



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Board of Health

Metropolitan King County Councilmembers:

Teresa Mosqueda, Chair; Jorge Barón, Reagan Dunn; Alternate: Sarah Perry

City of Seattle Members:

Joy Hollingsworth, Robert Kettle, Sara Nelson

Alternate: Bruce Harrell

Sound Cities Association Members:

Heather Koellen, RN, BSN, CCRN, Vice Chair; Penny Sweet

Alternates: Amy Lam, Cheryl Rakes

Public Health, Facilities, and Providers:

Butch de Castro, PhD, MSN/MPH, RN, FAAN; Lisa Chew, MD, MPH; Katherine Gudgel, MS;

Alternate: Patricia Egwuatu, DO

Consumers of Public Health:

Quiana Daniels, BS, RN, LPN, Vice Chair; Robin Narruhn, PhD, MN, RN;

Alternate: Mustafa Mohammed, MBCHB, MHP, AAC

Community Stakeholders:

Christopher Archiropoli, Victor Loo

Alternate: Francoise Milinganyo

American Indian Health Commission:

Esther Lucero (Diné), MPP; Alternate: Abigail Echo-Hawk (Pawnee), MA

Dr. Faisal Khan, Director, Seattle-King County Department of Public Health

Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM

Thursday, June 20, 2024

Hybrid Meeting

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.



HOW TO PROVIDE PUBLIC COMMENT:

1. In person: You may attend the meeting in person in Council Chambers.
2. Remote attendance on the Zoom Webinar: You may provide oral public comment at the meeting by connecting to the meeting via phone or computer using the ZOOM application at <https://zoom.us/>, and entering the Webinar ID below.

Join by Telephone**Dial: US : +1 253 215 8782****Meeting ID: 836 2614 2088**

If you do not wish to provide public comment, please help us manage the callers by using one of the options below to watch or listen to the meeting.

HOW TO WATCH/LISTEN TO THE MEETING: There are two ways to watch or listen in to the meeting:

- 1) Stream online via this link <https://king-county-tv.cablecast.tv/> or input the link web address into your web browser.
- 2) Watch King County TV on Comcast Channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD).

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of May 16, 2024** **pg 4**
5. **Public Comments**
6. **Chair's Report**
7. **Director's Report**

To show a PDF of the written materials for an agenda item, click on the agenda item below.



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Briefings

8. BOH Briefing No. 24-B15 **pg 8**

Board of Health membership and recruitment

Joy Carpine-Cazzanti, Board of Health Administrator, Public Health -- Seattle & King County

9. BOH Briefing No. 24-B16 **pg 11**

Board of Health Homelessness and Health Workgroup Update

Teresa Mosqueda, Board of Health Chair

Quiana Daniels, Board of Health Vice Chair

Heather Koellen, Board of Health Vice Chair

Victor Loo, Boardmember

Christopher Archiopoli, Boardmember

Katherine Gudgel, Boardmember

Jorge Barón, Boardmember

Mustafa Mohammed, Alternate Boardmember

Francoise Milinganyo, Alternate Boardmember

10. BOH Briefing No. 24-B17

Nuclear radiation health effects

Robin Narruhn, Board of Health member

Sean Arent, Nuclear Weapons Abolition Program Manager, Washington Physicians for Social Responsibility

Dr. Ira Helfand, International Steering Group Member of the International Campaign to Abolish Nuclear Weapons (ICAN)

11. **Board Member Updates**

12. **Other Business**

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov



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Meeting Minutes Board of Health

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Dr. Faisal Khan, Director, Seattle-King County Department of
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Staff: Joy Carpine-Cazzanti, Board Administrator -
KCBOHAdmin@kingcounty.gov

1:00 PM

Thursday, May 16, 2024

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DRAFT MINUTES

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1. Call to Order

The meeting was called to order at 1:03 p.m.

2. Roll Call

Present: 15 - Archiopoli, Barón, Daniels, de Castro, Dunn, Gudgel, Hollingsworth, Kettle, Koellen, Loo, Lucero, Mosqueda, Narruhn, Nelson and Sweet

Excused: 1 - Chew

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmembers Lam, Rakes, Mohammed and Milinganyo were also in attendance.

4. Approval of Minutes of April 18, 2024

Boardmember Koellen moved to approve the minutes of the April 18, 2024 meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:

Alex Tsimmerman
Mark Lloyd
Elizabeth Maupin

6. **Chair's Report**

The Chair briefed the Board on the upcoming agenda and invited Boardmember Dunn to share the announcement of the 2024 King County Substance Use Conference.

*Boardmember Dunn announced the 2024 King County Substance Use Conference:
A Vision for Hope
Hosted by Boardmember Reagan Dunn
Thursday, June 6th at Highline College in Des Moines
9am-3pm
It's free to register, there is a in-person and virtual option to attend, go to
kingcounty.gov/sudconference*

7. **Director's Report**

Director Faisal Kahn, reported on the budget outlook for Public Health - Seattle and King County, and answered questions.

Briefings

8. **[BOH Briefing No. 24-B12](#)**

Ongoing Efforts to Address the Opioid Crisis, Part 2

Dr. Mia Shim, Chief Medical Officer for Community Health Services at Public Health, Dr. Caleb Banta-Green, Director of the University of Washington's Center for Community-Engaged Drug Education, Epidemiology and Research, Boardmember Esther Lucero, President and Chief Executive Officer of the Seattle Indian Health Board, and Brad Finegood, Strategic Advisor at Public Health, briefed the Board and answered questions.

This matter was Presented

9. **[BOH Briefing No. 24-B13](#)**

A Public Health Approach to Addressing Gun Violence

Eleuthera Lisch, Director of the Regional Office of Gun Violence Prevention, Aley Joseph, Senior Epidemiologist, and Karyn Brownson, Community Safety Manager in the Violence and Injury Prevention Unit, briefed the Board and answered questions.

This matter was Presented

10. **[BOH Briefing No. 24-B14](#)**

Board of Health Homelessness and Health Workgroup Update

Vice Chair Quiana Daniels, briefed the Board on the Board's Homelessness and Health Workgroup.

This matter was Presented**11. Board Member Updates**

No updates were given.

12. Other Business

No other business was presented.

