

Carolyn Edmonds, Board of Health Chair

**BOH Members:**

Richard Conlin  
Dow Constantine  
George W. Counts  
Jan Drago  
Carolyn Edmonds  
Ava Frisinger  
Larry Gossett  
David Hutchinson  
David Irons  
Kathy Lambert  
Frank T. Manning  
Bud Nicola  
Margaret Pageler  
Alonzo Plough

**BOH Staff:**

Maggie Moran

**KING COUNTY BOARD OF HEALTH  
MEETING PROCEEDINGS**

**May 16, 2003  
King County Council Chamber**

**Members Present:** Richard Conlin, Dow Constantine, Jan Drago, Carolyn Edmonds, Ava Frisinger, Larry Gossett, David Hutchinson, David Irons, Kathy Lambert, Frankie Manning, Bud Nicola, Margaret Pageler

**Members Absent:** George Counts

**Staff:** Alonzo Plough, Maggie Moran, Craig Page.

- I. Subject Call To Order**  
The meeting was called to order at 9:35 a.m. by Chair, Carolyn Edmonds
- II. Subject Announcement of Alternates**  
No Alternates.
- III. Subject Approval of April 25, 2003 Minutes**  
A motion was made to approve the minutes of April 25, 2003. M/S/A.
- IV. Subject General Public Comments**  
[public comments included as transcribed]

Chair Edmonds announced that several people had signed in to testify on the subject of wood smoke.

**Betz Bernhard:**

*I'm Betz Bernhard, 10 Bridlewood Circle, Kirkland, Washington 98033. I'll try to make this really quick. We're here to talk about wood smoke, and that is smoke from fireplaces and chimneys in the King County area. We've got a really serious wood smoke problem in a number of neighborhoods in King County within the Urban Growth Area, that is, the densely populated neighborhoods. In some Puget Sound neighborhoods on some days 90% of the particle pollution or smoke is from residential burning according to the University of Washington Research Center for Particulate Air Pollution and*

*Health. The Washington Department of Ecology maintains indoor levels of this particle pollution from wood smoke reach at least 50% to 70% of outdoor levels even in homes without wood burning stoves or chimneys. Hundreds of recent studies confirm the relationship between air pollution, illness, hospitalization and premature death. And Joel Schwartz, who's an imminent researcher at the Harvard School of Public Health says, "Particle pollution is the most important contaminant in our air. We know that when particle levels go up, people die." Laboratory studies have shown particulate exposure, have shown adverse physical responses to particulate exposure in both healthy people and people suffering from heart or lung disease. The results of several major studies indicate that death rates in Seattle and other U.S. cities rise in proportion to particulate pollution levels. Researchers have found this proportionate rise in the death rate at every level of particulate pollution. They haven't found any threshold below which particulate pollution fails to correlate with additional deaths. Wood stoves and fireplaces account for 62% of the Puget Sound region's fine particle pollution during winter, according to Puget Sound Clean Air Agency. The agency says Statewide wood stoves and fireplaces produce more fine particle pollution than industry and motor vehicles combined. And to put this in perspective, in comparison, this is pretty shocking, motor vehicles and non-diesel automobiles, including SUV's, contribute 3% of particle pollution. Everybody's having it out for SUV's. But the particle pollution in our air from wood smoke is many, many, many times worse. People who heat their homes with wood fires contribute thousands of times more pollution into the air we breathe than a neighbor with a gas furnace. Puget Sound Clean Air Agency maintains even certified stoves, people who burn in certified stoves, produce 10,000 times more pollution than people who have gas furnaces. While staying indoors may help reduce exposure to airborne particulate, the larger part of outdoor concentrations ultimately find its way inside, even in new houses and even when the doors and windows are closed. And this is because the particulate is so small that it finds its way into your house within \_\_\_\_\_ and construction in cracks and windows and underneath doors. And this means that people in smoky neighborhoods may be breathing dangerous levels of particulate at any or all times of day even when they're inside their homes. There's no way to escape this stuff. The American Lung Association reports that people most at risk for premature death due to particulate exposure were infants and children, the elderly, people with heart or lung disease, and adults who exercise rigorously. The affect of wood smoke on infants is well documented. Several studies have found that home use of wood stoves increases the risk of lower respiratory tract infection such as bronchitis and pneumonia in young children. These types of infections are a major cause of early childhood disease and death. And in a 1997 study, the EPA found an association between infant mortality and particulate exposure in the first two months of life and here we're talking about SIDS. UW researchers have demonstrated measurable reductions of lung function among otherwise*

healthy children in Seattle neighborhoods where wood smoke is prevalent. Seattle pre-school children living in high wood smoke areas have more symptoms of respiratory disease than children living in lower wood smoke areas. Children with asthma are particularly sensitive to wood smoke. The American Lung Association estimates one in 10 children in Washington suffer from asthma and in a study published in 1999, UW researchers found that increases in particulate levels in Seattle resulted in increased asthma symptoms among children with mild or moderate asthma. Other studies have associated increases in PM-10 levels, which is particulate, with increases in emergency room visits for childhood asthma. Wood smoke affects adults as well. It's known to aggravate heart and lung disease. Long-term exposure to wood smoke may lead to emphysema, chronic bronchitis, arteriosclerosis and cancer. And another thing is that the EPA research indicates that the lifetime cancer risk from wood stoves, from wood smoke, is 12 times as great as from equal volume of cigarette smoke. So wood smoke is truly the other secondhand smoke. The American Lung Association reports that recent laboratory tests of healthy young men and women had detected pulmonary inflammation and blood changes in response to concentrated ambient particles. In addition, increases in particulate levels in Seattle and other cities are associated with increased hospital admissions for heart disease, pneumonia and chronic obstructive pulmonary disease.

I'll leave you with this thought. Dr. Jane Koenig, who's Director of the EPA Northwest Research Center for Particulate Air Pollution and Health, strongly recommends that people quit burning wood in urban settings. For those who feel nostalgic about the romance of wood smoke, and this is a big problem, Koenig has this thought, and I quote, "Unfortunately, there are a lot of things people used to do that just don't make sense in a crowded urban environment today. People used to drink out of the creek too, but nobody would want to do that now. The only way we could handle more wood burning would be to get rid of cars." And that's what I have to say.

**Lisa Barry:**

My name's Lisa Barry and I live at 2838 – 39<sup>th</sup> Avenue West in Seattle. I'm a wife of a healthcare professional. I am also here on behalf of my daughter. I'm the mother of a 9-year old with asthma. Her name is Jenna and her health is directly affected by chimney wood smoke. I'm also a past Board member of the Asthma Allergy Foundation of America. I ask the King County Board of Health to support controlling our neighborhoods' chimney smoke emissions. I'm a block captain and I also speak on behalf of several neighbors. We have a neighbor who burns daily, even in 75-degree weather. We suspect trash because of the lack of curbside waste left out for pickup. Jenna can't play out in her backyard and if she does get caught outside with the smoke, she has to come in and use her sprayer and sometimes even her nebulizer to control her breathing. Burn bans are ignored. A forgotten open

window means our house fills with smoke. The U.S. Constitution gives us the right to quiet enjoyment of our property and I feel the air around my home is included in that. If I have a party, if I'm making too much noise and I'm bothering my neighbors, my neighbors can call the police, and the police can come and shut it down. If my neighbor's burning and it's bothering me, I call the police, they can do nothing. I called the Puget Sound Clean Air Agency. I get a recorder and I'm lucky if I get a call back the next day. The Puget Sound Clean Air Agency investigators work 9 to 5, Monday through Friday, and the offenders work 24 hours a day, seven days a week. I always took for granted the air around my house until one day someone took it away from me. We've gotten smoke out of airplanes, restaurants and the workplace. It's time to regulate the last unregulated chimney in our nation. I ask the Board again to please support controlling our neighborhoods' chimney smoke emissions.

**Susan Musi:**

"I live at 1420 – 10<sup>th</sup> Street West in Kirkland and when I moved to Kirkland a few months ago I never expected in my wildest dreams to be caught up in a struggle or fight with my neighbors over their chimney smoke or their wood stove smoke and our right to breathe. Daily we can't breathe, we can't open windows, you can't go for walks. The rare occasion when you can go outside I would say in a week time period, maybe two days in a week can you go outside and work in your yard. And it's happened on several occasions that we're out gardening and the fumes from the smoke force us in and then we're forced back outside and completely out of the neighborhood, get in our car and leave, because the fresh air returns on our furnaces suck the ambient smoke and fumes from the wood stoves and the chimneys into the house. You're forced to have fresh air returns on your furnaces now, so you can't go into your house to escape, there's just no way. You have to shut off all that if you do. Even if you tape your windows, you can't escape that. And because wood smoke is heavier and the fumes and smoke fall, they'll fall down to your basement areas, they fall to your lower yards and they get sucked into your homes. So there's really, really no escape. It's cleaner in our car on 405 than it is in downtown Kirkland area, west of Market, a supposedly chi-chi area of Kirkland, and you simply cannot breathe. And some houses don't have the problem, but I would say the great majority of them do and if they don't, it's because, they don't feel they do, it's because they've got accustomed, they're accustomed to that stagnant air. I come from the Sammamish Plateau and we had some burning issues but nothing like Kirkland. I would say the Plateau is incredibly clean compared to Kirkland.

