

Special Meeting



Community Health Commission (CHC)

COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, May 2nd, 2019 6:30 pm–9 pm
South Berkeley Senior Center
2939 Ellis St, Berkeley, CA 94703

Preliminary Matters

1. Roll Call
2. Announcements & Introductions of any new members
3. Approval of Minutes from the March 28th meeting (Attachment 1)
4. Confirm note taker
5. Public Comment (*Speakers will have up to 5 minutes each*)

Presentation Items

1. **City of Berkeley, Public Health Division—Janice Chin**
 - a. Updates
2. **City of Berkeley—Babalwa Kwanele: African American Holistic Resource Center**

Discussion

1. **Discussion:** Post-Partum Justice Day Resolution [Spigner]
2. **Discussion:** Strategizing and Key Messages around Phase II Cannabis Ordinance amendments (1) Key Messages 2) Strategizing 3) Addressing concerns of City Council members) [Simpson]
3. **Discussion:** Policy Committees topics/roles and involvement of Community Health Commission [Simpson]

Action Items

1. **Action:** Appoint Commissioners to speak on behalf of CHC at upcoming City Council meetings [Simpson]
2. **Action:** Add/remove subcommittee members. (Attachment 4) [Simpson]

Subcommittee Reports

1. Acute Services Subcommittee
2. Basic Needs Security Subcommittee
3. Cannabis Subcommittee
4. Disease Prevention Subcommittee
5. Health Equity Subcommittee
6. Policy Tracking Subcommittee
7. Strategic Planning Subcommittee

Communication

1. Carol Denney—Multi-Unit Housing Smoking Violation Complaint Form/Process (Attachment 7)

Adjournment

A Vibrant and Healthy Berkeley for All

Attachments:

1. Draft minutes of 3/28/19 CHC meeting
2. Approved minutes of 2/28/19 CHC meeting
3. Community Health Commission Work Plan
4. Community Health Commission Subcommittee Roster 2019
5. Community Health Commission Meeting Calendar 2019
6. City Council and Community Health Commission Timeline 2019
7. Communication: Multi-Unit Housing Smoking Violation Complaint Form/Process
8. Annotated April 2, 2019 City Council Agenda—Cannabis Ordinance

The next meeting of the Community Health Commission is scheduled for May 23rd, 2019, with a deadline of May 15th, 2019 for the public's submission of agenda items and materials for the agenda packet. Dates are subject to change; please contact the Commission Secretary to confirm.

COMMUNICATION ACCESS INFORMATION

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6346 (V) or 981-6345 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting.

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the North Berkeley Senior Center located at 1901 Hearst Avenue, during regular business hours. The Commission Agenda and Minutes may be viewed on the City of Berkeley website:
<http://www.cityofberkeley.info/commissions>.



Community Health Commission

Community Health Commission

South Berkeley Senior Center,
2939 Ellis St, Berkeley, CA 94703

DRAFT MINUTES

Regular Meeting, Thursday March 28th, 2019

The meeting convened at 6:47 p.m. with Commission Chair Khalfay presiding.

ROLL CALL

Present: Commissioners Engelman, Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Rosales, Katz

Absent: None

Excused: Commissioner Le

Staff present: Lisa Hernandez, Roberto Terrones

Community Members: None

COMMENTS FROM THE PUBLIC: None

PRESENTATIONS: None

ACTION ITEM

1. M/S/C (Rojas-Cheatham/Futoran): Motion to approve minutes from the February 28th, 2019 meeting.

Ayes: Commissioners Engelman, Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Rosales, Katz

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Le

Motion Passed.

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2. M/S/C (Smart/Rosales): Motion to approve resolution with recommended edits establishing the third Sunday in May as Post-Partum Justice Day.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Rosales, Katz

Noes: None

Abstain: None

Absent from vote: Commissioner Engelman

Excused: Commissioner Le

Motion Passed.

3. M/S/C (Futoran/Speich): Motion to add Commissioner Webber to the Policy Education Subcommittee.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Rosales, Katz

Noes: None

Abstain: None

Absent from vote: Commissioner Engelman

Excused: Commissioner Le

Motion Passed.

NEXT MEETING

The next regular meeting will be on April 25th, 2019 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:02 p.m.

Respectfully Submitted, Roberto A. Terrones, Secretary.



Community Health Commission

Community Health Commission

South Berkeley Senior Center,
2939 Ellis St, Berkeley, CA 94703

APPROVED MINUTES

Regular Meeting, Thursday February 28th, 2019

The meeting convened at 6:47 p.m. with Commission Chair Khalfay presiding.

