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Returning to Work While Breastfeeding

FRANCES BIAGIOLI, M.D., Oregon Health & Science University School of Medicine, Portland, Oregon

Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home. However, the breastfeeding continuance rate declines sharply in mothers who return to work. While the work environment may be less than ideal for the breastfeeding mother, obstacles can be overcome. Available breast pump types include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps. Electric piston pumps may be the most suitable type for mothers who work outside the home for more than 20 hours per week; however, when a mother is highly motivated, any pump type can be successful in any situation. Conservative estimates suggest that breast milk can be stored at room temperature for eight hours, refrigerated for up to eight days, and frozen for many months. A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. A mother's milk production usually is well established by the time her infant is four weeks old; it is best to delay a return to work until at least that time, and longer if possible. (*Am Fam Physician* 2003;68:2201-8,2215-7. Copyright© 2003 American Academy of Family Physicians.)

◉ A patient information handout on returning to work while breastfeeding, written by the author of this article, is provided on page 2215.

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Exclusive breastfeeding for the first six months of life is recommended for most infants, followed by breast milk supplemented with solid foods for at least the rest of the first year.^{1,2} [References 1 and 2--Evidence level C, consensus/expert guidelines] Although breastfeeding rates in the United States have improved, they remain below the Healthy People 2010 goals (*Table 1*).^{3,4} As of January 2003, 60.7 percent of women are working outside the home, and women comprise 46.5 percent of the civilian work force.⁵ While working outside the home does not affect the initiation rate for breastfeeding, it does affect the duration of breastfeeding^{3,6} (*Table 2*).³

See page 2113 for definitions of strength-of-evidence levels.

To achieve the Healthy People 2010 goals, family physicians and other health care professionals should provide encouragement, advice, resources, and support to help mothers continue breastfeeding after they return to work. During an early prenatal appointment, the physician should ask the pregnant woman whether she intends to work outside the home after the birth of her infant. Another time to discuss work plans is at the two-week or one-month well-child check-up. If a mother intends to return to the work force, the family must begin making plans. Hence, education about community support, breast milk pumps, breast milk storage, and breastfeeding planning should be given as early as possible.

See editorial on page 2129.

**TABLE 1
Breastfeeding Rates in the United States**

Source	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Mothers survey: breastfeeding trends through 2000 ³	68	31	17
Healthy People 2010 goals ⁴	75	50	25

Information from references 3 and 4.

**TABLE 2
Effect of Employment on Breastfeeding Rates**

Maternal employment status	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Employed outside of the home	67.7	Full time: 22.8	Full time: 10.6
		Part time: 33.4	Part time: 19.2
Not employed outside of the home	68.0	35.4	22.0

Information from reference 3.

Legislative and Community Support

U.S. legislation supports breastfeeding in selected situations. The Family and Medical Leave Act⁷ provides 12 weeks of unpaid time for workers to care for their newborns. Women who take longer maternity leaves have a better breastfeeding continuance rate,⁸ but extended leave time is not an option for many families.

Several federal initiatives^{9,10} have directly addressed breastfeeding in the workplace. Corporate lactation support programs clearly can be effective in improving breastfeeding duration. As reported in one review,¹¹ 75 percent of women who participated in two corporate lactation support programs breastfed for at least six months. Indeed, the best long-term approach to improving the breastfeeding continuance rate may be to help communities establish lactation support programs for local businesses. Until such programs are in place, family physicians and other health care professionals should supply information about other support resources.

Manual-cycle pumps require the mother to release the suction at appropriate intervals to allow adequate tissue perfusion between suction cycles.

Evidence shows that the breastfeeding rate improves when parents are given the names of breastfeeding resources and groups.^{12,13} [Reference 12--Evidence level B, meta-analysis of lower quality randomized trials; Reference 13--Evidence level B, uncontrolled clinical trial] Some parents prefer to receive a list of Web sites, such as the list presented in *Table 3* or the list provided in the patient information handout that accompanies this article. In addition, numerous books on breastfeeding are available.

TABLE 3
Web Sites for Information on Breastfeeding

La Leche League International: <http://www.lalecheleague.org>
Information on a multitude of breastfeeding-related topics; help in finding local support groups; breastfeeding advocacy

American Academy of Family Physicians: <http://www.aafp.org>
Breastfeeding position paper

Pumping Moms Information Exchange: <http://www.pumpingmoms.org>
List serve for mothers who use breast pumps; answers to frequently asked questions about breast pumps, pumping technique, milk supply, and milk storage; breastfeeding advocacy

Promotion of Mothers Milk, Inc.: <http://www.promom.org>
Breastfeeding information; discussion forums; breastfeeding advocacy

National Woman's Health Information Center: <http://www.4women.gov/breastfeeding>
Information on making breastfeeding easier at home and work; rights and legislation; advice line: 800-994-9662 (in United States only)

WIC Works Resource System: <http://www.nal.usda.gov/wicworks>
Breastfeeding promotion and support topics; educational materials; breastfeeding journal articles, studies, and reports

WIC = Women, Infants, and Children.

It is essential that physicians be aware of groups that provide peer support to breastfeeding mothers. Regional La Leche League groups, for example, can be located by telephone (800-525-3243; United States only) or through the organization's Web site (<http://www.lalecheleague.org>).

A resource list can be helpful to the breastfeeding mother and her family. A number of comprehensive lists have been published.^{2,11,14} For example, an appendix to the position paper on breastfeeding from the American Academy of Family Physicians² contains excellent lists of physician resources, patient information sources, and breastfeeding support organizations.

Breastfeeding mothers also should know where to find information about legislation affecting breastfeeding in their area. Information on legislation is available through the La Leche League Web site.

Breast Pumps

The infant empties the breast by a mechanism of peristaltic tongue massage combined with suction pressure and frequency. Most breast pumps are designed to empty a breast of its milk by simulating the suction pressure and frequency of an infant's suckling; newer models are being designed to incorporate the massaging function as well.¹⁵ Pumping or hand expression is recommended every three to four hours during the time that mother and infant are separated.

Frozen breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

An infant feeds with a suction pressure of 50 to 220 mm Hg.¹⁶ Suction pressure affects the mother's comfort, the efficiency of milk expression, and the production of milk. Pumps with suction pressures higher than 220 mm Hg may cause nipple discomfort. Maximal pressures of less than 150 mm Hg may be inadequate to empty the breast.¹⁵ Autocycling pumps provide an automatic release of the suction pressure, thereby allowing adequate tissue perfusion between suction cycles. Manual-cycle pumps require the mother to release the suction at appropriate intervals. The mother must follow manual-cycle pump instructions carefully to avoid applying excessive suction or suction for an excessive time, which can lead to nipple pain and even ischemia.¹⁵

An infant has a suction frequency of 40 to 126 sucks per minute (mean: 74 sucks per minute).¹⁵ Pump simulation of these suction frequency values provides the best results, because prolactin levels increase when the frequency is physiologic. When prolactin levels are high, the breast creates more milk and, thus, maintains the milk supply. Prolactin levels also increase when both breasts are emptied simultaneously (double pumping).⁸ If a single pump is used, the pump should be switched from one breast to the other breast every five minutes; this approach is more effective than fully emptying one breast and then emptying the other breast.¹¹ Once a mother is experienced, double pumping can take as little as 10 minutes; single pumping may take 15 to 20 minutes.

Types of breast pumps include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps (*Table 4*). There are many pump manufacturers, and hospital-grade pumps can be rented through most medical centers.

TABLE 4
Types of Breast Pumps

Type of pump	Description	Advantages	Disadvantages	Cost ranges*
Manual pump	Hand powered	Small, portable, quiet, inexpensive	Labor intensive Single pumping only Difficult to achieve adequate suck frequency or suction pressure	\$ 15 to 50
Battery-powered pump	Usually a hand pump that comes with a battery option; also, mini-electric pump	Small, portable, relatively quiet, inexpensive Double pumping using two separate pumps	May go through batteries quickly May provide inadequate suction pressure With some models, only manual cycling	75 to 100
Electric diaphragm pump	Small electric pump that uses a circular diaphragm to create suction pressure	Relatively small and quiet Double or single pumping	May be difficult to achieve enough suction pressure to empty breast fully With most models, only manual cycling Requires electricity or car battery (with adapter option)	120 to 160
Electric piston pump	Medium-sized electric pump that uses a piston moving	Efficient and compact; usually has optional	More expensive Requires electricity or car battery (with	170 to 300

	back and forth in a chamber to create suction pressure	carrying case (size of a briefcase or backpack) Double or single pumping Automatic cycling	adapter option)	
Hospital-grade electric piston pump	Large piston-driven electric pump that creates physiologic suction pressures and rates	Highly efficient: most accurately recreates baby's suction pressure and cycling rate Double or single pumping Automatic cycling	Large and heavy Highly expensive: usually only practical to rent this type of pump Requires electricity	700 to 800; rental: 40 to 60 per month plus supplies

*--Cost information obtained from various Web sites, including <http://www.medela.com>, <http://www.baileymed.com>, <http://www.nursingmothersupplies.com>, and <http://www.babiesrus.com>.

