

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
March, 2008 Vol. 15 Issue 2**

CONTENTS

Notes from the Chair.....	2
World Injury Conference ICEHS Dinner and Networking Social.....	3
Multi-membership outreach to other sections of APHA.....	4
Update on Membership Committee Activities.....	4
Update on Student Best Paper Award.....	5
United Nations Debates Road Safety Resolution on March 31.....	5
AAAM International Scholarship.....	5
Second Asia Pacific Injury Prevention Conference.....	6
Occupational Injury Student Paper Contest.....	6
Update from the Executive Board.....	7
Position Announcements	10
Archivist Attic.....	11

Greetings from your new ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles for future issues to me at john-lundell@uiowa.edu.

Notes from the Chair



There are several upcoming opportunities for advocacy on important issues that impact injury and violence prevention. Although section members differ in their assessment of the relative importance of the individual issues as well as in their beliefs and preferences on the best and most effective approach, there is no disagreement on the value of such advocacy or its potential to strengthen our field. There is also no disagreement over the statement that ICEHS provides a forum for people with different perspectives to come together in constructive debate of these issues. It is precisely this forum that should be utilized --not as a politicized, polarizing or dividing instrument of interest groups or agencies -- but instead as a mechanism to add emphasis and focus to efforts aimed at reducing the injury burden and improving health outcomes. Through this approach, it is my belief that our section brings added value over what each of us as individuals or our respective agencies can effect in isolation.

We are working to refine our communication of important advocacy issues to section members --searching to identify that delicate balance of getting important time sensitive information out without communicating so frequently that members quit reading our e-mails. Our newly developed listserv, a part of this ongoing effort, contains an unsubscribe feature and will eventually be automated to allow members to sign up to receive/not receive e-mails on select broad ranges of injury, violence and emergency health and emergency preparedness issues. This new system currently allows us to get important messages on legislative and other time sensitive advocacy efforts to section members in under an hour.

While there are a number of current advocacy issues that you will be hearing more about in the near future, one of these -- the setting of Healthy People 2020 goals--is an issue that will have a profound impact on our field for decades to come. It will become the playbook for a wide array of agencies where program priorities are set and funds dispersed to address goals and objectives formulated in these pages. Although there are several goals that impact injury scattered throughout the 2 volumes of Healthy People 2010, there is also a section -- Chapter 15 --dedicated to injury and violence prevention. Review it for what is good and what should be reformulated. Review it for what is missing.

Each of us has our own perspective on what issues are important to be added, changed, or emphasized in the upcoming Healthy People report. My own personal agenda is increased recognition for and inclusion of meaningful goals and objectives related medical misadventures. This is personal to me--having lost my mother only months ago to a tortured, slow tragic death whose origin can be traced to a series of medical misadventures and misjudgments. This case in isolation should not cause undue concern in others. However, unbeknownst to me at the time, medical misadventures are the 3rd leading cause of E-coded injury and poisoning deaths for women in my mother's age and ethnic group.

Whatever your perspective or motivating factor, I encourage each of you to become engaged in advocacy for injury and violence prevention and to make your voice and those of the population you advocate for heard. Arm yourself with more than emotion and outrage at the relative fairness or neglect of injury funding in relation its contribution to the health burden--organize your statistics and data into written support for your cause. Register and show up at the regional DHHS meetings in your area or send electronic communication of your views. Registration for the regional meetings is currently open for Atlanta (March 17), San Francisco (April 1), Fort Worth (April 14), Chicago (April 30), Bethesda (May 28), and New York (May 14).

(URL: <http://www.healthypeople.gov/hp2020/regional/default.sap>. Again, this initiative will influence the future of injury, violence, emergency health services and emergency preparedness through increased awareness and funding directives for decades to come. Join others in being heard in this important initiative.

Joyce Pressley, Ph.D., M.P.H.