Adjournment

The meeting was adjourned at 3:18 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature

Call to Action to Support People Living in Encampments and Address Encampment Removals in King County

June 20, 2024

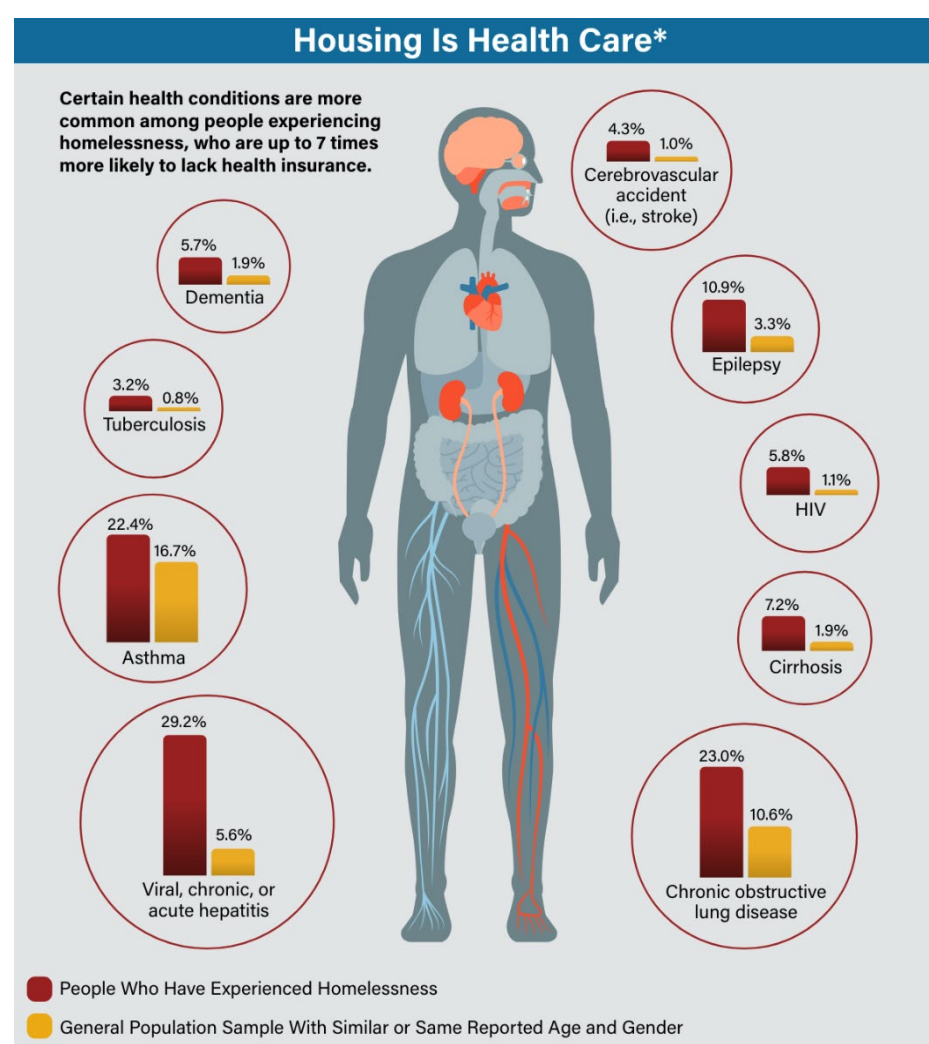
Introduction and Purpose

The King County Board of Health has been called upon by community members providing public comment in Board of Health meetings in 2023 and 2024 to address the public health issues related to the forced removal of people living in encampments without an immediate safety need and/or without access to temporary or permanent shelter that meets each individual's needs.¹ Encampments pose complex health challenges for both individuals living in encampments as well as for the broader community in which we all live. Housing instability is an outcome of racism and other forms of oppression.² The National League of Cities notes that “encampments are the result of policy failures and relational poverty” and acknowledges that “processes, structures, and social relations create and sustain poverty.” These policy failures have created historic housing instability and dearth of affordable and permanent housing.³ People who live in encampments choose to do so because it is the best option available to them.⁴ As stewards of public health, we are compelled to address this issue with compassion, data-driven solutions, and community-wide cooperation.

Current Situation and Context

The 2024 King County Point-In-Time Count found 16,385 people were homeless; 60% of those were living unsheltered. This is a 23% increase in the number of people who are homeless as compared to 2022. The percent of people experiencing homelessness who were unsheltered⁵ in 2022 was 57%.⁶

Health issues can cause homelessness, and homelessness can make it nearly impossible for individuals to address their health needs.⁷ Even among people who are not made homeless as a result of poor health, people living in encampments are more susceptible to physical health, mental health, and substance use issues.⁸ The Federal Strategic Plan to End Homelessness notes that people with health issues who experiencing homelessness are more likely to be living unsheltered.⁹ The Plan also notes that homelessness worsens health conditions. The graphic below shows that people who have experienced homelessness have an increased likelihood of experiencing many health conditions as compared to the general population.¹⁰



¹ Public Commenters often use the term “sweeps” – while this term is commonly used to describe forced removal or displacement from an encampment, we are intentionally using a more specific definition here. “Sweeps” is complex concept, and “encampment sweeps” happen in a variety of ways and for a variety of purposes. We hope our language encourages readers, advocates, and policy makers to understand the essential need for access not just to shelter, but to shelter that meets the unique needs of each individual. This statement will use the term “removal,” and will mean “forced removal of people living in encampments without an immediate safety need and/or without access to temporary or permanent shelter that meets each individual's needs.”

