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9102 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

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## What is FAS?

By Gloria Stuart  
Foster Mother

It is said that we cannot understand another man's problems unless we walk in his shoes. So let's do just that. Let's imagine . . .

It is Tuesday of the first week of school and you are on your way to your second day of kindergarten. You are a lot shorter than most of your classmates and skinnier too. Now that you are five you are aware of this. You also are aware--in fact you have been told--that you have this "thing" that makes you small. It's called fetal alcohol syndrome and it has something to do with your mother drinking alcohol before you were born, but you really don't understand that. There are a lot of things you don't understand, like what to do first when you are told to do lots of things at once. Then you get scared and mixed up, but instead of asking for help you might push the person next to you. You wouldn't know why you pushed him, but it seems to be something you just have to do!

Something else you don't understand is how to walk in a line. You keep bumping into the kids in front of you and touching things--like the ribbons at the end of Suzie's braids. The ribbons were shiny and pretty. You just had to feel them! So then you got into trouble and it was horrible.

After you said you were sorry in front of everybody, and the whole line stood still watching, and then the whole line started walking again, you got into trouble again! You kicked the boy behind you! Right in the shin and did he scream. Well, you couldn't help it! You felt like you were being squished, like a pickle on a McDonald hamburger--squished and pulled apart. You hate to be touched sometimes and people in this school keep bumping into you and touching you. What else could you DO but kick to get people out of the way.

And here you are back at school again today. Finally you go on down the hall wishing all the noise would go away. Kids are talking, teachers are talking, a loudspeaker is calling something about a phone call and you are confused. You clutch your mother's hand, but then you get really mad at

her. Why can't she make it all better? It's all her fault! She pushes you gently into the room and smiles good-bye.

You walk into the room. It's a great room! Every wall is covered with bright colored pictures and things are hanging from the ceiling; things like A B C letters and whales and fish. They're moving in the air at the end of wool strings. You want to touch and see everything all at once. You love the dove in her cage, and the sound she makes too. Everything is great here! You love the piano and want to play it right now! But there's the fish to look at, and the hamster, and the sand table, and the books, and the dress-up clothes, and the containers with all those big colored blocks and stuff. But . . .

You also want to get away because your heart is starting to beat fast and you feel like you do in the back of a moving car--a little sick. Maybe you can crawl under the table and hide. You start doing that but then something happens. You see a truck and you pick it up and you throw it! It hits Billy in the head and you get so scared and mad that you push the girl next to you and she slams into the edge of the table. They start crying and you REALLY want to go home.

This is FAS.

## Introduction

*FAS is a problem unlike any other. It requires special treatment for behavior, special techniques for teaching, special health programs, and socialization with normal people. A big job? Yes! An impossible job? No!*

*Foster Mother*

The consumption of alcohol during pregnancy continues to be one of the leading causes of preventable birth defects and mental retardation in the United States. Fetal Alcohol Syndrome (FAS) and Alcohol Related Neurological Deficits (ARND) are directly related to alcohol use by women during pregnancy. The range of birth defects associated with FAS and ARND include prenatal and postnatal growth deficiency, facial malformations (including short palpebral fissures, long or flat philtrum, thin upper lip, underdeveloped upper jaw/midface), central nervous system dysfunctions, and varying degrees of major organ system malformations. Other birth defects may include small head size, abnormalities in the structure of the brain, poor motor skills, hearing loss, and poor eye-hand coordination. Behavioral or cognitive anomalies may include mental retardation, hyperactivity, short attention span or attention deficit disorder, learning disabilities, developmental delays, impulsivity, poor social interactions, difficulty in understanding, comprehending, and expressing language, and problems in memory, attention and judgment.

In a recent study conducted by the National Institute on Drug Abuse, as well as other studies, it has been found that:

- Nationwide, 18.8 % of women surveyed reported using alcohol during pregnancy,
- Alaska ranks among the top five (5) states in the country for frequent alcohol consumption among women of reproductive age (18-44 years old),
- Alaska has one of the highest per capita alcohol consumption levels in the nation,
- Alaska has the highest rate of alcohol-related hospitalizations in the

country,

- Over 20,000 Alaskan women of childbearing age are self-reported heavy drinkers, and
- 7% of new mothers in Alaska report having consumed alcohol during the third trimester of pregnancy.
- 4.4% of new mothers in Alaska report having consumed alcohol sometime during their pregnancy (down from 9% in 1991).

The human, societal and economic costs of FAS and ARND are substantial and greatly impact our medical, educational, public safety, judicial, correctional, child welfare, social service, and economic systems. The loss of human potential alone is staggering.

*"Justin was born 14 weeks early. He has Fetal Alcohol Syndrome. Because his mom drank heavily throughout her pregnancy, every system in his body was affected as it developed. His cerebral palsy, vision and hearing impairments, epilepsy and mental retardation will be with him for life.*

*Because his mom drank while carrying him, the child that Justin could have been, the child with dreams, curiosity and potential was lost before he was even born.*

*There is a great financial cost to society and to families when a child like my adoptive son is born. It will take many people and services to provide the kind of supports Justin will need throughout his life. I believe there is an even greater human cost we are forced to pay because of this preventable disability."*

*Adoptive Mother*

The impact on the very young includes pre-term births, low-birth weight, brain damage and heart, lung and kidney defects, as well as delayed physical and mental growth. Among school-aged children the impact includes long-term cognitive, developmental, psychosocial, and adjustment problems that appear as learning and disruptive behavioral problems in school. Among adolescents and adults such maladaptive behaviors as poor judgment, attention deficits, difficulties interpreting social cues, social withdrawal, impulsivity, cheating and stealing have a direct impact on our educational, judicial and correctional systems, as well as threatening a person's potential for independent living.

Additional social impacts were identified through a statewide FAS surveillance project, administered by the Department of Health and Social Services (DHSS) from 1992-1995. Of the 74 children selected for evaluation 54% had a documented history of child maltreatment;

- 35% had a history of neglect,
- 28% experienced physical abuse,
- 19% had been sexually abused,
- 35% of the children lived with one or both birth parents,
- 36% lived in foster care,
- 29% lived in adoptive homes, and
- 4% had court-appointed legal guardians.

Economically, the impact is also staggering. In Alaska, annual per child Medicaid claims for a FAS child are estimated at \$9,000.00. Additionally, many FAS children and adults are eligible for Supplemental Security Income (SSI), with a 20-year projected per person cost of \$103,000.00 (1993 reimbursement rate). The costs of medical services, intervention/ treatment services, infant learning/early childhood education services, special education, developmental disability services, foster care, judicial/correctional services, and others quickly add up to large private and public dollar expenditures. A comprehensive national study estimates the lifetime cost of medical and long-term care at \$1.4 million per person with FAS.

The effects of FAS are permanent, making this a life-long condition. Clearly, a multi-pronged, comprehensive prevention effort can, and will, alleviate the high human, societal and economic costs associated with FAS and ARND.

*"Until we can address the causes of prenatal drinking and prevent unborn children from being injured by alcohol, we must share responsibility for the damage being done to the future of our children and our communities."*

*Adoptive mother*

## Current Status of FAS in Alaska

Within the state of Alaska, interest in and attention to fetal alcohol syndrome and other alcohol related neurological deficits became active in the 1980's. Much of this interest resulted from the high rate of alcohol consumption in our state, as well as the high percentage of childbearing-age women and high birth rates within our state. Early activities included state funding for a FAS coordinator position in the Division of Alcoholism and Drug Abuse, the development of grassroots parent groups looking for answers to the difficulty of raising a child [birth, foster or adoptive] with FAS; frustrations within public school systems to provide an appropriate learning environment for such children; concerns by pediatricians, hospitals, public health nurses and other medical professionals frustrated by the increasing number of children with FAS coming into their care; and concerns within the early childhood/infant learning community about the service/support needs of children born to parents actively drinking alcohol.

In 1990, State Senator John Binkley introduced twelve (12) pieces of legislation on issues related to FAS in our state. Nine (9) of these proposals were passed and eight became law. Legislation included a resolution designating Mother's Day Week as Alcohol Related Birth Defects Awareness Week, a resolution asking for continuing medical education opportunities for doctors and nurses, a bill giving treatment priority to pregnant women who abuse substances, a bill to train teachers and other school personnel on working with children exposed prenatally to alcohol, two (2) bills mandating the format of warning signs about the effects of alcohol consumed during pregnancy to be posted at all liquor stores, and a bill mandating all marriage license applications be accompanied by a brochure warning about the damages of drinking during pregnancy, as well as partial funding to develop residential treatment for alcohol abusing pregnant women and their children.

In 1991, a collaborative effort between the state Department of Health and Social Services, Indian Health Services (IHS) and the Centers for Disease Control and Prevention (CDC), resulted in the **Alaska Fetal Alcohol Syndrome Prevention Project (AFASPP)**. *The primary project goal for this 5-year endeavor was to develop a surveillance methodology for monitoring the occurrence of FAS in the state.* In addition, the AFASPP

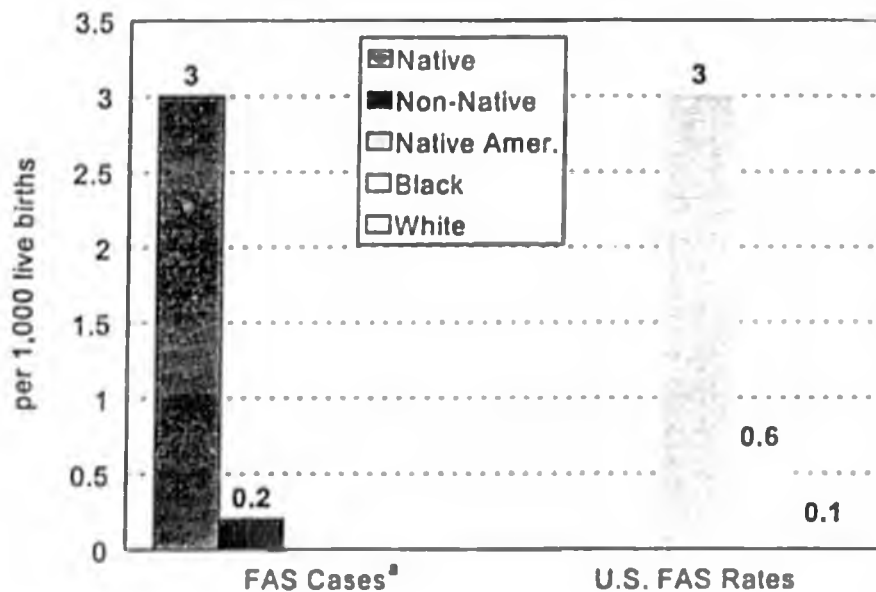
activities included the demographic and clinical characterization of FAS children and their mothers, the administration of a public awareness survey, and the administration of a survey of health care professionals' alcohol and FAS-related knowledge, attitudes, beliefs and behaviors.

As a result of this intensive and collaborative project, six (6) prevention recommendations were developed:

1. Population-based surveillance of FAS is essential to document the magnitude of the problem, to monitor trends in the occurrence of FAS, and to document the impact of prevention efforts.
2. DHSS should conduct a maternal risk factor analysis of the biological mothers and fathers of the FAS cases identified through the AFASPP, as a top priority for developing effective prevention programming.
3. Programs should be targeted at two major strategies:
  - reduce alcohol consumption among women of child-bearing age and pregnant women, and
  - postpone pregnancy among women who are unable or unwilling to reduce substantially or stop completely alcohol consumption.
4. Improve coordination of services and target services to families who are identified as having a child diagnosed with FAS.
5. Determine the barriers to treatment for women who have had an alcohol-affected pregnancy.
6. DHSS and DOE should conduct an analysis of the relationship of a medical diagnosis of FAS to the need for special education services.

Much data about FAS and other alcohol related neurological deficits in the state of Alaska has been gathered as a result of these efforts. Through the state's first FAS surveillance efforts, a surveillance methodology was developed utilizing multiple data sources, criteria for a surveillance definition of FAS was developed and a preliminary minimum FAS prevalence rate for Alaska was established. The overall minimum prevalence of FAS in Alaska ranges from 0.8 - 1.3 cases per 1,000 live births. The prevalence of FAS among Alaska Natives was 3.0 - 5.2 per 1,000 live births compared to 0.2 - 0.3 per 1,000 live births among non-Natives.

FAS cases per 1,000 live births, for Alaska Natives and non-Natives (1977-92) compared to National rates



a. Case meets 5-criteria case definition for FAS

1

Nationally, the estimated FAS prevalence rate for the U.S. is 0.5 cases per 1,000 live births. Among Native Americans the rate is 3.0 cases per 1,000 live births; 0.6 among black and 0.1 among white populations. The national health goal for the year 2000 is an overall FAS prevalence rate of .12 cases per 1,000 live births and a rate of 2.0 cases per 1,000 live births among Alaska Natives/American Indians.

Additional information gathered from these first surveillance efforts include:

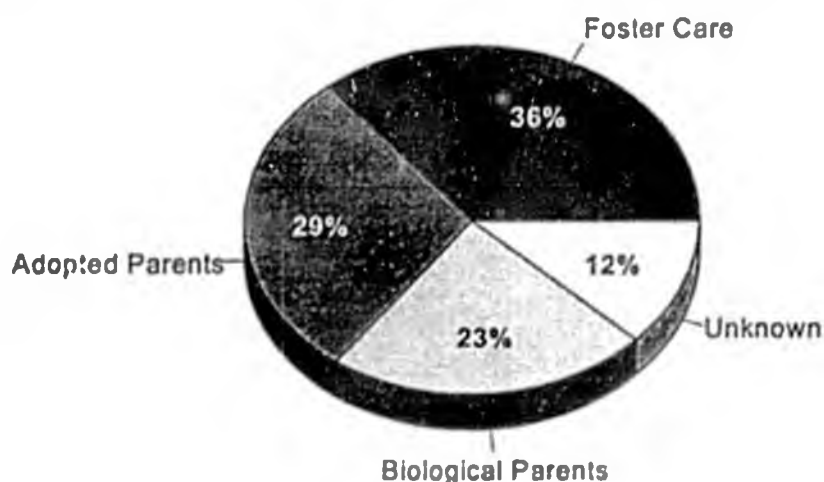
- the average age at diagnosis was 3 years old
- 14% of the cases were identified by more than one reporting source
- 36% of the children were currently placed in state foster care
- 29% of the children were adopted
- 90% of the children were Alaska Natives

While it should be noted that one reason for the greater FAS rates among

<sup>1</sup> State of Alaska, DHSS (1997). Results from the Alaska Fetal Alcohol Syndrome Prevention Project.

Alaska Natives relative to non-Natives may be attributed to the extensive case finding activities of the Indian Health Services, this is not the only reason. Alaska's Native population does appear at higher risk of FAS than the non-Native population. As stated above, this also holds true for the greater U.S. population in general.

