

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
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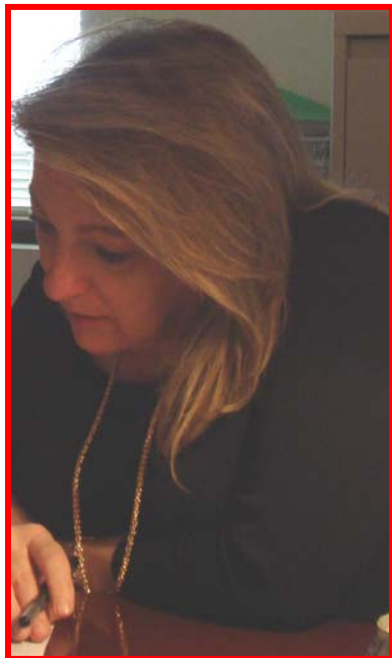
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Greetings from your new ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles for future issues to me at john-lundell@uiowa.edu.

Notes from the Chair

Greetings ICEHS members and friends,



APHA is widely recognized as the leading professional membership organization for health promotion and prevention activities in the US. Uniquely positioned to represent and advocate for issues essential to eliminating health disparities, APHA serves, among other things, as somewhat of a watchdog for policies and legislation detrimental or supportive of the health of Americans, particularly the underserved. No other organization is capable of performing this unbiased, objective oversight across the full spectrum of issues confronting the well-being of Americans. A major source of both this influential organizational position and the unique APHA perspective is the strength, breadth, and sheer number of members in its sections and SPIGS. As the economy struggles and grant funding opportunities tighten and members begin evaluating their expenditures, APHA and ICEHS membership should not be among their considered cut-backs.

APHA has made it easy for members to conduct advocacy on key issues relevant to their specific sections as well as to general public health. Last year, approximately 7,400 APHA members responded to APHA's electronic advocacy alerts. Visit the advocacy section of their website to view, keep abreast of issues, or take action: <http://www.capwiz.com/apha/home/>. There are several current and upcoming issues relevant to injury, violence, and

emergency health services: mental health parity legislation, strengthening of the public health workforce, climate change, the U.S. Food and Drug Administration's ability to regulate tobacco products, the transportation bill and Medicaid regulations. Your electronic letters influence the priority that legislators place on these bills so leverage your association with APHA.

While APHA membership is down slightly, ICEHS appears to be up by approximately 2.5% compared to the same month last year. Nancy Nachreiner and her regional chairs have been successful in their efforts to maintain ICEHS membership despite the increase in membership dues. Our aim is to get membership back to the 500 mark by the annual meeting. If you are receiving this newsletter as a friend rather than as a member of ICEHS, consider joining your colleagues who are section members. APHA members can join ICEHS through APHA's electronic multi-membership arrangement for an additional \$30 per year. Join us!

I have asked that all ICEHS committees conduct audio conference calls in July and August to plan their next year's activities and in preparation for their role in the upcoming annual meeting. One of the annual meeting ICEHS business meetings will include roundtables and time for committee co-chairs and interested members to link up and make plans for the upcoming year. An ICEHS adhoc committee not yet on the website has been formed and will be holding audio meetings in July and August on disparities in injury, violence, and emergency services as they relate to the Healthy People 2020 initiative. Contact jp376@columbia.edu to indicate interest in being included on the call. If you are interested in participating in other committees, visit our website for contact information.

<http://www.apha.org/membergroups/sections/aphasections/icehs/roster/committees2.htm>

Etienne Krug has announced that the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are planning to publish a Bulletin on Child and Adolescent Injury in May 2009. It is anticipated that 5 injury mechanisms will be addressed in the report: Road traffic injuries, burns/scalds, drowning, poisoning, and falls. Visit the WHO website for details.

http://www.who.int/violence_injury_prevention/media/news/whobulletin/en/index.html.

The deadline for submitting related articles and papers is September 1, 2008. For ICEHS members residing in the U.S., the CDC (jshisler@cdc.gov) has indicated an interest in being the point person for submissions related to the U.S.

We look forward to visiting on our upcoming committee audio calls,
Joyce Pressley, Ph.D, M.P.H.
Chair,
ICEHS

ICEHS Call for Late-Breaker Abstracts

Submission Deadline: July 11, 2008, 11:59 PM PST

APHA's Injury Control and Emergency Health Services Section is inviting abstracts to be submitted for two Late-Breaker Sessions to occur at the 2008 APHA Annual Meeting in San Diego, CA. The poster session is scheduled for Tuesday, October 28 from 12:30 PM to 1:30 PM. The oral session is scheduled for Wednesday, October 29, from 8:30 AM to 10:00 AM.