The type of pump that is best depends on the age of the infant (i.e., how much milk needs to be provided), how long and how frequently the mother and infant will be separated (i.e., for only one feeding a day or for several feedings a day), the available facilities (i.e., access to electricity), and the cost of the pump (Tables 4 and 5). Electric piston double pumps are portable and work quickly and efficiently. These pumps may be most successful for maintaining the milk supply in a mother who works outside the home for more than 20 hours per week and does not have a history of poor milk supply.^{16,17} However, pump recommendations are quite flexible, because any pump can work in any situation. Indeed, a highly motivated mother may be able to do well with only a manual pump.

TABLE 5
Choice of Breast Pump*

Type of pump	Mother staying at home; occasionally separated from infant for more than 4 hours	Mother working part time; infant less than 6 months of age	Mother working part time; infant more than 6 months of age	Mother working full time; infant less than 6 months of age	Mother working full time; infant more than 6 months of age	Mother having problems with milk supply or nipple pain
Manual pump	X		X		X	
Battery-powered pump	X		X		X	
Electric diaphragm pump	X	X	X		X	
Electric piston pump	X	X§	X	X§	X§	X
Hospital-				X		X§

grade
electric
piston
pump

*--"X" indicates the best choice for the given situation. However, any pump may work in any situation if a mother is motivated; therefore, a trial of a less expensive pump may be feasible. The choice of pump must take into account the facilities that are available for pumping. If electricity is not available, a car battery adapter set, a manual pump, or a battery-powered pump would be needed. Note that all pumps have been successful with mothers who stay at home and with mothers who work part time and have older infants.

†--"Part time" refers to work for less than 4 hours per day.

‡--"Full time" refers to work for more than 4 hours per day.

§--This is the most commonly successful pump in the given situation.

Milk Storage

Guidelines vary on how long human breast milk can be stored at certain temperatures. A conservative approach is to store breast milk at room temperature (25°C [77°F]) for four to eight hours,^{11,16,18-20} in the refrigerator for three to eight days,^{11,16,18,20} in a refrigerator-freezer unit with a separate freezer door for three to six months,^{11,16} and in a separate freezer chest (20°C [4°F]) for 12 months.^{11,16,20} The La Leche League's guidelines allow for storage of breast milk at room temperature for up to 10 hours, in a refrigerator for up to eight days, and in a freezer compartment inside a refrigerator for up to two weeks.²¹ [Evidence level C: consensus/expert guidelines]

While fresh breast milk has the highest quality, most of the milk's protective and nutritive value is maintained despite refrigeration or freezing.²² It is best to store breast milk at the back of the refrigerator or freezer, because the temperature at the door is more variable.

Daily portions of breast milk can be stored in clean plastic or glass bottles. Breast milk can be "layered" in one bottle in the freezer (i.e., by adding fresh milk to the top of the frozen supply) as long as the amount of nonfrozen milk is less than the amount that is already frozen (to prevent thawing and refreezing of the milk).²³ Breast milk is best stored in portions that will be used in one day. Once the breast milk has been thawed, it should be used within the next day or two.

Parents and other caregivers of breastfed infants need to understand that breast milk separates when it is stored, with the fat floating on the top. Separation of breast milk is normal and not a sign of spoiling. Shaking the milk before serving it will re-emulsify the fat adequately.

Frozen breast milk should be thawed slowly in the refrigerator or by swirling the bottle or bag in tepid water. Breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

Although pumped breast milk can be stored at room temperature for four to eight hours at the work site, cooling the milk delays lipolysis. If a refrigerator is not available, the breast milk can be stored for up to 24 hours in a portable cooler with ice packs.¹⁸ The Occupational Safety and Health Administration states that "exposure to breast milk does not constitute an occupational hazard."²⁴ This information should help allay employers' fears about storage of breast milk in the common refrigerator at the workplace.

Counseling Issues

A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. In formulating the initial plan, the mother needs to consider whether the infant can visit the work site for breastfeeding, where and how frequently feeding or breast milk pumping can be done, what her break schedule and work hours are, and what difficulties she may encounter with breastfeeding or breast milk pumping in her work environment. The breastfeeding plan needs to be flexible to allow for necessary changes based on unexpected factors. A checklist for returning to work is provided in the patient information handout that accompanies this article.

There are many breastfeeding options for mothers who return to work. The infant can be brought to the mother to be breastfed at the work place. The mother can pump or hand express breast milk that is fed to the infant in her absence. The infant can be fed formula in part or in full while the mother is at work and then breastfed when the mother is home. With an older child, the mother can "reverse-cycle feed"; with this option, the mother breastfeeds the child more frequently at night, and the child is fed expressed breast milk, formula, or other food while the mother is at work. A family should choose whichever method or combination of methods is best for the work and home situation, and plan ahead to increase the likelihood of success.

Workload and finances often dictate when a mother returns to work and how many hours per week she works. It is best to delay returning to work until breastfeeding is well established. Longer maternity leaves correlate with a longer duration of breastfeeding.⁶ If possible, a maternity leave of at least six weeks is recommended.

Working part time is recommended, if it is an option. Mothers who work less than 20 hours a week breastfeed longer, and mothers who work part time are more likely to breastfeed for longer than one year.^{5,22,25} Another option is to work part time for a few days or weeks before returning to a full-time schedule. Starting back to work in the middle of the week (i.e., on Wednesday or Thursday) may ease the transition.

As early as possible, the proposed work and breastfeeding plan should be discussed with the employer. Issues for discussion include work schedules, employer and coworker expectations, time and duration of work breaks, breast milk pumping locations and facilities, and storage of breast milk.

About two weeks before the return-to-work date, the mother should practice her planned routine in the less stressful home environment. If she plans to pump breast milk, she should practice to develop the quickest, most successful technique. The mother also must become familiar with pumping and storage equipment, storage methods, and techniques for cleaning equipment. At this point, the mother should begin stockpiling stored milk.

The breastfeeding mother needs to understand the "supply and demand concept" of milk supply. A positive feedback loop stimulates the breast to create more milk: that is, the emptier the breast becomes, the more it is stimulated to create more milk.²³ Before returning to work, the mother can create a milk supply by emptying her breasts more frequently (i.e., pumping between breastfeeding sessions) or more thoroughly (i.e., pumping after the infant has finished breastfeeding).

When the mother is starting to create a milk supply, the initial days will result in only small collections of extra milk. As little as one teaspoon is not uncommon in the first few trials of pumping.²³ The physician should warn the mother about this, so that she does not become disappointed or consider her efforts to have failed. As the positive feedback loop works, milk production increases, and more milk can be collected for storage.

Once the mother returns to work, she should be encouraged to call the physician's office or come in for an appointment to discuss any breastfeeding problems. If caught early, a dwindling

milk supply is easier to rebuild.

If the mother has no problems with milk supply, has no pain with breastfeeding, and is producing a full supply of milk, bottle feeding can be practiced once the infant reaches the age of at least four weeks. Introducing a bottle too early can cause nipple confusion. Compared with breastfeeding, feeding from a bottle requires less suction and less coordination of tongue movements; therefore, a very young infant may become frustrated when placed back on the breast. By four to six weeks of age, most infants have learned the breastfeeding technique well enough that they do not experience nipple confusion if they are introduced to a bottle. Introduction of a bottle should be delayed until the milk supply is well established and should be initiated only if there are no breastfeeding problems. Cup feeding is an alternative until this time.

In addition to planning for the first day of work, the mother needs to have a plan to cover necessary trips. A weekend trip or a flight out of town can be enough to diminish a mother's milk supply. A manual or battery-powered pump or hand expression can be used in travel situations. If the milk cannot be stored conveniently, the mother should express the milk and then discard it ("pump and dump"). Planned breaks for emptying the breasts can prevent embarrassing breast leaks and maintain the maternal milk supply during these temporary absences.

It may be helpful to remind parents that working outside the home and being a parent are actually two jobs. Frustration and fatigue are common. Extra support in doing household chores is needed, and some chores may need to be neglected. The family should be encouraged to talk about what changes to expect when the mother returns to work.

Final Comment

Leaving a newborn to return to work can be highly emotional for a mother. Although continuing to breastfeed while working can present many challenges, most of these challenges can be addressed. Advance planning can prevent problems that could lead to discontinuance of breastfeeding during the stressful transition time.