## Custody status of Alaskan FAS cases



-65% were either adopted or in foster care  
 -Custody Status of Alaskan Court-verified FAS Children (N=83)

3

The data related to child custody presents another challenge for the state of Alaska as it plans for services to individuals and families with fetal alcohol syndrome and effects. As discussed earlier, the cost to states to serve children and adults with FAS is immense--and growing annually. Not only do we have a high percentage of children in foster care with FAS (either diagnosed or suspected), but the majority of these children receive augmented rates to meet their service needs. The average foster care rate for FAS children in state custody is \$41.00 per day (compared to the base rate of \$22.00 per day per child). The range of daily rates for FAS children are \$24.00 per day to \$88.00 per day--or an annual cost of \$14,965 to \$32,120 per child. (Data from the Division of Family and Youth Services,

<sup>1</sup> State of Alaska, DHSS (1997). Results from the Alaska Fetal Alcohol Syndrome Prevention Project.

1998).

In addition, the high number of FAS children who have been adopted also receive state dollars through subsidized adoptions for special need and hard to place children. Since July 1, 1997 twenty-four (24) new subsidized adoption cases have been opened for children with FAS or noted FAS/ARND. The average monthly subsidy amount is \$498.04, with the largest subsidy being \$872.97 per month. For 24 subsidies, the per month cost to the state is approximately \$11,952. It should be noted that adoption subsidies continue until 18 years of age. If a child is adopted by the age of 3, the lifetime subsidy would range from \$89,640 to \$157,140 per child.

While much was learned from the original **Alaska Fetal Alcohol Syndrome Prevention Project**, much work remains. The results of the AFASPP surveillance project made it clear that additional and improved surveillance is needed to clearly understand to extent and complexity of the problem we face. Toward this end, the state of Alaska is one of five (5) states recently selected to participate in a new 5-year population-based surveillance of fetal alcohol syndrome funded by the Centers for Disease Control and Prevention (CDC). The other participating states include Wisconsin, New York, Arizona and Colorado. The project, through the Division of Public Health, Section of Maternal, Child and Family Health, will develop identified multiple data sources and implement procedures to ensure complete reporting of cases of FAS to the state. The project will formalize disease reporting procedures, conduct medical and school record reviews for quality assurance of completeness of case reporting and accuracy of diagnosis according to the established case definition of FAS and maintain confidentiality of all surveillance records and data. The results of this endeavor will be accurate data related to prevalence of FAS in our state, giving us a foundation for future prevention and service efforts.

In many ways, Alaska has led the way in FAS and ARND surveillance, research, prevention and intervention accomplishments. But, much remains to be done. Active efforts are currently underway to establish a statewide *plan of action* in working to reduce the incidence, improve service delivery, and coordinate and integrate interagency activities. The November FAS *Summit* was the beginning of this coordinated plan.

## **Fetal Alcohol Syndrome Summit**

**November 6, 1997**  
**Anchorage, Alaska**

Due to the high incidence of Fetal Alcohol Syndrome (FAS) and other alcohol related neurological deficits (ARND), the State of Alaska is faced with tremendous policy, economic and service delivery challenges. During the first session of the 20th Alaska State Legislature, DHSS Commissioner Karen Perdue met with Representatives Fred Dyson and Reggie Joule identifying FAS as a major issue facing state policymakers. Subsequent meetings were held to discuss action steps needed to move our state forward in preventing, supporting and treating those impacted by prenatal alcohol consumption.

The results of this interest and subsequent discussions were two major statewide meetings focused on fetal alcohol syndrome. The first meeting, held September 15, 1997, provided current and pertinent information about FAS to key policymakers, state officials, service providers, educators and members of citizen advisory Boards. The intent of this meeting was to inform, educate and provide a forum for discussion about the critical issues surrounding FAS. The meeting was sponsored by Commissioner Karen Perdue, Representative Fred Dyson and Representative Reggie Joule.

Approximately 80 people attended--40 invited participants representing various health and social service agencies (federal, state, local and tribal), parents, state legislators, Congressional delegation representatives, advisory Boards and the broad education community; and 40 observers from the general public and interested agency representatives. The meeting provided a series of panel presentations specific to diagnosis, surveillance, treatment, prevention, legal issues, education, and the realities of living with and dealing with affected children, youth, adults and their families. Panelists were parents, state and government agency staff, physicians, educators, attorneys, and treatment providers.

During this meeting, discussion prompted the development of four (4) specific areas of focus for identifying future solutions for our state. These four areas became the foundation of the November, 1997 *Summit* structure:

- *Data Surveillance and Diagnostics*
- *Public Policy*
- *Prevention*
- *Access to Services for People with FAS*

Following the September meeting, the Advisory Board on Alcoholism and Drug Abuse, the Alaska Mental Health Board and the Governor's Council on Disabilities and Special Education joined efforts to sponsor the *Fetal Alcohol Syndrome Summit*, on November 6, 1997, in Anchorage, Alaska. The defined purpose of this summit was to *bring together interested public, decision makers from the community and policymakers in the state and to provide a forum for public comment and discussion focused on solutions related to fetal alcohol syndrome.*

The *Summit* was coordinated by the Alaska Council on Prevention of Alcohol and Drug Abuse, with direction provided from the *FAS Summit Steering Committee*. The format included public comment/community solutions, presentations and four (4) workgroups to develop solutions and recommendations for action.

The *Summit* was attended by over 150 participants. Following an opening presentation by Governor Tony Knowles, and support for the work being done in the FAS field, passionate public testimony outlined the enormity of the problem, the frustration, the despair and isolation when trying to deal with the life-long ramifications which thousands of Alaskans face every day. Parents, educators, mental health, social service and treatment providers, researchers, medical professionals and legislators alike shared the same frustrations and the realization that prenatal exposure to alcohol is at the core of solving many of the current social problems facing the state of Alaska.

*Summit* participants attended one of the four (4) working groups to begin the process of discussion, brainstorming and recommendations for the development of a framework for action related to fetal alcohol syndrome in our state.

## Workgroup Recommendations

**Data, Surveillance and Diagnostics--Pam Muth and Claudia Shanley, Co-facilitators.**

diagnostic The current statewide data on the numbers of children, youth and adults with FAS does not adequately reflect the extent of the problem reported by professionals, community leaders and parents throughout Alaska. A common knowledge base regarding both the medical criteria and the behavioral manifestations of FAS and ARND is vital to successfully impacting the effects of prenatal exposure to alcohol. The goal of this workgroup was to make recommendations for establishing a baseline rate of FAS and ways to measure change based on our prevention, intervention and public policy efforts, as well as to establish consistent criteria and a process for improved diagnostic services statewide.

### **Data, Surveillance and Diagnostics: Suggested Solutions**

#### *Information and service gaps for children, parents and families:*

1. Surveillance on behavioral manifestations regarding exposure to alcohol.
2. Develop comprehensive multidisciplinary team with integrative approach.
3. Build local capacity for ongoing support to families impacted by FAS.
4. Allow behavioral providers to be eligible for Medicaid reimbursement.
5. Provider parity related to payment by third party payers..

#### *How best to deal with issues related to data collection and surveillance:*

1. Tie prevention money to surveillance efforts/data.
2. Promote full funding for early childhood programs such as Infant Learning Programs, Head Start, childcare, etc.

#### *Diagnostic issues: Develop and/or agree on a standardized diagnosis across agencies that would also be the case definition for surveillance:*

1. Develop consistent diagnostic criteria for fetal alcohol syndrome.

2. Define what the program entry criteria are for special education, schools, etc. We should have one common definition throughout the United States.
3. Have the State Department of Health and Social Services request physicians who are making the diagnosis, develop and use a common definition. This would be the entry into program criteria.
4. Multidisciplinary team assessment should occur to assist in diagnosis and service plan.
5. Training in diagnostic procedures following agreement of diagnosis.
6. Individual needs, not diagnosis, should drive intervention/services.
7. Develop a set of norms related to morphology (facial structures/identifiers) for differing ethnic backgrounds.
8. Common diagnosis serves as the entry point for all systems.

**Public Policy--Victoria Heart and Lori Namyniuk, Co-facilitators.**

Currently, there is a lack of clear public policy, or even a clear understanding of the problem and its impact on the state of Alaska in terms of economics, service systems and human potential. The goal of this workgroup was to examine regulations, policies and legislation needed to improve sharing of data, system integration and communication between agencies working with individuals and families affected by fetal alcohol syndrome, and to make recommendations for improvement.

#### **Public Policy: Suggested Solutions**

##### *Development of a model to address FAS in Alaska:*

1. Develop a community based model that includes a therapeutic community, voluntary treatment, and a public awareness component that will include education and prevention. A comprehensive family model.
2. State leadership to enforce existing laws related to prevention.
3. State leadership to require current state funded agencies to provide public awareness of FAS.

*Diagnostic Issues:*

1. Expand who can screen and make the initial or preliminary diagnosis. Provide training for providers and utilize existing technology.
2. Recruit knowledgeable professionals.
3. Develop pediatric and genetic clinics to include FAS and operate in villages and hub areas on a regular basis (every 3-6 months).
4. Standardize statewide diagnostic tools and agree on medical diagnosis accepted by multidisciplinary groups.

*Coordination and cooperation between agencies and departments in government:*

1. Develop a position to facilitate statewide FAS leadership. Position should report directly to the governor and act with direct authority from the Governor.
2. Include school districts, non-profits, private, local, state, tribal and federal governments.
3. Develop a family directed multidisciplinary team.
4. Request linking state and federal data systems.
5. Promote confidentiality training and enforcement.
6. Boards to have consumer members specific to FAS

*How to improve working with the legal system:*

1. Invite and include legal professionals in training on specific needs.
2. Identify substance abuse via other enforcement and charges.
3. Mandatory training for everyone involved in the system.
4. Request and obtain adequate funding or recognize shift in funding.

*Resources:*

1. Recognize ability to shift resources.
2. Develop unique and new funding sources.
3. Need to build coordinated capacity.
4. Alcohol taxes with accountability to the source.

**Prevention--Loren Jones and Helen Mehrkens, Co-facilitators.**

FAS and related disabilities due to alcohol exposure in utero are preventable. Prevention of FAS is vital to long-term accomplishment of our goals. Unfortunately, prevention alone cannot deal with the challenges facing those individuals currently living with this disability--only a comprehensive, continuum of services can meet our needs. To have a truly successful prevention effort it must include the five (5) prevention principles: 1) multiple strategies; 2) multiple settings; 3) peer to peer coordination, 4) culturally relevant; and 5) evaluation of success. The goal of this workgroup was to explore recommendations that address prevention issues such as education, public information, changing attitudes and behaviors, and treatment services for women of childbearing age and/or pregnant women.

### **Prevention: Suggested Solutions**

#### *Coordination and cooperation between agencies and departments:*

1. All primary health care providers will, as standard of care, assess all women for alcohol and drug abuse (physicians, nurses, physician assistants, ANP and others). Solicit suggestions about how to require it as part of insurance payments or Medicaid payments.
2. Mandatory participation of all DWI offenders in education classes on FAS/FAE.
3. Community networking, potlatch to raise funds and awareness to provide support for individuals who experience FAS and their families.
4. Educate teachers and students about FAS and AKND.
5. Kids adopt grandparents--using elders to help parents and children in families.
6. Use women and their partners who are in recovery to make presentations.
7. Use older children to tutor FAS children.
8. Education on FAS as part of required special education under Title 04.
9. Full-time FAS coordinator at state level or special assistant to Commissioner.
10. Assessment and screening at all agencies where pregnant women receive services including ATAP, JTPA, Alaska Works Program or Medicaid.

11. Educate legislators and policy makers through letters, phone calls and visiting.
12. Continuous public service announcements (PSA) to have an ongoing, consistent and multi-strategy approach to public education.
13. Require grantees of DHSS/DOE to provide FAS information to their clients.
14. Prevention of secondary disabilities as a result of FAS.
15. FAS summit in Juneau when the Legislature is in town.
16. Support home visiting with early intervention program models.

*How to improve working with the system and develop a model to address FAS:*

1. Birth control access and information combined with FAS information.
2. Curriculum/instruction on FAS in the schools.
3. Practice traditional values and teach them in schools and communities-- use the elders.
4. Charter education.
5. Long-term inpatient treatment and aftercare for women. Target specifically for women with children over four years of age.
6. Treatment models that work for individuals with FAS who are substance abusers as youth or adults.
7. Peer counseling in schools and community.
8. Medicaid for alcoholic women.
9. Collaborative interdepartmental service plan so all outcomes are consistent with each other. Suggestions are to require DHSS/DOE/ DCRA/DOC and DPS to be involved in this service plan.
10. Fund educational programs on FAS through contributions from the alcohol industry.
11. Report drinking pregnant women under child abuse laws. This is to encourage intervention and treatment, not to punish and blame.
12. Intervention services for family of drinking parent. If woman is assessed and spouse is heavily drinking then the intervention might be for the spouse.
13. Use the media.
14. Seek specialized funding from legislature.

**Access to Services for Individuals Experiencing FAS--David Maltman and Karen Pearson, Co-facilitators.**

While there continues to be debate about many issues related to FAS, such as diagnosis, related disabilities, appropriate services, and who should provide services, many individuals have been identified and require services now. In addition, there are many parents, caregivers, teachers and other professionals working with individuals who have FAS and ARND, without adequate knowledge and resources to develop appropriate services and supports and to effectively facilitate system change. The goal of this workgroup was to examine what is needed to provide services and support to families with FAS and ARND children and adults, how schools can address the special needs of children with FAS and what kinds of supports are needed for other systems including early childhood education, child protection, corrections and employers.

**Access to Services for Individuals Experiencing FAS:  
Suggested Solutions**

*Education Services:*

1. Develop and enhance the capacity of schools to ensure they are responsive to FAS children.
2. Develop educational efforts at all levels to increase knowledge, practice level and capacity.
3. Integrate the special needs of the FAS student into overall school system operation.
4. Ensure FAS (6+ hours) continuing education is offered for teachers at the Department of Education Summer Institute (hands on, not just theory).
5. Include adults with FAS in education of professional educators and caregivers to make it real and to illustrate the diversity of needs/issues.
6. Support the requirement of FAS education prior to individuals getting licensed/certified in their chosen profession.
7. Make sure teachers aren't overwhelmed with specific instructions per diagnosis, rather the system will support expert development to meet the needs of all children, recognizing they each have unique needs.

*Family Supports and Community Services:*

1. Establish caseloads per caseworker appropriate to need (i.e. recognize the demand of each case of FAS and staff accordingly).
2. Provide services that are; long term, concrete, and appropriate.
3. Provide follow-up living situations for both adolescents and adults with FAS, following receipt of special services (substance abuse treatment, mental health, etc.).
4. Ensure every child and adult receives an accurate diagnosis.
5. Promote a major paradigm shift to deal with the problems related to supporting individuals/families. This shift needs to be clearly articulated and focused on FAS as a lifetime impairment, eliminating the focus on FAS children.
6. Use a diagnostic screen for all children entering the DFYS system as a possible option for early identification of FAS/ARND.
7. Ensure maximum use of technology on behalf of individuals, families and providers dealing with FAS.
8. Pursue a disability model that may include wrap-around services, future planning and individualized service plans.
9. Develop a long-term plan, specific to the individual child/adult's needs with everyone involved (family, school, mental health, etc.) at the time of diagnosis.
10. Assist parents in making the decision to terminate parental rights when managing their child is more than they can handle, in order that children do not stay in foster care for lengthy periods of time before being made available for adoption.
11. Ensure respite is available to all parents to guarantee family time to rebuild their strength to manage and to ensure other family members get their needs met.
12. Recognize the need for in-home support for all families with FAS children, in order to reduce the demand/need for other more costly out-of-home services.
13. Identify Medicaid as one funding source and assist families in obtaining service through Medicaid, when needed, without families having to give up custody.
14. Recognize there is NOT a magic bullet to meet all needs. Services must be individualized, and each person will need a different combination of services.

