CHAIRPERSON JAMES: Commissioners, questions?

Commissioner Bible?

MR. BIBLE: Do either of your organizations have information on coverages that are mandated by states in terms of insurance contracts? I know there's probably a listing available that shows mental health is --

MR. ASHE: Yes, yes, we have that information.

MR. BIBLE: Could you provide that to us?

MR. ASHE: Yeah, the answer is none.

MR. BIBLE: None in terms of pathological gambling but I assume there's various mental health benefits, there's benefits for alcoholism and things like that.

MR. ASHE: Oh, yes, we could give you that information.

MR. BIBLE: Yeah, that's what I'd like to see. Thank you.

CHAIRPERSON JAMES: Commissioner Wilhelm.

MR. WILHELM: Mr. Ashe, I'd like to thank you not only for your testimony but for the several lists of very specific suggestions that you made. I think as we start to focus on our report, that those very specific lists are -- will be quite helpful and I for one would hope that most or all of those suggestions find their way into our final report by way of recommendations. So I thank you for that. Ms. Reilly, I have two questions and one request. My first question is, am I right in understanding from the material you submitted to us that the National Center for Responsible Gaming has not received any financial contributions from states or state lotteries.
MS. REILLY: That is correct.

MR. WILHELM: Second, you made reference at the end of your testimony to Doctor Volberg's comments about the -- to us about the importance of the National Center. You said that in your upcoming round of research grants that you expect to award $1.2 million worth of grants. In your judgment if significantly more money were available from whatever set of sources, could that money be well utilized in additional research?

MS. REILLY: Yes. Actually we would like to fund as much as two million and that is what our fund raising campaign is now focused on.

MR. WILHELM: When you say you would like to fund two million, is that -- I mean, that would be quite understandable to me as a quantum leap from 1.2 million. Does that represent your judgment of what can be efficiently utilized or is that your judgment of hopefully what you'll be able to raise?

MS. REILLY: It's more judgment of what's feasible for us to raise and we're focused on that right now. We have a prospect list of about 200 companies in different areas of gaming that we're hoping -- because right now we only represent 22 companies and we thing there's a lot of room for growth.

MR. WILHELM: And in that connection, I think that your center and Boyd Gaming and IGT and others who have made substantial contributions and to be congratulated. So am I understanding you to say that you believe that if significantly, and this is of course a hypothetical, significantly more money even more than $2 million were available annually for this kind of research, you think it could be well used.
MS. REILLY: Yes, definitely because some of the most expensive projects are the ones that are needed the most, the longitudinal studies that take several years. The neuroscience tend to be very expensive because they're dealing with human subjects, they're dealing with equipment that's expensive to use. So, yes, definitely.

MR. WILHELM: That would be consistent with what I would have thought because the -- one of the principal points that is made to us over and over and over by people from many different points of view about most, perhaps all of the different types of problems that are generally covered by the heading social impact is that we don't know enough about them.

The request that I have is this; and I wouldn't ask you to respond to this right now, but we've had a continuing conversation in the research subcommittee of this Commission about -- in connection with our surveys about what definition ought to be used for a problem gambler, how many occurrences in a DSM and all that sort of thing and we haven't resolved that.

I would appreciate it if, following the hearing, if you could think about whether there are either papers or an individual person or a set of people who you think might be able to shed some light on that question for us.

MS. REILLY: I believe that the committee on social and pathological -- I'm sorry, pathological impact through the National Research Council has been dealing with this question and in particular Doctor Schaffer has addressed this question. So perhaps their report will but I'll be happy to talk to Doctor Schaffer.
MR. WILHELM: Thank you.

MR. ASHE: I might add that Doctor Rosenthal and Doctor LeCeur (ph) also added contributions to the Research Council as well.

CHAIRPERSON JAMES: Commissioner Loescher.

MR. LOESCHER: Thank you, Madam Chair. I guess when you're swimming in the swamp it's pretty hard to figure out how far you can go. The list of recommendations you have are a very extensive list of recommendations and I was impressed by them. Madam Chair, I'm still stuck on Doctor George and Doctor Nora's comments this morning regarding youth, youth that are involved in gambling and then yesterday the panel that talked about the college people involved in gambling.

And Doctor Moore and I were talking, you know, we ought to really figure out a way to concentrate some of the resources for the future on dealing with the young people to try to educate, counsel to deal with their problems and maybe guide them to a responsible relationship with this industry if they're to have any at all.

