DELAWARE HEALTH FUND ADVISORY COMMITTEE

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Glasgow High School
Newark, Delaware

November 30, 1999
7:00 p.m.

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TRANSCRIPT OF PUBLIC HEARING
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BEFORE: DELAWARE HEALTH FUND ADVISORY COMMITTEE
GREGG C. SYLVESTER, M.D., Chairman

ALSO PRESENT:
STEPHANIE McCLELLAN, DEPARTMENT OF HEALTH
AND SOCIAL SERVICES

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DR. SYLVESTER: I'm the chair of the Health Fund Advisory Committee. You may have received a couple pieces of paper as you walked in. If you have, let's walk through them; if you haven't, I'll tell you a little bit about them.

One of them has all the advisory committee members' names on them, so we won't take the time to actually go through and introduce each and every one of us. But there's a sheet that has each one of us. Most of us are here tonight, but some were not able to attend.

The second piece of information I want you to have is that, although we're doing public hearings, we certainly want to hear from you tonight, those that haven't had a chance to speak and want to send it in writing we will make it part of the public hearing. We have had transcripts from every one of the hearings, this is our fourth, and we will make them available over the Web or you can write us at this address and we will send you that. But if you want to make sure that your name or your comments got put into the public hearing document, we would make sure that that would happen.

There's two other pieces of information. One are the purposes. We thought it would be important for you to see what the law says how the money ought to

be spent or how we are going to make recommendations to the general assembly and to the Governor and there are eight purposes and we have supplied those for you.

Finally, we have a little bit of ground rules to see if we can stay on track and make sure that everyone gets an opportunity to speak tonight. Some of those are written up here. I want to share with you, we do have a Website for those that like to use their computer. You can write us, call us, whatever you like. We want to hear from you. That's the first white piece of paper that you see.

The middle one is the guidelines, which is that piece of paper that I held up. The idea is that we are going to have those that called us up ahead of time, we are going to call your names out first. Those that came tonight and signed up, you will have the second opportunity. And then the third opportunity will be for those that are just spontaneous and want to get up at the end and share your thoughts with us. We will make sure -- this is our fourth hearing and we have made sure that everyone has had an opportunity to share their ideas and thoughts with us.

We do have a timekeeper, and I think Mary is right here. Mary is going to hold two cards up. A

yellow card is going to say you have one minute left. We are going to try to hold you to three minutes. When you have one left she's going to hold up the yellow card to say you'd better start wrapping up. At the three-minute mark she's going to hold up a red card to say it's time for you to sit down and let someone else have an opportunity. We have not yanked anybody, but please try to stay to three minutes. It does make it easier.

If you are with multiple organizations, if you are here with -- we have heard some wonderful people, but if you are from the Heart Association, we want to hear you talk and then allow other people to talk, so we would like one speaker from each association. And we've been a little lenient on that and will continue, but that would be nice if we make that happen.

It's been very exciting. We have had three outstanding public hearings. We really value you coming and spending the evening with us.

With no further adieu, let's get started. Stephanie is going to call out your name. She will call your name and the on deck circle to let you know who is going to be up next. When you get done with your talk, stay up there for a moment in case any members have questions for you.

All right, Stephanie.

MS. McCLELLAN: Sarah DuBois, followed by Lelia Perkins.

I'm Sarah DuBois representing the Delaware KBG. I'm here today to help you decide where the money from the recent tobacco settlement should go. We have all worked very hard to get the money put into the health fund. Where now it could end up paving a road in front of a hospital or constructing a sign for the local pharmacy, why not have the money help the initial problem, tobacco, such as cessation programs, school organizations, rallies and other youth-involved organizations. Prevention and control programs cover a wide variety of things. Sure, our primary focus is to stop people from smoking, but we also touch on heart diseases, lung diseases, various types of cancer and other such problems.

I'm sure Phillip Morris and everyone else in the tobacco industry would love for us to use the money in the settlement on hospital construction, but what do we honestly get out of that? If we attack the whole tobacco issue, then people would be healthier and we wouldn't need as many hospitals, anyway.

All I'm trying to say is the money from the

tobacco settlement should be used to fight tobacco, because I don't know about all of you, but I'm sick of being just another pawn of industry. And me, along with those here with me, are willing to fight back. We have the will, ambition, the support. All we need now is money.

MS. PERKINS: My name is Leila Perkins and I'm a member of the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities. On behalf of the council I would like to thank you for already allocating $5 million of the tobacco settlement to fund the Pill Bill that will benefit more than 6,700 people.

The purpose of our advisory council is to promote and advocate for the benefits of the elderly and adults with physical disabilities. We are asking that you strongly consider their need.

American history has been marked by revolutions. The American Revolution was the highlight of the 18th century. The 19th century saw the Industrial Revolution. The 20th century saw the information and technology revolution. And the 21st century will be marked by the dramatic aging of our population, a demographic revolution.

It is projected that between the years 2000 and 2020 Delaware's population of those 60 and older will increase by approximately 50 percent. While we can't predict the number of people with disabilities, we know this population is also increasing. Advances in technology, medicine, are allowing more people to survive serious accidents. For example, there was a 22 percent decline in traumatic brain injury-related death rate in the U.S. between 1979 and 1992.

We all want to live in our own homes and have control of our lives and as long as possible. Surveys show that it is much more cost effective to keep a person in the community rather than a nursing home. Home and community-based services are the answer. We must think about redirecting our focus of services from medical model to a social model. We must develop policies that provide assistive devices or home modifications. We must assist older persons, adults with physical disabilities and their families to choose creative alternatives to institutional care. A waiting list already exists for these services.

Cost per unit of services are going up. While Delaware's economy is good, the cost of living continues to be a problem for many people who used to

volunteer their services. They can no longer afford to work without compensation.

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

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

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

Thank you for your attention. I would like to distribute a copy of this to the members in the audience if that's okay. Thank you.

MS. McCLELLAN: Next is Tom McFalls, followed by Dr. Shane Palmer.

MR. McFALLS: Good evening. For my first number I'd like to sing I left my heart in San Francisco.

I want to thank each of you for the time and energy that you are putting into this effort. It's a remarkable requirement and we as citizens of Delaware genuinely appreciate it.

Despite my youthful appearance, Senator Blevins can attest to the fact that I am over 65 years of age. So we do want to thank you for your efforts. I'm sure by the end of these hearings you will find that you wish you could find another pot of gold, but I know you only have one to deal with.

Tonight I'm representing the Wilmington Senior Center, the Grahm Senior Center, Newark Senior Center and Cheers Senior Center from Sussex County. In a sense I think all seniors are looking for the opportunity for a second chance. If you have seen any old movies you will remember that if you looked at them closely in those days most of the people in old movies smoked. And we are still reeling from that model of role models and the type of person that people try to aspire to.

But we're not just talking about smoking. Were talking about giving seniors a second chance with their lifestyle. Giving them a chance to have supervised

fitness equipment, exercise programs and nutrition programs will turn their lives around. Just today I talked with a man who is recovering from a heart condition and he was so pleased with the progress that he had made in his fitness program. He never envisioned himself before getting involved in something like this. He was encouraged to do this by his children. And he told me that he was very inspired by the staff that were providing the supervision that was required.