15. Support the natural advocates (parents, relatives, community).
16. Do not give first-time foster parents a FAS child, unless they are VERY well prepared/trained in advance.
17. Expand options regarding group homes over the life span of an individual with FAS.
18. Support foster parents to deal with the problems of the "rocky road" of FAS parenting to reduce numerous placements for individual children.
19. Reduce the time between first admission to foster care and permanent planning/placement for a FAS child.
20. Utilize University of British Columbia booklet, "Action Guide"-- innovative information and ideas regarding correctional facilities/FAS relationship. (604/436-6528)

*Advocacy:*

1. Establish a lead state agency to facilitate the coordination, education, advocacy, service, and evaluation of all efforts.
2. Identify which clients are impacted by FAS to ensure appropriate, quality service.
3. Develop a big "net" to identify children so they don't fall through the "cracks."
4. Develop leadership to ensure FAS services are a priority, services are funded, the effort is sustained long-term, and a collaborative model is promoted.
5. Emphasize collaboration at all levels to ensure systems are responsive and non-duplicative until collaboration is the norm.
6. Educate service providers regarding the fact that FAS individuals will likely need services of some type for their entire lives.
7. Educate policy makers to recognize FAS as a high priority in order to ensure long-term funding is made available to support needed efforts.
8. Assist providers and service agencies in realizing no one entity can meet all the needs of an FAS individual.
9. At the earliest identification, establish a tracking system to ensure, as the child grows, that any system they enter at a later time will know they have special needs.
10. Advocate for funding to meet the specific needs of each individual--not generic services that are usually inadequate.

## **FAS Summit Steering Committee Members**

**Commissioner Karen Perdue  
Department of Health and Social Services**

**State Representative Fred Dyson      State Representative Reggie Joule**

**Patti Bruce  
Associate Coordinator  
Division of Alcoholism and Drug Abuse**

**Don Dapcevich  
Executive Director  
Advisory Board on Alcoholism and Drug Abuse**

**Diane Disanto  
DHSS Community Coordinator  
Office of the Commissioner**

**Loren Jones  
Director  
Division of Alcoholism and Drug Abuse**

**Walter Majoros  
Executive Director  
Alaska Mental Health Board**

**David Maltman  
Executive Director  
Governor's Council on Disabilities and Special Education**

**Helen Mehrkens  
Administrator  
Department of Education**

**Pam Muth  
MCFH Section Chief  
Division of Public Health**

Tom Panamaroff  
Legislative Aide  
Representative Reggie Foule

Karen Pearson  
Deputy Director  
Division of Public Health

Cheri Scott  
Parent Navigator  
Stone Soup Group  
and  
Coordinator  
Anchorage Parent Education Group for FAS/FAE

Claudia Shanley  
Health Program Manager II--MCFH  
Division of Public Health

Lisa Torkelson  
Legislative Aide  
Representative Fred Dyson

**FAS Summit Coordinator**

Alaska Council on PREVENTION of Alcohol and Drug Abuse, Inc.  
C. Joe DiMatteo, Executive Director

**FAS Summit Facilitator**

Lori Namyniuk

## Directions for the Future

As stated, the *Fetal Alcohol Syndrome Summit* was a major step in helping to move Alaska forward in shaping a state policy for FAS prevention and intervention--a policy that will establish Alaska as a model state in creative, proactive, preventive and service oriented policy and action. First, we must continue our state's surveillance efforts to give accurate data regarding the extent, characteristics and seriousness of FAS as a social issue.

Surveillance data will provide the documentation needed to justify and legitimize our requests for resources to meet the needs of individuals and families affected by FAS and other alcohol related neurological deficits.

In a review of the recommendations made by the *Summit* participants, five (5) primary categories of action steps/needs are apparent:

1. Consistent criteria and a standardized process for diagnosis of individuals with FAS and ARND--this would include specialized clinics for diagnosis, earlier diagnosis, consistent diagnostic criteria, etc.
2. Multidisciplinary team assessment for diagnosis and service planning--this would include individualized services, whole family assessment model, collaboration of service systems, ongoing respite care, and a continuum of services covering birth through adult.
3. Training [mandatory was suggested] for everyone involved in the FAS continuum of care service delivery system--legislators, medical personnel, legal professionals, educators, service providers, foster parents, parents and family members. This will ensure all aspects of the service system are knowledgeable about working with FAS and those affected.
4. Resources are needed for both primary prevention efforts and tertiary prevention/intervention efforts--monetary resources and human resources are needed including new funding, reallocating existing dollars, coordinated and collaborative use of funding and programs, and a greater emphasis on building community capacity--increased localized services.
5. Public education, community awareness and state-community collaboration, and a commitment to reducing and eventually eliminating FAS and ARND are critical. The need is for ongoing,

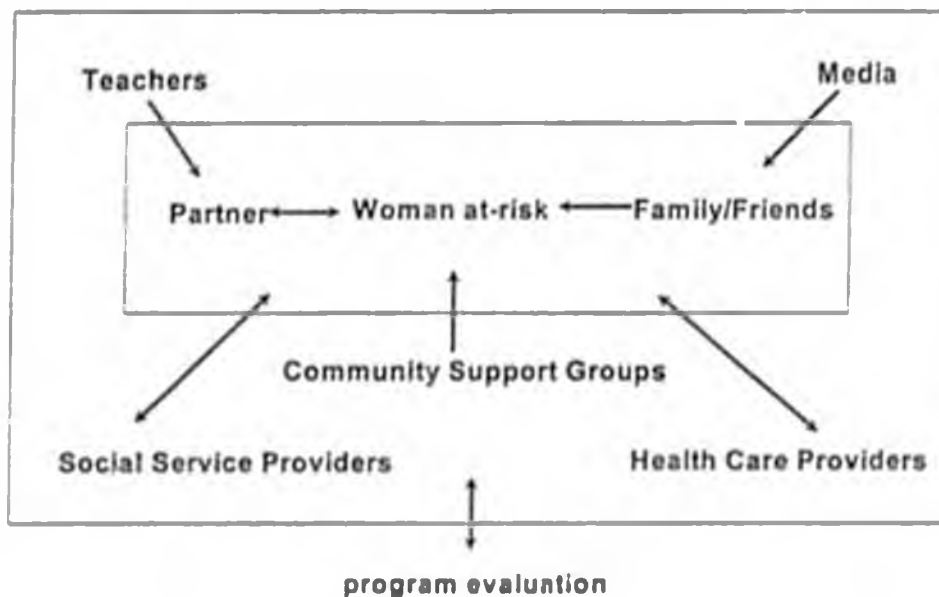
consistent and creative public education that includes necessary services, and family and community support for women who drink while pregnant.

The general consensus for future direction is that we must recognize and address two (2) primary issues as we develop a *plan of action*:

1. FAS is preventable; and
2. FAS effects are irreversible--FAS is a lifetime impairment and we must eliminate the focus on FAS as a children's issue.

With this knowledge, we need to strategize our planning based on two (2) separate models--the primary FAS prevention model where the woman at-risk of drinking while pregnant is the core focus of efforts and service interventions;

## Primary FAS Prevention Model

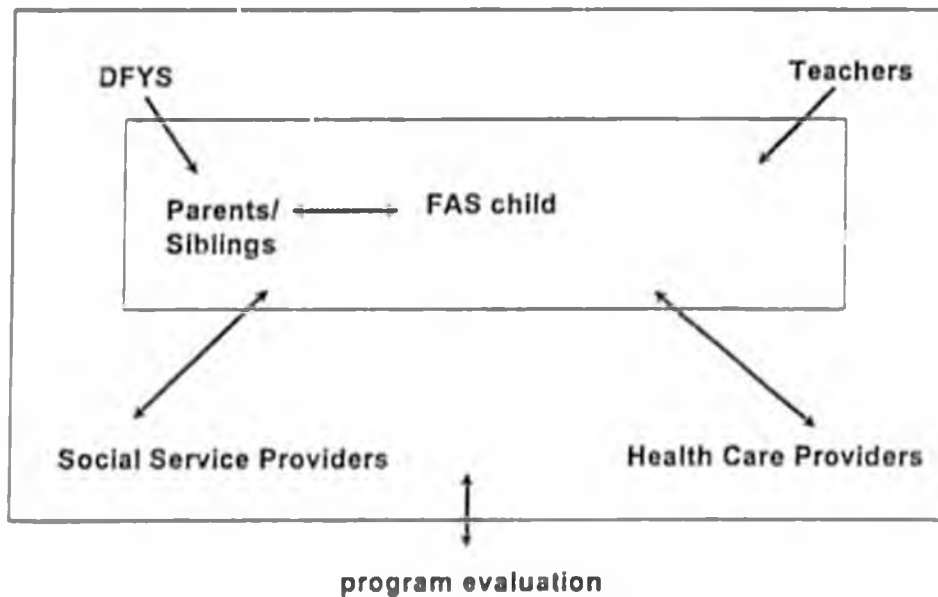


and the tertiary FAS prevention model where the FAS child [or adult depending upon the age of the individual] is the core focus of efforts and

<sup>1</sup> State of Alaska, DHSS (1997). *Fetal Alcohol Syndrome: Prevalence, Risk Factors, Prevention*. Epidemiology Bulletin.

service interventions.

## Tertiary FAS Prevention Model



The development of a state of Alaska *FAS Plan for Action* will utilize the wealth of information and knowledge gathered from past projects, legislation, meetings, summits and input from the individuals who work with or are affected by FAS and ARND everyday--parents and caretakers, providers, teachers, employers, social workers, public safety officers, and many others.

In addition, our plan must be comprehensive, multidisciplinary, preventive, service oriented and proactive. It must be a plan that is long-term--the children born with FAS today will require services for a lifetime and prevention efforts started today, may not realize results for years as we work to change attitudes, behaviors and addictions.

<sup>9</sup> State of Alaska, DHSS (1997). *Fetal Alcohol Syndrome: Prevalence, Risk Factors Prevention*. Epidemiology Bulletin.

*"Life threatening barriers for thousands of Alaskans with a history of prenatal exposure to alcohol (FAS and ARND) may represent the single greatest challenge currently affecting our state, especially for our understanding of education and mental health. This leads to critical decisions by professionals in a diversity of fields (i.e. educators, mental health workers, social services workers, correctional system personnel, lawyers, medical personnel, foster parents) who may not be aware of key information. Simply put, children with a history of prenatal exposure to alcohol, with few exceptions, experience school problems, mental illness, behavioral disabilities, addictions, and problems with the law. These problems could be reduced by providing appropriate early and lifelong interventions."*

*Adoptive Mother*

The tasks that lie ahead and the challenges we face regarding FAS are enormous, but the outcomes will truly change lives and improve the health of the state, its communities and its individual citizens. It is a challenge the State of Alaska is ready to embrace.

### Next Steps

- Establishment of an ongoing multidisciplinary FAS Steering Committee to work with the DHSS Statewide FAS Coordinator.
- Review of the *FAS Summit* recommendations by the FAS Steering Committee, the three (3) consumer Boards (GCDSE, AMHB, ABADA) and *Summit* participants.
- Utilizing current knowledge and the *Summit* recommendations, develop and implement a state *FAS Plan for Action*.
- Continue statewide FAS surveillance--both for child and adult populations.

## Recap of Summit Recommendations

1. Surveillance on behavioral manifestations regarding exposure to alcohol.
2. Develop comprehensive multidisciplinary team with integrative approach.
3. Build local capacity for ongoing support to families impacted by FAS.
4. Allow behavioral providers to be eligible for Medicaid reimbursement.
5. Provider parity related to payment by third party payers..
6. Tie prevention money to surveillance efforts/data.
7. Promote full funding for early childhood programs such as Infant Learning Programs, Head Start, childcare, etc.
8. Develop consistent diagnostic criteria for fetal alcohol syndrome.
9. Define what the program entry criteria are for special education, schools, etc. We should have one common definition throughout the United States.
10. Have the State Department of Health and Social Services request physicians who are making the diagnosis, develop and use a common definition. This would be the entry into program criteria.
11. Multidisciplinary team assessment should occur to assist in diagnosis and service plan.
12. Training in diagnostic procedures following agreement of diagnosis.
13. Individual needs, not diagnosis, should drive intervention/services.
14. Develop a set of norms related to morphology (facial structures/identifiers) for differing ethnic backgrounds.
15. Common diagnosis serves as the entry point for all systems.
16. Develop a community based model that includes a therapeutic community, voluntary treatment, and a public awareness component that will include education and prevention. A comprehensive family model.
17. State leadership to enforce existing laws related to prevention.
18. State leadership to require current state funded agencies to provide public awareness of FAS.
19. Expand who can screen and make the initial or preliminary diagnosis. Provide training for providers and utilize existing technology.
20. Recruit knowledgeable professionals.
21. Develop pediatric and genetic clinics to include FAS and operate in villages and hub areas on a regular basis (every 3-6 months).
22. Standardize statewide diagnostic tools and agree on medical diagnosis accepted by multidisciplinary groups.

23. Develop a position to facilitate statewide FAS leadership. Position should report directly to the governor and act with direct authority from the Governor.
24. Include school districts, non-profits, private, local, state, tribal and federal governments.
25. Develop a family directed multidisciplinary team.
26. Request linking state and federal data systems.
27. Promote confidentiality training and enforcement.
28. Boards to have consumer members specific to FAS
29. Invite and include legal professionals in training on specific needs.
30. Identify substance abuse via other enforcement and charges.
31. Mandatory training for everyone involved in the system.
32. Request and obtain adequate funding or recognize shift in funding.
33. Recognize ability to shift resources.
34. Develop unique and new funding sources.
35. Need to build coordinated capacity.
36. Alcohol taxes with accountability to the source.
37. All primary health care providers will, as standard of care, assess all women for alcohol and drug abuse (physicians, nurses, physician assistants, ANP and others). Solicit suggestions about how to require it as part of insurance payments or Medicaid payments.
38. Mandatory participation of all DWI offenders in education classes on FAS/FAE.
39. Community networking, potlatch to raise funds and awareness to provide support for individuals who experience FAS and their families.
40. Educate teachers and students about FAS and ARND.
41. Kids adopt grandparents--using elders to help parents and children in families.
42. Use women and their partners who are in recovery to make presentations.
43. Use older children to tutor FAS children.
44. Education on FAS as part of required special education under Title 04.
45. Full-time FAS coordinator at state level or special assistant to Commissioner.
46. Assessment and screening at all agencies where pregnant women receive services including ATAP, JTPA, Alaska Works Program or Medicaid.
47. Educate legislators and policy makers through letters, phone calls and visiting.
48. Continuous public service announcements (PSA) to have an ongoing, consistent and multi-strategy approach to public education.

