

Testimony - Senate Bill 2362

House Transportation Committee

Thursday – March 9, 2023

Safe Kids Grand Forks / Carma Hanson

Mr. Chairman, members of the Committee, my name is Carma Hanson. I am a registered nurse and the Coordinator of Safe Kids Grand Forks, an injury prevention coalition that covers northeast North Dakota and northwest Minnesota. I am also a certified child passenger safety technician (car seat expert) and have spent much of my career implementing effective strategies that prevent unintentional injuries and deaths, particularly in children.

Over the years, I have been a part of the statewide group of experts that gather routinely to create the North Dakota Vision Zero Plan. This plan is required by the Federal Highway Administration (FHWA) and is spearheaded by the North Dakota Department of Transportation. It includes members from several state agencies who are charged with making our North Dakota roadways safer, decreasing traffic injuries and fatalities, and reducing costs to taxpayers. When our team gathers, we create a plan hoping to mirror the evidence-based outcomes proven successful in other states – **things that we know work.**

Today, you have assembled in this room, the foremost experts in our state on injury prevention, roadway safety and traffic issues. As those experts writing the above noted plans and testifying today, we come before you to kindly ask for your help and partnership in our work. The policy / law that we are asking to change is not one that we “think might work” or “let’s give it a try and see what happens” type. It is proven effective and has shown to increase seatbelt usage in other states that have enacted a primary law. On average, those states have seen an increase in seat belt usage of 10-12%, even without law enforcement writing tickets. That is what I call a great success rate.

I would like to share more about the work of injury prevention. In our field, we know that effective injury prevention strategies focus on what we call the “E’s of injury prevention, including engineering, education, EMS and enactment/enforcement. Let me break those down as it relates to motor vehicle crashes, injuries and fatalities:

- **Engineering:** The engineering component to injury prevention can take on several aspects including changing our roadways to minimize traffic crashes (some of these things might include improved lighting, rumble strips, chevron markings at curves, turn lanes off of major roadways and the list goes on).

This also includes putting features into vehicles that make them safer. I would challenge you that over the years, features have been added to your vehicles that provide personal comfort or conveniences such as heated or airconditioned seats, blue tooth technology, auto starts, lumbar adjust, dual temp controls, DVD screens for watching movies in our rear headrests and the list goes on.

Just as technology has been added for comfort and convenience, it has also been added for safety. Here are a few examples of things that are becoming standard on vehicles to assist with safety: auto adjusting headlights, back-up cameras, frontal collision avoidance systems, lane departure warning systems and airbags in various styles that include frontal, curtain, side impact airbags, knee, and even inflatable seatbelts.

There are many new and exciting safety features on the horizon. I recently took part in a national presentation that spoke to the autonomy levels in vehicles, with a scale being Level 0 (no driving automation) – Level 5 or fully automated, where the person in the driver's seat is essentially a full-on passenger in a driverless car. While a vehicle such as this is coming to our society, we currently are operating most vehicles somewhere between 0 and 3. The features that are being added to vehicles include things such as automatic emergency braking, forward collision warning systems, blind spot warning systems, rear cross traffic assist, lane departure warning, lane keeping assist and adaptive cruise control to name a few.

These technologies are exciting for those in the injury prevention arena as they will prevent crashes and ultimately injuries and deaths. However, for these types of systems to be effective, the driver and other occupants need to stay within the vehicle that has been safely designed to protect them. If the seatbelts are not used, these safety features are minimized or eliminated completely.

Whether we are talking about vehicle engineering or roadway engineering, folks in this line of work in our country and our state have been doing their job and keeping up with the needs of injury prevention from an engineering perspective. **They are doing their job to make a difference in traffic injuries and fatalities!!!**

- **Education:** While the injury prevention aspect of education is fairly straightforward, I want to highlight how people in our state working on this aspect have been carrying out their role. Marketing personnel and other experts have conducted classes, created public service announcements and billboard ads, participated in radio and television interviews, hosted educational booths at county fairs, school events and community events. We have printed stories in newspapers and newsletters and have crafted social media messages aimed at providing education. We have traveled across the state, hit the airwaves, taught large group classes or 1:1 education to get the messaging out about car seats and seat belts saving lives. **We are doing our part to make a difference in our state's traffic injuries and fatalities!!**
- **Emergency Medical Services (EMS):** Today you will hear from first responders who will talk about their role in preventing deaths once a crash has occurred. They train with their volunteer ambulance squads, they hold fundraisers to purchase the equipment they need for their rigs, they practice with mock crashes so they get it right when their pager goes off and they have to respond.

