

1 CHAIRPERSON JAMES: Commissioners, questions?  
2 Commissioner Bible?

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

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

8 MR. BIBLE: Could you provide that to us?

9 MR. ASHE: Yeah, the answer is none.

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

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

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

17 CHAIRPERSON JAMES: Commissioner Wilhelm.

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

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1 MS. REILLY: That is correct.

2 MR. WILHELM: Second, you made reference at the end  
3 of your testimony to Doctor Volberg's comments about the -- to us  
4 about the importance of the National Center. You said that in  
5 your upcoming round of research grants that you expect to award  
6 \$1.2 million worth of grants. In your judgment if significantly  
7 more money were available from whatever set of sources, could  
8 that money be well utilized in additional research?

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

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

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

22 MR. WILHELM: And in that connection, I think that  
23 your center and Boyd Gaming and IGT and others who have made  
24 substantial contributions and to be congratulated. So am I  
25 understanding you to say that you believe that if significantly,  
26 and this is of course a hypothetical, significantly more money  
27 even more than \$2 million were available annually for this kind  
28 of research, you think it could be well used.

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1 MS. REILLY: Yes, definitely because some of the most  
2 expensive projects are the ones that are needed the most, the  
3 longitudinal studies that take several years. The neuroscience  
4 tend to be very expensive because they're dealing with human  
5 subjects, they're dealing with equipment that's expensive to use.  
6 So, yes, definitely.

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

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

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

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

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1 MR. WILHELM: Thank you.

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

5 CHAIRPERSON JAMES: Commissioner Loescher.

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

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

20 And my background, I was involved in the poverty law  
21 office and I've been involved in tribal government programs and  
22 have three grandchildren. I have two children, so I've lived a  
23 life and seen what goes on. And we seem to have institutional  
24 paradigms, you know, dealing with youth, whether they're young  
25 people, real young, or high school or college people, and schools  
26 are management systems unto themselves, very closed systems, try  
27 to deal with education, learning and behavioral problems with  
28 young people in the schools.

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1           The youth corrections programs of our state  
2 governments are very restricted and very closed systems, all of  
3 that leads to protection of legal rights of individuals,  
4 protection of minors, getting towards treatment, corrections and  
5 trying to deal with the cost to society and all of those things  
6 and even finding knowledgeable judges is very hard to do.

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

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

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

27           Thank you.

28           CHAIRPERSON JAMES: Thank you.

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1 MR. ASHE: If I may reply.

2 CHAIRPERSON JAMES: Yes, you may.

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

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

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

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

24 MS. REILLY: The disconnect between science and the  
25 practitioners is a major problem, especially in mental health and  
26 that is why in the past year we have coordinated some seminars  
27 featuring Doctor Schaffer to speak about the findings of his  
28 study. And they were really unusual audiences. I don't think

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1 before you've ever had audiences of gaming personnel, clinicians,  
2 academic researchers, people from the community and we did this  
3 twice, Las Vegas and in Biloxi, and it was a huge success and it  
4 really showed the need to do that.

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

11 CHAIRPERSON JAMES: Commissioner Dobson.

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

15 MS. REILLY: Yes.

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

18 MS. REILLY: Oh, they --

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

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

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

27 MS. REILLY: Yes, yes, and so he allowed them to take  
28 his database because he felt that it would be important for the

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1 field. He really thinks that that will help everybody in the  
2 long run. And our involvement is simply that we paid for this  
3 and that's the extent of our involvement.

4 DR. DOBSON: Okay, thank you.

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

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

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