49. Require grantees of DHSS/DOE to provide FAS information to their clients.
50. Prevention of secondary disabilities as a result of FAS.
51. FAS summit in Juneau when the Legislature is in town.
52. Support home visiting with early intervention program models.
53. Birth control access and information combined with FAS information.
54. Curriculum/instruction on FAS in the schools.
55. Practice traditional values and teach them in schools and communities-- use the elders.
56. Charter education.
57. Long-term inpatient treatment and aftercare for women. Target specifically for women with children over four years of age.
58. Treatment models that work for individuals with FAS who are substance abusers as youth or adults.
59. Peer counseling in schools and community.
60. Medicaid for alcoholic women.
61. Collaborative interdepartmental service plan so all outcomes are consistent with each other. Suggestions are to require DHSS/DOE/ DCRA/DOC and DPS to be involved in this service plan.
62. Fund educational programs on FAS through contributions from the alcohol industry.
63. Report drinking pregnant women under child abuse laws. This is to encourage intervention and treatment, not to punish and blame.
64. Intervention services for family of drinking parent. If woman is assessed and spouse is heavily drinking then the intervention might be for the spouse.
65. Use the media.
66. Seek specialized funding from legislature.
67. Develop and enhance the capacity of schools to ensure they are responsive to FAS children.
68. Develop educational efforts at all levels to increase knowledge, practice level and capacity.
69. Integrate the special needs of the FAS student into overall school system operation.
70. Ensure FAS (6+ hours) continuing education is offered for teachers at the Department of Education Summer Institute (hands on, not just theory).
71. Include adults with FAS in education of professional educators and caregivers to make it real and to illustrate the diversity of needs/issues.
72. Support the requirement of FAS education prior to individuals getting

licensed/certified in their chosen profession.

73. Make sure teachers aren't overwhelmed with specific instructions per diagnosis, rather the system will support expert development to meet the needs of all children, recognizing they each have unique needs.
74. Establish caseloads per caseworker appropriate to need (i.e. recognize the demand of each case of FAS and staff accordingly).
75. Provide services that are; long term, concrete, and appropriate.
76. Provide follow-up living situations for both adolescents and adults with FAS, following receipt of special services (substance abuse treatment, mental health, etc.).
77. Ensure every child and adult receives an accurate diagnosis.
78. Promote a major paradigm shift to deal with the problems related to supporting individuals/families. This shift needs to be clearly articulated and focused on FAS as a lifetime impairment, eliminating the focus on FAS children.
79. Use a diagnostic screen for all children entering the DFYS system as a possible option for early identification of FAS/ARND.
80. Ensure maximum use of technology on behalf of individuals, families and providers dealing with FAS.
81. Pursue a disability model that may include wrap-around services, future planning and individualized service plans.
82. Develop a long-term plan, specific to the individual child/adult's needs with everyone involved (family, school, mental health, etc.) at the time of diagnosis.
83. Assist parents in making the decision to terminate parental rights when managing their child is more than they can handle, in order that children do not stay in foster care for lengthy periods of time before being made available for adoption.
84. Ensure respite is available to all parents to guarantee family time to rebuild their strength to manage and to ensure other family members get their needs met.
85. Recognize the need for in-home support for all families with FAS children, in order to reduce the demand/need for other more costly out-of-home services.
86. Identify Medicaid as one funding source and assist families in obtaining service through Medicaid, when needed, without families having to give up custody.
87. Recognize there is NOT a magic bullet to meet all needs. Services must be individualized, and each person will need a different combination of services.

88. Support the natural advocates (parents, relatives, community).
89. Do not give first-time foster parents a FAS child, unless they are VERY well prepared/trained in advance.
90. Expand options regarding group homes over the life span of an individual with FAS.
91. Support foster parents to deal with the problems of the "rocky road" of FAS parenting to reduce numerous placements for individual children.
92. Reduce the time between first admission to foster care and permanent planning/placement for a FAS child.
93. Utilize University of British Columbia booklet, "Action Guide"-- innovative information and ideas regarding correctional facilities/FAS relationship. (604/436-6538)
94. Establish a lead state agency to facilitate the coordination, education, advocacy, services and evaluation of all efforts.
95. Identify which clients are impacted by FAS to ensure appropriate, quality service.
96. Develop a big "net" to identify children so they don't fall through the "cracks."
97. Develop leadership to ensure FAS services are a priority, services are funded, the effort is sustained long-term, and a collaborative model is promoted.
98. Emphasize collaboration at all levels to ensure systems are responsive and non-duplicative until collaboration is the norm.
99. Educate service providers regarding the fact that FAS individuals will likely need services of some type for their entire lives.
100. Educate policy makers to recognize FAS as a high priority in order to ensure long-term funding is made available to support needed efforts.
101. Assist providers and service agencies in realizing no one entity can meet all the needs of an FAS individual.
102. At the earliest identification, establish a tracking system to ensure, as the child grows, that any system they enter at a later time will know they have special needs.
103. Advocate for funding to meet the specific needs of each individual--not generic services that are usually inadequate.

## Glossary of Abbreviations

AMHTA	Alaska Mental Health Trust Authority
ARND	Alcohol Related Neurological Deficits
ATAP	Alaska Temporary Assistance Program
BBAHC	Bristol Bay Area Health Corporation
DADA	Division of Alcoholism and Drug Abuse
DCRA	Department of Community & Regional Affairs
DFYS	Division of Family and Youth Services
DHSS	Department of Health and Social Services
DMHDD	Division of Mental Health and Developmental Disabilities
DOC	Department of Corrections
DOE	Department of Education
DPH	Division of Public Health
DPS	Department of Public Safety
DWI	Driving While Intoxicated
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FCMHC	Fairbanks Community Mental Health Center
FCSA	Family Centered Services of Alaska
GCDSE	Governor's Council on Disabilities and Special Education
GHS	Gastineau Human Services
JTPA	Jobs Training Partnership Act
MCFH	Maternal Child and Family Health
PARENTS, Inc.	Parents as Resources Engaged in Networking and Training
PSA	Public Service Announcement
SESA	Special Education Services Agency
TCC	Tanana Chiefs Conference
UAA	University of Alaska Anchorage

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**MILKEN  
FOUNDA-  
TION  
AWARDS...**

## 1996 Milken Family Foundation National Educator Awards

### The Awards Program

The Milken Family Foundation National Educator Awards program provides public recognition and financial rewards to elementary and secondary school teachers, principals and other education professionals who are furthering excellence in education. The goals of the program are:

- To honor and reward outstanding K-12 educators for the quality of their teaching, their professional leadership, their engagement with families and the community and their potential for even greater contribution to the healthy development of children.
- To focus public attention on the importance of excellent educators and to rally support for dramatic improvements in the motivation and achievement of students.
- To encourage able, caring and creative people to choose the challenge, service and adventure of teaching as a career.
- To create national and state networks of Milken Educators that:
  - foster the active professional development and career enhancement of Milken Educators and other professionals,
  - encourage Milken Educators to help shape the educational policies that influence their classrooms and schools,
  - connect Milken Educators with the educational improvement efforts of state education agencies, universities, corporate partners and other allies.
- To engage corporate and foundation partners in support of Milken Educators and in advocacy of policies that advance education

Each Milken Educator Award carries with it an unrestricted award of \$25,000.

The Milken Educator Awards are announced in the fall in surprise notifications that occur in classrooms, assemblies, and meetings. Usually the chief state school officer and other dignitaries attend accompanied by electronic and print media. Spreading the news of the Awards is an important way of attracting the attention of talented youth to the adventure and importance of teaching.

After the notifications, the honorees are celebrated at a state conference sponsored by the Foundation, the state education department and corporate partners and attended by the recipients' families, local school administrators, community leaders, the state's chief of education and frequently its governor. These events are an important part of the program since a major goal is to honor educators publicly. The conferences not only recognize new and veteran Milken Educators, they also bring them together with other distinguished teachers and principals to advance their professional development and policy influence.

The Foundation presents the financial awards to all 138 honorees at the gala that concludes the annual Milken Family Foundation National Education Conference held in June. This celebration also advances the goal of gaining widespread recognition for outstanding educators, as it is attended by government officials and distinguished representatives from the professional, business and cultural communities.

Through their daily efforts, our country's best educators are making children's lives more secure and interesting -- by cultivating their minds, their characters and, in many cases, by protecting their essential welfare. This effort is our soundest investment in the future, and it confirms the crucial role and exponential impact of education and educators.

In 1981, the members of the Milken families conceived an awards program to acknowledge this crucial contribution to our national security and welfare. Their main belief was -- and is -- that the most effective way to address the crisis in American education is to respond to educators' professional interests, enhance their resources and reward their achievements, thus elevating the profession and encouraging talented young people to become educators.

Building on that program and a number of early education initiatives, in 1985 the Foundation established a formal recognition program, and in 1987 presented the first awards in California to 12 highly accomplished educators.

Since those first awards, the program has expanded to 32 states: Alaska, Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Washington, West Virginia and Wyoming.

Including recipients announced in the fall of 1996, the program has invested over \$25 million in financial awards alone, recognizing 1,020 outstanding kindergarten through 12th-grade teachers, counselors, librarians, principals and other administrators with unrestricted individual Milken Educator Awards of \$25,000.

## Criteria

The criteria considered for the selection of Milken Educators include:

- Expert pedagogy
- Distinguished achievement in developing innovative educational curricula, programs and/or teaching methods
- Outstanding ability to instill in students character and self-confidence
- Outstanding ability to develop children's understanding of the direct bearing that education and "real world" activities have on one another
- Commitment to professional development and policy leadership in the school, the district and the state
- Exemplary and innovative use of education technology in teaching and learning (desirable)
- Strong potential for even greater contribution to children, the profession and the community
- For administrators, outstanding ability to attract, support and motivate committed education professionals

## Selection Process

Based on guidelines established by the Foundation, participating states' departments of education appoint blue ribbon committees that identify candidates for evaluation and selection. Identification and selection procedures are confidential, and the program does not include a nomination or application procedure.

JAN-27-97 15:11 FROM: DEPT OF EDUCATION-DIV 115 101207483333 PAGE 10710

I talked to Lucy Hudson + although she didn't commit Sew Murkowski, I felt there was a good chance he may show up. Lucy thought it would be appropriate if you would introduce Sew Murkowski + then introduce the 4 teachers to him -

---

1. **Judy Kuhn**

- Primary Teacher, Kindergarten-First Grade
- McGrath Elementary School, McGrath, AK
- 17 years teaching experience

- Judy also is the Alaska Teacher of the Year for 1997

2. **Dave Gillam**

- Primary Teacher, Second Grade
- Susitna Elementary School, Anchorage, AK
- 14 years teaching experience

3. **Ledwina "Loddie" Jones**

- Primary Teacher, Kindergarten
- Ayaprun Yup'ik Immersion School, Bethel, AK
- 24 years teaching experience

4. **Frederika "Freddie" Buffum**

- Principal
- Pearl Creek Elementary School, Fairbanks, AK
- 27 years in education; 12 years teaching and 15 years as a principal

Rosemary Hogewig is DOE's representative who works very closely with the Milken Foundation.



January 27, 1997

More information: Harry Gambic, Information Officer, 465-2851

### COMMISSIONER HOLLOWAY ANNOUNCES OUTSTANDING EDUCATORS

Four Alaska elementary educators will receive the 1996 Milken Family Foundation National Educator Award, Commissioner of Education Shirley Holloway announcement today. Dr. Holloway informed the four educators about their awards this week. Each of the four educators will receive an accompanying financial award of \$25,000 from the Milken Family Foundation.

"It was wonderful informing each of these outstanding educators that they have been so highly honored and that they will receive a large cash award for being the best that they can be," said Dr. Holloway. "Each of these educators represents what is good about the education profession. They deserve this honor because of their contributions to the future of our children and our state."

The educators who received the award are:

- Frederica Buffmire—Principal, Pearl Creek Elementary School, Fairbanks North Star Borough School District.
- David Gillam—Second Grade Teacher, Susitna Elementary School, Anchorage School District.
- Ledwina Jones—Kindergarten Teacher, Mikelnguut Elitnaurviat School, Bethel, Lower Kuskokwim School District.
- Judy Kuhn—Elementary Teacher, McGrath School, Iditarod Area School District.

"This award intends to make a powerful statement," said Lowell Milken, president of the Milken Family Foundation, which sponsors the award program. "It tells educators that their contribution to our national security is crucial; it tells students that education is a noble and rewarding profession; and it tells society that educators, as the architects of our future, merit the highest respect."

The Milken Family Foundation, in cooperation with the Alaska Department of Education, sponsors the awards program. Alaska has participated in the program since 1990. Since that time 38 Alaska teachers have received the honor. In addition, 31 other states also team up with the Milken Family Foundation program to honor educators annually. The program honors both elementary and secondary educators, but annually alternates the award program between both groups. The program's goal is to elevate the education profession by increasing public recognition and support of outstanding educators.

Following guidelines established by the Milken Foundation, Commissioner Holloway sets up a process to identify and evaluate educators for the award. Commissioner Holloway then appoints a blue ribbon review team of legislators, former Milken awardees, parents, school board members and other educators to make final recommendations. The Milken organization makes the final awards based on the recommendations. The program includes neither an application nor a nomination procedure.

The four Alaska recipients and their spouses will be among 138 recipients from around the country to attend the 1996 Milken Family Foundation National Education Conference. The three-day conference in Los Angeles in June 1997 will include workshops, discussion sessions and presentations by nationally recognized scholars and practitioners in the field of education.

The conference will culminate in a Saturday evening ceremony at which the recipients will be honored and presented their \$25,000 awards. This will bring to \$25.5 million the total awards given to 1,020 teachers nationwide during the program's 10-year history.

