ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672
10029 HOUSE TRANSPORTATION

Subject: **JIM ROWLAND**
Date: Mon, 17 Jan 2000 08:00:59 -0900
From: Sabrina Carlyle <sabrinac@afmcpas.com>
To: "'representative_vic_Kohring@legis.state.ak.us'" <Representative_Vic_Kohring@legis.state.a

Mr. Kohring,

We SUPPORT your bill to rename the Palmer/Wasilla Highway to the "Jim Rowland Highway". What a wonderful way to honor him and his family.

Sabrina and Jim Carlyle

Subject: **I would like to voice my support in renaming Palmer-Wasilla Hwy to Jim Rowland in remembrance of a f**
Date: Mon, 17 Jan 2000 06:44:53 -0600
From: "Jim Malone" <Jim.Malone@wnco.com>
To: <Representative_Vic_Kohring@legis.state.ak.us>

I would like to voice my support in renaming Palmer-Wasilla Hwy to Jim Rowland in remembrance of a fallen officer.

Subject: Jim Rowland Highway
Date: Sat, 15 Jan 2000 04:29:49 -0800
From: "RD Glass" <windoman@adnc.com>
To: <Representative_Vic_Kohring@legis.state.ak.us>

Dear Sir:
I am e-mailing you to let you know I support the bill to rename the Palmer/Wasilla Highway to the Jim Rowland Highway. Although I did not know Jim, I am a law enforcement officer and I think that renaming a highway in your district would be a nice memorial to this officer. Thank you for submitting this proposal. Ron Glass

Subject: Support for P/W rename.
Date: Sat, 15 Jan 2000 10:01:31 -0900
From: monbo <monbo@gci.net>
To: Representative_Vic_Kohring@legis.state.ak.us

I support the bill to rename the Palmer/Wasilla Highway to the Jim Rowland Highway.

Terry Smith

Subject: Jim Rowland Highway
Date: Sat, 15 Jan 2000 10:51:18 -0600
From: "Shane & Heather" <barbers@mtaonline.net>
To: <Representative_Vic_Kohring@legis.state.ak.us>

Represetative Vic Kolıring,

I think it is a wondeerful idea to rename the Palmer/Wasilla Highway to the Jim Rowland Highway. I look forward to the change.

Thankyou, Heather Barber(Palmer)

Subject: (no subject)
Date: Sat, 15 Jan 2000 20:28:30 EST
From: Reeber73@aol.com
To: Representative_Vic_Kohring@legis.state.ak.us

I am a Police officer and I would like to lend my support to the bill to rename the Palmer/Wasilla Highway to the James Rowland Highway. Too many officers are killed and not enough is done to preserve the memory of people who have made the ultimate sacrifice while protecting and serving the public.

Reeber73@aol.com

Subject: highway
Date: Sat, 15 Jan 2000 20:39:38 -0900
From: fatboy@gci.net (Schwing)
To: Representative_Vic_Kohring@legis.state.ak.us

I strongly support the Bill to rename the Palmer/Wasilla Highway to the "James Rowland Highway."

Ron Schwing
17342 Rachel Ave.
Eagle River, AK 99577

Subject: (no subject)
Date: Sun, 16 Jan 2000 10:09:59 EST
From: Glennring@aol.com
To: Representative_Vic_Kohring@legis.state.ak.us

Vic, This is just a note to let you know I strongly support the Bill to rename the Palmer/Wasilla Highway to the "James Rowland Highway"

Subject: **Rename Highway**
Date: Sun, 16 Jan 2000 00:59:21 -0900
From: "Harold Morton, Jr." <mortcpa@alaska.net>
To: Vic Kohring <Representative_Vic_Kohring@legis.state.ak.us>,
Sabrina Carlyle <sabrinac@afmcpas.com>

We support your bill to rename the Palmer/Wasilla Highway to the "Jim Rowland Highway" to honor Jim Rowland.

Harold and Barbara Morton

Subject: Support for Jim Roland Highway
Date: Sun, 16 Jan 2000 16:18:55 -0800
From: Dave Lunder <dlunder@rcnmail.com>
To: "'Representative_Vic_Kohring@legis.state.ak.us'" <Representative_Vic_Kohring@legis.state.

Dear Representative Kohring,

This e-mail is a show of my support for your bill to rename the Palmer/Wasilla Highway in honor of Jim Roland.

I did not know Mr. Roland, however I know his friends that are fellow officers. They are fine people putting themselves in harms way every day so that we can enjoy a better quality of life. Please push hard for the passage of your bill.

Sincerely,
David C. Lunder, P.E.
Las Vegas, Nevada

Subject: Support
Date: Sat, 15 Jan 2000 06:56:40 PST
From: "Trad Gulbranson" <tradgg@hotmail.com>
To: Representative_Vic_Kohring@legis.state.ak.us

Dear Representative,

Based on the circumstances of this tragedy, I would support the bill to rename the Palmer/Wasilla Highway to the Jim Rowland Highway.

Thank you,

Subject: name of Palmer Wasilla highway
Date: Fri, 14 Jan 2000 23:54:47 PST
From: "william krostek" <wjkrostek@hotmail.com>
To: Representative_Vic_Kohring@legis.state.ak.us

I'm against you renameing The highway as reported in the Frontiersman today.
Just tought I'd let you know.

Subject: [Fwd: House Bill 266]
Date: Sun, 16 Jan 2000 12:43:49 -0900
From: w <wcrenz@alaska.net>
Organization: Unknown Organization
To: Vic Kohring <Representative_Vic_Kohring@legis.state.ak.us>

Subject: House Bill 266
Date: Sun, 16 Jan 2000 12:30:49 -0900
From: w <wcrenz@alaska.net>
Organization: Unknown Organization
To: Rrpresentative_Vic_Kohring@leis.state.ak.us

I understand the emotional feelings of Memorializing Officer Rowland. To insure his Memory in the community, it would be best remembered in his community where it will mean something to his community. How many people know where Eisenhower Corridor or Veteran's Memorial Parkway are? Better yet, how many people know who the Glenn Hwy, Richardson Hwy or Parks Hwy were named after? It means nothing to 95% of the people that lives on or travels over these Highways. In two to three years from now very few people out side Rowland's Family and close friends will remember his scarifies. People have a very short memory for Heroes, that is the really world. There should be a remembering in the community not the borough. I would rather see a monument at his death site or in front of the Police Department.

Count me in opposition to renaming or co-naming Palmer-Wasilla Highway.

Wayne Renz, Wasilla

Subject: HB 266
Date: Mon, 10 Jan 2000 23:14:22 -0900
From: S Dennis-Brown <gbrown@customcpu.com>
To: Representative_Andrew_Halcro@legis.state.ak.us

I am writing this letter in support of House Bill 266, to dedicate or rename the Palmer/Wasilla Highway after the Palmer Police Officer, James Rowland, who was killed May 15, 1999.

Late last year you received a letter from me asking you to support a bill naming the Palmer Juvenile Detention Center after James Rowland. At the same time I was writing this letter to you, Sergeant Thomas Remaley of the Palmer Police Department requested of our local legislators that the Palmer/Wasilla highway be renamed after Jim, much like what was done for Trooper Bruce Hecht on the Glenn Highway. So Representative Vic Kohring and Scott Ogan have done so in HB 266. We ask that you please support this bill. It doesn't matter to us if either the juvenile center or the highway is named after Jim, just so that his memory is honored and his sacrifice for the safety of his hometown is never forgotten. It would also be a wonderful way to thank the Officers who are out there everyday, continuing on putting themselves in harms way to keep us safe.

Thank you so much for your time and your support,
Stephanie Dennis-Brown

HB

282/283

1-LS1256\D
Ford
3/8/00

CS FOR HOUSE BILL NO. 282(TRA)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY THE HOUSE TRANSPORTATION COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVE KEMPLEN

A BILL

FOR AN ACT ENTITLED

"An Act relating to retail sales of off-road vehicles; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 45.45 is amended by adding a new section to read:

Sec. 45.45.920. Required helmet with retail sale of off-road vehicle. (a) An off-road vehicle dealer may not sell an off-road vehicle unless the sale includes a helmet that meets the helmet standards of the United States Department of Transportation or other protective headgear standards required by the Department of Administration. This subsection does not apply to a sale of an off-road vehicle when the purchaser of the off-road vehicle signs a written waiver of the purchaser's right to receive a helmet.

(b) In this section,

(1) "off-road vehicle" means a vehicle that is not required to be registered under AS 28.10.011 and includes a snow machine, a four-wheeler, an all-

terrain vehicle or a similar motorized vehicle, and a sled or other device towed by or in any way attached to an off-road vehicle;

(2) "off-road vehicle dealer" means a person who is in the business of selling off-road vehicles.

* Sec. 2. This Act takes effect July 1, 2000.

Coordinator:
Sharron Lobaugh
(789-5028)
Lead Agency:
Dave Thomson, Injury Prevention, CHEMS
(465-8632)
Participating Members:
Alaska Department of Health & Social Services:
Division of Public Health; Community Health & Emergency Medical Services, Public Health Nursing; Division of Medicaid Healthy Families, Early Learning Program, Division of Family & Youth Services: Foster Care Licensing, Department of Education: Head Start, Department of Transportation: Bicycle Safety & Planning.

Federal Agencies
United States Coast Guard 17th District: Office of Recreational Boating Safety

City & Borough of Juneau:
Assemblywoman Fillafont, Juneau School District: Community Schools Program, JDHS Health Classes, Juneau Parks & Recreation Dept., & Juneau Police Department.

Local Organizations:
National Association for the Education of Young Children, Alaska Health Fairs, Juneau Free Wheelers, Vista Volunteers, Big Brothers & Big Sisters, REACH, Boy Scout, Tlingit Hiada Central Council, Juneau Joey's, & Parents

Juneau Safe Kids Coalition

Box 110616, Juneau, Alaska 99811-0616

March 8, 2000

Dear Representative Andrew Helcro,
House Transportation Committee:

The Juneau Safe Kids Coalition strongly urges you to consider moving two pieces of legislation: **HB 282 and HB 283.** These bills are important in preventing injuries among children who ride bicycles, all terrain vehicles, and snowmobiles.

Compelling research supports wearing helmets:

- Studies at the University of Washington reviewing all states with bicycle helmet laws show that the incidence of head injuries is lower in those states, and even without strict enforcement the use of helmet increases significantly. (Harborview Injury Prevention Center 1997)

- Alaskan youth, particularly between 10 to 14 years of age, are often injured using off road vehicles. In rural areas injuries associated with ATV and Snowmobiles is the second leading cause of injury hospitalization. Ten children lost their lives in the four year period between 1991 and 1994. (Serious and Fatal Child & Adolescent Injuries in Alaska, 1991-1994, Moore, CHEMS, State of Alaska)

Alaska Safe Kids Coalition has extensive experience in injury prevention. We have distributed thousands of helmets to school children in our state from funds raised to help protect children. We are eager to talk to you about this topic and bring forth further evidence that these bills will save lives and money.

Please feel free to contact me for further information. There are lots of people hoping these bills will pass.

Sincerely,
Sharron Lobaugh
Sharron Lobaugh

ALASKA SAFE KIDS

Are no accident !

Local Donors: KMart, Lewis Motors Chevrolet, Alaska Marine Lines, Bartlett Hospital, KINY Radio, Sign Pro, McDonalds, Fred Meyers, Nugget Mall, Mark Choate Law Firm, Pizza Hut, StateFarm, United Insurance, Shattuck & Grummet, Good Hardware, & Alaska Highway Safety Planning Agency

Resolution in Support of Mandatory Bicycle Helmets for children under 16 years old

Whereas, the Anchorage Department of Health and Human Services, Department of Public Health, MCFH and the Alaska Safe Kids and Alaska Injury Prevention Center is concerned about children and the activities are directed toward the prevention of injuries to children and families, and

Whereas head injury is the leading cause of death in bicycle crashes, and

Whereas helmets reduce the risk of head injury by 85%, and

Whereas the death rate since 1974 from bicycle-traffic related injuries declined 60% among children under 14 years, and

Whereas the helmet use increased over the same period, and

Whereas 16 states have passed bicycle helmet legislation, and

Whereas bicycle helmet standards have led to stronger, better fitting helmets for a reasonable price, $10-15 (1999)

Whereas, for children ages 4-15 years, every dollar spent on bicycle helmets saves $2.00 in medical care costs (1991) and

Whereas medical costs for bicycle related non-fatal head and facial injuries may cost a lifetime, be it therefore

Resolved that the Injury Prevention Group encourages and supports policies that increase the use of bicycle helmets in Alaska.

Approved by:

Municipal Department of Health and Human Services
Community Health Promotion, Injury Prevention Program
State Division of Public Health, MCFH
Alaska Safe Kids Alaska
Alaska Injury Prevention Center

Post-It® Fax Note 7671	Date 3/9/00	# of pages ▶ 1
To Shandra Thibodeau	From Joan Dawson	
Co./Dept. Legis. State	Co. DHSS	
Phone # 465-2589 fax	Phone # 343-6583	
Fax # 465-3704 ph.	Fax # 343-7376	

STATE OF ALASKA

Department of Health & Social Services
Division of Public Health
Section of Community Health and Emergency Medical Services

TONY KNOWLES, GOVERNOR

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HB 283: BICYCLE HELMET LAW

NATIONAL FACTS

Research shows that helmet use while riding a bicycle decreases the risk of head injuries by 85% and reduces the chance of sustaining a brain injury by 88%.

98% of bicyclists killed in 1998 reportedly weren't wearing helmets. --U.S. DOT, Fatality Analysis Reporting System (FARS)

Head injuries are noted in about 40% of bicycle crash victims admitted to hospitals and in as many as 80% of fatally injured bicyclists. -- Johns Hopkins Injury Prevention Center

Of all bicyclists admitted to a hospital after a crash, those with head injuries are 20 times more likely to die as those without head injuries. -- Johns Hopkins Injury Prevention Center

The head is hit in 38% of bicycle accidents; 55% for children age 1-5; 48% for children 5-10 -- Johns Hopkins Injury Prevention Center

<u>Age</u>

Two-thirds of bicycle accidents involve children under 15. -- Johns Hopkins Injury Prevention Center.

Thirty percent (30%) of bicycle deaths in 19[illegible]8 occurred to riders less than 16 years. -- U.S. DOT, FARS

Rate of bicycle injury is highest for children age 5-15 years. -- National Bike Safety Network, Johns Hopkins Injury Prevention Center

Rate of bicycle injury death is highest for children age 10-14 years. --National Bike Safety Network, Johns Hopkins Injury Prevention Center

Children age 14 and under are five times more likely to be injured in a bicycle-related crash than older riders. -- Johns Hopkins Injury Prevention Center

Children under age 10 are at greater risk for serious injury and are more likely to suffer head injuries than older riders. -- Johns Hopkins Injury Prevention Center

Helmet Use

The latest survey shows that 50% of bicyclists do not routinely wear helmets: 38% of adult bike riders and 69% of children under 16. -- 1999 Survey, Consumer Product Safety Commissions (CPSC)

Mandatory helmet laws have been shown to increase helmet use significantly, and are more effective than education. This effect is not heavily dependent on enforcement. -- Harborview Injury Prevention Center, Seattle ,WA.

	Percent Helmet Use
Oregon: Mandatory helmet use children < 16 (Ni et al., 1997)	24.5% to 49.3% (Statewide observation study) 20.4% to 56.1% (School observation study)
Howard Co., MD: Mandatory helmet law	4% to 47% (Observation study)
Montgomery Co., MD: Helmet Education	8% to 19% (Observation study)
Baltimore Co., MD: No intervention (Cote et al, 1992)	19% to 4% (Observation study)

Bicycle Safety Programs

Among children ages 14 and under, more than 80% of bicycle-related fatalities are associated with the bicyclist's behavior. The most common crashes include: riding into a street with stopping; turning left or swerving into traffic that is coming from behind; running a stop sign; and riding against the flow of traffic. -- Johns Hopkins Injury Prevention Center

Effective bicycle safety injury prevention involves: participation of parents; media announcements; bike rodeos; school education; supply of affordable helmets (discount program); patient education by physician; community promotion (positive reinforcement by police); and laws.

Bicycle Helmet Standards

Consumer Product Safety Commission (CPSC)
American Society for Testing Materials (ASTM F1447)
Snell Memorial Foundation
(ANSI standard is obsolete.)

ALASKA FACTS

Bicycle crashes are the third leading cause of serious accidental injury for Alaskans under age 16. About 40 young people are hospitalized every year due to bicycle crash injuries, and one-third of them involve brain injuries.

Alaska Trauma Registry data from 1994-1997 tell us that hospital charges for unhelmeted bicycle crash victims in this age group averaged almost $13,000 per patient, which was 57% greater than the cost of hospital care for helmeted victims. Forty percent of Alaskan young people hospitalized with a bicycle crash injury were either uninsured or billed Medicaid for their hospital care.

The ***Youth Risk Behavior Survey*** of 1995 asked a statewide sample of high school students about use of helmets while riding bicycles; 88.4% reported that they do not wear helmets. Most children who

were fatally or seriously injured in bicycle crashes in Alaska were not wearing a helmet at the time of the crash.