² https://kcrha.org/wp-content/uploads/2024/05/KCRHA_Point-in-Time-Count_2024_infographic.pdf

³ National Healthcare for the Homeless Council Issue Brief: <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>

⁴ [An Overview of Homeless Encampments - National League of Cities \(nlc.org\)](https://www.nlc.org/encampments)

⁵ “Unsheltered,” as used by the King County Regional Homelessness Authority in describing the data collected during the Point-in-Time Count, can be found here: https://kcrha.org/wp-content/uploads/2024/05/KCRHA-2024-Point_in_Time-Count-Frequently-Asked-Questions-v2.pdf

⁶ https://kcrha.org/wp-content/uploads/2024/05/KCRHA_Point-in-Time-Count_2024_infographic.pdf

⁷ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

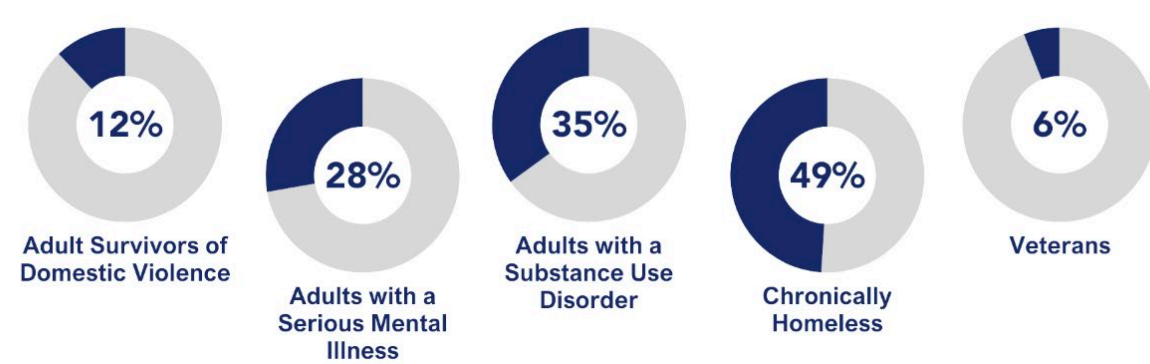
⁸ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

⁹ https://www.usich.gov/sites/default/files/document/All_In.pdf

¹⁰ https://www.usich.gov/sites/default/files/document/All_In.pdf

* <https://aspe.hhs.gov/reports/health-conditions-among-individuals-history-homelessness-research-brief-0>

Data from the King County Regional Homelessness Authority shows that people experiencing homelessness often have intersecting experiences and identities that can compound their experience of homelessness. The graphic below shows the percent of individuals experiencing homelessness who also reported one or more of these experiences.¹¹



Individuals living unsheltered face health risks from lack of access to clean water and hygiene facilities, including bathrooms, sinks for washing, and laundry, as well as exposure to extreme heat and smoke.¹² Additionally, the lack of stable and secure housing increases their exposure to violence and exploitation.¹³ The presence of individuals living in encampments significantly impacts public health – encampments often result in increased human and solid waste, creating health risks people living in the encampment and the surrounding community, as well as to waterways.¹⁴ Thus, while encampments offer a form of shelter, they do not provide a sustainable or safe solution to address the health issues related to and caused by homelessness. Instead, they exacerbate individual and public health challenges.

Impacts of Encampment Removal¹⁵

The National Health Care for the Homeless Council notes that encampment removal has not been shown to end homelessness. Instead, forced encampment removals result in four problems. First, encampment removals are *damaging to health, well-being, and connections to care* – removals tend to result in loss or destruction of personal items, including medications and medical equipment, even when those enacting the removal do not intend to do so. Removals are traumatic and can destabilize people with mental illness, as well as disconnect people from care providers through inability to access care providers as well as lost trust in institutions and providers. Second, encampment removals *compromise personal safety and civic trust* by criminalizing people experiencing homelessness through arrest and use of force, increasing hostility between police and people experiencing homelessness, and stigmatizing people experiencing homelessness. Third, encampment removals contribute to *undermining paths to housing and financial stability* when individual’s identifying records are lost, when individuals’ connections with outreach workers and communities are broken, and when individuals are arrested and resulting prosecution creates a criminal record that makes employment more difficult. Finally, encampment removals *create unnecessary costs for local communities* by diverting money away from housing and other health, community, social services and toward policing, increasing incarceration costs, and displacing and destabilizing community members.

Proposed Objectives of Encampment Removals

Proponents of encampment removals note that removals help address safety hazards such as drug use, violence, and unsanitary conditions that may pose risks to both residents and the surrounding community.¹⁶ Proponents suggest that removing encampments helps to maintain accessibility and safety of public spaces and encourages people living in encampments to access resources, services, and engagement that they may not have otherwise accessed.¹⁷

Call to Action

We, the undersigned members and alternate members of the King County Board of Health, understand the challenges faced by people living in encampments and recognize the efforts of agencies striving to develop housing solutions for the thousands of residents without homes in our community. While encampment removals are implemented to manage public safety and space, they do not offer a sustainable resolution to people living unhoused or unstably housed. With an emphasis on equity and justice, we advocate for a comprehensive strategy that marries immediate, compassionate interventions with long-term, stable housing options. This approach ensures that the needs of the people living in encampments are addressed in a manner that upholds their dignity and rights, fostering a more inclusive and supportive environment for all residents of King County, while preserving the safety of public spaces. We call upon our policy makers and community members to support funding and policy change for compassionate, evidence-based policies that uphold the dignity, health, and wellbeing of those living in encampments in King County. We must prioritize both immediate and long-term strategies, including the following:

- **Recommendation 1:** Unless an acute, immediate public health or safety needs exists, stop all forced removal of people living in encampments without providing access to temporary or permanent shelter that meets each individual's needs. Every effort should be made to maximize spaces to offer people an indoor space during extreme weather conditions. If safe indoor space is unavailable during extreme weather, encampments should not be removed during extreme weather. Provide a spectrum of affordable housing options tailored to meet diverse individual needs. There is ample evidence supporting the effectiveness of permanent supportive housing in improving health.¹⁸
- **Recommendation 2:** Support a “housing first” approach to people living unhoused or unstably housed reduces housing instability and crime and increases income and employment, which in turn improves health. Cost-benefit analyses suggest that savings offset program costs within 18 months.¹⁹
- **Recommendation 3:** Enhance access to hygiene facilities at encampments. Evidence shows that access to personal hygiene including handwashing, bathing and laundry services contributes positively to mental and physical health and can be supportive of a transition out of homelessness, including by increasing the likelihood of obtaining a job or a housing placement.²⁰

