position on adding Acupuncturist and Physician Assistants to the list of independently licensed "health care providers". This would allow these "providers" to bill services directly to their patients. Now they have to be supervised by medical physicians to practice legally in Alaska. Insurance companies and doctors like it the way it is and are opposed to this change. Generally, we are not opposed to this change as long as the practitioners do not over reach their level of skill and also maintain adequate professional liability insurance and indemnify any patient that is harmed by their treatment. Feelings may run strong on this issue so I would suggest a compromise might be to allow licensure law that would include a sunset provision and if its got a public policy, then a resolution could follow.

It's great to have you there. I have a wonderful session!

fax

T R A N S M I T T E N

FEB 01 1995

M E M O R A N D U M

DATE: February 3, 1995

TO: Senator Lyda Green

FROM: Curtis Green

SUBJECT: Acupuncturists and Physician's Assistants

Lyda, I talked to Jay Seymour from the health company in Salem. He advises that State Farm's position on whether or not acupuncturists and physician's assistants should be included in health payments is a "non-position".

State Farm is directed by the laws of each state and is generally comfortable with whatever those laws may be. For example, in Oregon, physician's assistants are licensed and payments are made to physician's assistants. As for acupuncturists, our policies don't come into play too often in that regard because our policies do not normally cover out of hospital expenses and there's not too many acupuncturists admitted to practice medicine in hospitals.

Jay did ask that you contact him if you have any questions. His phone number is (503) 463-3880. Hope this helps.

Curtis Green

SB100



Health Care Coalition of Alaska

4107 Laurel Street Anchorage, Alaska 99508 (907) 562-2662 Fax 561-2063

Members March 2, 1995

Alaska Academy of
Physician Assistants

Alaska Dental Society

Alaska Native Health Board

Alaska Nurses Association

Alaska Pharmaceutical
Association

Alaska Public Health
Association

Alaska State Hospital &
Nursing Home
Association

Alaska State Medical
Association

RE: SB 100

To Whom it May Concern:

The Health Care Coalition of Alaska supports the intention of SB 100 to add physician assistants to the list of health care providers protected against unfair discrimination under a group health disability policy.

We urge the passage of this legislation.

Sincerely,


John Riley
Chairman

Associate
Members

Alaska Chiropractic Society

Alaska Medical Group
Management Association

Alaska Psychological
Association

Alaska Public Interest
Research Group

American Association of
Retired Persons

League of Women Voters



alaska academy of physician assistants

To: Senator Lyda Green
Chairman, HESS
State Capitol Building
Juneau, Ak

From: Jeanne Clark, PA-C
President Elect, Alaska Academy of Physician Assistants
479 Slater Drive
Fairbanks, Ak 99701

Date: March 2, 1995

Dear Senator Green,

I am requesting that you support SB 100, which will be heard in HES committee on Monday, March 6th. It is a bill to include Physician Assistants in the non-discriminatory statute that prevents insurance companies from denying payment for services.

In the past, it was assumed that Physician Assistants would be paid as if the physician rendered the services. But some insurance companies have interpreted the statute in a way that since Physician Assistants were not specifically named they are not obligated to pay for services. Some insurance companies still are paying for services but some are not. It is a major problem when Physician Assistants are the only health provider available to patients in some areas of the State.

The Alaska Academy of Physician Assistants thank you for your consideration in this matter. I hope you will support this bill and feel free to call me with any questions. Our Lobbyist, Jack Heesch, is also available in Juneau and will call on you to discuss the bill. You can reach me at my work # 452-6610 or at the above address.

Sincerely,

Jeanne M. Clark PA-C
Jeanne M. Clark, PA-C

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. SB 100

Revision Date: _____
 Title: An Act relating to unfair discrimination against a physician assistant or acupuncturist under a group health insurance policy
 Sponsor: Senate Labor and Commerce Committee
 Requestor: _____

Department Affected: All State Agencies
 BRU: All State Agencies
 Component: All State Agencies
 COMPONENT SERIAL NO. 64

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE: (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 95) cost: \$ zero

POSITIONS:

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

ANALYSIS: (Attach a separate page if necessary.)

Under the current health plan for active state employees, individuals are only reimbursed for services of a physician assistant if the physician assistant is under the supervision of a medical doctor. This bill will allow physician assistant services to be reimbursed under insurance even if the physician assistant is not being supervised by a medical doctor.

This bill would also allow insurance reimbursement for services provided by an acupuncturist in lieu of a medical doctor, if service or form of treatment provided would normally be covered by the health plan.

This bill is not expected to increase the state's health plan premium.

Prepared by: Robert F. Stalnaker *Robert F. Stalnaker* Phone: 465-4470
 Division: Retirement & Benefits Date: _____

Approved by Commissioner: Mark Boyer *Mark Boyer* Date: 3/3/95
 Agency: Department of Administration

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SB

103

Senator Judith E. Salo

Alaska State Legislature



SPONSOR STATEMENT Senate Bill 103

SB 103 encourages corporations in Alaska to provide child care for employees. The bill offers up to \$100,000 in income tax credits to business' that build, remodel, maintain or operate a child care facility for the employees of the company. The tax break can only be claimed one time.

At least 27 states have passed laws encouraging corporations to provide child care. Many of these states have passed a combination of measures. The simplest form is to provide a tax credit to corporations. At least 17 states have passed legislation offering monetary incentive for corporations.

There is no greater concern for working parents than the ability to obtain quality, affordable and dependable child care. When that child care is developed to coincide with the hours and demands of the employer everyone benefits. The ability to attract and retain good employees is enhanced by the companies recognition of the importance of child care. Productivity of employees is increased when worries about child care are lessened or eliminated. Studies also show that maternity leave time and absenteeism are reduced with good corporate-sponsored child care.

Alaska has at least two excellent examples of effective, efficient, corporate child care facilities: the Providence Center for Child Development and the BP Early Learning Center. One is located on-site and one is a nearby facility. This bill is being introduced in the hope that more employers in Alaska will consider providing child care facilities for their employees.

