Traffic Safety Needs in Indiana

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INTRODUCTION

Last year, more Americans were killed in traffic crashes than have been killed in Vietnam since 1961. I mention this to arouse the public and to illustrate how difficult the task is for those of us interested in traffic accident prevention. For without an aroused public, it is difficult to move effectively against a problem that so deeply involves so many people.

Safety Belts Installed But Not Used

One frustrating example is the matter of safety belts. A wealth of studies and statistics confirm the value of safety belts as life-preserving, injury-reducing devices—when used. Currently, it is estimated that 85 to 90 percent of the vehicles, in use, are equipped with safety belts. But how many people are using them? At best, one person in four—no more. Some estimates are as low as one in six using safety belts.

Deaths Increase but Death Rate Down

There is some basis for encouragement in traffic safety if we look at rates. Despite increasing death totals, fatality and injury rates have come down in recent years, apparently as a result of the concerted efforts of many persons dealing with the many aspects of the traffic problem—safer automobiles, vehicle inspection, driver training, better designed highways, more effective law enforcement and improved emergency care.

Keep Safety Programs Going

And whether our traffic-safety efforts generate widespread public support or not, I believe we must continue to work. For much has been accomplished. And much can still be accomplished, through intensified, cooperative efforts of private organizations, universities, enforcement agencies, government officials, and those individual citizens who are concerned.

As I indicated, traffic accident prevention is a multi-faceted problem. There are many areas and many activities to be considered. All
are important and all need continuing emphasis to bring desired results—which is across the board loss reduction.

THREE CRITICAL TRAFFIC SAFETY AREAS

With regard to Indiana's current situation, I want to discuss three areas of traffic safety which, at this time, seem most critical and most in need of attention: (1) dangerous drivers, (2) dangerous highways and (3) inadequate emergency care for accident victims.

DANGEROUS DRIVERS

Drivers May Be Cause of 90 Percent of Accidents

Many people believe, and perhaps with some basis, that drivers are to blame for some 90 percent of our traffic accidents. If this is true, we as a state and as a nation are not doing nearly all that we could to improve the caliber of those we license to drive.

Need Better Driver Preparation Before Licensing

We have never fully accepted the need for driver preparation as a prerequisite for licensing. There is no state-wide program of quality driver education. Driver education is not a required subject in our high schools. Many schools do not even offer it. Others offer it only as a summer school course. And some are seriously considering dropping it in an effort to save money.

Test in Vehicle Type to be Driven

Currently in Indiana new drivers are not even required to take a test in the type of vehicle they are going to drive. For example, if tested at all, a person seeking a license to operate a heavy semi-tractor-trailer, would be tested in a standard passenger vehicle. And there is no requirement that a person demonstrate his ability to operate a motorcycle prior to being licensed to operate such equipment.

Improve Driver Education, Testing and Licensing

Many improvements need to be made in our driver education program and in our driver testing and licensing procedures, before we can say we are really trying to do something about dangerous drivers. And the Indiana Traffic Safety Council is among the very few organizations urging consideration of these vital needs.

As important as proper driver preparation is, I sometimes feel too many of us are too quick to blame the entire traffic problem on careless or improperly trained drivers and claim we have to change the drivers if we are going to improve traffic safety.
Dealing With Accidents Difficult Because of Many Variables

There is growing recognition that accidents are caused by many, many variables. Some relate to the condition of the vehicle; some to the condition of the road; others to time of day and weather. Still others to the condition of the driver. And all of these variables are related and all complicate the problem of dealing with the so-called “causes” of accidents.

If the driver is to blame for most accidents, I’m sure you will agree that a great deal remains to be learned and done before we can hope to develop effective corrective measures. In contrast, a great deal is known about how to make a roadway and its environs reasonably safe. And, unfortunately, much of this knowledge is not being fully applied.

DANGEROUS ROADS

All of you, I am sure, drive almost daily on roads bordered by deep ditches, drop-offs several inches below the pavement level, where trees are far too close to the road, and where bridges are too narrow. The list seems endless.