¹¹ <https://kcrha.org/data-overview/king-county-point-in-time-count/>
¹² [Invisible struggles: WASH insecurity and implications of extreme weather among urban homeless in high-income countries - A systematic scoping review – ScienceDirect; Homeless encampments: connecting public health and human rights - PMC \(nih.gov\)](#)
¹³ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
¹⁴ [Invisible struggles: WASH insecurity and implications of extreme weather among urban homeless in high-income countries - A systematic scoping review – ScienceDirect; Homeless encampments: connecting public health and human rights - PMC \(nih.gov\)](#)
¹⁵ National Healthcare for the Homeless Council Issue Brief: <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>
¹⁶ [Homeless encampments: connecting public health and human rights - PMC \(nih.gov\);](#)
¹⁷ [In one big way, Seattle’s homeless encampment removals have worked | The Seattle Times; Portland City Council agrees to clear tents from sidewalks in ADA lawsuit settlement - Axios Portland](#)
¹⁸ <https://pubmed.ncbi.nlm.nih.gov/37131928/>
¹⁹ <https://www.kansascityfed.org/Research%20Working%20Papers/documents/8716/rwp22-03cohen.pdf>
²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580630/>

- **Recommendation 4:** Apply a [harm reduction](#) approach to meeting the needs of our neighbors living in encampments. Provide harm reduction supplies and education. Evidence shows that outreach using a harm reduction approach improves health equity and wellbeing²¹ and can be effective in addressing substance use disorder among people living homeless.²²
- **Recommendation 5:** Develop a transparent, public system of accountability and cooperation among all entities that receive any taxpayer funding to serve people who are living in encampments, maintain safety of public spaces, operate housing, and/or manage placement of people into safe housing that meets each individual’s needs. Support coordination across service providers. Evidence exists for combining multiple measures for better outcomes, such as combining low-barrier transitional housing with clinical stabilization and care.²³
- **Recommendation 6:** Provide consistent check-ins regarding services and offers of long-term housing options by caseworkers. Increase the scale and scope of cross-disciplinary outreach teams dedicated to engaging with and assisting individuals in encampments transition into safer living conditions. Current efforts are not sufficient to meet the need. Evidence shows that active case management improves housing stability, which in turn improves health.²⁴
- **Recommendation 7:** Enhance mental health and substance use disorder services. Mental health service capacity is growing, but additional culturally responsive, affordable, and accessible services are needed throughout King County. Comprehensive mental health services can lead to an increased number of days spent in housing, and cost reductions in inpatient/emergency and criminal legal system services.²⁵ Expand on-demand treatment for substance use disorders. Capacity in this area is growing, but this growth should be accelerated. Low barrier clinics show promising rates of treatment initiation and retention and should be sited throughout King County.²⁶

We call upon our policy makers and community members to support compassionate, evidence-based policies and funding strategies that uphold the dignity and well-being of those living in encampments in King County. To address the safety concerns associated with encampments, we must prioritize both immediate and long-term strategies. Short-term public health solutions should enhance access to hygiene facilities, waste disposal, harm reduction supplies, and education, alongside deploying cross-disciplinary outreach teams dedicated to engaging with and assisting individuals in encampments to transition into safer living conditions. For sustainable change, long-term approaches are essential, including expanding on-demand treatment for substance use disorders, enhancing mental health services, and providing a spectrum of affordable housing options tailored to meet diverse individual needs. These comprehensive efforts will not only support our neighbors who are living in encampments but also contribute to the overall health and safety of our community. By working collaboratively and prioritizing the needs of our most vulnerable residents, we can create a community where everyone has access to safe and stable housing. Together, we can make a difference.

Signed,

Quiana Daniels, Vice Chair
Victor Loo, Boardmember
Christopher Archiopoli, Boardmember
Francoise Milinganyo, Alternate
Mustafa Mohammed, Alternate

For further information or assistance regarding encampments, contact:

- [King County Regional Homelessness Authority](#)
- [Anything Helps](#)
- [City of Seattle Human Services Department](#)
- [JustCARE](#)
- [City of Seattle Unified Care Team](#)

Background

This statement was prepared by the 2024 King County Board of Health: Homelessness & Health Workgroup composed of nine boardmembers and alternates. Originally formed in late 2023 at the encouragement of Chair Joe McDermott, the Workgroup met once in November 2023 and 10 times between February and June 2024. Participants included 2024 Board of Health Chair Teresa Mosqueda, Vice Chairs Quiana Daniels and Heather Koellen, Boardmembers Jorge Barón, Katherine Gudgel, Christopher Archiopoli and Victor Loo, and Alternates Mustafa Mohammed and Francoise Milinganyo, with participation from Public Health – Seattle and King County staff members.

²¹ <https://www.samhsa.gov/find-help/harm-reduction>

²² <https://pubmed.ncbi.nlm.nih.gov/33713622/>

²³ <https://pubmed.ncbi.nlm.nih.gov/37884986/>

²⁴ <https://pubmed.ncbi.nlm.nih.gov/37206622/>

²⁵ <https://pubmed.ncbi.nlm.nih.gov/20530014/>

²⁶ <https://pubmed.ncbi.nlm.nih.gov/37055851/>

Nuclear Weapons and Public Health

June 20th 2024

King County Board of Health

Boardmember Dr. Robin Narruhn, Sean Arent, and Dr. Ira Helfand





WASHINGTON PHYSICIANS FOR SOCIAL RESPONSIBILITY

- Washington Physicians for Social Responsibility (WPSR) is a 40-year-old, health professional-led advocacy organization working to create a healthy, just, peaceful and sustainable world. We take on the gravest current threats to human health and survival - nuclear weapons, economic inequity, and a climate crisis driven by dependence on fossil fuels. WPSR leverages the credible and trusted voice of healthcare professionals to educate the public, influence decision-makers, and promote public policies that support our mission.
- Chapter of Physicians for Social Responsibility (PSR), initially founded to confront the threat of nuclear war and atmospheric nuclear testing.

