

MINUTES OF THE MEETING  
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE  
MONTANA STATE SENATE

JANUARY 14, 1983

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Tom Hager on Friday, January 14, 1983 at 1:00 in Room 410 of the State Capitol Building.

Roll Call: All members were present. Woody Wright, staff attorney, was also present.

Many visitors were in attendance. (See attachments.)

CONSIDERATION OF SENATE BILL 22: Senator Judy Jacobson of Senate District 42, sponsor of SB 22, gave a brief resume of the bill. This bill is an act requiring use of a safety restraint system to transport a child less than 4 years old; establishing standards, exemptions, and penalty; providing for admissibility of evidence in civil suits without presumption of negligence; and providing an effective date.

Senator Jacobson offered a set of amendments which she felt would improve the bill and make it more workable. (Exhibit 1) She then handed out a copy of a newspaper clipping from this mornings paper telling that the Montana Supreme Court has given children the right to sue their parents. (Exhibit 2)

Dr. Jeffrey Strickler, a Helena pediatrician and representing the Montana Chapter of American Academy of Pediatrics, stood in support of the bill. He stated that the pediatricians have over the last several years, developed a national and personal focus on the number one killer of children, automobile accidents. In the last ten years nearly 10,000 children under the age of 5 have been killed in automobile accidents in this country. A child riding in safety restraint system is 14 times less likely to die or be injured in an accident. Some articles stated that the presentage could be as high as 90 percent sucess rate. Dr. Strickler presented written testimony to the Committee. (See exhibit 3) He also turned in a letter he had received from a former resident telling of her personal experience with her child using a child restraint system. See Exhibit 4) He urged the Committee to stamp a Do Pass on this bill.

Dr. Jerrold M, Eichner of Great Falls Stood in support of the bill. Dr. Eichner handed in written testimony to the Committee

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and also a sheet of statistics for the Committee to review. (See exhibits 5 and 6). Studies show that the majority of fatal accidents involving young children occur during the daytime and the majority of the drivers were the child's mother, who was almost never wearing restraint of some kind herself. They were usually not alcohol related, occurred on dry road within a few miles of home. Mandatory child restraint laws elsewhere have resulted in significant increase of use of those child restraints and a decrease in child passenger fatalities. Tennessee was the first state to pass a child restraint law. 50,000 children between 0 and 4 require emergency room visits each year because of car accidents. Each year accident death cost society \$135,000. Each year deaths of children under age 5 costs \$100,000,000 in the United States. Infants are at the highest risk with an occupant death rate of 9.1 per 100,000 population. Studies show that child restraints could reduce the death rate by 93% and serious injury rate by 70-80%, if everyone used them.

Larry Tobiason representing the Montana Automobile Association, stood in support of the bill. He handed out written testimony to the Committee. (See exhibit 7). Mr. Tobiason stated that the best way to protect a child under the age of 5 years of age during sudden braking, swerving or a crash is to use a child restraint device. Twenty one states now have a child restraint law on the books. Statistics from those states are impressive. He strongly urged the Committee to pass SB 22 for the safety of all infants in our state.

Cornel Landon, Chief Administrator of the Highway Patrol, asked the Committee for a Do Pass on the bill.

Albert Goke of the Highway Traffic Safety Division, stood in support of the bill and also in support of the offered amendments.

Glen Drake, representing the American Insurance Association, stood in support of the the bill. However, he did offer an amendment on page 1, line 24 insert, weighing less than 40 lbs.

Duane Tooley, chief of the Driver's Service of the Department of Justice, asked the Committee for a Do Pass on this bill.

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Celinda Lake, Women's Lobbyists Fund, stood in support of the bill. She stated that education programs in Montana have already demonstrated the success in reducing infant mortality and injury when child restraints are used. She handed in written testimony to the Committee. (See exhibit 8) While parents have a responsibility to protect their children, the state also has a responsibility to see that children who are too young to ensure their own safety by using seat belts are protected, if parents do not follow through on their responsibility.

Judy Olson, representing the Montana Nurses Association, stood in support of the bill and the preceeding testimony.

Karla Hood, representing the Family Outreach Program, stood in support of the bill. She stated that she works daily with handicapped children, many of which are the result of an automobile accident where a child was not wearing a safety restraint. She urged the Committee to put a Do Pass on this bill and get it on its way.

Leona Tolsted, co-chairman of Buckle Up Your Babe Program and First Vice-president of the Montana Medical Association Auxiliary, stood in support of the bill. She handed out written testimony to the Committee. Mrs. Tolsted spoke about the infant restraint loan programs in the state and more particularly about the loan program in Helena. (See exhibit 9) There are loan programs operating in 16 cities all over Montana.

Mrs. Tolsted presented a letter from her husband, a doctor, for the Committee to review. (See exhibit 10)

Margaret Johnson, representing herself as a mother, spoke on behalf of the bill. She told of an experience she, her husband and their two small infants had recently in the Livingston area. They were sideswiped by a large truck which cause their car to overturn. Everyone in the car was wearing some type of restraint; no one was seriously injured. She felt that the reason they were not injured was because of the restraints. She urged the Committee to place a Do Pass on the bill for the safety for everyone.

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Debra Kehr stood in support of the bill. She handed in a letter to the Committee which was sent to her by Dr. Dennis McCarthy of the Butte Pediatric Clinic. (See exhibit 11)

A letter was presented from Alice L. Agnub, President of the Montana Medical Auxiliary Association in support of SB 22. (See exhibit 12.)

A phone call was received from Charlene Lodge of Dillon stating her support of the bill. (Exhibit 13)

With no further proponents, Chairman Hager called on the opponents, hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Himsl asked Senator Jacobson if pickup trucks were exempt from this bill. She replied that she did not feel that pickup trucks would be exempt, however, she would check into this.

Senator Marbut asked about the enforcement of the bill.

After much discussion Senator Jacobson closed by explaining the offered amendments to the Committee and urged the Committee to quickly pass this bill in the interest of everyone.

CONSIDERATION OF SENATE BILL 12: Senator Judy Jacobson of Senate District 42, sponsor of Senate Bill 12, gave a brief resume of the bill. This bill is an act allowing physicians to report to the Division of Motor Vehicles patients with conditions that impair their ability to safely operate a motor vehicle; and providing limited immunity for such physicians.

Senator Jacobson offered a set of amendments which she felt would make the bill more workable.

Ben Havadahl, representing the Montana Motor Carriers Association, stood in support of the bill. He stated that he felt that this is an excellent bill and would help Montana statistics regarding the large number of accidents. He urged the Committee to place a Do Pass on this bill.

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Jerry Loendorf, of the Montana Medical Association, stood in support of the bill.

Duane Tooley, Chief of the Drivers Service Division of the Department of Justice, stated his groups' support of the bill. He felt that this would open up the communication lines. He said that the department already does receive some calls.

Larry Tobiason of the Montana Automobile Association stated that his association feels that this is an excellent bill. If one life is saved it is well worth the effort it will take to put this bill through the legislature.

Glen Drake, representing the American Insurance Association, stood in support of the bill.

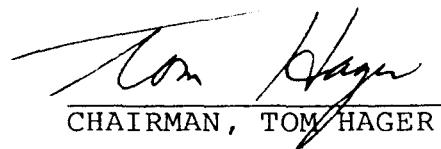
With no further proponents, Chairman Hager called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Hager asked if this bill is directed mainly at alcoholics. Senator Jacobson replied "yes". However, many other areas would be covered, such as eye problems, heart and stroke problems and other impairments.

Senator Marbut questioned a physicians liability in regards to a patient/physician confidentiality, and would a patient be willing to tell a physician the whole story if he was afraid of his confidence being betrayed.

Senator Jacobson closed urging the Committee's whole hearted support of this great bill.

ADJOURN: The meeting was adjourned. The next meeting of the Public Health, Welfare and Safety Committee will be held on Monday, January 17, 1983 in Room 410 of the State Capitol Building to hear Senate Bill 61.

