

1 DELAWARE HEALTH FUND ADVISORY COMMITTEE
2 DELAWARE HEALTH AND SOCIAL SERVICES

3

4 PUBLIC HEARING

5

DelTech - Owens Campus
Georgetown, Delaware

6

7

Monday, November 29, 1999
7:10 p.m.

8

BEFORE:

9

GREGG C. SYLVESTER, M.D.
Chairman

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JOSEPH LIEBERMAN, III, M.D.
Member

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CHARLES SIMPSON
Member

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THOMAS GRABOWSKI, SR.
Member

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17

SENATOR DAVID McBRIDE
Member

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19

VIVIAN LONGO
Member

20

21

CHARLES F. REINHARDT, M.D.
Member

22

23

TRANSCRIPT OF PROCEEDINGS

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1 CHAIRMAN SYLVESTER: Good evening. I'm
2 Gregg Sylvester, and I'm the Chair of the Delaware
3 Health Fund Advisory Committee, and you hopefully have
4 received some information, and you can see that some
5 of us happen to have our name tags in front of us, but
6 the entire list of the committee is available for
7 you. If you haven't picked it up just as you walked
8 in, there's a list out there.

9 You may have also had an opportunity to
10 pick up a couple other pieces of information, and I'd
11 just like to talk about those just for a minute before
12 we get started with the public hearing.

13 For those that are going to get up and
14 may want to talk extemporaneously and if afterwards
15 you want to put pen to paper, you still have 10 days
16 to submit something so it becomes a formal part of the
17 record. So we actually have a list, an address and a
18 deadline of December 10th to participate.

19 If you are going to speak this evening
20 and you actually have written testimony, please be so
21 kind to make sure that we all get a copy, as well as
22 the woman that's doing the transcription for tonight.
23 That will make it easier for us and we will make sure
24 we're getting exactly what you want us to record.

1 And then the two other pieces of
2 information that I have is that Senate Bill 8, and we
3 will talk a little bit about that, that's the bill
4 that actually created the health fund, actually there
5 were eight purposes for that and we have written those
6 eight purposes down so that you can read them or you
7 can review them as you're listening to the various
8 testimonies and as well as you're trying to formulate
9 how you would like to speak on that testimony, you can
10 have that right there.

11 Then finally we have a little bit of
12 guidelines for tonight so we can stay on track.
13 Although it says that the hearing is to start at 3:00,
14 they did start today at 3:00 in Dover. Obviously this
15 will go from 7:00 to 9:00 this evening.

16 We are going to have the people that
17 have called up ahead of time speak first and then
18 those afterwards will have an opportunity to talk. We
19 actually had plenty of time for that to occur up in
20 Dover today.

21 We would like to try to keep it to about
22 three minutes, and I have invited Pam Murray, who's my
23 secretary, up from New Castle with me and she will
24 actually have cards and when you hit the two-minute

1 warning, she will put up a nice little yellow card to
2 remind you you have a minute to sum up. At three
3 minutes she will show you a little red card. Thus far
4 we haven't yanked anybody off and we have let you
5 continue. We have been cognizant of the time so we
6 stay on schedule. What the committee members have
7 done on some people, they have actually entered into a
8 little bit of dialog and asked some questions. If you
9 will stay up there if there are some questions we
10 could ask. We can do that. We would do it
11 immediately after your presentation and not after
12 everybody has gone through.

13 Let me just say that I want to welcome
14 the committee members that have made it throughout the
15 state for coming here. I want to welcome you all for
16 taking the time this evening to come and provide us
17 with testimony, good public hearings on what's going
18 on. We had a wonderful turnout in Dover, and it looks
19 like we have got another good turnout tonight here in
20 Sussex. I want to thank you for coming.

21 I want to tell you a little bit about
22 what's going on. November 23rd, about a year ago,
23 last week the attorneys general from the states signed
24 on to the Master Settlement Agreement which was

1 against the four largest tobacco companies and making
2 a deal with them that we would get certain monies for
3 forever. But our actuaries and our auditors came up
4 with 26 years. They went out 26 years on how much
5 money could potentially come to Delaware with
6 \$775 million. There's a lot of offsets of that. If
7 the smoking rates go down in Delaware, the rate of
8 money goes down. The excise tax. But the bottom line
9 is that there's an opportunity for us to get a lot of
10 money over the next 26 years.

11 We believe that we will get as much as
12 \$9 million in the next month and maybe as much as \$25
13 million in the early part of next year. The General
14 Assembly has already tagged that the first portion of
15 that will go towards what we affectionately call the
16 Pill Bill, helping seniors and people with
17 disabilities with their prescription coverage. But
18 then there's still some money left over that we're
19 asking for your input on so that we can make
20 recommendations to the General Assembly and the
21 Governor.

22 Senate Bill 8 was introduced last year
23 by Senator Blevins and Representative Miro, and it
24 went through the system and it got passed and the

1 Governor signed it into law last July.

2 That bill did two things. It created a
3 health fund so all this tobacco money actually shows
4 up in a health fund, does not go into our general
5 fund, and that after that it created an advisory
6 group. You have got a list of all the members, and
7 some of the members are sitting in front of you now.
8 What our purpose is is to be advisory to the General
9 Assembly and to the Governor on making recommendations
10 on how the money ought to be spent.

11 During that process we thought it was
12 extremely important before we put pen to paper to hear
13 from you. That's what this is all about. We had met
14 this afternoon in Kent County, tonight here in Sussex
15 and Georgetown. Tomorrow we will be in the city of
16 Wilmington and tomorrow evening we will be up at
17 New Castle County listening to people around the state
18 talk about how they believe that our tobacco
19 settlement money ought to be spent.

20 There are some ground rules, and I
21 talked to you a little bit about them. There are
22 three pieces of paper up above me or behind me that I
23 just thought you could look at as we go through the
24 evening. A little bit of our guidelines. The idea

1 that those that have signed up will go first; those
2 afterward will go after.

3 We're going to keep you to three
4 minutes. Pam is going to help us do that. If you're
5 from a large organization -- today the American Heart
6 Association spoke at Kent County. One person spoke
7 for them. And they had a lot of people there
8 supporting their thing, but only one person spoke for
9 them. It helped us get through all the people.

10 The health fund does have some guiding
11 principals and those are directly over me. Those are
12 the type of things we're looking at as we go through
13 thinking about the money. Remember, there are eight
14 purposes that you have got in front of you on how the
15 money should be spent the way it's been written in
16 legislation. Here are some of the guiding
17 principles. We want to make sure it was flexible that
18 we could think about our future citizens and all
19 that. You can read that.

20 Finally, there are some contact points.
21 We have a Web site for those that have computers and
22 feel comfortable in getting on the Internet. We also
23 have an e-mail address. Those that still enjoy
24 writing, then we also put our address up there. By

1 all means we want to hear from you, not only tonight
2 but if there are other things that we have missed, we
3 want to hear from you in the next couple days.
4 Certainly we will add anything up to December 10 to
5 our public hearing process if you submit it during
6 that time.

7 I think with that, I will once again
8 welcome you. I want to thank the committee members
9 for coming, and we will go ahead and get started, and
10 I'll ask Stephanie McClellan, staff to the committee,
11 she will start reading off the names and you will know
12 when to come up.

13 Thank you.

14 MS. McCLELLAN: We have Lloyd Mills.

15 MR. MILLS: Good evening. My name is
16 Lloyd Mills, and in these parts I'm known as the
17 Health Care Cassandra. I run a small business, and
18 I'm here because I'm tired of issuing a health care
19 credit card in my name to over 100,000 uninsured
20 people in this state. And I think this may be the
21 group that can do something about that.

22 I think we agree that our goal is to
23 have everyone covered and everyone paying their fair
24 share. However, given the path we are following,

1 we're just not going to get there from here. There
2 are too many players with conflicting financial
3 obligations to expect much more progress towards
4 universal coverage.

5 Let's look at the trends. Provider
6 collection ratios are down. I just read the data.
7 Beebe's collection percentage is down to 55 percent.
8 It's impossible to run any other business that way. I
9 don't know how health care is delivered like that.

10 Medical costs are accelerating again
11 after plateauing for a few years. Copays,
12 deductibles, premiums, they're all up. Employers are
13 adding more benefit caps, carve-outs, dependent
14 exclusions, and there's more demand for charity here.
15 There's an increase in the uninsured rate and a
16 decline in employer plan take-up rates. All this is
17 occurring in a flush economy and in spite of the
18 much-heralded initiatives like Diamond State and
19 CHIPs.

20 It doesn't take a rocket scientist to
21 see where these trends are leading us. A trend that
22 can only be accelerated when we enter the next
23 economic down cycle. We are in the midst of a
24 slow-motion train wreck.

1 On this issue I must agree with
2 Ernie Dammerman that it will have to get much worse
3 before we muster the will to make the necessary
4 changes, changes that all other 28 member nations of
5 the Organization for Economic Cooperation have already
6 made.

7 As Churchill said, "Americans can always
8 be counted on to do the right thing but not until they
9 have tried everything else." You have an opportunity
10 to see that Delawareans don't suffer unnecessarily
11 while we're trying everything else.

12 Our priority? The clue was contained in
13 the Health Care Commission's cost shift counts which
14 found that 6 percent of the self-pay largest uninsured
15 represents 68 percent of the state's hospital revenue
16 shortfall.

17 The study went on to recommend that the
18 state, quote, increase efforts to expand the current
19 provision of less expensive preventive services to the
20 uninsured, which brings me to suggestions.

21 One, the situation is going to continue
22 to deteriorate. As such, let's bank as much as we
23 possibly can. We're going to need it. Let's make it
24 a rainy-day fund.

1 Two, preventive care. We must stop
2 those without access to basic medical services from
3 appearing at the doors of our emergency rooms on an
4 acute-care basis. Some real preventive care. Not
5 just in addition to a dietician at Pellport. We need
6 where-rubber-meets-the-road programs. Explore the
7 idea of Dimer-staffed clinics and storefront nurse
8 practitioner facilities in underserved areas. Induce
9 current providers to offer more pro bono preventive
10 service. Let's be aggressive about this and let's use
11 some imagination.

12 Three, expand access. This could
13 include raising income limits on Diamond State Health
14 Plan. You might want to investigate the ideas similar
15 to the Massachusetts uncompensated care pool or
16 New York's Family Health Care Plus.