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 Interim Kenai: 34824 K-Brach Rd. • Kenai, AK 99611 • (907) 262-4254 • (907) 262-1881 FAX

Revision Date: _____ Dept. Affected: Revenue
 Title: Tax Credit for Providing Child Care BRU: Audit Operations
 Component: Income and Excise Audit
 Sponsor: Sen. Salo, Pearce
 Requestor: (S) HES COMPONENT SERIAL NO. 113

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE FUND SOURCE: GF	0.0	*****	*****	*****	*****	*****
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FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current (FY95) impact \$ 0.0

ANALYSIS: (Attach a separate page if necessary)

(See Attached Analysis)

Prepared by: Robert N. Bartholomew, Deputy Director *Robert N. Bartholomew* Phone: 465-2320
 Division: Income and Excise Audit Date: 3/13/95
 Approved by Commissioner: *[Signature]* Date: 3/13/95
 Agency: Department of Revenue

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Bill Analysis

This bill amends corporation net income tax statutes (AS 43.20) to provide for a tax credit not to exceed \$100,000 for costs of building, remodeling, maintaining or operating a child care facility which is operated by a taxpayer to care for the minor children of the taxpayer's employees. A taxpayer may claim a child care tax credit only one time.

This bill takes effect January 1, 1996 and applies to tax years that begin on or after January 1, 1996.

Operating Costs

Department of Revenue does not anticipate any additional costs for administering the child care tax credit program. The Department will update its returns to allow for taxpayers to claim the credit.

Revenue

Department of Revenue is unable to determine revenue impacts of this bill because it is not feasible to estimate how many child care facilities would qualify for credits under this bill and the magnitude of costs associated with the facilities.

Since taxpayers are currently able to deduct costs associated with child care facilities in calculating their taxable income, a \$100,000 expenditure may yield them benefit of \$109,400 as follows: \$9,400 benefit from a tax deduction (\$100,000 times the maximum 9.4% corporation tax rate) plus the \$100,000 credit. The Department recommends that legislature consider changes on lines 10 and 11 to read, "the taxpayer may not use the same costs on which the credit was based to claim a credit or a deduction from income under this or under another provision of this title." to limit the taxpayer's maximum tax benefit to just \$100,000.

Based on information from Department of Health and Social Services, there are currently about 750 licensed child care facilities in Alaska. It is unclear whether a child care facility eligible for this credit would have to provide care solely for children of the taxpayer's employees. Under this bill, it may be possible for a taxpayer to claim a credit for costs associated with a child care facility (operated by the employer) for a facility which cares for children of both employees and the public. If this is the case, taxpayers would be able to claim credits for costs associated with the care of the general public's children and thus have an incentive not available to all private child care facilities.

This bill applies to tax years beginning on or after January 1, 1996. Since corporation taxpayers file annual returns, the first returns for which a credit could be claimed (calendar year 1996) are not due until April 1997. Therefore, this bill have no revenue impact for FY 96.

SB

105

3B
1057, 12

STATE



LINE

A Resource for Pro-Life Legislators

from Americans United for Life

MARCH 1995

- In **Montana**, HB442, which prohibits non-physicians from performing abortions, passed the Senate and has been signed by the governor.
- Also in **Montana**, parental-notice bill HB482 has now passed both houses and is awaiting the governor's signature.
- SB16, a **Kansas** fetal-homicide bill, has passed both houses and is awaiting the governor's signature. There is no limitation on the gestational age of the unborn child.
- HB1340, a bill requiring two-parent consent with judicial bypass, passed the **Tennessee** Senate 29-3. The bill allows for one-parent consent if a parent cannot be located after "reasonable effort" or if a parent is charged with incest. If passed, the bill would replace the current parental-notification statute.
- The **Washington** House passed HB1523, a one-parent notification bill. A bypass provision, emergency exemptions and fines for non-conforming doctors are part of the bill. An amendment was later added providing that if the father is under 18 years of age, his parents also must be notified. The bill died in the Senate without a hearing.
- In **Illinois**, the House passed HB955, a parental-notification bill, which allows the physician to give notice to a parent, grandparent, stepparent living in the household or a legal guardian at least 48 hours prior to performing an abortion on a minor. There are no civil or criminal penalties for non-conforming physicians.
- The **Illinois** Senate passed SB836, a one-parent notice bill with judicial bypass. This bill allows the state's attorney to file a civil suit against a physician who does not notify a parent.
- SB279, a **Missouri** counseling bill, passed in the Senate 26-6. The bill mandates that a woman seeking an abortion must talk to an independent, but state licensed, "case manager" who is familiar with available alternatives. The woman may refuse the service, but must sign an acknowledgement showing she was presented with the opportunity to confer with a case manager.
- In a 2-1 decision, the Ninth Circuit Court upheld a **Washington** state anti-assisted suicide law and ruled against a federal constitutional challenge. The law prohibits any assistance in suicide. The Court stated that there was no deprivation of a liberty interest under the due-process clause because there is no history or tradition of protecting suicide or assisted suicide. The Court also rejected the equal-protection argument because it determined that the refusal of life-sustaining medical treatment cannot be equated with assisted suicide. *Compassion in Dying v. State of Washington*, No. 94-35534.
- This month, the **Massachusetts** Supreme Judicial Court denied a wrongful death suit for the death of child who was stillborn, but not viable. *Thibert v. Milka*, No. SJC-06596.
- U.S. District Judge Rudolph Randa ruled that a portion of FACE is unconstitutional. He concluded that the part of the law that bans "non-violent, physical obstruction of reproductive health services clinics is unconstitutional" because it exceeds Congress' power under the Commerce Clause. *United States of America v. George Lyman Wilson, et al*, No. 94-CR-140.



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Stalene Contact: Nancy Smyth, legislative program coordinator, 312. 786-9494

APR 27 1995

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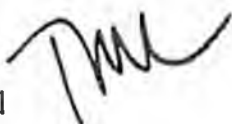
130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM

March 18, 1995

SUBJECT: Constitutionality of Requiring Parental Consent with a Judicial Bypass Procedure for Minor's Abortion - Update (SB 105)

TO: Senator Johnny Ellis
Attn: Nina

FROM: Terri Lauterbach 
Legislative Counsel

This memorandum is sent to update a memorandum sent to you on this subject March 13, 1995.

