

April 9, 2019 Department of Health Budget Hearing
Testimony Submitted by Marcia Bernbaum, Mentor & Advisor to the
PFFC Downtown DC Public Restroom Initiative

Health Committee Chair Gray, members of the Committee on Health, Department of Health Director Dr. Nesbitt.

My name is Marcia Bernbaum. I serve as mentor and advisor to the People for Fairness Coalition (PFFC) Downtown DC Public Restroom Initiative.

Before I begin, I would like to again extend my appreciation to you, Council Member Gray, for marshalling Bill 22-0223, Public Restroom Facilities & Installation Act of 2018, through the Committee on Health and from there to the floor of the Council of the Whole where the bill received two unanimous voice votes in December. This Bill is anticipated to become law day after tomorrow, on April 11.

I am testifying today to request your assistance. To our disappointment, the Mayor did not set aside in her FY 2020 budget the \$336,000 needed to fund the first year of the public restroom pilots. Unless the DC Council is able to identify and set aside \$336,000 for this purpose in its FY 2020 markup the law will remain on the books with no action taken.

Access to clean, safe public restrooms – in addition to being a Human Right¹ – is critical for personal and public health.

There are many individuals with health conditions who, due to these conditions, must find a restroom urgently when the need arises. If they don't make it to a restroom in time they risk having an embarrassing accidents. This list includes:

- People who suffer from Crohns and Colitis
- People with Diabetes
- Those with bladder or colon cancer
- Some wounded combat veterans
- Victims of abdominal or nerve trauma
- Women being treated for Vaginal Candidiasis
- 10 to 40% of stroke victims
- Otherwise healthy persons suffering bowel incontinence
- Men who have enlarged prostates

¹ UN Resolution 64292, July 28, 2010; https://www.un.org/waterforlifedecade/human_right_to_water.shtml

As we get older additional changes/health conditions that become more accentuated with age make it even more important to find a restroom on time

- Bladders get smaller resulting in the need to go more frequently
- Increased chances of contracting debilitating diseases such as Alzheimers, Parkinson's, Congestive Heart Failure, and Arthritis all of which slows down walking ability.
- Individuals on medications for high blood pressure which have a diuretic effect.

And then there are conditions particular to women which make ready access to a clean, safe restroom imperative:

- Women who are pregnant
- Women on their menses
- Women who hold too much urine in their bladders have an increase chance of getting UTI's which in some cases can lead to kidney failure

An unfortunate consequence for people who suffer from intermittent or chronic conditions that cause them to need to use a restroom frequently is that this limits their choice of shopping locations. Businesses, in areas where there are no clean, safe public restroom available , lose out since these individuals will not come to their vicinity to shop.

It also limits their participation in physical fitness activities as many will not choose to leave the houses to exercise or visit parks unless they are sure they can find a clean, safe public restroom when they have that sudden urge.

Turning to the public health hazards of not having ready access to clean, safe restrooms when nature calls....

While urine on the sidewalks and in alleys can be smelly (and in some cases has resulted in corroding lamp posts to the extent that they fall down ²⁾, it is usually not a health hazard. Feces out in the open, however, ARE a public health hazard. According to the World Health Organization ³ "*Human feces may contain a range of disease-causing organisms, including viruses, bacteria and eggs or larvae of parasites*" In late 2016/early 2017 592 people in San Diego become sick from an outbreak of Hepatitis A and 20 died due to contact with contaminated feces.⁴

Capitals in Europe and Asia recognize the importance – from a public health, personal health, and business perspective, -- and have taken steps to invest in clean, safe public restrooms that are

² <https://www.sfgate.com/bayarea/article/City-lamp-post-falls-and-urine-was-a-factor-6424634.php>

³ http://www.who.int/water_sanitation_health/hygiene/emergencies/em2002chap8.pdf

⁴ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html

readily accessible to shoppers, walkers, joggers, and tourists in their downtown areas. They also make information available to the public on where they can find public restrooms.

By way of contrast, our Nation's Capital has five public restrooms open downtown during the day, only two are open 24/7, and businesses are increasingly limiting restroom access to customers only ⁵.

Fortunately, there are viable options for increasing access to clean, safe public restrooms in DC. Both are to be the subject of pilots under the public restroom law: stand-alone public restrooms available 24/7, and providing incentives to businesses to open their restrooms to the public. (More information on each is available in Attachment 3).