Washington and Nuclear Weapons

- Washington taxpayers give \$2.6 billion a year towards nuclear weapons. Seattle taxpayers alone give \$397 million in federal taxes.
- Our Nuclear Past and Present
 - WA State Trident Bangor Base
 - Hanford
 - Midnite Mine





**20 MILES WEST OF SEATTLE IS
THE LARGEST CONCENTRATION
OF DEPLOYED NUCLEAR WEAPONS
IN THE U.S.**

www.gzcenter.org

source: Hans M. Kristensen & Robert S. Norris (2016) United States nuclear forces, 2016, Bulletin of the Atomic Scientists

Paid for by Ground Zero Center for Nonviolent Action

NAVAL BASE KITSAP-BANGOR

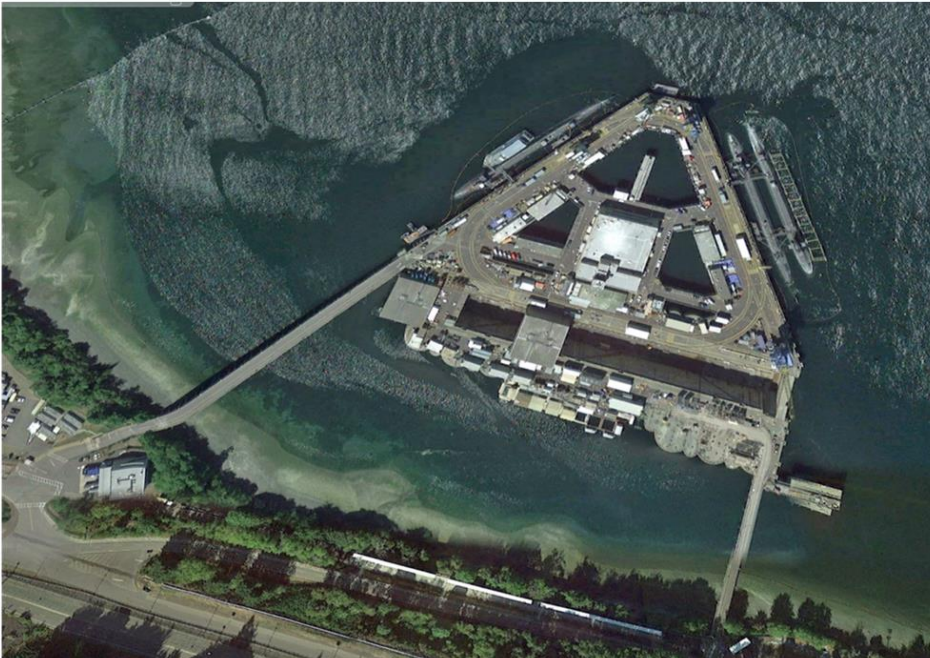


- Eight Ohio-class nuclear attack submarines
- Home to >1000 nuclear warheads - the largest concentration of deployed nuclear warheads in the world (Federation of American Scientists)
- If Kitsap County were a country, we'd have the third largest nuclear arsenal in the world
- Protected by Navy-trained dolphins and sea-lions since 2010

- Length: 560 ft. Height: 75 ft. Each sub holds up to 20 Trident missiles
- Each missile holds up to eight warheads
- Max = 8 subs x 20 missiles x 8 warheads = 1,280
- Each W88 Trident warhead has 455 kilotons of explosive (The bomb dropped on Hiroshima had 14 kilotons)
- Each sub carries roughly 90 W-76 and W-88 warheads