STATE OF ALASKA

Department of Health & Social Services
Division of Public Health
Section of Community Health and Emergency Medical Services

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HB 282: OFF-ROAD VEHICLE HELMET LAW

NATIONAL FACTS AND RESEARCH

Research shows that helmet use can reduce the risk of death among all-terrain vehicle (ATV) operators by approximately 42% and can reduce the likelihood of head injury in a nonfatal accident by approximately 64% -- Roger GB. *The effectiveness of helmets in reducing all-terrain vehicle injuries and deaths.* Accident Analysis and Prevention 1990; 20:47-58.

Pennsylvania, 1988-1991: Of 35 children referred to a hospital with severe injuries associated with ATVs, 49% suffered a head injury.

Age

Children younger than 16 years accounted for about 40% of ATV-related injuries from 1985 through 1994, although less than 20% of that age group operate them. In 1994, 37% of those fatally injured were under 16 years and 16% were under 12 years. -- Children's Safety Network

Western Michigan, July 1985-November 1986: Among 194 incidents, victims under 16 years were significantly more likely than older ATV operators to have been using their ATV improperly (carrying a passenger, excessive speed, inattention, driving under the influence of alcohol, and driving on a road); hospitalized more often; less likely to be wearing protective gear; and inadequately trained. -- Children's Safety Network

An increased risk of injury to children under 16 years of age is associated with: recreational use of ATVs; ATVs with larger engines; ATVs not modified for engineering problems; and unsafe practices that the ATV manufacturer had specifically warned against (passengers, excessive speed, and riding on pavement). ATV operators under 16 years, with less than one month of operating experience, under five feet in height, and weighing under 100 pounds, have increased risk of injury and death on an ATV. The risk of injury to youth operating an ATV is more than twice the risk to ATV operators over the age of 35. -- Children's Safety Network

Central Wisconsin, 1989-1992: Of 77 ATV injury victims younger than 18 years, the majority were speeding; had a passenger; were wearing helmets; and were not drinking alcohol. -- Children's Safety Network

Wisconsin, 1983-1989: Of 52 ATV deaths, 50% were under age 16 and 63% died of head injuries. -- Hargarten, SW. *All-Terrain Vehicle Mortality in Wisconsin.* American Journal of Emergency Medicine, March 1991; 9:149-152.

Children's Hospital of Pittsburg, 1991-1995: Of 51 patients admitted to trauma center for ATV injuries between the ages of 4 and 16 years, only 30% were wearing helmets, fifteen suffered a brain injury, and over half of those required rehabilitation. -- Lynch JM, Gardner MJ, Worsey J. *The Continuing Problem of All-Terrain Vehicle Injuries in Children.* Journal of Pediatric Surgery, February 1998; 33:329-332.

ALASKA FACTS

All-Terrain Vehicle

All-terrain vehicle crashes are the sixth leading cause of serious accidental injuries for Alaskan youth under age 16, hospitalizing about 30 patients per year. One in four sustains a brain injury.

Alaska Trauma Registry data from 1994-1997 shows that hospital charges for unhelmeted ATV crash victims in this age group averaged about $9,000 per patient, and 22% of these patients were uninsured or billed Medicaid for their hospital care.

Snowmachine

During 1990-1994, Alaska had the highest snowmachine injury rate in the United States. There were more deaths and hospitalizations associated with snowmachine injuries per vehicle-year than deaths and hospitalizations associated with on-road motor vehicle injuries. Alaska Natives were at greater risk for snowmachine injury death than were non-Natives. -- Section of Epidemiology Bulletin, ADHSS, 3/5/97

Information from the Alaska Trauma Registry shows that about 18 Alaskans under age 16 are admitted to the hospital every year due to snowmachine crash injuries. One in five sustains a brain injury. The average cost of hospitalization for unhelmeted young snow machine crash victims was about $10,000 per patient, and 23% of these patients were uninsured or billed Medicaid for their hospital care.

ALASKA STATE LEGISLATURE

REPRESENTATIVE ALLEN KEMPLEN

MEMORANDUM

TO: Representative Andrew Halcro, Chair
House Transportation Committee

FROM: Representative Allen Kemplen

DATE: March 1, 2000

RE: Committee hearings for HB 282 and HB 283

At your earliest convenience could you please schedule HB 282 and HB 283 for a committee hearing. If you are in need of additional information, please contact my staff assistant Chris Knight at ext. 2840. In advance, thank you for your time in reviewing this matter.

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ALASKA STATE LEGISLATURE

REPRESENTATIVE ALLEN KEMPLEN

Sponsor Statement

House Bill 282

"An Act requiring a person under 16 years of age to wear a helmet when operating or riding on an off-road vehicle; and providing for an effective date."

For drivers under 16 years of age, there is a 1-in-3 chance of having an ATV related injury during the average life span of the ATV(Consumer Product Safety Commission)." While operating ATV's and snow machines, Alaskan children lead the nation in brain injuries per capita. To decrease ATV and snow machine injuries, the number-one recommended preventative is to wear a helmet. House Bill 282 mandates helmet-use for children under 16, preventing injury and alleviating costs associated with brain injuries.

Between 1990 and 1994, all terrain vehicles(ATVs) and snow machines were the second leading cause of injury hospitalization and death for Alaskan children. ATV crashes are the sixth leading cause of serious accidental injuries for Alaskan youth under age 16. Twenty-five percent of ATV crash victims are hospitalized with a brain injury. Un-helmeted victims averaged $9000 per patient for hospital costs and 22% of those hospitalized were uninsured requiring Medicaid payment.

Alaska leads the nation with the highest snow machine injury rate. Roughly, 18 Alaskan children are admitted to hospitals from snow machine injuries every year and 20% of snow machine accident victims sust: in a brain injury. For un-helmeted young snow machiners, the cost for hospitalization averages about $10.000, while 23% were uninsured requiring Medicaid payment for hospital care. The high cost of hospitalization does not include the costs for long term care, or rehabilitation.

Injuries related to snow machine and ATV operation are the leading cause of unintentional death in Alaskan children age 10-14. The facts are clear, un-helmeted young operators of snow machines and ATVs are at high risk for injury or even death. ATV and snow machine injuries create high medical costs for state and federal agencies. By mandating helmet use for children, HB 282 helps prevent unnecessary death and injury. Requiring children to wear a helmet, HB 282 receives support from doctors, school children, EMS workers, nurses, public health specialists, firefighters, parents, head injury specialists and the Safe Kids Coalitions around the state.

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ALASKA STATE LEGISLATURE

REPRESENTATIVE ALLEN KEMPLEN

Sectional Analysis

House Bill 282

"An Act requiring a person under 16 years of age to wear a helmet when operating or riding on an off-road vehicle; and providing for an effective date."

* **Section 1.** Amends the uncodified law section within the *Temporary and Special Acts* section of the statutes and provides a short title for the act to be know as, "Child Helmet Act for Off-Road Vehicles and Snow Machines."

* **Section 2.** Amends the uncodified law section within the *Temporary and Special Acts* section of the statutes adding the purposes for the act.

* **Section 3.** Amends section 28.05 of the Alaska statutes adding a new section being number 102. The new section includes the title, "Required use of helmet with off-road vehicles."

(a) Provides that a person under the age of 16 may not operate or ride an off-road vehicle unless that person wears a helmet.

(b) States that a parent or guardian many not allow the person under 16 years of age to operate or ride an off-road vehicle without using a helmet.

(c) Allows a local government or municipality to adopt additional standards as strict or more strict as relating to this section.

(d) States that a person who violates (a) or (b) of this section is subject to penalties:
(1) A person will be given a warning or a fine not to exceed $25. (a) If a fee is imposed the court may waive the fee if the violator shows proof of purchase or has procured a helmet.
(2) If a person receives a second or subsequent offense, a fine is not to exceed $50.

(e) Defines the term "off-road vehicle" for clarification of law.

* **Section 4** Provides that this act will take effect July 1, 2000

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ALASKA STATE LEGISLATURE

REPRESENTATIVE ALLEN KEMPLEN

Sponsor Statement

House Bill 283

"An Act requiring a person under 16 years of age to wear a helmet when riding a bicycle; and providing for an effective date."

Currently, Alaska leads the nation in the number of brain injuries per capita. Every year 5000 to 6000 Alaskans receive brain injuries or impairments due to head injuries. Bicycle crashes are the third leading cause of serious accidental injury for Alaskans under the age of 16. House Bill 283 helps prevent against brain injuries while alleviating the huge medical expenses often associated with head injuries. HB 283, simply, requires Alaskans to protect their children's heads during bicycle use.

Research shows that bicycle helmets reduce the risk of serious head injury by 85 percent and reduce brain injury by 88 percent. Where helmet use is recorded, about 87% of individuals with head injuries were not wearing a helmet at the time of injury and about 52% of those not wearing a helmet suffered a traumatic brain injury. According to the Alaska Trauma Registry, the hospital costs for Alaskan children with brain injuries due to bicycle crashes averaged almost $12,000 per patient (from 1994 through 1997). Medical costs for un-helmeted bicyclists were 57% greater than for helmeted patients. Forty percent (40%) of children hospitalized with bicycle related injuries were either uninsured or billed Medicaid for their hospital care. The life-time cost of care of a child with a severe head injury can exceed $4,500,000 (Harborview Injury Prevention and Research Center).

Mandatory helmet laws have shown to increase helmet use significantly, and are more effective than education alone. In states that currently have a bicycle helmet law, the effect is not heavily dependent on enforcement. Strongly responding to the huge number child, brain injuries associated with bicycle use, sixteen states have enacted legislation similar to HB 283.

A bicycle helmet law for the State of Alaska will save lives and prevent disability. HB 283 will save the state thousands of dollars in long term care for head-injury victims. Doctors, school children, EMS workers, nurses, public health specialists, firefighters, parents, head injury specialists and the SafeKids Coalitions support HB 283.

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ALASKA STATE LEGISLATURE

REPRESENTATIVE ALLEN KEMPLEN

Sectional Analysis

House Bill 283

"An Act requiring a person under 16 years of age to wear a helmet when riding a bicycle; and providing for and effective date."

*** Section 1.** Amends the uncodified law section within the *Temporary and Special Acts* section of the statutes and provides a short title for the act to be know as, "Child Helmet Law and Brain Injury Prevention Act."

*** Section 2.** Amends the uncodified law section within the *Temporary and Special Acts* section of the statutes adding the purposes for the act.

*** Section 3.** Amends 05.90 of the Alaska Statutes adding a new section being number 010. The new section includes the title, "Required use of bicycle helmet."

(a) States that a person under the age of 16 may not use a bicycle without wearing a protective helmet.

(b) States that a parent or guardian many not knowingly permit a person under the age of 16 to violate (a) of this section.

(c) Aliows a local government or municipality to adopt additional standards as strict or more strict as relating to this section.

(d) States that a person who violates section is subject to penalties:
(1) For a fist offense, a person will be given a warning or a fine not to exceed $25. A court may waive the fee if the violator shows proof of purchase or has procured a helmet and demonstrates the intention to use the helmet.
(2) If a person receives a second or subsequent offense, a fine is not to exceed $50.

(e) Defines the terms used within in the bill for clarification of law.

* **Section 4.** Provides that this act will take effect July 1, 2000.

SESSION
STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-2435
(907) 465-6015 FAX
1-800-550-2435

INTERIM
716 W. 4TH AVENUE
ANCHORAGE, ALASKA 99501
(907) 258-8100

Representative_Allen_Kemplen@legis.state.ak.us

Coordinator:
Sharron Lobaugh
(789-5028)
Lead Agency:
Dave Thomson, Injury Prevention, CHEMS
(465-8632)
Participating Members:
Alaska Department of Health & Social Services:
Division of Public Health: Community Health & Emergency Medical Services, Public Health Nursing; Division of Medicaid Healthy Families, Early Learning Program, Division of Family & Youth Services: Foster Care Licensing, Department of Education: Head Start, Department of Transportation: Bicycle Safety & Planning.

Federal Agencies
United States Coast Guard 17th District: Office of Recreational Boating Safety

City & Borough of Juneau:
Assemblywoman Pillafont, Juneau School District: Community Schools Program, JDHS Health Classes, Juneau Parks & Recreation Dept., & Juneau Police Department.

Local Organizations:
National Association for the Education of Young Children, Alaska Health Fairs, Juneau Free Wheelers, Vista Volunteers, Big Brothers & Big Sisters, REACH, Boy Scout, Tlingit Hiada Central Council, Juneau Joey's, & Parents

Juneau Safe Kids Coalition

Box 110616, Juneau, Alaska 99811-0616

February 20, 2000

Dear Members of Senate Transportation Committee
Chairman Ward

We members of the Juneau Safe Kids Coalition strongly urge you to consider moving two very important pieces of legislation: **SB 187 and SB 188**. These bills are important in preventing injuries among children who ride bicycles, all terrain vehicles, and snowmobiles.

Compelling research supports wearing helmets:

- Studies at the University of Washington reviewing all states with bicycle helmet laws shows that the incidence of head injuries is lower in those states, and even without strict enforcement, the use of helmet increases significantly. (Harborview Injury Prevention Center 1997)
- Alaskan youth, particularly between 10 to 14 years of age, are often injured using off road vehicles. In rural areas injuries associated with ATV and Snowmobiles is the second leading cause of injury hospitalization. Ten children lost their lives in the four year period between 1991 and 1994. (Serious and Fatal Child & Adolescent Injuries in Alaska, 1991-1994, Moore, CHEMS, State of Alaska)

Alaska Safe Kids Coalition has extensive experience in injury prevention. We have distributed thousands of helmets to school children in our state from funds raised to help protect children. We are eager to talk to you about this topic and bring forth further evidence that these bills will save lives and also money.

Please feel free to contact me for further information. There are lots of people hoping these bills will pass.

Sincerely,
Sharron Lobaugh

ALASKA SAFE KIDS

Are no accident !

Local Donors: KMart, Lewis Motors Chevrolet, Alaska Marine Lines, Bartlett Hospital, KINY Radio, Sign Pro, McDonalds, Fred Meyers, Nugget Mall, Mark Choate Law Firm, Pizza Hut, StateFarm, United Insurance, Shattuck & Grummet, Good Hardware, & Alaska Highway Safety Planning Agency

CITY OF KENAI
FIRE DEPARTMENT
105 SOUTH WILLOW STREET
KENAI, ALASKA 99611
(907) 283-7666

February 25, 2000

Senator Johnny Ellis
State Capitol, Room 9
Juneau, AK 99801-1182

SUBJECT: SENATE BILL 188 " CHILD HELMET LAW "

Dear Senator,

I am writing on behalf of the 15 members of my department who deal with child related injuries on a frequent basis.

As emergency medical responders we see too many tragedies that occur with children and preventable head injuries.

Our firefighters spend many hours in our local schools educating students on the dangers of not warring a helmet when riding bicycles.

We believe this legislation can be used as an effective tool for the enforcement of wearing helmets in our community. Please help us by passing this bill.

Thank You,

JCB

James C. Baisden
Fire Marshal, City of Kenai

Post-it® Fax Note 7671	Date 2/28/00	# of pages ▶
To Shauna Thoma	From Patty Hickok	
Co./Dept. Senator Johnny Ellis	Co.	
Phone #	Phone #	
Fax # 907-465-2529	Fax #	

11321 Lower Sunny Circle
Eagle River, AK 99577
(907) 694-3615
ampc@uaa.alaska.edu

February 24, 2000

Senator Jerry Ward
Senator Drue Pearce
Senator Rick Halford
Senator Mike Miller
Senator Georgianna Lincoln

Dear Senators:

My name is Patty Hickok and I am the spouse of a brain injury survivor. I am writing this letter to all of you in support of the "Child Helmet Law and Brain Injury Prevention Act."

As the spouse of a brain injury survivor, I have experienced all the effects that this type of injury has -- not only on the survivor, but on his/her family and friends as well. I have been going through *life after brain injury* for almost three years now and I can attest to the effect on how devastating it can be due to the economic, emotional and physical toll that it brings to family and friends.

Because of my first-hand experience with brain injury, I can say that there is **no need** for anyone to go through what I have been and am still going through. Prevention is the answer, and if parents will not enforce helmet use, then we need to support bills such as this one.

Thank you in advance for your support to the "Child Helmet Law and Brain Injury Prevention Act."

P. Hickok

Patty Hickok

6130 Tuttle Place • Anchorage. Alaska 99507-2041 • 562-6449 • FAX 562-9893

Southern Region
EMERGENCY
Medical Services Council, Inc.

February 24, 2000

Representative Allen Kemplen
Transportation Committee
Alaska State Legislature
State Capitol (MS 3100)
Juneau, AK 99801-1182

Dear Representative Kemplen:

Southern Region EMS Council would like to voice strong support for your bicycle helmet bill, HB 283. Emergency medical service (EMS) responders understand the importance of legislation like this, since we see the victims face to face, at the scene of the crash. When you rush to help a dying child, or look into their eyes and catch of glimpse of the tragedy in the life ahead of them, it's very difficult. When you know things would have been different had they only worn a helmet, it makes you angry at a system that won't protect its children.

Bicycle crashes are the third leading cause of serious accidental injury for Alaskans under 16. One third of the young people hospitalized every year in bicycle crash injuries sustain brain injuries. Brain injuries are not just a temporary inconvenience. They are a life-altering occurrence, many times accompanied by a lifetime of disability, long term care, and dependence.

Many of these devastating brain injuries could have been prevented if the child had simply been wearing a helmet. Mandatory helmet laws have been shown to increase helmet use significantly, and are more effective than education. This effect is not heavily dependent on enforcement.

This is pure and simple public health. We know the cause, we know what intervention will do the most to mitigate the problem and, we know what needs to be done. As our lawmakers, this is the time for you to do what's right for the children of Alaska and move this bill through the process as quickly as possible.

