MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

February 16, 1979

The sixteenth meeting of the Senate Public Health, Welfare and Safety Committee met in Room 104 of the State Capitol Building at 12:30 p.m. on February 16, 1979.

ROLL CALL: All members were present except Senator Rasmussen, Senator Norman, and Senator Ryan. Senator Rasmussen and Senator Ryan arrived later in the meeting.

CONSIDERATION OF SENATE BILL 97: Senate Bill 97 is an act to authorize the manufacture, sale, possession, and distribution of laetrile.

Witnesses supporting Senate Bill 97:

Joy Scotson
Tony Picotte

Witnesses opposing Senate Bill 97:

Dr. McMahon, American Medical Association
Dr. Allen Wisely, American Cancer Society
Dr. Edward King
William Leary, Montana Hospital Association
Edward Mares, Montana Nurses' Association

Senator Himsl, District 9 in Kalispell and sponsor of Senate Bill 97, said that this bill would legalize laetrile in this state. He said that it was only a year ago when he had the unfortunate experience of being diagnosed as having a malignant tumor in the stomach. It is the same type of problem that John Wayne has. He is looking for some method of help for this type of problem. He said that his experience in his community resulted in an influx of calls from people who have had problems with cancer. In talking with these people, he found that some feel the problem is medical and some feel it is dietary. This lead him to investigate the drug laetrile as a dietary substance for help. He stated that he feels somewhat naive because after this bill was published he found himself in some cross-fire between medical and some other factions that he did not even know existed. He presented some petitions of over 2000 signatures of people asking for relief from this bill. See Attachment "A." Senator Himsl stated that this is a freedom bill and went on to explain the different parts of the bill (see Attachment "B"). Senator Himsl completed his testimony by stating that apparently the laetrile has brought some relief. He pointed out the letters that he has received in support of Senate Bill 97 and related the story of a neighbor who did go to Mexico seven years ago, and the doctors can find no evidence of cancer now. He asked consideration from the Committee for people who seek this type of relief legally.

Joy Scotson spoke in support of Senate Bill 97. She said that a member of her family went into the hospital for ordinary surgery, and the doctors discovered cancer. The doctors gave her six months to a year and said that if they gave her chemotherapy it would kill her sooner. She flew to Mexico and within six months she was given a test and found to have no evidence of cancer. This was in 1975, and today she is very healthy.

Tony Picotte spoke in support of Senate Bill 97. He said that his wife was faced with surgery for a brain tumor two years ago. He said that she was scheduled for surgery but left the hospital and went to Mexico and spent six weeks down there. The diagnosis was for a year to live. She is still living today. He said that he felt if his wife had made it through the surgery she would have been dead within a week because she was already in a semi-coma. The first evening she was given 15 grams of laetrile and said the relief was like finally getting rid of a hangover. She is in fair condition today and has enjoyed the family. The biggest hurdle for them was in deciding to go. He stated that he feels a person should have the choice to receive the treatment here in the state of Montana.

John G. Overcast presented written testimony in support of Senate Bill 97. See Attachment "C."

Vernon E. Sloulin, Department of Health and Environmental Sciences, stated that he was here at the permission of Senator Himsl to bring in an individual from the Food and Drug Administration to give the condition of laetrile on a national level.

Mr. Fred Lofsvold, U. S. Food and Drug Administration, said that he has an extensive written statement that he would like to leave with the Committee to save time. See Attachment "D." He stated that he would like to point out first the legality of the drug. In the drug section of the federal statute enacted by Congress it requires that any new drug before it can be used must be proved through tests to be safe. The results of such tests are to be presented to the FDA for review. This has not been done in the case of laetrile. That leaves the drug illegal in interstate commerce for distribution in this country. This has been modified by litigation. It started out in the district court in Oklahoma and was broadened to a class suit. The court in Oklahoma entered an order forbidding FDA to interfere with the distribution and use of laetrile. The case was appealed to Denver and in a ruling last July the Administration is now restrained so that a cancer patient who is certified as terminal may now receive the injectable form of laetrile provided they give FDA an affadavit from the physician stating that he is a terminal case and from the patient saying that he wants to be treated with laetrile. That decision has been appealed to the Supreme Court. On January 22 of this year the court agreed to hear the case. The disposition of the matter will take place within the next few months. Another thing that is taking place is that although the proponents of the product have not brought forth the testing of this, the National Cancer Institute is undertaking such a study. They are working with FDA in Washington to apply to perform these tests. Mr. Lofsvold stated that was a quick summary of the legal aspect. He said that it is illegal to distribute laetrile in this country except under that rather narrow constriction put on it by the court of appeals.

Mr. Lofsvold stated that the FDA does not know of any laetrile being manufactured in the United States. The product that is being distributed comes from abroad. This gives FDA concern because they cannot inspect the manufacturing process, and they have found problems with some of the batches that they have tested that has come into this country. In short, since it is not being made here, FDA doesn't have the control and cannot guarantee the safety of the product as it comes in. FDA is also concerned with the inherent possibilities of toxicity. There have been cases of people being poisoned by the product. He stated that FDA is sympathetic to the idea of freedom of choice but thinks that this label should be distinguished a little bit because freedom of choice is not a real freedom when people don't know what this will do. FDA hopes that the Supreme Court decision will clarify the legal situation of the drug, and the NCI study will clear up the scientific side of the story. He stated that if the Committee passes this bill it will not necessarily legalize this drug even in the state of Montana. The federal statute reaches beyond this bill. A drug, even though it is manufactured and sold in the state of Montana, would be subject to the federal statute if any constituent of that drug comes from out of state; and he doesn't see how the product could be made here and be outside the reach of the federal statute.

Dr. McMahon, American Medical Association, stated that it would be totally inappropriate for medicine not to oppose this bill. He stated that it is difficult for them to find out bad news about patients and even more difficult to pass that news on to the patient. He stated that, as we know of laetrile today, the effectiveness has not been proven. Laetrile has not been established to have any therapeutic value. He said that if the Committee is going to pass this bill they should amend it. He presented an amendment (see Attachment "E"). He stated that the purpose of this amendment is not to prevent the sale of laetrile. It is to allow such distribution without the approval of the physician. The amendment would make laetrile available to the public. He stated that the Board of Medical Examiners have worked hard to identify physicians who have used unscrupulous practices, and no loopholes should be granted to allow these people to operate. This bill would create those loopholes.

Dr. Allen Wisely, American Cancer Society, said that they oppose laetrile. He stated that largely through the efforts of FDA medications are controlled today. Laetrile is now getting preferential treatment because it has been discarded five times by the CIA testing and is still being tested on humans. He stated that the drug must be safe and effective, neither of which this drug is. People ask why this is harmful if you have terminal cancer. He explained that laetrile given by mouth breaks down and gives off a poison. Secondly, the ACS is very afraid that people are going to miss their opportunity for a cure by turning to the drug. Lastly, they hate to see any state legislature pass a law and enter into a conspiracy to treat a dying person. He stated that laetrile has tried many ways to circumvent FDA. Legislation is one way, and it has been done in 17 states. The American Cancer Society goes on record as opposing the legalization of laetrile.