  
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CHAIRMAN, TOM HAGER

## ROLL CALL

PUBLIC HEALTH, WELFARE, SAFETY COMMITTEE

48 th LEGISLATIVE SESSION -- 1983

Date 1-14-83

COMMITTEE ON \_\_\_\_\_

## VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Deanne Toolay	Div. of Motor Veh.	SB 12 SB 22	✓	
Dr. Jeff Stoeckler	Am. Academy of Pediatrics	SB 22	✓	
Albert Liske	High Safety - Justice	SB 22	✓	
Leigh Dayton				
John Johnson		SB 12 SB 22	✓	
Robert McLean	Sec of State	67		
Celinda Liske	Workers' Safety Fund	SB 22	✓	
L. Tobiason	Mont. Auto Assoc.	SB 12 " 22	✓	
B. Hardaker	MONT Mtr Carriers Ass	SB 12	✓	
Judy Olson	Mt. Nurses Assoc.	SB 22	✓	
Glenn Brucke		SB 22	✓	
Sherrie Sotie	Family Outreach Buckle Up Buckle	SB 22	✓	
Karen Hood	Family Outreach	SB 22	✓	
Yvonne Yousay	City/County Health Dept	SB 22	✓	
Patti Bergwall		SB 25	✓	
Col. R.W. Larson	Highway Patrol	SB 22	✓	
Kathleen E. Markert				
Janice Bacino	(Mother) self	SB 22	✓	
Debra Hrel	(Mother) self	SB 22	✓	
Martin Stader	intern Lt Gov. Off.	12,22		
Debra Kehr	Mother/volunteer	SB 22	✓	
Theresa Johnson	mother	SB 22	✓	
Dee T. Sletten	Buckle Up Your Buckle MMA	81928		
Jerrold Eichner M.D.	Mt. Chapter, Am. Academy of Pediatrics	SB 22	✓	
Linda Sletten	MMA intern	SB 12022		
one Loendorf	MMA	SB 12022	✓	

SENATE BILL 22

This bill prohibits Montana resident parents and legal guardians of children under 2 years old from transporting those children in the parents or guardians own car unless a child is properly restrained. Proper restraint contemplates manufactured commercial restraint systems that are used in accord with the manufacturers instructions. Safety belts are not sufficient restraint.

For children between the ages of 2 and 4 the same persons must use a proper safety belt.

The covered persons are not required to have more than 3 restraint systems in a vehicle. Motorhouses, school buses taxicabs, mopeds, motorcycles and other vehicles not required by federal rule to have seat belts are exempt, as are vehicles designated as two person vehicles and the occupants are over 4 years of age. Further emeptions for children with certain physical or mental conditions or body size may be made by the Division of Motor Vehicles.

The Division must make rules for approved child restraint systems purchased after the effective date of the act.

Evidence of compliance with this act or failure to comply is admissible in personal injury or property damage legal actions; however, failure to comply is not a sufficient criteria to constitute negligence.

The penalty for violation is a misdemeanor that will not apply if the vehicle owner complies with the act within 30 days of the traffic violation.

The bill would be effective January 1, 1984.

STATEMENT OF INTENT  
SENATE BILL 22

A statement of legislative intent is required for this bill because the bill authorizes the Division of Motor Vehicles of the Department of Justice, consistent with 61-9-504, to adopt rules prescribing standards for child safety restraint systems to be approved for installation in vehicles owned by residents of Montana. The intention is that the standards adopted incorporate federal standards that specify requirements for child restraint systems and seatbelts used in motor vehicles and prescribe proper procedures for restraining a child under 4 years old with acknowledgment of certain exemptions allowed in [SB 22]. The rules should also provide for informational activity to bring the new rules to the awareness of the public.

AMENDMENTS FOR SENATE BILL 22

1. Page 1, line 22.

Preceding: "unless"

Insert: "or his spouse"

2. Page 1, line 25.

Following: "resident"

Insert: "or his spouse"

3. Page 2, line 7

Following: "resident"

Insert: "or his spouse"

4. Page 3, line 3.

Following: "punishable"

Strike: "as provided in 61-9-511"

Insert: "by a fine of not less than \$10 or more than \$25, a second or subsequent conviction within three years is punishable by a fine of not less than \$25 or more than \$100."

—The Montana Standard, Butte, Friday, January 14, 1983

## Montana

# Court gives minor children limited right to sue parents

HELENA (AP) — The Montana Supreme Court ruled Thursday that under-age children injured in auto accidents have a right to sue their parents over negligent operation of a motor vehicle.

The ruling broke new ground in parent-child relations, and its potentially far-reaching effects led the court to specific limits on the scope of its ruling for now. While much of what the court said in the unanimous decision appeared to give children full rights to sue their parents alleging wrong-doing, the court was careful to say it had no intention at this time to permit the possible dermining of parental authority.

Our holding is limited to actions brought against a minor child under the age of emancipation injured by the operation of a motor vehicle. To allow such an action does not undermine parental authority and discipline, nor does it threaten to substitute judicial discretion for parental discretion in the care and of minor children," the court said.

RULING CAME IN THE case of Mary Kay Haines, the now-quadruple-plegic daughter of a former

Polson minister and his wife, the Rev. and Mrs. Byron Haines. The family has since moved to Glendale, Ariz., according to their attorney, state Sen. Jean Turnage, R-Polson.

The child lost the use of both arms and legs in a Nov. 14, 1980, auto accident. She was the passenger in a vehicle driven by her mother. The car was insured by Transamerica Insurance Co., but the father's policy included a clause excluding coverage for bodily injury to any person related to and living with the policyholder at the time of the loss.

William Royle was appointed conservator for the injured child and he filed a "friendly" suit in state court against the parents, alleging negligence, in order to recover damages for the child. The parents demanded that Transamerica assume their defense and provide coverage. Transamerica refused and went to federal court claiming it had no obligation under the insurance contract. The parents then went to state court to get a declaration that the "household exclusion clause" was invalid. That suit was consolidated with Transamerica's case in federal court, but the federal judge

sent the whole matter to the Montana Supreme Court for a determination in light of Montana law.

The Supreme Court ruled that the household exclusion clause was illegal under Montana's 1979 mandatory liability insurance law which requires policies to protect "any person" injured or damaged by actions of the policyholder.

BUT SINCE THE MANDATORY insurance statute requires protection against only those losses resulting from "liability imposed by law," the Supreme Court first had to determine whether parents have any legal liability when sued by their minor children.

The Supreme Court said that the American version of the doctrine of parental immunity appeared to be born in an 1891 Mississippi court ruling based on no previous authority. Nevertheless, the court said, the doctrine gained widespread acceptance in years to come, until courts and scholars began to question the simple justice of the doctrine when applied to many factual situations.

The court said that the public-policy reasons for the parental immunity doctrine have tended to evaporate

under insurance coverage.

The existence of liability insurance prevents farm discord and depletion of family assets in automobile negligence cases; contrary to the original policies, wrote Justice John Conway Harrison, whose own son is presumed dead following the recent disappearance of a light airplane in which he was riding.

Harrison said the most persuasive argument in favor of parental immunity is that unscrupulous families, bent on fraud and collusion, may attempt to recover unjustified awards from insurance companies.

Justice Daniel Shea, in a separate concurring opinion, said the court should not have left open the possibility of keeping the parental immunity doctrine alive for application to other circumstances.

"If it is to be recognized (in any fashion) it is a question for the Legislature, not for the courts," he said. "We are ill-equipped to undertake that task."

The Supreme Court's interpretation of Montana law will now be applied by the federal court in determining the extent of the parents' — and, more pointedly, Transamerica's — liability to pay for the child's injuries

*Jeffrey Strickler*

# Helena Medical Clinic, P.S.C.

1930 9TH AVE.  
HELENA, MONTANA 59601  
TELEPHONE 442-9523

January 11, 1983

DAN SMELKO  
Business Manager

INTERNAL MEDICINE:  
J.B. SPAULDING, M.D.  
D.R. HESTERMAN, M.D.

OBSTETRICS AND  
GYNECOLOGY:  
J.E. NICKEL, M.D.  
R.M. BROWNING, M.D.

PEDIATRICS:  
E.P. GUNDERSEN, M.D.  
B.C. RICHARDS, M.D.  
J.H. STRICKLER, M.D.

SURGERY:  
W.J. HOOPES, M.D.  
K.J. WRIGHT, M.D.  
J.W. HARLAN, M.D.