Chair, Injury Control and Emergency Health Services Section

Page | 2

You are invited

to the

World Injury Conference ICEHS Section

Dinner and Networking Social

on

Monday, March 17, 2008

6:00 pm until

La Casa de Frida

Calle 61 No. 526 at Calle 66

Merida, Mexico

Cash only: No credit cards

Restaurant and bar open at 6:00 pm

Address: Calle 61 No. 526 at Calle 66,
Centro a short walk from Plaza Mayor
Restaurant Phone number 999/928-2311

RSVPs, regrets and questions

Joyce Pressley

jp376@columbia.edu

646-644-3036 (cell)

Fodors/Yucatan today Restaurant Descriptions of La Casa de Frida

Chef-owner Gabriela Praget puts a healthful, cosmopolitan spin on Mexican and Yucatecan fare at her restaurant. The flavors here are so divine that diners have been known to hug Praget after a meal. Dishes include duck in a dark, rich mole sauce, seafood, and grilled meats as well as gourmet vegetarian cuisine: potato and cheese tacos, ratatouille in puff pastry, and vegetarian crepes. The dining room, which is open to the stars, is decorated with plants and self-portraits by Frida Kahlo.

Price depends on what you order and drink. Fodors lists cost at \$-\$\$.

Multi-membership outreach to other sections of APHA

In an effort to boost ICEHS primary or multi-membership and expertise, we are reaching out to other APHA sections and professional organizations. We will start by developing blurbs for newsletters of other sections that highlight the common interests between ICEHS and those sections. A *partial* list of sections with strong interests parallel to ICEHS includes the following:

- Alcohol, Tobacco, and Other Drugs
- Community Health Planning and Policy Development
- Disability
- Environment
- Epidemiology
- Gerontological Health
- International Health
- Maternal and Child Health
- Occupational Health and Safety
- Public Health Education and Health Promotion
- Public Health Nursing
- School Health Education and Services
- Vision Care
- Family Violence Forum

We are currently **seeking ICEHS members with strong ties to other sections** to help write letters to the section chairs. The letters will emphasize our shared interests and request that we trade descriptions of recent section activities (as well as the benefits of multisection membership) for inclusion in both sections' newsletters. If you have any ideas or suggestions, please contact Andy Lincoln (andrew.e.lincoln@medstar.net).

~Andy Lincoln

Update on Membership Committee Activities

The ICEHS membership committee has been developing a plan to recruit and retain section members. The committee has divided membership into ten geographic regions. Five ICEHS members have volunteered to serve as Regional Membership Chairs so far, but we are still in need for chairs for: Region 1 (CT, MA, NH, ME, RI, VT), Region 3 (DC, MD, DE, PA, VA, WV) and Region 6 (AR, LA, NM, OK, TX). One example of the role of the Regional Chair is to identify key staff working in state and regional injury agencies within their membership region, such as within departments of health and injury coalitions. Regional Chairs will be communicating with these key contacts about the ICEHS section to raise awareness about section activities, and to build connections at a more local level. Current regional chairs are Ginger Yang, David Kingdon, Kim Freire, Mira Grice, and Nancy Nachreiner.

If you are interested in becoming involved as a Regional Membership Chair, please contact Nancy Nachreiner at: nachr001@umn.edu

~Kimberley Freire

Update on ICEHS Student Best Paper Award

Seventeen people who submitted abstracts to our section identified themselves as students who wanted to be considered for the section student award. Competition includes submitting a paper in a journal format for peer review by section members. If you identified yourself as a student and your abstract is accepted to the meeting, you will receive a letter from the section outlining the timelines and what needs to be submitted for the competition. Please contact Lenora Olson at lenora.olson@hsc.utah.edu if you have any questions regarding the student paper competition or to check to be sure if your abstract is registered for the Best Paper competition

~Lenora Olson

United Nations Debates Road Safety Resolution on March 31

On March 31, 2008, the UN General Assembly is scheduled to debate a road safety resolution during its plenary session. The resolution, submitted by the Sultanate of Oman will, for the first time, set forth specific actions for the UN and world governments to address the 1.2 million deaths and 20-50 million serious injuries resulting from road traffic incidents each year. A key component of the resolution is the proposal to hold a UN Ministerial Conference on Road Safety in 2009 to set an agenda for global road safety and pledge funds to this effort.