We're generations of seniors who need a second chance. This effort was originally pioneered by the St. Hedgewick Senior Center that is now the Claymoore Senior Center. We're asking you to, as a part of your consideration, to provide the funds that would allow senior centers to have the proper fitness equipment, proper supervision. It's not an expensive item. For thirty to $50,000 centers can be outfitted with the right equipment and for about $30,000 a year they can have the type of cardiovascular supervision that they need.

So in closing we would like to say simply we believe that the seniors today need a second chance. We believe that you have the opportunity to provide it. And we hope that this can result in a shared vision.

Thank you very much.

DR. PALMER: Dear, ladies and gentlemen, thank you for the opportunity to speak today. My name is Dr. Palmer. I've been a practicing physician in the state for the last ten years. Presently I'm vice president of the Delaware Chiropractic Society.

The issue I'd like to address tonight is health education in the public school system. I have contacted the CDC and the Campaign for Smoke Free Kids in Washington and asked for their recommendation on effective programs that could be administered in our school system.

I've also contacted a number of new physicians who have just received their licenses to practice in the state. I asked for their willingness to teach these programs recommended by the CDC, as well as to teach preventative healthcare through the five facets of health, those being proper nutrition, proper exercise, proper rest, proper mental attitude, and proper posture and communication within the body itself. This will be followed with a strong influence of self worth, self respect, despite race or economical situation and job.

But with the influence of the HMOs, these new physicians do not have access or means to pay back student loans, which can range from seventy to $100,000.

And the government expects these physicians to start paying back about a thousand dollars a month within a 6- to 8-month period after graduation.

I feel that these new physicians could fill an important educational position for a fair salary and credit towards their student loans.

Thank you and I look forward to creating a beneficial program with this committee.

DR. RIZZO: Committee members, thank you for allowing me to appear before you and talk about the tobacco issue here in our state and the need for concerted effort to help our smokers quit.

I'm Dr. Albert Rizzo. I've been a long time volunteer for the American Lung Association of Delaware and I've served in various positions, including past president.

As a pulmonary specialist in New Castle County I care for many Delawareans who are affected by tobacco use. Many are primary users of tobacco and suffer from the related illnesses of chronic bronchitis, emphysema and lung cancer.

Many are non-tobacco users and are affected by the environmental tobacco smoke, either of their spouses', parents' or co-workers' habits. These

individuals often have asthma which is based on allergic or hereditary factors. As important as smoking prevention is, because it can and will prevent our young people from become addicted to nicotine, there's a strong need for effective smoking cessation programs.

Many Delawareans are already regular smokers and are hooked on nicotine. Most of them want to and have tried to quit multiple times. Helping these people deal with their psychological and chemical dependency will produce significant short term and long term benefits. In the short term these individuals will have less illness and a better sense of well-being. This will translate into increased exercise, tolerance and ultimately productivity. In the long term there should be less of a decline in their pulmonary function. This will mean less encounters with physicians, less hospitalizations and also a decline in the development of lung cancer and premature death.

Helping our smokers to quit will mean less smoking adults generating secondhand smoke that affects our children with asthma, less smoking mothers and less smoking role models to observe.

In Delaware in addition to preventing our youths from becoming smokers, we must ensure that

programs to help smoking teens and adults quit are accessible, affordable and effective. Smoking cessation is just one piece of a comprehensive sustained tobacco prevention plan, but it's an important piece. The American Lung Association of Delaware supports full funding for a plan to achieving a tobacco-free Delaware. This is an approach that we participated in developing, along with many members of the Impact Delaware Tobacco Prevention Coalition.

Thank you.

MS. McCLELLAN: Richard Johnson is next.

MR. JOHNSON: Thank you. I appreciate the opportunity to present the view of AARP on how Delaware's use of the tobacco settlement funds could be best spent.

AARP's current Delaware concern, and our ongoing concern, will always be for the quality and safety of care that people receive in nursing homes. In addition, it is an AARP mission to support the ability of older Americans to remain independent and in their homes for as long as they are able physically and financially. Our current and future efforts will work to, one, improve the quality of care in Delaware's nursing homes and, two, increase the home and community support for Delaware's families and elders as they age in place in their own

homes.

Over the last two years Delaware has passed important legislation to support better quality of care in nursing homes. But that job is not done. Currently there is legislation pending in committee, having passed the Senate, to increase the required nursing home staffing. Increased staffing will help ensure that patients receive sufficient time and attention from nurses to make sure that physical disabilities from which they suffer are alleviated and not exacerbated.

Increased staffing will help ensure that even in these extreme situations of poor health and disability, nursing home residents retain the maximum did he degree of dignity and respect to which all human beings are entitled.

It is AARP's position that increased staffing levels are the best cure to solving the quality of care problem in nursing homes. There are too many complaints and too many survey deficiencies to treat this problem with half measures. Approximately 5,000 of our elders, among the most vulnerable of all people, live in Delaware nursing homes and daily, even as we speak, endure the levels of care attributable to our action or inaction on increased staffing.

It is our position that additional work must be done to ensure that goal. And while we protect those among us who are the most vulnerable, we must simultaneously plan and work to prevent other seniors from unnecessary or premature institutionalization due to the current lack of adequate home and community-based services.

Approximately 80 percent of the home-based care currently provided to elders comes from our families. Yet today often children move away or both parents work and provide child care. Families often have limited ability to take on additional burdens. Home care is prohibitively expensive for many. If an adequate system of home care is not available or affordable, then the nursing home, usually financed by public taxes, becomes the alternative.

Delaware is somewhat ahead of the national curve, yet it, like the rest of America, must address the needs for an adequate, affordable, high quality system of home and community support.

I close by returning to the beginning. It is our concern and AARP will work diligently to both enlarge the necessary system of home support for seniors so that they may remain independent and in their homes,

and to not forget the thousands of Delaware seniors in nursing homes who need and deserve additional staffing to ensure the highest possible quality. Thank you.

I have copies of this testament and I'd be happy to provide it to anyone interested.

MS. McCLELLAN: Gregory Durette next.

MR. DURETTE: Good evening. Thank you very much, distinguished panel.

I'm representing I guess a lot of different people, IMPACT, National Assembly School-Based Health, and my former employer as a wellness center coordinator of Delcastle Technical High School. Currently I'm unemployed, so if you have any positions...

I'd like to use this opportunity to thank you. I'm joining the thousands of individuals and organizations who care about the overall health of Delaware residents, specifically, the health of children and adolescents. I urge you to dedicate a significant portion of Delaware health funds to support coordinated school health programs.

As you know, maybe you don't, Massachusetts just contributed $11.6 million to its school health program from the tobacco settlement monies to improve coordination, promotion, education and services that

enhance the health and welfare of students.

Schools and community organizations, primary care and health care professionals must respond by making preventive services a greater component of their practice. The physical and emotional health of the student is clearly a factor in the ability of the students to achieve academic success. Supporting programs address student needs and support health services.

The data obtained through the Delaware Youth Risk Behavior survey and the Delaware Student survey indicates that the students often lack the skills to manage and negotiate decisions that are in their own best interests and tend to have difficulties resisting pressures from peers and the media. And I think funds for this initiative will definitely help that scenario.

Specifically regarding tobacco, please consider the following recommendation. All adolescents should receive health guidance annually to promote avoidance of tobacco, alcohol and other abusable substances. All adolescents should be asked annually about their use of tobacco products, including smokeless, especially since tobacco is -- should be classified as a drug. Adolescents who report any use should be assessed

further to determine their pattern of use. A cessation plan should be provided for adolescents who use tobacco products.