Dr. Edward King, practicing physician from Manhattan, stated that it is known that this drug can be a toxic drug and there are more and more reports of deaths from laetrile. He cited his personal experience with friends who have had experience with laetrile. He said that in the last year four have taken it, and none of them have benefited. He stated that some people may find out they have cancer and interrupt regular treatment to take laetrile. Dr. King said that there is no place where the emotional issue comes in so strongly as when any person finds out he has cancer. This drug appeals to the emotion, but it has not been demonstrated to have effect on the treatment of cancer. He stated that he is a firm believer in the doctor/patient contract. He wondered if the Legislature appreciates the effects of this law. For the first time we are setting up a law to interrupt this relationship. For people who are emotionally down with cancer, he questions whether this is the best way to go. At the very least, he urged deletion of the clause restricting the doctor's liability.

William Leary, Montana Hospital Association, and Edward Mares, Montana Nurses' Association, stated that their associations oppose Senate Bill 97.

Senator Himsl closed testimony by stating that there are tests that have been made by a biochemist at Loyola University in Chicago. The biochemist said that he can't tell Senator Himsl how laetrile works, but it does work. The FDA says they need more testing, and Senator Himsl agrees. He stated that the ACS just authorized 300 people who are now on a laetrile regimen for testing. This is the first time, to Senator Himsl's knowledge, that they have done any human testing. He stated that laetrile has been around for a long time, and the FDA has not seen fit to do any testing. It is a highly technical question. When you have cancer you do not have much coice. These people are desparate. They are going to Europe and to Mexico in search of relief which conventional treatments do not give. He stated that out of the research he has seen it is not toxic; and, even if it is toxic, it certainly doesn't compare with the toxicity of chemotherapy. As far as gouging the people here with unfair medical practice, it costs $2000 to get into the clinics in Mexico now. The ACS has spent billions of dollars for years in search of a cure, and we still end up with chemotherapy. If there is a conspiracy, it is certainly not with the people who are seeking relief. He aske the Committee to recognize the comfort and hope that these people should not be denied and stated that virtually every family has some contact with this.

Chairman Olson asked the Committee if they had any questions. Senator Rasmussen asked Mr. Lofsvold what the definition of a drug is. Mr. Lofsvold said the legal definition is any substance that is used or recommended for the treatment, cure, mitigation, or diagnosis of a disease. Senator Ryan asked Dr. McMahon how many practitioners have been disciplined in the last couple of years in the state. Dr. McMahon stated that in the last three years approximately 20 have been disciplined. He knows of four in the last few months. The foundation is in the process now of recommending sanctification to seven physicians in the way they practice, if they practice at all. Senator Rasmussen asked Senator Himsl about changling line 20 on page 1. Senator Himsl said he doesn't propose to change it at all. That section purposes that the hospital not interfere with the patient/doctor relationship. In other words, the thrust of that is the patient goes to the doctor and the doctor explains the treatment and then if the patient feels otherwise he has a freedom of choice. Senator Lensink asked if he objected to the amendment that would make this an over-the-counter drug. Senator Himsl said he does. Senato Himsl said he wants to make the person go to the doctor and not go off on his own and prescribe to himself something that may not be good for him. Senator Ryan asked if you use this as a dietary supplement if it becomes a drug. Mr. Lofsvold said the distinction is if it is represented for those purposes it is a drug.

The hearing on Senate Bill 97 was closed at 1:30 p.m.

CONSIDERATION OF SENATE BILLS 400 and 419: Senate Bill 400 is an act to transfer the function of the mental disabilities Board of Visitors from the Executive Branch to the Legislative Branch. Senate Bill 419 is an act to abolish the mental disabilities Board of Visitors and transfer some of its functions to the office of the Legislative Auditor.

Witnesses supporting Senate Bill 419:

Senator Thiessan
Represenative Harold Gerke, Legislative Audit Committee
George Bousliman, Governor's Office

Witnesses opposing Senate Bill 400 and/or Senate Bill 419:

Margaret Gilfeather
Lloyd Meyer, Helena Mental Health Association
Allen V. Bertelsen, Mental Disabilities Board of Visitors
Virginia Kenyon, Mental Disabilities Board of Visitors
Margaret Ulvestad, Developmental Disabilities/Montana Advocacy Program, Inc.
Tim Kaye
Aavy Hansen, Association of Emotionally Disabled
Jim Johnson
Jeanne S. Porter, Helena Recovery, Inc.
James Zion, American Civil Liberties
Diane Williams, League of Women Voters
Judge Bennett

Senator Towe, sponsor of Senate Bills 400 and 419, said he approached several people at the beginning of the session to see if there was some interest in moving the function of the Human Resources Board to the Legislative Auditor. The Governor has had some concern about it inasmuch as its principal function is an audit function. Senator Towe feels that it is more correct to have this board under a legislative branch of government, and the board should report to the legislative branch as they issue reports on functions of the government. Both bills accomplish this. The question becomes how it should be handled. One discussion says there should not be a Board of Visitors. On the other hand, there is a feeling that the board is vital. Senate Bill 419 is the bill that simply allocates the function now carried by the Board of Visitors to the legislative office. He went through Senate Bill 419 and pointed out the monitoring functions of the board that were being deleted in the bill. He pointed these areas out because the Committee may want to consider putting back into the law a reference to these requirements if it adopts this bill. In Senate Bill 400 the Legislative Auditor would receive the Board of Visitors as an agency. The board would be continued. They would serve on a four-year term, and at least three members would be other than professional people. Senator Towe stated that he is most anxious that this very vital function continue. He tends to favor at least continuing the functions of the board because he thinks someone should have this review function.

Senator Thiessan spoke in support of Senate Bill 419. As a member of the Legislative Audit Committee, he supports the function being transferred and is opposed to the board being transferred over. He feels that this is a function of performance that the Legislative Auditor is designed to do.

Representative Harold Gerke, chairman of the Legislative Audit Committee, spoke in opposition of Senate Bill 400 because he thinks it is cumbersome and impractical to put a board under the Legislative Auditor. He stated that if Senate Bill 400 were to pass, the Committee should consider that there is no finances for it. There is nothing to accommodate another board. Senate Bill 419 would be more workable. The functions could be handled by the Legislative Auditor, but he feels the Committee would have to give consideration to funding for the Legislative Auditor because outside consultants would be needed to perform the evaluation tasks.

Senator Towe stated that the present financial situation is that the Fiscal Analyst recommended $34,000 for the Board of Visitors. The Governor has not allowed anything in his budget.

George Bousliman, budget director from the Governor's Office, stated that Senate Bill 419 is consistent with the recommendations made by the Governor. The executive budget recommends that no budget be appropriated for the next biennium. It is felt by the administration that the board is a bit redundant. When the board was adopted, conditions were poor. They have improved considerably. Today, the state has several offices that supervise these functions.