For Washington DC piloting options for increasing restrooms to the public is a win-win.

For a relatively small investment, our Nation's Capital can become a place where:

- Tourists (over 20 million in 2017) can be confident, as they are when they travel to cities in Europe and Asia, that when they visit DC they will be able to finding public restrooms when they need them.
- People with health conditions that cause them to have to go urgently when nature calls can go out shopping or to exercise knowing they can find a clean, safe public restroom nearby when they need it
- Parents with little children; bikers, walkers, joggers; shoppers, people getting on an off buses and going in and out of our Metro system can also be assured when they need a restroom they can find one.

In closing I urge the Committee on Health to assist in identifying and setting aside \$336,000 for the estimate first year expenses of the public restroom pilots in its FY 2020 markup as, if this does not happen, the law will remain on the books with no action taken.

I am attaching to this testimony:

1. Information sources used to document the personal and public health hazards and consequences of limited access to restrooms (pages 4 & 5).
2. Lessons learned from cities that have successfully installed and maintained clean, safe public restrooms; along with three restroom options (pages 6 – 8).
3. A list of those who are restroom challenged (page 9)

Thank you for giving me this opportunity to testify. I look forward to answering any questions you might have.

⁵ These data comes from research we have done in areas of DC with high levels of pedestrian traffic. The studies may be found at www.pffcdc.org//what-we-do/public-restrooms.

ATTACHMENT 1

Information Sources on Need for Public Restrooms for Personal and Public Health and by People as they Age

Why access to public restrooms is critical to personal health

American Restroom Association⁶: There are numerous health concerns associated with limited access to public toilets, resulting in both physical and psychological difficulties. Many people suffer either intermittent or chronic medical conditions that cause them to frequently need to use a restroom. These persons hesitate to travel or they avoid outdoor activities that put them out of range of toilet facilities. This situation is not only inconvenient, but life altering. These otherwise productive individuals are limited in their choice of work locations, in their participation in physical fitness activities, and to where and how they travel by the limited availability of public toilet facilities.

Scandinavian Journal of Nephrology⁷: Medical studies show the importance of regular urination, with women generally needing to void more frequently than men. Adverse health effects that may result from voluntary urinary retention include increased frequency of urinary tract infections (UTIs), which can lead to more serious infections and, in rare situations, renal damage.

National Institutes of Health⁸: Medical evidence shows that health problems, including constipation, abdominal pain, diverticula, and hemorrhoids, can result if individuals delay defecation

Specific challenges related to aging

Aging.care.com⁹: UTIs in the elderly are often mistaken for the early stages of dementia or Alzheimer's, according to National Institutes of Health (NIH), because symptoms include: Confusion or delirium-like state, Agitation, hallucinations, other behavioral changes, Poor motor skills or dizziness, falling

National Institute on Aging¹⁰: Urinary incontinence means a person leaks urine by accident. While it may happen to anyone, urinary incontinence is more common in older people, especially women. Functional incontinence occurs in many older people who have normal bladder control. They just have a problem getting to the toilet because of arthritis or other disorders that make it hard to move quickly.

International Foundation for Gastrointestinal Disorders¹¹: Diseases or injuries are not the only risks for incontinence. As you age, many physical changes will occur naturally. These changes have an effect throughout the body including on the organs, nerves, and muscles that control continence. Muscles will lose their strength, some nerves will function less well, and tissue and organs will lose some of their ability to stretch.

Human fecal waste is a health hazard.

⁶ J. Schmidt, J and Brubaker, R. The Code and Practice of Toilets in the United States of America, www.americanrestroom.org/wto/wts04_paper.pdf

⁷ Nielsen, A. Waite, W., "Epidemiology of Infrequent Voiding and Associated Symptoms," Scandinavian Journal of Urology and Nephrology. Supplemented 157, pg.49-53, January 1994

⁸ National Institutes of Health (NIH) Publication No. 95-2754, July 1995.

⁹ <https://www.agingcare.com/articles/urinary-tract-infections-elderly-146026.htm>

¹⁰ <https://www.nia.nih.gov/health/urinary-incontinence-older-adults>

¹¹ <https://www.aboutincontinence.org/incontinence-and-aging.html>

According to the World Health Organization ¹² “Human feces may contain a range of disease-causing organisms, including viruses, bacteria and eggs or larvae of parasites”

Matt Russell, Ph.D. in Biochemistry, Cellular and Molecular Biology from the University of Tennessee adds ¹³.” Once out of the body these stools are subjected to environmental bacteria that may use the excrement as food and thrive. It is very common for bacteria to inhabit aerosols.... the longer the stool has been outside the body, the more potential for harmful bacteria to inhabit the aerosols originating from it.”