And I think I can also speak in terms of some of the organizations that may be represented here. We have psychologists, we have students that are coming out in the field, they can be utilized if we get the funds to do that.

And I'm peaking here, but due to some of the significant changes to federal policy, positions should increasingly call for integration of services in school-based health and school-linked sites. And school leaders should be asked to assume the responsibility of reexamining the ways in which education, health and human services are delivered to American children and families.

And tomorrow the FDA is about to go on I guess trial as to regulate tobacco products. And if the FDA is granted authority to regulate tobacco the industry claims it could ban the sale of tobacco outright. Let's hope the FDA's knowledge of nicotine as a drug will help advocates against tobacco use.

I'm sorry for taking additional time, but thank you again for allowing me the opportunity to speak.

MS. McCLELLAN: Dr. Pollner, followed by

Nancy Wooten.

DR. POLLNER: My name is Philip Pollner. I'm a family physician in the Newark, Delaware area. And I hope that the committee will recommend that significant amount of the funds be used to provide needed quality medical care for the 115,000 uninsured citizens in Delaware who don't even get a first chance. These folks are nameless and faceless, invisible, but is a problem that is ever increasing in our state by large numbers each year.

It's interesting that in 1994 doctors offices nationally provided care to about a third of the uninsured people in the country, at a cost of something like $11 billion in uncompensated care. But the situation is much, much worse now. A recent study in the Journal of the American Medical Association this past March involving 10,000 physicians in private practice throughout the country in some 60 random communities throughout the nation noted that managed care affects the physician's ability to provide care to medically indigent people. That physicians who were involved in the heaviest involvement with managed care in their practices were less likely to provide any charity care.

So the private sector in Delaware for sure

is having a very difficult time trying to provide charity care in their own offices. As a result, much of the care provided to the uninsured is through the emergency room at a great cost. And the more we're involved with managed care, the less we can do anything about it and the more the emergency room is going to be the primary providers of primary care.

We all know that that is very expensive, very ineffective, and apparently if it continues it's going to be more expensive and more ineffective.

So it is my hope that we start looking at this serious problem right now, using these funds in a significant manner to provide needed medical services to the 115,000 uninsured people in the state. And there's an enormous number of other folks who have some insurance, but not enough to get quality medical care and they have great need, too.

I'll just close by saying that I'd be willing to volunteer my time and my energy to provide medical care for this large group of people, but I certainly would need financial support and the hands of many of my colleagues and other volunteers to work on this project. Thank you very much.

DR. WOOTEN: I'm Dr. Nancy Wooten. Today

I'm representing Delaware Volunteers in Healthcare -- I believe it says "for healthcare" -- an organization comprised of individuals and organizations from the community, including healthcare professionals, senior citizens, students and organizations whose constituents are most affected by difficulties accessing healthcare. We are working together to implement a medical service project which will provide medical care for uninsured and underinsured Delawareans.

I'm here to address the issue that brought us together working on such a project. It is to Delaware's shame that we have felt compelled to act. In this affluent state during this prosperous time we still have over 115,000 residents who lack health insurance. Countless others in the state are underinsured. So many Delawareans endure obstacles to accessing quality medical care.

In the midst of this economic boom, in spite of programs in place such as CHIPS and the Diamond State Health Plan, demand is up for charity care and recourse to emergency rooms for medical care is on the rise.

The issue of 115,000 uninsured Delawareans is not only a social issue, a civil rights issue, but it

is also an economic issue. Each time an uninsured or underinsured individual becomes ill and ends up in the emergency room or hospital, all of us pay through cost shifting. Delawareans pay through their subsidizing of charity and emergency care. Uninsured and underinsured Delawareans pay with their pain, suffering and illness that might have been prevented or checked at a less acute stage.

It is my hope that, Delaware Volunteers in Healthcare's hope that this committee and ultimately the state applies a generous proportion of these resources thoughtfully and practicably to eradicate the existence of uninsured Delawareans. Thank you.

MR. McCLUNEY: Good evening. To the panel, elected officials, Dr. Sylvester, I want to thank you for giving me the opportunity to come before the panel tonight to address the reason why I believe, our organization believes, that a better way to spend this windfall is to dedicate it to long-term healthcare.

My name is Amos McCluney and I represent Delaware Volunteer Coalition for Long-Term Healthcare Reform, reforming the healthcare system for the new millennium.

Whereas, the components of the healthcare

system are so interrelated that no part can function well unless the system as a whole functions well;

Whereas, the cost of healthcare is rapidly escalating and currently represents over 19 percent of the state's budget and over 25 percent of each older person's annual household income;

Whereas, 115,000 Delawareans are uninsured, of which 25 percent are children;

Whereas, the current healthcare system does not adequately promote and support preventative care;

Whereas, Medicare covers less than 50 percent of all healthcare expenses of people age 65 and older, provides no outpatient drug coverage and covers almost none of the cost of long-term care; and

Whereas, the healthcare system is an important consideration in reducing the state budget;

Therefore, be it resolved by the 1999 Delaware Health Fund Committee to support a statewide healthcare reform effort that will adhere to the following principles:

The state should create by law a statewide healthcare system that guarantees universal coverage, quality service, comprehensive benefits, including: long-term institutional, home and community base

services, efficient administration, broad-based financing, a strong system-wide cost containment and emphasis on health promotion and preventative services;

All citizens of Delaware regardless of age, race, ethnicity, physical or mental disability, or income should have health security, including availability of and access to affordable quality, physical and mental healthcare and long-term care, choice of provider and health plans;

Cost containment is a critical component of meaningful healthcare reform and must not be separated from the reform process;

Medicare's commitment to its beneficiaries must not be jeopardized by arbitrary cuts. The general assembly should resist calls for cuts which would damage the program, devastate the healthcare system and adversely affect frontline healthcare workers. Any savings that may come from changes in Medicare and Medicaid as a result of healthcare reform should be applied to strengthen the program and expand coverage, including long-term care. The use of savings in Medicare and Medicaid for tax cuts for the well-off citizens should be prohibited;

Long-term care must include cost effective

alternatives such as home and community care, as well as institutional services as essential components of healthcare reform.

I see the red flag. Let me just say again, thank you very much for giving me the opportunity and I hope that you will look at this and I will be sending a copy of this resolution to the committee. Thank you very much.

MS. BEARS: Good evening. Is everybody warm? I'm still freezing.

My name is Nancy Bears. I'm representing the advisory board to the Alliance for Adolescent Pregnancy Prevention. You have heard everything from womb to tomb. I'm here to advocate for increased resources to promote primary prevention of high risk behaviors among our youth in Delaware.

Currently, there are almost 100,000 Delawareans between the ages of 10 and 19. 55 percent of these young people are sexually active. 74 percent have tried smoking cigarettes. 20 percent have considered suicide.

Primary prevention efforts to reduce high risk behaviors need to be comprehensive. There's no one program or magic bullet that's going to help us in this

area. Prevention efforts should include three essential components. All three of these areas need additional resources if they are going to be effective in our state.

First, educational efforts need to be consistent. Young people need the facts. For example, responsible sexuality education should be available at all grade levels.