Let's see here. We have actually been forced to leave. We had a neighbor actually tell us that he was having a party and could we please leave for 4 or 5 hours so that he could use his chimney. So that meant, you know, getting

*in our car and moving our kids. My daughter is at the University of Washington. If she comes home at 10 o'clock at night to study, she can't be in her room. You can't open the window to get fresh air and it's in our house. So she goes back to the U and she spent, since we moved to Kirkland precisely so that she could go to the U and commute, she has spent more time living on campus than she's able to be stay in her own home. That's very expensive if property devalues that way. It's just, it's just a very bad situation. So I respectfully request that the Health Board look into this issue of wood smoke. It's an easy problem to fix. People really don't in the Urban Growth Area of King County need to use wood stoves and chimneys to heat their homes. They do it to augment their heating. When they're doing it to augment heating it's usually because they want to reduce their bills, they're not burning wood. Even if they were burning wood, it would create particulate and it makes people very, very sick. So what is being burnt in many cases is garbage and there's no, there's no solution. You can't prove that they're doing it. PSCAA is not a remedy, and I've worked with PSCAA for 10 years in one thing or another. We had a slight problem on the Plateau, it was remedied in a matter of days, but when it comes to the Urban Growth Area, Kirkland, those areas, it is no remedy. They simply can't arrive, they can't police it. To their own admission they can't do it. And we're getting sick. The respiratory diseases developing in our kids is news every day. The increase in asthmas, respiratory and related issues is documented. So we need to take action. It's a severe health problem. It's an immediate health problem. So, thank you very much.*

**Betz Bernhard** reading a letter written to the Board of Health by **Sonja Bowdoin**:

*"This is a letter from Sonja Bowdoin, she lives in Renton, and I don't even have her address with me, but I can email you that as well because I have it at home. And so I'll just read a few paragraphs from her letter to make this brief.*

*"Bill and I have lived in an apartment complex on East Hill in Renton since 1991. We're surrounded by chronic fireplace burners and fast food restaurants. It is a rare day when we can open our windows and smell unadulterated air. We have a homebound retired couple living in an 80-year old house on the southwest side. They burn year round and around the clock. The chimney smoke doesn't draft properly so smoke sinks into our parking lot and backs up against our building. Sometimes we think it's foggy at night but it's only smoke. We hold our breaths when we go out to our car. We have a neighbor across the landing who is young but also homebound. She burns every bit as much as the retired couple. She leaves her windows open to dissipate the heat. We have a neighbor on our north side who burns trash. He uses the cinders to fill holes dug up by his three dogs in the*

backyard. It's, unburned trash remain in the cinders. Bill suffers from asthma and we both get sinus infections from the smoke. Bill has steadily worsened since we have lived here. He's on two inhalers but he still wheezes and struggles to breathe at night. If he could open a window and get some fresh air, he would feel better. But even in the summer we're forced to keep our windows shut. I like to exercise on a rowing machine, but I can't open the window to let fresh air because I get only chimney smoke which I breathe deep into my lungs. We have filed actions with Puget Sound Clean Air Agency but they treat us like villains instead of victims, and this we found to be pretty common. They have rules but no way to enforce them. They are more worried about harassing polluters than imposing fines." And I can verify that this has been my experience too in my neighborhood with my neighbors. Clean air is as much a health requirement as clean water. If we had the level of carcinogens in water that we have in our air, we wouldn't let people drink it. Bill's doctor has told us we need to move. The question is, where we do we go? The Puget Sound region is a cesspool of air pollution and a large part of it is chimney smoke. Remember 62% in the winter of the particulate in our region is from chimney smoke. We must break that mold and set new standards for clean air by severely limiting the use of fireplaces, banning them entirely in the summertime. This is no different from cigarette smoking in the workplace. In some ways, it's worse. The time to change our way of thinking is now."

**Sandy Rock, M.D.:**

"I'll give your necks a break, so you can look this way. You're right, it doesn't stay up. Madam Chair and members of the Board, I didn't bike in this morning because I sweat too much when I bike, but I do support strongly the helmet law, or the proposed helmet regulation. That's not why I'm here though, I'm here to talk about wood smoke. So that the King County Board of Health might consider urging and strongly supporting wood smoke regulations in King County, I'm here today to make a few observations about wood smoke. First I want to say that I strongly support and concur with things that have been said prior to my discussion with you here this morning by Betz and the other two folks. I'm Dr. Sandy Rock. My address is 17128 N.E. 5<sup>th</sup> Place, Bellevue. I practice medicine as a Board-certified family practitioner for 20 years before I got into the environmental realm. I have a Master's degree in Public Health also, which is in population dynamics and family health. For the last 10 years I've been an environmental exposure, environmental health education and risk communication consultant. And I'm Environmental Health Research Director of the Pacific Northwest Pollution Prevention Resource Center. I'm also Chair of the Environmental Health Committee of Washington Physicians for Social Responsibility. I teach environmental science at Bellevue Community College and one of the things that my students have learned about me is that I'm passionate about wood smoke issues. Betz called me up after she had discovered my name through

a, I don't know if it's a \_\_\_\_\_ process or what, as one of the complainants, but a frequent complainers to the Puget Sound Clean Air Agency about wood smoke in my neighborhood. This came about because my daughter who's now 5 was born with a problem which turned out to be not so much a pulmonary problem but which had secondary consequences as a pulmonary problem. And I became very aware of the wood smoke in my neighborhood in Bellevue. She's now well and it turned out to be more of a reflux problem than a lung problem. Nevertheless, "We have met the enemy and he is us," to quote a famous cartoon character. And I talk a lot about non-point and point source pollution in my course on environmental science. And in the case of wood smoke, even though we consider it to be a non-point source pollutant in the air, when you're living in a neighborhood where you have one, two or three burners, it turns out that this is very much a point source of pollution so that it creates considerable air pollution surrounding the houses in the area where the person is burning. So the monitoring that takes place for wood smoke often is not reflective of the true nature of the pollution in the area that the people who call in and complain about is. It's a very severe problem. As Betz has already alluded to, she's given you the stats and the figures and the information about wood smoke and in health effects, but it is the number one cause of air pollution in our neighborhoods in King County, especially in the more densely populated areas during the winter months. And wood smoke is second only to diesel in terms of its PM-2.5 which is a very small particle that gets down in your lungs and carry with them the carcinogens and other toxic chemicals that are so damaging to us.

I'll cut to the chase and just say that there's really no place, no reason and no justification for our permitting the burning of wood in either certified wood stoves or fireplaces or any other kinds of wood burning apparati in our neighborhoods, in houses in our neighborhoods. And I think it's time for the Puget Sound Clean Air Agency and other agencies that regulate this, including the Department of Ecology, to take a strong stance on this, and we're hoping the King County Board of Health will urge them to take that strong stance and maybe come up with a resolution yourselves about this. The health effects are well known. We'd like to see wood smoke taken out of our communities. As Betz alluded earlier, the things that we used to be able to do when there were just a hundred of us on the planet, we can no longer do now that there are six billion. And as you well know, especially in Bellevue that's celebrating it's 50<sup>th</sup> anniversary of being an incorporated city, it's developed quite a lot in the last 50 years from being a sleepy little country town to now being a very densely populated community. So I thank you very much. I'd be happy to answer a question if there is one.

Chair Edmonds interjected and requested that Dr. Plough describe the Health Department's role in the enforcement of the Clean Air Act.

Dr. Plough responded that the enforcement of the Clean Air Act provisions rested with the Puget Sound Clean Air Agency. He added that the Department had worked with the Agency a number of times related to concerns about enforcement, however clean air concerns were not in the province of Health Department regulatory activity.

Board Member Pageler mentioned her previous role with the Agency and suggested that it would be appropriate to ask the Puget Sound Clean Air Agency to provide the Board with a memorandum or provide an update of where they are with respect to wood smoke in King County. She added that the Agency was well aware of the health issues with respect to wood smoke.