The earlier memorandum discussed a 1989 California case in which a preliminary injunction had suspended the parental consent requirement pending the outcome of a trial on the merits. I have now ascertained that the preliminary injunction was upheld on appeal, the lower court trial on the merits concluded with a finding that the consent requirement was unconstitutional, and the lower court opinion on the merits has also been upheld after appeal. American Academy I, 214 Cal.App 3d, 263 Cal.Rptr. 46; American Academy II, 31 Cal.App.4th 861, 32 Cal.Rptr.2d 546, reh.den., Aug. 1, 1994, review granted, Sept. 29, 1994.

The appellate court opinion found that the interests alleged to be served by the consent requirement were compelling (state interest in the well-being of the minor, reducing the teenage pregnancy rate, and fostering the parent-child relationship), but they would not in fact be furthered by having the consent requirement. The court stated in its opinion that

The evidence was nothing less than overwhelming that the legislation would not protect these interests, and would in fact injure the asserted interest of the health of minors and the parent-child relationship. It also appears that the existing medical system in fact serves these asserted interests and that the legislation therefore is not the least intrusive means available of furthering them. . . . [We] also conclude that the judicial bypass procedure creates a substantial obstacle whose only effect is to hinder the minor from obtaining an abortion. Whether a minor is capable of giving informed consent to undergo an abortion is a question which can be more easily decided by a physician than a judge.

Senator Johnny Ellis

March 18, 1995

Page 2

This case adds additional weight to my conclusion in the earlier memorandum that "there is substantial reason to believe that a state court in Alaska could find SB 105 unconstitutional."

I have attached a copy of the Appendix to American Academy II, laying out the type of evidence relied on by the court. I apologize for not including this appellate case in the earlier memorandum. Please let me know if I can be of further assistance.

TML:glc
95-240.glc

Enclosure

burden placed on informational privacy. Having concluded that this legislation unconstitutionally interferes with autonomy privacy, we need not also consider whether it places an impermissible burden on informational privacy. Nor shall we consider the constitutional question of whether A.B. 2274 also violates equal protection guarantees. (See *People v. Williams* (1976) 16 Cal.3d 663, 667, 128 Cal.Rptr. 888, 547 P.2d 1000.)

CONCLUSION

The judgment and order of injunction are affirmed.

NEWSOM, Acting P.J., and DOSSEE, J., concur.

APPENDIX

The superior court noted that minors have been undergoing abortions for the last 20 years without parental involvement, and there was no evidence that the medical, emotional and psychological consequences of an abortion, particularly when the patient is an immature minor, are serious or can be long lasting. To the contrary, the uncontradicted evidence disclosed that an abortion is a medically safe procedure, particularly for adolescents, and that the risk of medical complications resulting from pregnancy and childbirth is significantly greater than the risk of undergoing a therapeutic abortion. The trial court concluded, therefore, that A.B. 2274 cannot be justified on the grounds of protecting the minor's physical well-being.

Additional evidence disclosed that minors are at no special psychological or emotional risk from abortion and, indeed, are less likely than adults to experience any adverse psychological reaction to the procedure. Few women, whether adults or minors, suffer psychological or emotional consequences from abortion. Indeed, the evidence was that minors who choose to undergo abortion experience a sense of self-esteem and sense of control equal to, and ultimately greater than, that experienced by those who choose to carry to term. There was evidence that a child's emotional and developmental well-being is adversely affected by a family situation in which significant decisions, such as the abortion decision, are made without benefit of parental involvement. Contrary to any implication by the State, however, the evidence was that the decision by the minor not to involve a parent in the abortion decision does not lead to a poor familial relationship, but is the result of a poor familial relationship. It

addition, the evidence was that parental involvement can have an adverse psychological or emotional effect on the minor, particularly when that involvement is coercive or otherwise interferes with the minor's ability to make an autonomous decision. The evidence accordingly established that the decision to undergo an abortion does not itself cause emotional or psychological injury, and that compelling parental involvement in the decision does not aid, but can in fact injure, a child's emotional or psychological well-being. The trial court concluded, therefore, that A.B. 2274 cannot be justified on the grounds of protecting the minor's psychological or emotional well-being.

The superior court found support for the legislative finding that the capacity to become pregnant is not necessarily related to the capacity to exercise mature judgment. The court further found that the question must be whether a particular minor is mature enough to give informed consent to a medical procedure, i.e., abortion. As the superior court found, no operation may be performed unless the patient has given informed consent. Thus before a physician may perform an abortion, he or she must be satisfied that the patient, whether or not a minor, is in fact capable of giving informed consent for an abortion and that the decision to have an abortion is in fact the result of such informed consent--just as a physician must be satisfied that informed consent has been given for any medical procedure.

In addition, the evidence disclosed that adolescents in general are capable of the kind of cognitive and operational thinking required to give informed consent to medical procedures, including therapeutic abortions. Plaintiffs produced evidence that most adolescents, at least by the age of 14 or 15, are capable of adult decision making, exhibiting the ability to reason logically and to take into account both the short-term and long-term consequences of their behavior. The State did not claim otherwise but argued, through its expert witness, that the decision to undergo an abortion has ethical and moral overtones and that a woman is not capable of making a moral decision until the age of 18 or 19. Other expert witnesses, however, testified that young adolescents do in fact have the capacity to consider ethical matters and make moral judgments in the same manner as adults. It was further shown that adolescents follow the same process as do adults when considering and deciding whether to have an abortion. The superior court accordingly concluded that the evidence disclosed that adolescents as a group do not differ from adults as a group in their methods of making the decision whether or not to have an abortion.

Plaintiffs also introduced evidence that adolescents are in fact given a wealth of information and counseling designed to ensure that they understand and truly consent to whatever medical decision they ultimately make. Standardized counseling protocols have been implemented in any clinic receiving government funds. Counselors provide objective information and nondirective counseling on the risks, benefits and contraindications of both abortion and of carrying a pregnancy to term. For all of these reasons, and particularly in light of the fact that a physician may not perform any medical procedure, including abortions, without first having obtained the informed consent of the patient, the superior court concluded that A.B. 2274 is not necessary as a method of protecting minors from consenting to abortions without fully understanding the implications and effects of that choice on their health and well-being.