The rewards of breastfeeding outweigh the obstacles. Providing breast milk for an infant often helps a mother maintain an emotional connection with the infant and a sense of dedication to the infant's well-being, despite her physical absence. Family physicians and other health care professionals can support and encourage continued breastfeeding in working mothers by providing education about return-to-work plans, breast milk pumping, and breast milk storage.

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SB

117


Senator Hollis French
Capitol Room 417
465-3892
465-6595 fax



MEMORANDUM

Date: February 5th, 2008

To: Senator Bettye Davis, Chair
Health, Education and Social Services Committee

From: Senator Hollis French 

RE: Request for Hearing –
SB 117 WORKERS' COMP: DISEASE PRESUMPTION

This is a request that you schedule a hearing on SB 117 "Workers' Comp: Disease Presumption" at the earliest possible date.

I have attached a copy of the bill, a sponsor statement, a sectional and some background information for your use. Please contact Andy in my office at ex. 3892 if you have any questions.

I appreciate your consideration.

Attachments

SENATE COMMITTEE REPORT

DATE: 2/6/08

FURTHER: Finance

DATE TURNED IN TO OFFICE: 2/18/08

Health, Education and Social Services Committee considered

SENATE BILL NO. 117

SB 117 V'ORKERS' COMP: DISEASE PRESUMPTION

"An Act relating to the presumption of coverage for a workers' compensation claim for disability as a result of certain diseases for certain occupations."

and recommends:

- be replaced with SCS or CS _____ ()
- adopt previous SCS or CS SB 117 (L&C)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

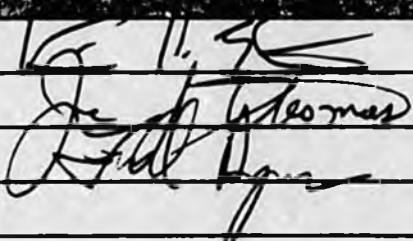

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

PREVIOUS FISCAL NOTE(S):

Labor & Workforce Development Administration	2/1/08	2/1/08	✓	✓	

APPROPRIATION - no fiscal note

	Elton Thomas	✓			
CHAIR: 	PRATTS	✓			

Alaska State Legislature



Senator Hollis French

**Sponsor Statement: Senate Bill 117
Presumptive Disability for Firefighters**

Each year citizens throughout Alaska rely on professional and volunteer firefighters to come to their assistance in times of emergency. Firefighters work on behalf of us all to save lives and property, often at great personal risk. In doing so, they are often exposed to toxic chemicals such as benzene, carcinogenic substances such as solvents, dyes, soots, and asbestos, and high levels of carbon monoxide or other substances that can affect the heart and lungs.

Senate Bill 117 would create a presumption in the Workers' Compensation program that a firefighter with at least seven years on the job who has passed health screening exams earlier in their careers will be provided with benefits if they contract certain forms of pulmonary or heart disease or cancers, as it will be presumed to be a result of their occupation. This presumption is restricted to diseases known to occur with greater frequency among firefighters, and is also capped so that claims cannot be made after sixty months from the firefighter's last date of employment.

Forty-one states currently provide some form of presumptive coverage for firefighters. Although arguments have been made that this coverage will be prohibitively expensive, the fact is that has not been the case elsewhere. For instance, the State of California has over 30,000 paid firefighters and more than 30,000 volunteers, but the addition of cancer presumptive benefits has had "no impact" on the actuarial assumptions system for its retirement system. Similarly in Illinois, in the six years following provision of cancer presumption to firefighters, claims actually were 8.3% lower than in the six years prior to passage.

Firefighters place their lives at risk on behalf of us all. In return, they should be able to use Worker's Compensation benefits for illnesses they incur as a result of the work they do. I urge you to join me in supporting Senate Bill 117.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number SB117 DOA RM 4-11-07
 Bill Version SB 117
 () Publish Date _____

Revision Date/Time (Note if correction) 3/14/2007 Dept. Affected Administration
 Title An act relating to presumption of coverage RDU Risk Management
for w/c claims for certain occupations Component Risk Management
 Sponsor Senators French, McGuire
 Requester Senate Labor and Commerce Component No 71

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL

Estimate of any current year (FY2007) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Risk Management (RM) will be financially impacted by the changes in this legislation. RM administers the self insurance program providing workers' compensation protection for all State employees, including illness claims filed by occupations affected by this legislation.

The self insured workers' compensation claims will realize increased litigation and benefit costs. As the number of reported exposures will vary by year, it is difficult to present accurate projections.

Future Risk Management's workers' compensation assessments to those agencies with employee occupations affected will reflect actual costs incurred as premiums charged each agency are developed from actual claims expenses incurred.

Prepared by J. Brad Thompson, Director
 Division Risk Management
 Approved by Kevin Brooks, Deputy Commissioner
 Agency Department of Administration

Phone 465-5723
 Date/Time 4/11/07 8:00 AM
 Date 4/11/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note **SB117-DOLWD-WC-04-10-07**

Bill Version **SB 117**

() Publish Date _____

Revision Date/Time (Note if correction) _____

Title **Workers' Comp. Disease Presumption**

Department **Labor and Workforce Development**

RDU **Workers' Compensation**

Component **Workers' Compensation**

Sponsor **Senator French**

Requester **Senate Labor and Commerce**

Component Number **344**

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2007) cost: None

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The broadly applicable presumptions included in the bill could result in numerous claims. The seriousness of the covered conditions would involve large amounts of benefits, and those factors coupled with the broad scope of defenses (like heredity and other life exposures) could lead to extensive, complicated hearings.

* The costs of this proposed legislation cannot be determined in advance as there are no comparable Workers' Compensation Act provisions at present. Increased costs, if any, would consist of additional personnel needed to resolve disputed claims for benefits based upon the new presumptions.

Prepared by **Paul F. Lisankie, Director**

Division **Workers' Compensation**

Phone **465-6059**

Date/Time **4/10/07 12:36 PM**

Approved by **Click Bishop, Commissioner**

Agency **Department of Labor and Workforce Development**

Date **4.10.2007**

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 21, 2007

SUBJECT: Sectional summary regarding presumption of disability for certain diseases for firefighters, peace officers, emergency medical, and rescue personnel (SB 117, Work Order No. 25-LS06-11C)

TO: Senator Hollis French
Attn: Andy Moderow

FROM: Dennis C. Bailey *DCB*
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

Section 1. Creates a rebuttable presumption that a claim for workers' compensation disability made by a firefighter who suffers respiratory diseases, certain cardiovascular events, and certain cancers is within the workers' compensation chapter if certain conditions are met.

Creates a rebuttable presumption that a claim for workers' compensation disability made by a firefighter, peace officer, or emergency and rescue personnel who is an employee of a first responder, rescue service, ambulance service or fire department is within the workers compensation chapter if the claim for disability results from certain contagious diseases and if certain conditions are met.

If I may be of further assistance, please advise.

DCB:lmb
07/06/07:lmb

Attachment A

International Association of Fire Fighters
"State Presumptive Disability Laws"

State Presumptive Disability Laws

The following states have presumptive disability laws which recognize that fire fighters are at increased risk for certain illnesses. The laws create a presumption that the specified diseases are job related. Because the laws vary greatly from state to state, readers should review the specific state laws to determine the law's application.

State	Heart Disease	Lung Disease	Cancer	Infectious Diseases
Alabama	✓	✓	✓	✓*
Alaska				
Arizona			✓*	✓*
Arkansas				
California	✓		✓	✓
Colorado	✓	✓		✓
Connecticut	✓			
Delaware				
District of Columbia				
Florida	✓	✓*		✓*
Georgia	✓	✓		
Hawaii	✓	✓		
Idaho	✓	✓		
Illinois	✓	✓	✓	✓*
Indiana	✓	✓	✓	✓*
Iowa	✓	✓		
Kansas	✓	✓	✓	
Kentucky	✓	✓		
Louisiana	✓	✓	✓*	
Maine	✓	✓		✓
Maryland	✓	✓	✓*	
Massachusetts	✓	✓	✓	
Michigan	✓	✓		
Minnesota	✓	✓		
Mississippi	✓	✓		

State	Heart Disease	Lung Disease	Cancer	Infectious Diseases
Missouri	✓	✓		
Montana				
Nebraska			✓	
Nevada	✓	✓	✓	✓*
New Hampshire	✓	✓		
New Jersey		✓		
New Mexico				
New York			✓*	
North Carolina				
North Dakota	✓	✓	✓	✓*
Ohio	✓	✓		
Oklahoma	✓	✓	✓	✓*
Oregon	✓	✓		
Pennsylvania	✓	✓		✓*
Rhode Island		✓	✓	✓
South Carolina	✓	✓		
South Dakota	✓	✓	✓	
Tennessee	✓**	✓**	✓**	
Texas	✓	✓	✓	✓*
Utah	✓	✓		✓*
Vermont	✓*			
Virginia	✓	✓	✓*	✓*
Washington	✓	✓	✓	✓
West Virginia				
Wisconsin	✓	✓	✓*	
Wyoming				

* Indicate that only specified diseases in these categories are covered

** Applies only to certain localities

Alaska Professional Fire Fighters Association

LEGISLATIVE FACT SHEET

April 2, 2007

SB 117

FIRE FIGHTER PRESUMPTIVE DISABILITY LAW

BACKGROUND

Fire fighters serve as the state's leading provider of emergency medical services, exposing them to infectious diseases, heat and stress, and various toxic substances in uncontrolled environments. As a result of these exposures, fire fighters contract heart and lung diseases, infectious diseases and cancers at a much higher rate than any other class of workers. Studies show that these diseases are occupational hazards of the profession and among the leading causes of death and disability for fire fighters.