###

**Milken Family Foundation  
National Educator Awards  
Recipients from the  
State of Alaska**

1990

**Paul Bowen**  
*Teacher*  
Petersburg High School  
Petersburg

**Dora Cline\***  
*Programs Coordinator*  
Dillingham High School  
Dillingham

**Grace A. Heacock**  
(deceased)  
*Teacher*  
Rosamond Weller  
Elementary School  
Fairbanks

**Suzanne Henning**  
*Teacher*  
Tanana School  
Tanana

**Larry Moye**  
*Teacher*  
Barrow High School  
Barrow

**Floyd Sucher**  
*Principal*  
Chugiak Elementary School  
Chugiak

1991

**Walter J. Clark**  
*Principal*  
Blatchley Middle School  
Sitka

**Jacqueline D'Cafango**  
**Kookesh**  
*Teacher*  
Angoon High School  
Angoon

**Ruthanne Rust**  
*Teacher*  
Denali Elementary School  
Fairbanks

**Dick Sander**  
*Teacher*  
Ketchikan High School  
Ketchikan

**Susan A. Stitham**  
*Teacher*  
Austin E. Lathrop High  
School  
Fairbanks

**Donna L. York**  
*Teacher Expert*  
Benson-East High School  
Anchorage

1992

**Peter Burchell**  
*Founder and Principal*  
Matanuska-Susitna  
Alternative School  
Wasilla

**Linda Clement (retired)**  
*Teacher*  
Annette Island Indian  
Reserve  
Metlakatla

**Carolyn Coe**  
*Principal*  
Mt. Iliamna Preschool  
Anchorage

**Pat Hartland\***  
*Teacher*  
Mendenhall River  
Community School  
Juneau

**John Pingayak**  
*Teacher*  
Kashunamut School District  
Chevak

**Rod Poole**  
*Counselor*  
Sitka High School  
Sitka

\* now Dora Andrew

\* now Pat Holman

**Milken Family Foundation  
National Educator Awards  
Recipients from the  
State of Alaska**

1993

**Michele B. Bifelt**  
*Teacher*  
Jimmy Huntington School  
Huslia

**Lorraine "Sammy"  
Crawford**  
*Teacher*  
Soldotna High School  
Soldotna

**Ron Gleason**  
*Principal*  
Juneau-Douglas High School  
Juneau

**Jerry Hartsock**  
*Principal*  
Austin E. Lathrop High  
School  
Fairbanks

**Ron James Manook**  
*Teacher*  
West Valley High School  
Fairbanks

**Harry A. Matrone, Jr.**  
*Teacher*  
McLaughlin Secondary  
School  
Anchorage

1994

**Leslie Sears Gordon**  
*Teacher*  
Badger Road Elementary  
School  
Fairbanks

**Anthony Barrington  
Harduar**  
*Principal*  
Willard L. Bowman  
Elementary School  
Anchorage

**Nancy Norman**  
*Teacher*  
Finger Lake Elementary  
School  
Palmer

**Nita Yurrlig Rearden**  
*Teacher*  
Kotzebue Elementary School  
Kotzebue

**John A. Rusyniak**  
*Media Specialist*  
Alaska Gateway School  
District  
Tok

1995

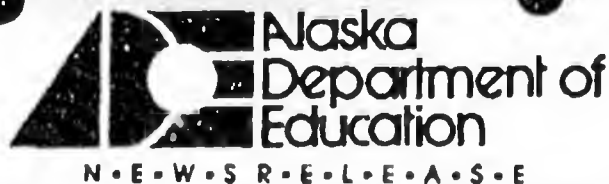
**Don Bernard**  
*Teacher*  
Chugiak High School  
Eagle River

**Esther Cox**  
*Principal*  
Martin Luther King, Jr.  
Career Center  
Anchorage

**Elaine Griffin**  
*Teacher*  
Chiniak School  
Kodiak

**Georjean Seeliger**  
*Teacher*  
Hutchison Career Center  
Fairbanks

**Lyle Sparrowgrove**  
*Teacher*  
Blatchley Middle School  
Sitka



FOR IMMEDIATE RELEASE

November 5, 1996

More information: Harry Gamble, Information Officer, 465-2851

## McGrath Teacher Judy Kuhn Named 1997 Alaska Teacher of the Year

Alaska's 1997 Teacher of the Year is Judy Kuhn, an elementary school teacher from McGrath. The announcement was made today by Commissioner of Education Shirley Holloway

Holloway also today submitted Ms. Kuhn's name for the 1997 National Teacher of the Year competition.

Ms. Kuhn has been a teacher at McGrath School since 1985. Beginning in 1977, she was a reading and special education aide, assistant counselor and substitute teacher in Aniak and McGrath. She received her bachelor's degree in teaching in 1982 from the University of Alaska Anchorage. She spent the 1990-91 school year in China as an exchange teacher.

Said Commissioner Holloway: "Judy Kuhn is an example of the best of the teaching profession. She works night and day for her students, keeping parents informed and getting help from children's families in a most positive way. She is the kind of teacher we are thankful for and proud to have in our school system. I am pleased to appoint her to serve as Alaska's 1997 Teacher of the Year. I am equally pleased to place her application among the elite few from across our nation who will compete for the 1997 National Teacher of the Year honor."

Monty Bunes, a seventh and eighth grade math and science teacher at Stukine Middle School in Wrangell, was selected 1997 Alternate Teacher of the Year. Patricia Truman, an eighth grade teacher at Palmer Junior Middle School, was selected second alternate.

A statewide selection committee appointed by Commissioner Holloway recommended Kuhn and the two alternates from a group of 11 statewide applicants.

As Kuhn was growing up, teachers were the people she admired most. "My teachers had always been an extraordinary group of people having the skills required to shape young minds and to make learning fun." Kuhn wrote in her application. "School was something that I looked forward to every day."

She immerses her students in the subjects she teaches. "I like what Merlin the Magician told King Arthur when he was a boy under Merlin's tutelage: 'To understand something, you have to become it.'"

"When we study about farming and ranching, we made stick horses and hold horse races," stated the teacher who keeps a turtle, a bird, a hamster and about 30 frogs in her classroom. "We made chickens and a coop and we collected real eggs every day."

When her class studies the Idiarod Sled Dog race, she invites real mushers, checkers and veterinarians into her classroom to talk to the children. "We learn the parts of a sled and the vocabulary for mushing dogs. We make all the mandatory gear that mushers must carry." In addition, some of the children have real sled dog races that involve the school and community.

"Children learn through making decisions, by being active participants and owners of their own work," she stated. "They have ideas and opinions that they are constantly forming and reforming. To help students discover their learning I find that talking and discussing get ideas flowing that speak to the child's inner voice. Kids have to talk to think."

The Teacher of the Year's term begins July 1, 1997. The 1996 Alaska Teacher of the Year is Barbara Renoux from Pt. Lay on the North Slope. Alaska's 1995 Teacher of the Year, Elaine Griffin from Kodiak Island, went on to become the National Teacher of the Year.

###

Radio Stations: For actualities call the State Agency News Feed: 1-800-478-5669, or in Juenaar call 465-5213.

# TOBACCO LITIGATION

4/14/97



Official Business

# Alaska State Legislature

State Capitol  
Juneau, AK 99801-1182

## AGENDA

Monday, April 14, 1997

Co-Chairs: Representative Con Bunde  
Senator Gary Wilken

### Presentations

1. Commissioner Karen Perdue  
State of Alaska Department of Health & Social Services  
Tobacco and public health
2. Attorney General Grant Woods  
State of Arizona  
Liggett tobacco settlement  
Anti-tobacco tool for decreasing tobacco use
3. Attorney General Bruce Botello  
State of Alaska  
Status of tobacco litigation in Alaska
4. Question and answer session



STATE OF ARIZONA

OFFICE OF THE ATTORNEY GENERAL

GRANT WOODS  
ATTORNEY GENERAL

1275 WEST WASHINGTON, PHOENIX 85007-2928

MAIN PHONE : 641-6025  
TELECOPIER : 641-4085

### GRANT WOODS

Grant Woods is a lifelong resident of Arizona. He grew up in Mesa, Arizona, before attending Occidental College in Los Angeles where he graduated Phi Beta Kappa. In 1979 he received a law degree from Arizona State University.

Mr. Woods led all candidates on the 1990 ballot and was re-elected Arizona Attorney General in 1994 with 80% of the vote. He presides over a staff of 850 employees including 300 attorneys and is chief counsel and law enforcement officer for the State of Arizona.

He is recognized across the nation for his leadership in consumer protection, environmental enforcement, civil rights, and fighting crime. A pro-active Attorney General, Mr. Woods personally appears in the courtroom in trials, hearings and sentencing, and argues for the state before appellate courts throughout the state and country. Mr. Woods successfully argued to the United States Supreme Court the matter of Lewis v. Casey, a case dealing with inmate access to the courts. He was named "Attorney General of the Year" by the National Association of Attorneys General in June of 1995. He is the past national president of the Civil Rights Committee and currently chairs the national Supreme Court Committee.

Mr. Woods was founding President of the Mesa Education Foundation. In 1986, he founded the Mesa Boys & Girls Club. The Club recently opened its new facility, the largest in Arizona, and renamed it after Grant Woods. Mr. Woods also hosts his own radio show on Fridays from 1:00-3:00 P.M. on top-rated KTAR radio.

Mr. Woods is married to Marlene Galan Woods, news anchor at KSAZ-Channel 10, and has four children, Austin 13, Lauren 11, Cole 5 and Dylan 1.

For Immediate Release  
March 20, 1997

Contact: David White (202-223-8700)  
Jay Smith (703-683-8512)

## ATTORNEYS GENERAL REACH MAJOR TOBACCO LAWSUIT SETTLEMENT

### Industry Documents Reveal Big Tobacco's Knowledge of Smoking's Dangers; Marketing to Kids

Washington, D.C., March 20 – In a stunning development for America's tobacco industry, Liggett Group, Inc. has agreed to settle lawsuits filed against it by twenty-two states, it was announced today.

For the first time in history, Liggett, one of the nation's top five tobacco companies, admits that three of the tobacco companies' major contentions are in fact false. Liggett admits that cigarette smoking causes lung cancer, heart disease and emphysema. Liggett admits that nicotine is addictive. Liggett admits that tobacco companies actively market to teenagers, and when tobacco companies refer in their internal documents to "youth," it includes teenagers 14-18 years of age.

Under the terms of the settlement, Liggett has agreed to waive privilege and turn over hundreds of industry documents going back decades. These documents are being filed in courthouses around the country.

In a statement issued as part of the settlement, Liggett CEO Bennett S. LeBow pledged to "scrupulously avoid any and all advertising and marketing that would appeal to children and adolescents" and to place a warning on all Liggett brands that "Smoking is Addictive."

"Never again will Big Tobacco be able to claim innocence with a straight face," said Mississippi Attorney General Michael Moore (D), whose first-in-the-nation lawsuit seeking compensation for the cost borne by taxpayers to treat tobacco-related disease in indigent citizens goes to trial in June. "The documents will tell the real story behind the industry's lies."

"To use a criminal analogy, Liggett is turning states evidence in our lawsuits against the other major tobacco companies," stated Arizona Attorney General Grant Woods (R).

-MORE-

a lead participant in the lengthy negotiations that led to today's settlement. "Juries across the country are finally going to hear the truth, from the inside, about how tobacco companies have operated over the years."

The Liggett agreement does not constitute a consent to any fraudulent conveyance of the RJR food group or any other entity which would constitute fraudulent conveyance.

"The Attorneys General want to be absolutely clear: we will fight any attempts to spin off assets in a fraudulent conveyance. RJ Reynolds is put on notice - you cannot protect your assets by spinning them off into a new company," said Attorney General Hubert H. Humphrey, III of Minnesota.

The Attorneys General participating in the Liggett settlement are (listed by alphabetical order of state): Arizona (Grant Woods); Connecticut (Richard Blumenthal); Florida (Bob Butterworth); Hawaii (Margery Bronster); Iowa (Tom Miller); Illinois (Jim Ryan); Indiana (Jeffrey Modisett); Kansas (Carla Stovall); Louisiana (Richard Ieyoub); Maryland (Joseph Curran, Jr.); Massachusetts (Scott Harshbarger); Michigan (Frank Kelley); Minnesota (Hubert H. Humphrey, III); Mississippi (Mike Moore); New Jersey (Peter Vemiero); New York (Dennis Vacco); Oklahoma (Drew Edmondson); Texas (Dan Morales); Utah (Janet Graham); Washington (Christine Gregoire); West Virginia (Darrel McGraw); and Wisconsin (James Doyle).

Copies of the settlement agreement can be obtained on the Internet at <http://stic.neu.edu>



## Liggett settles with states

Cigarette maker to admit smoking causes cancer; pay some \$750 million

March 20, 1997: 6:10 p.m. ET

NEW YORK (CNNfn) - Liggett Group Inc. on Thursday reached an unprecedented lawsuit settlement with 22 U.S. states, becoming the first tobacco company to admit that cigarettes are addictive and can cause cancer.

Breaking ranks with the rest of the tobacco industry, Liggett Group, a unit of Bennett LeBow's Brooke Group, also agreed to turn over 25 percent of its pre-tax profits for the next 25 years.

Under the deal, Liggett will pay an estimated \$30 million annually to the states, or about \$750 million in total.

Liggett will also pay a flat \$25 million fee if the company either acquires an additional tobacco unit, or is itself purchased by a cigarette firm.

Further, Liggett agreed to add a label to its products, including the Chesterfield and Lark brands, stating the nicotine is addictive.

"This is the beginning of the end for this conspiracy of lies and deception that has been perpetrated on the American people by the tobacco companies," Grant Woods, Arizona's attorney general, told a Washington, D.C., news conference. "Someone is finally telling the truth." [\(814K WAV\)](#) or [\(814K AIFF\)](#)

Woods said Liggett would cooperate fully with state attorneys general in cases pending against the other companies, and would allow its current and former employees to testify about industry practices.

He said the company had already turned over internal documents, and would argue in court for the right to provide states with documents related



Grant Woods



Mike Moore

to other tobacco companies.

Liggett executives did not make any immediate comment about the settlement.

While industry watchers long viewed Liggett, the smallest of the top cigarette makers, as a loose link in the powerful tobacco front, analysts say the company's admission that tobacco causes disease deals a major blow to the sector.

Tobacco companies face a growing list of lawsuits filed by states seeking to recoup the medical costs of treating tobacco-related illnesses in impoverished patients who receive state-funded Medicaid insurance.

Along with the cases brought by the states and individual civil suits, the Justice Department is investigating whether top tobacco-industry executives lied to Congress in 1994 when they testified that nicotine is not addictive.

Scott Harshbarger, the Massachusetts attorney general and president of the National Association of Attorneys General, told reporters that the Liggett deal "will produce information that indicates that major tobacco companies were fully aware that the product they were selling is addictive, that the product they were selling had great impact on public health."

The nation's four largest tobacco companies, which all claim nicotine is a non-addictive flavor enhancement, quickly lashed out against Liggett's deal.

Philip Morris called the agreement a "sham," and insisted in a statement that the settlement did nothing to impact other tobacco litigation.

"Philip Morris will continue to defend vigorously against the meritless lawsuits filed by the states seeking to recover health-care expenses," the statement said.

A key element of the settlement is Liggett's agreement to turn over potentially damaging documents, including notes between tobacco companies.

However, a North Carolina state judge issued a temporary restraining order prohibiting Liggett for the time being from given any notes to the states.

Lawyers for R.J. Reynolds Tobacco, Philip Morris, Brown & Williamson Tobacco and Lorillard Tobacco argued that the information is protected by a joint-defense privilege.

Liggett is expected to argue in court that all the documents should be delivered to the states, Arizona's Attorney General Woods said.

Yet Mike Moore, Mississippi's attorney general, said that even with documents only involving Liggett, states will receive unprecedented help in litigation against Big Tobacco.

"We will bring the other four tobacco companies to their knees," he vowed. (151K WAV) or (151K AIFE)

Just one year ago, Liggett became the first company to ever offer to settle smoking litigation, reaching an accord with five states. The company also agreed to settle its part of a class-action lawsuit in New Orleans.

As word of Thursday's settlement leaked out, Wall Street investors sent tobacco shares down sharply.

Shares of Philip Morris (MO), a component in the Dow Jones industrial average, closed down 7-1/4 to 114-3/4, while RJR Nabisco Holdings (RN) lost 3/4 to 31-1/2 and B.A.T. Industries (BTI) fell 13/16 to 15-5/8. Brooke Group (BGL) rose 5/8 to 4-7/8. ▶

-- David Rynecki



Liggett to settle  
- March 20,  
1997

Liggett states  
near settlement  
- March 19,  
1997

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FINAL  
EDITION

# THE ARIZONA

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Friday, March 21, 1997

★★

Phoenix, Arizona

## REPUBLIC

50¢

G

107th year, No. 307

# Tobacco 'conspiracy' is broken

## Firm gives up documents

By Jeff Barker  
Republic Washington Bureau

WASHINGTON — A settlement signed Thursday could end the tobacco industry's 30-year "conspiracy of deceit" by making public documents detailing cigarette executives' highly sensitive conversations, Arizona Attorney General Grant Woods said.