Margaret Gilfeather, Great Falls, spoke in opposition to Senate Bill 419. She said this bill places the responsibility of reviewing the programs with the office of the Legislative Auditor. The laws that are being deleted spell out treatment and care of our disabled. She feels that auditors are in no way competent to review mental retardation programs or treatment. She said that she is sure that in order to comply with the law mental health specialists would have to be hired. This would pour money out for experts. Presently, there is a cross-section of lay people who are doing the process for free, except for per diem expenses. The law, as proposed, left out the mental health centers. The state is spending millions of dollars in these centers, and this bill leaves the centers out of being checked. If legislation goes the way of leaving this to the Department of Institutions, supervision is being left to the people who are involved and who have to see a broader picture than the needs of the people. Therefore, it is imperative to have unbiased people who can focus on the needs of the patient. She feels that the deletion on page 5 could be very dangerous. On page 7 the review committee cannot review the records, so someone could be warehoused for many years and no one would know about it. All 17 steps which should be in every patient's records are meaningless since no one is checking on them. She stated that if the purpose of this bill is to pretend to review the records and not do it, then the state will slip into warehousing again. If the Legislature intends to hire experts to do the review, it will spend more money. Ms. Gilfeather suggested that the present program be maintained.

Lloyd Meyer, Helena Mental Health Association, stated that the association opposes both bills. On February 13 the Appropriations Committee held a hearing reviewing the board, and there were no opponents to the board at that time. If the Legislative Auditor gets into the health care business, he will need consultants; and this competence now exists. If the intent is relief from visits from the board, the visits take only three to four hours. Complaints of too many reviews are valid. The association feels the problem may be in-house, and he cited the jump in number of FTE's in the Department of Institutions and SRS. He stated that that may be part of the problem. The association recommends the Legislature leave the board alone, fund it for another biennium, and use the products of its work.

Allen V. Bertelsen, Chairman of the Mental Disabilities Board of Visitors, spoke in opposition to Senate Bills 400 and 419. See Attachment "F."

Virginia Kenyon, Board of Visitors, testified in opposition to Senate Bills 400 and 419. See Attachment "G." She also read the testimony of Dr. Frank Seitz, who couldn't attend today. See Attachment "H."

Margaret Ulvestad, executive director of Developmental Disabilities/Montana Advocacy Program, Inc., spoke in opposition to Senate Bill 419 and commented on Senate Bill 400. See Attachment "I."

Tim Kaye, former employee of Boulder River School and Hospital stated that he supervised the unit that dealt with the most disruptive unit. He spoke in support of the advice and help that he received from the Board of Visitors in dealing with these very disruptive patients. See Attachment "J."

Aavy Hansen, Association of Emotionally Disabled, stated that he talked to parents in all five regions, and they feel there is no sense in messing up a good thing. They urge a do not pass on these two bills.

Jim Johnson, representative for patients at Boulder and Warm Springs, said that they hope the Governor will reconsider his position and hope this function will be continued as is.

Jeanne S. Porter, Helena Recovery, Inc., said that they strongly support citizens advocacy for an underdog group.

James Zion, American Civil Liberties, stated that the function of the Board of Visitors is vital and must be maintained in its present form or one closely related.

Diane Williams, League of Women Voters, spoke in support of maintaining the Board of Visitors.

Judge Bennett stated that he is here as a citizen who has to commit people to the institutions. He feels the board stands as a shield between mistreatment and proper treatment of patients. He stated that he is mystified about the ability of government operation. The auditor can audit these things now, but who is going to audit the auditor when he starts to make executive decisions. This is an executive function. It gives the executive $34,000 a year and an opportunity to monitor a most sensitive function, and the Governor says it is redundant.

Senator Towe closed testimony by saying that he presented the alternatives. He thinks the functions can go to the auditor's office and be preserved. He would prefer to see it as a citizen's group. He stressed the need to have some organization to determine that the law is being followed. Senate Bill 400 goes with the board.

Pat Boedecker, member of the Mental Disabilities Board of Visitors, presented written testimony opposing Senate Bill 419. See Attachment "K."

Brian Garrity presented written testimony opposing Senate Bill 419. See Attachment "L."

Bruce Bender, Helena, called the Committee to voice his support for the Board of Visitors and his opposition to Senate Bill 419.

Chairman Olson asked the Committee members if they had any questions. Senator Himsl referred to page 1 where it says the office of Legislative Auditor can review the programs. He asked if the institutions develop a program and then the auditor would go in and see if the program is being followed. Senator Towe said that lines 21 and 22 relate to assessment of the programs. The question is whether this is sufficient to replace the functions that are being deleted. On Senate Bill 400 on page 2 the powers and duties of the board are spelled out. Senator Rasmussen asked if he doesn't care to pursue keeping the board where it is now. Senator Towe said he would prefer keeping it there, but he doesn't think that will happen and he wants to retain the function.

The hearing on Senate Bills 400 and 419 was closed at 2:25 p.m.

ADJOURNMENT: There being no further business discussed, the meeting was adjourned at 2:25 p.m.

S A Olson

S. A. OLSON, CHAIRMAN

SENATE Public Health COMMITTEE

BILL S97, 400 + 419 VISITORS' REGISTER DATE 2-16-

NAME	REPRESENTING	BILL #	(check one) SUPPORT	OPP
John W McMahon MD	MMA	SB97		✓
Margaret Gilfeather	public	SB 419		✓
[illegible] Sexton	self	SB97	✓	
Mike Manion	Committee Funding Choice	SB 97	✓	
[illegible] Burdell	" " "	SB 97	✓	
Lloyd Meyer	Helena Mental Health Assn	419/400		✓
Debra McKinney	UM	SB97	✓	
Chuck M [illegible]	public	SB97		✓
[illegible]	[illegible]	SB97		✓
Cal Campbell	SDHES	SB97		✓
Vernon E [illegible]	SDHES	SB97		✓
Kelly Moore	MDBV	SB 400/419		✓
[illegible]	MDBV	SB 400/419		✓
Virginia B. [illegible]	MDB Visitors	SB 400/419		✓
[illegible]	Mental Disabilities Bd of Visitors	SB 400/419		✓
Jeanne S. Porter	Recovery, Inc.	SB 400/419		✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

SENATE Public Health COMMITTEE

BILLS 97, 400 + 419 VISITORS' REGISTER DATE 2-16-7

NAME	REPRESENTING	BILL #	(check one) SUPPORT	OPPO
A. J. Gilfeather		419		X
William E. Irvin		419		X
Jim Kay		419		X
Jerry Johnson	Mt Coalition of Human Services	419 400	X	
Jim McCallum	Mt Coalition of Human Services	419 400	X	X
Keith Babcock	Self	97	X	
Bruce Leary	[illegible] Hospital Assn	SB 97	neutral - support with [illegible]	
[illegible] MD	MMA	SB 97		X
G. Brian Zins	MMA	SB 97		X
[illegible]	A.C.S.	"		X
Allen N. Wesley	ACS	"		X
Sen Thiessen	Senate	419	✓	
" "	"	400		✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

ROLL CALL

PUBLIC HEALTH COMMITTEE

45th LEGISLATIVE SESSION - - 1979 Date 2-16-79

NAME	PRESENT	ABSENT	EXCUSED
Rasmussen, A. T., Chairman		✓	
Olson, S. A., V. Chairman	✓		
Himsl, Matt V.	✓		
Lensink, Everett R.	✓		
Norman, Bill		✓	
Palmer, Bob	✓		
Ryan, Patrick L.		✓	

NAME: V. Sloulin DATE: ____________

ADDRESS: S. Dept. Hlth. Bl. Helena

PHONE: 449-2408

REPRESENTING WHOM? Dept. Hlth & Env Sci.