Sincerely,

Ronni Sullivan

Ronni Sullivan
Director

CC: Transportation Committee

WORKING TOGETHER TO SAVE LIVES

ALASKA SAFE KIDS
ARE NO ACCIDENT !
ANCHORAGE • FAIRBANKS • JUNEAU
HOMER • SOLDOTNA
MATANUSKA VALLEY • BARROW • SEWARD

Alaska State Coalition | Anchorage
- CHILDREN'S MIRACLE TELETHON
- GCI : PRIME CABLE OF ALASKA
- BP EXPLORATION
- MC KINLEY MANAGEMENT

- ALASKA AREA NATIVE HEALTH SERVICE
- ALASKA HEALTH FAIR
- UNIVERSITY KIWANIS
- ALASKA PUBLIC INTEREST RESEARCH GROUP
- SOUTHERN REGION EMERGENCY MEDICAL SERVICES COUNCIL
- STATE OF ALASKA, DEPARTMENT OF MATERNAL, CHILD AND FAMILY HEALTH
- DEPARTMENT OF HEALTH & SOCIAL SERVICES, STATE OF ALASKA : EMS OFFICE
- MUNICIPALITY OF ANCHORAGE, DEPARTMENT OF HEALTH & HUMAN SERVICES INJURY PREVENTION & CONTROL
- SOUTHCENTRAL FOUNDATION
- ALASKA INJURY PREVENTION CENTER
- ALASKA CHAPTER, AMERICAN SOCIETY OF SAFETY ENGINEERS

- ALASKA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
- ALASKA CHAPTER, EMERGENCY NURSES' ASSOCIATION
- EN CARE : EMERGENCY NURSES CARE
- STATE FARM INSURANCE
- ALASKA SAFETY ADVISORY COUNCIL
- ALYESKA PIPELINE
- ANCHORAGE SCHOOL DISTRICT
- ASD COMMUNITY SCHOOLS
- ANCHORAGE SCHOOL DISTRICT NURSES
- ALASKA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
- PANC CHILD LIFE PROGRAM
- IBEW-LOCAL 1547
- ANCHORAGE FIRE DEPARTMENT
- ANCHORAGE FIRE FIGHTERS' ASSOCIATION
- ALASKA FIRE MARSHALS' OFFICE
- FT. RICHARDSON
- UAA POLICE DEPARTMENT
- HEAD INJURY FOUNDATION : UAA
- UAA COLLEGE OF NURSING & HEALTH SCIENCES
- ANCHORAGE POLICE DEPARTMENT
- ALASKA HIGHWAY SAFETY PLANNING AGENCY
- ALASKA STATE TROOPERS
- ANCHORAGE ANIMAL CONTROL
- NATIONAL HIGHWAY TRANSPORTATION SAFETY AGENCY: REGION X
- HEADSTART
- NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH
- STATE OF ALASKA : PUBLIC HEALTH DEPARTMENT OF EPIDEMIOLOGY
- WIC : WOMEN'S INFANT & CHILDREN
- BOY'S & GIRL'S CLUB
- MANILAQ ASSOCIATION
- TEAMSTERS LOCAL 959
- MC DONALDS
- ALASKA CHAPTER : IN-LINE SKATE CONNECTION
- EAGLE RIVER ROTARY
- ALASKA GM DEALERSHIPS
- AAA
- SAFETY SEAL INJURY PREVENTION PROGRAM
- ALASKA TRIAL LAWYERS ASSOCIATION

1996 • 1997 PARTNERSHIP
ALASKA SAFE KIDS and the
UAA ATHLETIC DEPARTMENT

February, 2000

Senator Johnny Ellis
Senator Jerry Ward
Senator Drew Pearce
Senator Rick Halford
Senator Mike Miller
Senator Georgianna Lincoln

In my profession as an emergency department nurse for thirty-five years and as the state coordinator of the non-profit organization known as Alaska Safe Kids, a nationwide injury prevention program directed at preventing or mitigating unintentional injury to children, I support Senate Bill 188, or the "Child Helmet Law and Brain Injury Prevention Act" sponsored by Senator Johnny Ellis.

We have the opportunity as a state to reduce a particular kind of physical, emotional and financially devastating injury to our children and their families. Just as the requirement of seat belts has proven to substantially reduce death and injury to children - and adults - another safety device, the bike helmet has the potential to do the same.

We have data and personal testimony from individuals supporting that the use of a bike helmet has significantly reduced or prevented a life threatening injury. As an emergency nurse, I have seen many cases in which a helmet could have saved a life and many cases in which it did. The statement from a parent " ...if only " is one of the most painful words I have ever heard.

Alaska Safe Kids and partner agencies has established "bike rodeos" statewide in which children come to learn about bike safety. We have given away thousands of helmets to children participating in these events. Stores have significantly reduced the price of helmets to under ten dollars, enabling parents and children to purchase this necessary safety gear.

We need your help now to make our children a priority by supporting Senate Bill 188.

Thank you,
Peggy Hayashi, RN | State Coordinator Alaska Safe Kids

3200 PROVIDENCE DRIVE • P.O.BOX 196604 • ANCHORAGE, ALASKA 99519-6604 907 261-3194 FAX 907 261-3647
mhayashi@mtnonline.net

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
Community Health Services
4201 Tudor Center Drive
Suite 315
Anchorage, Alaska 99508
Telephone: 907-729-3680
Facsimile: 907-729-3652

COPY

February 28, 2000

Senator Jerry Ward
Room 423, State Capitol
Juneau, Alaska 99801

Dear Senator Ward:

As Chairman of the State Transportation Committee, I urge you to consider granting a hearing on SB 188, "Child Helmet Law and Brain Injury Prevention Act". Requiring persons under age 16 to wear a helmet when riding a bicycle will reduce the number of brain injured children tremendously.

As a Pediatric Nurse in the state of Alaska for nearly 23 years, I have witnessed too many times the devastating results of brain injury as a result of not wearing a helmet when riding a bicycle, snow machine or ATV. When a child suffers a debilitating injury such as those that can result by not wearing a bicycle helmet, it affects not only this child's physical and emotional health and his/her potential future loss of income, but also the entire family and in many cases, the entire community.

Our state has been very progressive in passing a child restraint law and a mandatory seatbelt law for motor vehicles; we now need to advocate for our children in additional ways. By requiring a child to wear a helmet when riding a bicycle, we have given each child a better chance to survive their childhood and reach their future potential. To take this one step further, we need to guarantee enforcement of this requirement at the community level.

When a child is admitted to the Alaska Native Medical Center with a brain injury as a result of not wearing a bicycle helmet, we supply a helmet to this child, and when appropriate, his siblings, prior to discharge. The cost of a bicycle helmet is minimal compared to the cost of caring for a debilitated brain-injured person for the rest of his/her lifetime.

Please advocate for Alaska's children by encouraging the passing of SB 188, "Child Helmet Law and Brain Injury Prevention Act" introduced by Senator Johnny Ellis.

Sincerely,

Katherine T. Taylor, RN
Pediatric Nurse Consultant
Alaska Native Tribal Health Consortium

cc: Schwana Thoma

Debra M. Russell, Ph.D., CRC, CBIS
1251 Muldoon Road, Suite 103
Anchorage, Alaska 99504
(907) 338-9800 Voice/Voice Mail
(907) 338-9801 Fax/TTY
(888) 945-HEAD (Toll free in Alaska)
Website: www.alaska.net/~drussell/bia-ak

February 28, 2000

Representative Andrew Halcro
State Capitol
Juneau, Alaska 99801-1182
(907) 465-4939 Voice
(907) 465-2418 Fax

Dear Representative Halcro,

I am requesting immediate attention to the Child Helmet Law and Brain Injury Prevention Act (SB 188) that was submitted by Senator Ellis. I am the President of the Brain Injury Association of Alaska and we are very concerned with the fact that Alaska is the number one state, per capita, for brain injuries in the entire nation. Every year we have 5,000 to 6,000 brain injuries or impairments in our state and services have been minimal or nonexistent. We have many individuals who are placed in mental institutions because we do not have any long-term residential programs for treating this population. We have many individuals in jail or prison due to their inability to problem-solve caused by the brain injury and treatment, once again, is not available. We have many, many school-aged children who are removed from the educational programs due to behaviors that are caused by brain injury. Educators are not trained about brain injury and the state, or schools, refuse to fund HeadSmart (an antiviolence program specifically for educating children about preventing brain injury). The state is spending millions of dollars after-the-fact when we could prevent brain injuries through responsible laws and acts.

Senator Ellis submitted SB 188 to the Senate Transportation Committee for a hearing. It apparently died or was ignored. I must beseech you to please, please pull this bill out and take it to the representatives for a hearing this year. We have support from Senator Murkowski, Senator Stevens, and Representative Young in preventing brain injury but our local state appears to disregard this serious problem. By requiring helmets for children who ride bicycles, we will begin the journey toward additional laws for children and adults who ride motorcycles, ATVs, snowmachines, etc.; injuries that occur almost daily in our state. We have solid statistics from the Alaska Trauma Registry and the Organic Brain Syndrome in Alaska study by the Center for Disability Policy and Research at the University of Washington on June 30, 1997 concerning this epidemic in Alaska. We cannot ignore it anymore.

We need your support and assistance in enacting laws to protect our children and adults. Please contact our office if you need any additional information. We must stop brain injury in Alaska and protect our children!

Respectfully,

Debra M. Russell

Debra M. Russell, Ph.D., CRC, CBIS

February 28, 2000

To: Senator Jerry Ward
Room 423, State Capitol
Juneau, Alaska 99801

I am writing in support of the SB 188 "child helmet law and brain injury prevention act." I am a coordinator for the Kenai Peninsula SAFE KIDS Coalition since 1992 and have been working as a nurse for the last 27 years. In that time I have seen a lot of traumatic brain injuries that could have possibly been prevented if that child would have been wearing a bike helmet. Here in Homer I give away many helmets to children and find that the younger ones will wear them, but the older youths often do not. Possibly with a law we may see and increase in use among that age group and a drop in head injuries.

I am also writing in support of the SB 187 addressing helmet use for off road vehicles. We have 4 Russian villages around Homer and Anchor Point area, and many of the children ride ATVs and snowmachines and do not wear helmets. Often there is more than one child riding on the ATV and I have seen many injuries because of the ATV rolling, seriously injury or killing a child.

Susan Brooks RN, Coord. Kenai Peninsula SAFE KIDS
South Peninsula Hospital Educ. Dept.
4300 Bartlett St.
Homer, Alaska 99603

Sue Brooks RN

cc; Senator Johnny Ellis

CENTRAL EMERGENCY SERVICES
Central Kenai Peninsula Fire & EMS Providers
231 SOUTH BINKLEY
SOLDOTNA, AK 99669-8084
907-262-4792 ● Fax 907-262-5770

"Prepared for the Worst, Providing the Best"

February 22, 2000

Representative Andrew Halcro
Room 418, State Capital
Juneau, AK 99801

Dear Representative Halcro;

Central Emergency Services would like to encourage your support of HB 283, "Child Helmet law and Brain Injury Prevention Act" and HB 282, "Child Helmet Act for Off-Road Vehicles and Snow Machines". Every year we respond to children who have been involved in accidents riding bicycles, snow machines, and ATVs. We see a marked difference in the significance in injury level between those children who wear helmets and those who don't wear helmets due to the level of protection that helmets provide.

Helmets make a significant difference in the outcome of the patient. Those with helmets will suffer none or minimal head injury while we see those without helmets experiencing significant or catastrophic head injury. The extent of head injury directly correlates to the amount of time it takes the child to recover, and the costs to the healthcare system. In some instances the child may never completely recover or may be completely dependent on a personal care taker for the rest of their life. Even worse, the head injury may be serious enough to be the cause of death for the child, as happened in September in our area when two young boys were involved with an accident with an ATV leading to the death of one of them. Neither of the boys was wearing a helmet. I believe strongly that a helmet would have prevented his death.

It is tragic to see bright, young, vibrant youth suffer these types of head injury that prevent them from leading normal lives and reaching their full potential as a contributing member of society. Even worse is their premature death from head injury. In closing, the department would request your support of this bill.

Sincerely,

Steven O'Connor, Asst. Chief

cc: Len Malmquist, Chief
Representative Allen Kemplen
Representative Gail Philips
Representative Gary Davis
Representative Harold Smalley

Post-it® Fax Note 7671	Date 2/28/00	# of pages ▶
To Schawna Thoma	From Patty Hickok	
Co./Dept. Senator Johnny Ellis	Co.	
Phone #	Phone #	
Fax # 907-465-2529	Fax #	

11321 Lower Sunny Circle
Eagle River, AK 99577
(907) 694-3615
anpc@uaa.alaska.edu

February 24, 2000

Senator Jerry Ward
Senator Drue Pearce
Senator Rick Halford
Senator Mike Miller
Senator Georgianna Lincoln

Dear Senators:

My name is Patty Hickok and I am the spouse of a brain injury survivor. I am writing this letter to all of you in support of the "Child Helmet Law and Brain Injury Prevention Act."

As the spouse of a brain injury survivor, I have experienced all the effects that this type of injury has -- not only on the survivor, but on his/her family and friends as well. I have been going through *life after brain injury* for almost three years now and I can attest to the effect on how devastating it can be due to the economic, emotional and physical toll that it brings to family and friends.

Because of my first-hand experience with brain injury, I can say that there is no need for anyone to go through what I have been and am still going through. Prevention is the answer, and if parents will not enforce helmet use, then we need to support bills such as this one.

Thank you in advance for your support to the "Child Helmet Law and Brain Injury Prevention Act."

P. Hickok

Patty Hickok

TONY KNOWLES, GOVERNOR

Ronald L. Otte
Commissioner
P.O. BOX 111200
JUNEAU, ALASKA 99811-1200
PHONE: (907) 465-4371
FAX: (907) 463-5860

DEPARTMENT OF PUBLIC SAFETY

HIGHWAY SAFETY PLANNING AGENCY

January 24, 2000

MEMORANDUM

TO: City Managers, Police Chiefs, Parks and Recreation Directors, EMS Regional Councils, Other Interested Parties

FROM: Romayne Kareen RK
Bicycle/Pedestrian Safety Program Manager

SUBJECT: ***Bicycle/Pedestrian Safety Mini-Grants***

The Alaska Highway Safety Planning Agency is making mini-grants of up to $750 available to communities to hold bicycle safety rodeos and conduct public information campaigns to educate youth and adults on bicyclist and pedestrian responsibilities in traffic, and use of bicycle helmets.

Our goal is to have activities conducted statewide which result in (a) an increase in the number of community-based injury prevention coalitions; (b) an increase in bicycle helmet usage; (c) a reduction in the number of deaths and serious injuries resulting from bicycle crashes; and (d) a reduction in the number of pedestrian deaths and serious injuries.

The Southeast Alaska Regional Health Consortium (SEARHC) has developed some excellent bicycle safety training materials, including a manual titled ***"The Bicycle Safety Education and Training Manual - Bicycle Safety and Training for Alaska Communities"***, video titled ***"Cycle Safe"*** for grades K-3, video titled ***"Safe Wheels"*** for grades 4-6, and brochures titled ***"Bike Safety"*** and ***"Protect Your Head - Wear a Helmet"***. Let us know if you would like to receive any of these materials for your planned bicycle safety program.

If you are interested in applying for a mini-grant, please complete the enclosed application and return by March 10, 2000 to the above address.

Questions? Feel to give me a call at (907) 465-2446 after February 10th.

Enclosure

Part B: BUDGET

(Attach additional pages if needed)

Please list items to be purchased for grant activities. Federal funds may not be used to purchase paid advertising in the mass media (although development of advertisements, PSA's, etc. is ok), office furniture and fixtures, alcoholic beverages, food, costs for entertainment, or any kind of supplanting (using federal funds to replace routine and/or existing state or local expenditures). Local funds, *however, may be used for these purposes.* For personal services, please indicate title of position, number of hours anticipated to be worked, and amount anticipated to be paid. Please indicate the total value of local cash and in-kind contributions for each cost category.

ITEMS TO BE PURCHASED WITH FEDERAL (AHSPA) FUNDS *(Maximum Grant $750)*	***VALUE OF LOCAL MATCH CONTRIBUTIONS*** *(Cash, In-Kind or Combination)* *(Minimum 75% Match Required)*
PERSONAL SERVICES $_____	PERSONAL SERVICES $_____
TRAVEL $_____	TRAVEL $_____
CONTRACTUAL $_____	CONTRACTUAL $_____
COMMODITIES $_____ COMMODITIES	$_____
TOTAL $_____	***TOTAL*** $_____
	Cash Total $_____
	In-Kind Total $_____
Anticipated Expenditures thru 6/30/00: $_____	
Anticipated Expenditures 7/1 – 9/30/00: $_____	

Part C: EVALUATION

Describe how you will measure effectiveness and success of the project.

Part A: DESCRIPTION OF PROJECT

Include activities that are planned, when and where activities will take place, and number of individuals anticipated to participate. Also include organizations that will assist with activities. Use additional pages if needed.

STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
Alaska Highway Safety Planning Agency
P.O. Box 111200
Juneau, Alaska 99811-1200
Tel: (907) 465-4371
FAX: (907) 463-5860

MINI-GRANT APPLICATION

BICYCLE / PEDESTRIAN SAFETY PROGRAM

March - September, 2000

APPLICANT INFORMATION

City or Borough _____
Department _____
Address _____
_____
_____

Project Coordinator _____
Title _____
Telephone _____
FAX _____

Project Location City _____

PROJECT BEGINNING DATE: _____ PROJECT ENDING DATE: _____
(No later than September 30, 2000)

Total Estimated Cost: $_____ **Funds Requested from AHSPA (Maximum $750) $**_____
Local Match (Minimum 75% required)
atch may be cash, in-kind or combination) **$**_____

ACCEPTANCE OF CONDITIONS

It is understood and agreed by the undersigned that any funds received as a result of the approval of this application are subject to State and Federal governmental regulations. The undersigned also agree to perform those activities detailed in the attached program/project proposal and maintain records documenting expenditure of funds for the activities. The expenditure of any and all funds per this agreement are subject to the availability of federal funding. Payment will be made upon submission of a final evaluation report, Reimbursement Voucher and receipts following completion of grant activities.

Mayor or City Manager: _____ Date: _____
(signature)

Project Coordinator: _____ Date: _____
(signature)

AHSPA Director: _____ Date: _____
(signature)

Return completed grant application by March 10, 2000 to:
ALASKA HIGHWAY SAFETY PLANNING AGENCY
P.O. BOX 111200
JUNEAU, ALASKA 99811-1200

SAFETECH PRODUCT LINE

HEAD SIZE	CIRCUMFERENCE	PART #	DESCRIPTION	COLOR	UNIT PRICE	QTY
Toddler	18 3/4 - 20"	07-812	Toddler 2000	Blue/fun bugs	8.00	
Extra Small	19 3/4 - 20 3/4"	07-912	Superlight	Solid Sky Blue	6.75	
		07-913	Superlight	Solid White	6.75	
		07-174XS	Kidlid Blue Swirl	Blue/swirl	8.50	
Small	20 3/4 - 22"	07-685	Superlight	Solid Sky Blue	6.75	
		07-691	Superlight	Solid Black	6.75	
		07-009	Superlight	Solid White	6.75	
		07-597S	Elite Red Diamond w/Gripper	Red Diamond	8.50	
		07-598S	Elite Royal Blue w/Gripper	Royal Blue	8.50	
Medium	22 - 23 1/4"	07-686	Superlight	Solid Sky Blue	6.75	
		07-311	Superlight	Solid Black	6.75	
		07-010	Superlight	Solid White	6.75	
		07-597M	Elite Red Diamond w/Gripper	Red Diamond	8.50	
		07-598M	Elite Royal Blue w/Gripper	Royal Blue	8.50	
		07-276M	Enduro Chkr Flag w/Visor & Gripper	Multi Color	11.00	
Large	23 1/4 - 24 1/2"	07-687	Superlight	Solid Sky Blue	6.75	
		07-321	Superlight	Solid Black	6.75	
		07-011	Superlight	Solid White	6.75	
		07-597L	Elite Red Diamond w/Gripper	Red Diamond	8.50	
		07-598L	Elite Royal Blue w/Gripper	Royal Blue	8.50	
		07-349L	Illusion	Purple/Silver	9.50	
		07-592L	Illusion	White	9.50	

Unit prices are for *bulk* orders of 10 or more helmets packed in polybags without display boxes and shipped to one location with applicable UPS freight charges.

TO ORDER, please complete the following information and fax to 619-424-4888.

Date: _____

Bill To:
Company _____
Name _____
Address _____
City/St/Zipcode _____
Phone _____

Ship To:
Company _____
Name _____
Address _____
City/St/Zipcode _____
Phone _____

Payment Method:
Purchase Order # _____ Check (Enclosed) $ _____
VISA/Mastercard # _____ Exp Date: _____

Safe Tech
by Troxel

1333 30th St • San Diego, CA 92154
1-800-270-2526
Fax: (619)-424-4888

TODDLER 2000

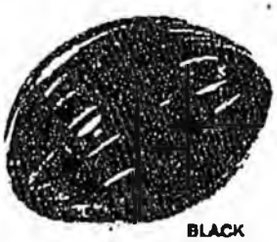
A perfect fit for your youngest riders

- Ages: 1-4
- Colors: Primary brights of playful bugs

SuperLight

Size: XS, S, M, L
Solid Colors: Blue, White & Black

- Lightweight ventilated design
- Quick-release retention system
(*XS available in blue & white)



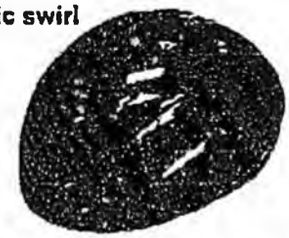
BLACK

* WHITE

* BLUE

Kid Lid Blue Swirl

Size: XS
Colors: Blue metallic swirl



Elite

Size: S, M & L
Colors: Blue & Red

- Gripper Included

ROYAL BLUE

RED DIAMOND

Enduro Flag

- Visor & Gripper
- Sizes: M

WHITE

Nilsson

Colors:

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- Designed by Women

Size: L

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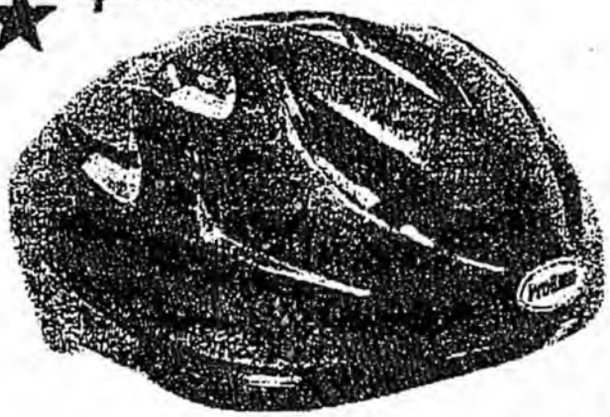

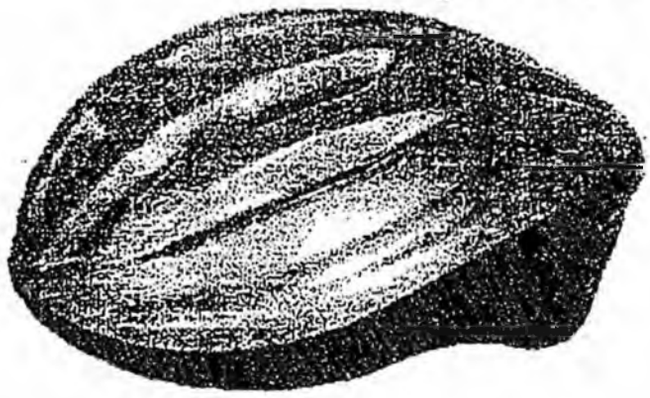

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Brain Injury Association, Inc.
(formerly National Head Injury Foundation, Inc.)

FACT SHEET
BRAIN INJURY PREVENTION

07/94

PROTECTIVE DEVICES:

Bicycle Helmets:

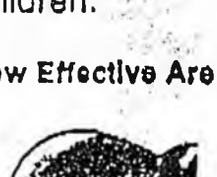
Bicycle helmet use can decrease the incidence of head injury by 85% and brain injury by 88%.[1]

Universal use of bicycle helmets could prevent one death every day and one brain injury every 4 minutes.[2]

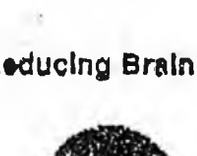
Having friends or parents who wear bike helmets significantly encourages children to use them, and prevent brain injury or death.[3]

Educational campaigns are proven to increase bike helmet use by more than one third and decrease the incidence of bicycle-related brain injuries by more than 60% among children.[4]

How Effective Are Protective Devices In Reducing Brain Injury?



88%



50%

57%

20%

Motorcycle Helmets:

Fatalities from brain injuries are twice as high in states with weak or no motorcycle helmet laws in comparison to states enforcing helmet laws.[5]

Equestrian Helmets:

Equestrian helmets are 20% effective in reducing the incidence of traumatic brain injury among horse riders.[6]

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(202) 296-6443 FAMILY HELPLINE (800) 444-6443

Safety Belts:

According to the National Highway and Traffic Safety Administration, over the past ten years, safety belts have prevented some 55,600 deaths, 1,300,000 injuries and saved more than $105 billion in economic costs.[7]

Among front seat motor vehicle occupants, the use of safety belts reduced the risk of fatal injury by 40% to 50%, and the risk of moderate to critical injury such as brain injury by 45% to 55%.[8]

Seat belts are 57% effective in preventing fatal and traumatic brain injuries.[9]

Air Bags:

Air bags are estimated to be 42% effective in reducing moderate to critical injuries, especially brain injuries. In combination with lap/shoulder belts, air bags may prevent injuries by 68%.[10]

It is estimated that one-fourth of all brain injuries could be prevented if all cars were equipped with air bags.[11]

SPEED:

A driver's chances of death or serious injury, such as brain injury, doubles with every 10 mph over 50 mph.

RECREATION:

Each year, thousands of severe injuries such as brain injuries might be prevented if playgrounds had a safe, soft surface.[12]

FIREARMS:

Hundreds of brain injuries could be avoided if parents put a limit on children's access to firearms.[12]

---

[1] Thompson RS, Rivara FP, Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *New England Journal of Medicine* 1989; 320:1361-1367.

[2] Sacks JJ, Holmgreen MS, Smith SM, Sosin DM. Bicycle-associated head injuries and deaths in the United States from 1984 through 1988: how many are preventable? *JAMA* 1991; 266:3016-3018.

[3] Dannenberg AL. Hard-headed partnerships. *Prevention Int* 1994; 46(6).

[4] Rivara FP, Thompson DC, Thompson RS, et al. The Seattle children's bicycle helmet campaign: changes in helmet use and head injury admissions. *Pediatrics* April 1994; 93(4):567-9.

[5] Sosin DM, Sacks JJ, Holmgreen P. Head injury-associated deaths from motorcycle crashes: relationship to helmet use laws. *Journal of the American Medical Association* 1990; 264:2395-2399.

[6] Centers for Disease Control. Injuries associated with horseback riding: United States. *MMWR* May 1990; 39:329-332.

[7] Cited in *Brain Injury Update* June 1995; 10(6):45.

[8] National Highway Traffic Safety Administration. *Final Regulatory Impact Analysis: Amendment of FMVSS No208-Passenger Car Front Seat Occupant Protection*. Washington, DC: Department of Transportation, 1984.

[9] Hariage LC, Raman C. Brain injury from motor vehicle accidents. In Templer DI, Hariage LC, Cannon WG (eds). *Preventable Brain Damage: Brain Vulnerability and Brain Health*. New York: Springer Publishing Company, 1992.

[10] Bureau of Transportation Statistics. 1992 *Traffic Safety Fact Sheets*. Washington, DC: US Department of Transportation, 1992.

[11] Jagger J, Vermeiren K, Jones JA. Airbags: reducing the toll of brain trauma. *Neurosurgery* 1987; 20 (5):815-817.

[12] Pertmutter C, Sangiorgio M. 10 quick lifesavers for kids. *Prevention* Sept 1993; 45(9).

Bicycle Safety

Riding a bicycle can be a lot of fun. It can be a means of transportation, physical fitness and racing. However, bicycle riding poses many risks and should always be done correctly. Children should never abuse the right to ride of bicycle.

Crash Statistics

- A child is four times more likely to be seriously injured in a bicycle crash than to be kidnapped by a stranger.
- Between 1988 and 1992, "an average of 247 traumatic brain injury deaths and 140,000 brain injuries among children under age 20 were related to bicycle crashes each year in the United States. As many as 184 deaths and 116,000 brain injuries might have been prevented annually if these riders had worn helmets.
- About 900 bicycle riders are killed in the U.S. every year, usually in collisions with cars, and 75 percent of them die of brain injuries.
- Statistics show that between 70-80 percent of all fatal bicycle crashes involve brain injuries.
- Each year, bicycle crashes result in 800-900 deaths.
- Ninety percent of bicycle-related deaths involve collisions with motor vehicles.[1]

Who, What, When and Why

- Distribution of bicycle deaths in 1996: 49 percent of all deaths occur between 3 p.m. and 9 p.m.
- Summer: May, June and July have the highest percentage of bicycle related deaths.
- About six times as many bicycle deaths are males compared with females.
- 33 percent of deaths in 1996 occurred at intersections.[2]
- Bicycle incidents are most likely to occur within five blocks of home.
- Almost half of all bicycle crashes occur in driveways and on sidewalks.

Bicycle Helmets

- Ninety-six percent of bicyclists killed in 1996 were reportedly not wearing helmets.
- Medical research shows that 88 percent of cyclists' brain injuries can be prevented by a bicycle helmet.[3]

Brain Injury Association
105 North Alfred Street Alexandria, VA 22314
(703) 236-6000 Fax (703) 236-6001

- Less than 20 percent of the U.S. population report wearing helmets all or most of the time while riding bicycles. Children are even less likely to wear helmets than adults; only 11 percent of children 11 to 14 years of age are reporting regular use of helmets.[4]

- Research studies have shown that the use of bicycle helmets reduces the risk of brain injuries by 74 to 88 percent.

- Bicycle helmets reduce the risk of brain injury in the event of a crash or fall by almost 90 percent.

- Universal use of helmets could prevent one death every day and one brain injury every four minutes.[5]

- Having friends or parents who wear bike helmets significantly encourages children to use them.[6]

- Educational campaigns are proven to increase bike helmet use by more than one third and decrease the incidence of bicycle-related brain injuries by more than 60 percent among children.[7]

Bicycle Helmet Checklist:

- Buy a helmet that meets the safety standards of the American National Standards Institute (ANSI), the Snell Memorial Foundation or the American Society for Testing and Materials (ASTM).

- Always do these things to ensure a proper fit:
  - Tighten the chin strap to keep the helmet from slipping forward or backward.
  - Only two fingers should fit under the chin strap.
  - Place the helmet directly over the forehead.

- Wearing a helmet correctly is vitally important to the ability of the helmet to work.

Sources:

[1] BHSI, *A Compendium of Statistics from Various Sources*
[2] BHSI, *A Compendium of Statistics from Various Sources,*
[3] BHSI, A Consumer's Guide to Bicycle Helmets, February 8, 1998
[4] The Prudential Center for Health Care Research, Current Concepts in Health Promotion and Disease Prevention: Translating Science into Action; Promoting Bicycle Helmet Use among Children. January 1998
[5] Sacks JJ. Holmgreen MS, Smith SM, Sosin DM. Bicycle-Associated Head Injuries and Deaths in the United States from 1984-19988: How Many Are Preventable? *JAMA*. 1991; 266:3016-3018.
[6] Dannenberg, AL. Hardheaded Partnerships. *Prevention* January 1994; 46(6)
[7] Rivera FP, Thomphson DC, Hompson RS, et al. The Seattle Children's Bicycle Helmet Campaign; Changes in Helmet Use and Head Injury Admissions. *Pediatrics*. April 1994; 93 (4): 567-9.

HeadSmart® Hint to Remember: Injuries Are Not Accidents.

Brain Injury Association
105 North Alfred Street Alexandria, VA 22314
(703) 236-6000 Fax (703) 236-6001

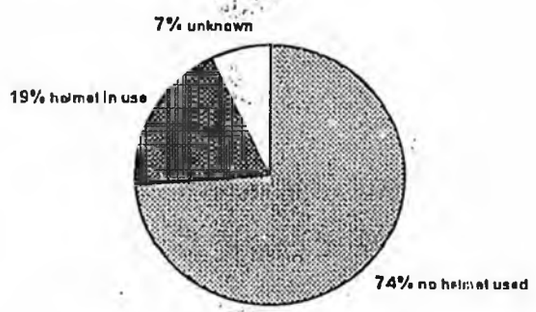
Alaska Trauma Registry Calendar
March 1999

State of Alaska
Department of Health and Social Services
Division of public health
community Health and Emergency Medical Services

Helmet Ordinances Prevent Injuries

In October 1997, the City of Nome passed an ordinance requiring minors to wear an appropriate helmet when driving or riding snow machines, ATVs, motorcycles and motorscooters. In August 1998, the City of Bethel passed a similar ordinance. Off-road vehicles are a common form of transportation in rural Alaska, so these ordinances represent progress in preventing a major cause of traumatic brain injuries.