¹² http://www.who.int/water_sanitation_health/hygiene/emergencies/em2002chap8.pdf

¹³ Matt Russell, Ph.D. in Biochemistry, Cellular and Molecular Biology from the University of Tennessee

ATTACHMENT 2

Lessons Learned/Best Practices from Cities that have Successfully Installed and Maintained Clean, Safe Stand-Alone Public Restrooms

Key considerations in selecting site for stand-alone public restroom

1. Located in visible area
2. High level of pedestrian traffic
3. Input and support from the surrounding community (ANCs, community associations, businesses)
4. Near water and sewer facilities,
5. Provisions in place for community, business, and police monitoring.

Key considerations in selecting appropriate stand-alone public restroom model

1. Designed with safety considerations in mind
2. Includes provisions to discourage illicit use
3. Encourages users to spend a limited amount of time in the facility in order to maximize restroom use
4. Kept clean
5. Reasonable in price
6. Easy to maintain
7. Arranging for signs for users to identify restrooms locations

Three Public Restroom Options

PORTLAND LOO ¹⁴ (size of a parking space)



www.portlandloo.com

Designed using crime prevention measures to avoid being used for illicit activities and for easy maintenance.

Installed and successfully maintained in 23 cities in US and Canada; number of cities in US & growing.

Attractive
Open 24/7
Clean
Safe

\$94,000 purchase/transport.
\$32,000 - \$38,000 installation if close to water/sewer lines
\$12,000 - \$20,000/yr. maintenance

AUTOMATED PUBLIC TOILET (size of a parking space)



<https://en.wikipedia.org/wiki/Sanisette>

Found in New York City, San Francisco, many cities in Europe & Asia

Attractive
Open 24/7
Clean, issues in some locations
Safety issues in some locations

\$250,000 - \$1,000,000 purchase
\$25,000 - \$35,000 installation if close to water/sewer lines
\$100,000 - \$150,000/yr. maintenance

¹⁴ Preferred by PFFC Downtown DC Public Restroom Initiative based on research on lessons learned/best practices elsewhere: designed using crime prevention measures (louvers so can see and hear what is happening inside, lighting inside and outside at night, blue light to discourage needle use), lower cost to install and maintain (utilities are solar powered, 1.25-gallon flush, easier to keep clean., maximizes use by not having hand wash on outside.

LONDON COMMUNITY TOILET SCHEME



[https://www.cityoflondon.gov.uk/services/transport-and-streets/clean-streets/Pages/Community-Toilet-Scheme-\(CTS\).aspx](https://www.cityoflondon.gov.uk/services/transport-and-streets/clean-streets/Pages/Community-Toilet-Scheme-(CTS).aspx)

Government provides a financial incentive (600 Euro/year) to private businesses to make their toilets available to public

Businesses display special stickers in their windows

Signs indicate where they are located

75 participating businesses in downtown London borough.

In use in other cities in England, Germany, and throughout Australia

ATTACHMENT 3
Who the Restroom Challenged Are
(from the American Restroom Association website ¹⁵)

- Middle age women (NAFC)
- Pregnant women
- Parents touring with young children
- Children in School
- Women experiencing an irregular menses
- People suffering certain congenital defects
- Those with bladder cancer (2)
- Some wounded Combat Veterans
- Victims of abdominal or nerve trauma
- Women being treated for Vaginal Candidiasis *
- 10 to 40% of Stroke victims
- Otherwise healthy persons suffering bowel incontinence
- People with Interstitial Cystitis
- Those suffering Irritable Bowel Syndrome, Ulcerative Colitis
- The Elderly (functional capacity is halved as we age.)
- Patients suffering the diuretic effect of blood pressure medicine
- Men suffering an enlarged prostate
- Diners experiencing the diuretic effect of coffee or alcohol
- Patients on medications that act as bowel or bladder irritants
- Ostomy pouches require prompt attention when at capacity

¹⁵ <https://americanrestroom.org/pr/who.htm>