

January 31, 2023

Rep. Jason Kropf, Chair
Committee on Judiciary
Oregon House of Representatives

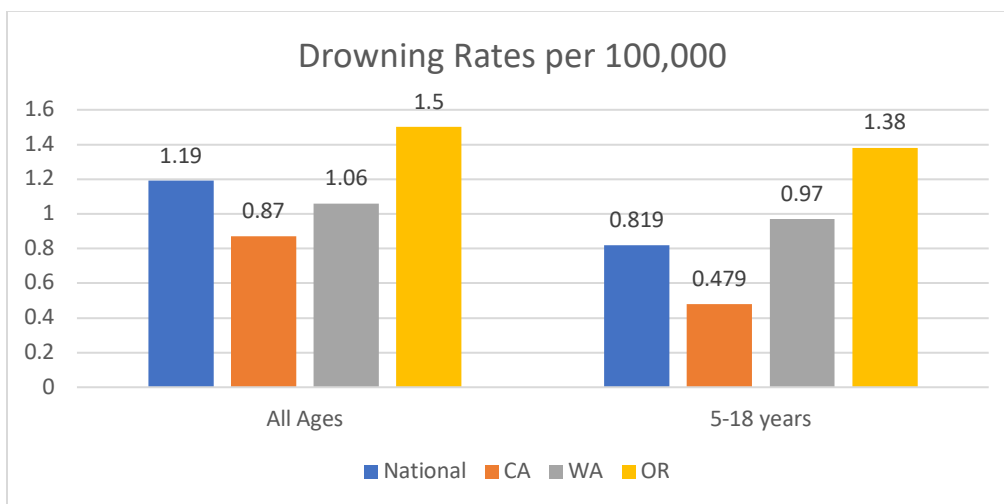
Chair Kropf, and members of the Committee,

My name is Dr. Emily Rosenthal. I am a pediatric resident at OHSU Doernbecher Children's Hospital, meaning that I have completed medical school and am now obtaining further training in caring for children.

I am writing to express my strongest possible support for HB 3006 on behalf of OHSU, and the Oregon Pediatric Society. This bill would save lives by increasing the age requirement for personal flotation device use, and expand the requirement for use beyond just watercraft to include innertubes, pool toys and other objects used to float on natural water on public lands.

According to the Oregon Bureau of Vital Statistics and the US Centers for Disease Control, between 2006 and 2020 there were 192 Oregon children and adolescents that drowned in our state. That makes drowning the 2nd leading cause of death for children 0-4 years, and the 4th single leading cause of death for those 5-18 years.

Sadly, the tragic impact of drowning in our state remains vastly under-recognized, and Oregon is the unfortunate leader among the states that make up the West Coast. Overall, Oregon children drown at a 26% higher rate compared to the US overall rate, 72% greater than children in California, and 42% greater than Washington. Among older children aged 5-18 years, Oregon kids drown at a 68% higher rate than the national rate, 42% greater than the same aged youth in Washington, and almost 3 times more often than kids in California!



Sadly, as we see nationally, the burden of drowning mortality disproportionately impacts communities of color. In Oregon, Hispanic, Black, Asian and American Indian/Alaska native

children drown twice as often as non-Hispanic whites. And though we are currently focusing on drowning deaths, we also know that for each fatal drowning, 2 children suffer a critical water submersion event, leaving many with lifelong disabilities and other health impacts.

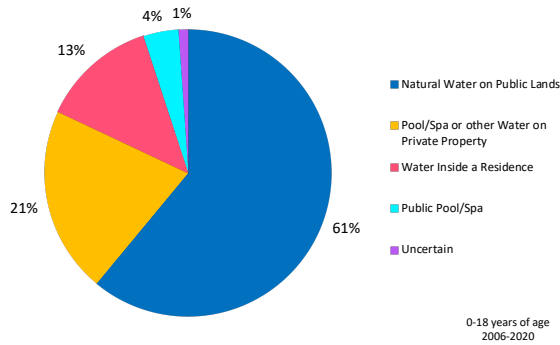
While the CDC and Oregon Health Authority have overall drowning numbers for Oregon, we lack the crucial demographic and epidemiologic data to allow us to understand the specific risks and impactors to help us address this epidemic. Dr. Ben Hoffman and Medical Student Jasmine Curry worked to employ a novel approach to understanding how and why Oregon children drown. They obtained data from the Oregon Bureau of Vital Statistics on all fatal drownings in Oregon for children less than 18 years of age from 2006 to 2020, identifying 192 total. Ms. Curry then scoured the internet for any publicly available information, including media reports, obituaries and the like, finding that 78% (134) had information that allowed us to characterize epidemiologic factors. What she found has shined a light on an underappreciated threat to the health and well-being of children and adolescents in our state, and informed the development of this bill.