Thus, the evidence was that the interests asserted by the Legislature as its reasons for enacting A.B. 2274 will not be furthered by the legislation, and thus do not justify the burden the legislation places on the right of privacy.

The State argued that other interests not set forth in the legislative findings will be furthered by the legislation, specifically: (1) the interest in reducing the teenage pregnancy rate, and (2) the interest in preserving and fostering the parent-child relationship. As to the first of these arguments, the State introduced a study indicating that the adolescent pregnancy rate had dropped in the states of Minnesota, Missouri and Massachusetts following the adoption of a parental consent statute in each state. Plaintiffs, however, countered with evidence that in each instance the pregnancy rate had dropped for other reasons. They pointed out that during the same time periods the teenage pregnancy rate had also dropped in states with no parental consent statute, and introduced evidence that parental consent statutes did not reduce the rate of pregnancy, but simply caused minors seeking abortions to obtain them in other states. In other words, the evidence was that although the rate of abortion may have dropped, the actual rate of pregnancy did not. The superior court concluded that parental consent statutes have no effect on the adolescent pregnancy rate. Moreover, the court found that there are other methods of reducing teenage pregnancies less injurious to the right of privacy. These methods include education and counseling on the subjects of sexual conduct and birth control, and providing other forms of birth control. The court concluded, therefore, that A.B. 2274 cannot be justified on the ground that it will lower the rate of teenage pregnancies. The superior court also found that the State's position in effect was that the parental consent statute would be an effective deterrent to teenage sex. In other words, one method of deterring a teenager from engaging in sex would be to threaten her with

the possibility that she might be compelled to bear an unwanted child. The court, with good reason, questioned the rationality of prescribing pregnancy as punishment. (And see *Carey v. Population Services International* (1977) 431 U.S. 678, 694-695, 97 S.Ct. 2010, 2021, 52 L.Ed.2d 675)

As to the interest in fostering and preserving the parent-child relationship, the court noted, again, that the evidence was that compelling a minor to consult a parent about an abortion decision cannot aid, and in many instances will in fact injure, the parent-child relationship. The superior court therefore concluded that a parent's right to control his or her children cannot supersede the minor's right of privacy in the area of procreative choice so as to justify legislation interfering with the minor's right of privacy. In all events, the evidence was that most minors do consult with their parents when deciding whether to have an abortion. Part of the counseling given minors is to encourage them to consult with their parents. Furthermore, studies show that minors are no more likely to consult with their parents in states having parental consent statutes than in states having no such legislation. The determinative factor is not the existence of a parental consent statute, but the quality of the parent-child relationship prior to the pregnancy. The likelihood that a child will consult a parent improves with the quality of that relationship, but the consultation itself has no positive effect on that relationship.

The evidence also showed that for many minors, consulting with a parent simply is not a reasonable option. Plaintiffs presented evidence that a significant number of families are abusive or otherwise dysfunctional. In a substantial number of these families, adolescent girls are at a particular risk for violence. Even the State's witnesses recognized that at least 10 percent of the state's families have none of the attributes for coping effectively with family problems, and other families have only a few such attributes. The trial court found that to the extent A.B. 2274 might compel any minor from an abusive family to discuss her pregnancy with her parent or parents, it would endanger the minor by causing her to place herself at physical and mental risk.

The court also found that a significant number of these adolescents ultimately will choose to undergo the judicial bypass procedure rather than consult with a parent. The evidence showed that this choice itself was detrimental to the well-being of the minor. Minors in states having parental consent statutes delay the decision to undergo an abortion; the percentage of delayed abortions therefore increases following the implementation of such legislation. The medical risks of abortion, however, increase as a pregnancy advances. Any delay in obtaining an abortion caused by the minor's reluctance to go through the judicial bypass procedure, accordingly, is potentially injurious to her health. From this evidence it follows that the implementation of A.B. 2274 will harm at least one of the interests the legislation is intended to further: the physical well-being of minors.

In addition, the judicial bypass procedure requires minors to go to court and to discuss private and intimate matters with a judge and other strangers. The evidence was that the procedure causes these adolescents extreme anxiety. Testimony from out-of-state judges who have presided over such proceedings established that the proceedings are difficult and upsetting. Moreover, the testimony further established that the judicial bypass procedures achieve no real end. The judges found that the minors as a rule were mature enough to make a choice, in which case the judge, as he or she was required to do, simply affirmed the minor's choice to undergo an abortion. In those instances in which the minor was not mature, the judges nearly universally concluded that she was not mature enough to become a mother and thus again decided that she should undergo an abortion, again affirming her choice. The evidence was that only an infinitesimal number of petitions were denied. The court found that of the 3,000 petitions heard in the first five years under the Minnesota statute, only 9 were denied. In the first five years under the Massachusetts statute, only 13 were denied and, of those, 11 denials were reversed on appeal. The result is that the evidence disclosed that the judicial bypass is a costly, unwieldy and essentially pointless procedure which achieves no purpose other than to cause stress to minors and delay the implementation of their decision to abort, thus rendering the abortion more dangerous.

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MEMORANDUM

March 13, 1995

SUBJECT: Constitutionality of Requiring Parental Consent with a Judicial By-Pass Procedure for Minor's Abortion (SB 105)

TO: Senator Johnny Ellis
Attn: Nina Brudie

FROM: Terri Lauterbach *TL*
Legislative Counsel

You have asked whether SB 105, if enacted, may be found unconstitutional.

In my opinion, depending on the evidence developed to support the purpose of the bill, there is substantial reason to believe that a state court in Alaska could find SB 105 unconstitutional. While a parental consent requirement for a minor's abortion has been upheld under the federal constitution when a judicial by-pass procedure was included, there are at least two states where a similar parental consent requirement with judicial bypass procedure has either been held unconstitutional under the state constitution (Florida) or has been enjoined because of the likelihood that the requirement was unconstitutional under the state constitution (California). The courts in those two states, Florida and California, based their decisions on the explicit privacy clauses in their state constitutions that offer broader protection than the federal constitution. Since Alaska's constitution also has an explicit privacy clause that has been construed to offer broader protection of privacy rights than the federal constitution, a court in Alaska could well decide that SB 105 is unconstitutional under the same reasoning used by the Florida and California courts. The crucial aspect will probably be whether the legislature can substantiate that a compelling state interest is served by the parental consent requirement.