17 Four, let's be cautious about tobacco
18 education programs. While they may be politically
19 necessary, I doubt they will give us the biggest bang
20 for the buck. Is an antismoking billboard a better
21 investment than an immunized child or some diabetes
22 screening or a periodic mammography? Help me out.
23 Let's get these people out of my pocket.

24 Thank you.

1 CHAIRMAN SYLVESTER: Any questions?

2 MS. McCLELLAN: Matt Rose.

3 MR. ROSE: Good evening, everybody. My
4 name is Matthew Rose, and I'm a senior from Seaford
5 High School. I represent Delaware Kick Butts
6 Generation, which is primarily a youth-run
7 organization dedicated to the prevention and control
8 of tobacco among Delaware youth.

9 Recently the following question was
10 proposed to me about what we should do with all this
11 new tobacco settlement money. The question was why
12 should tobacco settlement money be appropriated to a
13 tobacco comprehensive plan. And I just wanted to read
14 you my response.

15 Why? Well, it just makes sense. First,
16 there's the simple irony of using the tobacco
17 industry's money to help shut down the tobacco
18 industry. But that isn't really the point.

19 The point is in order to create and
20 maintain effective campaigns to keep our children from
21 lighting up, we need three things. We need good
22 programs, we need good people, and we need money. It
23 doesn't get much simpler than that. We have good
24 programs. We see solutions in prevention campaigns

1 like Teens Against Tobacco Use, or TATU, and cessation
2 programs like Not On Tobacco. And we have dedicated
3 people who put in thankless hours to fight tobacco
4 because of their drive to help in any way they can.

5 The major problem we have is a financial
6 one. Now, speaking as a member of the teenage
7 generation, and most of you who have teenagers in the
8 house will probably agree, we don't always get things
9 the first time around. I'm sure it's one of the most
10 frustrating things of being a parent. My dad has to
11 tell me to take out the trash about three or four
12 times before I finally remember to do it. More often
13 than not, I need to be beat over the head with a
14 message before it finally sinks in. I'm not alone.

15 Now, to reach an audience, it's hard to
16 communicate with a teenage one, we need advertising,
17 promotion. We need to beat our message repeatedly off
18 the people's heads who don't want to listen. The more
19 money we get, the more wax we'll beat out of their
20 ears. That's a rather crude and simplistic way of
21 putting it.

22 I can read off numbers about tobacco use
23 and trends and demographics, but I know you have
24 already seen them. Simply knowing that tobacco is

1 dangerous isn't enough. I hoped it would be, but we
2 all know that despite admissions even from the tobacco
3 industry itself, smoking has continued at an
4 unsettling pace. What we have been doing hasn't been
5 enough, and I think this money might finally turn the
6 tide our way. For the sake of my generation, I hope
7 you do, too.

8 Are there any questions? Thank you.

9 MS. McCLELLAN: Laura Morris.

10 MS. MORRIS: Good evening, Dr. Sylvester
11 and council members. I'm Laura Morris. I'm with the
12 Council for Aging and Adults with Physical
13 Disabilities. Tonight I'm representing
14 Lucien Ferguson, who is our president or our council
15 president, and she is unable to be here this evening
16 due to illness.

17 What I'm going to be reading is material
18 that was prepared by Lucien and again was approved by
19 the council. I'll start.

20 Ms. Ferguson was recently elected
21 chairperson of the Governor's Advisory Council on
22 Services for Aging and Adults with Physical
23 Disabilities. On behalf of the council, she would
24 like to thank you for already allocating \$5 million

1 from the tobacco settlement to fund the Pill Bill. It
2 will benefit more than 6,700 people.

3 The purpose of our advisory council was
4 to promote and advocate for the benefits of the
5 elderly and adults with physical disabilities. We're
6 asking you to strongly consider their needs.

7 American history has been marked by
8 revolution. The American Revolution was the highlight
9 of the Eighteenth Century. Nineteenth Century saw the
10 industrial revolution. The Twentieth Century saw the
11 information and technology revolution. And the
12 Twenty-first Century will be marked by the dramatic
13 aging of our population. A demographic revolution.

14 It is projected that between the years
15 2000 and 2020 Delaware's population of those 60 and
16 older will increase by approximately 50 percent.
17 While we can't predict the number of people with
18 disabilities, we know that this population is also
19 increasing. Advances in technology and medicine are
20 allowing more people to survive serious accidents.
21 For example, there was a 22 percent decline in the
22 traumatic brain injury-related death rate between 1979
23 and 1982.

24 We all want to live in our own homes and

1 have control over our own lives for as long as
2 possible. Surveys show that it's much more
3 cost-effective to keep a person in the community
4 rather than a nursing home. Home- and community-based
5 services are the answer. We must think about
6 redirecting our focus of services from a medical model
7 to a social model. We must develop and support
8 policies that provide assistive devices or home
9 modifications. We must assist older persons, adults
10 with physical disabilities and their families to
11 choose creative alternatives to institutional care. A
12 waiting list already exists for these services. For
13 example, personal care and housekeeping, 210;
14 assistive technology and home modification, 30; and
15 attendant services, 70. All of those people are on
16 the waiting list so far.

17 Cost per unit of services are going up
18 while Delaware's economy is good, and the cost of
19 living continues to be a problem for many who used to
20 volunteer their services. They can no longer afford
21 to work without compensation. Employers are vying for
22 service workers, offering higher wages for employees
23 in areas that are less demanding than care for the
24 elderly and persons with physical disabilities.

1 Unfortunately, 94 percent of the
2 smoking-related deaths are to persons ages 50 and
3 older. They have the highest smoking rates of any
4 generations in the United States' history. Since most
5 of the profit realized by the tobacco industry seems
6 to have come from our senior population, it seems only
7 ethical and sensible to return it for their benefit.

8 We are so fortunate to live in an age
9 where advances in medicine and technology allow the
10 elderly and persons with physical disabilities to live
11 longer. These persons can improve their own health if
12 they begin to take charge of their own lives.

13 We strongly recommend developing
14 programs related to prevention on how to manage
15 chronic diseases. Wellness and prevention activities
16 need to be developed and promoted in order for people
17 to have a better quality of life. The alternative is
18 the high cost of caring for this population.

19 We realize that no one can foresee what
20 the future return will be for the tobacco industry,
21 but in your long-range planning, please don't forget
22 this population. We must not forget that we are a
23 nation that was built on dreams and we continue to
24 dream of communities enriched by and for the people.

1 Thank you. I want to mention I do have
2 copies of my text that I will have available at the
3 conclusion of the meeting.

4 MS. McCLELLAN: Max Hoyt.

5 MR. HOYT: I thank you for the time and
6 consideration to allow me to testify about the issue
7 of smoking in Delaware.

8 My name is Max Hoyt, and I am a
9 volunteer with the American Cancer Society in Sussex
10 County, and I am also currently serving as a chair of
11 the American Cancer Society's Delaware Government
12 Relations and Advocacy Committee.

13 I am also a tobacco-related survivor and
14 as a volunteer of the American Cancer Society of
15 Delaware, I have spoken to over 1,000 young people
16 this year about the hazards of tobacco use. I have
17 seen firsthand the effect that tobacco has added upon
18 our fellow citizens.

19 On an average day in the United States
20 about 3,000 young people will start to smoke. In
21 Delaware about 35 percent of our high school students
22 are current smokers. 16,000 of our Delaware children
23 under 18 are estimated that they will die prematurely
24 from smoking if this current trend continues. The

1 studies have shown that 90 percent of the smokers
2 start before the age of 18, before they can legally
3 purchase cigarettes. Smoking is the number-one
4 preventable cause of death in the nation as well as
5 here in Delaware.

6 We must fund a statewide tobacco control
7 program like those seen in Massachusetts, Florida, and
8 California and recommended by the Centers for Disease
9 Control. By funding this comprehensive, multiphase
10 program at the appropriate levels, Delaware can become
11 a nationwide leader in tobacco control. If we stop
12 our children from smoking, they probably will never
13 begin and they will have a much greater chance of
14 never contracting heart disease, lung disease, or
15 cancer.

16 Secondly, we must go to our communities
17 and empower them with tobacco control. This agency
18 recommends in its best practices to push a good
19 percentage of this money into the community via local
20 tobacco control coalitions and other organizations
21 that have long-standing relationships and reputations
22 with the community. Many groups around this state do
23 outstanding work in a very cost-effective manner and
24 just require a little more funding to build upon their

1 success. Tobacco use prevention should start at the
2 grass roots community level. I believe that community
3 is the key to our success.

4 For these reasons, the American Cancer
5 Society strongly supports that a Tobacco Control Plan
6 developed by the Impact Delaware Tobacco Prevention
7 Coalition. The American Cancer Society has been a
8 member of this coalition since its inception, and the
9 volunteers of the American Cancer Society believe that
10 fully funding this proposal is the best means to try
11 and reduce the burden of cancer in Delaware in the
12 future. The opportunity we have before us may never
13 come around again and we must capitalize on it.

14 Thank you.

15 MS. McCLELLAN: Leon Calabrese.

16 MR. CALABRESE: Good evening. Thank you
17 for this opportunity. My name is Leon Calabrese, and
18 I'm representing AARP of Delaware. I wish to thank
19 you for this opportunity.

20 AARP's testimony will be presented
21 verbally on November 30th at Glasgow High School by
22 Delaware AARP state president, Richard Johnson. I
23 have copies of that statement for the committee and
24 for some of our attendees if they would like to have a

1 copy, in order to make our position known throughout
2 the state.

3 We do support the use of tobacco funds
4 for health care, and you have already heard several
5 good uses and I'm sure you will hear more.

6 Basically, AARP, in a nutshell and in
7 our testimony that you will hear tomorrow, is to
8 improve the quality of Delaware's nursing homes and
9 secondly to increase the home and community support
10 for Delaware's elders as they age in their home.

11 I thank you very much for this time, and
12 I will leave the copies for you and for the
13 stenographer.

14 CHAIRMAN SYLVESTER: Thank you.

15 MS. McCLELLAN: Jim Walston.

16 MR. WALSTON: Good evening. My name is
17 Jim Walston, and I represent the Sussex County
18 division of the American Heart Association.

19 Unfortunately, heart disease continues
20 to be the leading cause of death in Sussex County,
21 claiming about 500 lives in 1997. We believe there
22 are both long-term and short-term solutions to this
23 problem. We have long known that cardiovascular
24 disease is a disease of life-style and that several

1 risk factors for CVD exist that we have personal
2 control over.