During testimony provided in past years, we heard from folks in some of our rural ambulance squads that are made up of generous and passionate volunteers who run their operations. These folks spoke of how they have lost team members or others have decided not to pursue volunteering, because they have witnessed horrific situations that could have been avoided. In a state with a workforce shortage, we cannot stand for teams losing members for reasons such as this, especially in rural areas where getting people to a trauma center is often the difference between life and death. As you will see in our state's crash data involving fatalities and serious injuries, 77% of crashes are occurring on our rural roadways, oftentimes miles away from an ambulance service and clearly a distance from a trauma center.

Our state's EMS and first responders are some of the best that there is. They are working hard, giving up their evenings and weekends to train and take call so when their phone rings or their pagers go off, they are ready to render aid to their neighbors, friends, community members and sometimes family members. **They are most certainly doing their part to make a difference in our traffic injuries and fatalities!!**

- **Enactment/Enforcement:** This is the E of injury prevention where we come before you today to ask for your help. Before I expand on this area as it relates to traffic safety, I want to share a situation I know you are all aware of.

On January 2, 2023, many Americans were watching Monday Night Football when the Bengals and Bills were part way into the first quarter of their game. Buffalo Bills defensive back Damar Hamlin made a tackle on Bengal's wide receiver Tee Higgins. Following the tackle, Damar stood up, took a few steps backwards and fell unresponsive to the ground. Suddenly, all eyes in the stadium and on national television watched a horrific and amazing scene unfold. Damar Hamlin was in cardiac arrest and first responders came to the field and quickly kicked into action. Supplies and equipment were readily available and those involved in his care knew what steps needed to be taken. The hosting team had a myriad of physician specialists on standby and they too, were called into action. As Damar was placed into an on-scene ambulance, that vehicle left the stadium and was escorted by law enforcement to the nearest trauma center where Damar continued to receive care and is alive today because of the actions occurring on the field, enroute to the hospital and at the trauma center.

The event that occurred to Damar Hamlin, was a lethal disruption of heart rhythm that in 9 out of 10 situations, results in death. Why did Damar survive that incident that day? Since this occurrence, there have been copious stories done on that and much of his survival can be attributed to some of the following. . . . not ONE of these E's of injury prevention, but ALL of them being in place and doing their part to increase the likelihood of survival.

- The hosting team having the proper emergency equipment on standby as per the NFL policy requirements and the medical personnel knowing how to use it.
- Trained personnel including team trainers and several medical specialists in the stadium and ready to respond as per a policy requirement of the NFL.
- An ambulance being on standby and equipped with the proper technology, as per a policy requirement of the NFL.
- The game was being played in a community that has a trauma center within the city, also a requirement of the NFL.
- Emergency responders, including the ambulance team and the escorting law enforcement, having practiced their evacuation drill as per a policy of the NFL.

As you can see, all aspects of the E's of injury prevention came into play that day. Had only one "E" carried out their part, the outcome could have been very different, but when executed together, we saw a situation where 9 out of 10 people die from, turn into a heartwarming story of survival.

Let's go back to our traffic safety analogy about the E's of injury prevention and address the fourth E, enactment/enforcement.

In North Dakota, it is a primary enforcement law that children under age 18 must wear their seatbelt or use a proper car seat. Our officers are not out writing copious amounts of child traffic citations and yet our car seat and seat belt usage in those under 18 is significantly higher than for adults. In reviewing state data of crashes for those ages 0-13, only 1.4% of those in that age group involved in a crash were unbuckled. For youth ages 14-17, also in the primary enforcement age, the unbelted rate in crashes was only 3.3%. These numbers are a far cry from the adult unbelted rate in crashes of 51%. Having a primary law for those under age 18 works, even without enforcement, and it will work for adults as well.

Currently, it is a law that front seat occupants are required to wear a seat belt in our state and yet we have said by our secondary enforcement law "that it really isn't all that important". But, it is!! I have a

poignant story from my days as the manager of the Intensive Care Nursery and Pediatric unit at our local hospital. We had a five year old buckled into their car seat directly behind his father, the driver of the vehicle. The car was in a crash and the 280# father was thrown into the backseat. The back of the dad's head hit the forehead of his son, causing a compressed skull fracture. As the son was recovering, we asked the dad about his seatbelt use and he said "he didn't wear it because it wasn't a law in our state". As I and others conduct education around our state, many people are unaware that we have a seatbelt law because they feel as though they can't get stopped, it must not be a law or at least not a very important one. And, as a reminder, our current law does not cover back seat occupants. This legislation would include them in that requirement.

As a team of experts in this field, we have come before you in past years asking, begging, pleading for your help to pass this legislation that we KNOW will make an impact. In fact, in 2021, there were over 30 experts, individuals and organizations representing over 200 stakeholder groups in support of this bill that provided written and oral testimony. That bill (the same one we are presenting here today) passed in the Senate and lost by only 4 votes in the House. During testimony at the committee hearings, there were only 2 or 3 that spoke or provided written testimony against it. This year in the Senate hearings, we again had many, many people speak in support of this bill and NO ONE submitted written or oral testimony in opposition.

