Traffic safety lessons ignored in confronting COVID-19

Leonard Evans

Traffic safety policy in the USA has been a catastrophic failure because it rejects science.[1–3] This notwithstanding, some successful US traffic safety measures provide lessons that were ignored in confronting the COVID-19 pandemic.

After safety belts were installed in vehicles, government and industry promoted belt use. Still, US belt-wearing rates stagnated at around 14%. Rates reached 90% only after mandatory laws were passed. Laws requiring masks to inhibit COVID-19 ran into passionate opposition using the *freedom* argument that government should not tell citizens what to do. Yet the case against compulsory belt-wearing is vastly more persuasive than the case against compulsory mask wearing. Not wearing a belt threatens directly only the non-wearer, whereas not wearing a mask threatens everyone in the vicinity of the non-wearer.

Many politicians use the freedom argument to claim that citizens have the right to be in public unvaccinated and to keep their vaccination status secret. There is a vastly more persuasive freedom case for abolishing all drunk driving laws. Drunk driving kills 'only' about 10 000 Americans per year, whereas COVID-19 far exceeds that total in a month. More important is that drunk driving threatens mainly the drunk drivers themselves. The compelling justification for denying drivers the freedom to drive drunk is not to protect drunk drivers but to protect others they may harm. Major reductions in drunk driving followed laws prohibiting driving with more than a specified amount of alcohol in blood. Police may take a breath sample from an unwilling driver. Yet laws allowing government to determine how much alcohol is in a driver's blood are hugely popular. So much for the freedom argument, which rationally applied proclaims the rights of pilots and bus drivers to keep their alcohol consumption private. It also suggests that we get rid of all drunk driving laws before considering allowing non-vaccinated individuals to risk infecting others.

One great triumph in US public health has been smoking reductions. Widespread prohibitions against inflicting secondhand smoke on fellow citizens abound, yet the right to inflict lethal COVID-19 is hailed as a fundamental right.

A major contributor to the death tolls from traffic and COVID-19 is the denial of science, the denigration of knowledge and expertise, the democratic toxic notion that everyone's opinion is valuable and the most popular opinion wins. Would the following fanciful scenario clarify? An airline has completed one-third of a scheduled trans-Atlantic flight when the pilot informs passengers that instruments indicate an engine problem requiring landing at the nearest airport. A loud-mouth passenger bellows 'Hell no! I vote we ignore the defective instruments and proceed as scheduled. Will all those who would like to arrive on time vote with me'. They vote, and all die. People would find this all quite silly—they know they know little about aircraft technology. The tragedy in traffic and COVID-19 is that while important knowledge exists, loud-mouths abound. The case that technical questions should be answered by the technically informed is unlikely to be effectively presented by US politicians who are themselves overwhelmingly technically illiterate.

A staggering 750 000 Americans have died from COVID-19, almost all of them from breathing in what an infected person breathed out. That infected person was nearly always unmasked and unvaccinated.

The common theme in the above examples is that the risk communication for COVID-19 has been worse than disastrous. The focus has been so much on protecting yourself and not on protecting your neighbours, friends and family. It is as if the message on drunk driving was 'Don't drive drunk – you might harm yourself'. When not on self, the COVID-19 message has been on abstractions like bending curves and public health, rather than 'are you willing to kill the next old person you encounter?'.

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