Chair Edmonds indicated that she would like to convene a meeting to include Dr. Plough, Board Member Pageler and Puget Sound Clean Air Agency representatives to see what could be done to advocate on behalf of the citizen concerns expressed to the Board of Health.

#### **V. Subject            Chair's Report**

#### **DSHS Hearing on child care licensing - salmonella in reptiles and amphibians:**

Chair Edmonds announced that she had received a request from Dr. Jeff Duchin, Chief of Communicable Diseases Control and Dr. Sharon Hopkins, the Public Health Veterinarian. She noted that the letter referenced a hearing on June 10<sup>th</sup> before DSHS Division of Child Care and Early Learning. In their letter, Dr. Duchin and Dr. Hopkins expressed some concerns about revisions to the Washington State Administrative Code regarding minimum licensing requirements for child care facilities. Chair Edmonds noted that Drs. Duchin and Hopkins were concerned about the practice of having reptiles and amphibians in child care centers due to the risk of salmonella from the handling of reptiles and amphibians by children. Chair Edmonds stated that the Department had asked the Board to consider submitting a letter to support the Department's position of prohibiting reptiles and amphibians in child care centers.

#### **Discussion:**

Board Member Lambert pointed out that as a former legislator she had been involved in earlier rewrites of the code governing child care centers. She stated that she believed the current WACs were onerous and questioned whether or not the issue raised by Drs. Duchin and Hopkins was of a serious problem. She suggested that issuing warnings to remind people to wash hands might be a good thing. She noted that children loved amphibians and they were a great teaching model. She stated that the most she would



support would be to request that a letter be sent reminding day care centers to have children wash their hands.

Board Member Nicola commented that he was aware that reptiles and amphibians could be a source of salmonella, however he believed that parents were not well informed about the associated risks. He stated that at a minimum the Board of Health needed to assure that the Department provided health education informing the community and parents about the inherent risk of reptiles and amphibians so that children could be protected.

Board Member Pageler inquired about other small pets and any associated risks.

Dr. Hopkins commented that there had been documented cases where children had contracted salmonella from reptiles in day care settings in King County. Dr. Hopkins noted that in her letter to the Board she references one account of a child who had diarrhea for a year. When it was finally diagnosed after many, many trips to the physician, various physicians, staff was able to document the exact same variety of salmonella in that reptile as the child had. And this child had health care for a year trying to determine the cause of the diarrhea. Dr. Hopkins stated that they also had a number of outbreaks associated with exhibits such as ones at the Pacific Science Center due to young children handling reptiles. Dr. Hopkins stated that concerns regarding psittacosis in psittacine birds such as parakeets and other types of parrots were a concern, however their primary concern was related to documented problems with reptiles. She stated that the Centers for Disease Control and Prevention had issued very clear recommendations that reptiles and amphibians not be kept in child care settings. She stated that even if children weren't handling reptiles, reptiles could contaminate surfaces and subsequent exposure to the same surface could result in transmission.

Board Member Irons stated that he appreciated the letter and the cursory information that the Board had received, however he stated that in order for him to offer an opinion he would need a great deal more time to think about the matter and to hear more information about salmonella poisoning.

Chair Edmonds stated that she was not hearing some definite concerns about any Board action on Drs. Duchin and Hopkin's request, therefore the Board would not be offering a letter of support at this time. She added that it would perhaps be informative to have staff come back at a later date with more detailed information.

**State Board of Health:**

The State Board of Health received the results of the Well Child pilot project done in partnership with the Office of Superintendent of Public Instruction.

The stated purpose of the pilot was to examine the benefits and burdens to schools and parents that would result if all children were required to have a comprehensive well child check before entering school. It was believed that implementing such a requirement would be overly burdensome both to the schools and to the parents and therefore the decision was made to not move forward at this time.

The State Board of Health also had an in-depth briefing on on-site wastewater treatment systems and a report on overweight and inactivity.

**Healthy Aging Briefing - Board discussion:**

Chair Edmonds invited Board Member Manning to speak to the previous month's briefing on Healthy Aging.

Board Member Manning stated that as she listened to the report on aging issues she was particularly struck by statistics related to minority populations and the impact on lifespan realized by those populations. She wondered if there might be opportunities that the Board could entertain at some point in the future. She stated that perhaps she needed to give the matter additional thought and bring suggestions back to the Board at a future point in time.

**VI. Subject Board Member's Updates**

Board Member Manning announced that she met with the King County Nurses Association, Governmental Affairs Committee. She stated that one reason for the meeting was to provide an orientation about what some of the health issues they had been dealing with in order to help them become engaged in community activities to support health.

Chair Edmonds noted that she had received a report from County lobbyists regarding the special legislative session. She mentioned that the team of negotiators from the House and the Senate were believed to have included \$48 million for public health.

**VII. Subject Director's Report**

The highlights of Dr. Plough's report were as follows:

**SARS update:** 602 deaths globally from SARS, 7,600 cases; compared to about 260 probable cases in US and no deaths. King County has had 14 suspected no probable cases and no deaths. Continues to be huge challenge for public health globally. The cities of Hanoi and Toronto have been taken off of the alert and advisory list by CDC.

**West Nile Virus update:** Testing of dead birds continues. No positive cases in King County or in Washington State. County Executive Sims sent a letter out to all County agencies with a protocol regarding possible mosquito habitats. Public Health continued to work with other jurisdictions around preventive work that could reduce mosquito habitats.

**Emergency Preparedness:** The Department participated in the National Topoff 2 exercise. Department personnel staffed the Seattle Emergency Operating Center, the King County Emergency Operation Center, as well as a separate Public Health EOC that supported both the City and County. At the local and State levels, Dr. Plough felt that the Department was able to respond quite effectively with the first stages of the response.

Planning for the federal grant application for bioterrorism funding [Another \$870 million nationwide] was underway.

### **VIII. Subject      Bicycle Helmets**

#### **Staff Briefing:**

Tony Gomez, Manager of the Injury and Violence Prevention for Public Health Seattle-King County provided the staff report. Mr. Gomez provided a summary of information contained in the March 2002 briefing to the Board of Health.

Highlights of the staff report were as follows:

King County bicycle helmet regulation had been on the books since 1994 and it applies everywhere except in the City of Seattle. One purpose for the proposed amendment was to reconcile the City Municipal Code and the Code of the King County Board of Health.

Hospitalization data indicated that approximately 2,000 bicycle injury related hospitalizations over a 10-year period or, 20 per year; not including emergency room treatment and admissions. Seattle and including North King County had about a 40% higher rate of hospitalization.

Bicycle helmets were effective in reducing injuries, saving lives and did reduce healthcare costs, tax costs and the burden on society. Dr. Rivera from the Harborview Injury Center presented data to Board of Health in March 2002. In this briefing Dr. Rivera referenced research published in the '89 New England Journal of Medicine where they found a 85% decrease in risk to head injury and 88% decreased risk in brain injury by wearing the helmet. A second large case control study published in Journal of American Medical Association in '96 didn't find a significant decrease but it was still fairly large with 69% decreased in head injuries and 65% decreased risk in

brain injury. Dr. Rivera had pointed out that bicycle helmets were probably one of the most effective injury prevention interventions that existed anywhere. As an example, Dr. Rivera had noted that seat belts and airbag combination provided a 50% to 60% reduction in death and serious injury. So bicycle helmets give us even better protection. He noted that, for instance, motorcycle helmets give about a 27% increased risk, or decreased risk of injury issues around that.

Information had been presented at the March 2002 briefing that helmet legislation had increased usage anywhere from 26% up to two or three-fold in various states that had introduced legislation. Mr. Gomez referenced comment by Dr. Rivera that noted that overall bicycle helmet usage rate in the Seattle-King County area was approximately 50% to 60%. Helmet usage had leveled off and it was expected that legislation would be expected to boost helmet use, particularly in youth, by 10% to 20% .

Mr. Gomez recapped the extent of the community outreach and education undertaken by the Department with such groups as King County Traffic Safety Coalition, King County EMS, Children's Hospital and Medical Center, Head Injury Hotline, the Brain Injury Association of Washington, Seattle fire, Seattle police and the Seattle schools.

Mr. Gomez reviewed the proposed amendments to Title 9: expansion of the regulation to include the City of Seattle; allowing for local control; changes in dollar fines from \$30 to \$42.00; and changes to bicycle helmet standards.

**Discussion:**

Board Member Hutchinson inquired about the availability of data on skateboard and scooter injuries in light of recent consideration and passage of a bicycle helmet ordinance in Lake Forest Park.