Eliminate “Booby Traps”

In this state, as well as most others, we are not doing enough to eliminate these “booby-traps”. While we can’t afford to rebuild all of our secondary roads to meet interstate standards, we can—in fact, in my opinion, we must—work at eliminating the “booby-traps” that exist at those points where most of our serious accidents occur.

High Accident Locations May Be Mislabeled

We mislabel some of these places on our highways “high accident locations.” And occasionally a highway department even puts up signs to warn that we are entering or approaching such an area. But in reporting these accidents we are too often prone to blame them on the driver going “too fast for conditions,” “disregarding traffic controls,” “reckless driving” or just plain inattention.

Fixed Roadside Objects Increase Danger

To be sure, many of these crashes can be attributed to reckless driving, but many others occur to drivers who experience a tire or mechanical failure, are sideswiped, or forced off the road, or are guilty of a moment’s inattention. The fixed objects—the ditches, the bad shoulders, the narrow bridges, and the nearby trees—may not cause the accident but, when they are involved, the possibility of a tragedy increases tremendously.
Clear the Roadside

Regardless of why a driver may leave the pavement, he should encounter roadside areas which give him a reasonable opportunity to regain control of his vehicle and provide him and his passengers a reasonable chance of survival.

Far too often, this is not the case. In fact, in many instances we must plead guilty to installing or maintaining “booby-traps.” (Even of replacing “booby-traps” destroyed or damaged by earlier crashes.)

Better Guardrail Installation and Breakaway Signs

Outstanding examples are guardrails that guide an errant vehicle into an obstruction instead of around it and sign posts constructed of eight-inch steel beams, imbedded in concrete bases, where breakaway or wooden posts could be used.

Nature produces trees. But, we have been known to plant trees along the sides of new highways. And occasionally we see trees guarding guardrails rather than the reverse.

One of the tragic aspects of this problem is that, in many instances, these roadside hazards would have been eliminated by following existing published and accepted standards and practices.

Minimize Penalty for Leaving Roadway

As I've indicated, these highway and roadside hazards contribute to numerous deaths and injuries. And while the underlying factor may have been—inattention, careless or reckless driving, the roadside “booby traps” contribute directly to the severity and seriousness of the crashes. Dealing effectively with these hazards may be simpler, easier and even less expensive than dealing with all the driver variables involved.

The point I hope you will all accept is that no one should receive the death penalty for the relatively minor mistake of leaving the roadway under any circumstances.

Fatalities Due to Hitting Fixed Objects High

A recent study of fatal accidents on sections of the interstate system showed that single vehicle “run-off-road” accidents accounted for 57 percent of the total fatal accidents. And of those, 78 percent struck one or more fixed objects. Another study of an entire state highway system indicated that 52 percent of the fatal accidents involved a single vehicle. Of those, 63 percent subsequently struck fixed objects.

Chuck Holes and Bad Shoulders Dangerous

Add to these figures, the number of accidents where a car hits a chuck hole, or a bad shoulder and is thrown head-on into another
vehicle, and that should give us some idea of the value of working to eliminate hazards in or alongside our highways.

INADEQUATE EMERGENCY CARE

And this brings me to my final point—regarding the need for adequate emergency medical care for traffic accident victims. For even if a driver lacks adequate preparation and training, even if he is careless or reckless, and even if he hits a roadside "booby-trap", he still might live if he receives prompt and proper emergency care.

A National Academy of Sciences report says, "More than one-third of the accident fatalities in the U.S. occur at the scene, in the ambulance, or within minutes after arrival in the emergency room. Yet for decades, the general public and the medical profession have passively accepted ambulances with little or no equipment aboard for life-sustaining emergency care, manned by inadequately trained drivers and attendants."

It has been estimated that 20 to 25 percent of our traffic deaths are an unnecessary consequence of our failure to provide adequate emergency service. (In Indiana this would mean 320 to 400 lives saved each year).