Kitsap Bangor-Trident Nuclear Sub Base

Delta Pier



SWFPAC -
Strategic Weapons Facility - Pacific



Hanford



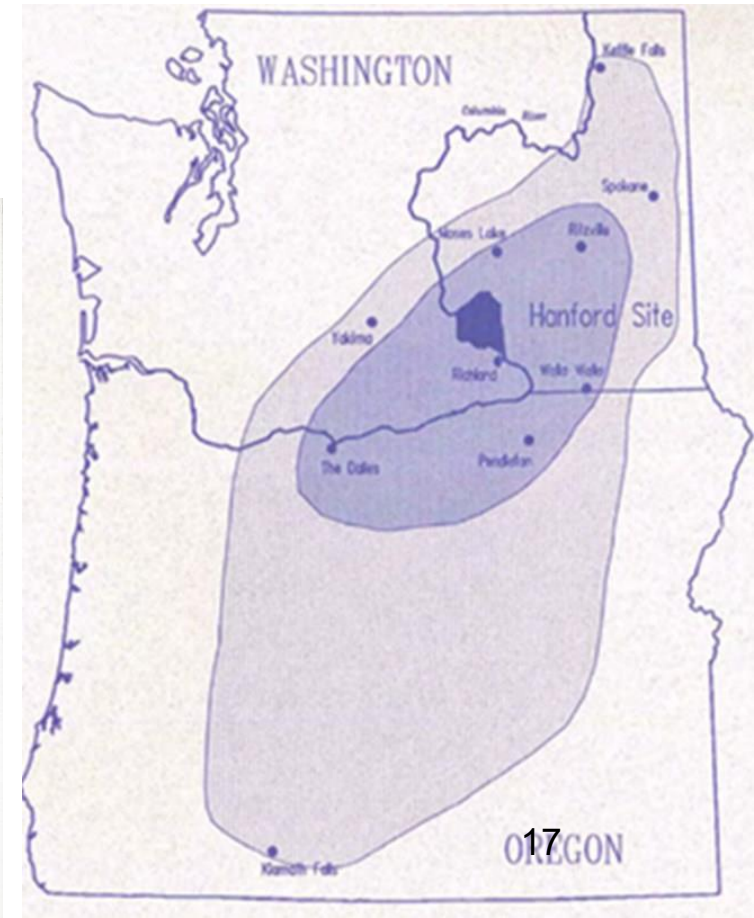
Effects of Nuclear Weapons Production



Board of Health



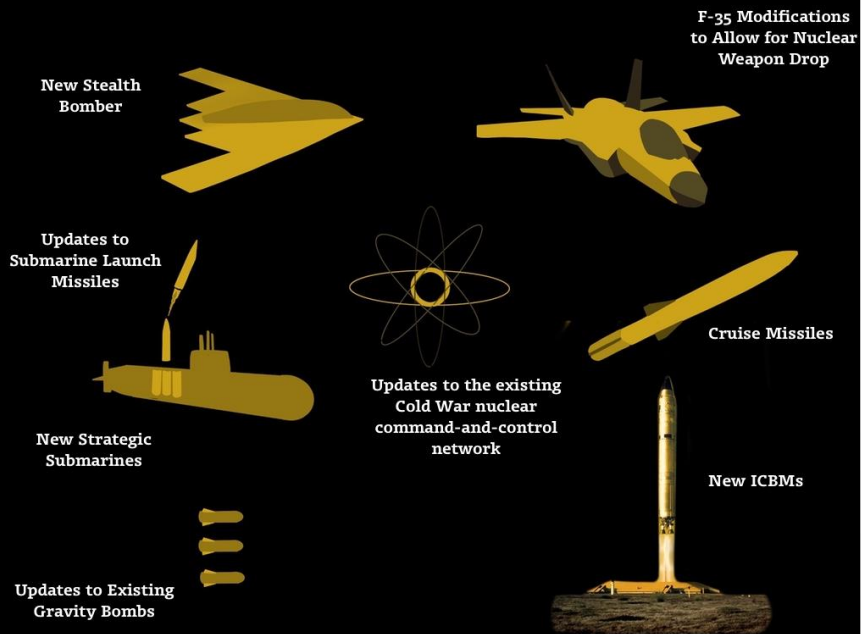
June 20, 2024



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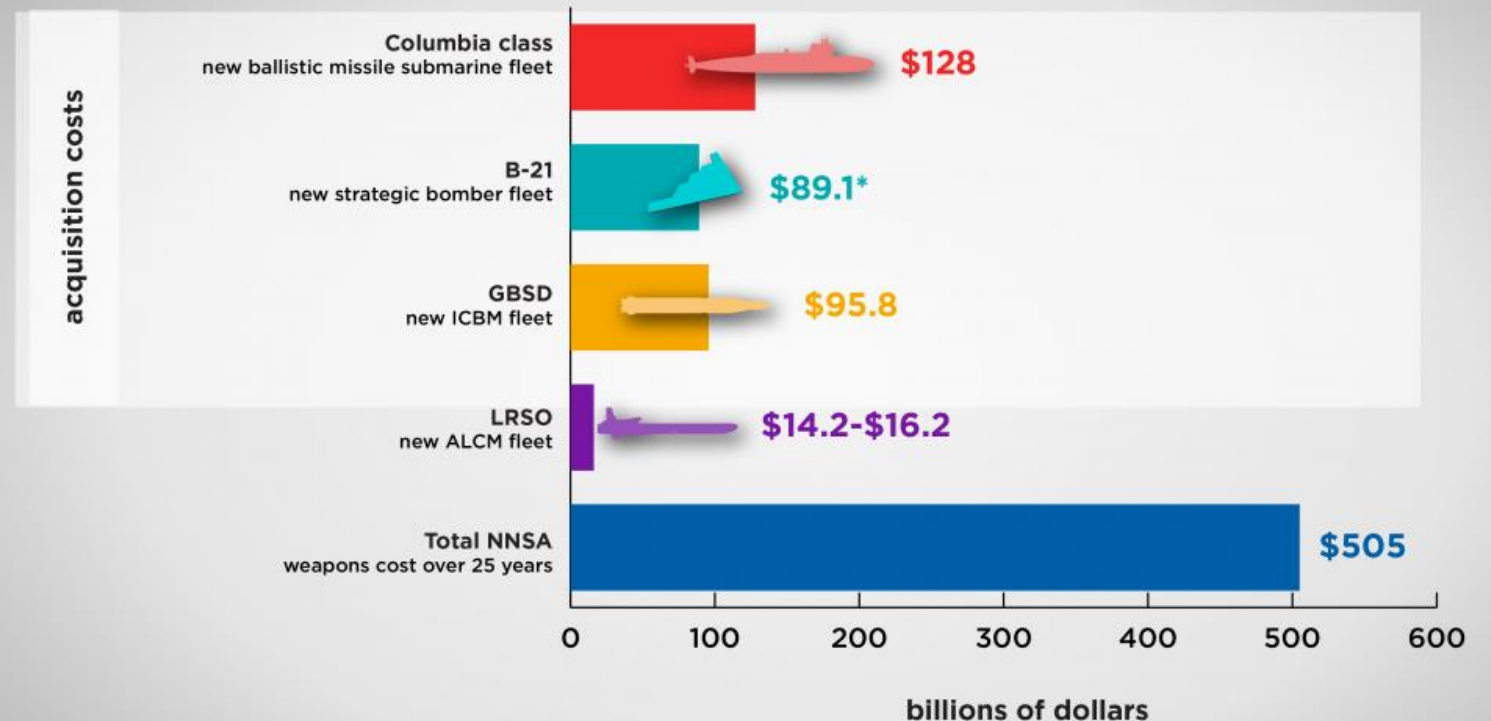
Future Plans

Pentagon's Nuclear Modernization Budget



Board of Health

Estimated Costs for Nuclear Triad Modernization



* In FY2019 constant dollars; includes only a small portion of the cost of the B-21

Note: All figures in then-year dollars unless otherwise noted

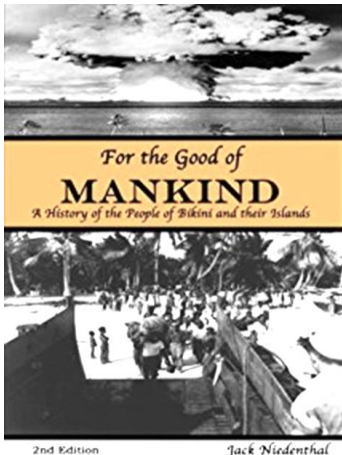
Sources: U.S. Navy, U.S. Air Force, Center for Strategic and International Studies, NNSA, DoD Cost Assessment and Program Evaluation (CAPE) office

Updated January 10, 2022.

June 20, 2024

Health Effects

Between 1946 to 1958, the United States conducted 67 large-scale nuclear tests in the Marshall Islands. That is the equivalent of 1.6 Hiroshima shots, every day, for 12 years.



Board of Health



June 20, 2024



PLATE 17.—Bytation in 7 yr. old girl at 28 days.
Case 78.



PLATE 18.—Same case as in Plate 17, six months after
exposure showing complete regrowth of normal hair.