Mr. Chairman and Members of the Committee:

I come to speak in favor of Senate Bill 22. I am Dr. Jeffrey Strickler, I practice pediatrics here in Helena, Montana and I am representing the Montana Chapter of the American Academy of Pediatrics.

Pediatricians have, for years, been involved in preventive health. We encourage good nutrition; we encourage immunizations to prevent disease; we stress hygiene and the early diagnosis of ~~early~~ medical problems through a regular series of well child exams. We as pediatricians have, over the last several years, developed a national and personal focus on the number one killer of children, automobile accidents. In the last decade nearly 10,000 children under age 5 were killed in automobile accidents in this country. This is far more than died of leukemia, 20 times more than died in this age group from Reye's Syndrome, (which you have heard so much about lately), more than any disease out of the newborn period that we treat. It is a curious fact that parents will diligently feed the child the recommended formulas and baby foods to assure adequate health and growth, give vitamins to build resistance and sterilize bottles to prevent disease; they will faithfully bring the child to the doctor to prevent diphtheria, tetanus, whooping cough and to make sure that their child does not have a host of diagnosable diseases; yet they unconcernedly fail to protect their infant or young child from the leading cause of death by ~~the use of~~ a car seat.

*fails to use*

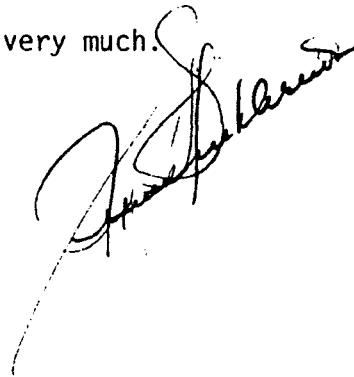
Injuries to children in automobiles can actually be caused by the child by distracting the parent's attention from the road. The injuries that a child receives in an accident are the result of being thrown from the car, being thrown into the windshield or dashboard or by being crushed by the adult's body against the windshield or dashboard. In addition, many children are killed or injured by falling out of automobiles in non-crash situations. The use of a seat belt or proper child safety restraint avoids all of these problems. It has been stated in the literature that a child riding in a safety restraint is 14 times less likely to die or be injured in an accident. Other articles will tout a 90 percent success rate. These figures generally come from derivative theoretical or crash analysis studies. In November, however, we were presented with irrefutable data of the value of child safety restraints. Tennessee passed the first child restraint law in 1978 and in that state the use of child restraints increased 3 fold from 9 percent to 32 percent in 1981. Over that 3 year period, the injury rate among Tennessee children dropped from 440 injuries per 100,000 children in 1979 to 306 per 100,000 in 1981 (a 30 percent drop). Deaths were reduced more than

half from 7.72 to 3.5 per 100,000. These are tremendous results from a medical point of view, and I only wonder how much greater the success would be if the use of child restraints were at 90 percent rather than 30 percent.

Finally, I would like to warn you against two things. The first is an exclusion of children for "physical or medical reasons". There has been concern expressed that the use of a child restraint will worsen an existing medical problem, such as a wound or fracture in the event of a collision. This is a misplaced concern since statistics clearly show that the risk of injury or death is far greater when the child is unrestrained. Secondly, I would like to warn you against the "child crushing" exclusion. Legislators in other states have, in the past, suggested that it is acceptable to allow the child to ride on a parent's lap. I would like to dissuade in the strongest possible terms from allowing this, since the parental lap is the most deadly place to ride. The inertial force generated by a one year old infant at a 20 mile an hour crash has been likened to attempting to hold onto a falling refrigerator. The children are invariably thrown from the parental lap against the windshield or dash and then further crushed against it by the weight of the parent's body.

In conclusion, the Montana Chapter of the American Academy of Pediatrics would like to commend Senator Jacobson for introducing this bill. It is an excellent piece of legislation that will go far in preventing the leading cause of death and injury to children in Montana.

Thank you very much.

A handwritten signature in black ink, appearing to read "John D. Hansen". The signature is fluid and cursive, with a long, sweeping line extending from the left side of the page towards the right, where the name is written.

Jan 9, 1983 / return to  
San Diego, Calif.

Dear Dr. Strickler,

On Sunday, December 19, 1982, I was driving into Helena from Clancy with my 3 year old daughter. The interstate highway was covered by a sheet of ice so I was being extremely careful. At the Helena exit I slowed even more to 15 or 20 miles per hour. Despite my slow speed, we skidded on the unsanded clearest and rolled once, landing on the 4 wheels. Both my daughter and I were properly restrained: I was in a seat belt with shoulder harness, and she was in a car seat.

It is obvious that our restraints prevented us, especially my daughter, from further injury. My daughter weighs thirty-two pounds and could have been thrown around in the car just because of her size.

I am grateful that you are helping to pass Senate Bill 32, Dr. Strickler.

I see unrestrained children in automobiles frequently & am currently visiting California where this law has already been enacted. Good luck to your efforts and let me know if I can be of further assistance.

Sincerely,  
Lynn Jones

Exhibit 5

TESTIMONY IN FAVOR OF MANDATORY CAR SEAT LEGISLATION  
FOR THE STATE OF MONTANA

January 14, 1983

Jerrold M. Eichner, M.D.  
Great Falls, Montana

Motor vehicle accidents are a leading cause of death and injury in this country. They are the number one killer of American children between the ages of 1 and 14. In 1978, 51,500 persons were killed in motor vehicle accidents; 4,600 were less than 14 years old, and 1,500 less than four years old; 800 of those were motor vehicle occupants. In the 1970's for the ten-year span there were 16,820 children 0-4 years of age killed in motor vehicle accidents in the United States.

In addition to those killed, more than 150,000 children under 14 years of age sustain disabling injuries each year in motor vehicle accidents in the United States; and 50,000 motor vehicle occupants under five years of age sustain injuries requiring an emergency room visit.

All of this has enormous financial consequences. National Safety Council data shows that each motor vehicle death costs society \$135,000; incapacitating injuries \$11,900; non-incapacitating visible injuries \$3,500; and nonvisible claimed injuries \$880. This adds up to motor vehicle occupant death in children under five years of age costing over \$100,000,000 per year in the United States.

Other data show that proportionally more infants are killed in accidents than older children; children less than six months of age have an occupant death rate of 9.1 per 100,000 population; 1 year olds 7.2; 2 year olds 4.6; 3 year olds 3.8 per 100,000; and the number stays steady until it rises again in the adolescent years.

The vast majority of young children ride unprotected and are vulnerable to serious injuries. This has been documented in numerous studies in different parts of the country. Anywhere from 7 to 20% of children were properly restrained under the age of 5 in observational studies.

Child restraint devices have been estimated to be able to greatly reduce child passenger death rates as well as the rate of serious injuries in automotive accidents as well as in non-crash events. Children who are not properly restrained become an unguided missile that is either thrown from the automobile or crashes into the interior of the vehicle; even with padded approved interiors, small children frequently hit parts that are lower and in the front seat that are not designed to absorb any impact of an accident. Children who are carried on the lap of an adult, even if the adult is restrained, also go flying. It is impossible for even a very strong adult to hold on to an infant if there is a collision at even less than 30 MPH. If the adult is not restrained, there is a risk of the infant being crushed between the adult and the car interior.

Some studies have shown that injury rates are different depending on where the child is sitting. There clearly is an advantage to sitting in the back seat. A child who is restrained in the front seat is better off than one unrestrained in the back seat, and best of all is the child who is properly restrained in the back seat.

A study published in 1981 from the State of Washington looked into all accidents in which children less than 4 years of age were in the motor vehicle; the study covered the ten-year period from January 1, 1970, through December 31, 19~~79~~<sup>89</sup>. One hundred and forty-eight children were killed in motor vehicle accidents.

There were 39,500 children involved in the accidents, and of these 6,300 or 16% were wearing some kind of safety restraint. Only two of those children wearing safety restraints were killed, with a death rate of 1 per 3,350. Of those not wearing safety restraints 146 were killed, or a death rate of 1 per 227. This means if these numbers are extrapolated, you can conclude that if all children were wearing restraints there would have been 93% fewer deaths in the State of Washington in that ten-year period. This does not say that those children were properly restrained in that safety restraint or whether the restraints were properly used. Of those two deaths, at least one of them was in a lap belt, and that fatality might have been prevented if that 2-year-old had been in a proper child restraint device. Other studies have shown that serious injuries can be reduced 70-80% by using child restraints.