APPEARING ON WHICH PROPOSAL: S.B. 97

DO YOU: SUPPORT? ________ AMEND? ________ OPPOSE? ________

COMMENTS: Conflicts with State & Federal Law.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: FRED L. LOFSVOLD DATE: FEB 16, 1979

ADDRESS: 500 U.S. CUSTOMHOUSE, DENVER COLO 80202

PHONE: 303 837-4915

REPRESENTING WHOM? U S FOOD + DRUG ADMINISTRATION

APPEARING ON WHICH PROPOSAL: S.B. 97

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS: I HAVE WRITTEN STATEMENT FOR THE RECORD

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Allen N. Woolley DATE: 2-16-79

ADDRESS: 116 Hillcrest Missoula

PHONE: 549-6181

REPRESENTING WHOM? American Cancer Society

APPEARING ON WHICH PROPOSAL: Laetrile hearing

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? ✓

COMMENTS: ______

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Margaret Gilfeather DATE: 2/16/79

ADDRESS: 2816 - 4th Ave So. Great Falls

PHONE: 453-6700

REPRESENTING WHOM? public

APPEARING ON WHICH PROPOSAL: SB 419

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? ✓

COMMENTS: not good to let the institutions slide back to warehouses

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Lloyd J. Meyer DATE:

ADDRESS:

PHONE:

REPRESENTING WHOM?

APPEARING ON WHICH PROPOSAL:

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Allen V. Bertelsen DATE: 2-16-79

ADDRESS: 15 Annette Park Dr., Bozeman, MT. 59715

PHONE: 587-4179

REPRESENTING WHOM? Board of Mental Disabilities

APPEARING ON WHICH PROPOSAL: SB 400 & 419

DO YOU: SUPPORT? ____ AMEND? ____ OPPOSE? X

COMMENTS: Comments are in Folder from the Board of Visitors

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Virginia B Kenyon DATE: Feb 16

ADDRESS: Helena

PHONE: 443-2618

REPRESENTING WHOM? Bd of Visitors

APPEARING ON WHICH PROPOSAL:

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS: My testimony is included in folders vailable To committee members -

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Margaret Ulvestad DATE: 2/16/79

ADDRESS: 1218 East 6th Ave

PHONE: 449-3889

REPRESENTING WHOM? DD/MAP

APPEARING ON WHICH PROPOSAL: 419- 400

DO YOU: SUPPORT? ☐ AMEND? ☐ OPPOSE? ☑

COMMENTS: Oppose 419

Comment 400

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Tim Kaye DATE: 2/16/79

ADDRESS: Blue Sky Heights, Clancy

PHONE: 933

REPRESENTING WHOM? citizen's advocate

APPEARING ON WHICH PROPOSAL: SB. 419

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? X

COMMENTS: Brd needs to have powers within community based facilities

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: James Allen Johnson DATE: 2-16-79

ADDRESS: Box 481 Butte, Mont.

PHONE: 723-5537; 693-2221 Ext. 2478

REPRESENTING WHOM?

APPEARING ON WHICH PROPOSAL:

DO YOU: SUPPORT? ✓ AMEND? OPPOSE? Against 49

S.B 400 but want the function to remain in

COMMENTS: the executive agency.

There is still the option of the governor by executive order assigning the board to an executive agency for administrative purposes

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Jeanne S. Porter DATE: 2/16/79

ADDRESS: 1425 Winne

PHONE: 442-7992

REPRESENTING WHOM? Recovery Inc. Self help aftercare group for former mental patient

APPEARING ON WHICH PROPOSAL: # 419

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? ✓

COMMENTS: support strongly need for citizens advocacy of mentally ill to provide balance — 3rd party objectivity —

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: JAMES W. ZION DATE: 2/16/79

ADDRESS: 201 POWER BLOCK, HELENA

PHONE: 442-3261

REPRESENTING WHOM? ACLU OF MONTANA

APPEARING ON WHICH PROPOSAL: SB 419

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? ✓

COMMENTS: The function of the Board of Visitors is vital and must be maintained in its present form or one closely related to the present form.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Gordon B. Bennett DATE:

ADDRESS:

PHONE:

REPRESENTING WHOM?

APPEARING ON WHICH PROPOSAL:

DO YOU: SUPPORT? AMEND? OPPOSE? ✓

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Patricia Baedecker DATE: 3/16/79

ADDRESS: 602 Halter, Helena, Mt. 59601

PHONE: 442-9371

REPRESENTING WHOM? Board of Visitors

APPEARING ON WHICH PROPOSAL: SP 419-400

DO YOU: SUPPORT? ____ AMEND? ____ OPPOSE? ✓

COMMENTS: Only state agency to monitor care received by mental patients – through Mental Health Centers & institutions & We are patient advocates –

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Edward L. King DATE: 2/16/79

ADDRESS: Manhattan, Mont

PHONE: 284-3258

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: 97

DO YOU: SUPPORT? ____ AMEND? ____ OPPOSE? ✓

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Jim Brown DATE: 2/16/79

ADDRESS: 906 Madison, Helena

PHONE: 443-3824

REPRESENTING WHOM? Volunteer w/ Mental Health Assn

APPEARING ON WHICH PROPOSAL: SB 400-410

DO YOU: SUPPORT? ______ AMEND? ______ OPPOSE? Y

COMMENTS: Keep Bd of Vis. as they are

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

ATTACHMENT "A"

PETITION TO LEGALIZE LAETRILE IN ******** MONTANA ********

EVERY CITIZEN OF THE STATE OF MONTANA IS ENTITLED TO SEEK MEDICAL TREATMENT OF HIS CHOICE AND EVERY MEDICAL DOCTOR IN THE STATE OF MONTANA IS ENTITLED TO GIVE HIS PATIENT THEIR MUTUALLY AGREED UPON TREATMENT, INCLUDING VITAMIN B-17 (LAETRILE) THERAPY, WITHOUT THIRD-PARTY INTERFERENCE.

WE RESPECTFULLY REQUEST THAT MONTANA FOLLOW ALASKA'S LEAD IN ENACTING LEGISLATION THAT WOULD INSURE AND PROTECT OUR RIGHTS TO FREEDOM OF CHOICE IN MEDICAL MATTERS.

	NAME	STREET ADDRESS OR RURAL ROUTE	CITY ZIP	DATE OF SIGNING MONTH	DAY	YEAR
1	[illegible]	344 [illegible] Ave	Kal	6	21	78
2	[illegible]	[illegible]	Kal	6	[illegible]	
3	[illegible]	[illegible]	KAL	6	21	78
4	[illegible]	[illegible]	Kal.	[illegible]	21	78
5	[illegible]	1339 - 3rd Ave E	Kal	6	21	78
6	[illegible]	205 [illegible]	Col. Falls	6	21	78
7	[illegible] Sweet	315 [illegible]	Kal.	6	21	78
8	[illegible]	1817 [illegible]	Kal.	6	21	78
9	[illegible]	1867 [illegible]	Kal	6	21	78
10	[illegible]	[illegible]	Kal	6	21	78
11	[illegible]	326 1st Ave [illegible]	Kal	6	21	98
12	[illegible]	1241 [illegible]	Kal	6	21	78
13	[illegible]	36 Willow Dr.	Kalispell	6	21	78
14	[illegible]	436 [illegible]	Kalispell	6	21	78
15	[illegible]	436 [illegible]	Kalispell	6	21	78

WRITE YOUR SENATORS AND REPRESENTATIVES TODAY

Return petition to

THE COMMITTEE FOR FREEDOM OF CHOICE IN CANCER THERAPY

[illegible]
(Signature of Circulator)

[illegible] Kal
(City or Township where Registered)

Kalispell [illegible]
Complete Address (Street and Number or Rural Route) Post Office

6/21/78
(Date)

CIRCULATOR - Do not sign or date certificate until after circulating petition

ATTACHMENT "B"

SENATE BILL 79 SENATOR HIMSL

****

Senate Bill #79 is a proposal to authorize the manufacture, sale, possession and distribution of laetrile, also known as B-17 a cyanogenetic glycoside which is processed from the seeds of certain fruits. The bill would legalize laetrile in this state.