Traumatic Brain Injury* Patient Use of Helmets during All-terrain Vehicle or Snowmobile Crashes in Alaska, 1997



*Includes hospital admissions and out-of-hospital deaths

Note:

March 1999

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10 TBI site visit	11 Providence	12 Alaska Medical Center	13
14	15	16	17 *St. Patrick's Day*	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

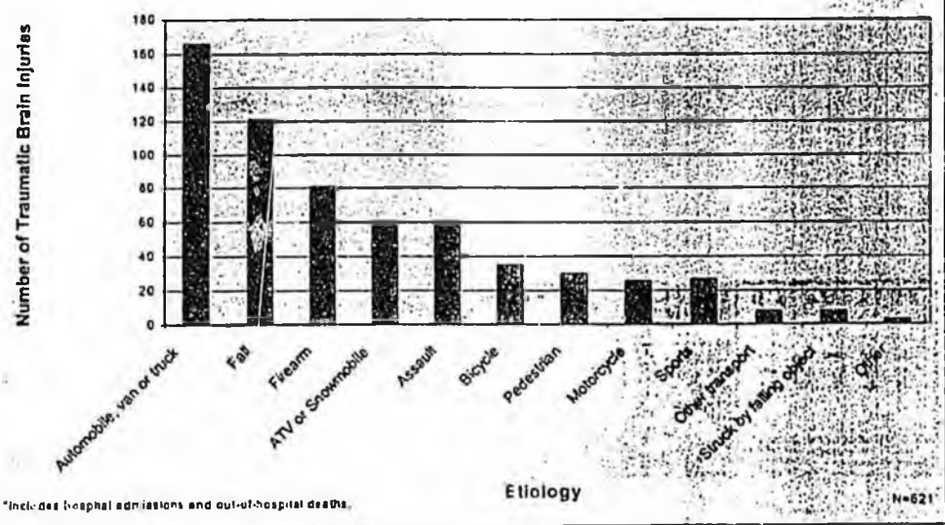
Alaska Trauma Registry Calendar
February 1999

State of Alaska
Department of Health and Social Services
Division of Public Health
Community Health and Emergency Medical Services

Traumatic Brain Injuries in Alaska

In 1997, transportation-related crashes were the leading cause of traumatic brain injuries in Alaska. In 60% of these injuries, no safety belt, child restraint, or airbag was in use at the time of the crash. Falls were the second leading cause of TBI, followed by firearms, ATV or snowmobile crashes, and assault. In 74% of the ATV or snowmobile crashes, no helmet was in use at the time of the crash.

Etiology of Traumatic Brain Injuries* in Alaska, 1997



*Includes hospital admissions and out-of-hospital deaths.

February 1999

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 TBI site visit Alaska Native Medical Center	9 Alaska Native Medical Center	10 Alaska Regional Hospital	11 Alaska Regional Hospital	12 Alaska Regional Hospital	13
14	15 *Presidents' Day*	16	17	18	19	20
21	22	23	24	25	26	27
28						

ALASKA TRAUMA REGISTRY CALENDAR
MAY 1999

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES

Safety Legislation

Legislation can be very effective in preventing injuries across the U.S., however, getting safety laws passed can often be difficult.

Military posts are unique in that safety policy can be enacted with the signature of the commander, based on a community risk assessment. Although the Department of Defense requires bicycle and motorcycle helmet use, Fort Richardson goes one step further to require the use of helmets for skateboarding, rollerblading and skating.

Even though these regulations apply to only a tiny portion of Alaska's population, they provide us with a testing ground to see how people react to them and if they are effective.

Wayland Rivenbark, the Safety Director for all Army installations in the state, recently drafted a policy addressing the use of BB guns and pellet guns. Faced with a growing concern within the Fort Richardson community, Rivenbark responded with a regulation prohibiting the use of these weapons near buildings and roadways, and requiring adult supervision of children using these weapons.

The Alaska Trauma Registry has recorded 48 individuals hospitalized due to BB or pellet gun injuries in the six years from 1991 through 1996. About 70% of the injured were ages 5 through 14. Nine were discharged from the hospital with a permanent disability, four suffered brain injuries, and ten sustained eye injuries.

MAY 1999

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9 MOTHER'S DAY	10	11	12	13	14	15
16	17	18 CDC TBI	19 CODING	20 WORKSHOP	21 & MEETING	22
23/30	24/31 MEMORIAL DAY	25 TBI SITE VISIT	26 FAIRBANKS	27 MEMORIAL HOSPITAL	28	29

POSSIBLE FUNCTIONAL LIMITATIONS FOLLOWING BRAIN INJURY

Depending on the type and severity, the person who has experienced brain injury may have several functional deficits and may not understand the technical neurological data. When addressing the possible effects of brain injury, it may be easier to explain the damage if it is used in a holistic or contextual manner. The following information has been systematically organized into three different categories:

COGNITIVE **PHYSICAL** **PSYCHOSOCIAL/EMOTIONAL**

Be aware that many of the identified deficits listed under one category may overlap with another but are listed only once for the sake of brevity.

COGNITIVE DEFICITS

Attention & concentration
Learning
Memory & recall
Executive function
Problem solving & decision making
Alertness
Processing speed
Organization & planning
Sequencing
Comprehension/perception
Disorientation/confusion
Speech/verbalization
Perseveration (persistence)
Concept formation & abstraction
Perception
Rigidity
Intelligence
Auditory &/or visual processing abilities
Arousal
Judgment
Self monitoring
Motivation & initiation
Proprioception
Problems in mathematical computations

PHYSICAL DEFICITS

Balance & gait (vestibular)
Weakness & fatigue
Vision
Spasticity & tremors
Sexual dysfunction
Fine & gross motor coordination
Motor speech
Tactile senses (touch)
Taste, appetite, & smell
Seizure disorders

PSYCHOSOCIAL/EMOTIONAL DEFICITS

Lack of purposeful activity
Emotionally overactive
Disinhibition
Temper outbursts
Social skill deficits/poor behaviors
Bored & lonely
Poor initiation
Anger & aggression
Antisocial or asocial behaviors
Personality & emotional change
Awkwardness
Substance abuse & substance dependency
Paranoid or suspicious thinking
Stress, anxiety, & frustration
Suicidal ideation
Difficulty forming/maintaining relationships
Lack of interest
Self-control
Flat affect
Inability to inhibit remarks
Lack of response to social/environmental cues
Social insensitivity
Impulsivity
Regression & dependency
Manic behaviors
Sexual precociousness
Disruption/exaggeration of pre-injury behaviors
Mood swings
Inability to profit from experience
Reduced self-esteem
Depression
Visual & auditory hallucinations
Poor financial management (Gerstmann's)

Although not all of the problems listed in these three categories are experienced by persons with brain injury, the type, number, and severity of the above deficits depend on the nature, location, and intensity of the damage. For more specific information, contact a specialist (neurologist, neuropsychologist, rehabilitation specialist, etc.) who is proficient in treating brain injury or impairment. (Revision - 2/99)

Debra M. Russell, Ph.D. Candidate, CRC, CBIS
Neurocognitive Rehabilitation Specialist
Brain Injury Association of Alaska
1251 Muldoon Road, Suite 32
Anchorage, Alaska 99504
(907) 338-9800

The Basics of Brain Injury!

51 million people with disabilities in the U.S.

Brain injuries and impairments may total up to 10 million incidents each year

Injuries are the leading cause of **death** for ages **1 to 44** (Dept. of Health Services)

* Brain injury is the number one cause of death for children

* In Alaska - **injuries** from unintentional and intentional causes are **the leading cause of death,** accounting for **29% of deaths** and **53% of potential years loss for all ages** (Dept. of Health Services)

Brain Injury: The Silent Epidemic

* Epidemic proportions
* 1-2 million hospitalizations each year
* More than 100,000 of those who suffer TBI will die within the first few hours & more than 2,000 will remain in a persistent vegetative state
* Strokes victimize about 500,000 each year & 150,000 of these individuals will die
* 99,000 of these survivors will require long-term rehabilitation
* In stroke victims, only 20% will receive rehabilitation
* In traumatic brain injury, only 5% receive full rehabilitation

Amplitude of Brain Injury: Diagnosis of Severity

* MILD
* MODERATE
* SEVERE
* PROFOUND OR CATASTROPHIC

Remember - most brain injuries are MILD (75%), but deficits may still exist.

SEVERITY LEVELS

Mild Brain Injury

* Proper diagnosis and immediate care is crucial to reduce severity and permanence of the injury

Moderate Brain Injury

* Survivor may be unconscious for 1 to 24 hours and may be hospitalized for several days to weeks

* May experience tremors, weakness, seizures, language problems, memory, behavioral problems, perceptual difficulties, poor judgement, and problem-solving difficulties

Severe Brain Injury

* Maybe in coma for at least one day and the physiological damage in deep and complex

Profound/Catastrophic Brain Injury

* Person is in a "persistent vegetative state"

* May be in coma for months, years, or forever

* Fails to demonstrate improvement

TYPES OF BRAIN INJURIES

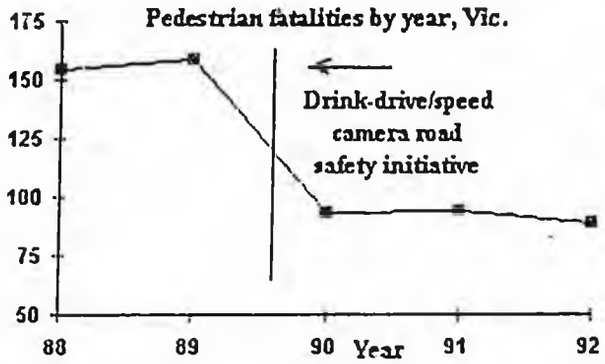
* Open brain injury (missile)
* Closed (nonmissile)
* Postconcussion syndrome (usually mild & symptoms often dissipate)
* Posttraumatic syndrome (can include amnesia)

May have confusion, memory problems, intentional disorders, disturbances of alertness, profound distractibility, headaches, very limited capacity for any one situation

Helmet Laws and Health

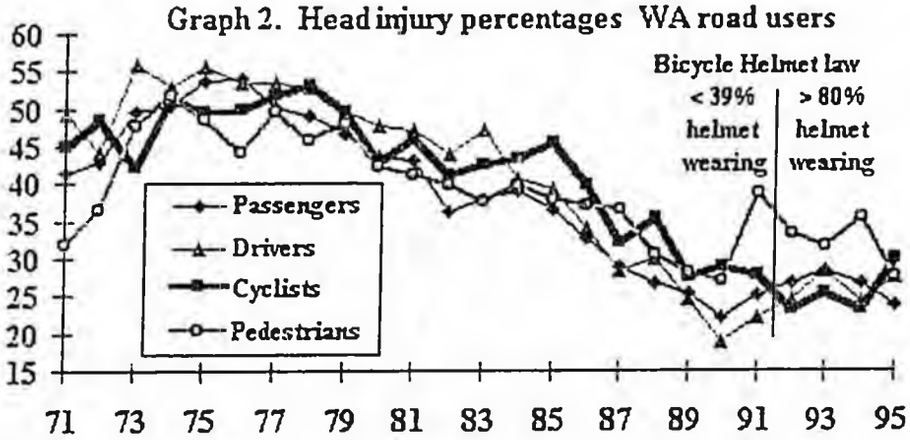
Published as part of a debate on helmet laws in *Injuy Prevention* 1998 Sep;4(3):170-2; also in the *Australian Doctor*, 27 February, 1998.

This article shows that bicycle helmet laws have done more harm than good. They have not produced any noticeable reduction in head injury rates. But, by discouraging cycling, have deprived many of healthy exercise and pollution-free transport, adding to the billions our sedentary lifestyle already costs.



Effective road safety initiatives are great news. The speed camera/anti-drink-driving campaign, introduced in Victoria about the same time as the bike helmet law saved the community $200 million in 1990 for just $5.5 million. Graph 1 (left) shows the size of the drop in pedestrian fatalities.

However, ineffective road safety measures may cost money, without offering much benefit. Graph 2 shows the percentage of cyclist hospital admissions involving head injury in Western Australia (WA), together with the same data for pedestrians, car drivers and occupants. Percentages have changed over time, but cyclists seem no different from other road users. There is no sudden change in response to a law which increased helmet wearing from less than 39% to more than 80% of cyclists.



Unlike the effect of the drink-driving/speed camera campaign, benefits of bicycle helmets seem too small to show up. Yet the cost of the WA helmet laws, pre-law promotion and purchase of helmets was $18 million, 3.3 times more than the highly successful Victorian road safety campaign. How much more might we have gained had the money been spent on more effective measures?

A similar lack of effectiveness has been found elsewhere. In New Zealand, no detectable effect of increased voluntary helmet wearing was found on percentages of cyclists with head injuries. In Victoria, with 3 years post-law data, percentages of cyclists with head injury after car-bike collisions were found to be no different from predicted pre-law trends. Indeed, excluding a small number of unknowns, 76% of fatally injured cyclists in Victoria in 1991-92 and 80% of fatally injured cyclists in NSW in 1992-94 were wearing a helmet at the time of the crash. Helmet wearing in cyclist fatalities was therefore no different from the 75% of Victorian and 80% of NSW cyclists observed wearing helmets in official surveys.

A puzzle is why some case-control studies have apparently found benefits of helmets, but no effect of laws has been observed in hospital records, at least when properly adjusted for numbers of cyclists and trends common to all road users (eg Graph 2). A problem is that case-control studies must adjust both for

trends and differences in attitudes and riding styles of those choosing to feel safe and wear helmets compared to those deciding otherwise. If adjusted incorrectly, differences in injuries caused by differences in riding behaviour of helmeted and unhelmeted cyclists might be attributed to helmets. Cyclists forced to wear helmets may also feel more protected and so take more risks. Such effects are difficult to estimate. So it is better to judge the benefits of helmet laws by their effect on head injury statistics. And consider them failures if no effect is apparent.

In contrast to effects on head injuries, the effect of unpopular helmet laws on cycling activity is readily seen. In Melbourne, surveys were conducted pre-law in May 1990 and post-law in May 1991, at the same 64 sites and same observation times. Counts of child and adult cyclists declined by 42% and 29% respectively. In total, 297 more helmeted cyclists were counted than pre-law, compared with 1100 fewer cyclists. It's as if the law didn't so much encourage helmet wearing as discourage cycling!

The same happened in NSW, the only other state to conduct reliable pre- and post-law counts, but only of children. Across-the-board reductions were found, in metropolitan, inner rural and outer rural areas, at road intersections, in recreational areas and at school gates. Altogether, 2215 (36%) fewer cyclists were counted, compared to an increase of only 1019 cyclists wearing helmets.

Claims that numbers of cyclists have now "recovered" are misleading. Cycling was increasing before the law, so we need to compare current levels with the increase that might have been expected without the law, or estimate discouragement by other means. A survey of 1210 secondary schoolchildren questioned in Blacktown, Sydney, found helmet restriction was the most common reason (33.8%) for not having ridden last week. Other reasons were not owning a bike (33.4%) and safety fears (11.8%). A telephone survey of adults in WA found a figure equivalent to 64% of current adult cyclists would ride more if not legally required to wear a helmet.

Reductions in cycling mean reductions in healthy exercise and discouragement of non polluting transport. Life years gained due to the healthy exercise from cycling, even without a helmet, have been estimated in the UK to outweigh those lost by 20:1 The risk from being sedentary is similar in magnitude to smoking 20 a day. If another 40% of Australians undertook regular, moderate and effective exercise the community would save $2.4 billion/year in reduced costs associated with heart disease, low back pain, absenteeism and workplace productivity.

Other unintended social consequences of helmet laws include a 12 year old aboriginal, owing $2,000 in helmet-law fines, threatened with 40 days jail, and the jailing of a pregnant woman and a girl aged 15 (for 2 days) for failure to pay fines.

In summary, cycle helmet laws have not produced any noticeable reduction in head injury rates. But, by discouraging cycling, they deprived many of healthy exercise and pollution-free transport, adding to the billions our sedentary lifestyle already costs. Helmet laws have therefore done more harm than good.

Velo Australis paper
Helmet laws and Accident Rates


Summary of
An Economic Evaluation of the Mandatory Bicycle Helmet Legislation in Western Australia

by Delia Hendrie, Matthew Legge, Diana Rosman and Carol Kirov
Road Accident Prevention Research Unit, Department of Public Health,
The University of Western Australia, Nedlands WA 6907, Australia

[the full report will be posted shortly]

The researchers estimate that helmet legislation in WA has cost A$21.6 million (mostly for helmet purchases) and reductions in the cost of hospital admissions are only in the range of A$11 million to A$23.6 million. If a realistic estimate of the cost of treating a patient admitted with a typical head injury is used, the reduction in cost drops into a range from A$7.6 million to A$15.1 million.

The most optimistic scenario for Western Australia is a A$2 million dollar net benefit. The real figure more likely is a loss of up to A$14 million.

The authors state:

> "In monetary terms, it is unlikely that the helmet wearing legislation would have achieved net savings of any sizeable magnitude. Under the assumptions used in the study, the most favourable estimate of the Net Present Value of the bicycle helmet legislation was $2.0 million, and this calculation excluded any costs associated with reduced cycling activity."

Related sources:

Impact on Health in WA by Chris Gillham.
Helmet Laws, Numbers of Cyclists and Accident Rates by Dorothy Robinson.

December 1999
Return to OCBC Home Page

Helmet Laws, Numbers of Cyclists and Accident Rates

Table 1. Numbers of reported Deaths and Serious Injuries (DSI) to cyclists in Western Australia (WA)			
	1982	1986	1989
No of regular cyclists, WA (thousands)	220	300	400
Reported cyclist DSI, WA	123	172	150
Cyclists admitted to public hospitals (HOSP)	620	654	602
DSI/10,000 regular cyclists, WA	5.6	5.7	3.8
HOSP/1,000 regular cyclists, WA	2.8	2.2	1.5

It is believed that the number people who cycle in a given region or area has an important effect on the overall safety of cyclists. For example, Table 1 shows numbers of reported deaths and serious injuries in Western Australia (WA) along with Australian Bureau of Statistics estimates of the number of regular cyclists. It appears that, as the number of regular cyclists increased, the number of reported deaths and serious injuries decreased relative to the number of regular cyclists.