These sessions are a forum for presentation of research findings and events that have been produced or transpired recently (i.e., after the February deadline of the original ICEHS Call for Abstracts). A brief statement should be included in the abstract (or in the expanded summary, described below) that justifies how the work meets this criterion of being "late-breaking."

The Section will accept abstracts of no more than 250 words (structured as: Background/Purpose, Methods, Results/Outcomes, and Conclusions) between June 12, 2008 and July 11, 2008, 11:59 PM PST. An expanded summary of the paper must be submitted with the abstract. The average length of an expanded summary is 500 words (maximum limit of 2,000). Its purpose is to provide additional information to help reviewers judge the relevance and quality of your work. It should not repeat the abstract material, but instead should provide complementary details about the work. Do not include tables or figures in your submission.

Preferences for oral versus poster presentation will be considered, but the program committee will make the final determination. Only one abstract may be submitted per primary author. Abstracts must contain results, and abstracts specific to the theme of the conference, "Public Health Without Borders," are encouraged. Individuals who present abstracts at the Annual Meeting must be members of the APHA.

Students are encouraged to submit a late-breaker abstract and are eligible to be considered for the Student Paper Award. Your preference to be considered can be indicated using the menus in the online submission website. To be considered for the Award competition, students must submit a complete manuscript for review by September 1, 2008. Detailed instructions regarding the Student Paper Award will be posted on the ICEHS website: <http://www.apha.org/membergroups/sections/aphasections/icehs/>

All abstracts must be submitted through APHA's website: <http://apha.confex.com/apha/136am/late.htm>
Notification of decisions will be e-mailed to all submitters in mid-August. Please address questions to Douglas Wiebe, ICEHS Program Chair, at dwiebe@mail.med.upenn.edu

~Doug Wiebe

Saturday before APHA in San Diego

Tour Tijuana with local activists defending public health, the environment and labor rights

**Sign up for one of two different tours, 12-6 pm, Saturday,
October 25, 2008:**

Environmental Health:

This guided tour crosses the city, making stops at the border fence, at Tijuana's largest industrial park, at the site of the historic community struggle to clean up toxic waste from an abandoned U.S.-owned factory, and at the Colonia Chilpancingo workers' community. Tour participants learn about social and environmental justice issues from activists working on both sides of the border. Sponsored by the San Diego Environmental Health Coalition and its Tijuana community action team, the Colectivo Chilpancingo Pro Justicia Ambiental. (25 seats available.)

Labor Rights and Workplace Safety:

After visiting Las Cruces, a border site commemorating 4,000 migrant deaths, the tour will visit an industrial park and a workers' neighborhood. The group will meet with workers and local activists to discuss major problems affecting workers' rights and their health, including chemicals and physical hazards in the maquiladoras. Sponsored by CIITAC (Centro de Información Para Trabajadores y Trabajadoras/ Information Center for Working Women and Men) and the San Diego Maquiladora Workers' Solidarity Network. (30 seats available.)

Tour tickets are \$35 and seating is limited. Meet at the San Diego Convention Center at 12 noon – take the trolley to San Ysidro – cross the border into Mexico on foot – board a charter bus in Tijuana for the tours – back across the border on foot after the tours – trolley back to San Diego by 6 pm. Tour participants must be 18 or older. U.S. and Canadian citizens need one document (passport) or two documents (driver's license/ official ID and birth certificate). Complete details will be in an orientation packet sent by email before the tour.

Send a \$35 check payable to "New Ways to Work," indicate which tour, and your email address to P.O. Box 124, Berkeley, CA 94701-0124. All reservations are on a "first come – first serve" basis, and seats will be reserved when your check is received.

Tour coordinator: Maquiladora Health & Safety Support Network, gdbrown@igc.org or 510-558-1014.

INVITATION TO ICEHS STUDENT MEMBERS: ENTER THE 2008
INJURY CONTROL AND EMERGENCY HEALTH SERVICES SECTION
STUDENT PAPER COMPETITION

Purpose of the Student Paper Competition:

The purpose of the Injury Control and Emergency Health Services Section (ICEHS) Student Paper Competition (SPC) Award is to foster and reward quality research efforts among students involved in the field.

Background:

The Student Paper Competition was implemented at the 1992 Annual Meeting of the American Public Health Association. In 2008, one or more monetary awards and plaques will be presented for the seventeenth time at the annual meeting.