The bill is really a freedom bill--in Section 3 the hospital or health facility may not interfere in the physician-patient relationship or forbid the use of laetrile when prescribed or administered by a physician or requested by a patient.

Section 4 frees the physician from any disciplinary action for prescribing or administering laetrile as an adjunct to traditional treatment for any malignancy.

Section 5. Laetrile is not endorsed as a treatment for a malignancy, but allows prescribing laetrile as a dietary supplement for those not suffering from any known malignancy.

Section 6. No physician, pharmacist, or anyone else is required to use, manufacture or distribute or administer or prescribe laetrile.

The thrust of this bill is to put some common sense into this issue of cancer treatment--it brings the patient to the physician who has the opportunity of advising the patient of conventional treatment--radiation, chemotherapy, or surgery--it gives the patient a choice--go this route which is not a rewarding one for many--or go the dietary route which has had some exciting success.

I am not qualified to argue the tests for there is a shortage of objective clinical history. It seems to be acknowledged that laetrile by itself is no miracle worker--vitamin A alone does not show much, but there is laboratory evidence and a lot of clinical experiences which suggest that laetrile, with vitamin A and enzymes may bring about a regression of tumors.

Billions of dollars have been spent in cancer research--search for a virus - search for causes - search for environmental effects--but really not much progress has been made. Thirty years ago a Mayo Clinic doctor wrote of the three most common areas of cancer--breast, lung and colon--and that is reported the same today--except that the Cancer Society now warns that one out of every 4 persons can expect to be a cancer victim--maybe there is more hope in the study of diets--a systemic approach. Iodized salt seems to remove a lot of goiter problems; vitamin C, scurvy; B 12, anemia; Beriberi through Vitamin B, and rickets through Vitamin D.

There is no evidence that laetrile does any harm; Dr. Dean Burke, chief cytologist of the National Cancer Institute said laetrile is "remarkably non-toxic"--Dr. Harold Manner, Loyola University research biologist says the same thing.

Since I introduced this bill, I have been amazed at the mail I have received from so many people who write of their experiences: conventional treatment gave them no hope--in desperation they went to Mexico, California, or Europe--and got a laetrile treatment with results that approach being miracles--and maybe they were.

Now laetrile is being used, it is bootlegged into the state--the costs are high--some taken in the form of pills and some by injections. I am told the pills now cost from 55¢ each to $1.25 each, and at least one taken before each meal. The Mexican clinic has a packaged deal of $100 a day for 20 days.

Laetrile has been legalized in 17 states and last month the North Dakota House passed a laetrile bill.

The logic of the U. S. Food & Drug Administration escapes me--some one in government has suggested or declared that ham causes cancer, hair dyes cause cancer, smoking causes cancer, X-rays cause cancer, Red Dye No. 2 causes cancer, Bacon causes cancer, Saccharin causes cancer, Asbestos causes cancer, Nitrites cause cancer, Nitrates cause cancer, Tris causes cancer, T. V. Radiation causes cancer, Microwave ovens cause cancer, Beer causes cancer and Cranberries cause cancer.

These are suggested or declared agents which might cause cancer, but they don't stop the possession, nor the transportation of them--yet they can stop a non-toxic--non cancer producing substance---even perhaps an anti-cancer producing diet food, such as laetrile--- this I can't understand.

Many of the letters I have received pleading for this choice, express their desire to deal with and through their doctor--now they can't do so legally and they also express a feeling of guilt as they seek relief and hope in what they feel is an illegal way.

I don't know what efficacy there is in laetrile, or its use with vitamins or enzymes--but I share the strong feeling of many cancer victims that they ought not be deprived of a choice when their options are so limited and they are entitled to relief, comfort, or hope with the dignity of a legal process in concert with help from progressive physicians--

surely that is not too much to ask.

Apparently the laetrile treatment has brought some relief, encouragement, and hope to many who had reason to be discouraged with conventional treatment.

In regard to H.B. 97

ATTACHMENT "C"

In a recent public opinion survey, cancer was rated as our nations number one problem. It was rated even higher than inflation. During the past two years, more people have suffered and died from cancer in the U. S. than the entire population of Montana. In searching for answers as to what causes cancer, why some get it and others do not, and what is being done to fight cancer I've read some very surprising and shocking statements on the subject.

One of the earliest theories was that of a Prof. Beard of Scotland who stated that cancer cells are identical to trophoblastic cells which are formed in our bodies as a result of a chain reaction involving the hormone estrogen. These trophoblastic cells perform vital functions in the human body, such as attaching the embryo to the uterus during th first eight weeks of pregnancy and in healing any damaged tissue in bot sexes. When these cells continue to multiply after their work is done the result is cancer. There are many forms of cancer and numerous unanswered questions on the subject of cancer but no one has ever prove that he was wrong. Other researchers have described cancer as an over-healing process that can result if the body's healing process is not functioning properly. They also believe that the pancreas has a vital role in regulating this healing process, which leads to the theory that some foods may hamper its function or some deficiency in our diet could result in the healing process not being properly regulated.

In exploring the question of why some get cancer and others do not it is significant to note that there are large groups of people that are totally free of cancer. The Eskimoes in their native habitat, the people of Hunza, (a country between China and India), some tribes of American Indians, and many groups in Africa are all free of cancer. Also there are groups of people, numbering into the thousands, right in our own country who have altered their diets and who are virtually free of ca[illegible]r. Some of these people eat large quantities of meat, others none at all, but they all have an abundance of nitrilosides or vitamins in their food. When any of these people move to our society and eat our foods their chances of getting cancer are equal to ours. The same is true of wild animals, bears for example don't get cancer when they can select their own foods but do get cancer in captivity.

Cancer is one of a number of chronic metabolic diseases that have plagued mankind for centuries. After searching for hundreds of years for some virus or germs that caused the following mysterious diseases the answers were found and the diseases practically wiped out: Beri Beri is a lack of Vitamin B_1, Pellagra a Vitamin B_2 deficiency, Rickets, a shortage of Vitamin D, and Scurvy, which killed an estimated one million British sailors between 1600 and 1800 was found to be caused by a lack of Vitamin C found in citrus fruits. This theory was rejected by medic authorities but British sailors began to carry limes, a citrus fruit, on board with them and to this day are called "Limeys" by other sailors but the dread disease was wiped out.