Mr Gomez responded that the Department had begun to gather evidence that helmets would be effective in preventing injury in individuals using roller blades, scooters, and skateboards. He noted that while the science was solid insofar as bicycle helmets preventing injury and disability, the science was relatively new in regards to other wheeled devices. Mr. Gomez stated that in the absence of scientific data and from an injury prevention advocates standpoint, wearing a helmet while rollerblading, skateboarding, scootering, would prevent injuries.

Board Member Gossett inquired about the availability of inexpensive or free helmets.

Mr. Gomez responded that there were a number of ways the public could access information about inexpensive or free helmets. He directed people to

the Health Department's Web site, [<http://www.metrokc.gov/health/>] Injury and Violence section where information was available for about 20 to 30 different sources within the Seattle-King County area. Mr. Gomez stated that information had also been provided to local school districts and would be provided at sponsored summer bicycle events.

Board Member Lambert noted that years ago she had participated in the "Derby Days Parade," on a bicycle. She added that she no longer participated because people complained that she was not wearing a bicycle helmet. She noted that one reason she refrained from wearing a helmet was because she couldn't see anyone to wave to when passing by in parade and that she was traveling at a relatively slow speed. She noted that the parades were a controlled environment and that she had not been worried about being hit by a car or anything else. She inquired as to whether or not it had been illegal to ride in the parade without a helmet.

Mr. Gomez responded that Board Member Lambert would be well advised to wear a helmet due to unpredictable mishaps such as losing control of the bike, even at slow speeds. He also pointed out that under the current regulation, parade participants on bicycles are required to wear helmets.

**Public Hearing:** [public testimony included as transcribed]

Chair Edmonds convened the public hearing. She instructed members of the public that she would be enforcing the three minute rule due to the number who wished to testify.

**Bud Turner:**

*"Hi, my name is Bud Turner. I'm the P.E. Coordinator for Seattle Public Schools. For the past 20 years our Seattle Public Schools has presented a two-week bicycle experience and this program is available through our elementary physical education programs. We have an excellent basics of bicycling curriculum that we cover with the kids over this two week period. And from a CDC grant that we had two years ago, we were able to expand this program to middle school students using mountain bikes. The problem we're confronted with outside of school is parents continuing to purchase in-line skates, bikes, scooters and skateboards, but they fail to purchase helmets. And by enacting this helmet ordinance, pressure will be placed on parents to complete these gifts with the gift of life and that's bicycle helmets. And the Seattle Public Schools is very much supporting this ordinance. Thank you."*

**Corbon Wolford:**

*"Hello, my name is Corbon Wolford, I'm 13 years old and I attend Denny Middle School as a 7<sup>th</sup> grader. I believe that a cyclist without a helmet is like a motorist without a seat belt. However sadly, not all kids feel this way."*

*Studies have been done showing the reasons that kids do not wear their helmets and they are: (1) I only ride near my home, (2) helmets are uncomfortable, (3) I do not think I need to wear a helmet, (4) the older I get, the more in control I'm in when I ride, (5) it's not cool to wear a helmet, and (6) my parents do not enforce the wearing of a helmet. On the other hand, kids readily admit that they would wear a helmet if it were a parental rule or more importantly a law in the area. So I believe that "Click It or Ticket" should apply here too."*

**John Moffat:**

*"Madam Chair and members of the Board of Health, I'm John Moffat, Director of the Washington State Traffic Safety Commission. Thank you for inviting me to make comments today. I appear on behalf of our Board which is made up of Governor Gary Locke as our Chairman, the Chief of the Washington State Patrol, the Secretary of Health, the Secretary of Transportation, Secretary of Social and Health Services, Superintendent of Public Instruction, the Director of Licensing, a representative of the Washington Cities, a representative of the Washington Counties, and your own Judge Judy Iler representing the King County government, and the judges from around the State. At the April 25<sup>th</sup> meeting, the Board considered supporting this resolution, or by resolution, considered supporting your move to include the City of Seattle, and voted in favor of recommending to you that you make such an extension. You might ask, "Well, why don't they adopt it at the State level as well?" And my assessment and recommendation to them is the State government is not ready to do a State-wide application of this yet. But we're very interested in observing what King County has done and what the City of Seattle would do should this be adopted. We have a long history at the State level of looking to King County and Seattle for leadership. The Seattle City Council advanced the traffic safety in the area by adopting an alcohol level of 0.08 well before the State government followed Seattle's lead. Seattle was the first major area in the country to raise seat belt usage to 70% and that was in 1991. The United States has yet to catch up with where Seattle was in 1991. As Mr. Gomez said, the City of Seattle now has a seat belt use of 95%, which is the highest in the world. So we're very proud of the safety example that's been set by this region.*

*The reason that the bicycle helmet is such an issue is that Harborview didn't get into this because of a general interest in requiring people to inconvenience themselves with helmets, they looked at the injuries that came into the medical center that were essentially untreatable by the doctors. And the head injury is the one thing that is, that defies treatment by the medical community. Severe brain injury is very difficult to treat and has a very bad outcome in most cases. And so the doctors there, pediatricians that did this, Dr. Rivara and Dr. Bergman and Dr. Thompson, the people who did the distinguished work at Harborview on helmets that is the model for the world,*

are all interested in the prevention of childhood brain injury because that's the thing they can't treat. So looking at that, we know that safety equipment is inconvenient. Motorcycle helmets, safety belts, bicycle helmets are inconvenient and on most trips objectively speaking you don't need it. Where safety equipment becomes valuable is when it's adopted by the whole population. Because we have six and a half million people in the State who drive billions and billions of miles every year and objectively speaking most of those people will never need their seat belts on the particular trip that they take. But I know as a safety administrator for the State at the end of the year I'm going to have 630 dead people and somewhere around 100,000 people who've been gravely injured in traffic collisions, all of whom thought on this particular trip "I'm not going to be hurt." Helmets are inconvenient. People can legitimately say, "Why should you wear them?" I think that they provide immediate protection to people. And one last thing, as a police officer in Seattle, I stood at the scene of a bicycle injury where a man had gone down on his bicycle at low speed, I think when Member Lambert asked about low speed, he had simply fallen on some gravel and tumbled to the curb and struck his head. And I looked at this man who was my age, at that time he was 23, and he had died at the scene from a minor head injury. If he'd been wearing a helmet, he would have stood up and driven away and called it a very inconvenient day. He lays in his grave today. Thank you very much."

**Tammy Wilber:**

"Hi. I work for Think First. Think First is a national injury prevention program. I got involved with Think First because I was not wearing my seat belt when I was 17 years old. I rolled my car and I have now a spinal cord injury. The mission of Think First is to reduce brain and spinal cord injuries through education. We do this by community outreach and we go into the schools and we give school assemblies. We have people like myself with injuries because we did not think first. I definitely believe in the "Click It or Ticket" program. I believe if I had had my seat belt on, I would be walking today and not being paralyzed in this wheelchair. Brain injury is a very serious, very serious, devastating injury. I work with many people who have brain injuries and I consider myself lucky that I don't have one. I am independent. I'm able to think for myself. I am able to work. I'm able to live a life independently even though I use a wheelchair. People I work with at Think First that have brain injuries, they're on Social Security, they do come and speak for me at school assemblies, but half the time they're not able to even remember what their speech is about. They have to have me there to guide them. And I believe that helmets will save people's lives just as if I'd had a seat belt on the day of my crash, I would not be in this wheelchair. Think First does a lot of helmet giveaways. We give away helmets to many people who cannot afford them. I'm a little nervous right now, I \_\_\_\_\_but I got involved in this program because I don't want anybody to have to deal with the devastating injury that I have received because of my, the choices that I

made. I do not want people to have to deal with a brain injury and the effects that go along with that. It's life changing, it's traumatic, and it's something that's permanent, it will not go away. I am not going to get up and walk out of this wheelchair. I'm going to be in it for the rest of my life. I've been in it for 10 years. I'm 27 years old. And I share my story to kids and people just like yourselves because I want to make a difference. I don't want people to have to deal with what I've gone through. And it is very, very important that it starts with legislation. It needs to happen because that's the only way it's going to make a difference in our community. Thank you."