In recognition of this, 40 other states have "Presumptive Disability" laws, which provide the necessary protections for fire fighters and emergency workers engaged in hazardous occupations. No such laws exist to cover fire fighters in Alaska.

AKPFFA POSITION

AKPFFA strongly supports SB 117 which recognizes and supports Alaskan fire fighters.

AKPFFA ARGUMENTS

- SB 117 does not guarantee coverage for an illness, SB 117 provides a disability presumption. The employer has the right to contest a claim.
- This is fiscally responsible legislation that disclaims any fire fighter with less than 7 years of service, is in poor physical shape, or uses tobacco products.
- This bill includes any fire fighter, either volunteer or paid, who meets the standards set forth and verified by a medical doctors finding.
- Fire fighters facing these diseases are literally fighting for their lives. This bill insures that they don't have to concurrently fight for their rights.

CURRENT BILL STATUS

SB 117 was introduced on March 14, 2007 and is currently assigned to the Labor & Commerce Committee

AKPFFA Legislative Director Mike Davidson at (907) 230-4960

Public Safety Employees Association, Inc.
"Representing Alaska's Finest"

Position Paper
HB 200 and SB 117
Presumption of Coverage – Workers' Compensation

By the nature of their work, public safety employees from time to time are exposed to dangerous viruses and diseases and to unhealthy and life threatening smoke, chemicals and other hazardous materials. If exposure leads to acquisition of a disease or disability, the employee faces lengthy treatment and recovery time and expense.

Currently, contagious diseases such as human immunodeficiency virus; acquired immunodeficiency syndrome; all strains of hepatitis; meningococcal meningitis, and mycobacterium tuberculosis are not covered as a disability under workers' compensation. In addition, respiratory disease; heart problems that are experienced 72 hours after exposure to smoke, fumes, or toxic substances; and the following cancers: primary brain cancer; malignant melanoma; leukemia; non-Hodgkin's lymphoma; bladder cancer; urethra cancer, and kidney cancer are not covered by workers' compensation.

Passage of HB 200 or SB 117 will provide our public safety employees who are exposed to these potentially dangerous diseases or viruses valuable workers' compensation coverage should they contract a disease or disability as a result.

The Public Safety Employees Association recommends the passage of this legislation and furthermore, expresses its thanks to the sponsors of this important legislation.



ALASKA CORRECTIONAL OFFICERS ASSOCIATION

"Walking Alaska's Toughest Beat"

April 5, 2007

Senator Johnny Ellis
Alaska State Legislature
State Capitol, Room 9
Juneau, Alaska 99801-1182

Dear Senator Ellis,

The Alaska Correctional Officers Association and Correctional Officers state-wide request your support for Senate Bill 117. Firefighters, peace officers and emergency medical and rescue personnel work in environments where they are regularly exposed to the specific health risks addressed in this Bill. These diseases are serious line-of-duty hazards for these Officers and passage of this Bill is vitally important to all Correctional Officers around the state. Please help us by supporting this Bill. If there is anything we can do to assist you, please feel free to contact us.

Sincerely,

Brad Wilson
Business Manager

J.C.

**ALASKA STATE
FIREFIGHTERS ASSOCIATION**

P.O. Box 22092 • Juneau, AK 99802

April 4, 2007

Senator Hollie French
Alaska Senate
State Capital, Room 417
Juneau, Alaska 99801

Ref: SB117

Dear Senator French,

On behalf of the Alaska State Firefighters Association, I would like to thank you for your introduction and support of SB 117. Alaska's fire service is in reality, an "all hazards" service. On a daily basis firefighters respond into situations where there are unknown hazards in an effort to assist the Alaskans we serve. This important legislation will provide presumptive coverage for occupational illnesses such as: respiratory disease, heart attacks, and certain cancers.

State of the art hazard identification and personal protective equipment used by Alaska firefighters, while effective, do not and can not protect us from all hazards. The Alaska State Firefighters Association supports the passage of Senate Bill 117.

Sincerely,



Carol R. Reed
President
Alaska State Firefighters Association
907 841 4757

ALASKA FIRE CHIEF'S ASSOCIATION

2358 Bradway Road, North Pole, AK 99705

EIN #92-0098649

Phone: (907) 488-3400

FAX: (907) 488-6118



March 25, 2007

Senator Hollis French
Alaska Senate
State Capital, Room 417
Juneau, Alaska 99801-1182

Ref: SB 117

Dear Senator Hollis French:

The Alaska Fire Chief's Association is in support of SB 117 which would provide presumption coverage for our fire fighters for respiratory disease, heart attacks and cancers that are occupational hazards in the fire service.

The fire chiefs of Alaska see the need to provide this coverage for our employees that are protecting Alaska, in order to provide for those that have served our communities in their time of need. We encourage the passage of House Bill 200 with the endorsement of the Alaska Fire Chief's Association.

Sincerely,

A handwritten signature in cursive script, appearing to read "Warren B. Cummings", is written in dark ink. The signature is fluid and somewhat stylized, with a long, sweeping underline.

Warren B. Cummings, Fire Chief
President AFCA



ALASKA CORRECTIONAL OFFICERS ASSOCIATION

"Walking Alaska's Toughest Beat"

April 5, 2007

Senator Hollis French
Alaska State Senate
State Capitol, Room 417
Juneau, Alaska 99801-1182

Dear Senator French,

The Alaska Correctional Officers Association and Correctional Officers state-wide thank you for your sponsorship and support of Senate Bill 117. Firefighters, peace officers and emergency medical and rescue personnel work in environments where they are regularly exposed to the specific health risks addressed in your Bill. These diseases are serious line of duty hazards for these Officers and passage of this Bill is vitally important to all Correctional Officers around the state. If there is anything we can do to assist in the passage of this very important Bill, please feel free to contact us.

Sincerely,

Brad Wilson
Business Manager



Anchorage Firefighters Local 1264



P.O. Box 212041 • Anchorage, AK 99524-2041
(907) 349-1264 • (907) 349-5580 (fax)

Senator French
Representative Dahlstrom

I would like to personally thank you both for your support of SB117 and HB200 respectively. As a newly hired Firefighter Paramedic w/ the Anchorage Fire Department, it is comforting that you both are looking out for the interest of my family and brothers of the IAFF Local 1264. It is comforting for me to know that your diligence and representation in the House and Senate is for the betterment of Firefighters in our great state of Alaska.

Sincerely,

Don L. Wagner
Firefighter Paramedic
Anchorage Fire Department

Jim Molle
Station 4 Engineer
Anchorage Fire Department

It is with great admiration that I write this letter to express my deep felt appreciation for the legislation that Rep. Nancy Dahlstrom and Senator Hollis French have put forward to help first responders to cope with the inherent dangers of their job. I have worked for the Anchorage Fire Department for sixteen years, and this legislation will be a comfort for the present and future first responders who have committed to a career of helping people. Thank you once again and I hope that the position that you have taken will be viewed as a fair legislation by all that must act.

Yours Sincerely,

Jim Molle

James R. Veatch
3141 Vada Way
Anchorage, AK 99504

Senator Hollis French and
Representative Nancy Dahlstrom
State Capitol room #417
Juneau, AK 99801-1182

March 19, 2007

Dear Senator French and Representative Dahlstrom,

I would like to thank you both for sponsoring Senate Bill 117 and House Bill 200 respectively. History has proven time and again that long after we hang up our helmets and retire from this career we cannot escape the long term health risks and problems associated with this line of work. I am a 49 year old Captain who has been a firefighter with the city of Anchorage for 23 years. I have worried about the future of my health and I'm glad steps are being taken to assist us with health benefits.

I won't make this a long letter but please accept my gratitude and that of my family for moving this bill through the long and tedious process. The Anchorage Fire Fighters will not forget you.