Governments from around the world have pledged to support this resolution and will speak on the floor of the UN General Assembly of March 31. Although the U.S. has not officially spoken in favor of the resolution yet, many prominent U.S. leaders have sent letters of support to UN Secretary General Ban Ki-moon, US Secretary of State Condoleezza Rice, and US Ambassador to the UN Zalmay Khalilzad, or have publically endorsed the resolution. These supporters include: APHA President Linda Degutis, APHA Executive Director Georges Benjamin, Johns Hopkins Center for Injury Prevention Founder Susan P. Baker, U.S. House of Representatives Transportation and Infrastructure Committee Chairman Oberstar (D-MN) and Ranking Republican Member Mica (R-FL), the Congressional Global Road Safety Caucus, former U.S. Secretary of Transportation Norman Y. Mineta, and former U.S. President Jimmy Carter. Many public health and road safety organizations around the world have united in supporting these efforts via the Make Roads Safe Campaign for Global Road Safety.

For more information, go to www.makeroadssafe.org or www.makeroadssafe.org/us or contact ICEHS Section Member T. Bella Dinh-Zarr, PhD, MPH, at dinhzarr@dinhzarr.org.

~ T. Bella Dinh-Zarr

Association for the Advancement of Automotive Medicine International Scholarship

The Association for the Advancement of Automotive Medicine (www.aaam.org) is having its 52nd annual meeting in San Diego, California, USA October 5-8, 2008.

In an effort to further broaden AAAM's traffic safety efforts, we recently expanded the AAAM International Scholarship. In the last two years, this has supported 4 people traveling to and participating in our annual scientific meeting.

The AAAM International Scholarship includes: travel award to attend the annual AAAM meeting, a year of free membership, and a poster presentation by the recipient during the annual meeting.

**** Eligible applicants reside and work on traffic safety issues (engineering, trauma care, roadway design, public health) in low- or middle-income countries, and otherwise meet the requirements for regular or associate membership in AAAM.

**** Applications require a membership application, a CV, and a 500 word essay on current traffic safety issues facing the applicant's local community, state/province, or country.

**** Applications are **DUE April 1, 2008** to info@aaam.org or AAAM, PO Box 4176, Barrington, IL 60011-4176, USA

More details are available at: <http://www.carcrash.org/IntlSchol2008.pdf>

Please share this information to any one you think might be interested - the number of awards made will depend on funding and the number of applications received.

~Anara Guard

Second Asia Pacific Injury Prevention Conference

The 2nd Asia Pacific Injury Prevention Conf. Ha Noi, 2-6th Nov. 2008 in conjunction with the conference of the Asia-Pacific Academic Consortium for Public Health (APACPH). For more information see: <http://www.apacph2008.org>. See below for key dates.

An opportunity to present work, hear about the interesting work in the region, to visit a vibrant and lovely country and eat some terrific food! The program has a series of injury themes (see web site) and also has room for suggestions or participants to develop special session.

- Deadline for submission of Abstracts: 30 May 2008
- Conference Registration: 30 June 2008
- Early bird registration: 30 July 2008
- Deadline for registration: 31 October 2008

~ Ian Scott

Occupational Injury Student Paper Contest

As part of the National Occupational Injury Research Symposium, The Liberty Mutual Research Institute for Safety (LMRIS) and the National Institute for Occupational Safety and Health (NIOSH) are co-sponsoring a contest to recognize outstanding student papers related to occupational injuries. The paper may be on any aspect of work-related injury from descriptive epidemiology (surveillance), worker training, protective equipment, analytical epidemiology, intervention or policy evaluation, occupational medicine, return to work or any other

topic related to occupational injuries. Student contestants with winning submissions will have an opportunity to present their work in a special session of the National Occupational Injury Research Symposium on October 21 - 23, 2008, in Pittsburgh. **Submission deadline: April 14, 2008.**

Please encourage all interested students to submit an extended abstract (research summary) of between 1200 and 1500 words (not including references) of double-spaced text in 12-point font. The extended abstract must also have a cover page with the presentation title, authors and their organizations. The abstract should describe the purpose of the study, study methods, the findings and the importance and discussion of the implications and limitations of the research and may have a reference section. Submissions must also be accompanied by a letter of endorsement/recommendation from the student's faculty advisor or department chair.