Research: Effects of Radiation 70 Years Later

healthcare access and equity

- 1) ongoing effects of radiation,
- 2) repeated denial of services,
- 3) lack of healthcare and insurance,
- 4) lack of interpretation, and
- 5) poverty

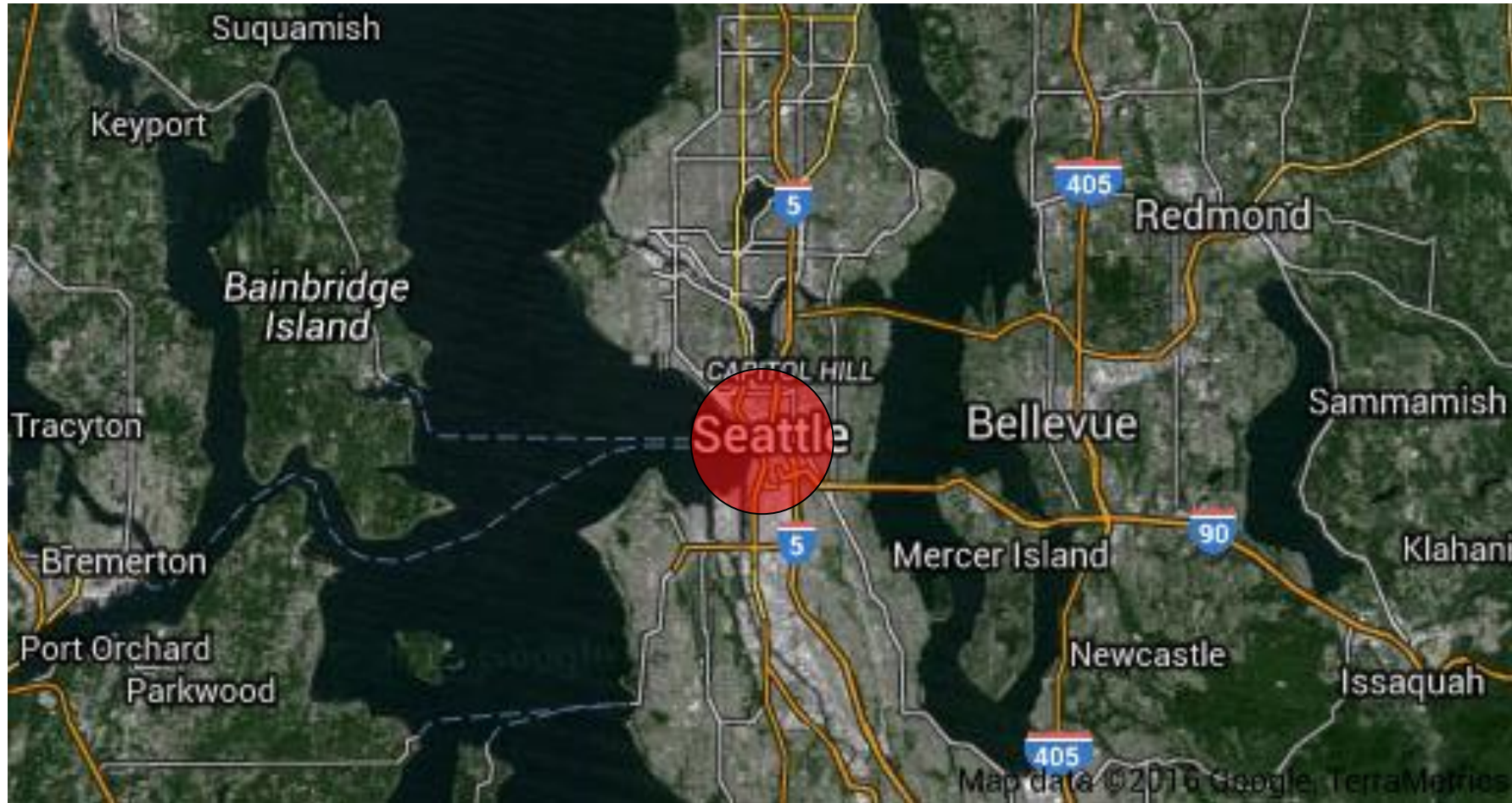
historical trauma and embodiment.

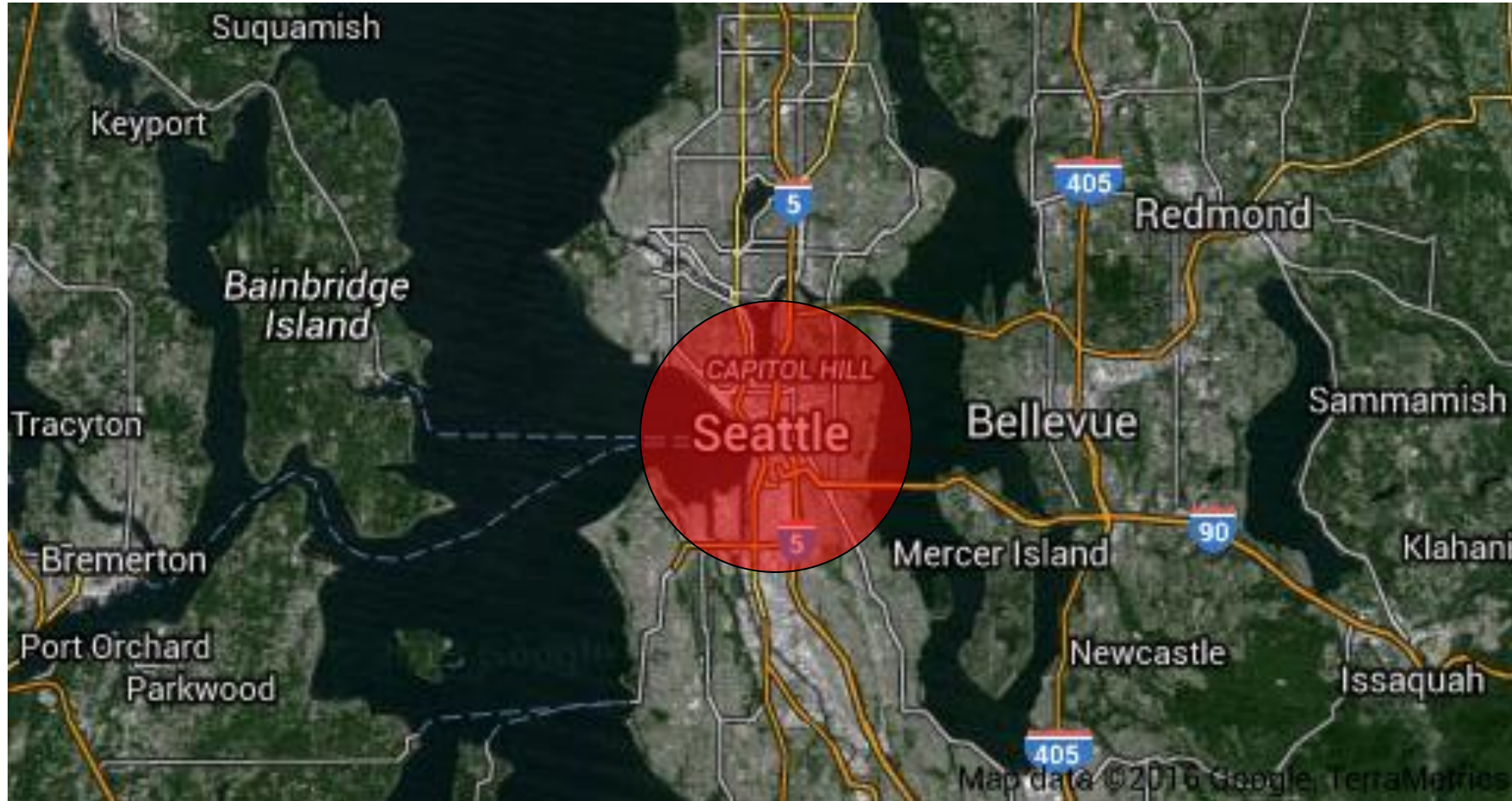
- 1) illness and early mortality,
- 2) lack of knowledge and understanding of the Ri Majel,
- 3) structural discrimination,
- 4) feelings of sadness and despair
- 5) shyness and humility
- 6) a sense of “cannot/will not” and fatalism.