Sincerely,



James R. Veatch

**THE FOLLOWING PAGES MAY
NOT FILM LEGIBLY BECAUSE OF
THE POOR QUALITY OF THE ORIGINAL**

Greater friends and representatives of the
 I would like to thank you for sponsoring the
 very important project of the Alaska Fire Dept. I
 am grateful you realize the need and importance
 of the legislation to my colleagues and I.
 I will be fighting for Alaska Fire Dept. I
 am concerned with the inherent risks of my pro-
 fession, my health care costs, and how these
 will affect my family and I in the future.
 Thanks to your efforts
 sincerely
 Alvin J. ...

PO Box 212011 • Anchorage, AK 99521 2011
 (907) 349-1264 • (907) 349-5580 (fax)

Anchorage Firefighters Local 1264





International Association of Firefighters

HAROLD A. SCHAIBERGER
General President

VINCENT J. BOLLON
General Secretary-Treasurer

SENATOR HOLLIS TRENCH & REPRESENTATIVE DAHLSTROM

THANK YOU FOR SUPPORTING HOUSE BILL 200 AND
SENATE BILL 117. AS A FIRE FIGHTER I WANT TO THANK
YOU FOR HELPING TO FIGHT FOR OUR HEALTH BENEFITS

AFF FIRE FIGHTER

DAVID BELLVILLE

10/1/77
Hon. [Name] / [Title] [Address] [City] [State]

I just wanted to let you know
that I appreciate your continued
support for House Bill 117 AND Senate
Bill 117.

Respectfully,

TED FUSSELL, ANCHORAGE FIRE DEPT



Anchorage Firefighters Local 1264



P.O. Box 212041 • Anchorage, AK 99521-2041
(907) 349-1264 • (907) 349-5580 (fax)

DEAR SENATOR FRENCH -

I WANTED TO SAY THANK YOU FOR
YOUR INTRODUCTION AND SUPPORT OF SB117.
I FULLY SUPPORT THIS LEGISLATION AND
LOOK FORWARD TO SERVING MY COMMUNITY WITH
THE COMFORT OF KNOWING I WILL BE
TAKEN CARE OF IN THE EVENT OF
TRAGEDY.

SINCERELY,
ADAM PETERSON



ANCHORAGE FIRE FIGHTERS UNION
IAFF - LOCAL 1264

ANDY MULLEN

HOME 907 896 0160
CELL 907 980 1313
EMAIL andymullen1264.com

PHONE 907 339 1264
P.O. Box 242041
ANCHORAGE AK 99524

Senator French & Rep. Dahlstrom

I enjoyed my first trip to
Juneau last month. Thank you
for meeting with us and for all
the work you have put into our
presumptive disability legislation.

All of us at Anchorage Fire Dept
really have our fingers crossed that
this bill will pass quickly.

Thank you, Thank you, Thank you!

Andy Mullen

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CSB 117(L&C)
 () Publish Date: _____

Identifier (file name): SB117CS-DOLWD-WC-02-15-08 Dept. Affected: Labor and Workforce Development
 Title: Workers' Comp. Disease Presumption RDU: Workers' Compensation
 Component: Workers' Compensation
 Sponsor: Senator French
 Requester: Senate Health, Education and Social Services Component Number: 344

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING		0.0						

CAPITAL EXPENDITURES								
-----------------------------	--	--	--	--	--	--	--	--

CHANGE IN REVENUES ()								
-------------------------------	--	--	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
1157 Workers' Safety/Comp Account								
TOTAL		0.0						

Estimate of any current year (FY2008) cost: None

POSITIONS

Full-time								
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

The broadly applicable presumptions included in the bill could result in numerous benefits claims. The seriousness of the covered conditions would involve large amounts of benefits, and those factors coupled with the broad scope of defenses (like heredity and other life exposures) could lead to extensive, complicated hearings.

*The costs of this proposed legislation cannot be determined in advance as there are no comparable Workers' Compensation Act provisions at present. Increased costs, if any, would consist of additional personnel needed to resolve disputed claims for benefits based upon the new presumptions.

Prepared by: Paul F. Lisankie, Director Phone 465-6059
 Division: Workers' Compensation Date/Time 2/15/08 3:08 PM
 Approved by: Click Bishop, Commissioner Date 2/15/08
Department of Labor and Workforce Development



UNITED FISHERMEN OF ALASKA

211 Fourth Street, Suite 110
Juneau, Alaska 99801-1172
(907) 586-2620
(907) 463-2545 Fax
E-Mail: ufa@ufa-fish.org
www.ufa-fish.org

August 31, 2007

Alaska Fishermen's Health Care – Challenges and Opportunities

Contents

1. Executive Summary
 - a. Introduction
 - b. Findings in brief
2. Problems and Opportunities
3. Existing Health Insurance Options for Alaska Fishermen
4. What has worked elsewhere: Massachusetts Fishing Partnership Health Plan
5. Help in Washington DC?
6. Alaska State Government Possibilities
7. The compelling reason for fishermen's health care – because Alaska and the USA need it.
8. The Topic is Changing Everyday

1. Executive Summary

a. Introduction

In May 2007, United Fishermen of Alaska (UFA) conducted an informal survey of its individual fishing permit holder members with three areas of focus: access to health care; availability of insurance coverage; and individual health factors for fishermen. Staff also compiled data on Alaska commercial fishing permit holders by community and that was cross referenced with medical facilities available. In addition, available options for health insurance were queried through online insurance quote services. Zip codes from both Alaska and Lower 48 fishing communities were searched to provide data for comparison.

b. Findings in Brief

- Commercial fishermen are underserved and options for both health care delivery and insurance are limited.
- Alaska fishermen may have lower than average health care costs.
- Health insurance options are difficult to find and vary by location.

- Lack of health insurance is a significant barrier to entry for the next generation of commercial fishermen.
- Lack of health insurance is an increasing concern as the average age of fishermen is gradually rising.
- State and Federal actions might address the problem, but remain uncertain.
- Fishermen's lack of access to health care, and lack of health insurance deserves further research with the goal of defining the problem and providing solutions.
- *Affordable health care and insurance deserve to be national priorities.*

UFA finds that Alaska fishermen are an underserved population when it comes to accessing health care and health insurance creating an undue and unpredictable hardship for individual fishermen and small fishing businesses. The lack of affordable health care plans is a barrier to entry for new fishermen; and communities suffer as young people leave their home towns to seek employment in fields with health benefit packages.

It is beyond the scope of UFA to research this topic thoroughly, but our initial survey clearly reveals the need for further research. Unfortunately, Fishermen's Health Care language that UFA supported was not included in the 2006 Magnuson Stevens reauthorization. UFA will continue to seek all opportunities to address this problem with our delegation in Washington DC and the State of Alaska in coordination with the Commercial Fishermen of America, a new group that is focused on the issue nationwide (www.cfish.org).

2. Problems and Opportunities

Fishing families and organizations have less than average access to health care

A major difference between typical U.S. residents and Alaskans, especially those in remote coastal communities, is access to health care services. In the national arena this is often confused with access to health insurance, but for Alaska fishing families the problem begins with access to health care itself.

All but a miniscule proportion of U.S. residents are served by a road system to a choice of hospitals and medical facilities. In contrast, our survey of UFA members indicates that 32% live in communities with no hospital. Many Alaska towns do not even have medical clinics. In order to be nearer the fishing grounds, Alaska fishermen are more likely live in more remote areas where medical facilities are lacking than the general population.

By comparing a database of medical services available to Alaskans, we find that 14.5% percent live in a community with no hospital or are more than 20 miles from a hospital. Analyzing the number of commercial fishing permit holders in these communities, we found that 41% of Alaska resident commercial fishing permit holders live in communities with no hospital.¹

¹ We did not include crew members in our analysis.

Transportation costs, an expense rarely included when analyzing health care costs in Alaska, by air or water combined with a limited road system is a heavy burden for many Alaska fishermen seeking healthcare. Even without factoring in the expense of travel, Alaska tops the list of US states when it comes to the cost of healthcare!²

Alaska fishing families and organizations have less than average access to health insurance

Alaska's relatively low population, combined with a higher than typical proportion of state and federal government workers, military veterans, and Native Americans covered under Indian Health Services, leaves a relatively small pool of customers available to competing insurance providers. Additionally, most fishing organizations employ fewer than five people and have had difficulty in obtaining group coverage for employees. This situation, coupled with the high cost of medical care and transportation, create a disincentive for insurance carriers to offer individual or small business medical insurance packages in Alaska.

36 % of those responding to UFA's survey receive health care through spousal programs or supplemental employment. However, these options are not available in all fishing communities and reliance upon them provides uncertainty and fails to address the underlying problem that exists for members of the commercial fishing industry who need affordable health care.