Furthermore, this study as well as others shows that the majority of fatal accidents involving young children occur during the daytime. The majority of drivers were the child's mother, who was almost never wearing a restraint of some kind herself. They were usually not alcohol related, and usually occurred on dry roads in good weather, during the daytime, and within a few miles of home, and there were no defects in the cars that contributed to the accident. This is clearly different from statistics in most fatal accidents which are heavily alcohol related and occur more often at night and the other risk factors such as weather, car defects, road conditions may be contributory.

Efforts have been made through public education and education by pediatricians and other health professionals to convince parents to adequately protect their children in cars. A couple of studies have demonstrated a very small improvement with these efforts, but there was no significant dent made in the lack of child restraint use.

Mandatory child restraint laws elsewhere have resulted in significant increase of use of those child restraints and a decrease in child passenger fatalities. This has been demonstrated in a follow up of the Tennessee child restraint law after three years. That was the first state to have a child restraint law in 1978. It subsequently has been amended to make up for its deficiencies that included allowing infants to be carried by their parents in a car; that is no longer permissible under the Tennessee law. The use of child restraint devices in Tennessee has more than tripled in follow-up studies since the law has been in effect. In a small amount of time, just a one-year study, the Rhode Island child restraint law has more than doubled the use of proper restraint devices.

Because of the lack of other methods in protecting children in automobile accidents, this state must have an interest in doing this just as other public health issues become law. When a child is injured in an automobile accident, it is the public's responsibility to rescue the child, to transport him to the hospital, and to provide expensive medical and rehabilitative services. Often there are permanent damages from those injuries, and the individual may need to be supported for life by the State. These costs are extremely high, and if the State is going to be paying for them it should have the right and the responsibility of trying to reduce the number of injuries that occur. One way of doing that is to use the mandatory child safety restraint laws.

Even the new Federal standards for passive restraints in automobiles are not good enough for the protection of small children. They are designed for the protection of adults and not for small children, who will not fit under automatic shoulder belts and who may end up underneath an air bag or thrown out of the automobile entirely if not properly restrained.

The dollar savings from death and injury to the State as well as the individual are estimated to be huge. Even if all children were to get a new child restraint device in the State of Montana, the cost would only be \$640,000 per year. Of course these seats can be used for more than one child and sometimes can be sold or rented and used for many children in their useful lifetime. Compare this number with the estimated \$135,000 cost of a single death, \$11,900 for one single incapacitating injury, and \$3,500 for one single non-incapacitating visible injury. The hidden costs of the incapacitating injuries which may include a lifetime of care or prolonged rehabilitation are not easily estimated.

There are other benefits besides protection of a child in automobile accidents. Studies have shown that children who are properly restrained are better behaved in the car, and travel is easier for the family. In addition, children who are loose in a car are distracting and in themselves a cause of accidents if they distract the driver of the vehicle in one way or another. It has been shown that children who are properly restrained produce a decrease in the number of accidents involving their vehicles.

It is for these reasons that it is important that the State of Montana have a child safety restraint law. After all, children have been called our most important natural resource, and that resource needs to be protected.

## CAR SEAT LEGISLATION FOR MONTANA

January 14, 1983

Jerrold M. Eichner, M.D.

Motor vehicle accidents are the number one killer of American children between 1 and 14 years of age.

1,500 children between 0 and 4 are killed each year  
50,000 children between 0 and 4 require an emergency room visit each year because of a car accident

Each accident death costs society \$135,000  
Incapacitating injuries \$11,900  
Non-incapacitating visible injuries \$3,500  
Nonvisible claimed injuries \$880

Each year deaths of children under age 5 cost \$100,000,000 in the United States.

Infants are at the highest risk with an occupant death rate of 9.1 per 100,000 population.  
The vast majority of children ride unprotected.

Studies show child restraint devices could reduce the death rate by 93% and serious injury rate by 70-80% if everyone used them.

Laws in other states have already shown a significant improvement in the use of restraint devices and a decrease in death rates.

The state has the right and the responsibility to try to reduce the risk of death and injury in automobile accidents. After all, society almost always bears the cost of those deaths and disabilities, and they are expensive. The State of Montana should have a child safety restraint law to help protect our children.

# Montana Automobile Association



STATE HEADQUARTERS OFFICES: P.O. BOX 4129  
607 N. LAMBORN / HELENA, MONTANA 59601  
PHONE 442-5920

## TESTIMONY FOR SB 22 .....

Motor vehicle accidents are the leading cause of death and injury for American children, ranking ahead of all other types of accidents -- and claims more lives than any childhood disease.

During a sudden stop, swerve or crash, all occupants of a motor vehicle need protection from impact with the car's interior. If unrestrained, infants and children are thrown around the vehicle like flying missiles. In a 30-mph crash, a child may be thrown forward with a force equal to 30 times his or her own weight. That's like falling from a three-story building.

Young passengers are also the most helpless. They are dangerously exposed to serious head injury because they have proportionately larger heads. Each year 1,000 children under age five are killed and more than 100,000 are injured as a result of vehicle collisions and sudden stops.

Many adults believe they can protect children by holding them on their lap. In vehicle crashes -- even at low speeds -- the forces generated are such that even strong adults cannot restrain or shield a child held on their lap. The child is thrown forward into the dashboard area and then crushed between the unrestrained adult's body and the dashboard or windshield.

The best way to protect children under five years of age during sudden braking, swerving or a crash is to use a child restraint device.

Keep in mind that children lack the experience necessary to make intelligent decisions regarding the use of safety devices. It's your responsibility

**Branch Offices:**  
BILLINGS  
3220 4TH AVE. NORTH (59101)  
PHONE 248-7738

GREAT FALLS  
1812 10TH AVE. SOUTH (59405)  
PHONE 727-2900

MISSOULA  
275 WEST MAIN (59801)  
PHONE 549-5181

KALISPELL  
116 FIRST AVE. WEST (59901)  
PHONE 755-5511

1-14-83 Exhibit  
12

A recital of all the damage done to small children involved in automobile accidents would bring tears to your eyes.

Hudden stops launch these unprotected children into the dashboards or windshields. A protective device would limit the extent of this unnecessary injury.

As a mother and president of the Montana Medical Ass. Auxiliary, I urge you to support this concept & project which is especially



Bell System

*Exhibit 63*  
Call Memo  
(10-80)

To

*Tom Hager*

From

*Charlene Dodge*

Tel. No.

() *683-4344* Ext.

URGENT  Will Call Later  Job Ready  Contact

Called  To See You  Repro.  WP Ctr.

Please Call  Was Here  Graphics  Comm. Ctr.

Returned Your Call  \_\_\_\_\_

Rec'd By

Date

Time

*SB 22*

*Imports this  
bill*

## Shopping Guide

Listed below are several child restraint devices that have been manufactured after January 1, 1981, the effective date for Federal Standard No. 2133. All items are listed in alphabetical order within each group. The "best" safety seat for you is the one in which your child will be comfortable, can be securely installed in your vehicle, and which you will use each time your child rides in a vehicle.

### Infants up to approximately one year old — 20 lbs.



These seats protect a child from birth to only about 9-12 months of age (17-20 pounds) and should be used from the time an infant is driven home from the hospital. When selecting a restraint device for an infant, note the height and weight limitations and check the infant carrier installation directions. Infant carriers face the rear of the vehicle and are secured by the seat belt system. The infant is cradled in a semi-erect position and is supported by the carrier on the head, back and buttocks. Extra padding on the sides may make the seat more comfortable for infants.

Dyn-O-Mite #441 (to 17 lbs.)  
Infant Love Seat (to 20 lbs.)

Questor  
Century

### Convertible — for infant and toddler/preschooler

These safety seats have the advantage of protecting children from birth (about 7 pounds) to around four years of age (about 40 pounds). They are convertible from a backward-facing infant position to forward-facing for a toddler (preschooler). Those restraint devices marked with an \* have a top tether strap which provides an extra margin of protection.

Make certain that the seat belt system in your vehicle will secure the child restraint as indicated in the manufacturer's instructions for both rear-facing infant style and forward-facing toddler style. For very small infants, rolling up small blankets or towels and placing them at each side of the infant's body may make the infant more comfortable.