DISCUSSION

SB 105 requires the consent of a parent, guardian, or custodian before the performance of an abortion for a minor unless the minor successfully petitions for court approval of the performance of the abortion without the consent of a parent, guardian, or custodian. The court process is known as a "judicial by-pass" procedure.

Senator Johnny Ellis
March 13, 1995
Page 2

This kind of parental consent requirement has been upheld by the United States Supreme Court under the federal constitution. Planned Parenthood Association of Kansas City, Missouri, Inc. v. Ashcroft, 462 U.S. 476 (1983).

However, this kind of parental consent requirement has been found unconstitutional by the Supreme Court of Florida under its state constitution and has been suspended in California through a preliminary injunction, based on the likelihood that the requirement was unconstitutional under California's constitution. In re T.W., a Minor, 551 So.2d 1186 (Florida 1989), rehearing denied; American Academy of Pediatrics v. Van De Kamp, 214 Cal.App.3d 831, 263 Cal. Rptr. 46 (1989).

In both Florida and California, the courts determined that the right to privacy was involved, that the right to privacy extended to minors, that the right was fundamental, and that the state needed a compelling state interest in order to justify the way the parental consent requirement impinged on the privacy rights of the minors who sought abortions. In both states, the courts looked at the interests that were suggested as compelling and found that they were not (Florida) or probably were not (California).

In Florida, the court considered whether the parental consent requirement advanced maternal health or fetal health, protected the minor, or preserved the family unit, similar to the interests set out in sec. 1 of SB 105. The Florida court held

The challenged statute fails because it intrudes upon the privacy of the pregnant minor from conception to birth. Such a substantial invasion of a pregnant female's privacy by the state for the full term of the pregnancy is not necessary for the preservation of maternal health or the potentiality of life... [The] additional state interests -- protection of the immature minor and preservation of the family unit... [are not] sufficiently compelling under Florida law to override Florida's privacy amendment. In re T.W., supra.

In California, the court considered the same kind of interests that are identified in SB 105¹ and responded in the following way:

¹ The California statute being considered read as follows: "The Legislature finds as follows: (a) the medical, emotional, and psychological consequences of an abortion are serious and can be lasting, particularly when the patient is an immature minor; (b) the capacity to become pregnant and the capacity for exercising mature judgment concerning the wisdom of an abortion are not logically related; (c) minors often lack the ability to make fully informed choices that take account of both immediate and long-range consequences of their actions; (d) parents ordinarily possess information essential to a physician's exercise of his or her best medical judgment concerning a minor child; and (e) parents who are aware that their minor daughter has had an abortion may better ensure that she receives adequate medical attention subsequent to her abortion." According to the court, the California Attorney General also argued that the statute furthered the state interest in the preservation of the parent/child relationship. These asserted interests are almost identical to those set out in section 1 of SB 105.

There is no argument that the protection of minors from physical, psychological, and emotional harm manifests a compelling state interest. Plaintiffs, however, filed numerous declarations, reports, surveys, and related material which demonstrated an ability to prove at trial that the minors are well-protected, or even better protected, under current law; i.e., that [the parental consent requirement] will not in fact further the interest at issue.

There was evidence which indicates that all but a very few adolescent minors have the capacity for exercising mature judgment concerning the wisdom of an abortion, and that no abortion is performed on any minor who is not capable of making that decision until a mature, trained adult has determined that it will be in her best interests. There was evidence indicating that minors are well-aware of their medical histories and can supply medical personnel with the information to determine the best course of treatment. There was evidence indicating that pregnancy clinics employ well-screened persons who are thoroughly trained in meeting the physical, psychological and emotional needs of minors and that those needs are in fact met before, during and after an abortion. There was evidence that an abortion will not be performed until after a minor has been thoroughly counseled and her pregnancy options completely explained to her. There was evidence that the vast majority of minors who undergo abortions experience no, or very few, detrimental emotional after-effects, that such after-effects as may be experienced usually are the result of sociological factors rather than of the abortion, and that where there are emotional after-effects, counseling is provided.

In addition, there was evidence which indicates that in reducing the ability of a minor to make her own decision in the matter, [the parental consent requirement] will cause increased stress and depression. There was evidence that most minors are very frightened of court proceedings and that such proceedings cause additional stress and anxiety. There was evidence that some minors will choose to undergo illegal abortions rather than reveal the fact of their pregnancies to their parents or to a judge. There was evidence that minors who do not wish their parents to know of their pregnancies usually are correct in their assessment of the negative results that would flow from disclosure. There was evidence that [the parental consent requirement] will cause minors to delay making a choice whether to have an abortion because of the cumbersomeness of the judicial process, because of the difficulty of many minors in obtaining confidential access to the court, and because many simply are reluctant to take any of the options provided by the statute. There was evidence that abortions performed later in pregnancy are attended with increased health risks.

[W]e find . . . that the needs of all minors are met under current law and thus the superior court reasonably could have believed that there is a likelihood that the People will not meet their burden of proving at trial that the discrimination inherent in [the parental consent requirement] is justifiable.

* * *

The Attorney General contends that [the parental consent requirement] furthers another state interest: the preservation of the parent/child relationship, or the benefit to the child resulting from communication with her parents about her pregnancy.

There was evidence, however, that minors currently are encouraged to consult with their parents, that many in general, and most of the younger minors, do in fact consult with their parents. There was evidence that parental consent statutes do not increase the number of minors who consult with their parents; rather the minors choose to undergo the judicial bypass procedure, to take unwanted pregnancies to term, or have illegal abortions. There was evidence that many minors who do not now choose to consult with their parents come from dysfunctional families where the discovery of their pregnancy will only adversely affect the parent/child relationship and may result in harm to the minor. We therefore find no abuse in the trial courts' determination that plaintiffs demonstrated a likelihood of proving at trial that [the parental consent requirement] will not further the state interest. American Academy of Pediatrics v. Van De Kamp, supra at 51 - 53.