Roughly 10% of UFA survey respondents are covered by Native and Veterans health care systems, compared to 16% of Alaska residents. 14% of survey respondents report no insurance coverage, compared to 12.8% of the general Alaska population, and we expect this rate of uninsured to be higher among fishing families that do not voluntarily pay annual dues to belong to UFA.

Alaska fishermen may represent an unfulfilled opportunity for insurers

UFA survey findings reveal that Alaska fishermen may live a healthier lifestyle than the general population. Most Alaska fishermen can be expected to enjoy a diet high in fish, regular exercise, and fresh air.³

- Only 9% of the survey respondents indicated they use tobacco compared to 24% of Alaskans and 20% of the general U.S. population.
- Only 19.5% of survey respondents indicated they were more than 20% overweight, the clinical definition of obesity, compared to 23.6% for Alaskans and 23.1% in the U.S.

According to a 2003 report by Academy Health on the Massachusetts-based Fishing Partnership Health Plan, health plan administrators and carriers presumed before initiating the plan that fishing is a risky line of work that will likely lead to the high cost of health care services. In fact, fishermen enrolled in the FPHP were shown to have health care costs similar to those who did not fish for a living.⁴

² *Alaska's \$5 Billion health Care Bill – Who's Paying?* (Foster, Scott, Go!smith, March 2006) University of Alaska Research Summary No. 6. University of Alaska Institute of Social and Economic Research. http://www.iser.uaa.alaska.edu/Publications/researchsumm/RS6_06.pdf

³These favorable health determinants may be somewhat offset by the industry average age of 47, according to an Alaska Department of Labor 2007 study, which compares to an average of 38 years in other Alaska industries. According to the Commercial Fishery Entry Commission, the average age of fishing permit holders has gradually increased upwards over the past 25 years.

⁴ Findings Brief – Health Plan a Good Catch for Fishing Industry, Academy Health,

3. Existing Health Insurance Options for Alaska Fishermen

With few choices, the lack of a competitive marketplace for insurance, and the expense of transportation added to the highest of health care costs, Alaska fishermen must patch together a hodgepodge of insurance opportunities.

Worker's Compensation unavailable and private policies are limited.

Although Worker's compensation is not available for fishing boats, the situation of Alaska employers is a good illustration of the financial difficulties compared to the rest of the U.S. Over 40% of Alaska businesses fall into an "assigned risk" highest rate pool for Worker's Comp, because insurers will not provide coverage. This situation is mirrored in individual health insurance. A typical lookup on www.healthinsurance.com for health insurance in an Alaska zip code finds only one or two companies, while lookups in Lower 48 zip codes bring up scores of choices. A big reason insurance companies do not choose to do business in Alaska is that such a high proportion of Alaskans are covered by state & federal health care programs. The remaining pool is apparently not worth pursuing.

Alaska Commercial Fishermen's Fund

For injuries incurred while fishing, fishermen are eligible for reimbursement from the State of Alaska Commercial Fishermen's Fund. The fund has a limit of \$2500, but appeals to reimburse above of this limit are considered for compelling reasons.⁵

Private Insurance

The selection of individual health insurance plans offered in Alaska is relatively small and the cost is large.

An online lookup for a non-smoking Juneau couple in their fifties displayed options ranging from \$450 to \$1150 and deductibles from \$1500 to \$10,000. In some cases, high deductible medical insurance plans can be combined with Health Savings Accounts, to provide coverage for the high cost of illness or injury, while leaving routine expenses to ones own responsibility on a tax free basis.

Health Savings Accounts

According to the U.S. Treasury, "[a] Health Savings Account is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance can therefore be put into the Health Savings Account."⁶

Use of a Health Savings Account requires a specified high deductible health insurance package and is thereby somewhat limiting. While the high deductible insurance option may not be appropriate for all, there are some attractive features that can be used by fishing families to cover health care needs.

Changes in Health Care Financing & Organization, Vol. VI No. 5, October 2003
<http://www.hcfo.net/pdf/findings1003no5.pdf>

⁵ Commercial Fishermen's Fund: (888)520-2766 or <http://labor.state.ak.us/wc/ffund.htm>

⁶ US Treasury: http://www.treas.gov/offices/public-affairs/hsa/faq_basics.shtml

Merchant Marine Short Term Contracts.

Some Alaska fishermen and crew are providing health insurance to their families by serving a minimum 125 day contract in the Merchant Marines or other maritime service where year round health insurance is provided. Training for displaced commercial fishermen from Alaska salmon fisheries was available through this program in 2004 – 2005 through Sea Link of Ketchikan.

Although the program received a Legislative Commendation in the 2007 legislative session, funding through the Department of Labor was not repeated and the program is currently not accepting new applicants. According to Sea Link program director Ralph Minsky, between 180 and 200 Alaska fishermen took part in this program and are currently employed for contracts of various lengths in the global maritime industry, and Alaska Marine Highway system.⁷

Fishing and Business Groups, Insurance Pools, etc.

Fishermen's organizations that are established as for profit entities may be able to obtain group plans for fishermen members by defining shareholders or members as employees, but this would involve state and federal tax implications and paperwork well beyond that required for a health plan.

Most fishing organizations are non-profit membership associations and we have found no group medical insurance coverage for association members, only employers and employees. Requirements for minimum group size and participation prevent many fishing associations from offering group coverage to staff leaving fishing fleets the expense of individual coverage.

Some fishing groups offer vessel insurance pools, but those we have spoken to say that the costs and complexities of administering health insurance programs exceed their capabilities.

Fishing businesses that are members of the Alaska State Chamber of Commerce may choose to participate in the chamber's program, which provides supplemental, but not primary, health insurance through Wells Fargo Insurance Services. The program administrators report that participation has been low, and there may be changes coming.

An April 2006, the Juneau Empire reported another alternative for like-minded individuals who have formed insurance pools. In the article, one Alaska fisherman state that, "after getting some high quotes from Blue Cross Blue Shield and State Farm Insurance," they decided instead to go with a cost sharing program called Christian Brotherhood. The individual quoted said, "what it boils down to is there wasn't really another option," citing the major health insurance companies' high premiums. With Christian Brotherhood, the family pays monthly costs of about \$200, but according to the story, the plan pays for hospital visits only.⁸

4. What has worked elsewhere: Massachusetts Fishing Partnership Health Plan

The State of Massachusetts is clear on its goal of 100% coverage for its residents and has developed its own plan for fishermen. Massachusetts fishermen and processor employees are eligible to enroll in the

⁷ Personal Communication with Ralph Minsky. SEA Link, (888)577-7453
http://www.sitnews.us/LaineWelch/102405_fish_factor.html

⁸ *Fishing for Cheaper Health Car*, (Bluemink, Juneau Empire, April 23, 2006)
http://www.juneauempire.com/stories/042306/sta_20060423011.shtml

Fishing Partnership Health Plan (FPHP)⁹, which was established with the help of state and federal funding through Tufts Medical Center. The program provides health insurance coverage at subsidized rates.

Alaska's situation differs from Massachusetts in three key ways:

- Massachusetts residents have ready access to medical facilities within their communities or those very close by.
- The Boston area is home to Tufts and Harvard Medical Centers, and other competitive providers and teaching universities.
- The Massachusetts State Legislature has been willing to subsidize health insurance for underinsured populations.

While Massachusetts' solution may or may not work for Alaska fishing families, the fact that its program has shown the cost of health care delivery to the fishing industry to be lower than originally presumed³ is encouraging and justifies research into a similar program for Alaska fishermen.

5. Help in Washington DC?

FPHP Executive Director David Bergeron and Massachusetts Congressman Barney Frank worked with the commercial fishing industry in 2005 and 2006 to add Fishermen's Health Care provisions to the Magnuson-Stevens Act reauthorization. The language would have provided federal funding for regional studies of the health care problem and to help establish organizations to provide health insurance coverage. Unfortunately, this attempt failed.

UFA will continue to work with the Alaska Delegation, Commercial Fishermen of America, and the Massachusetts FPHP to move forward with similar language in the current session of Congress.

U.S. Dept. of Health and Human Services Evidence-based Research

Research into the lack of health care and insurance options for Alaska fishermen could better define the problem and outline possible solutions and their costs. This information could help justify government support and incentives for a program, or spur private insurers to take a closer look at offering individual or group plans for Alaska fishermen and trade groups at competitive rates.

The Agency for Healthcare Research and Quality within the federal Department of Health and Human Services posts a yearly call for nominations for Topics for Evidence-based Practice Centers.¹⁰ UFA survey data and research affirms the worthiness of this issue for research by this agency. We have initiated discussions in preparation for nominating Alaska fishermen's health care as a study topic in 2008, in the event that we are unable secure Fishermen's Health Care legislation through Congress.