ROLL CALL

Present: Commissioner Engelman, Webber, Speich, Futoran, Carter, Smart (6:59), Spigner, Rojas-Cheatham (6:58), Simpson (6:53), Khalfay, Rosales, Le, Katz

Absent: None

Excused: None

Staff present: Lisa Hernandez, Janice Chin, Roberto Terrones, Elizabeth Greene

Community Members: Marilyn Wong, Corinne Haskins, Dominique Fernandez, Martha G.

COMMENTS FROM THE PUBLIC: Marilyn Wong, Corinne Haskins

PRESENTATIONS: City of Berkeley, Public Health Division—Dr. Lisa Hernandez, Janice Chin: Public Health Strategic Planning Results
City of Berkeley, Planning Department—Elizabeth Greene: Cannabis Ordinance

ACTION ITEM

1. M/S/C (Katz/Futoran): Motion to approve minutes from the January 24th, 2019 meeting.

Ayes: Commissioners Engelman, Webber, Speich, Futoran, Carter, Spigner, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: Smart, Rojas-Cheatham, Simpson

Excused: None

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Motion Passed.

2. M/S/C (Smart/Webber): Motion to approve Communication to Council on Cannabis Ordinance with recommended edits.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: Engelman

Excused: None

3. M/S/C (Futoran/Rosales): Motion to appoint Commissioners Speich and Rojas-Cheatham as representatives for the upcoming City Council meetings.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: Engelman

Excused: None

Motion Passed.

4. M/S/C (Rosales/Spigner): Motion to appoint Commissioner Simpson as Commission Chair.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: Engelman

Excused: None

Motion Passed.

5. M/S/C (Webber/Smart): Motion to appoint Commissioner Speich as Commission Vice-Chair.

Ayes: Commissioners Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: Engelman

Excused: None

NEXT MEETING

The next regular meeting will be on March 28th, 2019 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:10 p.m.

Respectfully Submitted, Roberto A. Terrones, Secretary.

Community Health Commission Work Plan FY2019-2020

Guiding Philosophy: To look at health through the lens of equity, and to address, ameliorate, and abolish health inequities in Berkeley through our work while advancing other public health efforts.

Mission/Purpose:

1. Collaborate with the community and the Berkeley Public Health Division, and City of Berkeley to eliminate health inequity by:
 - a. Advocating for good policy to council that has the potential to improve the health of Berkeley residents that can be implemented, monitored, and evaluated.
 - b. Representing the community through the diversity of this commission
 - c. Increasing the public education/social marketing efforts, understanding, and awareness of issues
 - d. Advocating together with the residents of Berkeley most affected by institutional, social, organizational inequities/disparities
 - e. Providing a public forum for all community members to share concerns, ideas
2. Achieve general public health progress by being responsive to community needs and facilitating general health and safety.

Overall goals, issues & priorities: All issues can be addressed through a health equity lens.

- Increase healthy food security
- Advocate for the expansion of affordable housing
- Continue to urge that Alta Bates Berkeley Medical Campus remain open while also helping to suggest actions to address consequences of planned closure
- Be responsive in potential recommendations to help Berkeley residents, and care providers and clinics cope with potential federal disruption in healthcare policy and federal spending cuts
- Further address more social determinants of health
- Continue to be a community advocate to City Council to address structural, institutional, and health inequities impacting all underserved populations
- Work to have community health data measures documented in a timely manner and to promptly evaluate and act on novel data such as the Health Status Report
- Work to support policies and initiatives that advance UHC such as Medicare for all
- Advise the City Council as the Public Health Department develop their strategic plan

General steps and actions needed to meet priorities:

1. Better follow up with council implementations
2. Collaborate with other commissions to share resources and support recommendations
3. Focused/specialized ad-hoc subcommittees
4. Keep track of local, state, and federal policy and data flow

Specific steps and actions needed to meet priorities:

❖ Subcommittees

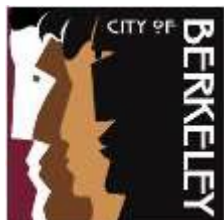
- **Strategic Planning subcommittee**
 - Serve as point of contact with Public Health Division for city's strategic plan and facilitate deliberation between full commission and division
 - Recommend structure of portion of agenda to educate commission on strategic plan development
- **Acute Services for Berkeley**
 - Continue to recommend actions to keep Alta Bates open
 - Consider ways to increase emergency care access in Berkeley
- **Basic Needs Security**

