



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

Testimony

**House Judiciary Committee:
Public Hearing on Vehicular
Passenger Restraint Systems**

Presented by
Dr. Ricard Townsend
Director, Trauma Center
Allegheny General Hospital

Harrisburg, Pennsylvania
July 14, 1998

4750 Lindle Road
P.O. Box 8600
Harrisburg, PA 17105-8600
717.564.9200 Phone
717.561.5334 Fax
<http://www.hap2000.org>

Chairman Gannon and members of the committee, I am Dr. Ricard Townsend, director of the trauma center of Allegheny General Hospital in Pittsburgh. I am testifying today on behalf of The Hospital & Healthsystem Association of Pennsylvania. HAP represents and advocates for 225 hospitals and health systems and the patients and communities they serve across the commonwealth. I am a member of the executive committee of the Section of Accredited Trauma centers.

I appreciate the opportunity to come before you and express our support for passage of House Bill 2078, which would establish standard enforcement of our existing safety belt law. My role this afternoon is to speak to you about what it means to trauma victims, their families, and the health care providers in your districts when crash victims do not wear seat belts. I am here first and foremost as a physician who has seen the loss of life, diminished quality of life and the total upheaval in families as a result of crashes-- when seat belts were not worn. You may note that I don't use the word **Accident**--I believe that an event that can be predicted and understood cannot be accidental--The cause of a crash can usually be explained--and the word accident therefore doesn't apply.

I want you to know that I am actually pinch hitting for HAP today--I have just yesterday undergone an extensive review of my hospital's trauma program. While I should be

taking the day off, I feel so strongly about this issue that I couldn't refuse the opportunity to give my testimony.

Traffic crashes remain a leading threat to public health. Increasing seat belt use is the single most effective and immediate way we can save lives. As public policy makers, you have an opportunity to promote a sound health practice to fight this public health threat by passing this bill. You may not understand how trauma is a public health problem and can be treated like other diseases. If I came before you and told you I was an infectious disease specialist on AIDs you would know that I was fighting against the HIV virus. I am a trauma surgeon and the agent carrying the disease I fight is energy. Just as you need to control the AIDs virus in multiple ways, the control of the energy of Motor vehicle crash trauma comes in multiple ways. Seat belts are one of the weapons used to prevent severe motor vehicle crash injuries.

As a physician, if I could claim that every day of the year I saved a life, I would be a pretty damn good doctor. You have the opportunity to save a life a day. In Pennsylvania, every day, one life is lost on our highways that could have been prevented by the appropriate use of restraining devices. The trauma team at Allegheny General Hospital sees the devastation caused by motor vehicle crashes. In a high-speed crash,

the energy of impact turns the body of an unrestrained passenger into a projectile. The victim can be propelled through the windshield, impaled on the steering column, thrown about the interior of the vehicle, or be ejected. Restraints make sense. Do any of you have children or grandchildren? Would you ever consider not restraining them appropriately? And after training them appropriately would they ever let you drive without your seat belt on?

The use of seat belts clearly reduces the severity of injuries. I know that some patients are injured by their seat belts as a result of high energy crashes--but many more are injured when they are unrestrained and are injured by the steering wheel, windshield or worse yet by being ejected from the vehicle.

In addition, we must consider the cost to society of the failure to use seat belts. The Crash Outcomes Data Evaluation Study, or "CODES" study showed that crash victims who were driving without a seat belt incurred significantly more in hospital charges than restrained drivers. Pennsylvania was one of seven states in the study.

A state Department of Health report on the study showed differences in hospital charges for unrestrained crash victims---\$2500 more per hospitalization, \$3000 more for

rollover crashes and \$1000 more for the vehicles crashing into fixed objects like bridges. By the way, if you pass this legislation, you will not only save a life every day but also save three others from being severely injured in a motor vehicle crash. A side effect of this will be to put me and other trauma surgeons across the state on the unemployment lines. As a citizen, I want you to put me out of work.

As a taxpayer, I am amazed that we are willing to pay for this folly. Two state programs demonstrate significantly higher charges for unbelted crash victims. The Pennsylvania Medical Assistance and Pennsylvania's Worker's Compensation Program face significantly different charges for unrestrained victims--Worker's comp cases average more than \$29,000 for unrestrained victims vs \$7500 for restrained victims. In many instances, individuals use all of their health and auto insurance coverage and then default to Medical Assistance.

There is a disproportionate effect on the health care delivery system when it comes to younger drivers and passengers. A study released in March by the Center for Violence and Injury Control of the Allegheny University for the Health Sciences found that total hospital charges among crash victims were greatest for teenagers and young adults. Those between 16 and 25 incur approximately a quarter of all hospital charges for motor

vehicle crash victims. This same age group, however, makes up only 13 percent of Pennsylvania's driving population. I recently treated a teenager who, while driving too fast crashed his car, causing injury to his thoracic aorta--a usually fatal injury. He was saved by the last--or final line of treatment for trauma. That is to have me treat them if they survive long enough to arrive at my hospital. The first two lines of treatment are more effective and far less costly: The first is prevention--Keep this teenager under tighter driver's licence control until he demonstrates he will be able to drive safely and responsibly--make him earn the privilege of driving. The second line of defense is to reduce the severity of injury by manipulating what happens if the crash does occur--design the cars so they improve your chances of survival--engineer death out of them. But House Bill 2078 is the simplest way to engineer death out--require use of the simplest and most effective tool available--make the use of seat belts mandatory

If California can attain a 90 percent rate of seat belt usage with seat belt enforcement program, and their annual traffic deaths have dropped to the lowest number since 1959, then Pennsylvania can too.

Pennsylvania's hospitals and health systems recognize the need to counter the carnage on our highways. It is everyone's problem. According to a PennDOT study, the estimated

economic savings from 100% seat belt use in 1996 would have been almost \$2.3 billion or \$190 for every man, woman, and child in Pennsylvania. Society at large pays the cost of care for crash victims both in dollars and human potential. Society bears 85 percent of those costs through higher health care and insurance costs. House Bill 2078 can be a valuable tool in solving this problem.

We support passage of this measure for one reason: Seat belts save lives. You can save a life a day.

I thank you for the opportunity to appear today, and I would be glad to answer any questions members of the committee might have.