Implications of the Current Crisis in Insurance Availability and Affordability. Their report focused on issues broader than just medical malpractice litigation. Nevertheless, the Tort Policy Working Group's recommended tort reforms similar to five of the seven HHS recommendations listed previously.

At the State level, many State legislatures have passed some form of tort reform affecting medical malpractice litigation in their last sessions. While creative and individual in their approaches, the new laws still seem to fall within the framework of the recommendations made by HHS's task force. For example, six States adopted measures to limit attorneys' fees in 1986.

I think this growing consensus is a positive sign for both patients and any person who pays for medical insurance. There is no doubt that we pay the bills for out-of-control insurance rates, the withdrawal of doctors from certain critical specialties, and defensive medical practices like unnecessary tests. Now, with a clear direction forming and reform moving through the States, we will all be the beneficiaries. That is important for our pocketbooks and important in ensuring the quality of the health care that we have access to and receive.

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Assistant Secretary for Health

NOTE: Single copies of "Report of the Task Force on Medical Liability and Malpractice" are available free from the Office of the Counselor to the Under Secretary, U.S. Department of Health and Human Services, Rm. 639-H, Hubert Humphrey Bldg., 200 Independence Ave., SW, Washington, DC, 20201.

Injury Prevention and Control Comes of Age

I have drunk from wells I did not dig, and I have warmed by fires I did not build.—Proverb

This is an extremely important time in injury control and public health. While we talk of new opportunities for solving old problems, we simply must pay tribute to those who have come before us. I think of the proverb cited. In injury control today, we are building on the methodologies—epidemiology, surveillance, evaluation—that have been honed through the decades.

Injury control interrelates with all of society: politics, law enforcement, mental health, pediatrics, business, mining, transportation. And it relates to all of history because the one consistent plague throughout history, year in and year out, from one culture to another, from one country to another, has been the plague of violence. Our work to control injury will affect the course of that plague for future history.

Many in public health talk about the world as becoming a global village where nations and continents are interdependent. They speak about this interdependence as if it were a new phenomenon. But Polybius, over 2,000 years ago, wrote, "Now, in earlier times, the world's history has consisted of a series of unrelated episodes, but from this point forward, history becomes an organic whole." So, by our efforts to curb intentional and unintentional injuries, we are sowing seeds of immortality in relation to future prevention, future treatment, future rehabilitation, and even in relation to war and its avoidance.

The recent history of injury control provides us with the names of some innovators to be thanked. To them, what is new is not the approach, but the recent and widespread interest in injury control. We thank those in academic public health: Susan Baker, Leon Robertson, Julian Waller, and others. We thank those in public health practice, particularly Robert Saunders of Tennessee, who was instrumental in getting child restraint laws passed, and William Haddon and Brian O'Neill. We thank those in the Public Health Service, from Jim Goddard, who 30 years ago directed an injury control program that was ahead of its time, to the present Surgeon General, Dr. C. Everett Koop, who has been promoting violence control. We thank workers with the Department of Defense, the Department of Transportation, and the National Traffic Safety Administration—especially Michael Finkelstein for his work over the past years.

Yet, despite all of these people, the response has not been commensurate with the problem. Society has simply accepted injury as being inevitable—that, despite the lessons of history, this is a cause-and-effect world; despite the fact that we are a scientific culture, we have remained fatalistic when dealing with injuries. This belief is a throwback to the Middle Ages.

The public health response is certainly not commensurate with the problem. How often have we heard that injury and violence are not public health problems? They are enforcement problems or transportation problems, but not public health problems.

Well, thankfully, old adages die when they lack substance. For example, in 1905 Grover Cleveland said that reasonable and sensible women did not want the vote; in 1899 Charles Duell, Director of the U.S. Patent Office, said that everything that could be invented had been invented; and Robert Milligan, 1923 Nobel Prize winner in physics, said that there was no likelihood that man could ever tap the power of the atom. So adages do die, and now violence is recognized as a public health problem.

One person who deserves our gratitude and praise for this change in attitude is Congressman William Lehman. He arranged for the National Academy of Sciences to look at the problem of injury in America. But that in itself was not sufficient. Earlier, injury in America had been investigated by the National Research Council and the results published in 1966 in "Accidental Death and Disability: The Neglected Disease of Modern Society" (*1*). That report pointed out the need for preventive measures, but nothing happened. Two and a half million Americans were to die from injuries between the time of that report and the time of the 1985 study by the National Academy of Sciences (*2*).