For more information on the student contest click on: <http://www.cdc.gov/niosh/noirs/2008/contest22008.html>

~Craig Zwerling

Update from the Executive Board

APHA Leadership opportunities

There are quite a few opportunities to get involved in APHA on a national level. If you have an interest in interacting more with people outside of the ICEHS Section, and would like to have an opportunity to provide input into the APHA-wide activities (or you know someone who would be interested), please consider being nominated to one of the following APAH boards/committees. It is always helpful if the Section supports your nomination. This year, Anara Guard has served on the Annual Meeting Program Planning Committee as a Member-at-large and has provided valuable input into the plenary sessions for the San Diego meeting.

Nomination forms can be found at: <http://www.apha.org/about/gov/leadership/> THE DEADLINE IS MARCH 31st! Any questions: email natalie.raynor@apha.org

Thank you!

- Action Board
- American Journal of Public Health Editorial Board
- Awards Committee
- Committee on Affiliates
- Committee on Membership
- Committee on Women's Rights
- Constitution and Bylaws Committee
- Education Board
- Equal Health Opportunity Committee
- International Human Rights Committee
- InterSectional Council Steering Committee
- Martha May Eliot Award Committee
- Annual Meeting Program Planning Committee At-Large Members
- Publications Board
- Science Board
- The Nation's Health Advisory Board

Getting Public Health on the Agenda, Focusing on Advocacy

One of my goals as a member of the Executive Board, and as President of APHA is to engage more members in advocacy, and to provide them with the tools to be better advocates for public health. The Executive Board is continuing to take active steps to make this happen.

Questions for Candidates Running for Government Office

At the January Executive Board meeting, we decided that we would like to engage members in educating candidates for office at all levels about public health. To do this, we developed a list of generic questions that can be used in many forums. You can add your own examples from your work and experience.

Mental Health Parity

For this year's grass tops effort, we decided to focus on mental health parity legislation. As you may recall, last year we were successful in engaging APHA members in conversations about SCHIP with their federal legislators. As mental health problems and substance use disorders have a significant impact on public health, we will be working on this effort this year. As you may know, the House of Representatives has now passed its version of mental health parity legislation so that the House and Senate can now work to come to an agreement about a final bill. Interestingly, the co-chairs of the conference committee that will work on this are Rep. Patrick Kennedy (D-RI) and Sen. Ted Kennedy (D-MA).

ACT Questions for Candidates

The following questions were designed to help start conversations about public health with candidates running for local, state and national office. They can be tailored to highlight local issues by providing local examples and concerns. One of our goals is to expand thinking about health *care* to public health, and to generate interest in prevention and support for public health infrastructure. The lists provided in questions 1, 2 and 3 are not meant to be exhaustive. You are encouraged to pick examples that are relevant to you and that you are comfortable with.

1. I am concerned about the public health infrastructure. That includes (**fill in with relevant examples – see list below for some options**). What are you going to do to make our public health system better able to prevent chronic and communicable disease and injuries?
 - a. Disease and injury prevention activities
 - b. Public health workers
 - c. Public health labs
 - d. Personnel at state and local health departments
 - e. Safety net for uninsured/assuring access to care
 - f. Cancer screening

