Motor vehicle occupant protection for children

EDITOR,—Thanks for the several articles in the June issue that discuss motor vehicle occupant protection for children. I have a few comments to add to the discussion.

In response to your comment about possible industry foot dragging in ‘Random thoughts’, the debate going on throughout the auto and seat belt industries and the National Highway Traffic Safety Administration (NHTSA) right now is not whether to install universal anchorages for child restraints, but which design will be the best in the long run. A design standard is to be agreed on and adopted, it must allow for the greatest flexibility of future improvements. Many advocates as well as industry experts in the occupant protection field do not think that the uniform restraint (UCRA) design proposed by General Motors and the NHTSA (UCRA, the ‘American ISOFIX’) is the best design. The Europeans have moved ahead to begin the refinement of the ISO committee’s ‘rigid anchor’. We envision, as with compatible child restraints with ISO committee’s ‘rigid anchor’, the greatest flexibility and compatibility for future improvements.

The General Motors ‘UCRA’ design uses existing seat belts (buckles and webbing). It ignores the extensive research and consensus building that has gone into the ISO committee’s design. I, and many others, feel strongly that adoption of the General Motors design is likely to stall innovations. The UCRA is ‘uniform’ but will never be ‘universal’ as with the Europeans, Canadians, and Australians are planning on using the rigid anchor.

As Dr Flaura Winston says in her comment on Clinton’s ‘Best’ report, allagree that the final NHTSA rule will further universal harmonization as well as promote long range adaptability. So the opposition to the General Motors proposal as put forward by Dr Flaura Winston and myself is strong (as with airbags) but a desire by the international community to achieve what we have long envisioned, a truly foolproof snap-in installation for child restraints.

I urge you to support Dr Fred Rivara’s conclusion (ISCAIP report) that children’s restraint use needs more attention. Regarding child airbag fatalities, I would like to point out that the children (other than rear facing infants) who have been killed were NOT using restraints at all or used them incorrectly. We don’t have any evidence yet that forward facing children in child restraints or using lap and shoulder belts correctly are in danger of dying due to the anchor type of some restrained children have been injured.

While the ‘Back Seat is Best’ may be statistically true, many advocates believe that it is not suitable for such practice. If the choice were between putting a 6 year old child in a lap belt in the back rather than the lap/ shoulder belt with a belt positioning booster in the front, I would rather put that child in front. Studies that have shown a rear seat advantage have focused on deaths, because adequate injury data (that would show ‘seat belt syndrome’ injuries from rear seat lap belts) (for example), are not available. Also, as shut-off switches, smart airbags, and other devices come on the market, the front seat airbag hazard will no longer apply. I urge caution in the institutionalization of the back seat message into state law, as has happened in Rhode Island this year.

DEBORAH STEWART
Editor, Safe Ride News, 1117 Isla So.
Lake Forest, PA 19085, USA
(tel: +1 206 364 5969; fax: +1 206 364 3992; e-mail: safetrnd@aol.com)

PS. Safe Ride News is a quarterly report on developments in child occupant protection and bicycledemographics targeted toward designers and ‘how-to’ information related to child restraints, summaries of recent research, innovative programmes, and new researches. The newsletter is ‘uniform’ but will not cover Canadian and American programmes.

Should injury prevention programmes be targeted?

EDITOR,—I read with interest the September issue of Injury Prevention regarding debate concerning targeted programmes versus population approaches in injury prevention. I do not agree with Ward’s assessment that ‘most parents are able to determine for themselves the risk of their child falling’, nor that ‘most parents will not be capable of such determinations’, but because of other variables that come into these determinations—such as values and socioeconomic conditions, to mention.

I disagree with her conclusion that ‘for a planned intervention to be effective, the people in these groups, or their carers, will need sufficient information to understand the need, and to “do to any action”’. I think this assumption that all the public needs is ‘sufficient information’ that I take to task. It is not due to the sufficiency of information per se that people change behaviours or that programs succeed or fail. Behavioural change and programs succeed because of the interplay of a number of other variables. I mentioned two only because they are so easy to identify and tend to be interrelated. Single moms with a few kids may be sufficiently informed that lights can be easily used by children; she may even be sufficiently informed that she should take care to make sure that her child is wearing a seat belt but not to mix. But after seeing dozens of young children a year who play with their single mom’s lighter, I observe that people in this situation have made decisions based on different values—namely values based around the care of arguably the most hazardous device next to the automobile—the lighter; values that betray being disadvantaged.

As Jerry Moller writes in his Dissent, the economically disadvantaged are becoming increasing so.1,2 Meanwhile the advantaged hardly realize the extent to which they are advantaged. The advantaged not only face little risks with some information, but also a lot more choice—from being able to afford the interconnected smoke alarms on each floor of their homes, to the hot water regulator on their bath tub, and a host of other design advantages the advantaged take for granted.

The problem with only doing population based programs is that the advantaged are already far safer, while the disadvantaged are far far behind. For this and other reasons, I believe that programs need to be targeted and need to be population wide—I believe in ‘both-and’. In other words, there is room for a fire safety curriculum like LEARN NOT TO BURN to be used school wide, while targeting the most at-risk (high risk) communities with more services.

Thus I echo Moller’s final statement ‘while universal interventions have their place, we have not yet reached a stage where we can abandon our commitment to interventions targeted to high risk groups’.

RH FOERGER
Fire Inspector and Coordinator of Child Fireersitters Project, Emergency Prevention Program, Public Safety and Education Branch, #301, 1222 Stony Plain Road, Edmonton, Alberta T6E 5C2 Canada


Death on the road

EDITOR,—Every year more than 40 000 people are killed on US roads. Each of these people was someone’s child, mother, father, or other loved one. The death of Princess Di, however, has focused public attention on motor vehicle crashes in a way that is previously unparalleled. The public is reminded yet again that speed kills, drinking and driving can be fatal, and not wearing a seat belt contributes to the seriousness of injury. We know these things and even have strict laws addressing them, yet such tragedies happen every day in every part of the world. Clearly knowledge and laws cannot always protect. If anything good is to come out of the Paris crash tragedy, we must do more than redouble our efforts to promote and enforce safe driving behaviors. We also must educate ourselves and our decision makers about what other prevention options are available and effective, so that when the ubiquitous lack of perfection in human nature surfaces, it need not kill.

While we don’t yet know enough details about the Paris crash that killed Princess Di and her companions, we do know that cars can be built to provide occupant protection and so they cannot exceed reasonable speeds. The sides of roads can be designed to cushion and safeguard the errant car. Vehicle systems can prevent intoxicated drivers from driving. Better transport systems can attract the public to safer means of travel.

These are not radical suggestions, but feasible and potentially effective. A fundamental tenet of the science of injury control is that prevention should be focused on the ‘weakest link’ in the chain of causal events leading to a crash. However, it is not clear that there are things that can be done to reduce vulnerability. Let us seize this opportunity to educate the public about additional options that include car design, road design, and alternative forms of transport, because it is through public support and advocacy that change can occur.

ANDREA GIELEN
Graduate Student
John Hopkins School of Public Health
624 North Broadway,
Baltimore, MD 21205, USA

Downloaded from http://injuryprevention.bmj.com/ on January 27, 2018 - Published by group.bmj.com
Motor vehicle occupant protection for children.

D. Stewart

*Inj Prev* 1997 3: 312
doi: 10.1136/ip.3.4.312

Updated information and services can be found at:
http://injuryprevention.bmj.com/content/3/4/312.1.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/