In 1952, Dr. Ernst T. Krebs, Jr., a biochemist in San Francisco, isolated a compound which is found in food eaten by cancer free people. It is not a drug since it is derived from food rather than chemicals. It is a food factor that contains the properties of other members of the Vitamin B complex and was named Vitamin B_{17}. This vitamin is found in the seeds of several fruits and also many grasses, sorghum, millet, and other plants but is not abundant in the diets of civilized man.

This discovery may someday be recognized as one of the greatest achievements in medical science, but the events that followed are unbelievable.

Dr. Krebs has had windows shot out of his car and Dr. John Richardson M.D. was handcuffed in his office and hauled off to jail for attempting to help cancer patients with a purified and concentrated form of Vitamin B_{17}, which Dr. Krebs named Laetrile. To understand this opposition, a study of the chemical and drug industry reveals that it is totally controlled by a cartel made up of a group of German Industrialists and a group of the wealthiest people in the U.S. Together they own or control not only the chemical and drug industry but literally hundreds of other major multinational corporations as well. The expansion of their wealth and power is dependent upon eliminating all competition. They have regarded the future sale of chemicals or drugs for the control or curing of cancer as a high priority item, which can bring in billions of dollars. So when a product appeared that could be produced from fruit pits, which are being thrown into the garbage, and could wipe out their billions in profits they reacted swiftly and predictably.

They launched what is probably the biggest brain washing campaign in the history of our nation. Laetrile was branded as a dangerous drug which is totally worthless. They edited films for T.V., wrote numerous articles and used the mass media in every way possible to mold public opinion against Laetrile. They repeatedly referred to anyone who promoted Laetrile as quacks. They have used the fact that it contains cyanide to scare the public. Cyanide by itself is toxic but when locked in the compound is perfectly safe, just as chlorine gas which is toxic is safe when combined with sodium to form table salt.

Laetrile is not a drug at all but comes from a natural source. Dr. Dean Burke, head of the Cytochemistry division of the National Cancer Institute has repeatedly testified that it is as non-toxic as any product can be. He also stated that when Laetrile was added to a cancer culture the cancer cells died off like flies. As to its value there are cancer victims in every corner of our nation who will testify that they have been helped by it. Dr. Dale Danner was very skeptical of its value, but tried it when he was near death from cancer and made a miraculous recovery.

The medical community has not accepted this product. However, it is an established fact that many of the world's greatest scientific discoveries have been rejected for years. Much of the opposition here centers on the report of the California Medical Commission made in 1953. There is considerable evidence that the two men who wrote the report were not only biased but falsified the findings. The same two men who wrote the report also insisted about the same time that there absolutely was no connection between cigarette smoking and lung cancer.

At this point I would like to state that I believe that our medical doctors are very sincere, dedicated people but I also feel that the information that they are getting on Laetrile has been greatly distorted. The medical schools of our nation have received vast sums of money from tax free foundations set up by some of the people in the drug cartel. I believe its purpose in the beginning was humanitarian, but as the years went by it became similar to a federal bureau which hands out free money but dictates to and dominates those who receive it. The American Medical Journal, which doctors rely on to keep informed on new products, has published numerous articles, describing Laetrile as worthless and dangerous. This publication receives large sums of money for advertising from the drug and chemical cartel. In addition to the F.D.A. ruling there are other reasons why a doctor does not prescribe Laetrile. If he even suggests that he thinks it has merit he may be branded a quack, denied malpractice insurance, and denied the use of hospital facilities.

Laetrile, or a similar product, is being prescribed to help cancer victims all over the world with the exception of the United States and Canada. The Food and Drug Administration, which has had numerous men in key positions who were before or later executives in the drug cartel, announced in 1971 that Laetrile could no longer be promoted, sold, or even tested in theUnited States.

The Great Falls Tribune carried articles on Jan. 26 and 27th about the family of three year old Chad Green, who fled this country to protect their child "from any further ignorance, pride, greed, and violence". A court in Mass. had taken custody of the child to force the parents to permit the boy to be given chemotherapy. The parents said the drug, which was given as a treatment for his leukemia, (cancer of the blood) turned their boy into a "wild animal". The boy was taken to Mexico where he could receive Laetrile and was feeling better, but time will tell the rest of the story, depending on how advanced his cancer had become.

Let's face it, if a victim reaches a terminal stage, no one has a proven cure. Statistics are easily disputed but those available indicate that less than one percent of terminal victims can be cured by orthodox therapy: Surgery, radiation, or chemotherapy. Dr. Contreras of Mexico estimates that 15% of these terminal patients can be cured with Laetrile, still not good but considerably better. The McNaughton Foundation has reported an 80% survival rate for cancer patients receiving Laetrile if the cancer is still in one location. Those receiving surgery, radiation, and chemotherapy can expect a survival rate of less than 30%. In both cases survival means five or more years. In contrast to the nausea, diarrhea, loss of hair, etc. associated with chemotherapy, those using Laetrile report relief from pain, return of appetite, and relief from rheumatic ailments.

There seems to be considerable evidence that cancer is a vitamin and enzyme deficiency disease. If this is true our best means of fighting cancer lies in prevention, by correcting this deficiency, as was the case when scurvy was wiped out.

Realistically, we know that it will be many years before cancer will be completely defeated. In the meantime if Laetrile, (vitamin therapy) can help in this fight we should by all means give it a chance. A bill, Senate Bill 97, has been introduced in our legislature to permit the sale and use of Laetrile in Montana. I certainly believe it deserves our support.

John G. Overcast
Chinook, Mt.

I don't know what your thinking is on this Drug, but if this can be submitted at the hearing I will appriciate it.

John

Attachment "D" 3

STATEMENT

BY

FRED L. LOFSVOLD

DENVER REGIONAL FOOD AND DRUG DIRECTOR

FOOD AND DRUG ADMINISTRATION

PUBLIC HEALTH SERVICE

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

BEFORE THE

MONTANA STATE SENATE

PUBLIC HEALTH COMMITTEE

HELENA, MONTANA

FEBRUARY 16, 1979

ATTACHMENT "E"

AMENDMENTS TO SENATE BILL 97

Sections 3 and 4, shall be deleted in their entirety. The following provision shall be inserted in lieu thereof:

> "Section 3. The sale or distribution of laetril in this state shall be in a container or package which contains the following statement, /Laetril has not been established to have any therapeutic value./"

EXPLANATION OF AMENDMENT

The purpose of this amendment is not to prevent the distribution of Laetril in this state. Rather it is to allow such distribution without the prescription of a physician. As such it may be purchased over the counter in the same manner as all non-prescription drugs.

The purpose of these amendments are two-fold: (1) to make Laetril available to the public in such a manner that the public is not mislead regarding its present known therapeutic value. (2) to allow hospitals and the Board of Medical Examiners to continue to control the conduct of physicians without exception. If a physician misrepresents the qualities of Laetril he should be subject to the same restrictions or disciplinary action as he would be subject to for the misrepresentation of any other drug. The Board of Medical Examiners have worked hard in recent years to identify physicians who provide unnecessary treatment or who utilize methods of treatment that are not recognized. No loopholes should be created which would allow the unscrupulous practitioner to operate free from disciplinary action.

In summary, these proposed amendments allow hospitals and the Board to continue to control the conduct of physicians, as well as allow Laetril to become available to the public in a manner which should not mislead them.

