

Synchronizing the Roles Of State Agencies For Traffic Safety

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SEVERAL years ago I began talking to State and local health workers about traffic accidents and their prevention. There appeared to be a consensus that traditionally this was the business of police officials and traffic administrators.

But when I asked the State motor vehicle administrator of a heavily populated eastern seaboard State whether he thought public health workers had a role to play in traffic safety, his answer was direct and very much to the point. This was the gist of his reply:

"The problem of traffic accidents is so great, we traffic administrators need all the help we can get. We can't take a high-risk driver off the road until there is scientific proof that he is a high-risk driver. We seldom have that proof. We need it badly. At least in the case of drivers with chronic illnesses and disabilities, it would be helpful to have the cooperation of the public health and medical professions in evaluating the degree of risk involved in giving a license to a driver who has such a disease as diabetes, heart disease, or epilepsy."

He quickly pointed out, however, and I believe rightfully, that "motor vehicle administrators and police officials did not want health people trying to run the show."

In short, there is a role for public health workers and physicians in traffic accident prevention . . . and an important role.

In the spring of this year, Dr. James L. Goddard, chief of the Accident Prevention Program in the Division of Special Health Services, Pub-

Dr. Chapman, an Assistant Surgeon General and chief of the Division of Special Health Services of the Public Health Service, presented this paper at the meeting of the Association of State and Territorial Health Officers in Washington, D. C., on October 23, 1958.

lic Health Service, working closely and cooperatively with Basil R. Creighton, assistant executive director of the American Association of Motor Vehicle Administrators, arranged for a 2-day conference between 8 State health officers and 8 State motor vehicle administrators and a few other officials.

It was a very successful conference. Almost within minutes it was realized that State health officers had remained aloof from the problem of traffic accidents in many States on the mistaken assumption that they had no stake in them. And the traffic administrators realized that there were many types of help that they could have obtained if they had sought the assistance of State health departments. Never before have I attended a conference in which two previously unacquainted groups of people worked so single-mindedly toward a common objective.

Because of this singleness of purpose some very constructive recommendations stemmed from the conference. It was suggested, for example, that the relationship of the two agencies in each State be explored by the Public Health Service and that a report of the findings be made available to the American Association of Motor Vehicle Administrators and to the Association of State and Territorial Health Officers.

A sample of some of the facts gleaned from this report shows current participation by State health officers in traffic safety and indicates ways in which they may be able to contribute further.

- State health departments hold membership on only 23 of the 42 governor's committees on traffic safety.

- In only 4 States are cases of diabetes and epilepsy reported by physicians to State health departments. In only 7 States do physicians report cases of these diseases to the State motor vehicle administrator.

- In only 1 State are mental patients reported to the State health department, and in only 10 States are such reports received directly by State motor vehicle administrators.

- Death certificates are sent to motor vehicle administrators by State health departments in 15 States, so that licenses are no longer recorded in the name of dead people.

- In 17 States, cooperative studies are being conducted by the State health department and the State motor vehicle agency. In 12 of these

States these cooperative studies are associated with the Cornell Automotive Crash Injury Research.

Suggestions for improving cooperation between State health departments and motor vehicle administrators follow.

Driver Licensing

The responsibility for advising State motor vehicle administrators concerning criteria that can be used to limit the driving privileges of persons who are suffering from diseases that may make them high-risk drivers is clearly a medical responsibility in which the entire medical profession must share. The State health department is the logical medium for bringing the State medical association and private physicians actively into the picture.

The weighing of the merits of reporting patients with diabetes, epilepsy, and heart disease to motor vehicle agencies is not a responsibility that should be sidestepped by the medical profession. As in all other problems involving doctor-patient relationships, there are two sides to this question. But serious consideration should be given to the merits of this activity by State health departments and medical societies.

Communication

Whether communication between the State health officer and the State motor vehicle administrator is established and maintained via a governor's traffic safety committee, frequent informal meetings between representatives of the two agencies, a system of regular, frequent exchange of reports, or through working together in cooperative studies, great improvement in the quality as well as the quantity of communication is essential.

Research

Epidemiology long has been considered the domain of health departments. As long as so little is known about the personal factors that contribute so substantially to traffic accidents, it would seem reasonable to expect most State health departments to follow the lead of the New York State Health Department, the California State Health Department, and others in

devising, conducting, and supporting epidemiological studies that can give us some of the many answers we now lack concerning driver accident susceptibility. And finally, there remains this question, which State health department personnel, physicians, police officials, and motor vehicle administrators will have to find the answer to: When you have identified the high-risk driver, how do you get him off the road?

Education

There are many facts known to science which, if communicated successfully to the driving public, could reduce the toll of traffic accidents. For example, facts about:

- The effects of drugs, such as the antihistamines, on driving ability.
- The effect of alcohol on reflexes and judgment.
- The effect of fatigue on reaction time.

In addition, there is a vast field ripe for study and investigation by medical and paramedical personnel:

- The effect of emotions on driving ability.
- The personality pattern of chronic traffic violators.
- The motivations of persons who drive in an irresponsible fashion.

The modern American car, although not perfect from the standpoint of safety design, is still a miracle of scientific achievement. Relatively few accidents occur primarily because of mechanical faults or failures.

This cannot be said of American drivers. Almost anyone is permitted to drive a car today under any and all conditions. While our scientists have been busy harnessing the atom, and medical scientists have been successfully confining once epidemic diseases such as malaria and poliomyelitis, relatively little time, money, or attention has been spent in determining the basic reasons why 40,000 Americans are killed by automobiles each year.

To me, all of this is a challenge which has been inexcusably evaded by the rank and file of the public health and medical professions for several decades. The question now is: What are we going to do about it?