Requirements for Submitting Applications and Criteria for the Award:

Applicants must submit an abstract (through the regular process in February or through the "latebreakers" request), according to the APHA abstract guidelines published for the ICEHS to the person/address identified on the website. Work performed while a student may be submitted by those who have completed their programs within the last year, and have not previously presented the same data at a professional meeting, or published the data, are welcome to participate. Following notice of acceptance of the abstract for either oral or poster presentation, by the Scientific Program Chair, applicants must send a completed manuscript, organized and presented according to standard journal format (e.g., *American Journal of Public Health*, *American Journal of Epidemiology*, *Annals of Emergency Medicine*, *Injury Prevention*, or other pertinent peer-reviewed journal). The reviews for this competition will be conducted by at least three external peer-reviewers. It is anticipated that one or more awards will be presented at the annual American Public Health Association meeting.

SUBMIT – by e-mail:

1) **Two WORD manuscript files** (one with cover page that includes title, authors and institutions [Label: SPC.YOUR LAST NAME.M1.doc] and one blinded manuscript file, with cover page identifying title only [Label: SPC.YOUR LAST NAME.M2B.doc]).

2) **SPC Application Form** identifying: the school and program in which you are (have been) enrolled; the degree pursued; the expected date of completion; the name of your advisor; statement signed by your advisor that identifies all co-authors involved and the proportion of effort contributed by you, the student applicant, who must be the primary author.

Students must be primary or secondary members of the ICEHS Section of APHA to participate in this competition. Membership must be confirmed prior to the annual American Public Health Association meeting.

Dr. Gerberich asked that papers be submitted electronically for receipt no later than September 1, for the 2008 Student Paper Competition, to Dr. Joyce Pressley who will assist in this year's student paper awards process:

Joyce Pressley, Ph.D, M.P.H.
Chair, ICEHS
Columbia University
722 West 168th Street, Room 17-12
New York, NY 10032
Telephone: 646-644-3036
E-mail: jp376@columbia.edu

We strongly encourage your participation. Thank you!

Susan Goodwin Gerberich, PhD. MSPH

Co-Chair, Student Paper Competition – APHA/ICEHS

Lenora Olson, PhD

Co-Chair, Student Paper Competition – APHA/ICEHS

~Joyce Pressley

US Injury Chartbook Figures Available In PowerPoint

All of the figures in the recently released NCHS Injury Chartbook are now available in Microsoft PowerPoint and can be downloaded to your pc's for use. Go to our home page <http://www.cdc.gov/nchs/injury.htm> and click on PPT next to the Chartbook's PDF icon.

~Lois Fingerhut

CDC Injury Prevention and Control Health Impact Awards Call for Nominations

The Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control is accepting nominations for its second annual Injury Prevention and Control Health Impact Awards. Nominations will be accepted, via e-mail, until close of business, **Wednesday, July 30, 2008**.

CDC established these awards to:

1. Recognize efforts in achieving greater health impact in the field of injury prevention;
2. Promote best practices and success stories in the field of injury prevention and control; and,
3. Demonstrate CDC's commitment to achieving health impact.

CDC defines health impact as:

- Improving health of large and diverse populations.
- Reducing or eliminating health disparities.
- Accelerating adoption of healthy behaviors.
- Achieving greater efficiency of core public health infrastructure (e.g., laboratories, surveillance, workforce development).
- Preventing the decline of population health status in the wake of a biological, occupational, terrorist, or environmental disaster or event.
- Increasing prevention effectiveness health impact per dollar invested.

Award Categories

Awards will be given in three categories:

1. To an organization, external to CDC, that helps further the field of injury prevention through its communication, collaboration, and/or programmatic efforts at the national level;
2. To an organization, external to CDC, that helps further the field of injury prevention through its communication, collaboration, and/or programmatic efforts at the state or local level; and,
3. To a researcher or public health program, external to CDC, demonstrating health impact.

Submission of Nominations

Nominations should be prepared on the Injury Prevention and Control Health Impact Award Nomination Form and e-mailed to InjuryPrevHealthImpactAwards@cdc.gov by **close of business Wednesday, July 30, 2008**.

Eligibility

Successful nominations must meet certain requirements. These include:

1. Health impact must have occurred in the past 5 years.
2. Nominees must not be from another federal agency.
3. Organizations that were previously selected within the past 5 years are not eligible in the same category, but may be eligible for other award categories.

Review of Nominations & Determination of Award Recipients

Nominations will be reviewed by experts in injury prevention and control and public health. Recommendations will be made to the Director, NCIPC, who will select award recipients. Announcement of award recipients will be made in early September.