Focus on healthy food security and affordable/accessible housing

 - In terms of healthy food security:
 - Identify food recovery donation systems
 - Connect communities with healthy food resources (awareness)
 - Advocate for policies to mitigate unhealthy food consumption
 - Advocate for affordability and accessibility of healthy foods
 - In supporting programs like the Berkeley Food Institute, etc.,
 - In terms of accessible/affordable housing:
 - Identify areas of stark homelessness
 - Connect homeless communities with resources (awareness)
 - Advocate for affordable housing
 - Advocate for increased rent control
- **Policy tracking**
 - Track City Council minutes, state, and national legislative actions
 - Priority areas:
 - School lunch programs
 - Affordable housing in the Adeline area
- **Health Equity Subcommittee**
 - Engage Stakeholders on LGBT health equity issues to help complement findings of the Health Status Report
 - Follow up on status of the African American Holistic Resource Center
 - Work on cultural competency for health care providers--contact county health care providers and Kaiser
 - Review the Health Status Report- dialogues with staff and community to investigate the data and inequities, and recommend program interventions for the City Public Health Division
 - Implement efforts to improve immigrant access to health care
 - Investigate how health care providers are using technology to improve health
 - Meet with the public health officer to be informed
- **Chronic Disease Prevention**
 - Recommend presenters that can educate the commission on innovative approaches to chronic disease prevention
 - Consider the use of high profile figures in media campaigns to educate the community about chronic disease prevention.

- **Cannabis**
 - Decriminalizing and destigmatizing cannabis use throughout the Berkeley area
 - Advocating for holistic education of cannabis use throughout the community
 - Assessing holistically the risks and benefits of cannabis use in terms of community health
 - Assessing holistically how cannabis should be integrated within the local economy while maintaining the health of the community
 - .i.e. nurseries, dispensaries, etc.
 - Prioritizing community health following the legalization of cannabis with emphasis on holistically understanding the risk and benefits of cannabis
- Ad-hoc subcommittees as needed to quickly address City Council referrals
- Liaisons to other commissions
 - Housing Advisory Commission
 - Homeless Commission
 - Zero Waste Commission
 - Mental Health Commission
 - Human Welfare and Community Action Commission
 - Community Environmental Advisory Commission
 - Sugar Sweetened Beverage Panel

District	Last	First	Community Health Commission Subcommittees 2018						
			Acute Services for Berkeley	Health Equity	Policy Education	Basic Needs Security	Disease Prevention	Strategic Planning	Cannabis
1	Engelman	Alina	X						
1	Webber	Sara			X	X			
2	Vacant	Vacant							
2	Speich	Pamela			X		X		X
3	Futoran	Charles					X		
3	Carter	Donna	X		X				
4	Smart	Karma		X		X			
4	Gilman	John							
5	Spigner	Tora		X	X				
5	Vacant	Vacant							
6	Rojas-Cheatham	Ann						X	X
6	Vacant	Vacant							
7	Simpson	May			X		X		X
7	0	0	X			X		X	
8	Rosales	Ces		X				X	
8	Le	Carolyn						X	
M	Vacant	Vacant							
M	Katz	Andy	X	X				X	
			4	4	4	3	3	5	3



Community Health Commission 2019 Meeting Dates

Community Health Commission (CHC)

Month	Meeting Day and Date	Time
January 2019	Thursday 1/24/19	6:30-9PM
February 2019	Thursday 2/28/19	6:30-9PM
March 2019	Thursday 3/28/19	6:30-9PM
April 2019	Thursday 4/25/19	6:30-9PM
May 2019	Thursday 5/23/19	6:30-9PM
June 2019	Thursday 6/27/19	6:30-9PM
July 2019	Thursday 7/25/19	6:30-9PM
August 2019 THE CHC DOES NOT MEET IN AUGUST		
September 2019	Thursday 9/26/19	6:30-9PM
October 2019	Thursday 10/24/19	6:30-9PM
November 2019	Thursday 11/21/19*	6:30-9PM
*Meeting in November is scheduled on the 3rd Thursday due to the Thanksgiving Holiday		
December 2019 THE CHC DOES NOT MEET IN DECEMBER		

A Vibrant and Healthy Berkeley for All

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510.981.6903 Fax: 510. 981.5395 E-mail: publichealth@ci.berkeley.ca.us -
<http://www.cityofberkeley.info/health/>

