

Additional information to consider:

Anchoring is necessary for furniture that is already in homes, but we know less than 1/3 of parents anchor, that the final act of safety should not be on the consumer to anchor, and anchors are not tested for safety and can actually fail and provide a false sense of security (2 of the respondents to a Meghan's Hope/PAT survey said the furniture tipped because a restraint failed) The only solution is to build safer furniture and the industry will only do it if forced to. That is abundantly clear.

The Katie Elise and Meghan Agnes Act first introduced in 2005 to the House with 42 bipartisan co-sponsors, and 5 years after the ASTM furniture safety committee formed (which none of us knew even existed at that time). If it was adopted then, Camden, and all the other PAT children would very likely be alive today. Since Meghan died, there have been 254 reported deaths from tip-overs, and that's only through 2017 and only what was reported to the CPSC. That number should have been 0.

Excerpt from Meghan's Hope safety blog, written by PAT founding member, Kim Amato, about the argument for data, in an open letter to the ASTM, AHFA, and the CPSC (5/19/19):

**Here's what you need to acknowledge and understand about data**

And then apply it to the voluntary standard process, data collection and analysis, and the creation of a mandatory furniture safety standard.

By the CPSC's clear indication in their annual tip-over report, their reports of injuries and deaths due to tip-overs are ESTIMATES. You all know why they are estimates, but since everyone in that room last week at the ASTM furniture safety subcommittee meeting who was not a consumer member seems to have forgotten, or perhaps just ignored, *let me help you understand why the data you are claiming you need and are waiting for will never materialize.*

1. **The NEISS problem.** The vast majority of the data the CPSC gets on tip-over injuries and deaths comes from the NEISS hospitals. According to the CPSC, "NEISS injury data are gathered from the emergency departments (ED) of approximately 100 hospitals selected as a probability sample of all 5,000+ U.S. hospitals with emergency departments" *That's only 0.02% of the actual data from ER's that is definitively captured.* And it's ONLY accounting for injuries severe enough to require an ER visit! It doesn't take a rocket scientist to extrapolate that data and realize this problem is way more pervasive, and tip-overs are significantly more common, than the CPSC statistics indicate.
2. **The cause of death problem.** Information is also gathered from death certificates. This is never going to be sufficient unless all medical examiners in the U.S. are required to not only report the medical cause of death, but the attributing factors. For example, Meghan's death certificate states positional asphyxiation due to a fallen bureau. I know of other tip-over deaths where the death certificate simply said "asphyxiation" or "blunt

force trauma" with no documentation of the tip-over. Those deaths would never be captured as being due to tip-over. Medical examiners also don't always know what the contributing factors to the death were, either.

3. **Non-ER visit data is not captured.** The minor injuries that don't require or are not seen in an ER, but instead are seen in a pediatrician's office or urgent care center are not captured at all unless a rare and savvy doctor knows how and why to report it to the CPSC. The vast majority do not.
4. **Near misses (furniture that tipped, but the child was not injured) and minor injuries are not captured.** The near misses and minor injuries that don't require any medical intervention at all are completely unknown, since there is no official record of them. Other tip-over parents like myself know about them, because those parents tell us about them, and it happens a lot!
5. **It's not easy to report a tip-over.** The average parent, consumer, physician/medical professional, or medical examiner has no idea [Saferproducts.gov](https://www.saferproducts.gov) exists, or why. They don't know how or why to report injuries due to a defective or unsafe product including tip-overs. Even if they are informed about it, it's cumbersome and time consuming and many parents are fearful of talking to a government agency, especially because many parents whose children are injured or killed by a tip-over are investigated by the police and sometimes DCF. They are treated like criminals because of the lack of awareness and sensitivity training out there as to the frequency and prevalence of tip-overs. If you've gone through that, you are understandably skeptical and traumatized when it comes to talking to any other "agency" about the tip-over incident. The CPSC needs to find a way to ensure everyone knows how and why to report hazards, injuries and deaths due to products sold in the U.S., to simplify the system and make it user friendly, and to make that widely publicized, easy to access, and encouraged, if not required, by every professional who interacts with children.
6. **Reports of tip-overs can happen years after the incident,** due to the reasons outlined above, and many parents find out from other bereaved parents how and why to report their incident. It's also important to realize that from the time an incident is reported, investigated, and the report completed can also take many months if not years. *And while you wait, every 17 minutes, another tip-over happens.* A tip-over that you could have prevented. A life that you could have saved.
7. **You'll never be able to get all the data you want about what the child was doing to cause the tip-over** because the vast majority of the time, no one was in the room where the tip-over happened except for the child who was the victim. For 99% of these injuries and deaths you'll never know exactly how that child was interacting with the furniture. Assumptions can be made, but they are not facts. You'll never be able to know how many drawers were open, if the child was climbing, pulling, reaching, standing in a drawer, leaning on a drawer, or if they simply bumped into it while playing. The answer is simply physics. *So, you need to stop asking for and waiting for that data, because you'll never get it and you already know that.* The CPSC has told you this as recently as the May 10th meeting of this year. This is why we need to include testing with some and all drawers open, loaded with the things typically in drawers (clothes, toys) and to test with enough test weight to simulate the dynamic force of at

least a 72 month old child climbing, pulling, or pushing on open drawers, and to account for the effect of carpet.