I have set out at length the California court's basis for its decision because it illustrates the kind of evidence that will probably be crucial for the legislature to develop in support of SB 105 if its constitutionality is to be upheld. It also illustrates the type of evidence that will likely be encountered in any challenge to SB 105.

Since the Alaska constitution has an explicit privacy clause like the Florida and California constitutions, the constitutionality of SB 105 will likely turn on whether the legislature can support with evidence the interests that SB 105 says are compelling enough to justify the parental consent requirement. If sufficient supporting evidence is presented, SB 105 will probably be upheld. If sufficient supporting evidence is not presented, and there is the kind of countervailing evidence presented by challengers of the bill as was presented in Florida and California, there is substantial reason to believe that an Alaska court would not uphold the parental consent requirement.

FEB 20 1995

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KEVIN G. CLARKSON
OF COUNSEL

February 15, 1995

VIA LEGISLATIVE POUCH

Senator Loren Lehman
State Capitol
Room 113
Juneau, AK 99801-1182

Re: Memorandum Concerning Constitutional Limitations of Parental
Consultation Requirements as a Precondition to Minor Abortion
Our File No. 595-001

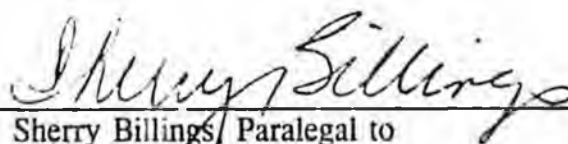
Dear Senator Lehman:

Please find enclosed the Memorandum Concerning Constitutional Limitations of Parental Consultation Requirements as a Precondition to Minor Abortions and supporting cases. If you need further assistance, please contact our offices.

Very truly yours,

BRENA & McLAUGHLIN, P.C.

By:



Sherry Billings, Paralegal to
Kevin G. Clarkson

KGC:sb
Enclosure

MEMORANDUM

TO: Senator Loren Lehman
FROM: Kevin G. Clarkson *KC*
DATE: February 13, 1995
RE: Constitutional Limitations of Parental Consultation Requirements as a Precondition to Minor Abortions

INTRODUCTION

Pursuant to your request, I have reviewed the draft bill which you transmitted to me regarding parental notification, with an optional/alternative judicial bypass as a precondition to minor abortions in Alaska. I have also conducted legal research to determine, according to existing case law, what the constitutional limitations are for parental consultation requirements as a precondition for minor abortions. My legal research has included analysis of both the United States Constitution and the Alaska Constitution.

QUESTIONS PRESENTED

1. What are the permissible limits of a parental consultation requirement as a precondition to a minor's abortion under the United States Constitution?
2. What affect, if any, does Alaska's constitutional protection of the right to privacy have upon the enforceability of a parental consultation requirement as a precondition to a minor's abortion?

SHORT ANSWER

A one-parent consent requirement as a precondition to a minor's abortion is constitutionally permissible provided the statute contains an alternative judicial bypass procedure. To be constitutionally adequate, a judicial bypass procedure must allow the minor to obtain court

approval of her abortion decision without parental involvement if she can (1) show that she possess the maturity and information necessary to make her abortion decision, or (2) even if she cannot make the abortion decision by herself, that the desired abortion would be in her best interests. In addition, the judicial bypass procedure must ensure the minor's anonymity and must be conducted with expediency to allow the minor an effective opportunity to obtain the abortion. The Alaska Constitution's provision guarantying a right to privacy should not require a different conclusion.

DISCUSSION

I. Permissible Parental Consultation Provisions Under the United States Constitution

Pursuant to current law, an abortion regulation is unconstitutional only if it places an undue burden on the exercise of the woman's right to choose to have an abortion. Planned Parenthood v. Casey, ___ U.S. ___, 112 S. Ct. 2791, 2821 (1992). As the Court stated in Casey:

Regulations which do no more than create a structural mechanism by which the State, or the parent or guardian of a minor, may express profound respect for the life of the unborn are permitted, if they are not a substantial obstacle to the woman's exercise of the right to choose.... Unless it has that effect on the right of choice, a state measure designed to persuade her to choose childbirth over abortion will be upheld if reasonably related to that goal. Regulations designed to foster the health of a woman seeking an abortion are valid if they do not constitute an undue burden.

___ U.S. at ___, 112 S. Ct. at 2821. Therefore, a regulation that places a burden on the exercise of a woman's right to an abortion is constitutional unless the burden is "undue." The State may permissibly enact laws that are "calculated to inform the woman's free choice, not hinder it." Id. As stated plainly in Casey, regulations which do no more than create a structural mechanism by which the state, or the parent or the guardian of a minor, may express profound respect for the life of the unborn are permitted, if they are not a substantial obstacle to the woman's exercise of the right to choose. U.S. at ___, 112 S. Ct. at 2821. "As long as Casey remains authoritative, the constitutionality of an abortion regulation thus turns on an examination of the importance of the State's interest in the regulation and the severity of the burden that regulation imposes on the woman's right to seek an abortion." Barns v. State of Mississippi, 992 F.2d 1335, 1339 (5th Cir. 1993).

In the area of abortion rights, even prior to the Supreme Court's recent retreat in Casey, ___ U.S. at ___, 112 S. Ct. at 2821, from the landmark decision of Roe v. Wade, 410 U.S. 113, 93 S. Ct. 705 (1973), the Court ruled that it is constitutionally permissible for a state to require minor abortions to be conducted only after parental notification or parental consent has occurred, provided there exists acceptable judicial bypass alternatives. In Planned Parenthood of Central Missouri v. Danforth, the Court held that it is constitutionally impermissible for the state to place an absolute veto on a minor's abortion decision. See 428 U.S. 52, 74, 96 S. Ct.