COUNCIL MEETING TIMELINE - COMMISSIONS
HEALTH, HOUSING & COMMUNITY SERVICES DEPARTMENT
Updated October 19, 2018

2019				Thursday 12:00 PM	Thursday 12:00 PM	Monday 2:30 PM	Wednesday 11:00 AM	Thursday 5:00 PM
COUNCIL MEETING DATE	Commission needs to take action by	Reports Due to Dept. Director	Reports Due to CAO	Dept. Reports Due to Clerk Day 33	Agenda Committee Packet to Print Day 19	Agenda Committee Meeting Day 15	Final Agenda Meeting - (Print Agenda on wed.) Day 13	Council Agenda Delivery Day 12
Winter Recess [December 12, 2018 – January 21, 2019]								
22-Jan	11/22	11/29	12/6	12/20	1/3	1/7	1/9	1/10
29-Jan	11/29	12/6	12/13	12/27	1/10	1/14	1/16	1/17
19-Feb	12/20	12/27	1/3	1/17	1/31	2/4	2/6	2/7
26-Feb	12/27	1/3	1/10	1/24	2/7	2/11	2/13	2/14
12-Mar	1/10	1/17	1/24	2/7	2/21	2/25	2/27	2/28
26-Mar	1/24	1/31	2/7	2/21	3/7	3/11	3/13	3/14
2-Apr	2/2	2/9	2/16	2/28	3/14	3/18	3/20	3/21
Spring Recess [April 3 through April 22]								
23-Apr	2/21	2/28	3/7	3/21	4/4	4/8	4/10	4/11
30-Apr	2/28	3/7	3/14	3/28	4/11	4/15	4/17	4/18
14-May	3/14	3/21	3/28	4/11	4/25	4/29	5/1	5/2
28-May	3/28	4/4	4/11	4/25	5/9	5/13	5/15	5/16
11-Jun	4/11	4/18	4/25	5/9	5/23	5/28 - Tue	5/29	5/30
25-Jun	4/25	5/2	5/9	5/23	6/6	6/10	6/12	6/13
9-Jul	5/9	5/16	5/23	6/6	6/20	6/24	6/26	6/27
16-Jul	5/16	5/23	5/30	6/13	6/27	7/1	7/3	7/3 - Wed
23-Jul	5/23	5/30	6/6	6/20	7/3 - Wed	7/8	7/10	7/11
Summer Recess [July 24 through September 9]								
10-Sep	7/11	7/18	7/25	8/8	8/22	8/26	8/28	8/29
24-Sep	7/25	8/1	8/8	8/22	9/5	9/9	9/11	9/12
15-Oct	8/15	8/22	8/29	9/12	9/26	9/30	10/2	10/3
29-Oct	8/29	9/5	9/12	9/26	10/10	10/15 - Tue	10/16	10/17
12-Nov	9/12	9/19	9/26	10/10	10/24	10/28	10/30	10/31
19-Nov	9/19	9/26	10/3	10/17	10/31	11/4	11/6	11/7
3-Dec	10/3	10/10	10/17	10/31	11/14	11/18	11/20	11/21
10-Dec	10/10	10/17	10/24	11/7	11/21	11/25	11/27	11/27 - Wed
Winter Recess [December 11, 2019 – January 21, 2020]								

To: Community Health Commission
 Re: Multi-unit Housing Smoking Violation Complaint Form/Process

April 7, 2019

Dear Commissioners,

I live in multi-unit housing with serious, consistent secondhand smoke issues. I have filled out the smoking complaint forms required by the city. I've been assured that complaints have been sustained in my building. But it has made no difference to the amount of secondhand smoke here. Most of the tenants have never complained on paper or otherwise. Their housing is at risk if they do, since many of the staff and the board are smokers, and the complaints go right to them.

Please advise the Berkeley City Council to (a.) simplify the current form and allow other options for registering complaints, such as a phone call, email, or letter, (b.) eliminate the "second complaint" requirement for city assistance, which seriously reduces the possibility of getting help at all, (c.) put compliance with the multi-unit housing smoking regulations in the hands of the inspectors who address habitability issues on a yearly basis in apartment buildings in addition to the public health department, so that obvious exposure issues can be addressed without tenant complaints, and (d.) eliminate the exemption for marijuana smoke, given the availability of marijuana edibles, oils, patches, creams, etc. and marijuana smoke's inclusion on the State of California's Prop. 65 list of carcinogens (<https://oehha.ca.gov/proposition-65/chemicals/marijuana-smoke>).

1. Eliminate the current English-only, online-only form: Please recommend that the current complaint system be eliminated in favor of allowing tenants to simply **write a letter, or make a call and/or send an email** to the city regarding smoking violations in a building to set a city investigation in motion with the assistance of city inspectors. A simpler form might be useful, but not if it's the only avenue for making a complaint at all.

A recent "Berkeley Considers" poll indicates that while fully half of the respondents experience secondhand smoke exposure, only 7% have even tried to use the current system for reporting. Even fewer found it in any way useful. The "Berkeley Considers" survey was, again, online only, English only, but at least helps clarify that the system we have used for five years since multi-unit housing smoking regulations were enacted is not effective. The forms remind me of the years I spent working as a senior advocate on complex health insurance claims, which were often designed to create, not solve problems, or stop people from filling out the form at all. For instance:

- the *only* current avenue for lodging a complaint are paper forms which are *only* available online¹ or on the second floor of *only* one city building which requires personally signing in and out² at the front desk and being given a security badge to go up to the second floor- imagine an undocumented worker in such a setting;
- the forms require an oath "under penalty of perjury" from the complainant that the information provided is true, an absurd and intimidating requirement which needlessly discourages complaints from being made at all;
- the forms are English only; four languages are routinely spoken in my building, so you can do the math there;

¹ Many of the tenants in my building do not have computer access

² Many tenants do not have computer access, and many will refrain from complaining if they can't lodge an anonymous complaint for fear of losing their housing.