ATTACHMENT "F"

STATE OF MONTANA
Office of the Governor
Mental Disabilities Board of Visitors

325 Power Block - Helena, Montana 59601
(406) 449-3955

Thomas L. Judge
Governor

Senate Public Health Committee
State Capitol
Helena, Montana 59601

Re: Senate Bills 400 and 419

Dear Chairman Rasmussen and Members of the Committee:

Thank you for offering the opportunity to testify before you today. For the record my name is Al Bertelsen and I am from Bozeman. As the parent of a developmentally disabled child and the current chairman of the Board of Visitors, I have firsthand knowledge of the activities of the Board and of the role it has played in protecting the rights and treatment of Montana's mentally disabled.

In 1975, the Board of Visitors was created to act as an independent "watchdog" group to insure humane and decent care and treatment for the state's mentally disabled persons. The Board, comprised of consumers and professionals, has faithfully, conscientiously and vigorously performed the tasks assigned to it through the Developmentally Disabled Act and the Mental Commitment and Treatment Act. No other state agency has been charged with protecting the rights of the mentally ill and the developmentally disabled. The service of the Board of Visitors is unduplicated.

During this biennium, the Board of Visitors has conducted twenty-six site reviews. The reports issued after each site visit offer a direct link between the consumer (patient) and their rights which are protected under Montana Law. To do away with the Board of Visitors or to transfer it to the Legislative Auditor, is to leave Montana's mentally disabled more defenseless. It means these people will have to fight many more layers of bureaucracy.

It presently costs the State of Montana $2.89 per patient per year to maintain the services of the Board of Visitors. This figure is certainly minimal, when one considers a human life, especially an individual who is mentally disabled. The Board of Visitors is established, functioning, and active in guaranteeing the right to treatment and protection of human and legal rights. Maintaining the Board of Visitors is essential for the mentally ill and the developmentally disabled of the State. I urge you to support the continuation of the Board of Visitors.

Thank you for your time and consideration of this issue.

Respectfully submitted,

Allen V. Bertelsen

Allen V. Bertelsen
Chairman,
Mental Disabilities
Board of Visitors

ATTACHMENT "G"

Mr. Chairman and Members of the Committee:

The Board of Visitors was created by the 1975 Legislature. Its functions are described in Title 38, Chapter 13 of the Revised Codes of Montana. It was to be "an independent Board of inquiry and review to assure that the treatment of all persons either voluntarily or involuntarily admitted to a mental health facility is humane and decent and meets the requirements" of the law.

The board has no axes to grind, and is interested only in the care of patients entrusted to the care of the state for treatment of their disability. This interest and focus on care and treatment is what makes the board different from other review groups. The board attends only to those duties prescribed by law: To assure the best possible treatment in the least restrictive environment. This costs the state about $2 per patient per year.

The board functions with one full time staff person. It can continue to function to benefit Montana families only if it is allowed to maintain its integrity as an independent board. We don't need another layer of bureaucracy

The board makes no recommendations for the improvement of care or conditions -- it merely reports its findings after each site visit.

Despite what you may have read, there is still need for a Board of Visitors. Any of you who may have relatives or neighbors in need of mental health care should be very glad the Legislature has provided such a monitor.

Respectfully submitted,

Virginia Kenyon
700 Broadway
Helena, Montana 59601

ATTACHMENT "H"

300 North Willson
Medical Arts Center
Bozeman, Montana 59715

Senate Public Health Committee
State of Montana Legislature
State Capitol
Helena, Montana 59601

Re: Mental Disabilities Board of Visitors

Dear Chairman Rasmussen and Committee Members:

The only agency of the government which has taken active steps towards protecting the rights of patients and insuring that they receive competent, humane treatment is the Mental Disabilities Board of Visitors. Certainly there exist other review agencies, but none that evaluate mental health and Developmentally Disabled services from the viewpoint of the consumer.

The Board to date has taken a careful, exacting look at patient treatment, a look that to date has been uncontaminated by political pressure to file "acceptable reports". The Board has been candid, perhaps too candid, given the realities of mental health politics. However, it has been the philosophy of the Board, given its legislative mandate to protect the rights of the mentally disabled, to speak clearly, honestly, and boldly about the abuses of the mentally disabled. The Board serves no political or institutional masters, only the patients. Perhaps that is one reason behind political attempts to legislate the Board out of existence.

With well done evaluations by the Board of Visitors, comes criticism. The Board has not been immune to that. In no instance, to my knowledge, has the Board acted outside its legislative mandate. Rather, it has maintained the highest degree of professionalism, and jealously guarded patient confidentiality, patient trust, and the patients' well being. No other state agency has been charged with protecting at such an individual, personal level, the rights of the mentally disabled. I urge you to support the continuation of the Board of Visitors.

Thank you for your careful consideration of the Board. I only regret that I am unable to testify before you personally.

Sincerely,

Frank C. Seitz, Ph.D.

Frank C. Seitz, Ph.D.
President, Montana Psychological Association
Member, Mental Disabilities Board of Visitors

FCS:rm

ATTACHMENT "I"

DD/MAP, Inc.

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH COMMITTEE
FEBRUARY 16, 1979

RE: BOARD OF VISITORS
SB 400 and SB 419

CHAIRMAN - Members of the Committee. My name is Margaret Ulvestad. I am Executive Director of Developmental Disabilities/Montana Advocacy Program, Inc. (DD/MAP). I am here in opposition to SB 419 and to comment on SB 400.

DD/MAP is the state-wide protection and advocacy program as mandated by the Federal DD Act of 1975. Our charge is to protect the rights of developmentally disabled persons in the State of Montana. One method of carrying out this charge is to work closely with such organizations as the Board of Visitors.

We support the existence of the Board of Visitors as it is presently established. We support its functions as they are outlined now. And, we particularly support the Consumer Board concept, as we are fully aware of the necessity of having both consumer and professional input into areas concerning developmentally disabled persons.

In opposition to SB 419, we feel strongly that Montana NEEDS the Board of Visitors. We feel that as long as there are people residing in institutions, we will need a Board of Visitors. As a newcomer to the State of Montana not too long ago, I was impressed with many things in terms of treatment and habililitation of developmentally disabled persons in this state. Coming from a progressive state in terms of dd programs and ideas, this was indeed heartening; but I found something new here - and something quite effective and progressive - that is the Board of Visitors. Now is not the time to reverse ourselves in terms of services to dd persons; now is the time to continue and improve these services. The Board of Visitors is a vital link in the service system to dd persons. Among its many duties, the Board and its staff monitor and review treatment and habilitation of individuals on a daily basis; they make periodic visitations and reviews of the facilities as well as programs. The Board is able to address individual grievances - and refer them to other agencies, such as ours, when necessary. Besides these very basic activities, the Board is charged with the review of (1) any experimental research, which must be approved by the Board before it can occur; (2) any noxious or aversive treatment techniques; and (3) alleged abuse of residents. These are very basic protections which are monitored and upheld by the Board, and continual review of these areas will likely avert a crisis situation. I shudder to think of the possible problems without a Board of Visitors; their work is far from over.