Involved in this failure are the problems of early detection of the crash scenes, communications, as well as treatment of the victims at the scene, while in transit and in the emergency room or treatment center. All of these are particularly serious in rural areas of the state.

A Federal Standard for Emergency Care

Well aware of the gravity of this problem, the U.S. Department of Transportation issued a federal standard on emergency medical services and included it in the sixteen standards which presently constitute a basic minimum traffic safety program.

It specifies requirements for ambulance design and equipment, the training of attendants and communications.

To date, not a single state has met these minimum requirements, and many—including Indiana—are not even within striking distance.

If you wonder why not, the answer is simple—cost. (We've heard that term before, haven't we?)

Cost of One Trip of Adequate Ambulance $75

Dr. Henry Huntley, the director of the U.S. Public Health Service's Division of Emergency Health Services, figures the average cost per trip of an adequately furnished and manned ambulance, with
trained rescue personnel, is around 75 dollars. The average charge for currently available ambulance service, he says, is about 30 to 40 dollars, about all the public will accept.

**Indiana Bill for Adequate Emergency Service Killed**

In the recent session of the Indiana General Assembly, the Traffic Safety Council, the State Board of Health and others urged and supported passage of House Bill 1150, which would have provided minimum standards for the training of emergency personnel and for the equipping of ambulances and other emergency vehicles. The bill was killed in committee, largely through the efforts of spokesmen for the morticians and the private ambulance services. You can draw your own conclusions regarding their motives.

**Nonprofessional First Aid May Cause Death—An Example**

I learned the value of proper emergency care very early in my career with the Indiana State Police. On an accident run, I found a car overturned in a roadside ditch. A young woman was in the car. Since I was one of the first persons on the scene, I quickly checked her condition and found she was conscious and not bleeding badly. After reassuring her that her condition was not serious, I returned to my patrol car to summon an ambulance and wrecker and to check traffic.

While I was occupied on the roadway, two young men who wanted to be helpful pulled the young woman out of her wrecked car. When I returned to her she was no longer conscious. And she died before we could get her to a hospital.

An autopsy later showed she was killed by broken ribs piercing her heart and lungs. I knew only too well that that had happened when her would-be rescuers—who didn’t realize what they were doing—hurriedly lifted her from her car. To this day, I feel she could have survived had she been carefully removed from the wrecked vehicle and transported to a nearby hospital.

**We Have Technology for Excellent Emergency Services**

We have the medical know-how. We have the modern equipment. We have the training materials and techniques. If our emergency rescue service is substandard, it’s because we aren’t willing to bring these resources together.

Some communities—like Jacksonville, Florida—where, on a county-wide basis, they have put all the elements together. And today they have excellent emergency service in that community. But in Indiana,
we have not made a similar commitment in more than two or three counties.

Need for A State-Wide Program

Hopefully, some day soon, we will have a state-wide program providing adequate first aid and proper transportation for emergency victims. We will establish standards for the people and the equipment necessary to provide the service. And we will have emergency care centers strategically located so that accident victims anywhere in the state can receive professional care with a minimum of delay and travel.

When we have these things, we will be saving more lives—of traffic-accident victims—through the simple application of techniques that are already well established and available. And techniques that aren't really expensive when you measure the cost against the heavy human and material losses we have sustained year after year.

CONCLUSION

I respect the view that the driver is the major factor in auto crashes. And we need to do all we can to improve the ability and the capacity of all those who are permitted to operate motor vehicles on our streets and highways. But the driver is also the most complicated and difficult part of the problem to control. Effective results are difficult to obtain.

So, while we continue to struggle with the human variables, I suggest we need, also, to do all we can to reduce or eliminate the other death-dealing factors of accidents. We are making headway, I think, in making automobiles safer. We have demonstrated we can make highways much safer—by improved design and construction. Law enforcement is applying improved methods.

But I have attempted to describe two aspects of the traffic safety problem that could, in my opinion, produce almost sensational results—quickly—if we, who are concerned about traffic safety would give them some serious attention and insist that our legislators and other responsible public officials do likewise.