Astroseat 9100A  
Bobby-Mac Champion Car Seat  
Bobby-Mac Champion 3-in-1 Car Seat  
Bobby-Mac Deluxe 11 Car Seat #812  
Bobby-Mac Super Car Seat #814\*

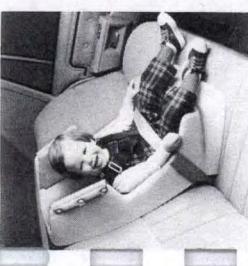
International/Teddy Tot  
Collier-Keyworth  
Collier-Keyworth  
Collier-Keyworth

### Remember . . .

- Buy a child restraint device manufactured after January 1, 1981.
- Install it properly as per manufacturer's instructions
- Use it each time your child is riding in a vehicle
- Do you buckle up yourself?

An unrestrained adult can be thrown into other passengers and cause serious or even fatal injuries. Your children need you alive and well. Protect them...by protecting yourself.

### Toddler/preschooler only



These seats protect children from about 20 pounds up to 50 pounds. They are not for infants. A child seat with a padded impact shield is available in this group. The padded shield acts as a cushion in a head-on crash and requires no safety harness. Small, active children may attempt to climb out of this device.

Tot Guard (Shield)  
Child Love Seat\*

Ford  
Century

### Children — over four years

Special safety booster seats are provided for older children. These will improve the seat belt fit and permit children to see out the window.



Volvo — Over 50 lbs. Must be used only in seating positions with lap and shoulder belts.

Century — 20-65 lbs. Must be used with lap and shoulder belt or accompanying body harness that is anchored like a tether strap.

Strobee Wee-Care Boosters #601\* #604\*  
Tot-Rider Child Car Seat #19230\*

As a last alternative, when the above child restraints are not available, the regular lap belt on most cars may be used for children. Place the child in the back seat, using the lap belt. If the back seat is filled, use the front seat. The lap belt should be fitted snugly across the child's hips — not across the stomach — and an attached shoulder strap should be placed behind the child unless you are certain that it will not make contact with the child's neck or face.

A child should never be strapped next to or into a belt on the lap of an adult. The adult's own weight, greatly increased during crash forces, would press the belt

Kolcraft  
Kolcraft  
Cosco/Peterson  
Cosco/Peterson  
Cosco/Peterson  
Cosco/Peterson  
Welsh  
Strobee  
Strobee  
Babyhood Industries

Questor/Kantwei  
Questor/Kantwei  
Redi-Rider #19130  
Safe-N-Easy 313B  
Safe-N-Snug 323A  
Safe-T-Seat 78A  
J-T-Shield 81A  
Travel Tot #987 Series  
Wee Care #597A\*  
Wee Care #599 Series\*  
Wonda-Chair #810

Hi-Rider (Shield) #19030  
One Step #401\*  
Redi-Rider #19130  
Safe-N-Easy 313B  
Safe-N-Snug 323A  
Safe-T-Seat 78A  
J-T-Shield 81A  
Travel Tot #987 Series  
Wee Care #597A\*  
Wee Care #599 Series\*  
Wonda-Chair #810

## Where to shop for child restraints

- Contact your local AAA club
- Retail outlets, including department stores
- Discount stores
- Juvenile furniture and baby needs stores
- New car dealers
- Hospital gift shops
- Catalog sales (available from large retailers)
- Automotive retail and supply dealers

### For additional information, please ask:

- Your pediatrician, family doctor, hospital or County health department
- Physicians for Automotive Safety, Communications Department, 5 Eve Lane, Rye, NY 10580
- American Academy of Pediatrics, P.O. Box 1034, Evanston, IL 60204
- Consumers Union, Washington Office, 1511 K Street, N.W., Washington, D.C. 20005
- American Association for Automotive Medicine, P.O. Box 2222, Morton Grove, IL 60053
- National Highway Traffic Safety Administration, 400 7th Street S.W., Washington, D.C. 20590
- National Safety Council, 444 N. Michigan Avenue, Chicago, IL 60611
- Local AAA club

## A GUIDE TO CHILD CAR SAFETY SEATS.

This pamphlet offers guidance on the proper use of child car safety seat systems. After you obtain the restraint of your choice, follow the directions provided and please use it! It's your decision! Protect your child!



American Automobile Association  
Traffic Safety Department

## Why are child restraints needed?

In the United States, the family car is the principle means of transportation. As a result, traffic accidents involving vehicles are an everyday occurrence. Motor vehicle accidents are the leading cause of death and injury for American children, ranking ahead of all other types of accidents — and claim more lives than any childhood disease. Trauma from automobile accidents also is a major cause of epilepsy and paraplegia in children. In fact, the American Academy of Pediatrics states that the **trauma suffered by children riding unprotected in cars involved in accidents is the major cause of death and serious injury threatening children today.**

During a sudden stop, swerve or crash, all occupants of a motor vehicle need protection from impact with the car's interior. They also need to be restrained to prevent ejection from the vehicle itself. If unrestrained, infants and children are thrown around the vehicle like flying missiles. Things happen so fast, even in low-speed quick stops, that this violent impact — generally against the unyielding surfaces of the vehicle itself or through the windshield in a collision — is unpredictable. In a 30-mph crash, a child may be thrown forward with a force equal to 30 times his or her own weight. That's like falling from a three-story building!

**Young passengers are the most helpless.** They are dangerously exposed to serious head injury because they have proportionately larger heads. Under identical situations, a child is much more likely to be injured than an adult. Each year about 850 children under age five are killed and more than 70,000 are injured as a result of vehicle collisions and sudden stops.

**Many adults believe that they can protect children by holding them on their lap.** Actually, a parent or other adult increases both the probability and degree of injury in a crash. **Safety experts call this the "child crush" position.** In vehicle crashes — even at low speeds — forces generated are such that even strong adults cannot restrain or shield a child held on their lap. The child is thrown forward into the dashboard area and then crushed between the unrestrained adult's body and the dashboard or windshield.

**The best way to protect children under five years of age during sudden braking, swerving or a crash is to use a child restraint device.** Infants and young children should always ride in child car safety seats. Such devices hold the child securely in one position and absorb the forces of even the most violent crashes.

Child car safety seats manufactured after January 1, 1981 are required to meet new safety standards. However, many seats manufactured before that date provide adequate protection if used correctly.

**Make certain that the child restraint device is properly installed in the automobile and that it is attached to the seat by the vehicle lap belt.** If the child car seat is equipped

## What some prominent safety experts say:

"Automotive collisions are the most common cause of injuries in childhood and they have received little attention. The injury complex should be described as the 'neglected child syndrome' since ample evidence indicates that a great many of these injuries could be reduced or prevented by simple parental action..." *Injuries to Children in Automobile Collisions* by A. Siegel, A. Nahum, and M. Appleby, U.C.L.A. School of Medicine

"Beginning with the very first ride — the drive home from the hospital — the baby should be carried in a proven safety restraint." *Physicians for Automotive Safety*.

"We can't help wonder why some parents spend thousands of dollars for a car and hundreds of dollars to equip it with an FM radio, air-conditioning, and other luxuries — and then neglect to invest \$45 or less for a restraint that could save their child's life in a collision." *Consumer Reports*, June 1977

"The evidence is overwhelming! Time and again, safety belts and child restraints have not only saved lives but prevented injuries by keeping passengers in their seats during crashes, sudden stops or quick evasive maneuvers. A driver can't always anticipate every move others on the road are going to make and also plan for smooth, easy adjustments of speed or position. However, restraint devices offer maximum protection by keeping the driver behind the wheel and passengers securely positioned. Keep in mind that children lack the experience necessary to make intelligent decisions regarding the use of safety devices. It's our responsibility to insist on restraint usage. It's also an expression of your concern for the safety of those you love." Dr. Francis C. Keneil, Director, Traffic Safety Department, American Automobile Association

## How to select the best car safety seat

Choose a restraint device suitable for your child's weight and height, and also one that fits in your automobile. Do not use "old-style" child seats that hang from the car seat back or sit loosely on the seat without being secured by a lap belt. Household "baby carriers" and car beds are also unsatisfactory. They won't protect the child in a crash, swerve or sudden stop.