Second, young people need access to services. School-based wellness centers provide access points for high school students. Middle school wellness centers would improve access among younger students. Access to comprehensive services, especially condoms, need marked improvement. Access to mental health services and treatment for all addictions, tobacco, drug and alcohol, should be available upon demand.

Finally, this is my favorite point, enhancing communication between young people and their parents and the competent adults in their lives is very, very powerful in reducing high risk behavior. Communication training for parents could occur at the workplace, through our schools or through the media.

Thank you for allowing me to testify and have a happy holiday.

MR. FINA: One of my disabilities is

hearing loss.

My name is Nick Fina. I'm chair of the State Rehabilitation Council for the State of Delaware, and also a member of the Alliance for Mentally Ill. I'm here representing the Alliance tonight. I'll be making some different points from the ones you heard Dick Patterson make.

I want to tell you about a friend of ours, a family friend. He lives in New York. He came down last week for Thanksgiving. His name is Sam. Actually, it's not Sam, but that doesn't matter. Sam is a singer and a songwriter. Not a famous one, but he's pretty good. He specializes in songs for children and he sang some of them for us.

He also told us a story that was pretty hairy. I want to tell you about it.

When he was 22 years old -- he is 56 now. When he was 22 years old Sam started having psychiatric problems and he was admitted to a hospital. In the hospital they gave him real heavy drugs, severe neuroleptic changes, and they gave them chains to keep him under control and occasionally they beat him. He had no brothers or sisters, so none of them visited him. His wife left him. His parents gave up and stopped coming to

see him. This went on for 10 years.

Finally, after ten years of hospitalization a new doctor came on the scene and said this guy has manic depression, give him lithium. Ten days later he was ready to leave the hospital and start his life over again.

This is a horror story and it wouldn't be so surprising if it happened in Transylvania, but it happened one generation ago in the most advanced civilization in the world. In many ways we are coming out of the dark ages when it comes to mental illness and the heart of what happened to Sam is ignorance, and the basis of ignorance I think is the basis for the most severe problem that's facing people with mental illness and that is the problem of stigma.

If you don't think stigma exists as a problem for people with mental illness, listen to the story of another friend. I have another friend with manic case depressive illness and she doesn't file one penny for insurance for her psychiatric care or for her medications. She pays it all out of pocket because she is afraid of what will happen if somebody finds out.

We have to fight stigma and I would like to see the healthcare fund used in part for fighting stigma.

The other two problems that I think we need to fight are housing and jobs. The national unemployment rate for people with severe and persistent mental illness is 70 to 90 percent, and most experts in the field think it shouldn't be more than 30 to 50 percent. We need to provide jobs as a basis for self esteem, it's the basis for financial security. We need to work on that. DVR is working on it right now and we need to expand that program.

In the area of housing, many, many people are not able to accommodate their need for housing and we need to work on that, too.

I have a red flag, so I will stop. Thank you.

MR. TOMLINSON: Thank you for this opportunity to speak. These millions of dollars sound like a lot of money, but when you look at the many situations needing immediate and long-range attention, it really isn't that much.

Number 1, we must find a way to discourage our young people from employing bad habits, using tobacco and drugs.

Number 2, over 100,000 Delawareans have no healthcare at all and several thousands more have

inadequate coverage.

Number 3, Delaware lacks free clinics to care for the sick and injured.

Number 4, the physically disabled are subjected to an inadequate transportation system with long waiting lines and is run inefficiently.

Number 5, nursing homes have reduced their staff and services beyond the safety point. Many times I personally have visited homes and see few staff people. We tell people if you have a loved one in a nursing home, visit them often. And also, visit them during irregular hours. But we do have several good nursing homes in this state, thank God.

The nursing profession has been severely reduced and part of their work given to unqualified personnel. We need more nurses.

You have received information from people, professionals in their fields. They have told you the terrible damages caused by tobacco use. Damaged hearts, lungs and other vital organs show the result of the terrible attack on the human body by this evil habit. But sad to say, some things will be with us always, smoking, drinking alcohol.

I don't encourage the idea that we should

not work to control and treat these symptoms, but I don't think even more money will eliminate the problem. Every time a large project is started, bureaucrats admittedly want to form a committee to make a study. And I'm sure there's excessive information available now with complete details of the problem. We don't need another study to tell us the damages caused by smoking tobacco.

They usually must appoint administrative staff, location, office supplies, furniture. Must fund travel to other states to obtain information on the best use of -- the list goes on and on. Unfortunately, most of the time very little, if any, of the money goes to correcting or eliminating the problem. That's a situation with HMOs today. Their administrative cost runs from 15 to 23 percent. One CEO's salary of $82 million, plus other fringe benefits.

I don't have an answer to the best use of the money, but I implore you to remember where it came from, why tobacco companies were forced to pay it. And many times these types of funds are used to activate some personal project of an elected official, for example, filling potholes.

If this was a private company who received the funds they would I'm sure hold part of it and use the

interest to correct these programs or start new ones. I think this would be a wise thing to do.

Delaware State Council of Senior Citizens has our seniors' health and welfare as top priority. Some can't afford to buy needed drugs. And drug money is great, that's wonderful and nice. They need doctors, nurses, treatment labs, people-friendly nursing homes, assisted living availability and affordable, which leads to living a life with dignity, which is really the number one priority of seniors.

I give you this situation, but not the best program to use. The fact that we are talking and you are receiving this information is a big, big step in the right direction. Thank you.

MS. McCLELLAN: Dr. John Goodill, followed by Leonard Young.

DR. GOODILL: Good evening. My name is John Goodill and I would like to echo the thanks of a number of speakers to the committee for holding these public comment sessions. I think they are very helpful to all of us.

My comments tonight are on behalf of the Medical Society of Delaware. And I'm a pulmonologist. I've been in practice for the last 12 years in this

state. I'm very close to this tobacco issue. I spend all my days basically taking care of people with chronic bronchitis, emphysema and lung cancer. And I work very hard to get people to quit smoking every day.

We're here tonight I guess because the tobacco industry decided to settle for their past sins. I was a little puzzled by the tobacco settlement. I think there was a number of people that were puzzled why the tobacco companies decided to hand over all that money. I'm not exactly sure. I think they were hoping that they were going to avoid future liability and lawsuits and so here we are.

I heard recently that there's now been found a volume clause in this settlement whereby if sales of tobacco products drop and income from tobacco products goes down, then the payoff drops also. So I guess we really don't know exactly how much money we are going to get at this stage.

I think the hidden benefit here is that dropping tobacco sales mean less people are smoking and from my view that is probably the winner situation, anyway.

How should we spend this money, how should we spend the tobacco settlement money in Delaware? Well,

the Medical Society polled its members on this question at their recent annual meeting and on review of the responses two simple themes emerged. And I think you have heard that over and over again here tonight already. First, spend it to provide healthcare to those Delawareans who have none. And second is to use it to educate, especially our youngsters on the evils of tobacco and provide programs to help those who are smoking quit.

It's not really a level playing field out there. The tobacco industry still has a lot of money left and they spend it. This(indicating) is from this past weekend's Sunday News Journal. It's a full page ad for $20 carton of Marlboros. It takes a lot of money to just get to a level playing field with these guys and I I'm sure we will end up spending that much money quite quickly to match them.

I think the Medical Society hopes that the committee will see that it is right and compelling for those monies to be used to decrease the number of lives that are ravaged and cut short by tobacco and to use it to enhance the health and well-being of our citizens. There's really few other credible choices for the use of this money. Thanks.