The recent landmark publication, "Injury in America," was put together by an unusual committee that included not only public health people but surgeons (among them neurosurgeons) as well. Those surgeons were as vocal as anyone in saying that the answer to the problem of injury is prevention, that we must become involved with surveillance and epidemiology, and that we have to involve the public health community. The committee pointed out that injuries take more years away from Americans before they reach age 65 than cancer and heart disease put together, but only a fraction of research money is put into injury control.

Once this report was completed, Congressman Lehman arranged for money to be put into the Department of Transportation's budget for a National Center for Injury Control. Later, the American Public Health Association organized people at the State level when funding for that Center was threatened.

This we know about the injury problem: 10,000 deaths per month in this country are caused by injuries. The problem is worse internationally because intentional violence in many countries exceeds what we find in the United States, and unintentional violence is rapidly increasing along with the numbers of vehicles and machinery.

Violence is a major problem, but it is solvable. More than that, it is worth solving. It is worth the time of professionals; it is worth the resources. Preventing violence will improve the quality of life in this country and the world.

Now that attention has been focused on injury control and the coalition is developing among the Department of Transportation, the Department of Defense, the Public Health Service, Congress, Federal and State governments, and the private sector, solutions will come faster and faster. But, safety will impinge on profits. Safety will impinge on freedom. It will often be resisted by an industry that can be powerful enough to have political influence. And, as in the case of handgun control, we who advocate prevention shall not be heard when we use the rational arguments that are accepted in the field of science or in most of society. However, it is important to remember that we shall be institutionalizing a process that will become increasingly rational.

The epidemiologic demonstrations of Semmelweis and John Snow gained new power when epidemiology was institutionalized as academic epidemiology by Wade Hampton Frost at Johns Hopkins. Public health epidemiology gained even more power when it was institutionalized by Alexander Langmuir in the Epidemic Intelligence Service. Injury control is now gaining power because it is being institutionalized. We public health workers are now the diggers of wells and the builders of fires for the generations to come.

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Adapted from Dr. Foege's presentation at the 1987 Conference on Injury in America, Atlanta, GA, February 17-19, 1987.

References

1. Accidental death and disability: the neglected disease of modern society. National Research Council, Washington, DC, 1966.
2. Committee on Trauma Research of the National Research Council: Injury in America: a continuing public health problem. National Academy Press, Washington, DC, 1985.

One Fine Solution to the Injury Problem

Injury makes the news every night. The national networks never fail to devote at least one story to injury, but the broadcast coverage comes into our homes on the local news day after day: fires, crashes, muggings, murders, suicides, and drownings. This is injury, termed by the National Academy of Sciences as the leading public health problem in the United States today. Yet, despite the devastatingly high toll it takes from our society, injury remains an area that is largely unappreciated by the health community and underfunded in terms of research and prevention. Why this disparity between the attention we give to injury as a news event and the lack of attention we give it as a public health problem?

The first explanation is a conceptual barrier: We tend to think of injuries as "accidents," random events that occur by chance, unrelated to anything we do, or could do. We are starting to learn otherwise. We are learning that we can save thousands of lives by building more crash-worthy cars, by wearing seatbelts, and by reducing drunk driving. But, we would be even further ahead if we stopped using the word "accident" and substituted injury. Let us not underestimate the power of a word. Look at the effect, for example, of the term "recreational drugs." Substance abuse kills thousands of people each year, many through fatal injuries related to motor vehicles or firearms. Is not the term "recreational drug" an oxymoron? Is not "accident"?

The second explanation for our lack of progress in injury control is that there has not been a coordinated effort to unite and lead the field toward a common goal. Disparate groups have attacked different types of injuries at various times, but there has not been an identified field of injury control nor an identified discipline of injury control practitioners. This is going to change. The Centers for Disease Control (CDC) has been designated as the lead agency for injury control, and the 1987 Conference on Injury in America was CDC's coming out party. In partnership with the National Highway Traffic Safety Administration, CDC plans to make this national injury conference an annual event where the formerly disparate groups and isolated individuals come together to share information and develop common strategies and approaches. The second annual conference on Injury in America will be held September 14-16, 1988, in Seattle, WA.

We have also adopted a fine approach to overcoming the conceptual barrier to injury control. Anyone caught using the term "accident" to refer to an injury will be fined 25 cents. The fine will be payable by the honor system, mailed to me at our newly renamed center at CDC. Even if only a few of us are honest and abide by our honor system, we will markedly improve the status of funding for injury research.

And what is the new name of our center at CDC? As of August, we became the Center for Environmental Health and Injury Control. And that, my friends, was no accident.

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