The Bicycle Planning Book, (Hudson, 1978) suggests the following explanation: ***"However, the fact that cyclists' rights are more respected in towns where cycling is prevalent suggests than an increase in the number of cyclists on all roads would condition car drivers to expect and allow for them."*** At least 95% of cyclist fatalities, as well as the majority of serious head injuries, are caused by bike/motor vehicle collisions. Any factors which reduce driver awareness of cyclists, including reductions in numbers of cyclists motorists see on the roads, may therefore decrease cyclist safety and increase the accident rate. Conversely, increasing driver awareness of cyclists has been shown to decrease the accident and injury rate. This was demonstrated by a 'Think Bike' TV advertising campaign aimed at drivers in Anglia, UK, which resulted in measurable reductions in accidents to cyclists.

Table 2. Numbers of cyclists counted pre-law and in the first and second years of the helmet law in Victoria (MUARC data) and NSW (RTA data)						
	Pre law		1st law year		2nd law year	
Location/Age	Total counted	No helmeted	Total counted	No helmeted	Total* counted	No helmeted
Vic - child cyclists	1554	442	905	485	994	637
Change			*-649*	*+43*	*-560*	*+195*
Vic - adult cyclists	1567	564	1106	818	1484	1247
Change			*-461*	*+254*	*-83*	*+683*
Vic - all cyclists	3121	1006	2011	1303	2478	1884
Change			*-1110*	*297*	*-643*	*+878*
NSW child cyclists	6072	1910	3857	2929	3414	2479
Change			*-2215*	*+1019*	*-2658*	*+569*
*Vic counts in the 2nd law year were inflated by a bicycle rally passing through one site Pre/Post-law counts were May 1990, May 1991 and 1992 (Vic) and April 1991, April 1992 and 1992 (NSW).						

In the light of such evidence, it is useful to investigate the effect on accident rates of bicycle helmet laws, which reduced cycling and so perhaps driver awareness. Extensive pre- and post-law counts of numbers of cyclists, at the same sites and the same time of year were carried out for all cyclists in Victoria and for children in New South Wales (NSW). The survey sites in Victoria were chosen as a representative sample of the road system. 29% fewer adults and 42% fewer child cyclists were counted, 36% fewer overall. In the second year, a bicycle rally happened to pass through one of the survey sites, making it difficult to estimate the true reduction in that year. Unfortunately, counts in other states tended to use different sites, or failed to count at the same time of

year, so cannot be used to investigate the change in accident rates relative to the amount of cycling.

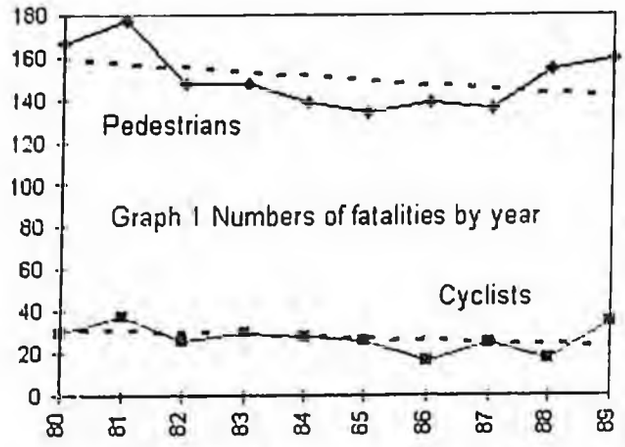
One interesting statistic, immediately obvious from the Table 2, is that decrease in numbers of cyclists counted is very much larger than the increase in helmet wearing. This suggests that the main effect of the laws was to discourage cycling, rather than to encourage helmet wearing. Given the effect of increasing numbers of cyclists on reducing accident rates in WA (Table 1), reductions of this magnitude in cycling activity in NSW and Victoria could significantly affect accident rates.

Table 3. Numbers of hospitalisations for head and other injuries to child cyclists in NSW (NSW health data)

Year to end June	No of head injuries (H)	No of non head injuries (O)	No of cyclists counted (Proportion o 1991 = N)	Equivalent no of injuries for pre-law no of cyclists	
				Head injury (=H/N)	Other injury (=O/N)
1989	414	908			
1990	453	1053			
1991	384	926	1.00	384	926
1992	272	815	0.64	425	1273
1993	273	893	0.56	488	1595

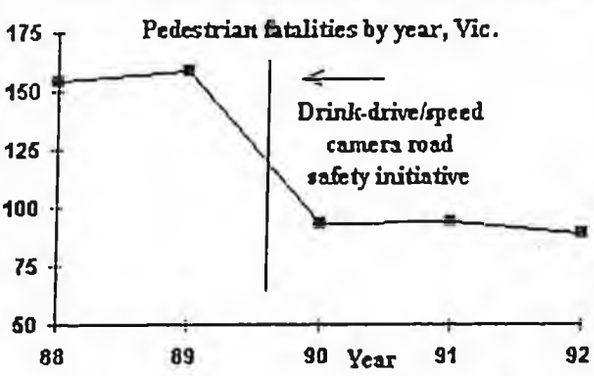
In NSW, the survey sites were not chosen specifically as a representative sample. However, consistent across-the-board reductions in numbers counted were found at road intersections, at school gates, in recreational areas as well as in Sydney, inner rural and outer rural areas. This stronly suggests that an almost identical result would have been obtained whatever the choice of sample sites. The reductions in numbers counted (2215/6072) = 36% and (2658/6072)= 44% in the first and second years of the law are therefore realistic estimates of the reduction in cycling. Table 3, comparing numbers of cyclists hospitalised for head and other injuries, strongly suggests that, as the number of child cyclists declined in NSW, despite increased percentage helmet wearing with the law, the rate of head, as well as other, injuries increased relative to the amount of cycling.

For Victoria, the situation is complicated by the effective road safety campaign introduced by the Transport Accident Commission a few months before the bicycle helmet law. The success of this campaign was noted in the British Medical Journal (Jan 1993) by Powles and Gifford, who reported that the outlay of 2.3 million pounds for the campaign resulted in savings of over 100 million pounds in 1990 alone in reduced cost of accidents.



Graph 1 Numbers of fatalities by year

Until the campaign started at the end of 1989, numbers of fatalities for both pedestrians and cyclists were declining at a relatively modest rate (Graph 1, left). The introduction of booze buses and speed cameras had a dramatic effect. Numbers of mo phc exc the spe lim plu thr ma fell from 22.8% in December 1989 to an all time low of 3.8% in June 1993. Pedestrian fatalities fell



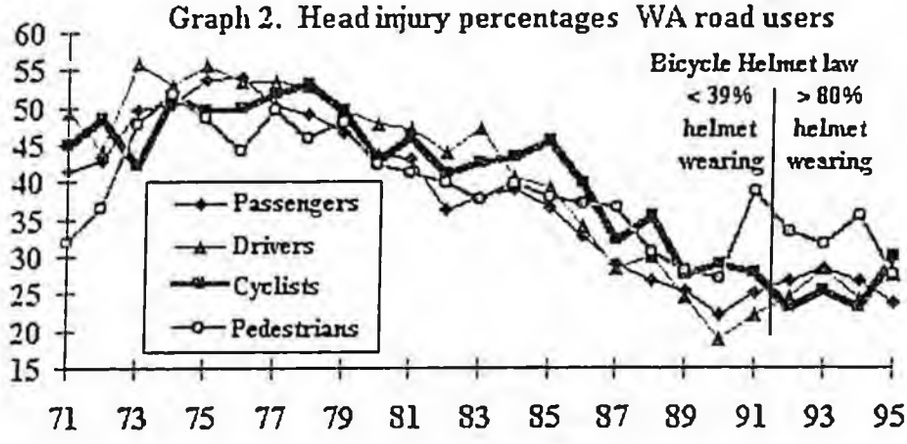
immediately by 42% from 159 in 1989 to 93 the following year (see graph on right).

Table 4. Comparison of pedestrian and cyclist fatality rates in the last three full years before the bicycle helmet law		
	Cyclists	Pedestrians
Mean no of fatalities 1987-90 (3 yrs pre-law)	24.3	149.7
Mean no of fatalities 1991-93 (3 yrs post-law)	13.0	84.0
% reduction	46.6	43.9
% change (adjusted for reduction in cycling)	16.4	43.9

Any analysis of cyclist fatalities or head injuries which failed to take account of these significant changes to overall road safety in Victoria might be considered seriously flawed. Nearly all cyclist fatalities as well as the majority of very serious head injuries are caused by collisions between bikes and motor vehicles. Therefore it is appropriate to use the fatality rate for pedestrians as a guide to overall road safety conditions, or what might have happened to cyclist fatalities without the law.

As shown in Table 4, pedestrian fatalities fell by 44% in the first 3 full calendar years of the law and cyclist fatalities by 47%. However, there is no reason to believe there was any decline in pedestrian activity. In contrast, numbers of cyclists declined by 36% in the first year of the helmet law. After adjusting for the decline in cycling, the data strongly suggest that post-law fatality rates **increased** for cyclists, relative to pedestrian fatalities.

Graph 2. Head injury percentages WA road users



The above anomalies in accident data, suggesting an increase in accidents and even head injuries imply that a full investigation of accident rates following helmet laws is warranted. Delia Hendrie (Roadwatch, University of Western Australia) has tabulated the percentage of head injuries suffered by various road user groups before and after the helmet law (Graph 2, left). These data again suggest that the helmet law has had a very minor impact on the percentage of cyclists suffering head injuries. Other factors are clearly more important, such as enforcement of speed limits and drink-driving laws, and encouraging motorists to look out for cyclists especially at intersections.

In fact, it has been shown that head injuries are three to five times more common in cyclists involved in car/bike collisions than those involved in bike-only accidents. As already noted, nearly all fatalities and the majority of *serious* head injuries to cyclists happen as a result of bike/motor vehicle accidents. The best way to reduce cyclist head injuries is to make the roads safer and to help cyclists avoid accidents by teaching them the skills of roadcraft and defensive cycling. Helmets have only a very minor part to play. In his report 'Cycle Helmets - the Case For and Against', Mayer Hillman commented that the fatality rate per kilometre travelled in Britain, was respectively, two and a half and three and a half times higher than in the Netherlands and Denmark, countries where few people wear helmets and the subject is low on the political agenda. As shown in Graph 2, the benefits of helmet laws are too small to be detectable, and pale into insignificance compared the previously mentioned difference in injury and fatality rates. Other factors such as those responsible for the difference in fatality rates per kilometre between the UK and Denmark or Holland are considerably more important. Those responsible for cyclist safety should

concentrate on these major factors, rather than helmets.

Moreover, by discouraging cycling, the helmet law has had a considerable detrimental effect on health and fitness. It has been estimated that life years gained due to the healthy exercise from cycling, even without a helmet, have been estimated in the UK to outweigh those lost by 20:1 The risk from being sedentary is similar in magnitude to smoking 20 a day. If another 40% of Australians undertook regular, moderate and effective exercise the community would save $2.4 billion/year in reduced costs associated with heart disease, low back pain, absenteeism and workplace productivity. (See Pedalling Health)

In addition, as shown in Table 4, the decline in numbers of cyclists appears to have resulted in increased bike/motor vehicle/collisions relative to the amount of cycling. Thus the overall effect of the law may well have been detrimental to the safety of those who continued riding, as well as to the health and fitness of those who gave up or reduced their cycling because of the law. The costs of the helmet law - $18 million in Western Australia for helmets and pre-law promotion could be contrasted with the speed camera/anti-drink-driving campaign, introduced in Victoria about the same time as the bike helmet law, and which saved the community $200 million in 1990 for just $5.5 million. The latter was highly effective and had clear benefits to the community in terms of reduced fatality and injury rates. Despite its higher cost, the helmet law was highly ineffective. The benefits in terms of head injuries were almost undetectable (Graph 2) but the costs were considerable in terms of reduced health and fitness in those giving up cycling, as well as potentially increased accidents relative to the amount of cycling.

Governments and road safety authorities should therfore concentrate on effective and proven road safety measures.

Velo Australis paper
Article in the Australian Doctor

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December 22, 1999

Senator Ellis
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Dear Senator Ellis and Mike,

Thank you for your recognition that we have a serious problem in the nation, including Alaska, concerning brain injuries or impairments. Every 15 seconds, someone will sustain a brain injury and often, it is our children who experience the most serious injuries. In fact, more than one million children experience brain injury every year and this specific injury is the number one killer of our children.

The Brain Injury Association of Alaska has worked diligently toward reducing these statistics through several programs, which is outlined in the enclosed video and the printed materials. Although the video copy in some of the excerpts was poor, the majority of the information is of decent quality and you can extract information. In addition, you may want to contact Senators Murkowski and Stevens, as well as Rep. Young, as they have supported our mission in assisting survivors and preventing future injuries. Rep. Pete Kott has also been very supportive and helped us open our doors. If you recall, we have visited Juneau several times requesting support and recognition of this serious problem in our state.

Instead of repeating the information that we provide to our communities, it may be easier for you to watch the video and view the materials I am sending. With this information, you may be able to request specific information or statistics. If there is anything I can do to assist you in this challenge, please contact me. Laws must be written that will protect the innocent, including our children, from this epidemic.

Alaska is the number one state in the nation for brain injuries based on our own studies (enclosed) and our national organization. We are the only organization who offers services for this population in our state and financial support from our state government has been very sparse. It is one thing to prevent brain injuries, which is our major goal; helping survivors and families has been equally challenging without support.

In closing, I have suggested remedies for many of these problems in Alaska: laws requiring helmets for motorcycles, bicycles, skateboarding, and skiing; increased fees on every DWI conviction that could help fund our organization (several other states, e.g. Florida, support their BIA through these fines); funding for our school programs, e.g., HeadSmart, to prevent brain injuries; trainings for professionals in Alaska (which we are working on as we speak, e.g., AACBIS - American Academy of Certified Brain Injury Specialists); residential programs for survivors instead of a lifetime in API (Alaska Psychiatric Institute) since we do not have long-term neurocognitive rehabilitation programs outside of our organization (out patient only due to lack of funding); trainings to educators and other professionals about the signs and symptoms of brain injuries, e.g., high rate of misdiagnosis of learning disabilities, FAS/FAE, or conduct disorder when the person has a brain injury; education to families, e.g., we are designing a hospital program for survivors and family members about the ramifications of this disorder, etc. As you can see, changing the laws concerning preventing brain injury will cause a trickle-down affect and reduce this serious problem in our state.
Laws that require helmets will irritate some individuals but at least they will be alive to complain!

I apologize for the length of this letter but we are committed to our cause but I want you to understand the importance of changing these laws. You are welcome to contact me at any time and we will support your effort in preventing brain injuries. Let me know what I can do to assist you.

Respectfully,

Debra M. Russell

Debra M. Russell, Ph.D., CRC, CBIS
Brain Injury Association of Alaska
President/CEO

COPY.

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Brain Injury in Alaska

January 7, 1999

Presenter:
Debra M. Russell, Ph.D., CRC, CBIS
Neurocognitive Rehabilitation Specialist,
President/CEO

The Brain Injury Association (BIA) was founded in 1980 as a national advocacy organization to help individuals, and their families, who have experienced a brain injury. Although most individuals associate brain injuries with traumatic injuries, our organization has evolved into a nationwide awareness of all types of brain impairments.

Brain injury is a disorder that is seen as "the silent epidemic." This disorder has no boundaries when it comes to socioeconomics, sex, age, or ethnicity. Millions of individuals, children and adults alike, experience this injury every year, leading to death and permanent disabilities. For example, individuals such as President Ronald Reagan (Alzheimers Disease), Katherine Hepburn (Parkinsons Disease), Mohammed Ali (Dementia due to multiple traumatic brain injuries), Kirk Douglas (Stroke), Press Secretary Jim Brady (TBI from a bullet to his head), or recently Congressman Sonny Bono (Singer of Sonny and Cher, died from a brain injury associated with a skiing accident), all have experienced a brain injury. These individuals are a small fraction of the millions who experience a brain injury every day.

FACTS AND FIGURES

Nationwide, we have 10 million brain injuries each year. During the last decade, the sustaining rates of surviving a brain injury has grown from 50% to 90%. For youths, traumatic brain injury is the most frequent cause of disability and death among children and adolescents in the United States. Each year, more than one million children sustain brain injuries ranging from mild to severe trauma (National Pediatric Trauma Registry). According to this registry, about one-third (334,000) of injury cases are

related to brain trauma that leads to residual deficits. Unfortunately, a large percentage of this injury is due to physical abuse for new infants, followed by additional abuse for 64% of children under the age of one. Falls are the next major source of brain injury for children under 5 years of age (50%), followed by pedestrian-motor vehicle and bicycle crashes among school-age children and adolescents (National Pediatric Trauma Registry).

In Alaska, the death rate of young adults is extremely higher than other states. The comparison death rates were:

15-19 years of age at death - the U.S. rate was 69.6 compared to Alaskan death rates at 108.4;

20-24 years of age at death - the U.S. rate was 82.5 compared to Alaskan death rates at 117.26;

25-29 years of age at death - the U.S. rate was 68.8 compared to Alaska death rates at 104.18.

Even the combined rate in the U.S. was 58 compared to Alaskans at 81 for death. In contrast, the next highest cause of death in children is leukemia, at a rate of 1.9 per 100,000 population. In addition, concerning brain trauma for the adolescent, the annual prevalence rate jumps from 129.5 to 600 per 100,000 (other statistics record it at 930). For those who survive, a large percentage will suffer some transient cognitive, motor, or sensory irregularities and between 40% to 80% will have physical, intellectual or behavioral deficits. At least 10% will have deficits that result in total and permanent incapacitating disabilities.