MS. McCLELLAN: Leonard Young followed by Robert Hall.

MR. YOUNG: Hello. Thanks to the Health Fund Advisory Committee.

I threw away my ten-page speech up in Wilmington and I'll give you the 52 pages typed, single spaced, you know, by the 10th. But I tried to think what could I say that would probably simplify your job. So for those of you who know me, I do have a prejudice in favor of kids, a bias, so I think we should give all the money to kids. Forget all the rest of the stuff.

As I listen to all of the comments, about three-quarters of them, two-thirds to three-quarters of the comments really impacted the kids, whether you were talking about smoking, you know, prevention, education. You need to focus on kids. And when you talked about high risk behaviors and high risk lifestyles, you needed to focus on kids.

And, you know, we have seen, read about lots of studies where young children are like sponges, you know. You teach them anything, two years, three years. If you have kids you have had that exposure. So let's teach them when they are sponges. And if you teach them well, they are going to keep that learning for life.

And we know that many kids are turned off by the third grade in school. Let's teach them something about health that they have got fixed in place by the third grade. Now, that could be smoking addiction prevention, high risk behaviors and lifestyle, conflict resolutions, whatever, but we know that the pay back is tremendous.

We go back to those old fashioned values that politicians like to quote, you know, stitch in time saves nine. That means that the pay back on the stitch is 9 to 1. An ounce of prevention is worth a pound of cure. That means the pay back on an ounce of prevention is 16 to 1.

I did a little arithmetic. There's 100,656 kids in Delaware. If every one of those kids gets some of the 35 million, that's $344 a kid. We know that probably 80 percent of the issues, whether they are dental issues, health issues, whatever, are clustered in the lowest 20 percent economic group, so let's just say the lowest 20 percent is where we focus. That would give us $1,725 per kid in Delaware. Not a lot of money.

Let's say we invested that money in each individual for the first ten years. That would be a $17,000 investment over 10 years. I'm willing to bet

that at the end of 25 years we wouldn't need any more prisons. We wouldn't have half the -- one-tenth of the health things. We would probably create an entire generation without any of the problems that we're talking about. Thank you very much.

MR. HALL: Distinguished chairman, honorable members of the general assembly and other esteemed colleagues, thank you for this opportunity to make this presentation to you this evening.

I represent the Delaware Ecumenical Council on Children and Families, which is a state-wide organization that had begun over a dozen years ago as a collaboration between the Southern Governors Association and the National Commission to Prevent Infant Mortality. Today we function as a voluntary faith-based organization that tries to involve individuals and congregations from the faith community in support of public health and welfare initiatives. We also serve as state level affiliate for the National Coalition on Healthier Cities and Communities. And I'm here to urge you to consider in your planning of the programs and services to be supported with the tobacco settlement money to include the faith community in your planning.

Already there are many, many entities

around the state that come out of the faith community, including our group, the Sussex County Religious Task Force on Children and Families, two Interfaith Volunteer Caregivers projects, and over 50 congregational health ministries that are active supporting healthcare and health services delivery from the State of Delaware.

The collaboration between the healthcare delivery system and the faith community is part of a national movement that has already produced good results in many other communities.

The faith community can be involved in quality value driven services with great efficiency. It already has an extant infrastructure. There's relatively low overhead costs. It exists at the neighborhood level, has great moral authority, is in touch with the majority of the citizens of this state on a regular, usually weekly, basis.

For the last couple of years the council has been actively engaged in needs assessment in the northern half of the state, talking to citizens at the neighborhood level about their assessment of the healthcare system in Delaware. And based on that we have the following suggestions to offer to you.

One, like many other speakers here, I think

we speak for the vast majority of Delawareans when we say we support above all reduction of the incidents and impact of tobacco use. We look for the faith community to be actively involved with the key voluntary health agencies working on that issue.

Second, we suggest to you to consider the use of the faith communities as sites for wide range health promotion and disease prevention that addresses critical health status issues in Delaware. Probably no other institution speaks with the moral authority of the faith community. When your pastor tells you to quit smoking, you probably quit smoking.

We also suggest that you look very seriously at the congregational health ministries that are being established. There was a speaker who spoke about the parish nurse programs. These are amazing ways to replace the neighborhood-based healthcare services that we no longer have. Many of the people who responded to our needs assessment spoke about the old public health nurses with blue capes and white uniforms and how they were missed. This is a way to replace them.

Finally, the faith communities can help you to provide what used to be called general services support for the families that are already affected by

chronic health problems across the life span, including people who deal with disabilities of any kind, rare disorders, and things that insurance programs are simply not able to help with.

Thank you very much.

DR. FRELICK: This committee should be commended for having these public forums, which, among other things, really demonstrate that these tobacco funds are really not large enough to cover all the problems that Delaware has in terms of health.

The credentials for making the following suggestions are based on over 50 years of working on Health Problems in Delaware.

The 15 percent designated for the Pill Bill and the proposed 20 percent for a long term trust fund for health needs after the tobacco funds are gone makes sense. I would suggest that the deposit for the trust fund should be closer to 15 percent.

Since tobacco industry payments are partially to pay for some of the costs of illness and death caused by tobacco in Delaware, it's appropriate to use 5 to 10 percent of those funds to reduce tobacco use in Delaware. Such funds have already been shown to be effective in California, Massachusetts and Florida.

With the remaining 75 percent of the funds I suggest that an RFP should be requested from both public and private sector, nonprofit and profit, to respond to health priorities based on ways to prevent injuries or diseases and to detect early evidence of disease. The applications should be peer reviewed and have potential to be a cost effective and feasible way to reduce health risks for those at most risk.

Since managed care preventative programs have been disappointing in part because it's been difficult to show reduction in healthcare costs and hard for adults to adopt healthy lifestyles, the first prevention priority should be given to the captive audience of students from kindergarten to 12th grade.

The Department of Education is now upgrading the standards for health education with cooperation of the Division of Public Health and is seeking ways to improve schools' health services, physical education, and teacher training programs for health behavior education in the state institutions of higher learning.

This priority to help children adopt healthy lifestyles should supplement the Department of Education's efforts to adapt and improve its health

programs to be appropriate for ages and needs of growing children. Teaching elementary students the advantages of healthy habits can be one of the best ways to influence hard to reach parents since many adults seek help to quit smoking because of pressure from children.

School prevention programming may require coordinators to enhance collaboration of available health resources, public and private, to make them available at appropriate times in the health program to stimulate healthy lifestyles in students. Likewise, senior high school students need a course focused on the responsibilities of parenthood since about 50 percent of couples' first children are born within two years of graduation from high school.

Next priority should be given for program applications to promote cost effective health prevention efforts across disease entities since many preventative messages are similar for many chronic diseases and for injury prevention. Similar plea can be made for screening programs for which there's effective intervention since screening more than one disease at a time can be more cost effective than screening one disease at a time.

Best wishes to the health fund committee as

it faces the best way to improve health in Delaware with the resources of the tobacco settlement money.

MR. TNSMAN: Thank you for the opportunity to speak to you this evening. I'm Mark Tnsman, director of emergency and health services for American Red Cross in Delaware; also a citizen of this county.

One of the issues that impacts the lives of many Delawareans and people nationwide is sudden cardiac arrest. I'll give you a couple facts.

