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 car seat 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. Since a design standard is to be 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 anchorage for child restraints 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' type of fitting, with two manufacturers offering installed anchors in their 1998 models along with compatible child restraints.

The General Motors 'UCRA' design uses existing (old) technology (buckles and webbing). It ignores the extensive research and consensus building that have gone into the ISO committee's design. I, and many others, feel strongly that adoption of the General Motors design would stifle innovation and do little to simplify installation. Rather than one belt to tighten, parents would have two lower anchorages that the user must tighten. The UCRA is 'uniform' but will never be 'universal', as the Europeans, Canadians, and Australians are planning on using the rigid anchorage.

As Dr Flaura Winston says in her commentary on Clinton's message, we all hope 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 NHTSA is NOT foot dragging by industry (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 completely agree with 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 airbag, although some restrained children have been injured.

While the 'Back Seat is Best' may be statistically true, many advocates believe that it is not always the best 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.

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PS. *Safe Ride News* is a quarterly report on developments in child occupant protection and bicycle/pedestrian issues. It includes technical updates and 'how-to' information related to child restraints, summaries of recent research, innovative programs, and new resources. The newsletter is broadening its coverage of Canadian activities and hopes to include international news as space allows. To submit news or story ideas, or for subscription information, contact Safe Ride News Publications (address above).

Should injury prevention programmes be targeted?

EDITOR,—I read with interest the September issue of *Injury Prevention* regarding the 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 . . .'.[1] I disagree with Ward not because I think most parents might be incapable of such determinations, but because of other variables that come into these determinations—such as values and socioeconomic conditions, to mention two.

Thus 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 agree to, any action'.[1] It is 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. Behaviours 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. The single mom with a few kids may be sufficiently informed that lighters can be easily used by children; she even may be sufficiently informed that she should take care to make sure that her children and lighters not be allowed 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'.[2] Meanwhile the advantaged hardly realize the extent to which they are advantaged. The advantaged not only face life's risks with some more 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 so 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 fire prone (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'.

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1 Ward H. Should injury prevention programmes be targeted? *Injury Prevention* 1997; **3**: 160–2.
2 Moller J. Population strategies for prevention? If only it were that simple! *Injury Prevention* 1997; **3**: 162–4.

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 us. 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 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 safely direct 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 are 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 the public appreciates that there are multifaceted opportunities to prevent injuries. Typically the media focus is on who is 'at fault' and what the victim should or should not have done to prevent an injury. 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.

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