**Crash-tested car seats that meet the January 1, 1981 Federal Safety Standard No. 213 offer a child passenger the same level of protection that an adult receives when wearing a combination lap-shoulder belt.**

Select a child restraint that you will use every time you take your child for a ride in the car. It should be comfortable for your child. Before purchasing a car seat, have your child sit in different ones and try them out. If you are expecting a child or obtaining a child restraint for someone else, ask others who have a child restraint about its use, advantages and disadvantages before you make your purchase. Remember to test the child restraint in your car to determine if it fits and if your seat belt system is compatible with the child restraint and will properly secure it as the manufacturer directs.

**Remember: Child car safety seats are effective only if they are installed as the manufacturer's specifications indicate, and used correctly each and every time a child rides in a motor vehicle.**

**Where should the child restraint be placed?**

Use child car safety seats where there is a seat belt. Child car safety seats give excellent protection wherever the child is seated — if the child is properly buckled up. The back seat is preferred. Doors should be locked.

## Proper installation of child car safety seats

Recent surveys reveal that a high proportion of all child restraints are incorrectly installed. The restraint system must be anchored to a vehicle lap belt to insure its safe performance in a crash. If the restraint system comes with a tether strap for securing the top of the child seat, its use is essential. If your child is going to be riding often with your friends, neighbors, grandparents and other relatives who do not have a place to secure the top strap in their cars, buy a child restraint that does not require a top tether strap.

## Points to keep in mind

1. A parent's lap is not a safe place to transport a child in a car.
2. If a child car safety seat is not available, a seat belt is better than nothing.
3. A top quality child restraint will be of little value if it is not installed and used correctly.
4. Most motor vehicle accidents occur at low speed and close to home.
5. Having a child restraint and not using it has been described as a form of child abuse.
6. Remove all loose items from the rear window shelf and eliminate danger from flying missiles in case of a sudden stop or crash.
7. Infants should be transported only in an infant/child car safety seat.



## Car accidents are the #1 preventable cause of death of children...

Killing more children than even leukemia, meningitis, polio, heart disease, or muscular dystrophy. About 2,000 child passengers under the age of 15 are killed each year in the United States. More than 150,000 are injured...many permanently crippled or disfigured. Tragically, up to 9 out of 10 of those deaths and most serious injuries can be prevented, through the proper use of child car safety seats and seat belts.

---

*"In late August last year our car was clipped by a truck, causing us to go out of control. Our car rolled 3 times, and then slid down the highway on its top. Our little daughter was in the back seat, buckled up in her car safety seat. After awakening from a daze, I was afraid to turn around for fear of what I would see. Suddenly, I heard a very familiar joy. I turned slowly to find my precious daughter, hanging upside-down... still secure in her safety seat...laughing from all the 'excitement' of the ride. I just cannot express the joy that laugh brought.*

*Thanks to her safety seat, our daughter is now over a year old and growing and playing just as any other child. My wife and I feel her car safety seat was the best investment we have ever made."*

Adapted from a letter by  
Brian and Cheryl Kolakowski  
Stockton, California

## The Perfect Gift?

It's the gift of life and the loving protection of that life. In the car, for your child, the Perfect Gift is a car safety seat. For more information, please ask your pediatrician or family doctor.

# Will you give your child the Perfect Gift?



Published by the Transportation Hazards Committee, American Academy of Pediatrics, California Chapter 2.

Adapted in part from materials of the Michigan Office of Highway Safety Planning.

Printed with the assistance of the California State Office of Traffic Safety and the Automobile Club of Southern California.

Cover photo by: Thomas Vinetz  
3rd edition, December 1980.

Printed and distributed with the concern and help of:

AFFILIATED



CLUBS



Planning. The seats are listed in alphabetical order within each group. The "best" safety seat is the one in which your child will be comfortable, that can be secured properly in your car or vans, and that you will use on every ride. New model safety seats will be available soon. Any seat not listed here, but bearing manufacture date after December 31, 1980, should offer good protection.

## Shopping Guide Car Safety Seats for Infants and Children

**What can happen if my infant or child is not buckled up?**  
In a crash or sudden stop, your child can become a flying missile and may be smashed face first into windows, the dashboard knobs, some other parts of the car, or into another passenger. The crushing forces on your child's brain and body in a 30 mile-per-hour crash would be the same as if your child fell from a 3 story building.

**But can't I protect my child by holding him or her in my arms?**  
No. Safety experts call this the "child crusher position". It is probably the most dangerous way to carry a child in a car. Even in a low speed crash, your child could be ripped out of your arms. And if you aren't using your safety belts, your child could be crushed between your body and the dashboard and windshield.

### What can I do to protect my child?

Infants and young children should always ride in car safety seats. These will hold the child securely in the car and help to absorb safely the forces of even violent crashes. Use only safety seats which perform well in crash tests (see the Shopping Guide).

### For my infant, what should I do?

Make the first ride and each ride a safe ride. Every baby, even going home from the newborn nursery, should ride in a backward-facing, semi-reclined car safety seat. It must be secured to the car's seat by the lap belt. Household "baby carriers" and "car beds" do not give good protection.

### And for my toddler or preschooler, what should I do?

All children who can sit up alone and who weigh under 40 pounds should be buckled up in a forward-facing car safety seat.

### What happens when my child has to ride in a car without a safety seat, or finally outgrows it?

These children, teenagers too, should use the regular car seat belt. This is virtually always safer than riding unrestrained. The seat belt must be snug and fit over the hip/thigh bones, not over the belly. For children over 3 years old, you can purchase special safety booster seats. These improve the seat belt fit and allow children to see out the window.

### Is there anything else I should know?

The safety seat must be used exactly as recommended by the manufacturer. Whenever possible, put children in the back seat; it's much safer than the front.

Children will get used to the safety seat if it is used on every ride. Something nice ... children behave better if they are buckled up.

### And finally, do you buckle-up yourself?

An unrestrained adult can be thrown into other passengers and cause serious or even fatal injuries. And your children need you alive and well. So protect your children ... by protecting yourself.

As of December 1980, these seats have all done well in dynamic crash tests, according to the Michigan Office of Highway Safety

### Group 1

Convertible, for Infant and Toddler/Preschooler.

**Bobby-Mac 2 in 1** Collier-Keyworth  
**Bobby-Mac Deluxe** Collier-Keyworth  
**Kantwet Care Seat\*** # 987-74 Questor  
**Peterson Safe-T-Seat\*** Cosco  
**Safe N' Easy** # 13-313, # 13-314 Cosco  
**Teddy Tot Astroseat VI** International  
**Trav-L-Guard** Century



### Group 2

Infant Only

**Dyn-O-Mite** # 441 (to 17 lbs.) Questor  
**Infant Love Seat** (to 20 lbs.) General Motors, Chrysler, Ford  
**Trav-L-Ette** (to 17 lbs.) Century



### Group 3

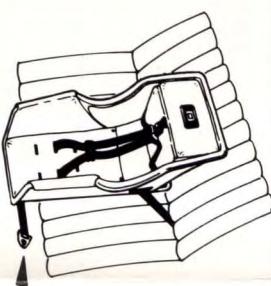
Toddler/Preschooler Only  
**Mopar Child Shield**  
**Toddler Seat** # 595  
**Tot Guard (Shield)** Cosco



### Group 4

Top Anchor Strap Required\*

**Bobby-Mac Super** (7-40 lbs.) Collier-Keyworth  
**Child Love Seat** (17-40 lbs.) General Motors  
**Kantwet One-Step** (7-43 lbs.) Questor  
**Safe N' Easy Seat** # 13-203 (7-40 lbs.) Strolee†  
**Wee-Care** # 597S (7-43 lbs.) Strolee†



### List of Discontinued Seats

**American Safety Seat (TA)** Swingomatic/Graco  
**Kantwet Car Seat (TA)** # 784, # 785, # 986, Questor  
**Kantwet Care Seat** # 985, # 986, Little Rider Harness (TA) Rose  
**Motor Toter (TA)** Century  
**Peterson Safety Shell** Cosco  
**Positest** Hedstrom

While these are no longer manufactured, they still may be available in stores or second-hand. All perform adequately in dynamic crash tests.  
(TA = Top Anchor strap\* is required.)