The documents are being made available to judges around the country as part of a civil settlement that Arizona and 21 other states reached with Liggett Group Inc., the maker of Chesterfield and Lark cigarettes.

The documents, which go back decades, include industrywide conversations that Liggett says will demonstrate "crime and fraud" against its tobacco company.



Grant Woods /  
"I believe this is  
the beginning of  
the end for this  
conspiracy of  
lies and  
deception."

— See TOBACCO, page A16

# Tobacco firm takes deal in suit

— TOBACCO, from page A1

brethren, according to Woods, who appeared at a news conference Thursday with other states' attorneys general.

Woods said the documents "could well break the back of this (tobacco) conspiracy" by showing that the industry lied about whether cigarette smoking causes lung cancer and other diseases, whether nicotine is addictive, and whether cigarette companies illegally marketed products to teens.

Woods said that Liggett's agreement was the equivalent of a criminal defendant turning state's evidence.

"I believe this is the beginning of the end for this conspiracy of lies and deception perpetrated on the American public by the tobacco companies," said Woods, who played a prominent role in the negotiations. "We're going to tell the truth from the inside, using their own documents."

Mississippi Attorney General Mike Moore said the bounty includes "the most incriminating documents ever in the history of tobacco litigation."

"These are documents, you see, that we never supposed to find out about," he said.

The documents are already on their way to Arizona, Mississippi and other states that still have claims pending against Philip Morris, R.J. Reynolds and other tobacco firms. In Arizona, Woods said in the suit that the firms illegally marketed their wares to minors.

Woods proceeded with the lawsuit over the objections of Gov. Fife Symington, who ordered him to drop the legal battle. Woods accused the governor of being "bought off" by tobacco companies.

Asked whether he felt vindicated, Woods replied Thursday, "The governor sided with the five tobacco companies, and one of them has now admitted that the allegations in our suit were correct. I don't know what more you can say."

Woods scored a publicity coup, moderating the press conference and appearing on a CNN program and other news talk shows.

Judges in each of the 22 states will determine whether the documents contain evidence of a crime. Such a finding is needed to overcome attorney-client privilege rules that

## ARIZONA CENTRAL



Do you feel that the state Legislature has misused tobacco tax funds? How do you think those tax dollars should be spent? Sign on to America Online and tell us how you feel. Go to keyword: Arizona Central and click on the What's Hot icon.

would allow the documents to remain confidential.

Out of thousands of documents, Liggett has already chosen 25 to 30 that it believes will be particularly helpful to the 22 states — and damaging to the industry. Woods said he and the other attorneys general have not seen the documents since they are privileged, and are relying on the characterizations of Liggett.

Philip Morris has already won a temporary restraining order in a North Carolina court to prevent attorneys in the settlement from reading the documents immediately.

But Moore said the court order would not handicap the tobacco firm's opponents in other states.

"I doubt if a judge in any other state in this country is going to care too much about what a judge in North Carolina says to try to hide those documents continuously from us," Moore said.

In the settlement, Liggett became the first tobacco company to admit that cigarette smoking causes lung cancer, heart disease and emphysema, and that nicotine is addictive. The attorneys general said Liggett also conceded that tobacco firms market to "youth" 14-18 years of age.

Liggett agreed to pay 25 percent of its pretax profit over the next 25 years. If Liggett merges with another tobacco company, it would immediately have to pay \$25 million.

Liggett also said its attorneys will help the states interpret the documents it has made available.

Woods and the other attorneys general stressed that money was not the main factor in the settlement. They said they could not estimate how much Liggett would ultimately have to pay.

"This is a little bit like busting a street drug dealer to get at the Colombia drug cartel," said Minnesota Attorney General Hubert H. Humphrey III. "This is a one-time deal. The terms offered to Liggett today to come clean are not going to be offered to others."

Major tobacco stocks were off in morning trading. Philip Morris Cos. was down \$5.75, to \$116.25.

# When smoke clears, truth about cigarettes is plain

For the nation's tobacco industry, it was the worst of times Thursday in Washington. For Arizona Attorney General Grant Woods, it was the best.

In a press conference broadcast live on CNN, Woods took center stage in announcing a historic settlement between Liggett Group Inc. and 22 states.

During the past seven months, Woods was lead negotiator for the settlement. Liggett attorneys flew to Phoenix three times for meetings, but most of the work was done on the phone, usually in conference calls involving 40 to 50 lawyers.

"Getting all of Liggett's people and 22 attorneys general to agree to every line in a 61-page document wasn't the easiest thing to do, but I'm feeling pretty good right now," Woods said from Washington.

In fact, he didn't complete the deal until moments before it was announced.

"We needed their lawyers' confirmation that (Liggett CEO) Bennett LeBow had signed the document," he said. "We got it



**STEVE WILSON**  
Republic Columnist

on the phone as we were walking into the hotel for the press conference."

The deal is a savvy one for Liggett and a giant setback for the rest of the industry.

By being the first tobacco defendant to settle with the states, Liggett got favorable terms: It settles 22 state lawsuits in exchange for 25 percent of its pretax profits for the next 25 years.

But the guts of the agreement is Liggett's willingness to turn over more than 100,000 documents. These contain incriminating admissions that Woods expects will be pivotal in upcoming trials.

Liggett now admits that nicotine is addictive, that cigarettes cause cancer and heart disease, and that the tobacco industry markets to kids as young as 14.

For 40 years, the nation's tobacco companies have denied those things.

"This deal shatters their united front," said Ed Sweda, senior attorney for the Tobacco Products Liability Project at Northeastern University in Boston.

"Liggett's move seems comparable to the situation in criminal law where a co-conspirator provides critical evidence. It's very bad news for the bigger fish."

The agreement is all the sweeter for Woods because of his battle with Gov. Fife Symington over the state's lawsuit against the tobacco companies.

Symington ordered Woods to drop it last

fall, saying he feared the legal bill would be too high. It was later reported that Symington met with tobacco lobbyists before announcing the decision.

Woods got around the governor's order by filing an amended complaint on behalf of the state of Arizona rather than the Arizona Health Care Cost Containment System.

"The governor obviously sided with wrong people," Woods said Thursday.

"He sided with the tobacco companies, and one of them has now admitted that everything we allege is true."

Woods said Symington's order hurts Arizona's chances of collecting as much from the companies as other states.

"We are in an inferior position because he made us remove AHCCCS from the suit. But I think we will still get a lot of money. The other companies will have to do what Liggett did or be put out of business."

The tobacco companies' biggest problem all along, and the underlying reason for Thursday's settlement, is this simple:

Truth isn't on their side.

They have shown for years that if you hire enough lawyers and lobbyists, enrich enough politicians, and blow enough smoke, the truth can be covered up, twisted, shoved out of sight.

But it doesn't go away. Cigarettes are addictive. They are pitched to kids. They cost us billions in health care every year. They will kill 8,000 Americans this week. Just as many died last week. At least as many will die next week and the next.

It's worth noting that the settlement knocked tobacco stocks lower. The biggest cigarettemaker, Philip Morris, fell 6 points. It has lost 25 points in the past week.

The only exception was the stock of Liggett's corporate parent, Brooke Group. Wall Street pushed its price up for cutting a smart deal — not for coming clean — but it's still good to see honesty rewarded.

It will be even better to see the truth finally come out in court and put an end to Big Tobacco's decades of deadly deceit.



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## Article 17 of 26

**Subject:** Ex-FDA chief Kessler sees anger in US tobacco case  
**From:** anon3c67@nyx.cs.du.edu (Bruce Watson)  
**Date:** 1997/03/21  
**Message-Id:** <5guns5951r@nyx.cs.du.edu>  
**Newsgroups:** alt.smokers, alt.support.non-smokers  
[\[More Headers\]](#)

Ex-FDA chief Kessler sees anger in US tobacco case

WASHINGTON, March 21 (Reuter)--Former U.S. Food and Drug Administration Commissioner David Kessler said on Friday the American people would react angrily to a tobacco company's admission that the industry marketed cigarettes to children.

"For one of the major tobacco companies to admit that they marketed to children, that's striking," Kessler said on NBC's Today Show. "I think it will make the average person just angry," he added.

The admission by the Liggett Group Inc.--makers of Chesterfield, L&M and Lark cigarettes--is a striking blow to the cigarette industry. The admission came in a settlement of lawsuits on Thursday by attorneys general of 22 states who said Liggett confessed tobacco was addictive, caused cancer and that tobacco was marketed to minors.

The firm, the smallest of big tobacco companies, made the concessions to settle lawsuits by 22 states seeking to recoup money spent on health care for tobacco-related illnesses.

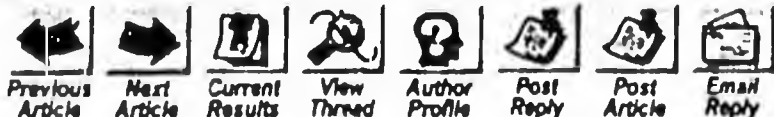
Liggett agreed to turn over documents to state judges that could prove crucial in lawsuits against other tobacco firms.

"The industry has always maintained that smoking is an adult choice," Kessler said. "Now one company has said it is addictive and they marketed an addictive product to children--it is not a matter of choice, that settles that issue."

He noted that even Republican presidential candidate Bob Dole said during last year's campaign that cigarettes were not necessarily addictive. "That has been the view of some--that cannot be credible any more," Kessler said.

Arizona Attorney General Grant Woods said on the program it was a significant decision. "This is the first time in the nation's history--remember there are only five of them--one of them has come forward and finally told the truth."

He added that "Most of us probably intuitively know they were not telling the truth--at least now it's over, as far as this discussion because an insider, one of the tobacco companies has come forward and says smoking causes cancer, smoking causes heart disease and emphysema, nicotine is addictive and, yes, we have marketed towards children and the tobacco industry markets toward children."



## Article 10 of 26

**Subject:** Liggett told to retrieve documents  
**From:** anon3c67@nyx.cs.du.edu (Bruce Watson)  
**Date:** 1997/03/23  
**Message-Id:** <5h4iv1\$069@nyx.cs.du.edu>  
**Newsgroups:** alt.smokers,alt.support.non-smokers  
[\[More Headers\]](#)

Liggett told to retrieve documents  
 Judge seals secret papers linked to nicotine addiction; 22 states may have them by now  
 By Steve McQuilkin  
 JOURNAL BUSINESS REPORTER

Judge William H. Freeman ordered the Liggett Group yesterday to retrieve any secret documents on nicotine addiction and other legal issues that may have been distributed after he ordered them sealed Thursday.

The tobacco industry sought the measure in Forsyth Superior Court after Grant Woods, the attorney general for Arizona, said that the Liggett documents were being flown to all 22 states suing the industry. "They will be all over the country before the sun comes up," Woods said Thursday.

Many involved with the dispute could not say yesterday whether the documents were delivered; several states had not received the documents by yesterday afternoon. But some who have been following the legal battle between the major tobacco companies and the 22 states suing them say that it will be hard for the industry to keep the documents confidential.

David Logan, a law professor at Wake Forest University who tracks tobacco issues, said that if even one attorney general finds a judge willing to unseal the documents "it won't matter very much what Judge Freeman decides 10 days from now because the cat's already out of the bag."

In a settlement agreement announced Thursday, Liggett admitted that nicotine is addictive and that smoking causes lung cancer and other ailments--something the other tobacco companies have denied.

Michael Moore, the attorney general for Mississippi, said that Liggett's internal documents show that the industry aimed marketing efforts at minors.

For many years, the tobacco companies shared information and legal strategies in developing defenses to lawsuits against the industry. At issue is whether Liggett can now break ranks and disclose notes and other papers gleaned from those meetings, which the other tobacco companies say should remain secret under client-attorney privilege.

Freeman's order requires Liggett to identify anyone who directed or failed to stop the distribution or production of the secret documents after 12:21 p.m. Thursday--shortly after he signed the order. It also demands that Liggett provide a full accounting of the whereabouts of all copies of the documents since that time.

"Talk about fighting a war on a lot of fields--this really is a logistical nightmare for them," Logan said of the tobacco companies.

Stewart H. Freeman, an assistant attorney general for Michigan, said he believes that the documents could be posted on the Internet with a week or two.

If cigarette companies have documents that show smoking causes health problems, then it would be hard for them to show why groups such as the American Lung and American Heart associations can't see those reports, Freeman said.

"We're not talking about the formula for Coca-Cola," he said.

Joseph D. Loveland, a spokesman for Attorney General Hubert H. Humphrey III of Minnesota, said that though protective orders vary from state to state, the judge in each case can decide whether to open documents for public inspection.

Loveland said he expects the documents to be unsealed in Mississippi first because that case is further along and in Florida because that state has strong Government-in-the-Sunshine laws. He said that the documents could be filed in Minnesota as early as Monday, but it may take much longer to get them unsealed because Minnesota has strong protective rules.

Logan said: "The key player in all this is the documents. Whatever is revealed will make things difficult for the tobacco companies."

Peggy C. Carter, a spokeswoman for R.J. Reynolds Tobacco Co. in Winston-Salem, said she doesn't believe that Reynolds will have to go to the other states to keep the documents confidential because she believes that judges will honor the temporary restraining order.

Carter said that some of the attorneys general are being too glib in the national spotlight. "They are saying a lot of things, but it doesn't logically compute," she said.

Carter said she was appalled by a comment by Moore, the chief legal officer for Mississippi, that he doesn't have to obey a court order from North Carolina. "If there was a court order from Mississippi that concerned us you can bet your buttons that he would expect us to comply with it," she said.

The documents shouldn't have any effect on a federal case over new Food and Drug Administration restrictions on the sale and marketing of tobacco products, she said. Judge William Osteen of the U.S. District Court in Greensboro is considering whether the restrictions are legal after a challenge by the tobacco and advertising industry and is expected to make a decision within the next five weeks, possibly as early as Monday. The restrictions include a ban on color and imagery in tobacco ads except in adult establishments and publications and a complete ban on self-service tobacco displays and the distribution of such products as baseball caps and jackets that bear tobacco logos.

Legally, Osteen is not allowed to consider facts that aren't already in the court record of the case--and he can't refer to the settlement to support any conclusions he might make, Logan said.

Stewart Freeman said that FDA attorneys probably should try to get some of Liggett's admissions in front of Osteen even though the hearing is over. "The Justice Department couldn't possibly have known that Liggett would make those statements until Liggett made them," Freeman said.

Allison M. Zieve, an attorney for the Public Citizen Litigation Group, said that though it's possible the federal government would move to introduce new evidence, it's not likely.