- g. Vaccine delivery programs
 - h. Tobacco prevention programs
 - i. Protecting the public from environmental toxins and other exposures
 - j. Food safety
2. It's been said that an ounce of prevention is worth a pound of cure. How would you redirect the funding emphasis on treatment to preventing diseases and conditions such as (**fill in with relevant examples – see list below for some options**)
- a. heart disease and stroke
 - b. diabetes
 - c. lung disease
 - d. cancer
 - e. obesity
 - f. injuries from motor vehicle crashes, falls, etc
 - g. suicide and violence prevention
 - h. illness and injury due to environmental exposure
3. Much of the funding for public health programs at the state and local levels comes from federal agencies like (**fill in with relevant examples – see list below for some options**). Unfortunately, several of these agencies--like the CDC and HRSA--have seen budget cuts since 2005 and have been slated for additional budget cuts in 2009. How would you prioritize funding for these agencies?
- a. community health centers
 - b. health professions training and education
 - c. improving the built environment
 - d. emergency preparedness and response
 - e. health education and outreach
4. While in the last 30 years, we have improved the aggregated U.S. population's life expectancy; the difference in life expectancy between whites and nonwhites has increased. What will you do to eliminate this gap?

~Linda Degutis

POSITION ANNOUNCEMENTS

NHTSA's Office of Behavioral Safety Research

I am requesting your help in recruiting qualified candidates for several positions in NHTSA's Office of Behavioral Safety Research. We are recruiting in the categories of Research Psychologist and Social Science Researcher. Candidates with degrees/background in public health can generally qualify as social science researchers. The Vacancy Announcement was posted on Thursday, February 21, 2008 on the USA Jobs website and closes on Friday, March 21, 2008. We are recruiting at the GS-11/12 level (salary range approximately \$58,000 - \$90,000), depending on education and experience.

NHTSA's Office of Behavioral Safety Research has national responsibility for conducting applied research and evaluations of national, state, and local traffic safety programs; conducting behavioral research on the role of driver factors in crash avoidance, and identifying strategies for reducing traffic-related deaths and injuries. The Office conducts research and evaluation on a number of traffic safety issues including alcohol- and drug-impaired driving; safety belts and child restraint devices; speeding and aggressive driving; pedestrian, bicycle and motorcycle safety; traffic safety for older adults and novice drivers; driver licensing and education; emergency medical services; and distracted and drowsy driving. The research, development, and evaluation programs conducted by the Office employ behavioral science and human factors theories and accepted experimental and field research practices to increase safe driving and reduce injuries and death resulting from vehicle crashes.

The Office currently has four openings. Candidates should be able to demonstrate the following:

- * Expertise in planning, designing and managing research and evaluation studies.
- * Knowledge/familiarity with the theory and principles of behavioral science, social science, psychology, human factor, injury control, and/or public health, and be able to apply these principles and theories to the understanding and improvement of traffic safety.
- * Knowledge and experience in data analysis, statistics or epidemiology.
- * Good communication skills, both written and oral.

Information about the vacancy and application process is posted at:

<http://jobsearch.usajobs.gov/jobsearch.asp?q=National+Highway+Traffic+Safety+Administration&salmin=&salmax=&paygrademin=&paygrademax=&FedEmp=N&tm=&sort=rv&vw=d&brd=3876&ss=0&FedPub=Y&SUBMIT1.x=50&SUBMIT1.y=15>

If you know any qualified candidates, please let them know about this position. I appreciate any help you can provide in helping us locate qualified candidates for these positions.

Maria E. Vegega, Ph.D.
Chief, Behavioral Research Division
Office of Behavioral Safety Research
NHTSA
1200 New Jersey Av., SE, Room W44-302
Washington, DC 20590
Ph. 202-366-4892 Fax: 202-366-7096
e-mail: maria.vegega@dot.gov

ARCHIVIST ATTIC

The 'Thunder of History' in Archives of the Theater and in the Amer J of Public Health Association

My wife and I recently saw the theater play, *The Drowsy Chaperone*, that begins when a die-hard musical-theater fan plays his favorite archival cast album, and the musical magically bursts to life! The funny tale of a glamorous bride and her uproarious wedding day is completed with thrills and surprises.

It was great to relax and enjoy the play's thrills... and then some unexpected (sic) surprises: One of the songs, "Accidents Will Happen," and a brief vignettes on the "Oops Girl"- where ever she went, she caused an "accident".