- the forms require that the complaint provide the address of the property owner, information which is often unknown to the tenant, but which is available if you inquire in person at the city clerk's office if and only if the pending sale information is up to date and there are no front companies or LLC obfuscations in the mix;
- the forms require the "location of violation", which in the case of smoke is confusing and would discourage a complainant who wishes to avoid guessing the smoke's origin or the smokers' name, leaving a serious hazard for all tenants unaddressed; what you *can't* smell in secondhand smoke also damages health, and travels throughout apartment buildings through light fixtures, ventilation, etc.;
- the forms can *only* be mailed in; no faxes, no scans, no email, only a stamped envelope is allowed or a physical drop-off in that same building with the security sign-in;
- the completed form, once received by the City of Berkeley, is then forwarded to the landlord of the property *even if the landlord is the person who smokes on the property.*

The form ensures that the landlord knows who is complaining, putting the complainant at risk. Many of my fellow tenants don't have computers and won't complain at all if their names have to be on any record of any kind, so that their health and their kids' health suffers from smoke exposure but at least there's less chance of being evicted for complaining about the landlord's smoking, or his son's smoking, etc. Our building can't be alone in being a sea of nepotism and graft where those who complain about rule-breakers are much more at risk than those who break the rules.

2. Eliminate the "second complaint" requirement for assistance: The city should make responding to all complaints a matter of inquiry, not waiting around for a second complaint. Otherwise buildings where only one person has the courage to speak up will never enjoy clean, breathable air. Waiting for a second, or a simultaneous complaint suggests that the city doesn't understand the health risks, and certainly conveys to tenants that a single instance of smoke exposure is not worth attention. The "second simultaneous complaint" system does not necessarily ensure that complaints are any more real, or any more true, since any system can be gamed; it simply ensures that the city rarely has to respond at all since the likelihood of two simultaneous complaints about the same moment in time is low. Fines may or may not be useful, but should not be a substitute for other actions, such as an investigation of the property, interviews with affected tenants, etc. Fines have proven pointless in my building and caused conflict and suspicion.

3. Make all yearly city inspections inclusive of smoke exposure issues by questioning tenants directly and observing any evidence of indoor smoking (smells, ashtrays, etc.): "Are you aware that this is a smokefree building? Do you experience any secondhand smoke issues?" It would be a simple matter to include these questions in a yearly inspection, along with having the inspector note the presence of smoke-related odors or ashtrays full of cigarette butts. The city documents issues like windows which don't open, or faucets that don't work. Clean air is part of habitability, and the enactment of this ordinance should have included inspection protocol.

4. Allow anonymous complaints: I hope this goes without saying; the police assure anonymity to people reporting to assure the safety of the individual and to keep the bar for reporting low so at least they can get a sense of what the problems are in a neighborhood. The City of Berkeley should, if it cares about low income communities' health challenges, be equally interested even in a general complaint. If we're really interested in identifying multi-unit housing locations with issues, it matters a lot less who is smoking, or who is complaining, than that a neutral party from the city come to the property and take a

look. Secondhand smoke leaves indelible traces on fabric, wood, all surfaces. It sinks deep into paint, so that people who continue to smoke inside have little chance to disguise the matter, and would be easily identified. Most building managers, tenants, and landlords know who the smokers are on their properties, and, if exposure persists, have either elected to do nothing about it or are smoking themselves. It makes no sense to fine or punish the smoker *but not the landlord* who allows persistent exposure.

In my building, which has serious exposure issues, a public health staff worker came to present the new law and explain it just before it was enacted. Only one tenant besides me came to the meeting, a board member with a serious tobacco addiction who continues to insist that the building has no responsibility for smoke issues, saying "it's the city's law, the city has to enforce it."

5. Eliminate the exemption for marijuana smoke in multi-unit housing: Lungs are evolutionarily incapable of protecting themselves from small particulates in all smoke, including marijuana smoke, which is listed on the state of California's Public Health website (mandated by Proposition 65) as a carcinogen. This shouldn't surprise anyone; any organic material if combusted produces carcinogens.

The marijuana smoke exemption wasn't put there because people thought the smoke was different, or better, or even medicinal: it was put in place to avoid having to battle Big Cannabis, which wants to normalize cannabis use and re-introduce smoking in all places, public and private. The exemption for marijuana was an effort to specifically address the issue of tobacco exposure in low-income apartments, since no one can argue that tobacco use is medicinal. I worked on this legislation in its formative stage, and this is important to know.