**Trent Piepho:**

"Oh, okay. Yes, I am. I would like the Council to please be generous with the time. I'm probably presenting a viewpoint different from most of the presenters here who will have more unique information. I'm actually against the mandatory helmet law for a number of very good reasons. For one thing, none of the information presented so far has talked about the reduction in health problems from lack of exercise and heart disease, which is the largest killer of people in this country, not bicycle accidents, that aerobic exercise cause like cycling. And studies of the affect of helmet legislation in other countries such as New Zealand and Australia, which I believe was cited earlier in the presentation, of the reduction in cycling so it's a very great extent. Let's see. In \_\_\_\_\_, Wales, surveys conducted before and after the enactment of mandatory helmet laws showed a reduction in cycling between 36% and 43%. In Victoria the total bicycle usage by children aged 5 to 18 decreased by 36% between the enactment of the law. And teenage cycling in Melbourne showed a decrease of 46%. And automatic counters installed on bicycle pads showed a, in between a period of '91 and '92 when the law was enacted, showed a decrease in cycling on week days by one-third and weekends by one-half. And that given the much greater danger of health problems that enacting mandatory helmet laws actually causes more harm to public health than it saves. And it will not save taxpayers money, it will cause them, because bicycle injuries while they do exist are in fact quite rare. A comparison of injury from sporting activities and injuries per 100 hours places football at .19, basketball at .11, cycling at .005, much less. Cycling is not a dangerous activity and mandatory, and helmets are no more necessary for that than for anything else. Also the often cited figure that 85% reduction from the Harborview study is highly disputed by many people. An observational study also in Seattle showed that children wearing helmets were more often white than black, riding in parks and bicycle paths than on city streets and riding with adults rather than riding alone. The reduction in head injuries among helmet cyclists can be accounted for by those factors rather than by the helmets themselves. The study also, should I stop?...This study also showed that the people wearing, that, I'm getting nervous here. That the higher income brackets were more likely to wear helmets and that people with higher income brackets and \_\_\_\_\_ health insurance are more



*likely to go to a emergency room, and that is where the study took place, in an emergency room, than people who don't. And I'd like also say that the British Medical Association says that the "health benefits of cycling outweigh the injuries, the health costs from injuries by a factor of 20 to 1." And that they're also against the enactment of mandatory helmet laws. And the effectiveness of helmet laws is highly debated and I have a graph here that I could show that shows pedestrian versus bicycle fatalities over time with a comparative rate. And you can see bikes and pedestrians. There's basically a general decline roughly the same rate, yet helmet usage as we have found has decreased dramatically since .. the 90's to the '80's.*

*Well, only conclusion I'd like to say that, that, that voluntary helmet use is much more effective than mandatory helmet use because it does not decrease cycling, the health benefits of that and that mandatory helmet law is not proven to be effective.*

Board Member Lambert requested a copy of Mr. Peipho's testimony.

**Lisa Van Horn**

*"My name is Lisa Van Horn and I'm here on behalf of the Seattle Fire Department. I manage the Prevention Outreach Programs for the Fire Department. The Fire Department has been a leader for over 50 years in providing injury prevention messages, primarily fire, but also unintentional injuries, including the importance of bicycle helmet usage to students throughout the City of Seattle and to all students in Seattle Public Schools. And additionally we're involved in a number of County-wide efforts to provide low cost helmets to those families who are in need. We're currently just gearing up for a summer program that we have that's called a "Safety Citation Program" in which bike medics, firefighters and all paramedics will be giving out coupons to kids that they see wearing bicycle helmets. It's a partnership we do with Subway. The kids get free sandwiches at Subway. It's just one of the types of efforts that are on the education side of things in which we're trying to promote the usage of bike helmets. I think although these efforts are very important, they're a significant part of any prevention campaign. Another important aspect is certainly the regulatory component in any prevention campaign. And since the research really shows that the bicycle helmet laws do favorably impact the usage of bikes themselves, the Fire Department does support the expansion of the King County bicycle helmet ordinance to Seattle to help prevent further death and disability in our community. [tape change over]*

*And we certainly see this as supporting all the efforts that are being made community-wide to address the serious issue of preventing head injuries."*

**John Hayes:**

*"Thank you very much. I also have Leo Port with me who is our legal representative from Seattle Police Department in case there is any other follow-up questions. But my name is John Hayes and I'm Sergeant with Seattle Police Department. And I'm a 21-year Vet and a trained bicycle officer as well as using our parks and roadways as well as a bicyclist. And I really would, and the position I'm speaking with are from, today is from the Seattle Police Department. I would really like to thank Tony Gomez for including us in the revision of this new ordinance and the importance of our involvement as well. The timing really couldn't be better just because of the fact that it is summer time, we have more and more people that are going to be out and it encourages more bicyclists to be out our, in our parks, bike pathways, and around the City streets as well. And the fact that Seattle has always felt the need and the importance surrounding bike helmet safety and the education piece that surrounds it. In fact last summer the unit that I do supervise, the Community Outreach Unit, was involved with educating over 400 youth about bicycle safety importance, the use of helmets, so on and so forth. And we continue to do that type of training before that time as well as throughout the year. The importance of it is because number one, it does save lives. It saves the lives of everyone of all ages but it especially protects our children. Seattle does have the most bicycle paths, as Tony has mentioned, as well as we have the most commuters in the area as well. As a result of our involvement and inclusion on the revision of this ordinance, we will continue to provide the training that's needed, the education that's needed out there within the Department but also outside the Department as well. We will use the attention that this revision has provided to continue an education effort to go out into the community. We are hoping also that we're going to be able to find collaborative parties that can come in that we can join forces with in helping provide additional education on this issue. As you know, our focus really is not, is really, it really is around education and prevention more than it is around the efforts that included in there on enforcement. We tend, we are going to use our video unit to help provide additional training, put together a video piece as well. My unit, the Community and Youth Outreach section, will continue to provide education within the schools and through the Parks Departments in our efforts there. We have seen the importance and we have also collaborated in the past with many organizations, but particularly Harborview Medical Center who has provided us with free helmets when we've done many of our trainings. We hope that our inclusion in and participation with the revision of this new ordinance will bring about an added awareness and show that this is important to us, not only as law enforcement, but as concerned people within the community. Thank you"*

Board Member Pageler inquired as to how the proposed fines compared to other tickets that the Police Department issued.

Sgt. Hayes responded that he thought the proposed fine was about the same as the fine for a jaywalking ticket in the City of Seattle.

**Sterling Quinn:**

*"Hello, my name is Sterling Quinn and I'm 9 years old. I'm a home schooler and I'm really into BMX biking. I do tricks on bikes, jumping into the air and racing around tracks and going around big berms. As a graduate of Bike Works Program I received the bicycle helmet with a bike I rebuilt. Bike Works Program teaches kids 9 and up to rebuild bikes. Bicycle helmets are important because as you see my helmet, it's pretty, I've fallen over a few times and it still hurt with the helmet. I crashed into a truck once. And it is time for the City of Seattle to be included in a King County bicycle ordinance. Heads up for helmets!"*

**Barbara Culp:**

*"Thank you, Board members. I'm Barbara Culp, I'm the Executive Director of the Bicycle Alliance of Washington. I wish I was as cute as Sterling. The Bicycle Alliance promotes bicycling for everyday transportation and recreation through advocacy and education. We're a statewide organization, but most of our 2,300 members live in Seattle and the King County area. Mandatory bicycle helmet laws are controversial to say the least. And the Bicycle Alliance Board has wrestled, let me tell you, wrestled with this helmet issue on more than one occasion. However, earlier this year the Bicycle Alliance Board of Directors voted to support the amendment revising Title 9 known as the King County Bicycle Helmet regulations for some of the following reasons. Many you've heard and I'll keep them brief. We know that helmets are extremely effective at preventing head and brain injuries. I personally have fallen and been saved by a helmet and even joined the Traffic Safety Commission's "Saved by the Helmet Club." I can attest to the fact of falling off a bicycle standing still will give you a head injury. Helmets are not the reason people do not ride. In a recent national survey on pedestrian and bicyclist's attitudes and behaviors sponsored by the U.S. Department of Transportation, National Highway Traffic Administration, 26% of the respondents reported that lack of access to a bicycle was the most cited reason for not riding, followed by 16% to 17% who said they were simply too busy or didn't have the opportunity to ride. It was not helmet legislation. Education about helmets is not enough. Enforcement is needed. The Bicycle Alliance believes that bicycling is supported by the four "E's" – education, enforcement, engineering and encouragement. It takes all four to make a safe and livable community. Seattle has lagged behind many other jurisdictions on helmet legislation. It's time for the City to be included in the King County bicycle helmet ordinance. And lastly, I'd like to say that in the last month the International Bicycling Racing community recognized the importance of helmets are going to require their racers to wear helmets in the*

future. Thank you on behalf of the Bicycle Alliance of Washington. And I'm happy to submit these if you would like."