So, what was happening in our USA, circa 1928, the setting for the original performance? What was the 'thunder of history' on injury prevention - the flow on injury prevention which could not be modified regardless of what was done back then? Thankfully that question, in part, was answered by our AJPH archives (if you haven't as yet, do go to www.ajph.org - and see all our Journal's archives) by searching the word, 'accident' in the archive section.

From a section of the 1929 Journal, here's an injury control leadership historical archival sampler-compliments and with the permission of the American J of Public Health to our ICEHS Section to reproduce and distribute (with that permission note):

American Journal of Public Health
and THE NATION'S HEALTH Vol. XI No. 2
Volume XIX February, 1929 Number 2

Our National Accident Problem

CHARLES B. SCOTT

President, Bureau of Safety, Chicago, Ill.

(Read before the Vital Statistics Section of the American Public Health Association at the Fifty-seventh Annual Meeting at Chicago, Ill., October 16, 1928.)

IT was estimated that in the year 1927 there were 95,500 persons killed in accidents in the United States, an increase of 4 per cent over 1926. If the increase this year is as great, the number for 1928 will be almost 100,000. The probable loss of 100,000 lives in accidents in one year certainly constitutes an important national problem. Its importance is emphasized by a comparison with other causes of death. U. S. Bureau of the Census figures for 1926 indicate that in that year there were only 6 diseases with higher death rates than the rate for accidents. These were heart disease, pneumonia, nephritis, cancer, tuberculosis, and cerebral hemorrhage. For men only the importance of accidents is even more striking. In the year 1926 there were only 2 diseases among men which caused more deaths than were caused by accidents. These were heart disease and pneumonia. For women only, accidents stand 7th in importance among the various causes of death. We have not sufficient information to classify accurately these 95,500 fatalities in accordance with the place where the accident occurred. We do know quite definitely, however, that about 25,800 of them were the result of automobile accidents. This is an increase of 1,050 per cent in number of deaths since 1911, and an increase of 400 per cent in the death rate per 100,000 population since 1913. This information on automobile deaths is made available through the records of the U. S. Bureau of the Census. But to what are the remaining 70,000 deaths due? In addition to these motor vehicle accidents there are several other main groups of accidents on which our information is less complete. There are in addition to motor vehicle accidents other accidents that occur in public places but where a motor vehicle is not involved. In addition there are accidents occurring in industry