Regarding SB 400, DD/MAP - again - supports the Board as it is now. Its actual physical placement in state government is not a particular concern of ours; however, its duties, ability to be effective in carrying out these duties, and the existence of a Board consisting of consumers as well as professionals are very basic concerns of ours. Now is not the time to dilute the services to developmentally disabled persons; now is the time to strengthen them and make them even more effective. We feel that there is potential in SB 400 of dilution of the effectiveness of the Board of Visitors. We feel that some of its independence may be lost, and its independence has been one of its strongest assets. We have been struck with the effectiveness of the Board of Visitors in carrying out its statutory duties, the sensitivity and commitment to the individuals they are to protect, and the willingness of the Board and its staff to work cooperatively with other agencies and persons on behalf of dd persons. We see no need to change something that is working.

In summary, DD/MAP views the Board of Visitors as a preventive measure in the treatment and habilitation of dd persons residing in our institutions and strongly supports its continuation as it is now. The Board of Visitors has the capacity to have far-reaching impact on Montana's continued humane treatment and habilitation of dd persons, many of whom cannot speak on behalf of themselves.

We strongly oppose SB 419 and urge that you not pass it. We have reservations about SB 400, and would prefer to see things remain as they are. We see no benefit in changing something that is working effectively and efficiently - why change a good thing?

We strongly feel that Montana NEEDS the Board of Visitors - and support its continuation as is.

Thank you.

Margaret Ulvestad

ATTACHMENT "J"

January 11, 1979

To: The Honorable Mike Greeley
Attorney General of the State of Montana
Capitol Building
Helena, Montana

From: Timothy F. Kaye
Citizen Advocate
Clancy, Montana

Dear Mr. Attorney General:

I am writing to you in regards to Mr. Arnold Hayter, a nineteen-year-old developmentally disabled citizen of Montana residing in Cascade House, a group home operated by Cascade County Housing for the Developmentally Disabled, Inc. (CCH/DD), which is a private non-profit organization in Great Falls, Montana.

Arnold has lived at Cascade House since February 7, 1978. Prior to this time Arnold had a long history of institutionalization culminating with his residence at Boulder River School and Hospital. While institutionalized, Arnold had a history of extremely difficult behaviors including: use of profane language, property disruption/destruction, and aggression.

In February of 1976 Arnold was placed in the Intensive Treatment Unit of Boulder River School and Hospital to identify habilitation needs and develop an Individual Habilitation Plan (IHP). Arnold responded with remarkable success to the IHP program as developed by an appropriately constituted team. That success has been documented by articles in the Great Falls Tribune, Independent Record, Social and Rehabilitation Services (SRS) newsletters, Boulder River School and Hospital newsletters, and in Arnold's resident records at Boulder. When Arnold was placed in Cascade House in February of 1978 a major step had been accomplished in Arnold's deinstitutionalization effort.

My name is Timothy Kaye. I first met Arnold when he was admitted to the Intensive Treatment Unit at Boulder River School and Hospital. I was a direct care aide for Arnold from February 1976 to January 1977. In January 1977 I became a program specialist responsible for the development and implementation of skill acquisition and behavior intervention programs for Arnold. In July 1977 I became the administrator for the Intensive Treatment Unit and was responsible for supervising the delivery of habilitation services to Arnold Hayter. I resigned this last position in August 1978.

Acting as the designee for William Conyard, Superintendent of B.R.S. and H, I participated in Arnold's initial IHP meeting in Cascade County, Montana on March 13, 1978. On April 7, 1978 I co-signed the certificate of discharge formally releasing Arnold from Boulder River School and Hospital and restoring all rights accorded a citizen of Montana.

Since that initial IHP meeting I have been in continual personal contact [illegible] Arnold, staff working in Cascade House, staff at the Special Education Center in which Arnold is enrolled, and Arnold's case managers.

ATTACHMENT "K"

Patricia M. Boedecker
602 Holter
Helena, Mt. 59601

Member, Mental Disabilities Board of Visitors

Opponent to SB419

GENTLEMEN:

A MULT-MILLION DOLLAR ORGANIZATION EXISTS THAT IS TO SUPPLY SERVICES NEEDED FOR THE MENTALLY ILL IN THE STATE OF MONTANA. THE BOARD OF VISITORS IS THE ONLY STATE AGENCY THAT MONITORS THE CARE RECEIVED BY THE PATIENTS. THE MENTAL HEALTH CENTERS SPEND AN INORDINATE AMOUNT OF TIME, HENCE MONEY, IN ADMINISTRATION AND NOT SERVICES. THE PATIENT'S FILE IS THE ONLY TRUE CHECK ON WHAT HELP A CITIZEN IS TO RECEIVE. DRUGS HAVE REPLACED STRAIGHT JACKETS. THE CONSULTANTS THAT WE HIRE, MONITOR MEDICATIONS. THE BOARD HAS REPORTED, AND CAN CONTINUE TO REPORT INFRACTIONS IN THIS AREA. I POINT TO OUR SUCCESS, BY THE PROPONENTS THAT SUPPORT THIS BILL.

THANK YOU.

Patricia M. Boedecker

ATTACHMENT "L"

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH COMMITTEE

FROM: BRIAN F. GARRITY
BOX 504
BOULDER, MT. 59632
DATE: FEBRUARY 16, 1979

Members of the committee:

For the record, my name is Brian Garrity. I live in Boulder, Montana. I represent no organization or persons besides my self. I am presently an Habilitaion Training Specialist at Boulder River School and Hospital. I have worked at BRS&H for four of the last four and one-half years as an Habilitation Aide I (HAI), HAII, HAIII, and presently as an HTS.

I am here today to oppose SB 419 (which would abolish the Mental Disabilities Board of Visitors) and to support SB 400(which would transfer the Mental Disabilities Board of Visitors from the Executive branch to the Legislative branch of state government.

An institution is no place for anyone, even retarded people, to have to live. I am not saying that there are not attempts at BRS&H to make it <u>more</u> appropriate for the residents there, but an institution inherently is not a place where people desire to live. As a result, I have long been interested and concerned about the community programs for the Developmentally Disabled.

To understste the issue, I am surprised that the community programs have lasted as long as they have. About all that the "responsible" state agencies seem to know about the private corporations whom they contract with and about the group homes that are run by these corporations, is what appears on the contracts which they sign. After that, there seems to be no follow-up. There seems to be no coordination between services (the Individual Program Plans should accommodate this situation, but what Ihave seen of the IPP process in the community it is a hoax.) There is no accountability/monitoring system for the corporations and group homes, aside from a few individual advocates who are attempting to actively and thoroughly monitor and protect the rights of the developmentally disabled in the communities.

Asthe situation presently exists, from what I have seen and heard, although Ichoke to say it, many residents in the community would be better off back in Boulder. But, PLEASE, PLEASE, do not take this backwards approach to the problem! Take a forward, positive approach. Set up effective, meaningful accountability and monitoring system in the communities. Expand the Mental Disabilities Board of Visitors functions into the community programs. As a knowledgeable and autonamous monitoring group, they will diminish the community abuses by exposing them to full view on a constant basis. To date it appears that many people have been doing a good job of "looking the other way" when abuses occur.

Transfer the Board of Visitors from the Executive to the Legislative branch. This should provide them with even more autonomy as well as keeping the legislature more directly and accurately informed as to the condition of this most important effort which the legislature has made to better the lives of the developmentally disabled in Montana. The Board of Visitors is one of the best bargains that this state presently funds.

In closing, Istrongly urge this committee to kill SB 419 and to support SB 400. Thank you.