But the time is now for Berkeley to acknowledge that smoke is smoke, that marijuana smoke damages even healthy lungs, and that Berkeley youth is being targeted and is at serious risk;

In BUSD our kids are using marijuana at much higher rates than statewide or countywide. In 2013-2015, the prevalence of lifetime marijuana use (7 or more times) among 11th graders in the Berkeley Unified School District was 38%, almost double that of the state as a whole (19.2%) and substantively more than for Alameda county (22.0%), indicating that Berkeley youth have not had difficulty obtaining marijuana for recreational use. For BUSD 11th graders, 11.4% of boys and 4.4% of girls, used marijuana on more than 10 days in the previous month, vs. 8.6% and 4.7% in Alameda County. Daily cannabis use was found to decrease high school graduation by half, compared to non-users, in New Zealand and Australia ~~(see attached)~~.

The cannabis industry has multiplied the potency of cannabis by more than 4 fold. It is selling cannabis sodas and ice teas, cotton candy and lollipops, strawberry and banana flavored pre-rolled joints. All of these are the techniques long use by Big tobacco and alcohol to attract youth and which we have struggled to contain to protect young people in tobacco control. - Lynn Silver, MD, MPH, FAAP, Senior Advisor, Public Health Institute

But that's not all. We finally have some studies on the effects of marijuana smoke on lungs:

SAN FRANCISCO (CBS SF) — Secondhand marijuana smoke may be just as bad for **your heart** as breathing tobacco smoke, according to preliminary research from the University of California San Francisco. The **study**, by UCSF professor Matt Springer, was presented Sunday at the American Heart Association annual scientific sessions in Chicago.

Two highlights of the study were:

- Secondhand marijuana smoke may have similar cardiovascular effects as tobacco smoke.
- Lab rats exposed to secondhand marijuana smoke had a 70 percent drop in blood vessel function.

Researchers tested smoke from marijuana with- and without tetrahydrocannabinol (THC) — the compound that gives pot users their high — but **blood vessel** function was impaired in both cases. Reduced blood vessel function may raise the chances of developing atherosclerosis — a **process** which causes plaque to build up in arteries, narrowing them and further restricting blood flow.

According to a U.S. Surgeon General's 2014 report, secondhand tobacco smoke causes about 34,000 premature deaths from **heart disease** each year among U.S. nonsmokers.

SOURCE: [UCSF: Secondhand marijuana smoke may damage blood vessels as much as tobacco smoke](#)

Smokefree multi-unit housing is crucial for public health. There are few policies which have such an immediate, positive effect on the maximum number of people, improving health outcomes for everyone, especially communities of color more likely to live in apartment buildings. Apartment tenants have no control over their own or their families' secondhand smoke exposure day or night if they have neighbors who smoke, and in some apartments, because of the amount of smoke, there is no moment night or day where it is safe to breathe the indoor or the outdoor air.

Many multi-unit housing tenants who smoke have learned the trick of mixing their tobacco with marijuana to exploit the exemption for marijuana, putting everyone in the building at even more serious risk given the introduction of addictive nicotine. There are at least 15 different ways to ingest cannabinoids without combustion, so no recreational or medicinal user can claim that there is any necessity for combustion, which affects the shared air in multi-unit housing.

The English-only survey: Thank you to anyone who has read this far. I would just like to say that the tendency in Berkeley is to rely more and more on online surveys to get a sense of public response, and in the case of secondhand smoke exposure this takes an already skewed design and exaggerates it further. The wealthy are most likely to live in single-family homes with a much lower rate of exposure - and have computers. Many low-income renters do not have online access, and are not necessarily contacted at all by the city even if they do. It would be helpful if these very skewed inquiries were not treated as representative; they are not.

But the good news is that whether in multi-unit housing, commercial districts, or parks, locations that collect repeated complaints are obvious, and the lessons learned from successful resolutions used in similar settings are simple to replicate. This is not rocket science; usually the tools required are education and signage. This is a great moment to recommend that public health interns tour multi-unit housing, talk to residents, follow up on complaints whether they resulted in fines or not, and take a detailed look at what is working and why, and what is not working, and why. That information should inform the next five years, so that the public has a chance to enjoy the health benefit of this ordinance, rather than remain confounded by purposefully discouraging forms. Otherwise we will here again in five years, wondering why nobody comes through a locked door.

The Housing Advisory Commission is reviewing this issue, but their recommendations leave this weak system of complaints and absence of accountability in place. I hope the Community Health Commission

can step into the discussion, take it out of the realm of irrational fears³, and bring science-based, health-oriented goals back to the table.