and in homes. By a process which necessarily includes a great deal of guess work, statisticians of the National Safety Council estimate that about 25,000 of these 70,000 deaths occur in home accidents, another 25,000 in industrial accidents, and the remaining 19,700 in public (not motor vehicle) accidents. The seriousness of our accident problem is emphasized by a comparison with those in other countries. Whereas the death rate from accidents in this country in 1926, according to the U. S. Bureau of the Census reports, was 78.6, the accidental death rate in England and Wales was only 35.6, in Scotland 44.9, and in New Zealand 52.3. These are the only foreign rates available but I am sure that if the records of other countries were before us we should find the United States well in the lead on the question of accidents as a cause of death. Some interesting changes have occurred in accidental death rates over a period of years. In 1913, which is ordinarily taken as a normal pre-war year, the death rate from accidents was 85.5 per 100,000 population. This may be contrasted with the 80.5 per 100,000 in 1927, which is a drop of 6 per cent. The decrease has not been a consistent one, however, there being a gradual decline up to 1921 when the accidental death rate was 68.7 and an increase since that time. The decrease from 1913 to 1921 was 20 per cent and the increase from 1921 to 1927, 17 per cent. If the accidental death rate in 1927 had been as high as in 1913 there would have been 101,400 lives lost in accidents last year, or 5,900 more than the actual loss. If, however, the 1927 rate had been as low as that of 1921 the loss would have been only 81,500, 14,000 less than actually met death in this way. The death rates from accidental causes are by no means uniform in the various age groups. Children are particularly subject to the hazards of accidents. On the basis of U. S. Bureau of the Census data there are only 2 diseases which cause more deaths among children from 1 to 4 years of age than accidents. These are bronchial pneumonia, and diarrhea and enteritis. Between the ages 5 and 14 years the situation is even more severe, for we find that accidents cause more deaths than does any disease. No one will deny that tuberculosis takes a heavy toll of lives between the ages 10 and 20 years and yet we find that in the first half of this period accidents cause twice as many deaths as tuberculosis, and in the second half two thirds as many deaths as tuberculosis. These figures prove beyond any doubt that the national accident problem is indeed a serious one. Organized safety work began in industry. The National Safety Council was formed by industrial people who realized the importance of accidents both in their own plants and to society as a whole. Over the last 15 years interest in accident prevention work has extended to every phase of our national life, and therefore the scope of the council's activity has accordingly broadened. Throughout all this development it has again and again been proved that effective accident prevention work must be based upon complete data relative to accident causes. This is strikingly true in the industrial accident field, in which I have had most of my personal experience in accident prevention work. May I mention just one experience? Very complete records of accidents that were kept under my supervision of safety work in certain public utilities indicated that, over a period of years, only 7 per cent of the accidents were charged to electricity. On the face of it this would not seem to be outstandingly important among all causes of accidents. However, further investigation of the records showed that these same accidents, while they amounted to but 7 per cent of the total number of accidents, resulted in 75 per cent of the total number of fatalities. This was clear evidence of the importance of the electrical hazard, and of the necessity for more stringent requirements to combat it. This is mentioned to show that detailed information on the circumstances and causes of accidents should form the basis of effective prevention work. We are not sure how rapidly the industrial accident problem is being solved, because complete data on the subject are not available. We do know that in many instances industrial firms by careful analysis of their accident records, and persistent application of safety methods, have produced amazingly fine results. But at the very best the only information about accidents that can be obtained by industries will relate to industrial accidents only, and as a matter of fact it is only in industries covered by compensation laws that we have gotten very far along this line. We need data on industrial accidents that are not covered by compensation laws and we need data on the other 70,000 fatalities each year.

DISCUSSION

W. THURBER FALES, FELLOW A. P. H. A.

State Registrar, State Board of Health, Montgomery, Ala"

Do read the discussion at www.ajph.org and if used, do credit the J which gave us permission to duplicate and

use in our work.

I as one historian-archivist in our field am happy to get the past right, let alone predict the future! The roaring 1920's was the historical platform for better data on injury causes to better shifting of American leaders' views from increased toll of work site, motor vehicle and aeronautical accidents. The 'thunder of history' framework, however, was that 'accidents' happen and the major responsibility of the victim to be careful. It would be many decades before the 1920's 'thunder of history' ended (by post WWII innovations, perhaps mostly) and a new framework of better injury reporting, more passive guards on work machinery, safety glass in car windshields, highway traffic lights - long after the NSC memberships' public safety earlier programs ... and later to the very slow beginnings of airplane, automobile and consumer product safety engineering and practice systems.

So, *The Drowsy Chaperone* is a new entertaining Broadway musical with a flavor of the past for the present. As in the past 'thunder of history', is our current 'thunder of history' present in our values, activities and interactions on better injury prevention state and federal funding or in the reduction of firearms injury, both during a severe national economics?

Darn if I know, I am not the injury prevention prophet from Delmar, NY; however, I am optimistic for our continued leadership leveraging for prevention, control and amelioration of the injury scourge.

But, what I do know after 45 years in injury prevention research, practice, education /advocacy: the formative process is sometimes the outcome and that our job is to not, always, (per Perke Avot) complete the task but to move it forward. And our history can only show what problems others have had earlier and their efforts to improve our injury prevention and control leadership systems.

Keep plugging and spend some time also 'resharpening your saw' with avocation entertainments so as to 'relight your fire' on injury control leadership!

Les

The opinions are mine alone.

copyrighted 2007LesFisher

Les Fisher M.P.H

Safety/Leadership Consultant,(Archivist, American Public Health Association, Injury Control and Emergency Health Services Section - www.icehs.org - See my monthly newsletter commentaries and monographs at members only, on the history of injury control leadership) 97 Union Ave, S. Delmar, NY 12054 USA. 518-439-0326