Up to a quarter of a million people are killed each year as a result of sudden cardiac arrest. That's nearly a thousand lives a day. It's believed that 50,000 of these deaths could be prevented if there was immediate intervention by trained rescuers with a device called an automated external defibrillator. Technical name for a tiny device that delivers immediate shock to the heart and can restore a normal rhythm.

It's believed that currently the survival rate for people who have suffered sudden cardiac arrest is about 5 percent, while distribution and dissemination of these devices and training could help increase that to 30 percent. It's simply an electrical malfunction in the heart. Even the Red Cross advocates, with the Heart Association, in performance of CPR, that's a way to

sustain one's life, but it's not a way to save the life directly. This device has been proved to be about 75 percent effective in helping people who have sudden cardiac arrest to survive long enough to receive advanced cardiac care.

Americans go to work daily, they spend about half their waking hours in the workplace and the majority of heart attacks occur either on Monday, closely followed by Friday, with the fewest occurring on weekends. One of the ways we think the health fund could impact is to support training, education and public awareness to raise the knowledge of the public of the cardiac chain of survival. AED is a link in the chain.

We also believe there's a fairly strong link between tobacco use and cardiovascular disease, that there's some sense to using monies from the tobacco fund to fund this kind of education and the placement of these devices with nontraditional rescuers. Get them into businesses, public gathering places, malls, the Bob, schools, where people who would know how to use them can get to them.

The fact of the matter is if you don't have this device available to you within the first few minutes, the odds for survival go down dramatically.

Every minute the odds for survival decreases by 10 minutes, which means by 10 minutes later there's almost no chance to survive. The best EMS response generally arrives at someone's side 8 to 10, 15 minutes after the event occurs.

Trained rescuers can make a difference. I had the pleasure of meeting Mary Ann Luke, a woman in Felton, Delaware. She was at Dover Downs one evening, suffered a sudden cardiac arrest. Had had no symptoms, experienced no pain. That evening luckily there was a security guard at the race area who had had training within the last month. The device was available. He was able to deliver a shock that saved her life.

Support for the purchase, placement and training of the public could make a significant impact in the lives of Delawareans. I thought it was interesting in the Journal today, recording the activity of this committee in our hearing yesterday, the page following this includes an article highlighting the necessity and use of these devices to save life.

SENATOR BLEVINS: Could I ask a question? The AEDs that have been proposed, I think a lot of people would be interested to know a little bit more about the device. These are devices that don't require training?

MR. TNSMAN: They do require training.

SENATOR BLEVINS: Would they be in public places accessible to people that didn't have that training?

DR. SYLVESTER: The question was do they require training. The follow up to that is would they be available in places where they would be available to people who did not have training.

MR. TNSMAN: We are not advocating the fire extinguisher model. We are advocating the placement of them in facilities and the knowledge of where they are placed by people who have been trained to use them.

We don't want to see people -- I will be honest with you, this device, if you take it, you turn it on, will tell you exactly what to do. I have shown several people a video type of this device's use and with a few minutes -- and we take about four and a half hours to five hours to train someone in the proper use, but within a few minutes an untrained individual could know how to use it to save a life, although we are not advocating.

A COMMITTEE MEMBER: You couldn't shock someone who didn't need it?

MR. TNSMAN: The reason these are made

available for public distribution is years ago you needed a trained paramedic or professional medical person to analyze the rhythm of the heart and to decide if it was appropriate. These devices have a small computer that analyzes that and only allows the device to administer a shock if it recognizes a condition that could be corrected by the shock. It requires intervention of a rescuer. There's not a danger to the rescuer. Somebody has to say is everybody clear. None of these devices go through without human intervention.

DR. SYLVESTER: Thanks.

MS. ALLEN: I'd like to thank the review panel for allowing me to speak. My name is Marie Allen and I'm representing the members of Heroin Hurts. Heroin Hurts believes that a consequence of tobacco use has led many Delawareans to the addiction of hard core illegal drugs such as heroin. Tobacco is generally the first drug used by young people, who then enter into a sequence of drug use that can include tobacco, alcohol, marijuana and heroin. Nicotine has thus been called a gateway drug.

Heroin Hurts is requesting an adequate portion of the settlement fund to be used to combat the health-related consequences of tobacco use such as drug

and alcohol abuse.

Additionally, a portion of the settlement needs to be spent on programs that are a direct consequence of drug abuse, such as HIV, AIDS, and hepatitis. According to researcher Dr. Marlene Matthou, Ph.D., 60 to 90 percent of all drug users are also nicotine addicts. Even though this pattern does not necessarily imply that tobacco use can cause other drug use, it does imply that other drug use rarely occurs before the use of tobacco.

So it seems if we had done a better job of preventing tobacco use by our adolescents and young adults, we may have done a better job of preventing these other health issues as well.

In the State of Delaware over nine people every day, 365 days of the year, seek help for drug and alcohol addition in state funded facilities. In the State of Delaware during the fiscal year of 1999 the number of admissions to state run programs for heroin addiction surpassed the number of admissions for alcohol and surpassed the combined number for cocaine and crack cocaine.

It would almost seem criminal not to use a portion of the settlement to help supplement Delaware's

grossly underbudgeted behavioral health programs, such as inpatient and outpatient drug and alcohol treatment programs. In 1988 Surgeon General Koop stated that the pharmacological and behavioral processes that determined tobacco addiction are very similar to those that determine addiction to drugs such as heroin.

The members of Heroin Hurts would like this panel to understand how difficult it is to stop using drugs, especially heroin, without receiving the proper medical and/or psychosocial modalities, as well as spiritual counseling. Heroin Hurts implores the panel to make the recommendation to the Governor and legislature that an adequate portion of the settlement money be made available to treat a major health problem in this state, the disease of drug addiction that in 60 to 90 percent of most cases started with nicotine. Thank you.

MR. WATERFIELD: My name is Allan Waterfield. I live in Newark. I work at the University of Delaware where I direct the graduate program in health promotion. I've had the privilege to chair the Governor's Council on Lifestyle and Fitness since 1991, so it will not be surprising I'm here to talk about health issues related to lifestyle.

The data indicates at least 80 percent of

the potential years of good health we might add to our lives are directly related to lifestyle issues. Included are issues of choice, which maybe at times I think I must be a member of the lifestyle police. They are choices such as seatbelt use, drinking and driving, what we do with our bodies day by day.

The three issues I'd like to focus on are use of tobacco, regular physical activity and good nutrition.

If we were to classify coach potatoes as a disease, we would be dealing with the one disease that affects the most people in our nation. The recent behavior risk factor data shows that Delaware is one of the least physically active states in the nation. In fact, second least active. If we combine that with the epidemic of obesity and high use of tobacco products, we have an unhealthy lifestyle epidemic in Delaware.

The drafts of both the Delaware and National 2010 health plans feature interventions to promote regular physical activity, good nutrition and reducing tobacco products as key strategies for the next decade.

It is our assessment that in Delaware we have under funded the tobacco strategy and have almost

entirely missed the physical activity/good nutrition strategy. On what seems like a weekly basis we have research reports that place regular physical activity as a way to reduce disease. These diseases include all the big ones, cardiovascular disease, many of the cancers, diabetes, asthma, as well as mental health, on and on.

I urge this committee to put the funding of programs that will support the improvement of lifestyles of the people of Delaware atop your priority list. Thank you.