3 However, of all these risk factors,
4 cigarette smoking is the most important risk factor
5 for coronary heart disease in the U.S. Cigarette
6 smoking also acts with other risk factors to greatly
7 increase the risks for coronary heart disease and
8 stroke.

9 We don't need intensive research or
10 surveys to tell us that tobacco use is a problem in
11 Delaware. You see it at the red lights. You see it
12 in our schools. You see it while you're waiting in
13 line at the Wawa. Until we eliminate Sussex County's
14 number-one public health problem, we can expect heart
15 disease and stroke to remain the number-one and
16 number-three leading causes of death in our county.

17 For this reason, we support establishing
18 a comprehensive, sustainable tobacco control program
19 in Delaware based on the Centers for Disease Control
20 and Prevention's best practices as a way to support
21 the long-term risk reduction of heart disease and
22 stroke in Sussex County. And in the short-term we
23 need to focus on increasing the survival rate from
24 sudden cardiac arrest which currently hovers near

1 4 percent.

2 In order to do this, we must strengthen
3 the chain of survival to insure that victims of
4 cardiac arrest are treated as quickly as possible.
5 Each of the four links in this chain, early access to
6 emergency care, which is calling 911, early access to
7 CPR, early access to defibrillation, which is the use
8 of AED, and early access to advanced cardiac care, is
9 vital. By increasing the survival rate from 4 percent
10 to 24 percent, we could save almost 150 lives a year
11 state-wide.

12 This problem is multifaceted and there
13 are no silver bullets. However, early defibrillation
14 is often called the critical link in the chain because
15 it's the only known therapy for cardiac arrest. Due
16 to the extended EMS response times in Sussex County,
17 we must turn to more nontraditional first responders
18 for support. Increasing nontraditional first
19 responders like law enforcement agencies, security
20 officers, events management people that are trained in
21 the use of AEDs and equipped in places like malls,
22 fitness clubs, stadiums, conference centers can
23 significantly decrease response times and boost the
24 survival rate.

1 For this reason, we support reducing the
2 death rate of sudden cardiac arrest by taking action
3 to support a strong chain of survival.

4 Any questions?

5 MS. McCLELLAN: Linda Wolfe.

6 MS. WOLFE: Good evening. Perhaps I
7 shouldn't have chosen such a seat so far away.

8 My name is Linda Wolfe, and I work in
9 the Department of Education as an educational
10 specialist in health services. I'm the state school
11 nurse consultant.

12 I'm also a resident of Georgetown, and
13 as a native Sussex Countean, it's an honor to welcome
14 the Delaware Advisory Committee here in Georgetown and
15 to Sussex County. You happen to be in the heart of
16 Delaware's best-kept secret I think and that is the
17 wonderful life and land of Sussex County that doesn't
18 touch the ocean.

19 Before I came tonight I want to tell you
20 that I visited downtown Georgetown. You may not be
21 aware that there's a downtown Georgetown, but there
22 is. It's where the circle is, and on the circle is
23 our infamous Brick Hotel, but there's another little
24 house that you might not have noticed because it only

1 shows up in December, and this house is only occupied
2 during certain hours in December, and it's best known
3 to the children of our community and that's Santa's
4 House.

5 I took my wish list to Santa and he was
6 unable to help me, but he suggested that I come and
7 speak with you all tonight.

8 So my wish tonight is for children. I
9 join many, many other individuals and organizations
10 who care about the health of children and
11 adolescents. If we want to improve their lives, their
12 health, their future, it will take a dedicated effort
13 and it will take money. Not only are health services
14 for children essential but health education is
15 essential to all aspects of prevention.

16 Data from the Delaware Youth Risk Survey
17 indicates that students often lack skills to make
18 decisions that are in their own best interest. Data
19 from the most recent count indicates that some of the
20 poor decisions they are making are resulting in
21 compromising their health and their future.

22 I attend a lot of meetings on prevention
23 activities and one of the solutions that most people
24 believe in is education. We need coordinated school

1 health programs. We need family education. We need
2 community outreach. Children need to learn to set
3 goals, to make healthy choices. They need to learn on
4 how to navigate the health care system. They need to
5 learn how to advocate for their own health and their
6 surroundings. Tobacco use prevention activities are a
7 prime example of how we can best take care of our
8 children by teaching them to care for themselves.

9 On my wish list tonight is my wish that
10 as a society we would value our children enough to
11 invest in them. Invest our time, our talents, and our
12 money, for they are Delaware's future.

13 As members of the Delaware Health Fund
14 Advisory Committee, I wonder if you don't feel a
15 little like Santa as we all come before you with our
16 wish lists. I do not envy you your immense work. I
17 know that the decisions that you make on how to use
18 the tobacco settlement monies have the potential to
19 safeguard and even elevate the health status of
20 Delaware's children. It is an awesome
21 responsibility.

22 My request is that you think of the
23 future, not your future or my future, but of our
24 children's future and that of our grandchildren.

1 Thank you.

2 MS. McCLELLAN: Gail Short.

3 MS. SHORT: Committee members, I thank
4 you for permitting me to speak before you this evening
5 to talk about secondhand smoke in Delaware. My name
6 is Gail Short, and I am a school nurse at Woodbridge
7 Middle/Senior High School. I am a member of the
8 Delaware School Nurse Association that is a member of
9 the Impact Delaware Tobacco Prevention Coalition.

10 My student population is ages 12 to 18.
11 I see students daily in the nurse's office with red,
12 irritated throats from smoking or exposure to tobacco
13 smoke.

14 Tobacco smoke contains about 4,000
15 chemicals, including 200 known poisons. Every time
16 someone smokes, poisons such as benzene, formaldehyde,
17 and carbon monoxide are released into the air, which
18 means not only is the smoker inhaling them but so is
19 everyone else around them.

20 Each year 3,000 nonsmoking Americans die
21 of cancer because of exposure to secondhand smoke.
22 Married persons living with a smoking spouse increase
23 their risk of heart attack by about 20 percent. The
24 EPA classifies secondhand smoke as a group A

1 carcinogen. They cause cancer in humans and is
2 classified with the most dangerous cancer-causing
3 substance in our environment.

4 Secondhand smoke has an especially bad
5 effect on infants and children. 6,200 children will
6 die each year in the United States because of their
7 parents' smoking and millions more will suffer from
8 ailments such as ear infections, respiratory
9 infections, and asthma that are triggered or
10 aggravated by their parents' smoking.

11 In order to make a difference and fight
12 unnecessary illness and death from secondhand smoke,
13 Delaware needs to have a comprehensive, sustained
14 control plan such as those in California, Florida, and
15 Massachusetts. Comprehensive, sustained control plans
16 do work. Their success can be seen with your child
17 when he buckles up when he gets in the car. It can be
18 seen for the first time in a long time with a decrease
19 in teen pregnancies.

20 We have an opportunity to make Delaware
21 a healthier place to live and breathe. As my students
22 would say, let's do it.

23 I appreciate the time you have allotted
24 me to give testimony for a cause that is of utmost

1 importance to the wellbeing of our families,
2 especially our children.

3 Thank you.

4 Dr. Sylvester, I only made one copy.

5 DR. REINHARDT: What was that statistic
6 about 6,000 children dying from something? I missed
7 that.

8 MS. SHORT: 6,200 children will die in
9 the United States because of their parents' smoking
10 and millions more will suffer from ear infections,
11 respiratory infections, and asthma.

12 CHAIRMAN SYLVESTER: Is that 6,000
13 number the number of SIDS cases in the United States?

14 MS. SHORT: I don't know.

15 MS. McCLELLAN: Betsy Wheeler.

16 MS. WHEELER: Hi. My name is
17 Betsy Wheeler, and I'm here tonight representing the
18 Southern Delaware Community Health Partnership. The
19 partnership was formed in 1996 with leadership from
20 what was then Milford Memorial Hospital, now
21 BayHealth.

22 At that time Milford Memorial had
23 recognized the need to get out into the community and
24 learn community members' needs and to be able then in

1 turn to empower communities to help themselves towards
2 more healthful living. We completed a community-wide
3 needs assessment at that time. Over a thousand people
4 from southern Delaware participated either in a
5 written survey or a focus group, and many community
6 issues were identified, the top three of which we have
7 used as the foundation of our partnership, and those
8 three priority issues are access to affordable primary
9 care, opportunities and activities for youth that
10 minimize their opportunity to otherwise engage in
11 health risk behaviors typical of adolescents, and
12 lastly communication and education about the
13 availability and proper utilization of existing health
14 and social service resources.

15 Our partnership is geared by a board of
16 directors and has a committee that addresses each of
17 these priority areas, meets monthly, and we have since
18 1996. The participation in the partnership is broad
19 and diverse. It's made up of representatives from
20 public health and clergy, from education, from the
21 communities at large, and those of us who have
22 participated in the partnership since '96 have
23 witnessed in many aspects of our personal and
24 professional lives these priority issues reiterated

1 and reidentified time and time again.

2 Sussex County additionally has federal
3 designations that further validate these communities'
4 contentions. I won't get into the federal
5 definitions, but I can if you'd like. For instance,
6 the entire county of Sussex County is medically
7 underserved and the northeastern-most portion of
8 Sussex has a health professional shortage here. These
9 are federal indices that are driven by economics,
10 provider-to-population ratio and mortality health
11 status. Those types things.

12 In 1998 the University of Delaware
13 completed a report for the Division of Public Health
14 that had some interesting findings regarding primary
15 care physicians' capacity in the state. Some of those
16 things pertinent to Sussex County were that only
17 25 percent of Sussex County's physicians participate
18 in managed care plans, and that's at a time in which
19 all of Delaware State Medicaid programs had
20 transitioned to a managed care program and many
21 employers have transitioned.

22 In that same '98 report there was
23 finding that only 5 percent of practicing physicians
24 in Sussex are of Hispanic origin and 1 percent of

1 African-American origin, and this is despite the fact
2 that both of those populations in Sussex are the
3 fastest growing populations in the state. 10 percent
4 of Sussex right now is Latino population, and that
5 represents a nearly 300 percent growth rate since
6 1990.

7 Our partnership initiatives focus on
8 pooling of resources and the reduction of duplication
9 of efforts to accomplish initiatives aimed at these
10 priority areas. Often times the resources that
11 members bring to bear in these partnerships are the
12 resources of commitment and the resources of time.
13 And while we are very pleased with those
14 contributions, we are here tonight imploring you to
15 please make funding available to complete the
16 initiatives that we have identified and planned and
17 would like to spearhead, and we're asking that the
18 things that you consider be community-based,
19 community-driven enhancements to the existing health
20 care delivery system and consumers' use of it.

