

PostScript

LETTERS

Resources for terror and road injury prevention

We question the ethics and logic underlying the thesis that a shift of resources from terror prevention and deterrence to road injury prevention is dictated by the huge differences between the relatively small death tolls from terror and the large death tolls from road injury in OECD countries.¹

The follow up period (1994–2003) is cut off before the terror attacks in Madrid (191 dead) and London (52 dead), and the tolls do not include overseas deaths of OECD citizens, as in the attacks in Bali, Egypt, and Tunisia. The boundaries exclude Israel (a member of WHO Europe and signatory to many EU agreements) where over 550 civilians were killed in terror attacks between September 2000 and January 2003.²

The study ignored the victims of the Moscow theater attack, the 300 victims of terror in Beslan, most of whom were children, and the thousands of civilian dead in Iraq from terror attacks. Genocidal terror in prosperous countries cannot be insulated from global terrorism, given the remarkable ability of its vectors—the perpetrators—to move around the global village.

In road injury prevention, the barrier to major progress in reducing death tolls is not budget, but the direction and content of injury prevention programs. Speed camera networks in Victoria, Australia and in the UK have reduced road death tolls by some 40–50% in the last decade, and themselves pay for their operation.^{3,4} By contrast, prevention of terror is cost intensive, since the results have to be failsafe.

Indeed it could well be that low death rates from terror in OECD countries are precisely a result of the massive investments in terror prevention. The bizarre logic used by the authors would justify neglecting the upkeep and maintenance of the dykes in the Netherlands, because that country has had no floods in recent years. It would lead to the suspension of cost intensive failsafe airport and airplane security for aircraft flying to and from Israel because Israel has not experienced a hijacking since 1972. If there have been no more 9/11s in the USA, it is quite possibly a result of the costly interventions which this paper questions.

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References

- 1 **Wilson N**, Thompson G. Deaths from international terrorism compared with road crash deaths in OECD countries. *Inj Prev* 2005;11:332–3.
- 2 **Institute for Counter-Terrorism**. International Terrorism Database. Available at <http://www.ict.org.il/> (accessed February 2006).
- 3 **PA Consulting Group**. The National Safety Camera Programme: four-year evaluation report. December 2005. Available at http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/downloadable/dft_rdsaf_ety_610816.pdf.
- 4 **Richter ED**, Friedman LS, Berman T, et al. Death and injury from motor vehicle crashes a tale of two countries. *Am J Prev Med* 2005;29:440–9.

Climate change control and injury prevention: more win-win solutions

The journal recently published an excellent special feature on climate change and injury prevention by Roberts and Hillman.¹ The authors detailed a number of “win-win solutions” whereby actions to prevent climate change were also likely to contribute to injury prevention. However, their list was incomplete and we wish to point out some additions:

- The use of carbon charges on fossil fuels would be likely to reduce injuries for two reasons. The first is the historical evidence around petrol prices and motor vehicle fatalities;^{2,3} the second is that, if the carbon charge were not offset by other tax reductions, then it would raise revenue that could be used to invest in improved public transport systems. That would help lower injury rates, because public transport is safer than private vehicle use. The Intergovernmental Panel on Climate Change has also reported that controlling road traffic would benefit health through reductions in road traffic crashes.
- Reducing domestic hot water temperatures can prevent scalding injuries⁴ and also save both energy and financial resources.
- The introduction (and extension) of daylight saving schemes in many countries can save both energy and potentially reduce motor vehicle and pedestrian injury rates.⁵

If Western economies transmitted price incentives via carbon charges, then demand reduction, increased energy efficiency, and substitution of non-fossil fuel renewables for oil would decrease Western dependence on Middle East oil. This in turn could reduce the perceived need for military interference by Western powers in the Middle East and elsewhere, and reduce the risk of deaths and injuries from both military operations and international terrorist attacks.

Collectively, these additional “win-win solutions” may have substantive impacts on preventing injuries as well as contributing to a lowering of greenhouse gas production.

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References

- 1 **Roberts I**, Hillman M. Climate change: the implications for policy on injury control and health promotion. *Inj Prev* 2005;11:326–9.
- 2 **Leigh JP**, Frank AL. Gas taxes and motor vehicle fatalities. *J Health Polit Policy Law* 1988;13:723–34.
- 3 **Scuffham PA**, Langley JD. A model of traffic crashes in New Zealand. *Accid Anal Prev* 2002;34:673–87.
- 4 **Ytterstad B**, Smith GS, Coggan CA. Harstad injury prevention study: prevention of burns in young children by community based intervention. *Inj Prev* 1998;4:176–80.
- 5 **Ferguson SA**, Preusser DF, Lund AK, et al. Daylight saving time and motor vehicle crashes: the reduction in pedestrian and vehicle occupant fatalities. *Am J Public Health* 1995;85:92–5.

CORRECTIONS

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Several errors occurred in the paper by Fingerhut and Warner in the last issue of the journal (*Inj Prev* 2006;12:24–9). Six cells of the IMD matrix shown in Figure 1 have been changed to display the correct codes. The cells that have changed are as follows: vertebral column and internal organ injury; vertebral column and other specified injury; multiple body regions and unspecified injury; multiple injuries and upper extremity injuries; multiple injuries and other lower extremity injuries and other lower extremity and other specified injury. The correct table is on the *Injury Prevention* website: <http://ip.bmjournals.com/cgi/content/full/12/1/24/DC1>

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Several errors occurred in the paper by Boufous and Finch in the December 2005 issue of the journal (*Inj Prev* 2005;11:334–6). In table 1 the row entitled “Exclusion of day only admission” has been changed to display the correct figures. The correct table is on the *Injury Prevention* website: <http://ip.bmjournals.com/cgi/content/full/11/6/334/DC1>