MR. AVRON: Good evening. I'm Avron Abraham. I'm a faculty member of the University of Delaware and also affiliated with the Delaware Coalition to Promote Physical Activity, dovetailing.

I think it's really important that we understand why this coalition was formed. If there was a magic pill that we could take that affected everything, when we were young, when we were old, when we were pregnant to some people, whether we stayed active or not was probably the magic pill. And I think that it's time that we started feeling this and working with it as part of a strategy within the State of Delaware.

It was to this end that we created the Coalition to Promote Physical Activity in the State of

Delaware, which has really included about, at this point about 25 organizations, including the American Lung Association, American Heart Association, the YMCA, Boys and Girls Club. All of these organizations have acknowledged that physical inactivity is a major public health issue in the state and that Delaware is -- these organizations are committed to promoting a more active lifestyle for all Delawareans.

This coalition is also affiliated with the National Coalition for Promoting Physical Activity. These coalitions were really an indirect result of the 1996 Surgeon General's report on physical activity and health, which highlighted the fact that physical inactivity is a major public health concern. This report is also clearly presented with the scientific information relating physical inactivity to other factors, to increased obesity and cardiovascular disease, diabetes, stress and anxiety.

We also know that some of these diseases are related to smoking. And more recent really exciting research shows the positive effects of exercise on both the initiation and cessation of smoking. Really exciting information that's just come out.

For these reasons and the fact that the

recent data shows Delawareans becoming less physically active, with only a small portion of the population meeting minimum standards for being active, we believe that it is essential that we address this important health issue at this time.

Again, I thank you for your efforts and I know how hard it's going to be.

DR. SYLVESTER: How much physical activity are you talking about?

MR. AVRON: The CDC, together with the American College of Sports Medicine, came out with a recommendation that 30 minutes of moderate physical activity, five to six days a week, preferably every day, would be a great place to start.

I think the question really is a dose/response question and how much do you need to incur the full benefits of exercise. I hesitate to use the word "exercise" because of the connotations to some people. I think if we instituted a program that dealt specifically in getting people active, changing the couch potato syndrome, making it harder to be inactive, I think we will be approaching a method that will make a difference.

So it's a difficult question. I think the

idea is that doing something is better than doing nothing. Doing more is probably better than doing less.

MS. MATTY: Good evening. My name is Beth Matty. I'm a school nurse representing the Delaware School Nurse Association. School nurses are really pleased to be able to offer our thoughts on how to use the funds that Delaware will receive from the tobacco settlement. Delaware should be commended that this money is targeted for a dedicated health fund.

As school nurses we support programs that will benefit children and adolescents. For those of you who have not had contact with school nurses, we interact with all of Delaware school children. We see their needs every day.

We want the committee to remember that education and prevention is necessary starting from birth. For children to develop lifelong healthy lifestyles education and prevention must be continued throughout their life span, but especially in their developing years. Children must internalize the messages so that healthy behaviors become part of their attitudes, beliefs and their actions. This is not just a one shot deal. We must do this over and over and over again.

If children do not get the message at home,

it must come from the school and the community. But, remember, programs alone won't do it. There must be opportunities allotted for the personnel to get the programs that work to our children. Health programs should include health education, prevention and health services.

Our children are our future. Help us to start them out right. Please plan your budget to include a portion in targeting programs that work with appropriate personnel and services for children. Thank you.

MR. BERG: Ladies and gentlemen, I'd like to thank you for your time and consideration in allowing me to testify about smoking in Delaware.

My name is Cliff Berg. I'm a volunteer with the American Cancer Society, having served in a variety of positions at the local, state and national levels.

I know that other American Cancer Society volunteers, as well as others here tonight, have testified before you about the importance of youth tobacco use prevention and tobacco cessation services. However, I would like to take a moment to address the importance of changing the social norm surrounding

tobacco. We must overcome years of tobacco industry marketing that has glamorized tobacco use. Teens see tobacco use as a way to show their rebelliousness and independence.

The settlement with the tobacco industry has established some restrictions on tobacco company marketing and advertising. However, much more needs to be done. For example, the agreement places no limits on restrictions on tobacco advertisement in newspapers -- and that was shown tonight -- magazines or over the Internet. The settlement also does not restrict tobacco advertising and promotion in stores that sell tobacco products such as local convenience stores where most of our young people purchase tobacco products.

For these reasons we must employ a strategy to this media savvy generation with advertising that makes not using tobacco at least as rebellious and cool as using.

As you know, the American Cancer Society believes that we must fund a statewide tobacco control program like those seen in Massachusetts, Florida and California. We must fund a plan such as the one the Center for Disease Control recommends. By funding this comprehensive multi-faceted program at the appropriate

levels, Delaware can become a nationwide leader in tobacco control. And as the CDC recommends, its best practice, it is very important to fund a strong media campaign in order to garner the public's attention and influence public opinion, especially opinion of our youth.

Finally, I want to briefly say that the time to use new and innovative ideas has never been better. Encouraging thinking outside of the box on programming ideas and encouraging new thought, as the experience in Florida demonstrates, is critical to involve our young people from the beginning. In creating an effective media campaign working closely with teen advisers to guide the media campaign will present the best opportunity for success.

I want to reiterate that the opportunity that we have before us may never come around again and we must capitalize to protect the future of Delaware's most valuable resource, the health of our young citizens. Thank you.

MS. McMULLIN-POWELL: My name is Daniese McMullin-Powell. I'm here tonight representing Adapt, which is a grass roots civil rights group by and for people with disabilities. I have no prepared speech,

just notes in margins of papers that I carry.

People with disabilities often need long-term care. Currently programs do pay for long-term care if it's based in nursing homes. But for personal assistance in the home and community based, is usually under funded or not funded at all.

Delaware uses approximately 14 percent of its long-term care Medicaid dollars for home and community-based services, and 86 percent towards nursing homes, below the national average of 25 percent home and community based and 75 percent nursing home. This is called institutional bias and is recognized by the federal government as such.

Federal legislation was recently introduced, The Medicaid Community Attendant Services Act in federal legislation was introduced the last time we were having the meeting of the committee here and I mentioned it. This legislation when passed will facilitate moving people from nursing homes to the community. And legislation has been drafted and will be introduced in the Delaware legislation to facilitate attendant services so that they will be able to live more effectively in the community, so that people will have a choice of where they can live.

There are approximately 100,000 people with disabilities in Delaware. I've heard anywhere been 70,000 and 150,000. I'll settle at 100,000. Almost 4,000 people in nursing homes, many of them unnecessarily. The Division of Services for Aging and Adults with Physical Disabilities is able to provide attendant services for only 30, that's not a mistake, 30 people, and Easter Seals for two. There are approximately 75 people on a waiting list and an additional 210 waiting for similar services. The cause of the waiting list is lack of funding.

Too many of us have had to fight to get out of nursing homes or state institutions. Too many lost homes, family, dignity and worse, simply because we need assistance with what bureaucrats like to call activities of daily living or instrumental activities of daily living. For us this isn't a matter of developing policy. It's a struggle for our lives and the lives of our friends and colleagues, and it really needs to be funded to have attendant services, which is the number 1 issue for people with disabilities, significant disabilities. We need that in order to live in and contribute to the community.

Thank you very much.

MR. BRIGGS: My name is Andy Briggs. I'm a retired clinical chemist and I really enjoy the opportunity to grind my axe or share my heart.