And my background, I was involved in the poverty law office and I've been involved in tribal government programs and have three grandchildren. I have two children, so I've lived a life and seen what goes on. And we seem to have institutional paradigms, you know, dealing with youth, whether they're young people, real young, or high school or college people, and schools are management systems unto themselves, very closed systems, try to deal with education, learning and behavioral problems with young people in the schools.
The youth corrections programs of our state governments are very restricted and very closed systems, all of that leads to protection of legal rights of individuals, protection of minors, getting towards treatment, corrections and trying to deal with the cost to society and all of those things and even finding knowledgeable judges is very hard to do.

So you know, looking at your folk's effort, I would hope that you could emphasize how to deal with young people in this thing, not that I've given up on old people and their gambling problems but it seems to me that looking at the value of our youth for the future, we could probably do more there than we could anywhere else and I would hope that your research dollars and your programs would focus on that.

The other is this linkage between the science and the practitioners. I'm worried about that because I didn't see that in your recommendations. I was struck by Doctor Nora's comments this morning about attitudes and how that makes a difference to local public policy makers, whether it's on a school board, school administrator, or city councilman or state legislator.

There's got to be some linkage between the science and the practitioner, the person on the ground dealing with the youth. So I don't know how we get there, but our job as a commission is to help make recommendations to support and frame public policy for the future. And I would hope that you could help us, your organizations both of them, to be cognizant of the need to link these things together.

Thank you.

CHAIRPERSON JAMES: Thank you.
MR. ASHE: If I may reply.

CHAIRPERSON JAMES: Yes, you may.

MR. ASHE: In regard to your adolescent programs, yes, we've had two or three states implement programs regarding adolescent gambling. One Florida high school has initiated a program teaching people about the risks of gambling and the different implications of gambling. Connecticut has an excellent -- our Connecticut Council has an excellent movie on adolescent gambling, "Minor Betters, Hard Times", and some of you commissioners may have seen that.

Regarding the science and practitioners, I believe 20 to 25 percent of our 30 some odd directors are in the science field, including Rosenthal, LeSeur, Rugle (ph) and several others in the area. So we do have a wide body of directors who have volunteered their time at no cost to the National Council and who have implemented -- I apologize for reading this document but it includes the recommendations of 33 different states and if I missed one of them I'd be in trouble.

So we tried to include all the aspects of the different states that have given into this survey for the document that you have in front of you.

CHAIRPERSON JAMES: Thank you and it was very helpful. Did you have one final comment, Ms. Reilly?

MS. REILLY: The disconnect between science and the practitioners is a major problem, especially in mental health and that is why in the past year we have coordinated some seminars featuring Doctor Schaffer to speak about the findings of his study. And they were really unusual audiences. I don't think
before you've ever had audiences of gaming personnel, clinicians, academic researchers, people from the community and we did this twice, Las Vegas and in Biloxi, and it was a huge success and it really showed the need to do that.

So we are going to try to continue to find creative ways to disseminate, you know, through our Web site, through conferences, because I think you're -- this is a problem that for example, the National Institute on Drug Abuse is trying to deal with and hopefully, we can learn -- get some good ideas from how they're dealing with it.

CHAIRPERSON JAMES: Commissioner Dobson.

DR. DOBSON: Ms. Reilly, this will be a quick question. Did I hear you say that your organization is providing key material and information to the NRC?

MS. REILLY: Yes.

DR. DOBSON: Which is preparing a report for us. To what extent, may I ask?

MS. REILLY: Oh, they --

DR. DOBSON: I have concerns about that report anyway.

MS. REILLY: It really wasn't -- the situation was they wanted to use the database that Harvard Medical School used to create this report to do a re-analysis of it and it was really Doctor Schaffer -- it was his call as to whether or not --

DR. DOBSON: And it was limited to that one question and issue?

MS. REILLY: Yes, yes, and so he allowed them to take his database because he felt that it would be important for the
field. He really thinks that that will help everybody in the long run. And our involvement is simply that we paid for this and that's the extent of our involvement.

DR. DOBSON: Okay, thank you.

CHAIRPERSON JAMES: Thank you. Commissioners, I did allow us to go about a half hour over and we'll make that time up during lunch. So we will be back and we will -- I want to thank our panels and thank you for the specific recommendations and I think you will see many of them included.

And we will reconvene in this room at 2:00 o'clock.