2831, 2843 (1976) ("[T]he State may not impose a blanket provision . . . requiring the consent of a parent or person in local^o parentis as a condition for abortion of an unmarried minor during the first 12 weeks of her pregnancy [T]he State does not have the constitutional authority to give a third party an absolute, and possibly arbitrary, veto over the decision of the physician and his patient to terminate the pregnancy, regardless of the reason for withholding the consent."); Accord, City of Akron v. Akron Center for Reproductive Health, Inc., 462 U.S. 416, 439, 103 S. Ct. 2481, 2497 (1983) (Akron I). However, even prior to Casey, the Court upheld parental consultation statutes (both parental consent and parental notification statutes) which contain judicial bypass procedures satisfying the standards of Bellotti v. Baird. See Bellotti v. Beard, 443 U.S. 622, 640-42, 99 S. Ct. 3035, 3046-47 (1979) (the majority of the Court indicating that a two-parent consent requirement would be constitutionally permissible if coupled with an appropriate judicial bypass procedure); see also Akron I, 462 U.S. at 439, 103 S. Ct. at 2497 ("the State's interest in protecting immature minors will sustain a requirement of a consent substitute, either parental or judicial"); Planned Parenthood Association v. Ashcroft, 462 U.S. 476, 491, 103 S. Ct. 2517, 2525 (1983) (same). Most recently in Casey, after substantially retreating from Roe v. Wade, the Court specifically ruled that a one-parent consent requirement with an alternative judicial bypass procedure is constitutional:

Our cases establish, and we reaffirm today, that a State may require a minor seeking an abortion to obtain the consent of a parent or guardian, provided that there is an adequate judicial bypass procedure. See, e.g., Akron II, 497 U.S. at __, 110 S. Ct. at __; Hodgson, 497 U.S. at __, 110 S. Ct. at __, Akron I, *supra*, 462 U.S. at 440, 103 S. Ct. at 2497; Bellotti, *supra*, 443 U.S. at 643-644, 99 S. Ct. at 3048 (plurality opinion). Under these precedents, in our view, the one-parent consent requirement and judicial bypass procedure are constitutional.

__ U.S. at __, 112 S. Ct. at 2832.

The judicial reasoning for upholding parental consent and parental notification requirements (with adequate judicial bypass procedures) finds its genesis in the Supreme Court's analysis of a child's limited rights and protections under the Constitution vis-a-vis an adult's rights and protections. For example, the Court has long recognized that "[a] child merely on account of his minority is not beyond the protection of the constitution." Bellotti v. Baird, 443 U.S. 622, 633, 99 S. Ct. 3035, 3043 (1979). As the Court ruled in In Re: Gault, 387 U.S. 1, 13, 87 S. Ct. 1428, 1436 (1967), "whatever may be their precise impact, neither the Fourteenth Amendment nor the Bill of Rights is for adults alone." Quoted in Bellotti, 443 U.S. at 633, 99 S. Ct. at 3043. Similarly, in Danforth, 428 U.S. at 74, 96 S. Ct. at 2843, the Court stated:

Constitutional rights do not mature and come into being magically only when one attains the state defined age of majority. Minors, as well as adults, are protected by the constitution and possess constitutional rights.

Simply observing that minors are protected by the Constitution, of course, is but the beginning of the analysis in determining what parental consent and/or parental notification

requirements the State can impose as a precondition to a minor's abortion decision. The Supreme Court has long recognized that the status of minors under the law is unique in many respects. As Justice Frankfurter aptly put it: "[C]hildren have a very special place in life which law should reflect. Legal theories and their phrasing in other cases readily lead to fallacious reasoning if uncritically transferred to determination of a state's duty towards children." May v. Anderson, 345 U.S. 528, 536, 73 S. Ct. 840, 844 (1953) (concurring opinion). Also, as Justice Powell put it in Bellotti, "[t]he unique role in our society of the family, the institution by which we inculcate and pass down many of our most cherished values, moral and cultural, . . . requires that constitutional principles be applied with sensitivity and flexibility to the special needs of parents and children." 443 U.S. at 634, 99 S. Ct. at 3035, quoting, Moore v. East Cleveland, 431 U.S. 494, 503-504, 97 S. Ct. 1932, 1938, 1977 (plurality opinion). Specifically, the Court has recognized three reasons which justify the conclusion that the constitutional rights of children cannot be equated with those of adults: The peculiar vulnerability of children; their inability to make critical decisions in an informed, mature manner, and the importance of the parental role in child rearing. Bellotti, 443 U.S. at 644, 99 S. Ct. at 3043. "[P]arent notice and consent are qualifications that typically may be imposed by the State on a minor's right to make important decisions. As immature minors often lack the ability to make fully informed choices that take account of both immediate and long-range consequences, a State reasonably may determine that parental consultation often is desirable and in the best interest of a minor." Bellotti, 443 U.S. at 640, 99 S. Ct. at 3046.¹ Each of these reasons have amplified significance in the case of a minor woman considering the dramatic decision of whether to abort her unborn child. See Id.; Casey ___ U.S. at ___, 112 S. Ct. at 2832. Accordingly, the State may determine, as a general proposition, that such consultation is particularly desirable with respect to the abortion decision, as it is one that for some people raises profound moral and religious concerns. Moreover, it is widely demonstrated that parental involvement in a minor's abortion decision, if compassionate and supported, is highly desirable. See Bellotti, 443 U.S. 642, n. 20, 99 S. Ct. at 3047, n. 20.²

¹ In Danforth, 428 U.S. at 75, 96 S. Ct. 2844, the Court emphasized that its holding "[d]id not suggest that every minor, regardless of age or maturity, may give effective consent for termination of her pregnancy."