From polls taken in our state in each of the past 5 years, between 57-62% of North Dakotans support a primary belt law. This simply says that the majority of people in our state want you to vote in support of this bill. That is why we are back; we know that this is effective, we know that it is a critical E that is lacking in our work, and we know that as folks have taken the time to learn about this bill, it becomes more personal to them - knowing their vote can impact people in their community, their district, their state and maybe even their family.

My background is in nursing and I spent many years of my career as an intensive care nursery nurse. Over the 25 years I was actively working at the bedside, I helped save hundreds of babies. Oftentimes, saving those lives included administering cardio-pulmonary resuscitation with chest compressions, placing a tube into the baby's lungs or a chest tube into their chest cavity. It included providing emergency medications or blood products and a whole myriad of other treatments that took years of training in school and on-the-job. I took saving lives very seriously in the way I was called and tasked with doing that and I am proud of that work.

One legislator that is working to kill this bill told a fellow legislator the other day while trying to convince them to vote against this bill that "we should defeat this bill because it would only save about 7 lives per year". 7 LIVES PER YEAR. This certainly does not take into account all the injuries and disabilities that are caused, but of greater concern is this: Do those lives not matter? Do we not value every life in our state? Are we willing to "sacrifice some" because it is such a major inconvenience and burden to grab a latch plate and click it into the buckle, securing the seatbelt in less than 3 seconds, a device that has been designed to move about with us, giving us essentially the same movement as if we were unrestrained, but making all the difference to hold tight when a crash occurs.

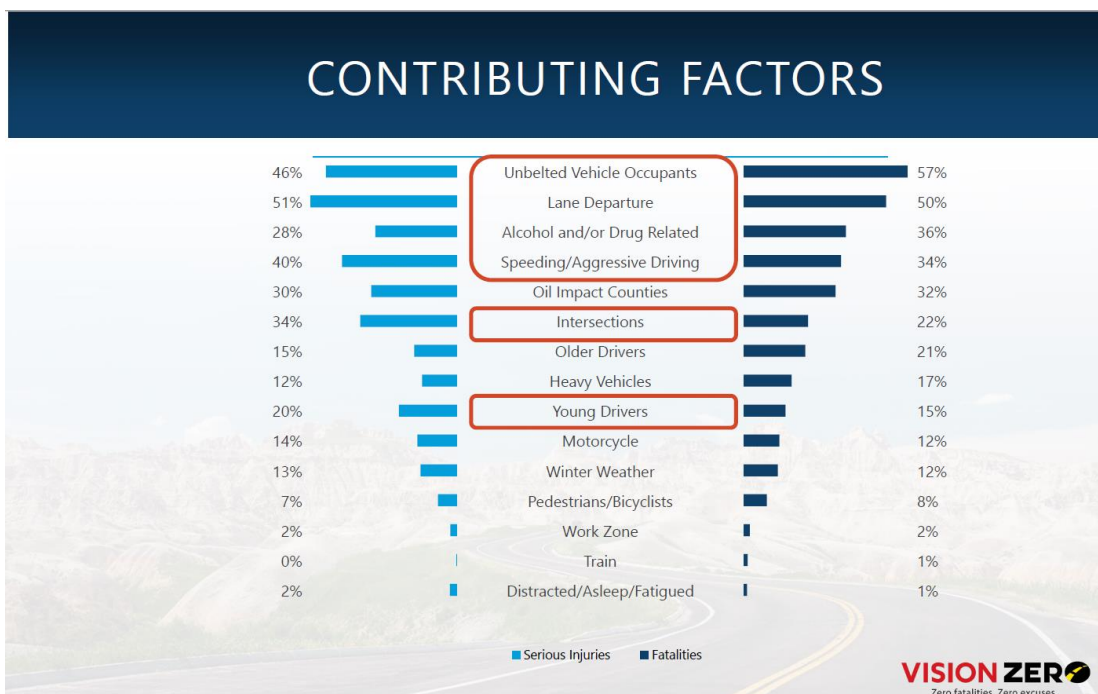
If we hold true to this reasoning, then our engineering teams should cut back their spending on roadway safety features as we most certainly will not spend ourselves out of this situation. Or maybe we should have the many paid and volunteer people cut back on their efforts of conducting education all across our state, spending evenings and weekends at county fairs, high schools, community events, farm shows and the list goes on. Is it okay for them to have the mentality that their work would only affect X'# of people so why do all that work.

As policy makers, as a critical piece of the 4 E's of injury prevention, simply have to press a green button and you too can save lives, prevent injuries and make a positive impact on our state. I will admit, those of us doing this important work can easily grow weary when members of that important injury prevention team (engineering, education, EMS and enactment) don't pull their weight.