⁹ Massachusetts Fishing Partnership Health Plan: <http://www.mass-fish.org/favorite.htm>

¹⁰ Agency for Healthcare Research and Quality <http://www.ahrq.gov/clinic/epcix.htm>

6. Alaska State Government Possibilities

SB 160 Mandatory Universal Health Care¹¹

In the waning days of the 2007 Alaska legislative session, Senators French, Ellis, and Wielechowski introduced SB 160. According to the Sponsor Statement, the bill would provide a framework for personal choice, an Alaska Health Care Fund, a clearinghouse for information, and a unique voucher system; "by pooling money from all stakeholders, a sliding scale voucher system will ensure that every Alaskan can take personal responsibility for acquiring health insurance coverage. The system will also make it easy for multiple entities to contribute towards a health plan for an individual..."¹²

A hearing with joint Senate HESS and Labor and Commerce committees is scheduled for September 10th in Anchorage. Sponsors have posted more information on the bill and an interactive calculator of the expected effects for an individual at: www.healthyalaskans.com.

Alaska Health Care Strategies Planning Council

In February 2007, Governor Sarah Palin created the **Alaska Health Care Strategies Planning Council**.¹³ The Council will advise the Governor and the Legislature on ways to provide access to quality health care and to help reduce the costs of health care for Alaskans. The Council is tasked to develop a statewide plan which will identify short-term and long-term strategies to effectively address issues of access to, and cost and quality of, health care for Alaskans.

The fact that fishermen are an underserved population may become less relevant if the issue of affordable health care is solved for all Alaskans. Since this may not help non-resident fishermen, UFA will still need to push for Fishermen's Health Care at the federal level until the problem is solved for all fishermen and their organizations.

7. The compelling reason for fishermen's health care – because Alaska and the USA benefit.

UFA's research indicated that one of the most important aspects of securing fishermen's health care is that the *lack of access to health insurance has become one of the most serious barriers to entry into our fisheries by new participants*. This issue is raised repeatedly at meetings amongst fishermen young and old. Further research is necessary to determine the actual extent of this problem, but from our vantage point it appears to be a sobering reality when considering the far-reaching ramifications for Alaska employment, revenue generation, and the health of coastal communities.

The State of Alaska and its communities derive significant revenue from the seafood industry. The loss of fishing jobs will impact not only Alaska, but the nation.

Given that Alaska produces more than half the nation's seafood and is crucial to the balance of trade, and that our fishermen are reflective of the nation's health care crisis, *health care for Alaska fishermen should make the list as a top national priority*. In fact, these same arguments would seem to make the case for a national health care plan for the entire commercial fishing industry since many US coastal communities rely on commercial fishing for a significant portion of their economies.

¹¹ Alaska State Legislature, 2007 Bill Tracking: SB 160
http://www.lcgis.state.ak.us/basis/get_bill.asp?bill=SB%20160&session=25

¹² Sponsor Statement: <http://aksenate.org/index.php?bill=SB160>

¹³ Alaska Health Care Strategies Planning Council <http://www.hss.state.ak.us/hspc/>

8. The Topic is Changing Everyday

The broader issue of health care in the USA is dynamic, with new research and political news every day. It bears careful watching and study, but more importantly, action, if we are to provide secure health care options for our citizens. A lot can happen in a year, but at this time, Health Care is shaping up to be among the top two or three campaign topics for the 2008 congressional and presidential elections. UFA stands ready to assist in bringing the benefits of health care reform to our members and businesses.

UNITED FISHERMEN OF ALASKA MEMBER ORGANIZATIONS

Alaska Crab Coalition • Alaska Dragger's Association • Alaska Independent Tendermen's Association • Alaska Longline Fishermen's Association
Alaska Shellfish Association • Alaska Trollers Association • Armstrong Keta • At-sea Processors Association • Bristol Bay Reserve
Cape Barnabas • Concerned Area "M" Fishermen • Cook Inlet Aquaculture Association • Cordova District Fishermen United
Crab Group of Independent Harvesters • Douglas Island Pink and Chum • Fishing Vessel Owners Association • Groundfish Forum
Kenai Peninsula Fishermen's Association • Kodiak Regional Aquaculture Association • North Pacific Fisheries Association
Northern Southeast Regional Aquaculture Association • Petersburg Vessel Owners Association • Prince William Sound Aquaculture Corporation
Purse Seine Vessel Owner Association • Seafood Producers Cooperative • Sitka Herring Association • Southeast Alaska Fisherman's Alliance
Southeast Alaska Regional Dive Fisheries Association • Southeast Alaska Seiners Association • Southern Southeast Regional Aquaculture Association
United Catcher Boats • United Cook Inlet Drift Association • United Salmon Association • United Southeast Alaska Gillnetters
Valdez Fisheries Development Association • Western Gulf of Alaska Fishermen



ANCHORAGE FIRE FIGHTERS UNION
IAFF - LOCAL 1264

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ADDRESS: ANCHORAGE, AK 99504

Senator French - Rep. Dahlstrom

I enjoyed my first trip to
Juneau last month. Thank you
for meeting with us and for all
the work you have put into our
presumptive disability legislation.

All at all Anchorage Fire Dept
really have our fingers crossed that
this bill will pass quickly.

Thank you for your support.

Andy Mullen

SB

119

ALASKA STATE SENATE

SENATOR DONALD C. OLSON

ALASKA STATE CAPITOL
ROOM 514
JUNEAU, ALASKA 99801-1182



(907)465-3707
FAX (907) 465-4821

SPONSOR STATEMENT

SB 119

"An Act establishing a grant program to support public school libraries."

SB 119 establishes a grant program for funding public school library acquisitions.

For many Alaskan students, who do not have access to a public library, the school library is their primary source for materials to accomplish school projects, do research, and develop reading proficiency as well as a love of reading.

Individual school library budgets are generally determined by principals and vary widely from district to district and even within each district. Alaskan educational budget shortfalls have impacted schools and school libraries throughout our state. Some school libraries in our state can only participate in reading incentive programs like "Battle of the Books" by using interlibrary loan to borrow the books for their students. It is sad to report that some libraries have no budget at all for new materials.

Many districts are currently rewriting curriculum and course work as a result of the statewide push for school curriculum to support the Alaska Standards. This grant program will be an excellent way for school libraries to help support the updates by purchasing materials supporting the classroom curriculum.

This grant program will provide a means to update materials such as atlases (to reflect current world geography), almanacs, encyclopedias, as well as provide accurate information on advances in science, changes in health issues, career opportunities and recent political issues.

The Alaska Association of School Librarians supports this legislation and proposes the Alaska State Legislature increase our students' access to up-to-date and varied library materials by funding a \$2,500 annual grant to larger active school libraries and a \$750 annual grant to smaller active school libraries (those with five or fewer teachers). This proposal parallels the existing state support of public library collections.

SB 119 will support Alaskan teachers' and librarians' efforts to produce more fluent and proficient readers at all grade levels. This long-term investment in school library infrastructure will benefit our Alaskan youth and future leaders. I urge you to give favorable consideration to this bill.

ALASKA STATE SENATE

SENATOR DONALD C. OLSON

ALASKA STATE CAPITOL
ROOM 514
JUNEAU, ALASKA 99801-1182



(907)465-3707
FAX (907) 465-4821

SECTIONAL ANALYSIS

SB 119, "An Act establishing a grant program to support public school libraries"

Section 1 adds a new article to AS 14.56 to establish "Public School Library Collection Development Grants" consisting of the following sections:

- **14.56.360** gives the Department of Education authority to award and administer the grant program.
- **14.56.365** defines the eligibility requirements to receive a grant under this program.
- **14.56.370** defines the allowable uses of the funds provided by the grant program, and some specific items that cannot be purchased using grant funds.
- **14.56.375** requires a grantee to provide an annual report on the effectiveness of the grant and whether all grant conditions were met or exceeded.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 119
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education & Early Development
 Title: "An act establishing a grant program to support RDU: Libraries, Archives & Museums
public school libraries." Component: Libraries
 Sponsor: Senator Olson
 Requester: Senate HESS Component No.: 208

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation establishes a public school library collection development grant program which would award grants to eligible public school libraries to expand and improve their library collections.

The legislation does not include any information about the size of the grants to be awarded. The department is, therefore, submitting a zero fiscal note.