² The State's interest in a one-parent consent statute, such as Alaska's, is clear: it is to protect children from their own immaturity as well as from the possibly deficient advice of those whose business it is to provide abortions at profit. Such statutes are plainly constitutional provided they contain adequate judicial bypass provisions. Casey, ___ U.S. at ___, 112 S. Ct. at 2832; Ashcroft, 462 U.S. 476, 103 S. Ct. 2517. Ohio v. Akron Center for Reproductive Health (Akron II), 497 U.S. 502, 520, 110 S. Ct. 2972, 2984 (1990), Justice Kennedy eloquently expressed the interest of the State and the Family in requiring parental consent as a precondition to a minor's abortion:

It is both rational and fair for the State to conclude that, in most instances, the family will strive to give a lonely or even terrified minor advice that

In the abortion context, parental involvement statutes may be divided into four groups, in ascending order of the burden which they impose on the minor's exercise of her limited right to an abortion: One-parent notification statutes, two-parent notification statutes, one-parent consent statutes, and two-parent consent statutes. The Supreme Court upheld a one-parent notification statute in H.L. v. Matheson, 450 U.S. 398, 101 S. Ct. 1164 (1981). The Court upheld a two-parent notification statute that includes a judicial bypass provision in Hodgson v. Minnesota, 497 U.S. 417, 110 S. Ct. 2926 (1990) (Kennedy, J. plurality opinion).³ Finally, as stated above, the Court upheld a one-parent consent statute with a judicial bypass in both Casey, ___ U.S. at ___, 112 S. Ct. at 2832; and Ashcroft, 462 U.S. 476, 103 S. Ct. 2517. The only unanswered question, which at least arguably was answered in Bellotti v. Baird, is whether a two-parent consent statute with a judicial bypass impermissibly crosses the line so as to impose an undue burden on a minor woman's right to an abortion. See Casey, ___ U.S., 112 S. Ct. 2791.

In analyzing parental consultation statutes, the Court scrutinizes consent statutes more closely than it does notification statutes, and two-parent laws more closely than one-parent laws (simply because parental consent is viewed as being a greater burden on the right to choose an abortion from parental notification). Thus, a two-parent consent statute arguably raises more serious questions than the other parental involvement statutes. In Bellotti v. Baird, 443 U.S. at 636, 99 S. Ct. at 3045, a fractured court struck down a state law that required minors to obtain the consent of both parents before an abortion could be performed. The plurality opinion struck the law down on the grounds that the statute's judicial bypass provision was constitutionally inadequate. Bellotti, 443 U.S. at 645, 99 S. Ct. at 3049. However, the opinion clearly stated: "We are not persuaded that, as a general rule, the requirement of obtaining both parents' consent unconstitutionally burdens a minor's right to seek an abortion." Id. at 649, S. Ct. at 3051. In outlining the constitutional requirements for such a statute, the Court said: We therefore conclude that if the State decides to require a pregnant minor to obtain one or both parents' consent to an abortion, it also must provide an alternative procedure whereby authorization for the abortion can be obtained." Id. at 643, 99 U.S. at 3048 (emphasis added). Thus, if the two-parent consent statute at issue in Bellotti had contained an adequate judicial bypass, the four members of the plurality opinion stood ready to uphold it. A fifth, Justice White, was prepared

is both compassionate and mature. The statute in issue here is a rational way to further those ends. It would deny all dignity to the family to say that the State cannot take this reasonable step in regulating its health professions to insure that, in most cases, a young woman will receive guidance and understanding from a parent.

³ In Akron II, decided in tandem with Hodgson, the Supreme Court left open the precise question of whether parental notification statutes even require alternative judicial bypass provisions. 497 U.S. 502, 110 S. Ct. 2972.

to uphold the two-parent consent statute in Bellotti, even without a judicial bypass. Id. at 657, 99 S. Ct. at 3055 (White J., dissenting).

Although the Court in Bellotti did not uphold the two-parent consent statute at issue, it did indicate that it would do so under different circumstances. The indication given in Bellotti, that even a two-parent consent statute with an appropriate judicial bypass would be constitutionally permissible, is particularly persuasive in light of Justice Kennedy's plurality opinion in Hodgson, 497 U.S. at 498, 110 S. Ct. at 2970. There, Justice Kennedy relied on Bellotti to uphold a two-parent notice requirement. Justice Kennedy argued that since Bellotti approved a two-parent consent statute with a judicial bypass, it follows that the less onerous two-parent notice statute must be constitutional. Id. at 498, 110 S. Ct. at 2970. (Bellotti "requires us to sustain this statute before us here"). Justice O'Connor, also citing Bellotti, joined the plurality in Hodgson on the broad grounds that a bypass provision tailors "a parental-consent provision so as to avoid unduly burdening the minor's limited right to obtain an abortion." Id. at 461, 110 S. Ct. at 2950. (O'Connor, J., concurring). Thus, in Hodgson five justices (Rehnquist, White, O'Connor, Scalia, and Kennedy) viewed Bellotti, as settling the question in favor of the constitutionality of the two-parent consent/judicial bypass statute. See e.g., Barns, 992 F.2d at 1338-39.

For purposes of analyzing the constitutionality of the legislation which you propose to introduce to the Alaska Legislature, however, even if Bellotti is not directly controlling to approve a two-parent consent/judicial bypass statute, a one-parent consent statute (such as Alaska's current statute, AS 18.16.010 et. seq.) with a judicial bypass is unquestionably constitutional. See Casey, ___ U.S. at ___, 112 S. Ct. at 2832. The reason that a one-parent consent provision, with an adequate judicial bypass provision, is constitutional is because (1) the state is viewed as having an important interest at stake in encouraging or requiring parental involvement in a minor's abortion decision, and (2) the consent requirement, with an alternative judicial bypass, does not place an undue burden on the woman's right to choose an abortion. See Casey, ___ U.S. at ___, 112 S. Ct. at 2832.

The United States Supreme Court, and lower federal appellate courts, have both routinely recognized that the State does have an important interest at stake in parental involvement statutes. The State's interest, in part, is insuring that someone other than the immature minor and the abortion provider has a hand in making an important decision that fundamentally affects the minor's health and welfare. The Supreme Court has recognized that "the guiding role of parents in the upbringing of their children justifies limitations on the freedom of minors. Bellotti, 443 U.S. at 637, 99 S. Ct. at 3045. The Supreme Court has described the "belief that the parental role implies a substantial measure of authority over ones children" as being "deeply rooted in our nation's history and tradition." Id. at 638, 99 S. Ct. at 3045. "Legal restrictions on minors especially those supported by the parental role, may be important to the child's chances for the full growth and maturity that make eventual participation in our free society meaningful and rewarding. Id. at 638-39, 99 S. Ct. at 3046. Parental consultation is particularly important on the abortion decision, "one that for some people raises profound moral and religious concerns." Id. at 640, 99 S. Ct. at 3047. The child herself may be too immature