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## Article 14 of 26

Subject: STATE ATTORNEYS GENERAL V. TOBACCO: A War Without End?  
 From: anon3c67@nyx.cs.du.edu (Bruce Watson)  
 Date: 1997/03/22  
 Message-Id: <5h1o4r\$948@nyx.cs.du.edu>  
 Newsgroups: alt.smokers,alt.support.non-smokers  
[\[More Headers\]](#)

STATE ATTORNEYS GENERAL V. TOBACCO: A War Without End?  
 by: James E. Tierney (Attorney General of Maine 1980-1990)

On February 19, 1997, Indiana Attorney General Jeffrey Modisett filed a lawsuit against the tobacco industry asking for extensive regulatory relief and over a billion dollars in reimbursement for his state's medical expenses. Indiana therefore became the 22nd state to jump into the war between the tobacco industry and the state attorneys general.

The lines in this war are clear.

On one side is the tobacco industry. It is armed with billions of dollars in assets, hundreds of thousands of employees, hundreds of millions of dollars in political contributions and access to thousands of top-flight lawyers and lobbyists. No court has ever ordered the tobacco industry to pay one cent in damages for smoking related claims.

On the other side are twenty-two attorneys general. With their staffs, a group of well-financed trial lawyers, and the power of emerging public sentiment, they are utilizing legal theories that have yet to be successfully applied to the tobacco industry.

No one knows who will win the bitter battle currently being played out almost daily in court, press conferences, the halls of Congress and Wall Street. The answer may well lie buried deep in the eleven million tobacco industry documents that have been turned over to the state attorneys general and their lawyers.

### I. The First and Second Wave

By any measure, the tobacco industry is big and growing. While tobacco has been cultivated since colonial days, it has only been since the dawn of the 20th Century that cigarettes, as opposed to cigars or smokeless (e.g. "spitting") tobacco, have dominated its use. Portable, inexpensive, and addictive, cigarettes were the perfect product to market with massive advertising campaigns directed by the fast-growing tobacco industry. By the end of World War II, no social gathering was complete without the availability of cigarettes and their use skyrocketed.

Also skyrocketing, however, were the number of deaths caused by lung cancer and heart attacks among heavy smokers. Medical research slowly began to find connections, physicians stopped smoking, the Surgeon General issued his reports and the rest is history. Today, every reputable scholar agrees that cigarette smoking kills 400,000 Americans a year making smoking the country's number one health problem.

During the 1960's and 1970's, the tobacco industry found itself the target of private litigation. Brought mainly under the tort theories of deceit, breach of express and implied warranty and negligence, plaintiffs' cases were hampered by the lack of definitive medical studies and a firm grasp of what was then internal tobacco industry knowledge.

In the 1980's, more suits were filed that added the newer legal theories of failure to warn and strict liability. While plaintiffs could generally now prove a direct connection between smoking and various diseases, the tobacco industry successfully countered by arguing that smokers had freely chosen to smoke, could quit anytime they wanted, and had thereby voluntarily assumed any hypothetical risk that might exist from smoking cigarettes. These defenses were ironically bolstered by the Federal Cigarette Labeling and Advertising Act's imposition of a warning label on all cigarette packaging and advertising.

Strategically, the tobacco industry countered each and every suit with scorched earth defense tactics that often spent their opposition into the ground. As a result, full discovery of internal industry practices never really took place. Coupled with seemingly invincible power in both political parties, the tobacco industry entered the 1990's with its power in tact and cigarette smoking on the rise among young people.

## II. Third Wave

On May 23, 1994, Mississippi Attorney General Mike Moore filed an unprecedented law suit against the entire tobacco industry. On August 17, 1994, Minnesota Attorney General Hubert H. Humphrey, III, joined by Blue Cross and Blue Shield of Minnesota, did the same. Vilified not only by the tobacco industry but also by most large business groups, the actions by these two attorneys general will forever change the way tobacco is regulated in the United States.

These state's cases have much in common. Both assert that the tobacco industry has engaged in years of illegal activity. Both were brought by experienced private plaintiff's lawyers working under contract with the attorney general. The legal theories of the two cases, however, differ significantly.

In Mississippi, Attorney General Moore filed in his state's court of equity. Utilizing theories of unjust enrichment and restitution, his suit attempts to recoup for his state millions of dollars paid by it for the medical care of indigent citizens. By avoiding the filing of a subrogation claim that the State of Mississippi was acting on behalf of specific smokers, Moore avoided the assumption of the risk defense which had earlier proven successful for the tobacco industry.

In Minnesota, Attorney General Humphrey's case was filed in state court asserting that the tobacco industry engaged in a series of illegal activities that violate consumer protection and antitrust laws. The case further alleged that the tobacco industry knew of the addictiveness of nicotine and yet engaged in a "unified campaign of deceit and misrepresentation" to conceal the information from the general public and governmental agencies.

Both attorneys general, however, spoke forcefully of their concerns over the increased rate of teenage smoking. With statistics showing that 50% of all adult smokers had begun smoking before the age of 14, both Moore and Humphrey echoed Federal Food and Drug Administration (FDA) Commissioner David Kessler who since his appointment by President Bush had made the reduction of youthful smoking a top priority.

In February of 1994, Kessler wrote that he believed that there was "mounting evidence" that "the nicotine ingredient in cigarettes is a

powerfully addictive agent" and that "cigarette vendors control the levels of nicotine to satisfy this addiction." This letter was followed in April of 1994 by the now infamous hearing before the House Health and Environment Subcommittee then chaired by Rep. Henry Waxman (D-Ca) wherein the CEO's of the seven largest tobacco companies testified that they personally believed that nicotine is not addictive and that smoking has not been proven to be a cause of cancer. One month later, Moore filed his case.

### III. The Next Brave Souls

On September 20, 1994, West Virginia Attorney General Darrell McGraw filed a medical reimbursement lawsuit that for the first time named U.S. Tobacco, manufacturers of 95% of the smokeless tobacco sold in the United States, as a defendant along with the other major cigarette companies. McGraw's case not only mirrored Moore's case legally, but politically as well. In both state's, the Governors came down hard on the side of the tobacco industry and filed briefs in court asserting that their attorney general lacked the authority to bring the suit and/or sign contracts with private lawyers to bring the case.

The attention that arose from these suits, however, at times seemed minor when compared to the controversy that erupted in Florida with the late-night passage of the Medicaid Third-Party Liability Act on the last day of the 1994 Legislative Session. Swept through the Legislature without a hearing, the Act specifically authorizes the Florida Attorney General to bring a reimbursement lawsuit and, more importantly, strips from tobacco defendants the ability to utilize the defenses of assumption of risk and contributory negligence. Strongly supported by Florida Governor Lawton Chiles and Attorney General Bob Butterworth, both the procedure and the substance of the passage resulted in a huge effort by the entire business community to repeal the Act as soon as possible.

### IV. The Stall

During the summer and fall of 1995, the tobacco industry came very close to ending the initiative of the attorneys general. In Mississippi, Governor Kirk Fordice, with the support of the entire business community, sued Attorney General Mike Moore in an attempt to have the case dismissed. In West Virginia, Governor Gaston Caperton's legal intervention persuaded a trial judge that Attorney General McGraw did not have the authority to bring the suit and she dismissed most of the claims. In Florida, the Legislature overwhelmingly repealed the Liability Act and it appeared that the industry had the votes to override the veto of Governor Chiles. Only the Minnesota case was still politically alive although preliminary legal attacks left it buried deep in the state's appellate process.

The four attorneys general who sued, however, continued their efforts. Secret documents from the archives of the industry, brought forward by whistleblowers, sometimes in defiance of state court orders, increasingly appeared in the press. The tobacco industry then launched legal assaults on the media itself, winning an apology from ABC and frightening CBS's "60 Minutes" into cancelling a story on the eve of broadcast. The key committee posts in the new Republican controlled Congress were entirely pro-tobacco and federal "tort reform" threatened to wipe out all of the state cases. The tobacco industry dramatically increased its corporate and PAC contributions and the proposed FDA rule was under furious assault.

### V. "Don't Let That Attorney General File That Suit!"

At this point, the industry launched what at best can only be charitably described as a curious litigation strategy. It initiated lawsuits against the attorneys general of Massachusetts, Texas, and Maryland, who--at that

point--were considering filing actions but had not yet finally decided to do so. These unprecedented suits asked the courts to stop the attorney general from ever filing a suit as opposed to the more common method of submitting a Motion to Dismiss after a suit had been filed.

Even a casual observer of state attorneys general could have predicted that these suits would have the exact opposite effect from what the industry wanted. Virtually all of the fifty attorneys general rallied to the defense of the four that had been sued. In private discussions, they characterized the preemptive efforts of the industry as an indication of corporate arrogance not shown by any other segment of the American business community. The response of Massachusetts Attorney General Scott Harshbarger was representative of others when he responded that "the tobacco industry may intimidate '60 Minutes,' but they won't intimidate me."

In November 1995, a conference for state attorneys general, funded by the Robert Wood Johnson Foundation and organized by the Tobacco Products Liability Project, was held at Northeastern University in Boston. It brought together representatives from thirty state attorneys general, leaders of the tobacco control movement, and the plaintiff's bar, and resulted in a renewed commitment to continue the litigation efforts.

After almost a year during which no state had sued, Massachusetts became the fifth state to file. On December 1, 1995 at a press conference held in a Catholic hospital attended by the Archbishop of Boston, Harshbarger stated that "cigarette manufacturers have ... known for years, based on their own secret research, that their products eventually injure or kill the consumer when used exactly as intended."

The stall was over.

#### VI. Liggett:

On March 15, 1995, the headlines of every newspaper in the country announced that The Liggett Group, the nation's fifth largest cigarette manufacturer, had settled its claims with five of the six states who had sued it for \$10 million, a stake in future profits, and an agreement to immediately comply with the proposed FDA rule dealing with youth access. (Louisiana Attorney General Richard Feyoub had filed the day before the settlement announcement.) Minnesota Attorney General Hubert Humphrey refused to join the settlement, noting that the dollars were too low and that the agreement actually provided the states with an economic stake in a failing tobacco company that was attempting a hostile takeover of R.J.Reynolds.

Regardless of the legal merits, there can be no question that the settlement was a stunning success for all state attorneys general. The industry's aura of invincibility was gone forever.

The settlement immediately solved several critical political problems. In West Virginia, the Governor, with a check for \$200,000 literally in hand, reversed his position, thereby reactivating the suit in his state. In Florida, the settlement on the eve of the vote to override Governor Chiles's veto of the Liability Act saved the day. In New Jersey, Governor Christine Todd Whitman ordered her appointed attorney general to start the process to file, making her the first prominent Republican to support state litigation.

Most important, the settlement legitimized the efforts of the first five attorneys general. The media lost its timidity and began launching new and ever more negative attacks on the tobacco industry. Editorials now asked why the state attorney general had not sued instead of the other way around. National health associations, long skeptical of litigation as a route to tobacco control, have whole heartedly supported the efforts of the

attorneys general.

#### VII. The Deluge

In December 1995, the tobacco industry had preemptively sued Texas Attorney General Dan Morales in state court in Austin. On March 28, 1996, Morales responded with a law suit, the first state case to be filed in federal court, that alleged civil racketeering violations. Morales also issued a blistering attack on the industry. In the face of polls that showed the citizens of his state opposed his filing the suit, Morales stated that he believed that the industry had engaged in the "systematic cultivation of new, life-long customers, life-long nicotine addicts."

On May 1, 1996, Maryland Attorney General Joe Curran became the eighth attorney general to file in a suit he hand delivered to the court house. Asking for \$3 billion in compensatory damages, Curran was the first to seek punitive damages.

On June 5, 1996, Washington Attorney General Christine Gregoire filed against the industry. Connecticut Attorney General Richard Blumenthal filed shortly thereafter. In just one August week, four states sued. Arizona Attorney General Grant Woods became the first Republican to actually file although he was immediately followed by Kansas Republican Attorney General Carla Stovall. Oklahoma Attorney General Drew Edmondson and Michigan Attorney General Frank Kelley, who called the industry "merchants of death," each filed in their state courts.

In the last six months, cases have been filed by Utah Attorney General Jan Graham, Iowa Attorney General Tom Miller, New York Attorney General Dennis Vacco, Hawaii Attorney General Margery Bronster, Wisconsin Attorney General Jim Doyle and Indiana Attorney General Jeff Modisett.

These state court cases make many of the same allegations. All are brought by a state attorney general who has hired, often on a contingent fee basis, a private firm who has agreed to front all or most of the up front litigation costs.

And there is no question that more states, counties, cities and towns will be filing in the near future.

#### VIII. Preliminary Results

All of the rulings to date in the state attorney general reimbursement actions have been legal and procedural in nature. In other words, they have not reviewed the factual basis of the claims. That said, as of March 1, 1997 the states have won almost every round.

Every preemptive suit decided to date has been dismissed with especially harsh language being directed at the tobacco industry by the Court in the Connecticut and Utah cases. Every attempt to remove state cases to federal court (or to state court in the case of Texas) has been defeated. Every contingent fee agreement attacked has been upheld. In Minnesota, the Supreme Court has upheld the trial judge's rulings that upheld the dismissal of a Motion to Dismiss and kept Blue Cross and Blue Shield of Minnesota as a co-plaintiff. In Florida, the state Supreme Court has upheld the basic constitutionality of the law that limited the tobacco industry's defenses and created a de facto strict liability law and the trial judge has upheld the state's inclusion of a major conspiracy count.

This is not to say that the tobacco industry is down for the count. The Mississippi Supreme Court has yet to rule on the lawsuit of Governor Fordice that challenges Attorney General Moore's right to bring his case. In Washington, Florida and West Virginia, a number of counts have been

dismissed. In Texas, a legislative attempt will be made to eliminate the right of the Attorney General Morales to hire outside counsel. Defense counsel in each state, many of whom are as powerful in the political arena as in the courtroom, are defending the industry in a sophisticated and tightly organized manner.

Still, as of right now, all twenty-two state cases are on track to go to trial. Mississippi trial is scheduled to begin on June 1, 1997. Florida's case is set to begin in August and Texas is scheduled in October. Minnesota begins its trial the first week of January, 1998.

#### IX. Possible Congressional Resolution

Geoffrey Bible, the President of Philip Morris, stated in June that "after 40 years of astonishing growth...our business is in phenomenally robust shape, and our prospects have never looked better."

There is much support for Bible's statement. Profits, fueled especially by international sales, are very high. Increased smoking rates for teenagers, officially decried by the industry, nonetheless make it clear that there will be plenty of American customers for generations to come. Congressional support in key positions remains absolute and polls consistently show that Americans are not in the mood to ban tobacco products from the adult population.

All of this notwithstanding, the tobacco industry has shifted its position in the last few months and will soon be approaching Congress seeking what they call "regulatory peace," or, in the words of RJR Chief Executive Officer Steven Goldstone, a definition of "the role that tobacco should play in commerce and our society." Pro-tobacco stock analyst Gary Black, who for years had derided the significance of state and private litigation, stated the issue clearly when he wrote last August that "we believe that odds have increased significantly that over the next 18-24 months, the industry will agree to a legislative solution that could put litigation risks behind it. We believe that tobacco stocks could soar as investors adopt the view that the current litigation discounts...are several times likely settlement costs...."