For Additional Information

Please e-mail Annise Chung, enz6@cdc.gov or Sara Schmit, af00@cdc.gov

~Lee Annest

New Guidelines to Address Children Unattended In Vehicles

A new EDC publication containing Guidelines for Developing Educational Materials to Address Children Left Unattended in Vehicles, is now available. The PDF of this document can be found at http://www.hhd.org/centersprojects/centers_cvip.asp

As the summer begins, we have already documented half a dozen heat-related deaths to young children in parked vehicles. Increased media attention and changes in state laws have led many organizations and well-intended individuals in recent years to create materials meant to raise awareness and change behaviors and policies. But little effort has been made to evaluate these materials or to create guidance to assist in producing effective, accurate and reliable materials.

The new guidelines are based on solid health communication theories and on an assessment of existing print materials that focused on children left in vehicles. Developing and disseminating materials that are known to be effective-tested and evaluated with the intended audiences-will ultimately benefit young children, the adults who care for them, and the programs and practitioners dedicated to keeping them safe.

This project has been a collaborative effort between staff at the Center for the Study and Prevention of Injury, Violence and Suicide and a student at the Health Communication program at the Tufts University School of Medicine.

We encourage you to download the document, use it, and to alert others in your networks to this new resource.

~Anara Guard

AAA Foundation Releases 2008 Traffic Safety Culture Index

The AAA Foundation's "Safety Culture" research initiative is working to build a stronger culture of traffic safety where individuals take responsibility for their own safety and the safety of others. As part of this initiative the AAA Foundation released the results of its first-annual survey of the driving public, the 2008 Traffic Safety Culture Index (TSC Index). The purpose of the annual TSC Index is to investigate the public's traffic-safety-related knowledge, attitudes, behaviors, and experiences, ultimately to create a baseline measure of traffic safety culture in the U.S. and to monitor its change over time.

The TSC Index will also help guide AAA Foundation research, public outreach, and foster dialogue about traffic safety and how to improve it.

Here are links to the information released:

News release visit <http://www.aaafoundation.org/pdf/2008TSCIndexRelease.pdf>

Fact sheet: <http://www.aaafoundation.org/pdf/2008TSCIndexFactSheet.pdf>

Report: <http://www.aaafoundation.org/pdf/2008TSCIndexFinalReport.pdf>

~Linda Degutis

Public Health Traffic Safety Institute Seeks Participants

APHA, in partnership with the National Highway Traffic Safety Administration, is seeking applicants to participate in the Public Health Traffic Safety Institute (PHTSI). Public health and traffic safety professionals are encouraged to form multidisciplinary teams to develop a program or plan to address traffic safety. The plans should focus on one of three areas: motorcycle safety, pedestrian safety or driver inattention. Four state teams will be selected to participate in a one-day training orientation at APHA's Annual Meeting in San Diego and awarded a \$5,000 mini-grant. Applications are due July 1. To review the application, click here. For further information, contact Mighty Fine at mighty.fine@apha.org.

~T. Bella Dinh-Zarr

The Cochrane Collaboration Updates Injury Website

The Cochrane Collaboration has recently updated its Injury Website. Visit www.injuries.cochrane.org

Some of the new injury reviews/updates in Issue 2 (2008) of The Cochrane Library include:

- Locomotor training for walking after spinal cord injury
(Mehrholtz J, Kugler J, Pohl M)
- Fitness training for cardiorespiratory conditioning after traumatic brain injury
(Hassett LM, Moseley AM, Tate R, Harmer AR)
- Emergency intubation for acutely ill and injured patients
(Lecky F, Bryden D, Little R, Tong N, Moulton C)

- Immunonutrition as an adjuvant therapy for burns
(Danilla S, El Dib RP, Serra R, Cavada G, Valenzuela M)
- Population-based interventions for the prevention of fall-related injuries in older people
(McClure R, Turner C, Peel N, Spinks A, Eakin E, Hughes K)
- Emergency ultrasound-based algorithms for diagnosing blunt abdominal trauma
(Stengel D, Bauwens K, Sehouli J, Rademacher G, Mutze S, Ekkernkamp A, Porzsolt F)
- Hypertonic versus near isotonic crystalloid for fluid resuscitation in critically ill patients
(Bunn F, Roberts I, Tasker R, Trivedi D)

For more information about the Cochrane Collaboration or to become an author, visit the website listed above or contact Emma Sydenham, Cochrane Injuries Review Group Coordinator at: Email Emma.Sydenham@Lshtm.ac.uk or Tel: +44 (0) 20 7958 8132 (United Kingdom).