**Susan Stillman:**

"Hi, I'm Susan Stillman, and I work at the Evergreen School in Shoreline. I've been an educator for 33 years and for all of those years I have also had a bicycle course of some description. I've led countless trips with kids. I teach kids who are 4<sup>th</sup> grade through 8<sup>th</sup> graders. And I have a class with 5<sup>th</sup> graders. I think the Seattle Public Schools doing that program is really, really important for kids. I'm also a bicycle commuter and I wasn't for a few years on a regular basis, but that was because I had two children to take to school, and that goes to Barb's reason, you know, being too busy or whatever. Most of the time having commuted on a fairly short route back and forth to school, I have worn a bike helmet. I'm old enough so that there were no bike helmets, you couldn't buy them when I was a kid. And I concur that we all fall over. People who ride bicycles do fall and do hit all kinds of parts of our bodies. I'm also a member of the "Saved by the Helmet Club" myself. I'll get to that later. I feel a responsibility as an educator to help kids because it seems to me that our children's first independent experience with the culture of the American roadway is on a bicycle. And very often it's not with much parent supervision. Parents think of a bike as a toy and they don't see that their child is learning the culture that they need to be safe in a car later on. I teach that when I have my bicycle course. We learn about bike maintenance, bike safety, signaling, communication on the road, and awareness of other drivers. It's clear to me that there are many advantages to helmet protection. Most of them have been raised and the statistics are very, very positive here in terms of support, but why a law? I think for one thing it endorses parents when they say to their child, "You need to wear a helmet." Many times parents are a little uncertain about that and the support of a law is a good thing for parents. Obviously the law, the helmet prevents serious concussion and other head injury, and it provides a bike rider with better visibility by cars. When rider puts on a helmet, and especially a child, it's a part of preparing him or herself for a safe experience, being aware that it's a responsibility to be out there on the road and ride carefully. That mental reality check is very important. All the good bike education programs stress the use of head protection and our kids are riding a lot faster than they were because bikes are a lot, you know, more high tech than they used to be. I'd just like to add that I myself have done many, many rides – short distance, long distance, commuting – and it wasn't until this past December that I myself actually had the opportunity to experience being saved by, from a head injury that Barb talked about. I was hit by a fellow bike rider who was driving a car and she admitted she was driving it too fast. She didn't see me. I was in a crosswalk and she hit me. I have, had sustained a broken collar bone, but the distressing part wasn't my collar bone, I'll sum very quickly here. It was that when, I had never had a concussion, and when the medics

were talking to me they were asking me my name and I didn't know it. They were asking me the date and I didn't know it. And that was nothing compared with what I would have experienced if I hadn't had my helmet on. So I, I'm very thankful that helmets have been invented. I support this new regulation. Thank you."

**David Darby:**

"Good morning. My name is David Darby. I come from Ballard, Washington. I'm 45 years old. I've been riding a bicycle over 30 years as both a commuter and recreationally. You'll have to excuse the rough edges on this, I didn't learn of this meeting until 5:00 a.m. this morning on the news. I've been hit twice by a car, both times resulting in broken bones, one time resulting in a possible amputation. I think that while there can be no argument that head injuries are deplorable, I mean, you know, I can't really think of anything that would be more catastrophic. I myself do not wear a helmet. And as I said, I've been hit twice by vehicles. I've taken too many spills to count and I still, and yet here I am. So I don't know about the statistics and all that, but I know what I have experienced. There seems to be a lot of emphasis on the children and I understand that. I support it and I would suggest that if you do choose to pass an ordinance of this sort, that you make it applicable to people under 21 or 18 or whatever you would seem to be. But I think as adults we have the ability to choose and should retain that ability to choose. I hope I pronounce your name, Trent Piepho? I thought he brought up some very good points and I urge the Council to take this into consideration. I think that the health issues that he brought up are very important. And, well just, I think he pretty much covered all the statistical information that I would have liked to have researched and brought up, but as I said, this is rather short notice. So I would like to basically bring this to another, bring another issue up, and that is that, well, it seems that in this world today we are constantly, or we continually are passing ordinances and laws protecting the society against from itself. Well, how many people slip and fall in the shower and receive a head injury? How many pedestrians walking down a street are, receive head injuries or injuries of any type. I mean, at what point do we have, at point do we call a halt to this? I mean, will be wearing helmets in the showers, you know? In conclusion, I just, I would like to urge us not to incrementally legislate our personal choice out of existence in today's society. Thank you."

**Linda Quan:**

"Thank you. I'm Linda Quan. I'm a pediatrician. I'm a pediatric emergency medicine doctor. I've been Chief of the Children's Hospital Emergency Department for 25 years. Just before I came here I was taking care of a lovely adolescent. She was appropriately embarrassed about being examined. She had a minor problem, but her real problem had been that she had had three cardiac arrests because of a heart problem and she now was

walking around with an implantable defibrillator in her chest. She's a testimony to our healthcare system, to our EMS and to prevention. This ICD in her chest is to prevent her from dying again. I'm here to ask you for a far less invasive prevention measure, a far cheaper one that will apply to a huge number of people in our town. Remember that these helmets are about the cost of the prescription that I write all the time for antibiotics. And after being in the Emergency Department for 25 years I as a mom, I as a pediatrician and for my own personal definition of hell, and that is for me to see a brain injured child of a preventable injury. I see these families devastated. I see them fall apart. I see depression. I see divorce. They have, they lose work, they become dysfunctional, and they have to take care of a burden that I couldn't even imagine coping with. I see kids who can no longer walk, talk, feed themselves or hobble along, and kids who have seizures following their brain injury, call 911 and come see me in the middle of the night. To respond to the question about how fast is too fast? My classic teaching case when I lecture on neurosurgical emergencies, hemorrhage in the brain, it is of a Laurelhurst 5-year old girl going out on her bicycle. Not a speed demon. Going just around the block who then fell. Seemed like a pretty minor thing. Walked back home. Sat down, and then just before dinner the parents noted she was unresponsive. This helmet law, excuse this, it's not really meant to be funny, but it is a no-brainer. This, we know there are plenty of parents out there who worry and put their kids in a helmet. We also know there are others who don't, and as Tony pointed out, we know that laws improve people's attention and use of safety measures where there is a law. We know that laws help people wear life vests, it helps them wear their seat belts and it does help them wear their helmets. I'm a bike commuter. I bike from Southeast Bellevue to Children's when the weather's good. And I'd like to say something about adults who bike. I don't know if you're out there at 6:30 in the morning on Saturday or Sundays, but there are a lot of adults now who are biking. And they, I'd like to tell you about five doctors who I work with who have had, who've ended up in the intensive care unit from bicycle related injuries. They have continued, all of them, to become, to remain Head of the Department of Orthopedics, to do world class research in cystic fibrosis, to lead us on and essentially function at their preexisting levels because they were wearing these helmets in spite of receiving other injuries that they could not be protected from.

**John Marshall:**

"Madam Chair, members of the Board, thank you for the opportunity to speak today. My name is John Marshall and I'm from Olympia, Washington. Straight up, I'm very much opposed to this legislation as it is proposed because of the fact, for a lot of reasons. We've heard a lot of numbers thrown around today and one of the glaring omissions in the findings that you have in the paper in front of you is that three years running in a row the Washington State Legislature considered legislation like this and didn't

*bother to pass it. And I happen to know that because I had the wonderful distinction of being the lone descending voice three years in a row in both the House and the Senate Committee Hearings down in Olympia opposing this. And so that State saw that it was, to see fit not to pass such legislation also. Tony also mentions in his survey that now 61% of the children in the region are utilizing bicycle helmets and 71% of the adults are. Well, that's 10% more than people have bothered to vote in a general election. Where are the cries and where are the laws and where are the fines of those of us who are adults who are over 18 years old who don't bother to vote? Such ideas of course would be considered absurd. When we talk about health issues, let's talk about an even more important health issue to put this one in perspective. As the medical experts on this Committee can confirm, one in five adult Americans now is considered clinically obese and obesity now will kill as many, if not more people, than the number one unnatural cause of death in the country – smoking. We now have over 60% of the adult population considered serious overweight, which of course has led to over 60% of the children in this country being overweight. Again, where would be the proposed regulations and legislation to put a stop to this? Again, this would be considered quite absurd. I do not wear a bike helmet and of course immediately those who are among the pro-helmet lobby will tell you that because I don't wear a helmet I don't have \$29.95 worth of brains in my head. That may very well be true, but I don't, maybe I don't have that dollars and cents, but I do have enough sense to know common censured rule here. Also the fact that politics is the art of compromise. And somebody gave a proposal earlier, which I think is a good idea. And that would be to, if you do decide to pass this particular legislation, to make it restricted so that those 18 years and younger should be required to wear a bike helmet, but those older not. So that those of us who are 18 years and older who do have the right to decide whether we wish to vote or not, whether we wish to eat or drink or smoke our ways to an early grave, also have the right to decide whether or not we wish to wear a bike helmet. Thank you for your time."*