\*The anchor strap **must** be fastened to a special anchor plate installed to the rear, or clipped to the rear-seat lap belt. The strap must be pulled tight. If it is used properly, it gives an extra margin of protection. If you cannot, or are not willing to do all this, consider a seat listed in Groups 1, 2 or 3 which does not require a top anchor strap.

†Wee Care # 597S seats manufactured before March 1980 may not protect well in backward-facing infant position. Seats made after

## TYPES OF CHILD RESTRAINT SYSTEMS

Choose a restraint device suitable for your child's weight and height. Make certain the restraint device label states crash tests have been performed satisfactorily at speeds simulating 30 mph by a recognized engineering or scientific testing laboratory.

### Children—9 Months To 4 Years—20 To 50 Lbs.

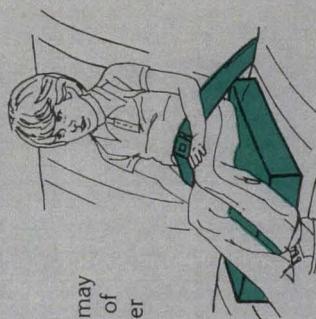
#### CAR SEAT

A child seat with a safety harness. Designed for children able to sit up unaided. Some car seats require an anchorage at the top. It is essential to use this anchorage belt and install it correctly. Some models can be turned to face the rear, reclined, and used as infant carriers for children not yet able to sit unaided.

### Infants Up To 9 Months—20 Lbs.

#### CAR BED

The typical car bed is rectangular, has deep padded sides of uniform height and provides a netting or straps over the top to retain the infant inside.



The regular lap belt may be used for children of this age. Children over 55 inches tall can use both the lap and shoulder belt. Adjust the lap belt snugly across the hips when either used alone, or as a lap-shoulder belt combination.

### Children—4 To 5 Years

The regular lap belt may be used for children of this age. Children over 55 inches tall can use both the lap and shoulder belt. Adjust the lap belt snugly across the hips when either used alone, or as a lap-shoulder belt combination.

#### CAR SEAT

A child seat with a safety harness. Designed for children able to sit up unaided. Some car seats require an anchorage at the top. It is essential to use this anchorage belt and install it correctly. Some models can be turned to face the rear, reclined, and used as infant carriers for children not yet able to sit unaided.



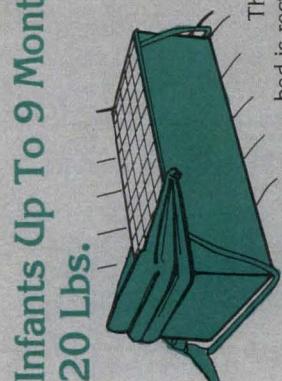
#### SHIELD

A child seat with an impact shield. The padded shield acts as a cushion in a head-on crash and requires no safety harness. Small, active children may experience difficulty in seeing and attempt to climb out.



#### HARNESS

A combination pelvic and upper torso belt restraint for children capable of sitting upright by themselves. The system includes an over-the-shoulders and pelvic-crotch belt in combination. The child is prevented from standing while harnessed. Anchorage of the harness to the vehicle must be as upright, forward facing child seats for the toddler. Check infant carrier installation instructions for the need to anchor top of device in the forward facing position; also note the height and weight limits of the children for whom the restraint system was de-



#### INFANT CARRIER

The infant faces backward in a reclining position and is held firmly in place by a harness provided with the carrier. Some models can later be turned into upright, forward facing child seats for the toddler. Check infant carrier installation instructions for the need to anchor top of device in the forward facing position; also note the height and weight limits of the children for whom the restraint system was de-

AMERICAN AUTOMOBILE ASSOCIATION  
Traffic Engineering & Safety Department  
Falls Church, VA 22042

A guide for selecting a child restraint and the safest car locations for installation.

## PROTECTION FOR THE CHILD

During a sudden stop or crash, all occupants in motor vehicles need protection from injury caused by impact with the car's interior and ejection. Under identical conditions, a child is more likely to be injured than an adult. Accident data show that 1,000 children under age 5 are killed and 100,000 are injured annually in automobile collisions. Many parents think they can protect their child by holding them on their lap. By holding a child on their lap, a parent increases both the probability and degree of injury. In car crashes, even at moderate speed, the forces generated are such that humans cannot restrain or protect a child held on their lap. Further, there is increased likelihood of a child being crushed by the person holding him/her. The most effective means of providing crash protection to children under 5 years of age is a child restraint system. In addition, the use of a restraint device prevents the child from falling or being injured, or from distracting the driver while the vehicle is in motion.

## WHAT DOES THE NEW FEDERAL PROPOSAL DO?

The more significant requirements include:

- 1 The safety protection of the restraint device must be evaluated with simulated crash testing using new child-size test dummies.
- 2 Each child restraint system must retain the special test dummy within the system and undergo no separation of structural elements during and after a simulated crash test.

- 3 Size, shape and energy-absorbing requirements would be specified for surfaces contacting occupants to prevent injury during a crash.

- 4 Child seating systems, except child harnesses, must be attachable to the vehicle by means of vehicle lap belts. Added anchorage for the top of the device, supplied by the manufacturer, would be permitted, in addition to the lap belt.

- 5 Infant carbeds must be designed so they may be installed laterally (across the vehicle seat) using a vehicle lap belt.

Federal Child Seating Systems Standard No.

213, has existed since April 1, 1971.

In mid 1978, a new Child Restraint Systems proposal was issued. This proposal requires that all types of child restraint devices protect young children in frontal crashes up to 30 mph.

## ARE CRASH-TESTED CHILD SEATING SYSTEMS AVAILABLE?

The federal proposal would permit, at the child seating system manufacturer's option, compliance with the current requirements of Standard No. 213, or with the new requirements (simulated crash testing), on the date the final child restraint rule is published. Compliance with the new requirements would become mandatory on May 1, 1980.

A number of manufacturers of child restraint systems have upgraded their products so that they would perform satisfactorily under the proposed federal crash test requirements. When purchasing any child restraint device, check the information on the label. Only devices that have met crash-test criteria can provide the needed safety protection.

## WHERE TO PLACE THE CHILD RESTRAINT SYSTEM?

Most safety experts recommend the center seating position as the safest place to install a child restraint system. The center-rear seat is favored over the front. In this position, the child is least likely to be thrown into the hard side interiors. The softer back surface of the front seat is less dangerous than the front instrument panel and dashboard.



## PROPER INSTALLATION OF CHILD RESTRAINT SYSTEMS

Recent surveys have shown only about half of all child restraints are correctly installed. The restraint system must be anchored to a vehicle lap belt to insure its safe performance in a crash. Where an added belt is supplied with the child restraint for top anchorage, its use is essential. The manufacturer's installation instructions must be followed with care. A child restraint with an added belt, used in the rear seat, requires the belt to be attached to the vehicle steel structure. This can be done by drilling a hole through the rear package shelf. Used in the front seat, the added belt can attach to the rear lap belt.

The federal proposal would require that labeling information on the correct use of child restraints be visible on the system when it is being installed in a vehicle. The labeling would contain information on the height and weight limits of the children for whom the restraint is designed. There would also be warnings to snugly adjust and use all belts provided with the systems.



## BACKGROUND

Manufacturers of restraint systems would be required to include in their labeling the height and weight of children who could safely use the system. An instruction manual explaining the installation of the device in the vehicle and the proper placement of the child in the unit would also be required.

WASHINGTON  
STATE

PURCENT

SEAT

RESTRAINED

RESTRAINT

STUDY

CHILDREN

PER CENT

BIRTH TO

FATALITIES

4 yrs

PER

1970-1971

ACCIDENT



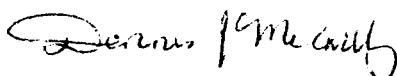
RESTRAINED

Ref: 1. Scherz, R. Fatal Motor Vehicle Accidents of Child Passenger from Birth Through Four Years of Age in Washington State., Pediatrics 68, p.572 Oct 1981.

2. Sanders, R. Report of the Twelfth Ross Roundtable. p.39, 1981.

3. Russe, P. Easy Rider-Hard Fact Motorcycle Helmet Laws New England Journal of Medicine 299, p.1074, Nov. 1978.

Yours truly,



Dennis J. McCarthy, M.D.