8. **Every single child that died because of a tip-over *could have lived*, and every single child that was not killed in a tip-over incident *could have died*.** Let that sink in. There was nothing special about any of these situations. Some call it luck, but you and I know it all comes down to physics, and every single situation was different.
9. **You will never know for sure how many times furniture you (the manufacturer) made has tipped over,** and likely will never know about all the injuries and deaths associated with your furniture falling. So, claiming you have no reports, or "only" one death (and seriously, if that "only" death was your child, how would you feel about me downplaying this topic in that manner), or a handful of minor injuries, is ignorant and dangerous. Why will you never know? In addition to all the reasons I've already pointed out, consumers typically don't know who made their furniture. *Nor do they care*. They want it to be safe and they want it to be functional and aesthetically pleasing. They might remember where they purchased it, but they probably don't know who the manufacturer was, nor would they care until their child is injured or killed. Thus, you will never have accurate data on that, either.
10. **Hiding behind the fact your costs will increase has to stop.** We understand that changes to the safety standards can result in costly changes to your manufacturing processes. We understand you are businesses and need to make a profit. We get that. But I can tell you that as a parent and a consumer, when we shop, we shop for furniture that is aesthetically pleasing, meets our needs, and is in our price range. Whether I'm paying \$100, \$500, or \$1000 for a dresser or other CSU, I'm going to pay a little more if it means I know it's been tested and passes a stringent safety test. In fact, I might change my mind and choose your furniture instead BECAUSE I have proof that your furniture is compliant or goes above and beyond, what is required for safety. So, you can pass those costs onto the consumer at a reasonable dollar amount and absorb some of the cost for the greater good it will result in.
11. **Complaining your competition will hurt your sales if you comply with the voluntary standard has to stop.** Victim consciousness (as in they won't play nice in the sandbox so why should we) has no place in adulting or in the development and enforcement of safety standards. It's immature, a cop-out, and cowardly. My violin is way too small for that. You do you. Don't worry about your competition. Do the right thing. Own it. Be the change. Lead the way. Do it in the ASTM meeting, do it for your constituents, do it because you want to be ethical and trusted by consumers. Do it to save lives and bring the number of injuries and deaths to zero. Do it because it's the right thing to do. You know how to do it. You know how to market. Market yourselves as the ones who do the right thing, who go above and beyond and put your money where your mouth is. Prove it to us. Educate consumers about the tip-over epidemic and then explain what you have done to address it. Require retailers that sell your furniture to educate consumers as well. Don't mislead consumers. It will come back to haunt you. Trust me.
12. **No one is immune.** Even your friends and family. I bet you all have every single piece of furniture in your home anchored, right? Why? Because you know it's not safe when it's freestanding right now. Until you are willing to allow a child you love freely interact

with, climb, and play in a dresser/CSU or lie a child you love in front of any CSU/dresser and apply the current safety test to it, confident that it will remain upright un-anchored, the standard is not strong enough. Consider that. Tip-overs happen to the young and the old, to the wealthy and the poor, the highly educated and the poorly educated, in cities and in rural areas, in private homes and in public places, to people of all races and ethnic backgrounds, to people of all religious and spiritual beliefs, and to all genders. It could even happen to your family. NO. ONE. IS. IMMUNE.

13. **Tip-over is not a partisan issue.** I'm looking at you CPSC and Congress. There is absolutely no reason every member of the CPSC and every member of Congress should not fully support the STURDY Act. This is an issue that affects democrats, republicans and independents. The only common denominator is unsafe furniture because there is no adequate or mandatory safety standard to prevent tip-overs of furniture. We need the STURDY Act to protect consumers, especially the most vulnerable, our children.
14. **YOU NEED US.** Parent advocates and coalitions like Parents Against Tip-Overs and other consumer advocates are a rare breed. For every one of us who are bereaved parent advocates, there are hundreds of others who are not comfortable sharing their stories and their pain publicly, or who can't because of their jobs or other reasons. That doesn't mean they don't exist, and they don't want to see these changes any less than we do. We are here to represent them, too. We are the voice of every person who has ever been the victim of a tip-over, whether it was a near miss, a minor injury, or resulted in a catastrophic injury or death. We are connected to literally thousands of other parents who have had or know someone who has experienced a furniture tip-over incident. We are experts, too, and we bring important perspective, insight, and ideas to the table. You need us and we need you to end this epidemic. We must work together. But waiting for some magical data, some magical number of injured or dead children that will make you finally have a sense of urgency about this will no longer be tolerated.

It is my greatest wish that all members of the ASTM furniture safety sub-committee and the CPSC finally make a commitment to rapid and meaningful forward progress with this standard. It needs to be a priority and it needs to happen now. There is no reason we can't create and implement a stronger standard this year, with the two changes supported by the CPSC and Parents Against Tip-Overs, that being a change in the height to 27 inches and above and a change in the test weight to 60 lbs., and continue to change it for the better as additional testing (carpet, dynamic real world tests, open drawers, etc.) and innovative designs are created. We have all the data we need right now to make a stronger standard.