**Stephen Cruz:**

*"Hello. My name's Stephen Cruz. A bike helmet saved my life on Sunday, Mother's Day. I was riding down a hill very fast, then I saw a car up ahead of me and I put my brakes on too fast, so my bike flipped over and I think I hit the ground and the impact made this chip in my helmet. I wouldn't be here today if I didn't have a helmet. Even though all my other wounds aren't as bad, I would have died. And my loved ones and friends wouldn't have me here today. Thank you."*

**Tony Cruz:**

*"Good morning, Board, Board members, Board Chairperson and Board members. I am Tony Cruz. I am Stephen Cruz's dad and I, as a responsible parent and a person who's lived a very full life, full of risk takings for over 20*

years, I fished offshore, I firmly believe in safety gear. Safety gear allows people to maximize their performance. In our house you do have to wear a helmet. A bicycle is a unit of recreation and it's also an interesting learning tool. It teaches you how to handle machinery. That's very important to me. So I was, I allowed my son to go out and ride his bike by himself with his helmet and he was discovered bleeding on a hill by some strangers I never knew. He had a mild concussion, lots of abrasions, a cracked rib, and a broken finger. I look at the cost of that, that's incredible. He also lost two front teeth and he spent two days at the dentist for reconstructive surgery in his front. Anything I could do to make my child and other children safe is of prime importance to me. As adults we should view this as taking care of our community. This is a responsibility we have to our young adults, our children. And I would firmly press that bike helmets in junior high and high school be emphasized. I look at it as being a role leader if I put on my helmet when I decide to bike ride. Sometimes I don't, and I know I'm being lazy, and I know I'm being irresponsible, and I will be the first one to admit that. And I know that sometimes it's okay as a parent to be a responsible person, to lead. When my son fell over we had strangers come to his rescue. They were skate, roller bladers without helmets. The first things they told me were that they would get a helmet. It was pretty traumatic and we're still, we'll watch Stephen for the next month. What I understand from being hurt, I don't know if any of you have ever had the opportunity to be rescued. It's a long wait. As belligerent, as independent as you might be, waiting for rescue is truly traumatic. I always say look at it from a selfish side, go ahead, do the safety thing, wear the helmet. If ever you have to wait for rescue, it is truly a lonely experience. You want all the comfort you can get. And this actually, you know, takes care of all of our selfish interests, so I would hope that there's something in this for everyone. Please support the bike helmet law. Thank you."

**Kent Thorsted:**

"Hello. My name is Kent Thorsted. I'm the immediate Past President of the Brain Injury Association of Washington and also currently a Board member. I'm here also to speak about my experience as an attorney handling cases of, particularly of mild brain injury. Much of the statistics that you've heard today are very high quality in the sense that they portray, we've talked a lot about death, we've talked a lot about the impact of that and the cost of death. Only one in 30 injuries to the brain basically result in death. The huge vast volume of, and really the pain and suffering that occurs to not only the person who suffers the brain injury, but his or her spouse, to family, to the dreams and aspirations of the person who suffers the brain injury, has been unstated, and I'd like to talk a little bit about that. Frequently people who suffer brain injury, we've gotten very, very good at treating traumatic brain injury at the point of the emergency room. But we've gotten, as previously stated, frankly we still don't know what to do with those that have been injured. And very



*often the sequela of brain injury continue through the lifetime of the individual. They can include such things as dizziness, memory impairments, emotional changes. Frequently in my practice basically I deal with spouses who complain that I married one person and now I've got another person. This person is sharp. This person is irritable. This person is not as loving. This person is not as understanding. This person is very, very different. Yet very often they continue to love that person in spite of the difficulties that they have.*

*I'd like to speak a little bit about the distance of fall really. Certainly speed is a consideration, of course, but it only takes, for an infant it only takes a fall of about 18 inches to cause death, sometimes even less than that. For an adult a fall, at no speed at all, just simply falling, striking the head directly of about 2-1/2 feet. That can cause death. Falls of less heights certainly can cause major brain injury and can cause minor brain injury with all of the changes that are involved. I think also that the costs are underestimated for another reason and we all bear these costs as members of society. Many of the criminal studies have indicated that many of those individuals . . . [tape change over] .... . . I suffered a brain injury. Domestic violence cases. It's not, it's, it's, it's very typical in domestic violence cases to find out that there is a relationship somewhere in the past with a traumatic brain injury. And, and, and it is somewhat of an imposition, but these costs are so real to us, these costs are so dear to us, that I, I beg you basically to move forward with this legislation, this ordinance. Thank you very much.*

**Chris Leman:**

*"Yeah, Chris Leman. I am a bicycle helmet users, but I have to urge you that as currently written this law is not a no-brainer. In fact, it's really a half-brainer. It's based on fairly emotional, subjective research and it doesn't have a balanced approach and it needs to be looked at by the King County Council Central Staff, by the Seattle City Council Central Staff, and by the City Attorney of Seattle. And I'll tell why. Incidentally, the March 2002 minutes of this Board where Council member Conlin was quoted, it was made quite clear by the Board that the City of Seattle would need to support this before it would be brought before the Board. I have to tell you that has not happened. This Bill has not been presented to the Seattle Bicycle Advisory Board. Council member Conlin met with that Board before the Public Health Board meeting that I'm referring to. And at that time the Bicycle Advisory Board was not in favor of this and it hasn't had this presented to it since. Over the years the City Council has repeatedly considered and rejected legislation like this. There may be a time for it, but at this point neither the City of Seattle nor this Board have done the homework, the hard work, of informing the public, doing the grassroots dialogue, a democracy that really is needed. And this Board of Health has great powers because of epidemics and genuine Public Health issues. This*

is a policy issue which deserves to be fully debated before any action is taken and I beg of you not to take it today. At the very least, hold it for a month so that adequate analysis is done. I'll give you a few of the examples. No evidence is presented that the existing helmet law has actually increased helmet use. In fact, the evidence provided is that the highest use is in Seattle which doesn't require helmets. Another thing, it says that, I've been told by Tony that this is needed because to make the laws consistent with one another. Well, the fact is this legislation allows the local governments to have different kinds of helmet laws. So, I mean, you should amend it at the very least to, if that is the argument, not to allow them to vary. This law involves great potential for abuse by law enforcement officials to pull over bicyclists not just because they're not wearing a helmet, even if they're wearing a helmet, the law would allow them, and the police I talked with outside agreed with this, the police would be allowed to stop somebody if the strap is not tightened to their satisfaction, because what you have in front of you requires that the strap be tightened adequately. And obviously the minority and low income communities in Seattle are heavily dependent on bicycles and I think there's a great chance for abuse. Another thing that wasn't looked at was, and this has been, the reason why this has been turned down in Seattle and at the State level is that without protections in the law, the victims will be blamed for the, anything that happens when they don't have a helmet or they are accused of not having strapped it adequately. The bicycle clubs have not supported legislation unless language which was lacking here . . . Language is lacking in this ordinance to protect the victims from being blamed in court and not having the right to basically protect themselves. Finally, you had testimony about the British Medical Association study which said as follows: "The great majority of accidents are minor. When accidents are serious, they generally involve damage to the head following collision with a motor vehicle." Wearing a helmet only marginally . . . Only marginally reduces the chance of death in such a case. The British Medical Association said that because of oral hazards . . . . the bicyclists are more likely to bicycle in a dangerous way if they're holding a helmet and make [time expired, Chair requested next speaker]

**Constance Miller:**

"Hello. I'm Constance Miller and I'm the founding Director of a non-profit organization known as Head Injury Hotline. My own head injury happened almost 21 years ago in a motor vehicle accident, and I was riding a motorbike and I was not wearing a helmet. Had the helmet ordinance been in effect at that time, I certainly would have worn one. When I bought my motorbike the salesman, I asked him to help me choose a helmet, and he declined to do so and he essentially accused me of being a wimp for wanting to wear a helmet. It was his opinion that on a motorbike there is no way that I could gain sufficient speed to cause injury to myself if I should have an accident, fall off my bike, or whatever. And my own injury about a year later proved that not

to be true. Twenty-one years later I still suffer the effects of a minor to moderate concussion. My productivity is down. My ability to recall information at will is definitely, deeply impaired. And word finding and tracking are the problems that continue to plague me to this day. My energy level waxes and wanes on a regular basis. Some days I'm entirely useless, other days I'm up and very productive. You know, as other speakers have mentioned here today, effective treatment of concussion by the medical community has eluded them. And so people who suffer these injuries have to figure out how to deal with them on their own for the most part. Once you're beyond the medical treatment, which in most cases is only a few months, then you're totally left on your own to figure out how to live your life with the impairments caused by a concussion or let's say a more severe head injury. So my, my appeal to this group today would be to pass an ordinance. It certainly would help parents to enforce the use of helmets among their children and it would also cut down on costs in education and schooling, impulsivity, learning, emotional control, are all big problems. Domestic violence. I mean, even I resorted to domestic violence after my head injury, but I very quickly turned that around. I was appalled that, you know, my problem-solving skills had been diminished to the point that instead of using words to persuade people who opposed me, I would hit them. Oh my God. You know, it's, it's not a good thing. And so for those reasons alone, domestic violence big problem. My, the hotline that we run receives calls from all over the world from people wanting answers about how to deal with concussion. Our Web site which is [Headinjury.com](http://Headinjury.com), receives a half million hits a month on, for, basically for information on concussion. So again, my appeal to you would be to pass this ordinance. Bring the pressure to bear, to help people to protect themselves, adults and children. Thank you very much."