Adult survivors also present alarming information and statistics. During the first few hours following a brain injury, more than 100,000 individuals with TBI alone usually die and over 2,000 will remain in a persistent vegetative state. For stroke victims, which affect 500,000 each year, 150,000 of these individuals will also die. Only 20% of stroke victims receive rehabilitation and only 5% for TBI survivors. 70,000 to 90,000 TBI survivors require long-term rehabilitation for basic restoration. In addition, these statistics do not reflect the rate of injury associated with snowmobile accidents; a significant problem unique to Alaska. These disturbing statistics justify the title of "silent epidemic" for these individuals. In summary, people experience brain injuries every 10 to 15 seconds (Brain Injury Association, Inc.), and this statement is why our organization exists.

In Alaska, we believe that our state experiences at least 5,000 to 6,000 brain injuries each year due to multiple causes. According to statistics from the Dept. Of Health Services in Alaska, injuries from unintentional and intentional causes are the leading cause of death, accounting for 29% of deaths and 53% of potential years lost in all ages.

Brain injury accounts for 2% of all deaths and 26% of all injury deaths and 12% of hospitalizations due to injury. According to the Alaska Trauma Registry and Public Health, between 1991 to 1993, we had 2178 cases of hospitalized individuals just with TBI. Although this is alarming, these statistics are misleading. Although these facts identify thousands of survivors, the majority of people with brain injury are not hospitalized as their injury is considered mild (75%), yet they still endure deficits.

People with multiple injuries usually have the brain as the most commonly injured part and in fatal car accidents, injury to the brain is seen in as many as 75% of victims at autopsies (p. 5). In addition, many studies have shown that brain injury predisposes the individual to the biologic development of other symptoms, such as depression and latent personality disorders (e.g., dependency, impatience, depression, decreased initiative, irritability, temper outbursts, decreased self-control, inappropriate public behavior). Furthermore, studies have shown that many individuals who are in the criminal justice system had significant brain injuries prior to their act of committing a crime. But even this information is not the complete picture. The Center for Disease Control and the Wonder Injury Data of 1994 recognized that suicide rates among Alaska's brain injury survivors and homicide are conjectured to be closely correlated with brain injury prevalence. Thus, these statistics are deceptive. Research has also shown that a large percentage of the homelessness, abuse of alcohol and drugs, and suicide rates following a brain injury is extremely elevated, e.g., nationwide statistics report that the average range of alcohol use of 23% increases to 75% when the person has a brain injury (Federoff et al., 1992; Hales et al., 1991; Lehr, 1990; Sells, 1992; Sladk, 1991, Shordone, 1987, 1988, 1990). If these statistics do not break your heart, it should affect your intellect:

> *the economic burden for treating these individuals is recognized at 48.3 billion (economic losses of productivity, wages, health maintenance, and long-term care).*

In 1997, a study was completed on Organic Brain Syndrome (OBS) for Alaska, which identified many factors that contribute to crime, poverty, and low rates of successful vocational rehabilitation for this population (a copy of this study can be obtained from the Center for Disability Policy and Research, University of Washington or from David Maltman, Governor's Committee on Disability and Special Education, Alaska). When reviewing this report, one must begin with the fact that the researchers recognized a difference between mental illness and brain injury. According to this report, which we (BIA) concurs, a large percentage of clinicians working in this state are not schooled in the diagnosis or treatment of OBS. There is some services for children through the support system of the state for developmental disabilities, but this is only for children before the age of 22, and the services are more toward the learning disabled or mentally impaired. Medicaid only provides short-term treatment for situational conditions; they do not affectively address the long-term need (case management, rehabilitation services, independent living supports, etc.). People with OBS have a 60% to 80% rate of unemployment, a high divorce rate, ostracism, homelessness, financial difficulties, victimization, dependence, increased drug and

alcohol abuse, secondary disabilities, and suicidal tendencies. In the Alaska Native population, the increase of brain injury is two to one compared to non-natives and services are minimal to none.

The mission of the Brain Injury Association of Alaska is to not only advocate for and assist these survivors, but to help them return to the world of work and independence. Our purpose is to reach thousands of survivors and provide education, prevention, rehabilitation, and support (advocacy). This can be accomplished by:

Educational training and workshops about this disorder;

Full rehabilitation counseling for survivors and families;

Obtainment of assistive technology for the individual;

Collaboration with the school districts (programs such as the HeadSmart program that focuses on reducing violence for children in the school districts);

Violence and Brain Injury Projects (addresses the root causes of violent criminal behavior);

The BIRDS program, for children ages birth to 21 (rehabilitation psychology strategies in the development of training to other professionals, e.g., medical doctors, nurses, school administrators, therapists, etc.);

Public Awareness - prevention program (State Ambassadors Program for traveling across the state, especially villages) to provide information about brain injury as well as prevention strategies for the development of support groups for each area, and;

Counseling and assistance with families, organizations, or companies.

BIA of Alaska is willing to train employees in every city of our state concerning our programs. Our approach promotes exchange of ideas, family needs, current brain injury research, epidemiology, new models of treatment, as well as national training. We are also global as we promote international awareness of brain injury across the world. We even have a program for training the military (Defense and Veterans Head Injury) and training for police officers in identification of brain injuries.

PARTNERSHIP

We are sure that the mention of funding sends chills down your spines but we have a proposal that may interest you in the area of service provision. There are funds available

through many organizations that could support part or all of these programs. As we receive calls daily requesting assistance and information, I believe that we must begin with education to our service providers and governing bodies, such as the Alaska Mental Health Trust Authority, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Board, the Alaska Commission on Aging, the State Independent Living Council, the Alaska Department of Health and Human Services, the Alaska Department of Education, the Alaska Division of Medical Assistance, Division of Vocational Rehabilitation, Workers' Compensation, and Alcohol and Drug Abuse, to name a few (OBS, 1996). Our association receives phone calls every day from many of these organizations asking for assistance as well as calls from organizations such as P.A.R.E.N.T.S., Access Alaska, School Districts, Division of Vocational Rehabilitation (DVR), private individuals, and a variety of companies. All of these individuals request information and services, which we often cannot provide due to inadequate funding.

BIA of Alaska believes that with proper support, we can provide a large percentage of services for children and adults who have sustained a brain injury. For example, many survivors are directed to DVR for services. This organization attempts to provide rehabilitation services, yet they have a high rate of failure. I am not directing fault at DVR, as many of these counselors are excellent with good intentions. The problem is these individuals never received proper rehabilitation for their cognitive deficits; dooming this service to failure. They are missing the critical component of successful rehabilitation - lack of education for rehabilitating these individuals BEFORE they enter the maze of welfare to work programs. How can a person sustain employment when their cognitive abilities are at a 3rd grade level?

Although our plan does incorporate prevention and education as a major component, we can offer the development and implementation of a rehabilitation program. BIA of Alaska believes that we could provide, alone or in conjunction with other programs, a one-stop-shop for persons with brain injuries. For example, lets assume that this individual was hospitalized for their brain injury. This program would begin once the individual has completed their acute rehabilitation in the hospital. Their records would be transferred to our office and a review would be completed. In the meantime, this individual, and their family, would begin our program as the psychological trauma of this injury is usually extremely distressing. At this point, we would begin with assessments (e.g., neuroevaluations or assistive technology) that have not been provided, for identification of deficits. At this same building, a program will be developed for each client based on history, assessment results, psychological needs, psychopharmacology management, cognitive restoration strategies, and review of the medical diagnosis for each survivor.

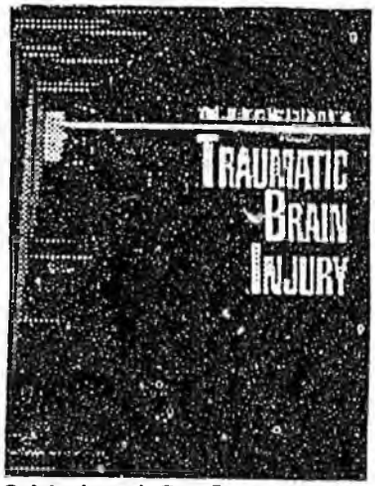
Once deficits are identified and a program is developed, clients would be very involved in a holistic method of rehabilitation. Professionals, such as cognitive therapists, speech-language pathologists, occupational therapists, physical therapists, rehabilitation specialists, educational counselors, etc., would provide services at this facility. These individuals will be contracted on an hourly basis, overseen by a case manager(s). Rehabilitation may include memory

strategies or training, assistive technology, cognitive restructuring, behavior management, substance abuse education, counseling (group or individual), family support, independent living training, employer training, social skill training, job training and development, etc., all administered by BIA of Alaska. Concentration on restoring language, attention, information processing, problem-solving, organization & planning, sequencing, judgment, executive functioning, etc., will be a segment of the rehabilitation plan.

Trained volunteers will be involved to assist in some services, reducing staff support. By merging these services toward a complete program, most individuals recover more quickly while reducing the chance of inappropriateness or regressive behaviors. Although the program will not focus on rapid recovery as the major goal, our intent is complete rehabilitation so we do not have a return rate (additional rehabilitation services) into this program. Additionally, as this is a nonprofit association, tax benefits for companies will be attractive and can provide additional funding. Financial support could also come from areas such as fines from driving while impaired (DWI) convictions, insurance companies, Workmans' Compensation, private donations, fund raisers, etc. We suspect that within 5 years, this majority of this program will be self supporting.

Statistically, the State of Alaska will save a large amount of money by providing this program. We will not repeat services in our state; we will work with other organizations to provide the foremost services without duplication. In addition, listed above are some statistics concerning the average lifespan of persons with brain injury (15-29), which means 40 to 50 years of welfare or Social Security benefits for thousands of Alaskans. We will also reduce the costs of Medicare and Medicaid by returning these individuals back into the workforce. The graduates of this approach will become tax-paying citizens. This program would invest quality rehabilitation in the embryonic stages of recovery, reducing decisions that lead to expensive trial & errors. Everyone will win from this program, especially the individuals, and their families, who have survived one of the most traumatic experiences in their life - a brain injury.

This is an example of a basic program which I disseminated to the state legislators in Juneau in hopes to obtain funding.



What Legislator's Need To know About Traumatic Brain Injury

Executive Summary

Each year, 5.6 2 million Americans sustain traumatic brain injuries from automobile crashes, falls, recreation injuries, assaults and violence. These injuries are the leading cause of death and disability in children and young adults in the United States. Of those who suffer traumatic brain injuries, 75,000 to 100,000 will die, and 70,000 to 90,000 must live the remainder of their lives with severe disabilities. The highest rate of injury is suffered by young males.

Brain injury has dramatic repercussions for the injured and their families. People with brain injuries have trouble with short-term memory, concentration, judgment and organization. Many have substance abuse problems that may have existed before the injury or were acquired afterwards as a way to escape the difficulties of their lives. Divorce is common among married people who sustain brain injuries, and many lose their friends. People with serious brain injuries may need constant supervision and help in managing money, doing household chores, and sometimes bathing and dressing. Because the injuries are not always visible, people with brain injuries may have trouble qualifying for federal and state programs.

Families provide the majority of care for people with brain injuries. Many exhaust their family resources or have to give up jobs to care for a family member full time. The psychological and financial stress is overwhelming as families struggle to provide care with little or no help from existing state service systems.

Today, more and more people survive brain injuries, thanks to advances in medicine and trauma care. The for-profit brain injury rehabilitation industry has grown rapidly in the last 10 years until it is now generating an estimated $10 billion a year in gross revenues.

However, state services have lagged far behind for people with brain injuries who are not insured, have exhausted their benefits, or have left the rehabilitation centers to live with their families or in the community. Today, only one in 20 people with traumatic brain injuries receives the rehabilitation services needed.

People with brain injuries, like everyone else, want good relationships with friends and family, respect and dignity, opportunities to develop and exercise competence, and opportunities to contribute to community life and make choices about their futures. The growing advocacy movement is demanding that people with traumatic brain injuries be able to control their lives and the services they receive. Increasingly, legislators will be asked to set polices based on these values and create cost-effective systems of care.

Though some forward-looking states are providing services targeted at the special needs of people with brain injuries, in other states services are fragmented and inefficient. Many state bureaucracies

have no central home for people with traumatic brain injuries. Services are spread over many departments, including health, mental health, education and social services, to name a few. This causes problems for the people with brain injuries and their families who have to go from department to department, trying to patch together services. It also causes problems for states as they look to developing policies that would more appropriately meet the needs of people with traumatic brain injuries.

States are trying to improve service delivery by establishing state councils, creating a lead agency for people with traumatic brain injuries, and offering case management to control costs by ensuring that people get the most appropriate services. States are paying for services through traditional sources of financing such as Medicaid, vocational rehabilitation funds and state general revenues. States are also making use of more innovative financing ideas, such as dedicated funding streams drawn from fees on motor vehicle violations, including speeding, drunk driving and seat belt violations. Other states are writing Medicaid home- and community-based waivers targeted at people with traumatic brain injuries.

States can reduce the catastrophic costs of brain injury through prevention programs. Brain injury, unlike other illnesses, can be prevented in many instances. States can help prevent the incidence and severity of brain injury by passing and rigorously enforcing laws requiring seat belts, child restraints and helmets for motorcycle riders. States and localities can also launch educational campaigns to increase the use of helmets by bicycle riders and in other sports.

This publication is intended to provide legislators with the background information to help them make informed public policy decisions about systems of care for people with traumatic brain injuries in their states. The booklet is in a question and answer format and is organized as follows:

- The first two questions define traumatic brain injury and its impact on people with brain injuries and their families. They raise issues of interest to legislators, including the high cost to society, the high cost of inappropriate care, the inability of existing service systems to meet the needs, aging caregivers, the growth of advocacy movements, federal legislation that will elevate brain injury to the national agenda, and the availability of data.
- Questions 3 and 4 outline services needed by people with brain injuries and available federal assistance.
- Questions 5 and 6 look at private insurance coverage for people with traumatic brain injuries and public/private options that might be used to support services, including publicly subsidized health insurance, state-financed catastrophic health insurance, catastrophic riders to insurance policies, preferred provider organizations targeted at people with disabilities, state high-risk pools and self-sufficiency trusts.
- Questions 7 and 8 look at state service delivery and financing of services for people with traumatic brain injuries.
- Prevention efforts are addressed in Question 9, including mandatory seat belt laws, mandatory helmet laws for motorcycle riders and other strategies.
- Question 10 presents innovative approaches by state and nonprofit agencies, including statewide programs, home- and community-based services, housing, jobs education, and central registries.

Bicycle Helmet Safety Institute

Mandatory Helmet Laws: A Summary

BHSIDOC# 513

There is no federal law in the U.S. requiring helmets. States and localities began adopting laws in 1987, but there is no formal central registry for them. Here are the ones we are aware of as of this date. The States are probably all included, but some localities could be missing. More info on helmet laws is included after the chart.

Jurisdiction	Coverage	Ages/Conditions	Date Effective
Alabama			
State Law	State-wide	Under 16	1995
Montevallo	City-wide	All ages	1993
Homewood	City-wide	All ages	1994
Arizona			
Tucson	City-wide	Under 18	1993
Yuma	City-wide	Under 18	1997
California			
State Law	State-wide	Passengers under 5	1987
State Law	State-wide	Riders under 18	1994
Bidwell Park, Chico, CA	Regional park	All ages	1991
Connecticut			
State Law	State-wide	Under 15	1993/1997
Seymour REPEALED	Town-wide	All ages	1998 REPEALED 1999
Delaware			
State Law	State-wide	Under 16	1996
Florida			
State Law	State-wide, public property only.	Under 16	1997 (fines 1-1-98)
Georgia			
State Law	State-wide	Under 16	1993
Illinois			
Barrington	Village-wide	Under 17	1997

Inverness	Village-wide	Under 16	1999
Maryland			
State Law	State-wide	Under 16	1995
Allegheny Co	County-wide	Under 16	1992
Howard County	County-wide	Under 17	1990
Montgomery Co	County roads	Under 18	1991
Sykesville	City-wide	All ages	1995
Maine			
State Law	State-wide	Under 16	1999 Fall?
Massachusetts			
State Law	State-wide	Passengers under 5	1990
	State-wide	Riders under 13	1994
Michigan			
E. Grand Rapids	City-wide	Under 18	1995
Adrian	City-wide	Under 15	1998
Kensington Metropark	Park trail	All Ages	1998
Farmington Hills	City-wide	Under 16	1999
Missouri			
Creve Coeur	City-wide	All ages	2000
New Jersey			
State Law	State-wide	Under 14	1992
New York			
State Law	State-wide	Passengers under 5	1989
State Law	State-wide	Riders under 14	1994
Chemung Co.	County-wide	Under 15	1995
Erie County Parks	County parks	All ages	1993
Greenburgh	City-wide	All ages	1994
Guilderland	Town-wide	Under 14	1992
Rockland County	County-wide	All ages	1992
North Carolina			
Black Mountain	City-wide	All ages	1996
Boone	City-wide	All ages	1995
Carolina Beach	City-wide	Under 16	1994
Carrboro	City-wide	Under 16	1997
Chapel Hill	City-wide	Under 16	1992
Ohio			
Beachwood	City-wide	Under 16	1990
Brecksville			
Dublin			
Orange Village	City-wide	Ages 6 to 15	1992
Strongsville	City-wide	Under 12	1993
West Carrollton			
Centerville	City-wide		1999
Oregon			
State Law	State-wide	Under 16	1993
Pennsylvania			
State Law	State-wide	Passengers under 5	1991
	State-wide	Riders under 12	1995
Rhode Island			

State Law	State-wide	Under 9	1996
		Under 16	1998
Texas			
Arlington	City-wide	Under 18	1997
Austin	City-wide	Under 18	1996/1997
Bedford	City-wide	Under 18	1996
Benbrook	City-wide	Under 17	1996
Coppell	City-wide	All ages	1997
Dallas	City-wide	All ages	1996
Fort Worth	City-wide	Under 18	1996
Houston	City-wide	Under 18	1995
Tennessee			
State Law	State-wide	Under 12	1994
Clarksville	City-wide	All ages	1993
Virginia			
Alexandria	City-wide	Under 15	1994
Arlington County	County-wide	Under 15	1993
Blacksburg	City-wide	Under 15	1994
Fairfax County	County-wide	Under 15	1993
Falls Church	City-wide	Under 15	1993
Front Royal	City-wide	Under 15	1996
Manassas	City-wide	Under 15	1995
Manassas Park	City-wide	Under 15	1997
Newport News	City-wide	Under 15	1997
Prince William Co.	County-wide	Under 15	1995
Virginia Beach	City-wide	Under 15	1995
Washington State			
Eatonville	City-wide	Under 16	1996
Fircrest	City-wide	All ages	1995
Gig Harbor	City-wide	All ages	1996
King County	(excludes Seattle)	All ages	1993
Lakewood	City-wide	All ages	1996
Milton	City-wide	All ages	1997
Orting	City-wide	Under 17	1997
Pierce County	County-wide	All ages	1994
Port Angeles	City-wide	All ages	1993
Poulsbo	City-wide	Under 18	1995
Puyallup	City-wide	All ages	1994
Steilacoom	City-wide	All ages	1995
Tacoma	City-wide	All ages	1994
University Place	City-wide	All ages	1996
West Virginia			
State Law	State-wide	Under 15	1996
Clarksburg	City-wide	Under 18	1993
Morgantown	City-wide	All ages	1993
South Charleston	City-wide	Under 18	1994
St. Albans	City-wide	Under 18	1995
Wisconsin			
Port Washington	City-wide	Under 17	1997

We also have this same chart organized by date.