Vision Zero is not a campaign slogan; it is a firm belief and a goal that we can get to ZERO if all the E's work in conjunction with each other. With education and the engineering changes coming to vehicles and our roadways, we can drive our numbers down, but we need your help. As someone involved in traffic safety, I am on the email list that receives an update each time there is a fatality in our state. While I am sure that Maria Gokim, the ND Traffic Records Research Analyst, is a delightful woman, I cringe each time I get an email from her. That email represents another life (or sometimes more than one life) lost on our roadways. To some, they may look at those as data points or numbers to simply analyze for a required report. To those in this industry and to each of you, I hope you will look at those reports that contain a description of the vehicle, the roadway conditions, the number of people involved, whether seat belts were used or not, and the outcome of the crash as loved ones, as people that matter, as neighbors, co-workers, church members at your congregation. . . . as lives that matter.

To those that still claim that wearing a seat belt should be a personal choice and government shouldn't have the right to tell me what to do, I would say that we don't have that philosophy in many other areas of policy where the state provides regulations. While I am not here to debate those bills, I find it interesting that the House passed a bill that would ban certain books from our state's libraries so even adults don't have access to them in those locations. To me, we could equate this is "taking away a personal freedom" and yet this body has found that to be acceptable. Again, I am not voicing support or opposition for the bill, but simply pointing out the irony in the tolerance, or lack thereof, to set policy decisions that may "infringe upon one's rights".

I would like to point out that the North Dakota House has also recently passed a bill that would allow 80 mph speeds on our interstates (something that would cost money to implement as opposed to the primary seatbelt bill that costs zero and will save millions of dollars). Speed and unbelted occupants are two of the leading causes of death and injury on our roadways (see the chart below). Voting to pass an increased speed bill without accompanying seat belt legislation is a recipe for disaster.



As lawmakers, your role is to create good policy and you have done that for the unborn, kids, youth and for adults in other areas. We are asking you to do it for motor vehicle crashes as well – the number one cause of injury and death in our state for those under age 35 or over half our population. This law is not a solution looking for a problem. We have a problem of unbelted fatalities and injuries in our state and we also know the proven effective solution.

Those that oppose seat belt use often say that “it only affects me if I decide to not wear a belt”. That answer is selfish and untrue. As tax paying citizens, we all bear the cost of those decisions in tax money. I also urge you to listen to our first responders and law enforcement officers who speak of the horrific impact it has on them to respond to the scene of a crash with people injured and killed. I will allow those wearing the uniform to speak to that personally, but I challenge you that “it only affects me” could not be further from the truth if you listen to their real-life stories.

Our team of experts can't do this alone. We need the fourth E of our injury prevention strategies – enactment of policy/enforcement, to do their part to make a difference. I would dare say that there has not been strong policy in this arena and we hope we can count on your support to change that.

From a fiscal standpoint, this law will save money for our state and it WILL COST NOTHING to implement. There are few laws that can make that claim. You have heard testimony about the costs that we, as tax paying citizens, are burdened with because of people's decision to not buckle up. Those who choose to not buckle up are costing people like you and me money. The cost of a \$20 ticket should an unbelted violator be cited, is a small price to pay for the lives and money saved by this bill.

If this legislation were about writing tickets, you would have seen the fine increased in the bill. It is not!! It is about driving seatbelt usage up by the 10-12% points that we know occurs when state's pass a primary belt law. There are 34 states in the US that have a primary belt law and analysis of their seat belt usage proves that this is an effective strategy.

When our neighbor state of Minnesota passed this law in 2009, they saw an immediate and positive impact. Over a 4-year period following the passage of their primary law, their seat belt usage went from 86% to 95%. Their unbelted fatal crashes dropped from 46% to 30% and they saved 132 lives on their roadways and saw their severe injury rate drop by 434 cases. These results ultimately saved their state \$67 million in medical costs during that time period. Living in Grand Forks and with that being a border community to Minnesota, I often hear people say, “I buckle up when I cross the bridge into Minnesota” or “I set my cruise control when I get into that state because I don't want to get caught”. Legislation works at changing our culture and our behaviors.

As noted, our seatbelt usage in North Dakota ranges between 81-84%, placing our ranking in the country in the lower tier of seat belt usage with a national average ranging from 92-94%. We all know what it takes to get to ZERO. We are doing our part in three of the E's of injury prevention and we are asking for your support in the policy arena. As many as 61% of North Dakotas favor a primary belt law and we are asking for your support of SB 2362 to provide that provision in our state law.

I thank you for allowing me to testify today in support of SB 2362.

Contact information:

Carma Hanson, MS, RN
Coordinator – Safe Kids Grand Forks
701.739.1591
chanson@altru.org