**Michael Fuller:**

"Yes, my name is Michael Fuller, I'm an advocate for Homeless Veterans and Family, Racism and Save Our Children Low Income Housing. I strongly support that a helmet is needed because it does save lives. Brain damage is very serious. I had brain damage. I had to learn how to walk and talk all over again, when 12 doctors stated that I would never be able to walk or talk again. I had internal bleeding out of the left ear. Now I support, I strongly support that you will save lives by passing this ordinance that you wear helmets. Because brain damage is very serious and I'm a living witness, and so I know God is real because I am walking and talking again. So I stayed on the positive. If I had to listen to them doctors, I would be in a wheelchair like that young lady there. So I support the issue of the helmets and I heard a constituent say, "Do you wear helmets in a shower?" Wait, we're talking about out in the public. And you see that the DUIs are very bad here in Seattle and domestic violence. I also like to stress that men really should educate other men about using physical action towards women. God didn't

*bring a woman on this earth to be beaten. But I'm asking you all to pass this ordinance because you will save adult lives and children lives, and children are the future. Thank you."*

Chair Edmonds closed the public hearing

Chair Edmonds announced that due to the departure of the Seattle City Council representatives to attend another meeting, she wished to delay Board discussion and action on the amendment until the next meeting of the Board.

Chair Edmonds requested that Board staff provide the overview of the Board Operating Rules followed by the briefing on Jail Health.

**IX. Subject Board Operating Rules (Action Item)**

Maggie Moran, Board of Health Administrator reviewed the proposed revisions to the Board Operating Rules. The proposed changes were related to: timing of the regular meeting; appointments of health professional members; filling member vacancies; provision of copies of proposed rules and regulations; and the addition of an addendum with contact names and address for Board related requests for information.

The Board moved, seconded and adopted the revised Board Operating Rules.

**X. Subject Jail Health**

Bette Pine, Interim Director, Jail Health Services and Dr. Charissa Fotinos, Medical Director of the Community Health Services Division provided an overview of Jail Health Services. Highlights of the presentation were as follows:

- Target average daily population at the downtown jail is 1,262 and at the Regional Justice Center in Kent - 923.
- The average length of stay is 16.2 days; has stayed fairly steady for the last few months.
- Demographics: 88% male; 12% female. Projected that 18 to 19-year old group will decrease while the 40 to 49-year old group will increase.
- Generate about 70,000 prescriptions at the downtown jail. In 2002, estimated between the two jails over 90,000 prescriptions.
- Commencing in 2003, Department held to a new set of Jail Health standards. Department will spend the next year getting ready for Fall 2004 accreditation. One new standard will require mental health treatment, individual and group therapy in the jails. Also different

expectations for dealing with individuals who are in jail for a year or more., ie, different issues and responses such as dental assessments.

- Standards cover everything from administration and governance to infection control in the environment, personnel staffing, the care and treatment of the inmates, and individual assessment. For those in jail up to 14 days or longer.
- Standards address special needs, chronic care, special management of chronic care and corresponding medical and legal issues.
- Department has finished third accreditation in the Fall of 2001 and are going for the fourth in the Fall of 2004.
- Jail Health Services, includes the provision of medical, dental, mental health and substance abuse in review of and care of inmates. Diagnose and treat acute and episodic care, examples of that being abscesses, chest pains, seizures. Monitor and check compliance of chronic disease and obstetric care plans in accordance with both NCCHC and federal law requirements. Ensure proper monitoring and safety of acutely mentally ill inmates, including treatment as needed to stabilize. Treat urgent dental problems only. Provide methadone vouchers as treatment for opiate addicted inmates and induct pregnant women who are opiate addicted onto methadone for the care of their fetus. Provide communicable disease control, basic lab, radiology and pharmacy services.
- Refer health emergency and life threatening conditions which cannot be treated to Harborview Medical Center - 356 cases were referred in the first quarter of 2003. Currently investigating in-house improvements so as to decrease the number of referrals such as digitizing x-ray.
- Critical problems in the jail exacerbated by fact that inmates have not had access to care prior to their incarceration. Types of medical problems seen at the jail are both acute and chronic and include the following: abscesses, fractures, lacerations, pancreatitis, colds, sexually transmitted infections, abdominal pain, inflammatory disease or gynecologic infections.
- Many inmates require a fairly intensive post-operative care that doesn't require a hospital, but does require frequent dressing changes and fairly frequent nursing visits.
- Many inmates are treated for alcohol withdrawal, some of whom result in seizures as well as illicit drug withdrawal.
- Many inmates have chronic diseases such as hypertension, diabetes, failing livers both due to chronic hepatitis from long histories of injection drug use and alcoholism and cirrhosis.
- Many inmates suffer from seizures and respiratory distress both due to asthma and with many of them chronically smoking, emphysema.
- Obstetrical care is provided and women who are opiate addicted are inducted onto methadone for the safety of themselves and their children during their pregnancy.

- Many inmates require ongoing anti-coagulation therapy which is in itself costly due to frequent blood draws. An alternative is a once daily injection which costs about \$30 a day, so for whatever the reason, they're quite expensive therapies.
- Important part of the jail function is to treat mental illness which includes many inmates with acute psychosis, suicidality, acute episodes of mania, delirium, disorganized thought behaviors, drug-induced psychosis and assaultive behavior.
- Challenges of serving jail population include: frequent turnover of population [50% turnover rate every three to five days]; difficulty sorting out medical histories due to number of individuals with drug-seeking behaviors who have gone to many different institutions and providers; and general lack of information about inmates.
- Homelessness is a consideration with jail population. Preliminary review of data indicates that lack of stable housing is common variable amongst the "rapid-recyclers" or people with more than 10 bookings. Additional issue for this population relates to individual failure to attend their hearings leading to subsequent bench warrants for their arrest.
- 80% of jail inmates have a substance abuse problem. About 60% are in the jail related to that substance or crime related to that substance abuse issue. Recently completed a fairly extensive process to look at how to use \$1.8 million for treatment services as part of mitigation for the closure of NERF and Cedar Hills
- 15% of inmates have severe mental health diagnosis, many more with a less severe diagnosis in the jail. Work on minimal discharge plan and connecting with DCHS community providers. Doing involuntary treatment which is a laborious but very important process working with mental health courts to get them the wonderful services that are available through the mental health court.
- Number of sexually transmitted diseases are screened for and diagnosed in the jail. For HIV the number of inmates screened was a little over 2,000 last year. Thirteen new infections - down between 1% and 2% HIV-positive of those tested
- 6% of the jail population screened, tested positive for Chlamydia. About three for gonorrhea and four late cases of syphilis were found in screening.
- In Seattle about 85% to 90% of all injection drug users test positive for hepatitis C. Initially that's not a problem, but as this infection goes on for about 20 years, the majority of people who have hepatitis C retain it chronically. After about 20 years of infection, especially if someone continues to drink alcohol, their risk of cirrhosis are much higher. While we won't be seeing this as a problem now, as the jail population ages in the next 20 years, in 10 to 20 years we will see a huge number of end stage liver disease as a result of this.

- Accomplishments to date: Completed accreditation in February; overhauled the medical records system; implemented a cost containment plan to improve efficiencies without increasing risk; hired a consultant to address the Council's proviso and the operational master plan for the jails; and have maintained a zero death rate from suicide.

**XI. Subject Adjournment**

The meeting adjourned at 12:35 p.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR

DATE