Sincerely,



³ Years ago when I heard the Rent Board staff object to legislation to protect people in multi-unit housing from second-hand smoke exposure saying that it would create a "rash of evictions", I wondered where they were getting their information. I worked at a nonprofit with the only national database of all tobacco-related ordinances, and we watched carefully for any unintended negative consequences of smokefree legislation - nationally and internationally. Profits in smokefree bars, restaurants, and casinos went up, not down. Smokers had little difficulty with regulations, usually requiring only signage and education. Heart attacks and stroke rates plummeted. Even the mentally ill had no issue with stepping outside to smoke. And there was no "rash of evictions" anywhere.

We were used to seeing tobacco industry propaganda work its way into mainstream thought, and I remember trying to discuss the matter, but the proponents of the "rash of evictions" mythology were adamant that tenants would be at increased risk of eviction if the legislation were to have strong protections, despite our nonprofit's presentation clarifying that landlord-tenant smoke exposure issues can just as easily work the other way; the tenant who complains - about anything, including secondhand smoke - might be just as easily targeted.

So I finally filed a public records act request and got no response. I put the matter before the Fair Campaign Practices Commission, and the Rent Board staff was obligated to state for the record that the Rent Stabilization Board had no evidence for any "rash of evictions" following the enactment of smokefree protections in multi-unit housing.

So I hope the Housing Advisory Board Commissioners and staff members will forgive my horror at hearing that same tobacco industry propaganda stepping out of its grave all over again at the Thursday, April 4th, 2019, Housing Advisory Board Commission meeting. I waited for someone to address the matter, and finally spoke out of turn. I am a three-time cancer survivor, and I don't let tobacco industry propaganda go unaddressed.

There is no correlation between secondhand smoke protections and evictions. And far from being opposed by the "tenant community", smokefree housing is a grassroots effort supported nationwide by tenants and landlords alike for the simple reason that the majority in every income group, every racial group, and every age group do not smoke. Not even in Kentucky. Here in Alameda County, most people who do smoke already walk outside to smoke even without the guidance of legislation. We are fortunate to have a very low rate of smoking in Alameda County, smokers who support smokefree legislation and who comply at a very high rate.

We need strong protections for the minority of people who are unfortunate enough to have neighbors who expose them to secondhand tobacco and marijuana smoke, both of which are listed on the State of California's Prop. 65 list of carcinogens and both of which seriously and immediately reduce endothelial function. I am proud of having assisted in writing smokefree legislation for the City of Berkeley in the past, and want to thank the commissioners who invited me to participate. Please make sure your commission has accurate information by checking it with the dedicated experts in this area at the American Lung Association, the American Cancer Society, Americans for Nonsmokers' Rights, the American Heart Association, Berkeley's Community Health Commission, and the UCSF Tobacco Research Center. I do not want to see the initial weakness in our ordinance, which was based on disinformation, compounded by further inaccuracies.

Carol Denney
1970 San Pablo Ave #4
Berkeley, CA 94702
510-548-1512

Action Calendar – Public Hearing

16. Cannabis Ordinance Revisions; Amending the Berkeley Municipal Code

(Continued from March 12, 2019)

From: City Manager

Recommendation: Conduct a public hearing and upon conclusion, provide direction regarding proposed ordinance language alternatives and adopt the first reading of five ordinances amending the Berkeley Municipal Code (BMC) which would:

1. Clarify cannabis business operational standards and development standards, such as quotas and buffers, for all cannabis business types;
2. Revise ordinance language to reflect State regulations;
3. Create a path to allow a new business type (Retail Nursery Microbusinesses);
4. Protect youth by restricting cannabis advertising within the city; and
5. Allow temporary cannabis events at Cesar Chavez Park.

The ordinances would adopt BMC Chapters 12.21 and 20.40, amend Chapters 12.22, and 23C.25, Sub-Titles 23E and 23F, and repeal Chapters 12.23, 12.25 and 12.27.

Financial Implications: See report.

Contact: Timothy Burroughs, Planning and Development, 981-7400

Action: M/S/C (Arreguin/Hahn) to suspend the rules and extend the meeting to 11:30 p.m., and to hold over Item #12 to April 23, 2019.

Vote: Ayes – Kesarwani, Davila, Bartlett, Harrison, Hahn, Robinson, Arreguin; Noes – Wengraf; Abstain – None; Absent – Droste.

Action: M/S/C (Arreguin/Hahn) to accept supplemental material from Councilmember Hahn on Item 16.

Vote: Ayes – Kesarwani, Bartlett, Harrison, Hahn, Wengraf, Robinson, Arreguin; Noes – Davila; Abstain – None; Absent – Droste.

Action: M/S/C (Hahn/Arreguin) to suspend the rules and extend the meeting to 11:45 p.m., and to extend debate for 20 minutes.