We know that the risks vary tremendously by geography, and how and where children get access to water. Additionally, risks and potential protective interventions vary tremendously by age and gender. The highest risk age groups are 0-4 years and 15-19 years of age. Males are much more likely to drown than females, across all age groups. For young children, the primary risk involves children getting to water when they are not expected to be in or near water. Nationally, the overwhelming majority (69%) of these drowning events involve private swimming pools, and occur outside of swim time, when children are not expected to be in water. Close, constant and capable adult supervision can help prevent these, but such supervision cannot be perfect, as these young children are quick, impulsive and developmentally vulnerable to not heeding adult warnings. While we know that exposure to swimming lessons and water competence training is effective in preventing drowning for children over the age of 1, many children cannot access such training due to geography and poverty among other factors.

For older children and teens, drowning is often related to the absence of water competence skills, and engaging in fundamentally risky behaviors. As with younger children, children and teens from communities of color have much higher rates of drowning, dying twice as often as non-Hispanic white children and teens.

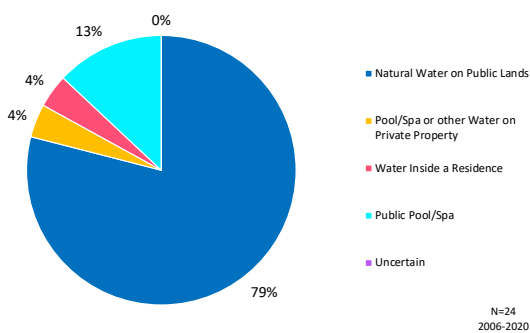
Ms. Curry's investigation has shown that drowning in Oregon is different than what is seen nationally, and in other states. As noted above, Oregon children and teens die from drowning at much higher rates. Due to a number of factors, including our climate, tradition of outdoor activity, and a relative paucity of swimming pools, almost 2/3 of all drownings occur in natural water on public lands.

Most Child Drowning Deaths in Oregon Occur in Natural Water

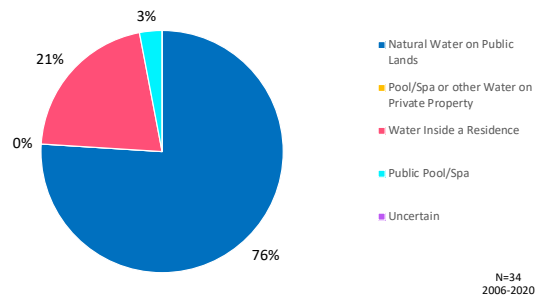


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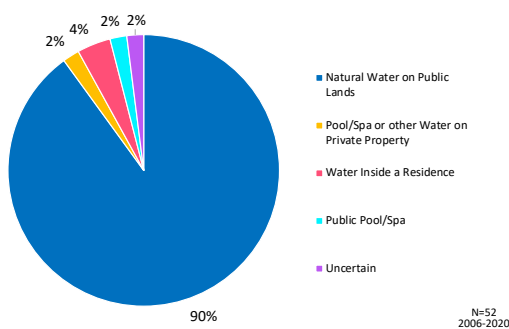
Oregon Children Aged 5-9 Years Old Drown Most Often In Natural Water on Public Lands



Oregon Children Aged 10-14 Years Old Drown Most Often In Natural Water on Public Lands



Oregon Children Aged 15-18 Years Old Drown Most Often In Natural Water on Public Lands



We investigated the drowning events for which there was publicly available information to identify cases where a personal flotation device (PFD) was not used, and would have likely protected the child. We first looked at drowning events that involved the deceased floating on a product that was not formally identified as a boat/watercraft, and this exempt from Oregon rules governing PFD use. These included inner-tubes, inflatable pool toys or buoyant foam products. We found that between 6-20% (7-22) of these fatal drowning events in Oregon could have been

prevented if the child had been wearing a PFD. This fact remains the basis for the HB 3006 provision to include such products in PFD requirements.

In examining drowning events for older children and teens, we found that 68% (26/38) might have been prevented with PFD use. Most of these deaths were associated with youth swimming in risky conditions without a PFD. Overall, 56 Oregon children might be alive today had they been wearing a PFD if they had worn a PFD while recreating in natural water on public lands .

Since child drowning is a complex and multifactorial issue, we recognize that there will never be one simple solution. We acknowledge that we must employ layers of protection if we are going to protect our children. These layers include:

- Close, competent, constant adult supervision
 - Lifeguards can be helpful, but remain insufficient independent of direct parent/caregiver supervision
- Development of water competence skills
 - Includes water safety knowledge, and basic swim skills
- Preventing unintended access to water
 - Pool fencing and other barriers to water access
- Use of PFDs
- CPR training and access to emergency care

HB 3006 will help protect Oregon's children and teens by requiring PFD use for older youth, and when children are floating on products that are currently expected from Oregon regulation.