# BUTTE PEDIATRICS, INC.

DISEASES OF CHILDREN AND ADOLESCENTS

401 South Alabama

BUTTE, MONTANA 59701

DENNIS J. McCARTHY, M.D.

LINDA A. ROGERS, M.D.

Phone 406-723-4337

The following is offered in support of Bill  
No.

Motor vehicle accidents are the leading cause of accidental death of young children in the United States. In the 1970's, 16,820 children 0 to 4 years of age were killed in motor vehicle related accidents.

Enclosed in a graphical display of the Washington State Seat Belt Study compiled during the past decade for children aged 0 to 4 years. Sixteen per cent (6,300) of children involved in accidents in this study were in a restraint as opposed to eighty-four per cent (33,200) who were not. Two restrained infants died for a fatality ratio of 1:3,150. This is contrasted by 146 deaths in the unrestrained children or a fatality ratio of 1:227.

The Montana experience according to the highway patrol has only been compiled for the year 1982. The results are not complete, but it is estimated at least five deaths have been prevented by restraints.

These figures obviously ignore the untold maimed and permanently disabled.

Opponents to this bill may feel this legislation is an encroachment on civil liberties. Unfortunately these victims become societies. children. Analogous are the motorcycle helmet laws which in the Massachusetts Motorcycle Helmet Law in 1972 in the case of Simon vs. Sargent, where the United State Supreme Court answered the argument of the plaintiff "the police power does not extend to overcoming the right of an individual to incur risk that involve only himself." That decision clearly delineated the public resources involved in motorcycle accidents:

"....From the moment of injury, society picks the person up off the highway, delivers him to a municipal hospital and municipal doctors: .... and if the injury causes permanent disability, may assume the responsibility for his.... subsistence. We do not understand a state of mind that permits plaintiff to think that only he himself is concerned."

Other costs to society may result from increased auto insurance rates and increased medical insurance.

In summary, I close with the caveat, infant restraints make sense.

## VERN G. TOLSTEDT, M.D. F.A.C.S.

EBC Professional Center  
2225 Eleventh Avenue  
Helena, Montana 59601  
Tel. (406) 442-3550

*July 14th 1970*

Physicians are vitally interested in preventive medicine. Not only is prevention of disease a part of preventive medicine but also prevention of accidents. The automobile is a very large source of injury and death through accidents. I do not have to repeat the statistics about auto accidents nor do I have to repeat statistics relative to the use of seat belts and child restraint devices.

I believe there has been adequate publicity about the importance of the use of seat belts and child restraint devices. It appears then that this rather simple preventive medical measure is not used only because of public apathy. Unlike the adult driver an infant is unable to make a choice about use of safety measures. Perhaps a penalty for not providing infants with these safety devices will reduce the apathy among adult drivers.

Injury to a child or infant in an automobile accident where restraint devices are not used is a form of child abuse. We have good laws governing child abuse. Failure to use restraint devices must also be included.

The cost of these restraint devices is less than the cost of emergency room care for even the most minor of injuries. The cost of care for a major injury perhaps resulting in a life time of public support is not measurable but almost astronomical. We all know that saving on life cannot be monetarily measured.

I believe SB-22 will reduce child and infant morbidity and mortality. I strongly urge that this bill be passed.

Thank You

*Vern G. Tolstedt, M.D.*

can see that we are talking about approximatedly \$1.00 per month to keep a child safely restrained.

In the beginning, when this law is passed, I'm sure that we will experience a shortage of used seats that meet the new standards of testing since 1980. We are in that state now because of the awareness created by the loan-rental programs and the attention given them by our advertising media. But as more used seats are on the market, I feel that the cost should be in the reach of any parent who cares deeply about their children.

I urge the passage of Senate Bill 22 for the protection of our greatest resource, our children.

Leona Tolstedt Co-chairman Buckle Up Your Babe  
First-Vicepresident Montana Medical Association Auxiliary

Members of the Public Health Committee, Senators and Representatives:

I won't reiterate all the statistics and the need for SB-22. The facts speak very well for the need of safety restraints. What I want to speak to is how the infant restraint loan programs can help to mitigate the cost of restraints for the parents. I will speak rather specifically about the program I am familiar with operating at St Peters Community Hospital in Helena. There are similar programs operating in 16 cities all over our state. Each is operated with slight variations. We have an infant restraint loan program in which the parents are able to rent an infant restraint for the first 9 months or until they weigh 20 pounds for \$7.00. At the end of that period we conduct toddler restraint workshops to familiarize the parents with different types of restraints. In this way they can make an educated purchase of a restraint that will meet their needs. Through our participating merchants we have been able to give the parents a discount certificate toward the purchase of a restraint. Even with this inticement our educational program for toddler restraints has met with a poor response. Sad as that commentary may be I feel that parents have to be further encouraged to see that their infants and toddlers are restrained while in an automobile. This law will help to do that.

A proper restraint for a toddler can be purchased for approximately \$40.00 to \$70.00. I have seen nearly all the restraints advertised on sale quite regularly at between \$45.00 and \$50.00. When you consider that a child should be able to use the seat until he or she is nearly five years old, you

TESTIMONY BY CELINDA C. LAKE, WOMEN'S LOBBYIST FUND IN SUPPORT OF SENATE BILL 22  
ON JANUARY 14, 1982

The Women's Lobbyist Fund represents a broad coalition of women's groups across Montana. We support Senate Bill 22 calling for child restraints for children four and under. Education programs in Montana have already demonstrated the success in reducing infant mortality and injury when child restraints are used. Other states's programs such as Michigan's and Tennessee's have shown that mandatory programs can reduce the injury rate by 40% and the death rate of children by 50%. Preliminary analysis in Montana suggests that the voluntary programs have already had an even higher success rate than that.

While parents have a responsibility to protect their children, the state also has a responsibility to see that children who are too young to ensure their own safety by using seatbelts are protected, if parents do not follow through on their responsibility. In Montana with programs like the mandatory immunization program for young school children, we have already set the precedent of state involvement in ensuring that young children are protected when they can not reasonably be expected to take responsibility for their own protection and when their parents may not follow through on their responsibility to protect their children.

For these reasons the Women's Lobbyist Fund strongly urges the committee to pass Senate Bill 22.

to insist on restraint usage. It's also an expression of your concern for the safety of those you love.

~~Twenty-one~~  
~~Eighteen~~ states now have child restraint laws on the books. Statistics from the state of Tennessee -- the first state to pass child restraint legislation in 1978 -- are impressive. Tennessee experienced a drop of 50% in both fatalities and injuries of children under four during the first year the law was in effect. The second year showed a drop of 75%. In 1978, 92% of children under four in Tennessee rode unrestrained in vehicles. Since the law was enacted, the usage rate of child restraints in Tennessee has increased almost four fold.

I strongly urge this committee to pass SB 22 for the safety of all infants in our state.

SENATE BILL 12

When any physician in the ordinary course of his practice comes across a patient's physical or mental condition which he judges will significantly impair that patient's ability to operate his motor vehicle in a safe manner, the physician may report that judgement to the Division of Motor Vehicles. No liability attaches if the physician acts in good faith and without gross negligence, nor may the physician be sued for not making a report.

When the Division of Motor Vehicles receives a report it must require an examination. The examination is the regular driver's license examination. (61-5-110)

The procedure would be the same as when the Division has good cause to believe a licensed operator or chauffeur is incompetent or not qualified for a driver's license. (61-5-207)

Amendments to Senate Bill 12 (Introduced copy)

1. Page 1, line 20.

Following: "(2)"

Strike: "Subsection (1) is subject to the provisions of 26-1-805, and the"

Insert: "(a) The"

2. Page 1, line 21.

Following: "may"

Strike: "not"

3. Page 1, line 24.

Following: "court."

Insert: "(b) The physician's report may not be utilized in a criminal proceeding, or in a civil proceeding other than as provided in this subsection, without the consent of the patient."

NAME: Jekima T. Gondorf DATE: 1-14-83

ADDRESS: Heleno, Mt.

PHONE: 442-6350

REPRESENTING WHOM? Mt. Medical Ass.,

APPEARING ON WHICH PROPOSAL: SB 17

DO YOU: SUPPORT? ✓ AMEND? \_\_\_\_\_ OPPOSE? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.