Prepared by: Kay Shelton, Director Phone 465-8679
 Division: Libraries, Archives & Museums Date/Time 4/20/07 1:37 PM
 Approved by: Barbara Thompson, Deputy Commissioner Date 4/20/2007
 Agency: Education & Early Development



ALASKA LIBRARY ASSOCIATION ♦ P. O. BOX 81084, FAIRBANKS, AK 99708 ♦ WWW.AKLA.ORG

Senator Bettye Davis
Health, Education and Social Services Committee
State Capitol, Rm 30
Juneau, AK 99801-1182

April 22, 2007

Dear Chairman Davis,

As a representative of the Alaska Library Association, I am writing in support of SB119, "An Act establishing a grant program to support public school libraries."

Part of the Alaska Library Association's mission is to support school libraries and librarians, because we recognize the role school libraries play in the success of Alaska's K-12 students. But school libraries are unable to properly fulfill this role if they are not stocked with adequate resources for educating all students.

Too often students are forced to use the local public library or other outside resources to complete school assignments. In rural areas where students do not have easy access to other libraries, students are much more dependent on their school libraries to provide them with up-to-date reference and research materials.

SB 119 would provide financial assistance to qualified school libraries seeking to correct deficiencies in their collections. Support would take the form of grants covering books, magazines, reference materials and electronic databases.

The Alaska Library Association believes that the best place for students to access curriculum-appropriate materials supporting school coursework is in their own school libraries. Please support this bill to improve school library collections.

Sincerely,

Jane Fuerstenau
AkLA President



Quality School Libraries...

Because Student Achievement is the Bottom Line.

<http://www.akla.org/akasl/>

Alaska Association of School Librarians

The State Senate
Alaska State Capital
Juneau, Alaska 99801-1182

To increase Alaskan students' access to new and varied library materials the Alaska Association of School Librarians (AKASL) proposes a \$2,500 annual grant to larger active school libraries, (schools with more than 5 teachers), and \$750 for schools with an active school library program with 5 or less teachers. This grant program would parallel the, already existing, state support of public libraries.

School library budgets vary widely from district to district. The crunch in educational funding has impacted school libraries throughout our state. Schools have seen budgets go lower and lower with some libraries having no budget at all for new materials. This annual grant would be an opportunity to level the playing field between rural and urban school libraries. In 2004 - 2005, the median budget for school libraries nationwide was \$9,368. The average budget in the Pacific Northwest was \$19,211. In Alaska, of the 165 public schools who responded to a survey put out by the State Library this past November 2006, the average total school library budget during the 2006 - 2007 school year was \$4,284.

There are many students who are not in easy reach of a public library so the school library is their source for research, curriculum related projects, and encouraging the love of reading. Some school libraries in our state are using interlibrary loan to borrow books for reading incentive programs like "Battle of the Books" as well as research for class projects. This annual grant will support our school's efforts to produce more proficient readers at all grade levels, foster the love of reading, and promote life long learning skills.

Because of the statewide push for school curriculum to support the Alaska Standards many districts are currently rewriting curriculum and course work. The educational needs from school district to school district vary widely. This annual grant would be an excellent way for individual school libraries to help support the unique curricular needs for their district by purchasing materials that will support the classroom curriculum. We envision this grant as a means to update materials such as atlases that reflect current world geography, almanacs, encyclopedias, advances in science, changes in health issues, career awareness and recent political issues. A variety of material formats including books, DVD's, audio books, periodicals and online databases would all be considered acceptable resources.

We believe Senate Bill 119 would be a long-term investment in the school infrastructure and would promote excellence in education for all districts for years to come.

Erika Drain (President)

Alaska Association of School Librarians
erikad@mehs.us



School Library Materials Budget Survey Results – January 2007

In school year 2004-05, the median budget for school libraries nationwide was \$9,368. The average budget in the Pacific Northwest was \$19,211. How does your school's library budget compare? This is the question that we asked Alaska school librarians and library aides in November, 2006. We received results from the end of November to late January 2007 from 151 respondents, representing about 165 public schools, or about one-third of Alaska's schools. The results showed that there is wide variation in budgets across the state and within single school districts. (Some schools did not fill out the complete form, and some answered for more than one school in a district, so the numbers do not total 165.)

ALL SCHOOLS:

138 schools	\$8.32 per student
Average total budget	\$4,284 per school
Range	\$0 - \$25,000 *

ELEMENTARY SCHOOLS:

71 schools	\$7.59 per student
Average total budget	\$2,707.08
Range	\$0 - \$8,520

MIDDLE SCHOOLS:

18 schools	\$8.67
Average total budget	\$4,625.22
Range	\$1,500-\$10,000

HIGH SCHOOLS:

32 schools	\$9.20
Average total budget	\$8,151
Range	\$0 - \$25,000

K-12 SCHOOLS:

24 schools	\$7.03
Average total budget	\$3,397.61
Range	\$0-\$13,000**

*One small K-12 school received a federal grant for \$75,000 for its 124 students. Because this is a one-time, competitive grant open to only a few Alaska school districts, it is not included.

**The maximum K-12 amount represents the budget for 6 K-12 schools in one district.

Proposed Public School Library Collection Development Grant Program 2006
1/10/07

Purpose: To increase Alaskan students' access to new and varied library materials.

Public school libraries which meet the specified criteria will be awarded a \$2,500 supplemental grant.

Need: Public school library budgets vary widely between and within school districts. Due to this disparity many students do not have access to relevant, current materials.

Individual schools may apply yearly for the School Library Collection Development Grants if the school:

- provides physical space that can be identified as a library and is reserved for that purpose;
- provides regularly scheduled library hours for all students; *
- provides designated library personnel to staff the library; *
- provides evidence that library/information literacy standards are being promoted;
- maintains an ongoing library budget to include library staffing and materials with exemptions for special one-time grants; *

* Documentation will be required to validate:

library class schedules; library employee job description and level of training;
evidence of ongoing district support of the library budget.

Public School Library Collection Development funds must be utilized to enhance the library collection rather than individual classrooms. Eligible purchases may include books, magazines, reference materials, and electronic subscriptions that support school curriculum or student reading activities.

Public School Library Collection Development funds may not be used to purchase: textbooks, testing software, library automation software, computer hardware, operating software or tech support.

Grants would not fund district-level collections except for district correspondence programs that employ a full-time librarian.

A \$750 annual grant will be awarded to schools with less than 5 teachers.

A brief annual report documenting that grant guidelines were met, will be filed by each school at the end of the school year.

Initial grant monies not awarded will be distributed as an incentive grant to fund innovative school library programs.

The grant will be administered by the Alaska State Library, Library Development section. The grant program would fund adequate additional State Library personnel to process proposals and to monitor expenditures.

Estimated cost: \$885,000/year

**SENATE COMMITTEE REPORT
First Committee of Referral**

DATE: 3/14/07

FURTHER: Finance

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: _____

Health, Education and Social Services Committee considered

SENATE BILL NO. 119

SB 119 SCHOOL LIBRARY GRANTS

"An Act establishing a grant program to support public school libraries."

and recommends:

- be replaced with SCS or CS _____ (_____)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:
<input type="checkbox"/> Same Title
<input type="checkbox"/> New Title
<hr/>
HOUSE BILL:
<input type="checkbox"/> Same Title
<input type="checkbox"/> Technical Title Change
<input type="checkbox"/> New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal Note	Other

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal Note	Other

APPROPRIATION - no fiscal note

SIGNATURE	DATE	INITIALS	DATE	INITIALS
<i>[Signature]</i>				
<i>[Signature]</i>				
<i>[Signature]</i>				
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<i>[Signature]</i>				
CHAIR: <i>Betty Davis</i>				

By Mark Herring. From the April 2001 American Libraries, p. 76-78.

10 Reasons Why the Internet Is No Substitute for a Library

By Mark Y. Herring

Dean of library services
Dacus Library
Winthrop University
Rock Hill, South Carolina

Reading, said the great English essayist Matthew Arnold, "is culture." Given the condition of reading test scores among school children nationwide, it isn't surprising to find both our nation and our culture in trouble. Further, the rush to Internetize all schools, particularly K-12, adds to our downward spiral. If it were not for the Harry Potter books one might lose all hope who languishes here. Then, suddenly, you realize libraries really are in trouble, grave danger, when important higher-education officials opine, "Don't you know the Internet has made libraries obsolete?" Gadzooks! as Harry himself might say.

In an effort to save our culture, strike a blow for reading, and, above all, correct the well-intentioned but horribly misguided notions about what is fast becoming Intertopia among many nonlibrarian bean counters, here are 10 reasons why the Internet is no substitute for a library.



Not Everything Is on the Internet

With over one billion Web pages you couldn't tell it by looking. Nevertheless, very few *substantive* materials are on the Internet *for free*. For example, only about 8% of all journals are on the Web, and an even smaller fraction of books are there. Both are costly! If you want the *Journal of Biochemistry*, *Physics Today*, *Journal of American History*, you'll pay, and to the tune of hundreds of thousands of dollars.