

HAP

THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

Testimony

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

Presented by
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Chairman Gannon and members of the committee, I am Jim McCaslin, director of the Chestnut Hill Rehabilitation Hospital in Wyndmoor, Pennsylvania. I am testifying today on behalf of The Hospital & Healthsystem Association of Pennsylvania.

I am pleased to have the opportunity to come before you and express support for passage of House Bill 2078, which would establish standard enforcement of our existing safety belt law. My role is to discuss the importance of standard enforcement of seatbelt use from the perspective of a rehabilitation organization.

Rehabilitation is the process by which biologic, psychologic, and social functions are restored or developed to permit an injured person to achieve maximum personal autonomy. More persons survive major injuries today. In response, rehabilitation providers have developed improved procedures for amputation, prosthetics, and management of multiple musculoskeletal injury and neurotrauma. Providing therapy to optimize functioning in the aftermath of tragic injuries is part of our mission. The frustration lies in knowing that for many of these patients the tragedy that altered their life could have been avoided or minimized by the simple buckling of a seatbelt.

Rehabilitation centers were developed because, even though more injury victims are surviving the initial trauma due to improvements in prehospital and trauma care, mere survival is not enough. Children and adults with injuries need rehabilitation services to help them regain function. These services are comprehensive, longitudinal, and coordinated. Rehabilitation is an

integral part of the continuum of care for injured individuals, beginning after medical stabilization and continuing, at times, to the end of a person's life.

Earlier today, you heard from Dr. Ricard Townsend from Allegheny General Hospital, who was able to relay solid statistics about the costs of providing care to victims of car crashes who do not wear seatbelts. Unfortunately, the data that is collected across the country focuses primarily on inpatient costs. The data does not capture the costs of rehabilitation services that come after the acute care is provided, perhaps because rehabilitation can go on for months and even years, and involve teams of caregivers providing numerous services.

The rehabilitation process is different for everyone, and, while I do not have hard data, I can tell you that, based on my experience and those of my colleagues, the patients we treat who were fortunate enough to survive an accident in which they were not wearing a seatbelt generally have more serious injuries than their counterparts who were in similar accidents with a seatbelt in place. They also have a much longer course of rehabilitation. One of the most likely injuries sustained by an unrestrained passenger in a vehicular accident is traumatic brain injury.

You might know someone who has sustained a brain injury. If so, you know how dramatically this changes not only the individual's life, but also impacts the family and community as well. When a person sustains a traumatic brain injury his or her life will never, let me emphasize *never*, be the same. And this change is extremely difficult. The quality of life issues are difficult to quantify. Their family members' lives, along with their own, are turned on end. Spouses may

have to quit their jobs to transport victims to and from therapies. Economic losses ensue. Siblings may have to learn to live with less attention while parents focus on the rehabilitative care of an injured child, creating greater turmoil. Injury to parents leads to a loss of not only income, but in many cases the stability of the family. The stress, both financial and emotional, placed on the family of the brain injured is tremendous.

Vehicular crashes are the leading cause of traumatic brain injury, accounting for 50 percent of all those injuries--both for those who die and those who end up with the lifetime challenge of brain injury. Among Americans under 45 years of age, injury is the leading cause of mortality and traumatic brain injury is responsible for the majority of these deaths, claiming more than 56,000 American lives annually. Each year, 99,000 individuals sustain moderate to severe brain injuries resulting in lifelong disabling conditions. How many of these individuals could have spared themselves and their families the devastating consequences of brain injury by wearing a seat belt? In the 15 seconds it takes to read these statistics, one person in the U.S. sustains a traumatic brain injury-- many of these injuries are preventable. The number would be even more dramatic if we added the spinal cord injuries resulting in paralysis, and the other injuries sustained by a body flying unrestrained during a collision.

Even though we do not have hard data on the cost of rehabilitation for victims of unrestrained vehicular accidents, I can tell you they are high. I have already indicated that the need for rehabilitation is often prolonged or lifelong. Who supports these costs? We all do--not only victims and their families, but the public at large. We pay in increased insurance premiums, we

pay when we need to pick up the cost through public insurance programs, we pay in the loss of the individual's contribution to society, and we pay in many other ways. The simple act of wearing a seatbelt could minimize these costs, and requiring the use of a seat belt is good stewardship of limited public money.

I am a firm believer in preventive medicine, and passage of House Bill 2078 will indeed provide another form of "preventive medicine" for Pennsylvanians. The experiences of other states that have passed such a bill prove standard enforcement saves lives. I urge you, on behalf of the rehabilitation providers in this commonwealth, to join them in this important effort.

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