21 MR. LIEBERMAN: Could you expand on that
22 second one? You said access to care and the third was
23 utilization and communication regarding existing
24 resources. What was the second one?

1 MS. WHEELER: Opportunities and
2 activities for youth to minimize the availability of
3 time that they may have to otherwise engage --

4 MR. LIEBERMAN: Get into things gainful
5 rather than hanging out. You don't want too much
6 hanging out. That's commendable.

7 Thank you.

8 MS. McCLELLAN: Reverend Batten.

9 REV. BATTEN: Good evening,
10 Dr. Sylvester and to the committee. Thank you for
11 having us here tonight. I'm here to represent the
12 American Red Cross in Delaware.

13 I just listened to one of our
14 counterparts talk about cardiovascular problems and
15 conditions. Sudden cardiovascular arrests is one of
16 the leading causes of death in the nation. Not only
17 just in Delaware but all across the United States. It
18 looks like that 250,000 lives are lost each year
19 because of cardiovascular arrests. Nearly 1,000 a
20 day. It is estimated that as many as 50,000 deaths
21 could be prevented each year due to widespread
22 deployment of automatic external defibrillators in
23 public places such as airports, shopping malls, golf
24 courses, and large office buildings.

1 The American Red Cross in Delaware
2 believes the committee should consider supporting this
3 effort to put more defibrillators in use. I believe,
4 if I'm correct with numbers, that there's about 212 in
5 use in Delaware. That's not very many for the entire
6 state of Delaware. So we want to make the public
7 aware of the cardiovascular chain of survival
8 especially to train members of the communities in the
9 use of these AEDs to provide wider access in large and
10 public gathering places.

11 Since tobacco has been linked to
12 cardiovascular disease and its effects, it seems
13 logical to ask that funds will go in this area since
14 tobacco seems to be some of the problem or the major
15 cause of these cardiovascular experiences.

16 And so I'm here to tell you that the
17 American Red Cross began offering first aid and safety
18 programs in 1909. In the year of 1996, nearly
19 12 million people enrolled in health and safety
20 courses. Each year the American Red Cross trains
21 approximately 6 million people in lifesaving first aid
22 and CPR which has a result of thousands of lives being
23 saved. And certainly they would be likely to add to
24 their course curriculums, offering a course in AED

1 skills training and then that course will run about
2 six-and-a-half hours, and certainly we're requesting
3 that you support the purchase, the placement, and
4 training in the use of AEDs that could greatly enhance
5 the survival rate for sudden cardiac arrest across the
6 state.

7 Thank you for your time.

8 CHAIRMAN SYLVESTER: If we have 212, how
9 many would you recommend that we have?

10 REV. BATTEN: I would recommend at least
11 212 more. We certainly could use them in training and
12 helping to bring down a greater survival rate.

13 MS. McCLELLAN: Kay Wilz.

14 MS. WILZ: Dear Dr. Sylvester and
15 Delaware Health Fund Advisory Committee, my name is
16 Kay Wilz, and first and foremost, I'm a mother of a
17 teenage smoker. Since 1993 I have been employed by
18 the State of Maryland as a cardiovascular disease
19 prevention coordinator. During that time I have
20 received many national, state, and local awards and
21 citations for my work in tobacco prevention and
22 cessation. Over there is all the things off my wall
23 that I brought to show. But it's with great pride
24 that I work for the State of Maryland, a state that is

1 a forerunner in regards to tobacco issues.

2 Tonight I wish to relate to you the
3 issues as I see them as a tobacco-educated citizen of
4 Delaware. Public opinion and apathy towards the
5 smoking problem is appalling. Example, I was in a
6 local store that displayed this sign: "You must be 18
7 years old or older to buy cigarettes here and prove
8 it. Those under 18 may go to the nearest cigarette
9 vending machine." I called the store manager and he
10 said he could do nothing about it. I called my local
11 elected officials numerous times to get the signs
12 changed.

13 Tobacco vendors must be educated. Laws
14 should be made and enforced towards businesses who
15 sell tobacco products to minors. Comprehensive
16 tobacco prevention and control programs need to be
17 implemented. Partnership grants and community
18 programs are a valuable tool in educating the public
19 on tobacco use and hazards of secondhand smoke.

20 I am proud to say that through many mini
21 grants I have distributed in Caroline County, a grass
22 roots organization was formed called Church Held
23 Education Resource Union Believers, CHERUB.
24 Twenty-two area churches banded together to educate

1 their congregations and communities.

2 There must be an effort between all
3 organizations to unite and prevent tobacco use by our
4 youth. Tobacco is a gateway drug not only to harder
5 drugs but also to cardiovascular disease. An
6 effective tobacco youth and adult cessation program
7 must be funded. I would like funds to be allocated
8 for more after-school programs with the hiring of
9 positive role models for our youths. Educate peers to
10 talk to peers about smoking. Don't create tobacco
11 education programs which are just based on just say no
12 but programs in which reasons why adolescents want to
13 smoke is explored.

14 Next, allocate some of your monies
15 toward rehabilitation centers where people who have
16 become addicted to tobacco and drugs can be given the
17 quality time to recover. And, Senator McBride, you
18 might wonder why I traveled over 45 minutes to a
19 different state. It's because I have been told
20 secretly, nonsecretly that the legislation of this
21 state is pro tobacco; that you have over five to six
22 tobacco lobbyists; that the tobacco legislation would
23 rather give in to the tobacco companies than to
24 prevent illness among the citizens of Delaware.

1 Thank you.

2 SENATOR McBRIDE: Thank you. I was
3 wondering. I wasn't sure I could ask that question
4 today.

5 MS. McCLELLAN: Sy Londoner.

6 SENATOR McBRIDE: Excuse me. Where did
7 you get that? Is that from a store in Delaware?

8 MS. WILZ: Yes. Right here in
9 Georgetown.

10 CHAIRMAN SYLVESTER: Because our
11 Legislature did pass a law that youth cannot buy not
12 only in stores but also from vending machines.

13 MS. WILZ: You can pass laws. Unless
14 you get law enforcement to enforce them --

15 SENATOR McBRIDE: I would agree with you
16 that we could do more and we should do more.

17 MS. WILZ: I didn't mean to pick on you.

18 MR. LIEBERMAN: He's used to it.

19 SENATOR McBRIDE: That's why I drove
20 from New Castle County.

21 MR. LIEBERMAN: If he wants to get
22 picked on, he can go home.

23 MR. LONDONER: Good evening. Thank you
24 for this opportunity to acquaint you with our need for

1 your help. I am Sy Londoner, president of Peach Tree
2 Acres.

3 For those of you who are unacquainted
4 with us, and I know some of you are, let me tell you
5 about Peach Tree Acres. It is a joint venture
6 sponsored by Beebe Medical Center and the Brain Injury
7 Association of Delaware. It started about five years
8 ago when one of the members of the Brain Injury
9 Association donated five acres of land in Harbeson to
10 be used for a long-term assisted living residence for
11 severely impacted survivors of brain or spinal cord
12 injury. Harbeson is just a few miles from here. If
13 anyone any of you would care to go and talk to our
14 people and see the place, we would be very happy to
15 have you.

16 Peach Tree Acres was formed as a
17 corporation to raise the funds and then construct the
18 needed facility on the donated land. We are providing
19 facilities in two stages, with the first consisting of
20 a three-bedroom house for three survivors residing
21 there which started out very successfully on May 1st
22 of 1998. Has been in very good and happy operation
23 since. The three residents who were there initially
24 in 1998 are still there. And Roger here will tell you

1 that it is home now.

2 Operation of this home is mostly funded
3 through an annual contract between the Department of
4 Health and Beebe Medical Center, amounting to
5 approximately \$200,000 per year. This house is also a
6 first licensee under the assisted living regulations.

7 The second stage will provide a
8 residence for 20 survivors. The capital cost of this
9 project is about \$2 million. It is now essentially
10 fully funded, with construction start scheduled for
11 early spring following approval of the plans by HUD
12 and startup in January 2001.

13 Funds raised include over \$700,000 for
14 the State's Community Redevelopment Fund, \$180,000
15 from HUD 811 program of housing for adults with
16 disabilities, and over \$500,000 from individuals and
17 foundations within Delaware. The very first donation
18 was a personal check from Governor Carper. But these
19 funds have already been utilized to provide that first
20 house.

21 It is estimated that the operating cost
22 for the 20-resident facility will be approximately a
23 million dollars a year. \$400,000 of this is
24 available, with \$200,000 from the existing continuing

1 appropriation for operation of Peach Tree, \$70,000
2 from HUD as part of their grant, and approximately
3 \$130,000 from the residents. This leaves a shortfall
4 of approximately \$600,000 per year. It is these funds
5 that we are requesting that you consider for funding
6 from the tobacco settlement. The facility will be
7 ready for operation in about one year. Your
8 assistance is vital.

9 Thank you. Any questions?

10 MS. McCLELLAN: Kay Edman.

11 MS. EDMAN: Hi, Dr. Sylvester. My name
12 is Kay Edman, and I'm a director with Beebe Medical
13 Center which serves the residents of Sussex County.

14 I talked with our CEO today when I told
15 him that I was going to be here and talk with you,
16 asking what is it that Beebe would like out of this
17 \$775,000, and he said, "You know what, I don't want
18 any money for our treatment of people in our
19 institution because we have third-party reimbursement
20 for that and we ought to be able to make that work for
21 us if we do our job right."

22 I agree with that perspective on cost
23 containment, but Beebe is a community hospital in the
24 truest sense of the word. One of the reasons that I

1 went to work for them is because I admire that. I
2 think in this age of multisystem big business medical
3 care, it's really nice to find a health care center
4 that is of and by and for its community.

5 So the Beebe CEO said, "But we do need
6 some programs in the community that are not funded by
7 third-party payers or Medicare or Medicaid." And we
8 have a deep commitment to those. One of them is the
9 one that Mr. Londoner just spoke about is our
10 commitment to the care of the brain injury and spinal
11 cord injury people. There essentially is no
12 third-party reimbursement for the long-term care of
13 those people in this area or anywhere else.

14 Those of us that work in the medical
15 field are very proud of ourselves. In the last
16 15 years we have developed the science to save the
17 lives of thousands of people that suffer these massive
18 head injuries and spinal cord injuries. The problem
19 is that once we have performed our miracles, we then
20 have some responsibility for what are we going to do
21 to insure that they have the decent quality of life
22 for the rest of their life.