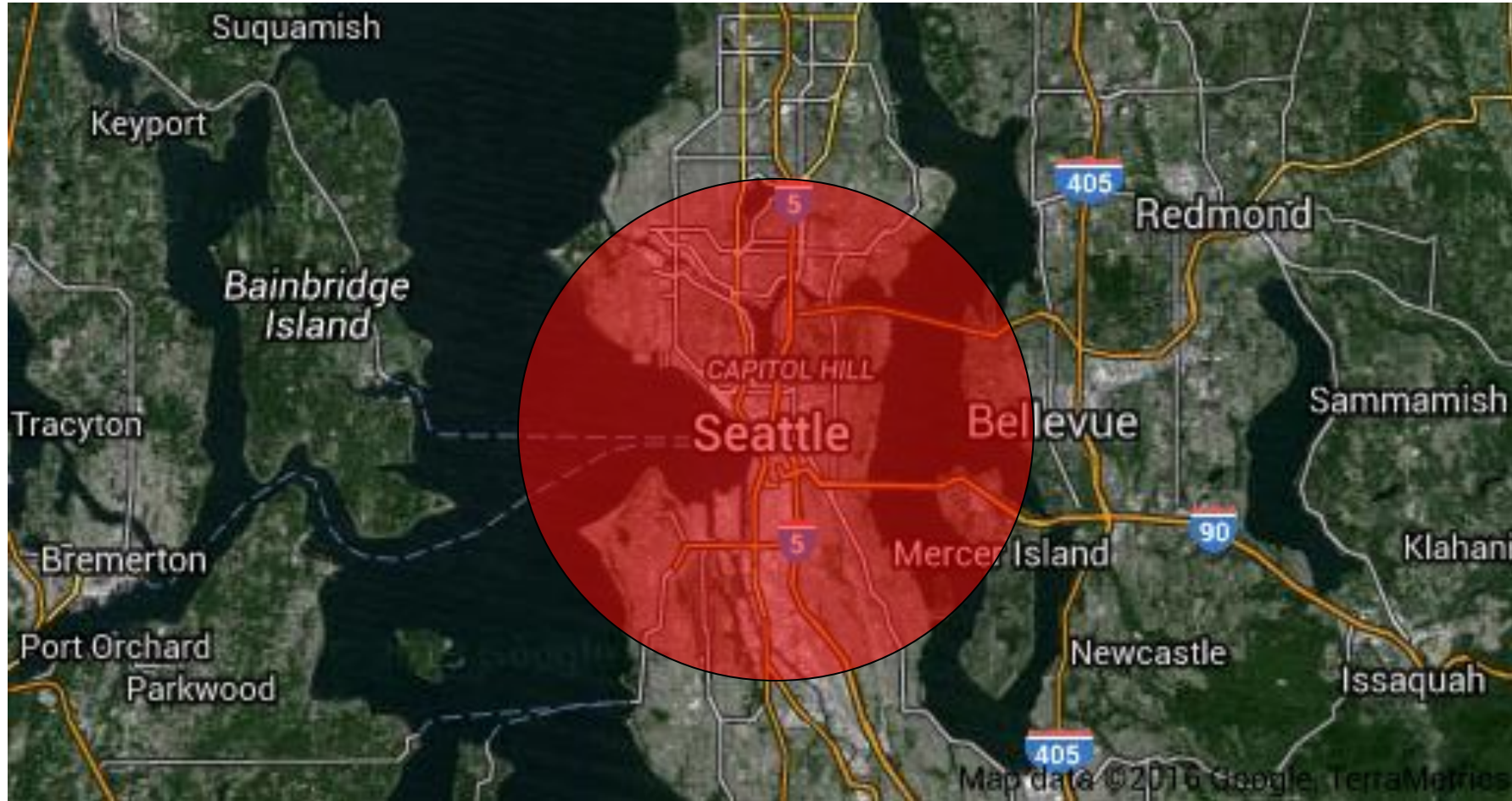
[\(Narruhn & Espina 2022\)](#)

Dr. Ira Helfand

- Ira Helfand, MD, is a member of the International Steering Group of the International Campaign to Abolish Nuclear Weapons (ICAN), the recipient of the 2017 Nobel Peace Prize.
- He is also immediate past president of the International Physicians for the Prevention of Nuclear War (IPPNW), the founding partner of ICAN and itself the recipient of the 1985 Nobel Peace Prize.
- He is also co-founder and past president of Physicians for Social Responsibility, IPPNW's US affiliate.









What Can We Do?



- Severe gridlock in Congress
- [Back From the Brink](#) is a campaign to pass resolutions calling on Congress to support 5 policies to take us back from the brink of nuclear war. **Over 70 cities have done this as have countless boards and organizations.**
- These policies are: Cancel Enhanced Weapons, Pursue Global Elimination, Renounce First Use, End Hair-Trigger Alert, and End Presidential Sole Authority to launch a nuclear weapon.