To get ready for this Congressional fight, the industry is employing an increased number of high profile lobbyists from both political parties and expanding their public relations efforts. President Clinton has indicated a willingness to help bring the two warring sides together to see if common ground can be found.

The suing attorneys general, however, cannot see how a truce can be declared as long as 400,000 Americans die each year of tobacco related illnesses and youth smoking rates continue to climb. All of its talk of "peace," few attorneys general are anxious for a settlement that allows tobacco stocks to "soar." While attorneys general are internally discussing the possible parameters of a "global settlement," all are spending most of their time getting ready for trial.

In their hearts, both sides to the tobacco wars know full well the risks of litigation. When it comes to the question of who will blink first, however, there is more than enough evidence that the state attorneys general who have sued the tobacco industry are not at all be afraid of going all the way.

James E. Tierney served as the Attorney General of Maine from 1980 until 1990. Since that time he has written widely on the subject of state attorneys general, served as a special prosecutor and serves on the Board of Commentators for the Courtroom Television Network. During 1995, Tierney worked with the Tobacco Products Liability Project and currently is assisting state attorneys general in the coordination of their tobacco litigation. For more information see: <http://stic.neu.edu>.



## Article 8 of 26

**Subject:** Tobacco foes fired up  
**From:** anon3c67@nyx.cs.du.edu (Bruce Watson)  
**Date:** 1997/03/23  
**Message-Id:** <5h4jca\$oig@nyx.cs.du.edu>  
**Newsgroups:** alt.smokers,alt.support.non-smokers  
[\[More Headers\]](#)

Tobacco foes fired up  
Liggett pact with 22 states hailed by many, decried by RJR, others By  
John Hoeffel  
JOURNAL WASHINGTON BUREAU

WASHINGTON--In a stunning settlement reached yesterday with the attorneys general from 22 states, the Liggett Group, the country's fifth-biggest maker of cigarettes, admitted that nicotine is addictive, that smoking causes cancer and that cigarettes have long been marketed to minors.

Liggett, in a major concession, agreed to put a warning label on its cigarette packages declaring that smoking is addictive, contradicting the long-standing claims of tobacco officials that it is not.

The company, based in Durham, also agreed that its employees and attorneys will testify in the lawsuits the 22 states have filed against the four other major cigarette makers, including R.J. Reynolds Tobacco Co. in Winston-Salem.

Liggett also promised to hand over several boxes of highly confidential documents.

"We believe this is the beginning of the end for this conspiracy of lies and deception that's been perpetrated on the American public by the tobacco companies," said Grant Woods, the Arizona attorney general.

Woods, flanked by the other attorneys general in a packed hotel ballroom, announced the settlement yesterday afternoon shortly after the last attorney general and financier Bennett LeBow, Liggett's owner, accepted it.

CHRISTINE GREGOIRE, the Washington attorney general, lauded the agreement. "Today, we put Joe Camel in its coffin where it belongs," she said. "It is a breakthrough, watershed day."

Woods said that the documents could contain evidence of crime and fraud. "The documents are extremely damaging," he said.

Some of the hundreds of thousands of pages pertain just to Liggett, but many others, considered potentially explosive, describe meetings between the top in-house attorneys for all five of the major cigarette makers.

Long before the agreement was signed yesterday afternoon, Reynolds and the three other major cigarette companies obtained a temporary restraining order from Judge William H. Freeman of Forsyth Superior Court. Freeman's order bars Liggett from "misusing or disclosing any privileged or confidential information" relating to the four tobacco companies.

or confidential information" relating to the four tobacco companies.

The order set a hearing on the issue for March 31.

Woods said that the attorneys general had seen only the Liggett documents and not the industry documents but suggested that all the documents were being shipped to the courts where the 22 states have filed suit. "They will be all over the country before the sun comes up," said Woods, who had not seen Freeman's order. "We don't know what went on in that North Carolina courtroom."

Liggett, however, said in a statement that it would turn only Liggett documents over to the attorneys general and would wait to submit the industry documents to the courts "pursuant to court order."

Michael Moore, the Mississippi attorney general, ridiculed the notion that the top lawmen from 22 states would violate the law. "We're in the business of enforcing the law. That's what attorneys general do," he said. "We're the good guys. They're the bad guys."

Woods said he believes that the judges in those cases will unseal the documents, rejecting claims that they are protected by attorney-client privilege. Liggett, he said, has separated out about 25 of the most incendiary documents, which could be used to pierce the legal protection. "It has been represented to us that they are evidence of crime and fraud," Wood said.

With the aid of the documents and the witnesses, Moore predicted, "We will bring the other four tobacco companies to their knees."

Under the agreement, Liggett will pay 25 percent of its pretax profits for 25 years to a fund that would go to the states and others with claims against Liggett. Woods and Moore, however, acknowledged that the states might see little cash from the deal. Liggett is the smallest domestic cigarette maker by far and had no pre-tax profits last year. Liggett, which sells Chesterfield and Eve brands, has less than a 2 percent market share. Reynolds had a 24.6 percent share and Philip Morris USA had 47.8 percent.

"Money is way down the list of priorities," Woods said, explaining that the historic deal was cut to open the floodgates for documents and witnesses that could help win their suits to recoup state Medicaid spending on tobacco-related diseases, an amount some estimates put at \$6 billion a year.

"We got the wheel man. Now we're going after the bank robbers," Woods explained. Hubert H. Humphrey III, the Minnesota attorney general who has been instrumental in the lawsuits, quipped, "This is a little bit like busting a street drug dealer to get at the Colombia cartel."

Moore, whose lawsuit comes to trial in June, said, "Their lawyers are going to be on our team fighting on our side."

In Winston-Salem, news of the settlement was not taken lightly at Simos Barbecue Restaurant. Paul Simos built his business on R.J. Reynolds Tobacco's lunch crowd. So he lost no time removing three brands of Liggett cigarettes from a vending machine at the restaurant yesterday.

"We believe in our local products," Simos, 67, said. "Hell, I wear Hanes underwear."

The lunch crowd yesterday was buzzing with talk of Liggett's settlement. "Is it true," workers asked one another. Many called Simos over to their tables to ask what he thought.

"I think they are just trying to take the easy way out," Simos said. "I

"I think they are just trying to take the easy way out," Simos said. "I always felt like people ought to stick together in a great battle."

Anti-tobacco opponents heralded the settlement.

His voice quavering, Matthew L. Myers, the executive vice president of the National Center for Tobacco-Free Kids, proclaimed, "We have turned a very important corner."

"Make no mistake," he said. "This agreement is about kids and is about protecting kids."

Rep. Martin T. Meehan, D-Mass., a prominent congressional tobacco foe, said that the agreement "will make it very difficult for any member of Congress to argue against the FDA's plans to regulate tobacco products."

"What we have here is a major tobacco company making the case for FDA action," he said in a prepared statement.

But John C. Maxwell Jr., an analyst with Wheat First Butcher Singer in Richmond, said that the whole settlement is "media hype." "It's meaningless," he said, raising doubts about whether the documents contain any "smoking guns." "These guys have been sued since 1954. There's been 40 years of discovery. I don't think there's a hell of a lot more to discover," he said.

North Carolina, the country's top tobacco producer, is among the 28 states that have not sued. Attorney General Mike Easley could not be reached for comment, and several North Carolina congressmen declined to comment.

Tobacco opponents and several attorneys general also said that the Liggett documents and witnesses will help the plaintiff's attorneys pursue their lawsuits against the tobacco companies and the federal government defend the Food and Drug Administration regulations in federal court in Greensboro.

"I think the word will get around that there's plenty of incriminating stuff sitting around out there," said Richard A. Daynard, a law professor who is the chairman of the Tobacco Products Liability Project. "It's not good news for the other tobacco companies."

Daynard also predicted that the move to ask for a restraining order to keep documents secret would destroy whatever credibility the tobacco companies still have with the public. "I think the companies' responses are going to contribute to the general perception that these companies are hiding something really damning," he said.

The two biggest tobacco companies downplayed the agreement.

"It changes nothing," said a Philip Morris statement, adding that it "will continue to defend vigorously against the meritless lawsuits filed by the states seeking to recover health-care expenses."

Philip Morris, reiterating that it recognizes that smoking is a risk factor for some diseases and denying that it markets cigarettes to children, said it will continue to pursue "reasonable measures" to resolve pending lawsuits, including comprehensive legislation in Congress.

Reynolds, in a joint statement with Philip Morris, Brown & Williamson Tobacco Co. and Lorillard Tobacco Co., lashed out at LeBow, whose Brooke Group Ltd. owns Liggett. LeBow, who owns a significant stake in RJR Nabisco Holdings Corp., tried to sell Liggett to RJR Nabisco. LeBow also tried to strong-arm RJR Nabisco into spinning off its Nabisco food

operations by instigating a shareholder revolt at the annual meeting in April.

"We suspect he is simply brokering this deal in a desperate attempt to force one of the other cigarette manufacturers to take over his financially troubled and failing tobacco interests," the statement reads.

RJR Nabisco's next annual meeting is scheduled for April 16 in Winston-Salem.

The settlement includes what looks like an invitation for RJR Nabisco to buy Liggett and seize an advantage over arch-competitor Philip Morris. It includes a stipulation that a tobacco company, excluding Philip Morris, merging with Liggett "would receive certain settlement benefits, including limiting its potential liability to its domestic tobacco operations."

The joint statement from the tobacco companies also points out that LeBow testified under oath that he smoked two or three packs a day for about 15 years and quit with no problem. Asked if he believed tobacco was addictive, according to a transcript supplied by Reynolds, he said, "No, I do not."

"The only ones who potentially benefit from LeBow's latest shenanigans are plaintiffs' lawyers, who get nothing more than another free round of publicity and possibly some seed money to fund their illegitimate assault on the remainder of the tobacco industry," the statement concludes.

Under the settlement, Liggett also agreed to comply with some of the FDA regulations, including a prohibition on using cartoon characters and limitations on promotional materials and sample packages. It was unclear last night which provisions it does not plan to follow.

The settlement protects Liggett from further smoking-related claims filed by the 22 states. Liggett will also seek court approval for protection from all class-action and individual suits.

JOURNAL reporter Paula Christian contributed to this report.

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## Article 4 of 26

**Subject:** Tobacco industry reportedly set targets by age, gender, ra  
**From:** anon3c67@nyx.cs.du.edu (Bruce Watson)  
**Date:** 1997/04/02  
**Message-Id:** <5hu538\$e16@nyx.cs.du.edu>  
**Newsgroups:** alt.smokers,alt.support.non-smokers  
[\[More Headers\]](#)

Tobacco industry reportedly set targets by age, gender, race

PHOENIX (Apr 1, 1997 06:49 a.m. EST)--The tobacco industry targeted consumers by age, race and gender while knowing of the "severe toxicity" of nicotine, according to internal papers from the Liggett Group, a newspaper reported Tuesday.

The Arizona Republic said it obtained the confidential documents from Arizona Attorney General **Grant Woods**, who played a major role in lawsuits brought by Arizona and 21 other states that resulted recently in a settlement with Liggett.

The papers also show the industry manipulated nicotine levels in cigarettes and at one point, Liggett, which makes Lark and Chesterfield cigarettes, considered using synthetic ingredients to increase the impact of cigarettes on smokers "without the severe toxicity of nicotine itself," the Republic said.

The newspaper said the research papers from the 1960s and 1970s also show how manufacturers targeted marketing campaigns.

A report prepared by Arthur D. Little Inc., a Massachusetts consulting firm, identifies potential smokers ages 16 to 21 as those in "the formative years (when) smoking starts and brand preferences are developed," the Republic said.

One section of the Arthur Little report says that "Spanish and Negro groups like to purchase only the best of everything--they are not looking for bargains," the Republic reported.

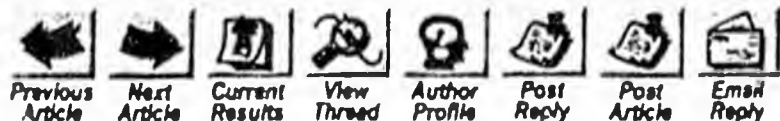
In the same report, issued about 1963, the consultants say, "There must be a racial slant in the marketing efforts" directed toward minorities, "while in the case of the Jewish market, this is not a requirement," according to the Republic.

The internal records, released as part of a settlement with Arizona and the other states, also show that Liggett was aware of that smoking is habit forming and once considered producing "less hazardous" cigarettes.

The documents released to The Republic represent only a fraction of thousands of papers being turned over to the states by Liggett. However, most of those are under seal until state judges determine whether to release them to the states.

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## Article 3 of 26

Subject: Liggett worried about addiction  
From: anon3c67@nyx.cs.du.edu (Bruce Watson)  
Date: 1997/04/03  
Message-Id: <5i0t6r\$ipp@nyx.cs.du.edu>  
Newsgroups: alt.smokers,alt.support.non-smokers  
[More Headers]

Liggett worried about addiction  
By Bob Kur NBC NEWS CORRESPONDENT

When the Liggett Group agreed to settle lawsuits with 22 states suing the tobacco companies, the cigarette-maker turned over thousands of confidential, internal documents. Now, those documents are beginning to surface as officials in some of the states make them public.

For decades, Liggett and other tobacco companies experimented with so-called "safer cigarettes."

The goal, according to newly released Liggett documents, was finding a way to reduce harmful ingredients like tar and nicotine without breaking the smoker's addiction.

The documents show an obsession with "increasing the physiological effect of the nicotine" ... "without the severe toxicity of nicotine"--a stunning admission.

"They tried to figure out exactly how they could boost the addictive substance to the point where it would be very difficult for smokers to quit," says Grant Woods, Arizona's attorney general.

More than 20 years later, Liggett's chief and other tobacco executives swore before Congress--under oath--that they did not manipulate nicotine or believe it was addictive.

But one item from the Liggett collection, a 1978 chemists' report for tobacco companies, discusses ethics: "Is it morally permissible to develop a safe method for administering a habit-forming drug when, in so doing, the number of addicts will increase?"

Increasing the number of smokers was a priority, according to an undated marketing study done for Liggett. Targeted in the documents were: "16 to 21 year olds ... ages when brand preferences are developed." Also targeted were ethnic groups, with a document stating, "Spanish and negro markets ... there must be a racial slant in marketing efforts directed toward them..."

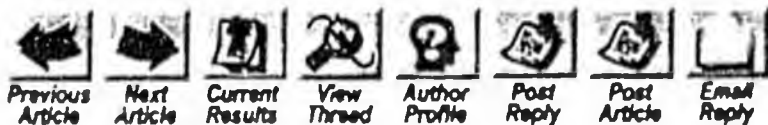
Anti-tobacco activists believe the racial targeting could prove to be a powerful weapon when the facts are presented in court, before a jury.

And all the way back in 1966, a memo shows industry researchers debated the risks of publishing what they knew then about the dangers of smoking.

"What they did was do a dollar and cents cost analysis. Was it cheaper for them to tell the truth and risk lawsuits, or was it cheaper for them to keep the truth hidden no matter how many people died?" says Matthew Myers of the Campaign For Tobacco Free Kids.

NBC News was told that the Liggett documents released Tuesday are not the most sensitive ones. Those, dealing with what the tobacco companies and their lawyers told each other over the years, may also play a key role in upcoming trials.

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