23 So now we have people who have survived
24 these terrible injuries. My friend Roger is one. And

1 they have older, aging parents that can no longer live
2 at home. Some can live on their own with the help of
3 wonderful community-based programs. Others do not
4 have the ability to do that. So they are very poorly
5 placed in nursing homes, which is a horrible placement
6 for people that essentially are of a fairly young
7 age.

8 Therefore, Beebe has this deep
9 commitment to becoming a center of excellence for
10 caring for the traumatically brain injured, and we
11 want to serve Delawareans who now are not being served
12 and have to go out-of-state. We ask your support for
13 operations of Peach Tree Acres. We ask your support
14 for our plans to have an educational center to train
15 people to care for the brain injured at our school of
16 nursing, and in general we ask your support of spinal
17 cord and brain-injured Delawareans.

18 Thank you very much.

19 MS. McCLELLAN: Eve Tolley.

20 MS. TOLLEY: Hi. I'm not much of a
21 public speaker, but here goes.

22 MR. LIEBERMAN: Don't worry about that.

23 MS. TOLLEY: My name is Eve Tolley. I
24 wear a lot of hats. Currently I'm the president of

1 the Brain Injury Association of Delaware. I'm the
2 vice president of Peach Tree Acres and First State
3 Headquarters.

4 I have to say I'm here for a lot of
5 money for a lot of different things. I would like to
6 tell you briefly that the Brain Injury Association is
7 a 19-year-old group of people that started out in
8 1980, Merrill Spivack in Washington, and we started
9 out in Delaware in 1984, and Sy Londoner, he spoke to
10 you, he was one of the original founders here. One
11 was Lois Dawson, Mary Ellen Sweeney, and a few other
12 people. I came along in 1990.

13 I have a son who's 43 with a head
14 trauma. One thing that I think that we need most, we
15 need funding for the brain injury association for
16 prevention. We need to make some impact on the kids.
17 We finally got the bicycle helmet law passed. We're
18 looking towards perhaps getting a law passed for the
19 seat belts, a mandatory seat belt law. There is some
20 15 or so states that have them mandatory. We find
21 that people who wear their seat belts, they normally
22 will zip their kids in as well. But if they don't,
23 kids are torpedoes. We can't do anything but
24 prevent. That's the only thing we can do. We can

1 prevent. After it happens, we have a problem.

2 I would hope to see that the Peach Tree
3 Acres here, my friend Roger over there which I have to
4 tell you is in a nonsmoking residential home, he may
5 not love me for it, but he used to be the worst smoker
6 and had a terrible chest. But he's finally gotten
7 past that. So that was through education as well.
8 And this is one of the things we need money for.

9 We need money to educate people about
10 bicycles. You have no idea. I have had maybe within
11 the last month-and-a-half a half a dozen people with
12 calls about bicycles who were killed or terribly
13 injured.

14 I wanted to digress for a minute here
15 about the senior citizens and the prescription drugs.
16 I have a lady who gets \$488 a month. She takes
17 insulin. It's \$100 a month. She couldn't afford to
18 get the eye medication which was around \$80 a month.
19 She had three different prescriptions. I'm helping
20 her, I think, through Ely Lilly to get some of this.
21 But just so you should know, just taking care of her
22 retarded brother, \$488 a month, you need to take care
23 of these medical bills.

24 Thank you.

1 CHAIRMAN SYLVESTER: You brought up
2 something. Did you want to share that with us?

3 MS. TOLLEY: I'd love to. But I didn't
4 want know if it was appropriate or not.

5 This is a perspective of Peach Tree
6 Acres that's to be built. You have no idea how hard
7 we have worked on this. This has been really
8 something. This is the copy of how it will look
9 interior. You notice, we have a couple libraries in
10 there. We have sitting rooms. We have 10
11 apartments. We have 10 rooms for those who couldn't
12 handle an apartment who really needed additional
13 help. As Sy said, now we have to keep it rolling and
14 keep it going.

15 I want you to know, as president of the
16 Brain Injury Association, there's not one other state
17 in this union that has done this. We have been one of
18 the few states that have come up with any kind of a
19 program like this and now Elda Kane has been a big
20 help right here. And you know that, don't you?

21 CHAIRMAN SYLVESTER: Thank you.

22 MS. TOLLEY: Thank you very much.

23 SENATOR McBRIDE: I wanted to tell you
24 that your friend, \$480 a month, she makes --

1 MS. TOLLEY: \$488 a month Social
2 Security.

3 SENATOR McBRIDE: That's her only
4 income?

5 MS. TOLLEY: Yes.

6 SENATOR McBRIDE: She would qualify for
7 the Pill Bill that we passed, and you could talk to
8 Eleanor. She will make sure that you get --

9 MS. TOLLEY: I'll talk to Eleanor.

10 SENATOR McBRIDE: She had raised the
11 issue about the 480 some dollars total income per
12 month and that particular individual would qualify for
13 the new legislation that was recently signed in law by
14 the Governor, pharmaceutical assistance for the aged
15 and the physically disabled persons.

16 MS. TOLLEY: She's 61. Does that still
17 qualify?

18 SENATOR McBRIDE: 65. But there might
19 be other programs. I'm not sure. You should talk to
20 somebody in health.

21 CHAIRMAN SYLVESTER: Call Eleanor.

22 SENATOR McBRIDE: Everybody has been
23 calling Eleanor for about 30 years.

24 MS. TOLLEY: Thank you, all.

1 MS. McCLELLAN: Joe Liefbrower.

2 MR. LIEFBROWER: Good evening. I wish
3 you all luck. I don't think you have enough money.

4 MR. LIEBERMAN: We have a lot of friends
5 we didn't have before.

6 MR. LIEFBROWER: My name is
7 Joe Liefbrower. I'm chairperson of Delmarva Health
8 Initiative, and I'd like to suggest four issues for
9 your consideration.

10 The first is access to dental health.
11 We have a dental crisis in our state and it's getting
12 worse each year. In 1997 we had a public hearing
13 which identified the issue. In 1998 the Legislature
14 put fluoride into law, and in 1999 we're still working
15 at it, but not a lot of Delawareans are getting dental
16 access. And this is across the entire state. From
17 the inner city of Wilmington to the rural areas of
18 Kent County and in fact the whole of Sussex County.
19 It's all underserved.

20 Simply put, there are not enough
21 dentists. We have 44,000 Medicaid children in the
22 state and last year Public Health was able to see and
23 assist a little over 10,000. Private dentists served
24 1,500 of those 44,000. That left quite a deficit. So

1 11,500 of the 44,000 received dental assistance. That
2 doesn't address the estimated 15, 20,000 uninsured
3 children of the state. Nor does it address probably a
4 much larger issue with the adult population in this
5 state that's underserved by dental issues.

6 The issues have two elements. Public
7 awareness of the health needs, of the dental health
8 needs, and the access to dentists. There simply
9 aren't enough of them in the state.

10 The second issue I bring to your
11 attention is that of mental health. There's a growing
12 problem in our communities. It's seen in our
13 schools. It's seen by law enforcement. Most recently
14 I had the experience from a medical community at a
15 retreat in a downstate hospital, Nanticoke Memorial.
16 The ER doctors testified -- or not testified I guess
17 but attributed 30 to 50 percent of their patients on a
18 daily basis are a result of mental health issues.
19 Drug, alcohol, or abuse. Just think of that.
20 Nanticoke had 13,000 visits in the ER last year.
21 BayHealth I believe was 20,000. In total Sussex
22 County has probably 40 some thousand visits to the ER
23 each year. I attribute that to mental health issues.
24 You can see it's the tip of the iceberg.

1 The third issue I have is sewer and
2 water. Our drinking water is poor quality for many
3 Delawareans in this state. Our sewers and waste
4 streams contribute to the pollution. Funds invested
5 in any of these areas would benefit all Delawareans
6 for the purpose of I think Bill No. 8. Senate Bill
7 No. 8.

8 The fourth issue I have is one of
9 equity. I believe any funds spent should be spent
10 equally by population across the three counties. No
11 one county should receive a windfall.

12 Any questions? Thank you very much.

13 CHAIRMAN SYLVESTER: I would only point
14 out that the State got a tremendous amount of money,
15 not like what we're talking about here, for
16 low-interest loans to communities for drinking water
17 improvements called the Drinking Water Revolving
18 Fund. Any community can tap into that through Public
19 Health and DNREC. If there is a problem in Sussex or
20 anywhere in the state, those monies are available.

21 MR. LIEFBROWER: For drinking water.
22 And the other issue would be sewage. I guess the
23 fluoridization issue, it's been mandated as a law and
24 communities still aren't mandated.

1 CHAIRMAN SYLVESTER: Maybe look at
2 drinking water or the fluoride through this. If we
3 have a pot of money for drinking water, we should use
4 that pot of money before we dip into this one.

5 MR. LIEFBROWER: Thank you.

6 MS. McCLELLAN: Joe Connor.

7 MR. CONNOR: Good evening. My name is
8 Joe Connor. I'm chair of the Governor's Advisory
9 Council on Drug Abuse, Alcohol and Mental Health.

10 I appreciate the opportunity to go a
11 little later in the evening because I haven't heard a
12 bad use put forward this evening for the funds. I
13 haven't heard any group come here and make selfish
14 requests for these funds. I'm very proud to be
15 associated with a group of people that are sitting up
16 here or took the time to come here tonight when you
17 could be Christmas shopping or doing just about
18 anything else and you're here talking about an issue
19 as important as this.

20 But I'm here to make a case for a
21 specific group of people, and a couple of things were
22 pointed out, and the specific group of people that I
23 represent are folks with addictive diseases and mental
24 health disorders. And I found out tonight that I'm

1 part of a demographic revolution, and I need to tell
2 you, thank God, in my business, I'm in real estate,
3 that a good bit of it's going to be bought right here
4 in Sussex County and a lot of nice money is going to
5 be spent on it.

6 Those folks that are coming here from
7 either other parts of Delaware or wherever do deserve
8 to reap the rewards that are out there for health
9 benefits and health improvements and maintaining their
10 health after having perhaps been affected by tobacco
11 in the past. And I think that the case that was made
12 by the physical disabilities folks is the case that I
13 would make for the constituency that I represent.

14 Also tonight the case was made that
15 tobacco is a gateway-drawing drug. I don't think
16 there's any dispute in that. The case has been made
17 that prevention is important, and I think that the
18 young man that spoke tonight pointed up that education
19 works, and I don't have a teenager anymore. He's 20.
20 But having to tell kids over and over is not a
21 surprise to those of us who are parents.