The Health Policy Tracking Service, National Conference of State Legislatures, has a more detailed chart, listing the states that do not have laws. Worth a look, particularly if you need citations of the laws, but when we last checked in February 2000 they were lacking the Maryland and Pennsylvania laws.

That's a total of 16 State laws and 61 local laws. We do not include in the list of localities Farmington Hills, IL, where a law has been approved by the Council, but is not in effect and may be subject to a petition effort to take it to public referendum. The City of Creve Coeur, Missouri, covers not only bicycles but in-lines skaters, roller skaters, and skateboarders, and it is an all-ages law.

If you are writing a law, we have a page with info on how to reference standards.

To search the Web for details on state and local laws, the definitive central resource page is Doug Mink's MassBike Page with pointers to the texts of the laws, resources, search engines and more.

States with helmet laws of some kind now include more than one-third of the population of the U.S. Laws have been proposed and may be either defeated or in some stage of the legislative process in a number of other states. These include Arizona, Colorado, the District of Columbia, Hawaii, Illinois. Iowa, Kansas, New Jersey (to raise the age limit from 13 to 17), North Carolina, Mississippi, Missouri (all ages), Montana, Nevada (all ages), New Mexico, Ohio, Texas, Vermont, Washington State and Wisconsin. Maine's law will become effective 90 days after their legislature adjourns, and we do not know the exact date yet.

We have put up copies of some of the laws and a position paper from the League of American Bicyclists discussing how various provisions can affect cyclists' interests.

If you need detail on the provisions of these proposed laws, including penalties, enforcement, associated educational campaigns, helmet banks or giveaway programs, treatment of contributory negligence (liability) provisions, or dates of enactment, the National Safe Kids Campaign has a detailed status sheet on bicycle helmet laws and pending legislation available from Meg Farrage at 202-662-0616. We are indebted to Safe Kids for their help in keeping our list up to date, and to Ralph Wessels for information on the Washington State communities. We also have a copy of a model helmet law from Safe Kids, with a suggestion from us on alternate wording for one paragraph.

You can access here a compendium of bicycle helmet safety program evaluations taken from the Centers for Disease Control's MMWR issue titled "Injury Control Recommendations: Bicycle Helmets." Please send us any other evaluations you may see in the future so we can add them to this page.

New York State reports that since it introduced its first helmet law in 1989 for passengers under 5, and its second in 1994 for riders under 14, the annual rate of cyclists hospitalized from bicycle-related traumatic brain injuries has fallen for the under 14 group from 464 in 1990 to 209 in 1995. The rate for cyclists 14 and over for the same years declined less rapidly, from 454 to 382. There is no way to determine exactly what proportion of the improvement was due to helmet laws, since there is no data on improvements to bicycle facility safety, rider education or total miles ridden in those years, and helmet promotion campaigns by Safe Kids and others were active in the state. But it is likely that increased helmet use, prompted by passage of the first law in 1989 and the promotion campaigns in New York communities, played a role in the reduction of injuries.

New Jersey reported in July of 1997 that since it introduced a helmet law for kids under 14 the number of bicycle-related fatalities for that group fell by 60 per cent, from 41 in 1987-1991 to 16 in 1992-1997. For riders age 14 and over the figures were 75 and 71.

The Austin, Texas, law was originally for all ages, but a grass-roots protest movement resulted in limiting it in October, 1997, to riders under 18. A similar change was made in Barrington, Illinois. Seymour, Connecticut, repealed its law. (The referendum also included an unpopular no-smoking law.) An attempt in 1999 to force a referendum on the Farmington Hills, Michigan, law for riders under 16 failed for lack of signatures. The Canadian province of British Columbia has made exceptions to their all-ages law for medical exemptions, those with heads larger than size 8 (Bell had not yet begun producing their Kinghead for sizes up to 8 1/4) and those whose religion requires headgear making helmets impossible (primarily Sikhs).

The City of Oakwood, Ohio, has taken an different route by adopting a resolution encouraging the use of helmets. It directs the Safety Department (Police) to develop educational programs for helmet safety. It also provides the authority for officers to "wave over" minor cyclists who are not using protective head gear. No fines or other deterrents are permissible as this is not an ordinance.

Many bicycle clubs, the US racer's organizing body, USA Cycling and the Triathlon Federation require helmets in their events, although they may or may not support helmet laws. U.S. military regulations require helmets on military facilities. The National Bicycle Dealers Association opposes mandatory helmet laws. *Bicycle Retailer and Industry News* has editorialized against them.

International

In Australia, bicycle helmets are mandatory in all states and territories. Compliance is high but varies by area, with some cities over 90% and rural areas much lower. In the State of Victoria cyclists' head injuries declined 41%. There were 36% fewer child riders on the road, but perhaps more adult riders. Injury reduction was below expectations, but still spectacular. New Zealand's national helmet law took effect in January, 1994. Sweden is reportedly considering a national law. Iceland's mandatory helmet law, covering children under 15, came into effect in October of 1998. The Spanish legislature is passing a comprehensive bicycle law in mid-1999 that probably will include a mandatory helmet provision.

Canada has a number of provincial and local helmet laws. Ontario's helmet law for cyclists under 18 took effect in 1995. (It was originally to have covered all ages) British Columbia's law took effect in September, 1996, and covers all ages. Nova Scotia's law came into effect in 1997 and covers all ages. In Quebec, the Montreal suburbs of Cote Saint-Luc and Westmount have passed by-laws requiring the use of bicycle helmets within their boundaries. In October, 1997, the Cote Saint-Luc law was extended to cover bicyclists and skaters of all ages.

Our View

The Bicycle Helmet Safety Institute supports carefully drawn mandatory helmet laws covering all age groups because we believe they are needed to raise awareness that helmets save lives, in the same way that seatbelt laws and smoke detector requirements were used to inform the public that those safety devices were necessary. Many riders and parents do not know that they need a helmet, and the laws educate as much as they force compliance. We also believe ssing a comprehensive bicycle law in mid-1999 that probably will include a mandatory helmet provision.that most riders regard helmets as a fashion item rather than as a safety appliance, and like any other fashion this one may wane. We support efforts to

improve the safety of the cycling environment to reduce the need for helmets, which should always be regarded as the primary injury prevention measure for reducing all injuries to cyclists. We do not believe that wearing a helmet causes riders to take additional risks. We believe that in this country promoting helmets will not detract from the effort to improve road safety, and in fact has stimulated those efforts, giving us the most widespread and best-supported campaigns for better road safety for cyclists that we have ever had in our history. We consider bicycles on a public road to be vehicles, and believe that the operator has the rights and obligations of vehicle users in our ever-more-populated and outrageously unsafe road environment, so requiring a bicycle helmet is as reasonable as requiring a helmet on a motorcycle rider or requiring seatbelt usage in cars. We would support provisions for medical exemptions based on a doctor's certification or requirements for religious headgear. We do not participate in the endless Internet "Helmet Wars," and do not respond to helmet war email, but we have a Web page up discussing some of the recurring points.

If you see outdated information on this page, please inform us by email. This is a difficult page to keep current!

Last revised: February 28, 2000

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SUNDAY, MAY 24, 1998

JUNEAU EMPIRE
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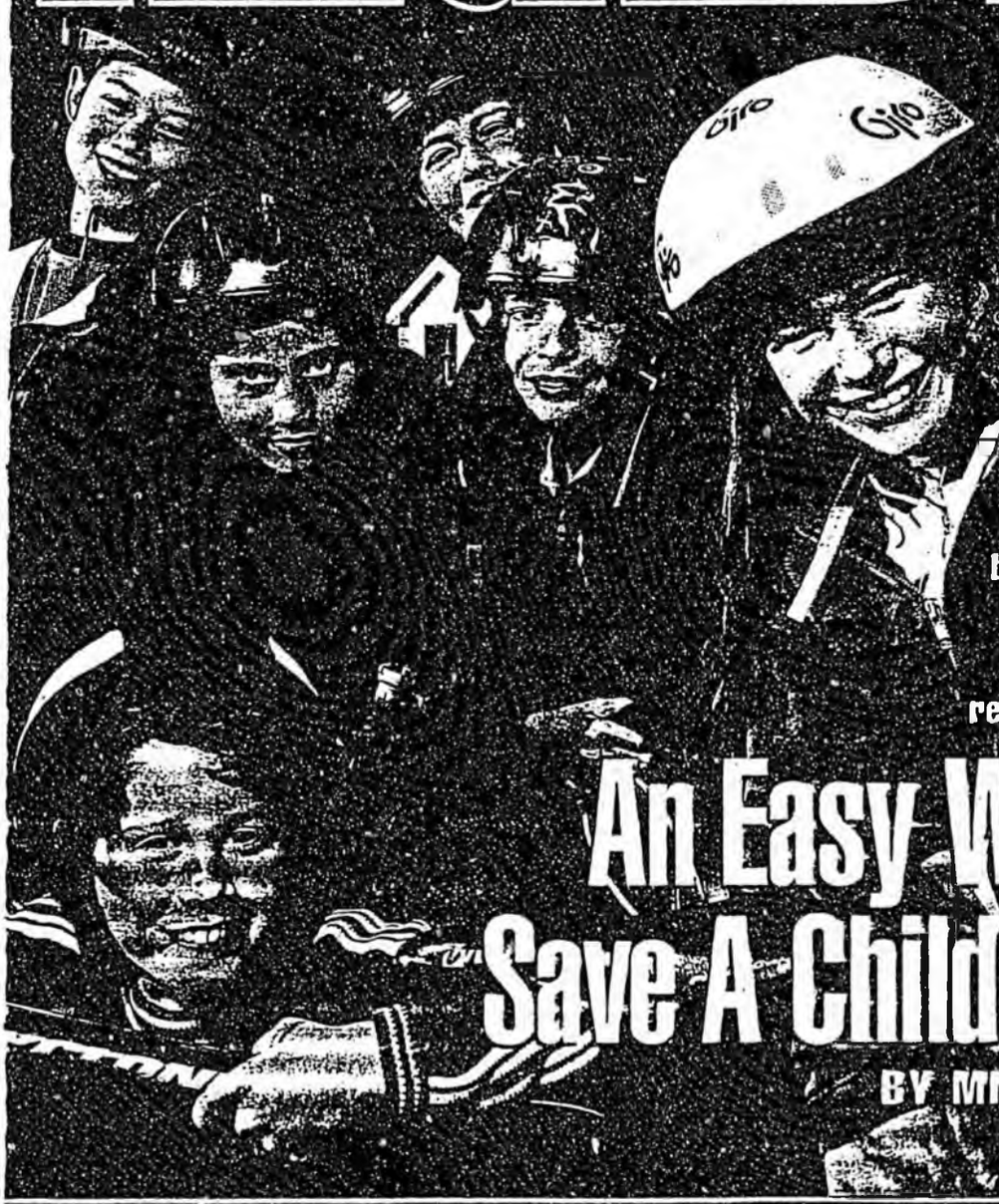
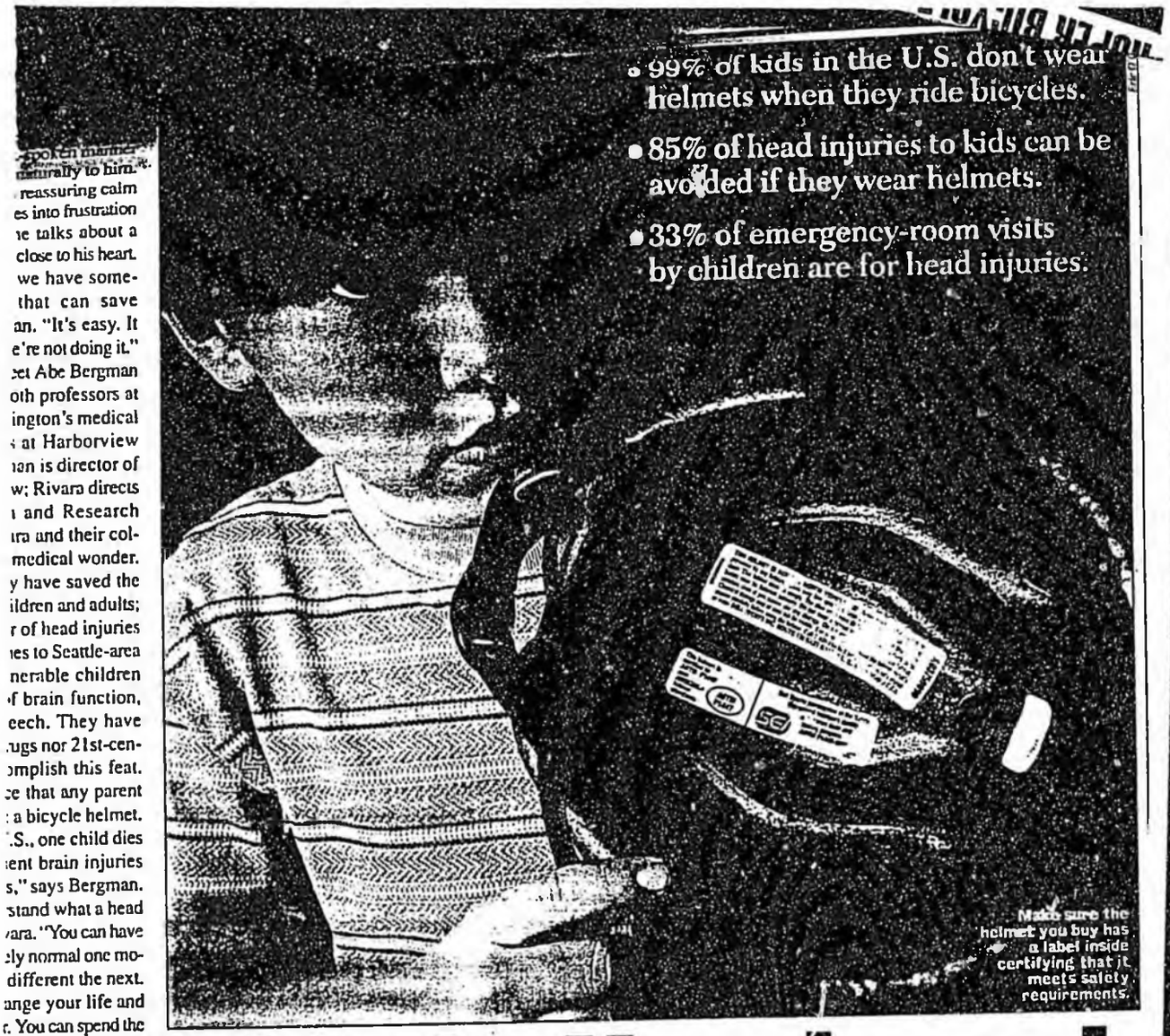


Every day in the U.S., one child dies and 50 suffer permanent brain injuries from bicycle accidents. Two doctors managed to cut those statistics by 65% in Seattle. Now they're looking at the rest of the country.

An Easy Way To Save A Child's Life

BY MICHAEL RYAN

INSIDE: In Step With Johnny Depp...By James Brady



N A Little Headwork VES A Lot Of Children

BY MICHAEL RYAN

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RIC O'CONNELL SHOWS BIKE RIDERS FROM ALBUQUERQUE, N.M.: IAN STOCKDALE, 8 (FRONT); ZURI BENNETT-PADEN, REA STOCKDALE, ALL 11 (CENTER, L-R); LEE KWAN SWIDEREK AND MATT E. ADLESPERGER, BOTH 12 (REAR, L-R)