One of the things that is going on is the lead values, that they have changed over the 50 years -- we were very happy if they were under 50. Today if you are over twenty you are mildly lead toxic. If you are around forty, you are moderately lead toxic.

Now, where is lead coming from? Well, lead gasoline is gone, but Delaware got its share of it. I live on a creek and one day I had water and I could smell gasoline and I have four children.

Well, anyway, to make a -- get to the point, I believe with some of this money we could look at this facet, this educational thing. We've got children who have maybe borderline leads and we don't really know it because we are working with new numbers. But we have a very simple screening method.

So what I'm recommending is with maybe a little of this money we could kill two birds with one stone. We could see if there's an educational factor here with low lead levels. And also, the treatment is so cheap, it's for free. Your soda, Mountain Dew, has a medicine for treating lead poisoning. If you look at the

label you see the words "Calcium EDTA." This is what they use. They also use a supplement along with that.

But what I'm recommending is for a few thousands let's get screening tests on the borderline children that have, apparently have trouble and shouldn't be having trouble. Maybe their mothers and fathers are both Ph.D.s and they are surprised their child is a little slow.

Thank you for allowing me to share this thought.

MR. MITAL: Hello, ladies and gentlemen, my name is Praveen Mital. I'm president of Students for Healthcare Equality at the University of Delaware. I come here tonight to explain our organization's goals and concerns and I hope that you will make them your concerns and goals and will help to try to do something about it.

Our organization, Students for Healthcare Equality, believe healthcare should be a human right. What do I mean by a human right? Well, for example, let's say a person gets his wallet stolen or whatever. That person has a right to go to the police, call the police and ask for help. If a person's house burns down or is burning, he or she has a right to call the fire department and have the fire company put that fire out.

The community has an obligation to help those people to protect its community, to put out the fire.

But when a person is sick, has lung cancer, whatever, goes into the doctor's office, he does not have the right to just go into the doctor's office and expect medical attention. The community does not have the obligation to provide medical care for these people.

We as students and members of the community believe that the community has the obligation, has the responsibility, to provide healthcare for everyone, at least basic healthcare. Healthcare is not a private commodity that is reserved for only those who can afford it. It's a public good, a nonexclusionary service that every human being deserves.

Until we as a society, our government, realizes that, we will continue to waste money into these different programs. They are going to help a certain number of people, a certain number of children here and adults here, but we need to implement a program that's going to help everyone. We are going to continue to waste money.

The United States, as an industrial nation, has a very poor healthcare system. While we have these industrial nations such as Japan and Canada and England

that spend only 9 percent of their GDP on healthcare and cover everyone, we are spending twice as much and we can hardly cover anyone.

So we can continue to put money into Medicaid and Medicare and children's programs, whatever else you want to think of, but you are going to fight the symptoms. Let's start fighting the cause. Let's get a program that gets everyone healthcare. You know, we have the motivation, you know, and now we're starting to get the resources to do this.

We were the first state to ratify the Constitution. Now let's become the first state to provide comprehensive healthcare for everyone, regardless of age and sex and race, and especially regardless of wealth. Why? Because healthcare is not a piece of jewelry which only a few can afford. It's a treasure that every human being deserves.

I and our organization and other students at the University of Delaware urge you to devote a large portion of the fund to help everyone obtain adequate healthcare for everyone.

I thank you for your time. If you have questions, please see me. Thank you.

MS. DUNKELBERGER: Hi, I am a recovering

heroin addict. I would like to address the issue of -- it is something that Dr. Guberman created because he is a former heroin addict and he found something to help us. It may not be a miracle drug, but it allowed me to come out of a cloud that I lived in for three years.

When I eventually hit rock bottom I looked for state funding and everything I could possibly do to get my life better. And unfortunately, in order to get into a 10-day detox there are guidelines. Well, when you are sick there is no guidelines, you just need help. Thank God, I had a strong family. The cost was about $400 and it lasted for two months.

It is not FDA approved, but from what I understand if you are a habitual offender of heroin use and you are in prison, they do issue this pellet to prisoners when they are released on the street. I don't understand why they do that. Why somebody like me, who has no money and just really just wants to live a normal life, the state will not fund that for me, but they will fund it for a prisoner.

Dr. Guberman, they shut him down and now you have a bunch of heroin addicts walking around not knowing what to do next, because unfortunately they don't have a lot of follow up on that program and I can see

that's a big issue.

It does start out I think from mental health. I grew up and went to a lot of psychiatrists and they never pinpointed until now that I am bipolar and that has a lot to do with it.

I don't know, really didn't prepare myself too well for this because I'm working two jobs, but I want you to give some money to the people that do need. I mean, I don't know if people realize, but Newark, Delaware is number 1 in heroin use and we are such conservative state. That's hard for me to believe.

Maybe the adults are -- but the youth, I mean, if parents give a little bit more time to their children and pay attention to them, maybe they won't turn to other things.

Thank you.

DR. SYLVESTER: Thank you. We visited Dr. Guberman's club in New Jersey before it was closed.

DR. ARM: Hello and thank you for allowing me to speak.

I'm Robert Arm. I'm representing the Delaware State Dental Society for Dr. Lewis, who was unable to attend.

Tobacco causes many health problems,

especially cancer and cardiovascular problems. Many costs of these diseases are covered in part, but one health problem is not, particularly for adults. This problem is made worse by tobacco, made worse by many diseases caused by tobacco, and many other chronic diseases and by many medications used for these diseases. It is also -- the lack of it may make the efforts to cure these diseases worse and is not covered. That's dentistry.

The dentist plays a role in diagnosis and treatment of many of these patients with these diseases: To prevent infection in heart patients; and to prevent jaw infection, gangrene, in patients receiving radiation for cancer; to prevent infection and ulceration in patients with chemotherapy from cancer that may have been caused by tobacco, in fact, dental care has been reported in a study of the University of Maryland to reduce admissions by 25 percent; to help prevent aspiration in pulmonary patients and the elderly; to help maintain nutritional status in all the ages, the young and the elderly.

The problem we have is that dentistry is now not covered by Medicaid in those above twenty-one, and for those below twenty-one there is limited access to

care because of lack of practitioners and lack of funding.

We're asking you to help provide funding to help the dental society, the state public health section of dentistry and dental educational programs to provide earlier diagnoses to help in prevention and reduce complications in patients with chronic diseases, the young and the aged. Right now these are not covered. And by providing this coverage it could help reduce some of the costs.

I thank you for the time.

MS. McCLELLAN: Milton Draper.

MR. DRAPER: I did not intend to speak tonight. I assume I signed on the wrong page.

DR. SYLVESTER: That's all that signed up either before the meeting or during or right before the meeting. Is there anybody else tonight that has not had an opportunity to speak at one of the four public hearings and would like the opportunity now to say a few words to all of us? Good.

Any members want to say parting words? I want to thank you all for coming out tonight and sharing your thoughts with us. It was very appreciated.

(The hearing concluded at 8:45 p.m.)

State of Delaware)
)
County of New Castle)

C E R T I F I C A T E

I, Vincent Bailey, Registered Professional Reporter, do hereby certify that the foregoing record, pages 2 to 69 inclusive, is a true and accurate transcript of my stenographic notes taken on November 30, 1999, in the above-captioned matter.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of December, 1999, at Wilmington.

Vincent Bailey