22 My issue would be in that area, that I
23 think we're making real progress. I'm just an
24 optimist by nature, and I think we're making real

1 progress, that kids are making better choices and
2 better decisions. And I believe that prevention at
3 that age can be partnered with prevention of other
4 choices, that kids could be making better choices, and
5 I just simply believe that you all do have a tough job
6 to do, but I think you will make good decisions, and I
7 hope you will make good decisions.

8 As a former coach at Delaware Tech here
9 and having been involved in soccer all my life, the
10 last thing I want is a red card.

11 MS. McCLELLAN: Is an Amy Thomas here?

12 (No response.)

13 MS. McCLELLAN: Don Post.

14 MR. POST: Yes. My name is Don Post.

15 I'm district manager with the American Diabetes
16 Association. I wanted to thank you to give me this
17 opportunity to speak on behalf of the American
18 Diabetes Association.

19 I really didn't plan any preparation
20 here on a speech, but just bear with me. I just
21 wanted to talk about how serious diabetes has become
22 in this state. It's a mutilating, deadly disease. It
23 is something that we have taken very lightly for years
24 and now we're paying the price from the consequences

1 of diabetes.

2 Diabetes, when we talk about trying to
3 educate children, believe me, there's a lot of people
4 out there with Type 2 diabetes, the elderly, that need
5 education on the managed care of the disease they
6 have. I have a father who died of Type 2 diabetes.
7 He was what some people don't like. There's many
8 certified diabetes educators don't like the word
9 "noncompliant," but I think it's the best way to say
10 it. He was a noncompliant diabetic which leads to all
11 the major complications.

12 You talk about all these other
13 mutilating diseases, but let me tell you, diabetes
14 will take your eyes. It will take your kidneys. It
15 will take your legs possibly. It will take your
16 heart. It's one of the leading causes of stroke, one
17 of the leading causes of amputations, one of the
18 leading causes of kidney failure, and one of the
19 leading causes of adult blindness.

20 Believe me, we need this money also to
21 give some of it towards education of people with
22 diabetes. We also need some of the money to go toward
23 those who cannot afford managed care for diabetes.
24 Diabetes is a very, very costly disease and there's a

1 lot of people out there that are choosing between
2 eating or managing their diabetes. Test strips are
3 costly. Whether we want to criticize that it's
4 outrageous that they charge so much, the
5 pharmaceutical companies, it doesn't matter.

6 The problem is you have to have it to
7 live. It is proven fact that those people who manage
8 their diabetes greatly reduce all the complications
9 that come forth. It is also the sixth leading cause
10 of death in Delaware, higher than the national
11 average. The national average is seventh. But it's
12 the sixth leading cause of death in Delaware. It is
13 the second leading cause of death by children by
14 disease in the United States. My child is a Type 1
15 diabetic.

16 I also just want to briefly read you
17 some of these CDC statistics that say it all for
18 Delaware. This is from the 1996 report. There were
19 29,000 cases of diagnosed diabetics in Delaware. I
20 feel it's higher, but let's go with this. This is
21 definitely an accurate figure, but it should be
22 increased more than that because there are a lot more
23 cases than that. There are 227,000 cases of people
24 that are high risk for diabetes, such as

1 African-American women, Spanish-Americans, and
2 Native-Americans. There were 52 new cases of
3 blindness. There was 235 new cases of amputations.
4 There was 80 new diabetics that had to go on
5 dialysis. Also direct and indirect costs, it was
6 \$381.4 million for the State of Delaware.

7 Thank you for giving me this
8 opportunity.

9 MS. McCLELLAN: Noreen Broadhurst.

10 MS. BROADHURST: Good evening. My name
11 is Noreen. I'm with Beebe Medical Center, and
12 actually I have just a couple issues to speak to
13 tonight.

14 After hearing all the comments made by
15 everyone else, so much has been said that there's no
16 need to reiterate because there are many, many
17 programs out there that can promote good health in our
18 state. Delaware is a very fortunate state in many
19 ways, and I believe Sussex County, although it's
20 growing very rapidly, is still behind in many ways,
21 and I would like to say on behalf of Beebe Medical
22 Center that we think, as Joe Liefbrower said, that we
23 deserve a proportionate share of monies to spend here
24 in Sussex County to address the health needs we have.

1 There are many uninsured folks in this
2 area. Access to care is an issue. It's not only lack
3 of health care insurance but it's transportation, and
4 we need to develop ways and means to get people to the
5 physicians to seek care early rather than seeing them
6 at our emergency department, which when we see them
7 there, the care is a lot more costly, not only
8 financially but also physically, to people that we
9 see.

10 I think we need to implement programs
11 that are grass roots from the community level. The
12 community partnerships, talked about the Southern
13 Delaware Health Partnerships. There's also an issue
14 or a similar group in Nanticoke, the Western Sussex
15 County Coalition for Health Care Partnerships, as well
16 as one on the eastern side. All of these are examples
17 of grass roots organizations that we're trying to
18 promote community health. We're looking at the people
19 taking charge of their own health. We need to have
20 finances, other resources available for them in order
21 to do that.

22 I think it's a process of education and
23 also one of support because a lot of times the
24 communities that we're dealing with that don't have

1 the access to health care often don't have the other
2 resources in order to learn how to take care of
3 themselves as well as they should. I think those are
4 programs that we should promote, and thank you for
5 your time.

6 MS. McCLELLAN: Dr. Hal Bowen.

7 DR. BOWEN: Good evening, and thank you
8 for this opportunity. I'm Dr. Hal Bowen. I'm a
9 doctor of chiropractic in Midway Shopping Center,
10 Rehoboth Beach, and I'm here on behalf of the Delaware
11 Chiropractic Society which I'm past president. I also
12 currently serve as Governor Carper's appointee to the
13 Delaware Board of Chiropractic. I thank you for this
14 opportunity.

15 I have really I think three issues.
16 I'll try to focus on that and be as brief as possible
17 and leave any remaining time, if that's possible, for
18 questions from the committee.

19 We have three issues that I think may
20 bear on some of the concerns that this settlement
21 money is supposed to relate to. The first I would
22 consider is part of the general theme of prevention.
23 Part of the problem that sometimes is seen with young
24 folks who begin to use tobacco is that they often have

1 a self-esteem problem. One of the things that we feel
2 in chiropractic we may be able to help address is the
3 concern of scoliosis or spinal curvatures. We feel we
4 could be very effective in helping to screen at early
5 grades and perhaps later on to help identify those
6 with potential curvatures and perhaps participate in
7 X-ray if that seems indicated.

8 Second issue that I would bring forward
9 is one of secondhand smoke. As I'm sure those on the
10 panel who are familiar with the medical concerns,
11 children who are in homes with cigarette smoke suffer
12 a significantly higher number of upper respiratory
13 infections and ear infections in their younger years.
14 Chiropractic is often helpful in addressing these
15 particular concerns. And we would be willing as a
16 group or as individuals to participate in any way
17 along that line as well on the secondhand smoke
18 issue.

19 Third and finally is chiropractic is a
20 drugless and surgery-free method of health care which
21 we feel may help to shape the thinking if introduced
22 in an early age of some of the folks who may be
23 interested in smoking, and we feel that we may have
24 doctors who would be willing to participate at some

1 level in the school system to help educate young folks
2 to become more health-oriented and better life-styles
3 and things of that nature.

4 If any of you have any questions, I
5 thank you for your time, I'd be happy to answer them.

6 CHAIRMAN SYLVESTER: Thank you.

7 MS. McCLELLAN: David Rickards.

8 MR. RICKARDS: Hello. My name is
9 David Rickards, and I'm the owner of Burt's Home
10 Gardens. I am spokesperson for the Inland Bays Indian
11 River Tributary Action Team. Although it's not
12 related to tobacco, I hope the health merits of this
13 project will warrant you to listen to me.

14 I want to make an appeal for funds to
15 reduce the health dangers of brown tide and pfiesteria
16 in inland bays. By using a microalgae named spirolena
17 in 200 selected sites, several which run into the
18 Nanticoke, Pocomoc, St. Martin's and Indian River, and
19 Miller Creek, we can eliminate a large portion of
20 nitrogen and phosphorus into our inland bays,
21 according to
22 Everett P. Lincoln of the University of Florida.

23 This project should become financially
24 self-supportive within five years and cost only

1 \$750,000 to start up, run for the five years, and
2 advertise the product.

3 Thank you for the privilege of talking,
4 and I'll follow up by sending in more detailed
5 description of the project by the 10th.

6 DR. REINHARDT: What is spirulina?

7 MR. RICKARDS: It's a microalgae that
8 can consume nutrients such as phosphorus and nitrogen,
9 and this Dr. Lincoln from the University of Florida
10 has been utilizing it now in a study for over
11 25 years. They have been basically using it for the
12 pig factories down there. The drainage lagoons that
13 they use, they utilize spirulina to eliminate the
14 nitrogen and phosphorus from that prior to letting it
15 go into the tributaries there. And according to him
16 it would work just as well in Sussex County.

17 MS. McCLELLAN: Greg Mazzola?

18 (No response.)

19 MS. McCLELLAN: Mazzola.

20 MR. MAZZOTTA: Might that be Mazzotta?

21 MS. McCLELLAN: It might be.

22 MR. MAZZOTTA: It's an old-line Sussex
23 County family name.

24 Thank you. I'll be glad to take a few

1 minutes. I just wanted to speak as an advocate for
2 two concerns. One is the Food Bank of Delaware which
3 has recently broken ground in Milford for a
4 distribution center, and it seems like some old
5 concerns fall off the radar screen, and the Food Bank
6 of Delaware has been around for quite sometime. It is
7 doing wonderful work. And it strikes me as we
8 identify all of these concerns that some things are
9 more easily serviced than others and there's really no
10 reason for a Delawarean to go hungry when there's an
11 abundance of food, and some of the concerns are really
12 challenges are delivery systems and distribution. So
13 hopefully in the next couple weeks you will hear more
14 about those types of solutions.

15 So if there is a match with regard to
16 health care, I think some of the research is rather
17 striking as to you're going to have somebody fed
18 before they can really take advantage of health
19 concerns.

20 And the second thing is the Blood Bank
21 of Delaware or of Delmarva Peninsula is another
22 concern. They will be debuting in the next few months
23 a comprehensive training program to be delivered in
24 the schools throughout the Delmarva Peninsula to help

1 educate kids as to healthy blood and that there's no
2 risk involved in giving blood, and it's kind of the
3 opposite in England. It's not viewed as a health
4 risk.