Vote: Ayes – Kesarwani, Davila, Bartlett, Harrison, Hahn, Robinson, Arreguin; Noes – Wengraf; Abstain – None; Absent – Droste.

Action: M/S/C (Hahn/Arreguin) to suspend the rules and extend the meeting to 12:00 a.m.

Vote: Ayes – Davila, Bartlett, Harrison, Hahn, Robinson, Arreguin; Noes – Kesarwani, Wengraf; Abstain – None; Absent – Droste.

Action: M/S/C (Hahn/Arreguin) to suspend the rules and extend the meeting to 12:15 a.m.

Vote: Ayes – Kesarwani, Davila, Bartlett, Harrison, Hahn, Robinson, Arreguin; Noes – Wengraf; Abstain – None; Absent – Droste.

Action Calendar – Public Hearing

Action: M/S/C (Hahn/Arreguin) to suspend the rules and extend the meeting to 12:20 a.m.

Vote: Ayes – Kesarwani, Davila, Bartlett, Harrison, Hahn, Robinson, Arreguin; Noes – Wengraf; Abstain – None; Absent – Droste.

Public Testimony: The Mayor opened the public hearing. 12 speakers.

Action: M/S/C (Arreguin/Hahn) on the severed portion to state the intent of Council to limit the number of retail establishments to a total of seven (including the equity applicant) for a period of three years.

Vote: Ayes – Bartlett, Harrison, Hahn, Wengraf, Arreguin; Noes – Kesarwani, Davila, Robinson; Abstain – None; Absent – Droste.

Action: M/S/C (Arreguin/Hahn) to adopt first reading of Ordinance No. 7,645–N.S. (Amend BMC Title 12); Ordinance No. 7,646–N.S. (Add BMC Chapter 20.40); Ordinance No. 7,647–N.S. (Amend BMC Chapter 23C.25); Ordinance No. 7,648–N.S. (Amend BMC Sub-Title 23.E); and Ordinance No. 7,649–N.S. (Amend BMC Sub-Title 23F) with amendments as noted below. Second reading scheduled for April 23, 2019.

- Amend Section 12.21.040.D to state that “Cannabis Businesses shall only obtain Cannabis from licensed ~~cultivators~~ distributors as authorized by California law”
- Amend Section 12.22.040.F.3 to reflect the Community Health Commission recommendations regarding size of type on signage and location of signage at Retailers;
- Approve Alternative B (Cannabis Commission Recommendation) in 12.21.040.H.2 requiring Retailers, Distributors and Cultivators to have security cameras, alarms and lighting but no guards;
- Approve Alternative A (Staff Recommended Language) in 12.21.040.I.1 requiring Retailers, Distributors and Cultivators to secure exterior windows and doors with bars and metal gates, or have a security guard on site during non-business hours;
- Amend Section 12.22.030 as recommended by staff “No Principal of any business of a certain license...”
- Strike Section 12.22.040(D) “Retailers may not distribute free samples”;
- Approve Alternative A (Staff Recommended Language in 12.22.040.H.1 allowing delivery from established retailers to customer residences but prohibiting dynamic delivery;
- Strike Sections 12.22.070(4)and(5);
- Remove language in BMC Section 12.22.100 permitting Cannabis Events;
- Remove Section 20.40.130(D), “Signage may not include depictions of cannabis or cannabis products. Logos with such depictions are also prohibited on signs.”

Action Calendar – Public Hearing

- Remove Section 23C.25.010.E regarding “No changes in ownership or approved location”;
- Approve Alternative C (Planning and Cannabis Commission Recommendation) in Section 23C.25.010.B “Retail Uses”, keeping existing 600 foot buffers for Retailers;
- Approve Alternative A (Staff Recommended Language) in Section 23C.25.040.B.2(b) permitting Retail Nursery Microbusinesses as of right with a Zoning Certificate in the C- and M- prefixed zones.
- Refer the Civic Arts Commission’s recommended language to the Planning Commission on protecting Live Work spaces from conversion to cannabis uses
- “Delivery-Only Retailer” should be moved to a stand-alone definition in Section 12.21.020
- Include Staff Recommendation Alternative A in Section 23C.25.010.F.1 regarding a limit of six retailers
- Amend Section 12.21.090 to change nuisance to administrative citation
- Add a ban on dynamic delivery

Deferring to Phase 2 of Cannabis Ordinance amendments:

- On-site consumption of cannabis products
- Buffers for Retailers
- and Community Health Commission recommendations on health/warning signage

Stating the intent of the City Council that with the exception of a seventh Equity Retail license, that the Council will not approve any additional Retail permits for a period of three years.

Vote: Ayes – Kesarwani, Davila, Bartlett, Harrison, Hahn, Wengraf, Robinson, Arreguin; Noes – None; Abstain – None; Absent – Droste.