5 So those are the two concerns I wanted
6 to speak on. Thank you very much.

7 MS. McCLELLAN: John Reeb.

8 MR. REEB: My name is John Reeb. I'm a
9 citizen from Georgetown, Delaware. I'd like to thank
10 you, the committee, for having this meeting tonight.

11 I have listened for about an
12 hour-and-a-half now to all of the bureaucrats. I'm a
13 concerned citizen. I'm on the other side of the
14 fence. I'm a smoker. I think the funds that's being
15 received by the State of Delaware should be put in two
16 areas. One, prevention. The other one for
17 smoke-related illnesses only. Since I pay my taxes
18 with my cigarettes, I feel that it should go just for
19 smokers. Nobody else. That's my own personal
20 opinion.

21 And of all bureaucrats I heard up here,
22 not one of them mentioned anything about tobacco
23 itself and the manufacturers. You want to make a
24 product safer, then why are all these things in

1 cigarettes banned by the EPA and nobody does nothing
2 about it? I have a pack of cigarettes here. You can
3 take any product in your house and look on it and you
4 will have the ingredients. There's not one ingredient
5 on this pack of cigarettes that has warning labels
6 which the government has traded off with the cigarette
7 manufacturers years and years ago. They traded off
8 the ingredients on the cigarettes for the warning
9 labels.

10 If you want to make a safe product, just
11 go to all-natural tobacco cigarettes and you will have
12 a safe product, and it's something to look into.
13 Let's look in the other direction rather than blaming
14 all the diseases. I have heard a lot of numbers up
15 here tonight and a lot of it's not complete. Put it
16 that way. I have heard there's more people killed in
17 the state of Delaware by other means other than the
18 cigarettes. If a man died of a heart attack and he
19 had one cigarette, you can contribute that to
20 smoking. So let's not play games with the numbers.

21 I want to see this money used. You sued
22 for recovering costs for paying for people's health
23 and related with cigarettes, and let's use it for
24 that. Use it for enforcing the 18-year-old law. You

1 got to be 18 years old to buy cigarettes.

2 It's a legal product. That's another
3 thing. Let's make it a legal product. Let's make it
4 a safe, legal product. Like cars. There's a lot of
5 people killed by cars, but I don't hear nobody jumping
6 on the bandwagon about that. It's a bad product
7 because a lot of people don't use it. If I said to
8 everybody in this audience, well, I will take your car
9 away because it's dangerous, how many you think would
10 jump up here and beat me to death? A lot.

11 I'm just saying there's only 25 percent
12 of people in the state of Delaware smoke. I'm just
13 saying let's be realistic about it. And let's try
14 attacking it from another direction.

15 MS. McCLELLAN: Joann White?

16 (No response.)

17 MS. McCLELLAN: Jack Short?

18 (No response.)

19 MS. McCLELLAN: Earl Godwin?

20 (No response.)

21 MS. McCLELLAN: Margot Kea?

22 MS. KEA: I'd like to relinquish my time
23 and write a letter instead.

24 MS. McCLELLAN: Ann Wilson?

1 MS. WILSON: Thank you for coming. I'm
2 Ann Wilson. I am a United Methodist ordained person
3 working on missionary ministry facilitation.

4 This is our new effort, just a couple of
5 years old, to try to consolidate some of our small
6 congregations into more forceful groups, and we are
7 trying to minister in our communities, and everywhere
8 we turn, particularly in Sussex County, we run into
9 health issues. And we know that you're trying to do
10 the good things for all of us and we're trying to do
11 the good things back, but we need to be sure that
12 Sussex County that is underserved and has so many
13 transportation problems and just seems to be sometimes
14 out of the loop gets some consideration.

15 And as these groups form and hopefully
16 apply for startup grants and try to work with the
17 faith and health connection that is becoming so
18 apparent, we can be some of the arms and legs for some
19 of the programs you have heard about tonight.

20 We appreciate your attention to this
21 place and these people. Thank you.

22 CHAIRMAN SYLVESTER: I would say that
23 the Carter Center in Atlanta focused on the fact that
24 health departments typically go at health problems and

1 faith communities go at health problems, but they
2 sometimes go in different directions and they work
3 very closely together to actually get the two to start
4 working together. We have actually had conferences in
5 the state about getting our faith communities and
6 Division of Public Health to work closer together. I
7 guess Reverend Gary Gunderson who leads that mission
8 down at the Carter Center --

9 MS. WILSON: That inspired me.
10 Reverend Hall who works for the Ecumenical Council for
11 Children and Families is helping us organize down
12 here. We seem to be sort of at loose ends. But with
13 some churches getting together into community groups
14 and with his help, we are hoping for the little bit of
15 assistance that will get us off the ground so that we
16 can be a link and unite together with the health
17 communities. We're hoping to start some parish nurse
18 programs and working and help hospitals in the area
19 and we hope we have the help of the State.

20 CHAIRMAN SYLVESTER: I would only see,
21 and I see one woman, but Barbara Bastianni, and she
22 would be a wonderful link with the faith communities.
23 She would be the public health side. As well as I do
24 know she's with the faith side, too, because she left

1 a meeting at church.

2 MS. WILSON: I think December 13th.

3 SENATOR McBRIDE: Before you leave, I'm
4 wrestling with how to ask the question not only of you
5 but several other speakers, but I'm going to ask.
6 Several speakers have talked about geography and
7 Sussex County. Maybe if you could just like talk a
8 little more about it.

9 MS. WILSON: Sussex County is the
10 biggest county east of the Mississippi. You know
11 that. You know that we have the most Methodists per
12 capita. But not enough.

13 CHAIRMAN SYLVESTER: I had forgotten
14 that.

15 MS. WILSON: But those are just little
16 plugs.

17 SENATOR McBRIDE: But the issue has to
18 do with the fair share. I heard that sometimes. From
19 my view, in Dover, as a legislator for a number of
20 years, I haven't necessarily seen that. I'm not
21 saying it isn't correct, but I see no -- I can assure
22 you I see no organized efforts in Dover to help one
23 area over another necessarily, but perhaps for a lot
24 of reasons, and that's what I was hoping maybe you

1 would share, I was thinking perhaps the ruralness
2 perhaps. When you used the word "transportation,"
3 that meant something to me because I know we do
4 wrestle with that on delivery of services and so
5 forth. As you get out more in a spread-out community,
6 it's more of a problem.

7 MS. WILSON: A lot of our volunteers,
8 new organizations are trying to provide transportation
9 for people to the medical services that they need,
10 which is a good idea, but we need enough organizations
11 to network together to know how to do that more
12 efficiently. It's those kind of things. We're just
13 not very well organized and we hope we're going to be
14 able to help that.

15 SENATOR McBRIDE: Lastly, I would just
16 say --

17 MS. WILSON: I don't think we're very
18 good at advocating for ourselves.

19 SENATOR McBRIDE: I do know that I have
20 read where the senior population is moving south in
21 Delaware. In the future, if you will, I know that
22 that's going to be a bigger struggle, hurdle for us to
23 insure that we do work with that movement.

24 MS. WILSON: Our area is Kent and Sussex

1 Counties. I happen to live in Sussex. We are
2 starting these missionaries. Thirteen are on the
3 books so far. And I think nine of those are in Sussex
4 County. But the idea is to get several of these small
5 congregations together as one resource, and they are
6 then doing needs assessments, and housing is certainly
7 coming in. Most of them are health-related. Concern
8 for teenagers. Concern for the poor children, the
9 children in poverty. The Hispanic programs. We just
10 have to pick and choose and start somewhere. That's
11 what we're doing. Some support will help us a lot as
12 we work in the health area.

13 Thank you.

14 MS. McCLELLAN: Deirdre McCutcheon.

15 MS. McCUTCHEON: Thank you,
16 Dr. Sylvester and distinguished members of the
17 committee. My name is Deirdre McCutcheon. I am the
18 president of the Delaware Dental Hygienists
19 Association. I would like to speak in favor of
20 dedicating a portion of the Delaware Health Fund to
21 support comprehensive, sustained, and research-based
22 tobacco prevention and cessation programs. Registered
23 dental hygienists working closely with dentists in
24 private practices and in a variety of other health

1 care settings are thoroughly educated to provide
2 tobacco prevention and cessation programs to our youth
3 and adults in Delaware. Our early interventions can
4 help to reduce tobacco-related deaths, including mouth
5 and throat cancers and treat gum diseases caused by
6 tobacco habits.

7 I urge the committee to recommend monies
8 to support these preventive programs and to be
9 confident in the knowledge that registered dental
10 hygienists of Delaware are ready and willing to play
11 an active role in improving the health of our
12 citizens.

13 Thank you.

14 MS. McCLELLAN: Joyce Fitch.

15 CHAIRMAN SYLVESTER: We have one more
16 signed up. We will take other people that have not
17 signed up. We did have an opportunity to do that in
18 Dover. So those that did not sign up --

19 MR. MILLS: Can I ask the committee a
20 question? You had indicated there might be some
21 supplementation of drug benefits for seniors. We're
22 not going to pay retail for those drugs, are we?

23 CHAIRMAN SYLVESTER: I don't believe
24 so. It's going to be bought off the State contract.

1 MR. MILLS: Negotiated.

2 CHAIRMAN SYLVESTER: Right.

3 SENATOR McBRIDE: If I might, that was
4 part of the discussion during the legislation. That
5 was of interest to a number of people.

6 MR. MILLS: Good discussion.

7 SENATOR McBRIDE: We wanted to get as
8 much of the product out there to as many people as we
9 could.

10 CHAIRMAN SYLVESTER: Any other
11 questions? Yes, sir.

12 MR. BELL: My name is Rick Bell,
13 B-e-l-l.

14 Can anyone describe for me the programs
15 that were mentioned in Massachusetts and Florida and
16 California?

17 CHAIRMAN SYLVESTER: I have them down to
18 send them to the Health Care Commission as one of the
19 research topics. Dr. Silverman, can you elaborate on
20 any of the Florida, California, or Massachusetts
21 programs that have been spoken about tonight?

22 DR. SILVERMAN: A little bit. These are
23 programs that have a number of elements of
24 tobacco-controlled programs which CDC then looked at

1 from California, Florida, Massachusetts and
2 summarized, and I would say that they had various
3 components such as community-based interventions,
4 cessation programs. I can't remember the whole thing
5 offhand. What's called counter-marketing to negate
6 the effects of tobacco advertising. And the point is
7 that they were comprehensive and they were
8 well-funded. And they occurred in both states, at
9 least in California and Massachusetts, at the same
10 time that increases in the cost of cigarettes occurred
11 through excise taxes. So the combination of the
12 disincentive to prevent kids from smoking and the
13 education on bad tobacco and how to avoid it seemed to
14 have a fairly significant effect on tobacco use.

15 What makes them special is that they
16 were well-studied by CDC and these various program
17 elements were described and it was really the first
18 efforts to look at what makes a comprehensive tobacco
19 prevention program and to show that when you have a
20 comprehensive, sustained program, it can result in a
21 reduction of tobacco.

22 Off the top of my head that's about as
23 particular as I can be.

24 MS. WILZ: My name is Kay Wilz. I can

1 make copies. This is coming from CDC on best
2 practices for tobacco control, outlining California
3 and Massachusetts. So I'd be more than willing to
4 make you copies.

5 CHAIRMAN SYLVESTER: Thank you. I
6 appreciate that.

7 MR. HOYT: I believe you're going to get
8 a copy of that from the Impact Coalition.

9 CHAIRMAN SYLVESTER: Several of us went
10 to national meetings and brought some of that back.

11 SENATOR McBRIDE: Let me also for the
12 audience just suggest, for those of you that have
13 access to the Internet, the National Conference of
14 State Legislators, which is one of the national groups
15 that our legislature is a member of and works with,
16 has substantial information on that topic. I have
17 attended several national meetings on that, and it is
18 available, quite interesting, and would fill in some
19 blanks for you perhaps.

20 If you have difficulty getting that, you
21 could either contact myself or your own legislator if
22 you live in Delaware and I'm sure they would be happy
23 to get you information dealing with that issue.

24 MS. FITCH: My name is Joyce Fitch, and

1 I'm here as a private citizen, but I do work with
2 child care providers.

3 A couple weeks ago a child care provider
4 in Bridgeville called me and she just turned on WBOC
5 about this tobacco money we were getting and she said,
6 "You know, I think it would be a good idea if they
7 took that money and set up a fund to insure people who
8 have trouble paying for insurance as it is now. All
9 the self-employed, all the low-end people that work
10 for small businesses that don't offer health
11 insurance." She's a child care provider and she works
12 nights at Wal-Mart so she can get her health insurance
13 through there because she cannot afford to pay for
14 health insurance.

15 Now, she said that she believes that
16 people should pay for health insurance, but many
17 people just can't pay at the rates that they now go
18 through. Three, \$400 a month is just out of the range
19 for a lot of people. It's a subject I have been very
20 passionate about for many years. I know so many
21 people who don't have health insurance and who put off
22 going to a doctor for a long time and then they're in
23 real trouble.

24 There's a lot of people in this state.

1 And one of the nicest things that happened in this
2 state about a year ago is the Healthy Child Care Plan
3 where all children can get affordable health insurance
4 for up to 5 to \$25 a month. That's wonderful. But
5 what about the parents that have to take care of those
6 children?

7 I really think that we need to do
8 something about affordable health care. Thank you.

9 CHAIRMAN SYLVESTER: Sir?

10 MR. DARLINGTON: May I come down?

11 CHAIRMAN SYLVESTER: Please.

12 MR. DARLINGTON: To the distinguished
13 panel, my name is Jack Darlington. This lady has the
14 right idea when she says a lot of people cannot afford
15 the insurance. Recently a very close friend of mine
16 had a severe heart attack. He died on my kitchen
17 floor. Six weeks ago. If it wasn't for Beebe
18 Hospital, he wouldn't be here today. Believe me.
19 They sent him up to the other hospital and they put
20 two stints in his heart and a balloon.

21 Well, now this gentleman smoked a lot
22 and he's here with me today. It's Eddie. So he come
23 out of the hospital and he said, "Jack, give me a
24 cigarette." Well, I smoke. So far there's no reason

1 I should stop, but I know it's going to hit me sooner
2 or later. Since it happened so close to home, I
3 figured, well, maybe I better. So I'm not my
4 brother's keeper, but Eddie is trying to stop
5 smoking.

6 Here's the problem. We went up to Happy
7 Harry's. Now, the doctor give him a prescription for
8 some patches. Okay? Uh-uh. \$150 for 30 patches. He
9 don't have the money. Now what do you do? Please
10 tell me. I don't know. So I figured, oh, Beebe has a
11 way out of it. Let's go down to Beebe. They have a
12 program set up where people that don't have money can
13 usually get patches to start off with. Beebe has
14 16-milligram. The doctor ordered 7-milligram. Now,
15 he's starting low and apparently his heart is not
16 going to take a 16-milligram. So I know some people
17 at Beebe because I have been in contact with them.
18 Thank you.

19 So my question to you is what is the
20 guidelines here to make sure that Sussex County gets
21 some allotment monies for these tobacco products?
22 Does Beebe give enough help to say, okay, we can help
23 you to help some of the people that don't have money?
24 That has to come into it, too. We're all human

1 beings. And she's right. There's a lot of people
2 that can't afford \$665 a month for health insurance
3 that's 800 some dollars if you're married with the
4 family plan. That's expensive. I don't care who you
5 are, it's still expensive unless you got a golden
6 job. Maybe at tenure. That might do it.

7 So I just wanted to ask. Thank you. At
8 least you could put it in a way that maybe you can get
9 it into something to help other people.

10 CHAIRMAN SYLVESTER: Thank you. You
11 know, I'd like to make a comment about that. I'm sure
12 maybe the Senator will. Remember, we're an advisory
13 committee to the General Assembly and the Governor,
14 and you have representatives in Sussex and in Kent and
15 in New Castle.

16 My recommendation would be to talk to
17 your elected officials because they're the ones we're
18 going to make recommendations to, Senator McBride and
19 his colleagues and to the Governor, and they're going
20 to make those decisions whether we make good
21 recommendations or bad.

22 If you like the recommendations we made
23 and it says give a third of it or a proportion down to
24 Sussex and you like that, tell your legislators you

1 think it's a good idea. If we write things and say
2 all we're going to do is the City of Wilmington, my
3 goodness, I hope you go to your legislators and say
4 don't listen to that group.

5 MR. DARLINGTON: Senator Bunting.

6 CHAIRMAN SYLVESTER: I would advocate
7 that you have a conversation because he and his
8 colleagues, Senator McBride, they're going to be the
9 ones that are going to have to either agree with ours
10 or choose to change it, and that's how all of our
11 money gets spent in this state is through the General
12 Assembly.

13 MR. DARLINGTON: How is it allotted?
14 Like is Dover because it's big or Christiana? You
15 going to give it to the hospital? Are they going to
16 get all the allocation or is it going to be each
17 person in a way to have that kind of monies?

18 CHAIRMAN SYLVESTER: That's what the
19 public hearings have been about is to listen to you
20 about where you think the best --

21 MR. DARLINGTON: I think it's in
22 tobacco.

23 CHAIRMAN SYLVESTER: We will get
24 together and we will recommend to the General Assembly

1 that we ought to be allotting a large percentage into
2 youth prevention and tobacco. If that's not what we
3 hear tomorrow and the next day, we may need to rethink
4 that. That's obviously been a big part of what the
5 last four hours is actually about.

6 MR. DARLINGTON: You're going to ask or
7 put about helping hospitals to help other people to
8 get started in that line? In other words, how about a
9 patch? I want to quit smoking.

10 CHAIRMAN SYLVESTER: That's a very good
11 idea.

12 MR. LIEBERMAN: Smoking cessation was a
13 recurrent message that we heard today. Both in Dover
14 and this evening. Stop smoking and interdict it
15 before it starts. Get the kids before they start.
16 It's a recurrent theme. We're listening.

17 SENATOR McBRIDE: If I can just take a
18 moment to respond to your question.

19 Certainly I only speak for myself when
20 it comes to the decision about what the ultimate
21 expenditures would look like to everybody. I can
22 assure you that I have not and would not intend to
23 focus on geographical area for the expenditure of
24 tobacco funds, and I would be surprised if my

1 colleagues would be in that mode of thinking.

2 Let me remind you that historically, if
3 that's of help, the first action that the General
4 Assembly took in the expenditure of these funds is on
5 the Pharmaceutical Assistance Program and that is a
6 program that is blind to geographical area. It's
7 wherever the need is as to where that money will be
8 spent.

9 I would assume and have assumed and will
10 continue to assume that the decisions that the General
11 Assembly will make relative to the expenditure of
12 these funds would be based on program that would help
13 those that need to be helped. So wherever those
14 people exist in Delaware, it would seem to me that
15 that's where the money would be spent.

16 MR. DARLINGTON: But is that due without
17 population? In other words, look at the population
18 there, look at the population down here?

19 SENATOR McBRIDE: I'm telling you how I
20 feel and I would assume that other legislators would
21 feel the same way, and one of the main tenets, one of
22 the main foundations of the whole thing would be it
23 would be based on need. Where is the need? And
24 that's where things would happen.

1 MR. DARLINGTON: If you go on
2 population, we would be what, last? Can't go on the
3 population. You got to go on need like you just said
4 now.

5 SENATOR McBRIDE: Need, n-e-e-d. Need.

6 CHAIRMAN SYLVESTER: Thank you. Thank
7 you for both being here. Good to see a success.

8 Anybody else that would like to speak
9 that we have not given an opportunity to already
10 tonight?

11 (No response.)

12 CHAIRMAN SYLVESTER: Any closing
13 thoughts by the committee members?

14 (No response.)

15 CHAIRMAN SYLVESTER: On behalf of the
16 entire committee, I want to thank you for coming and
17 spending the evening with us. This has been very,
18 very helpful for us, and I do appreciate you spending
19 the night and sharing your thoughts with us.

20 We will start again tomorrow at
21 3 o'clock.

22 (The hearing was concluded at 9:00 p.m.)

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1 C E R T I F I C A T E

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3 STATE OF DELAWARE)

4)

5 NEW CASTLE COUNTY)

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7 I, Kimberly A. Hurley, Registered
8 Professional Reporter and Notary Public, do hereby
9 certify that the foregoing record, pages 1 to 83
10 inclusive, is a true and accurate transcript of my
11 stenographic notes taken on Monday, November 29, 1999,
12 in the above-captioned matter.

10

11 IN WITNESS WHEREOF, I have hereunto set
12 my hand and seal this 2nd day of December, 1999, at
13 Wilmington.

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 Kimberly A. Hurley

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