~T. Bella Dinh-Zarr

Rural Youth Traffic Safety Competition

Do you know of a school or community youth organization that should apply?

The U. S. Department of Transportation is sponsoring a cooperative agreement through National Organizations for Youth Safety (NOYS) for a Rural Youth Traffic Safety Message Competition. School or community supported youth organizations are eligible to compete. Youth-led teams from school or community based organizations are encouraged to develop a rural youth traffic safety message campaign that includes a tagline or theme about rural youth traffic safety, design the message for posters, print advertisements, video, and/or radio, and use the message campaign in a community rural youth traffic safety project.

Prizes Include: --\$500 Stipend awarded to top ten finalist teams --First Place: \$5,000 --Second Place: \$2,000 --Third Place: \$1,000 All top three teams will also win a trip for their advisor and one youth to come to Washington, DC in December 2008 for a special award ceremony at the U.S. Department of Transportation!

How to enter: Visit www.noys.org for details and register **by June 30, 2008**.

For more information, contact:
Sandy Spavone
Executive Director, National Organizations for Youth Safety
Phone - 703-981-0264
sspavone@noys.org
www.noys.org

~T. Bella Dinh-Zarr

NIOSH Offers Online Library For Preventing Traffic Injuries

The U.S. National Institute for Occupational Safety and Health (NIOSH) now offers an online library to house resources from around the world related to the prevention of road traffic injuries and deaths while at work. The resources are stored in the “Road Safety at Work” online library, at www.roadsafetyatwork.org.

The online library contains information on the following:

- “Best practices” including engineering controls, policies, administrative procedures, and guidance to employers or workers about safety on roads.
- Materials that show evidence of implementation and evaluation of success.
- Statistics about worker injuries and fatalities on roads.


NIOSH is the federal agency that conducts research and makes recommendations to prevent work-related injuries, illnesses, and deaths. NIOSH is working with partners to reduce the toll of road traffic injuries at work, which are the leading cause of occupational fatalities in the U.S. (30%) and other high-income nations. In the general population, deaths from road traffic injuries are projected to increase from 1.2 million in 2002 to 1.9 million in 2030, with low- and middle income nations bearing most of the increase. If effective interventions are not implemented, the World Health Organization and the World Bank estimate that by the year 2030, road traffic injuries will become the 8th leading cause of mortality worldwide.*

“Thank you to all who have contributed to this library,” said NIOSH Director John Howard, M.D. “NIOSH and partners remind you that this library is in continuing development and welcome your materials.”

To contribute to the online library, www.roadsafetyatwork.org, please contact Jane Hingston at JHingston@cdc.gov. Information is needed on all types of occupational drivers: (1) drivers of commercial vehicles such as large trucks and buses (workers for whom driving is the primary job duty); (2) workers who use smaller trucks or passenger vehicles provided by their employer (workers whose primary occupation is something other than “driver”); and (3) workers who drive personal vehicles for work purposes. Workers who are pedestrians and those who are working on roads are also included. NIOSH encourages stakeholders to use the online library, free of charge, and consider the best practices that may be useful in their workplace.

Contact: Fred Blosser, (202) 245-0645 June 4, 2008

* Mathers CD, Loncar D [2006]. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine* 3(11):e442.

 **NIOSH** U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

~T. Bella Dinh-Zarr

New Master's Program in Disaster/Emergency Medicine

BEN-GURION UNIVERSITY OF THE NEGEV
Faculty of Health Sciences
Leon and Matilda Recanati School for Community Health Professions
Department of Emergency Medicine
Emergency and Disaster Medicine Postgraduate Program and Research Institute

Emergency Medicine is an exciting and dynamic field that deals with the results of a variety of unexpected occurrences such as accidents, natural and man-made disasters, alongside the intensive routine activity.

Over the years Israel has been challenged with many events that required the response to emergency situations and, therefore, calls for ongoing preparedness. The experience and knowledge gained from this practice, further developed and profounded by academic learning, joined together to a new postgraduate degree program in emergency and disaster medicine.

It is our deep conviction that there is an urgent need for an all embracing, comprehensive approach in this area, where large organizations, employers, public facilities, and communities will employ emergency and disaster specialists. These specialists will have the knowledge base necessary to tailor both preparedness and response solutions for specific environments and gear into action, at time of need.

The aim of the Masters program at Ben Gurion University of the Negev at Beer Sheva, Israel, is to increase knowledge and understanding of the field and to provide managers and workers in the health care system and in allied organizations with common nomenclature and managerial tools for optimal functionality in emergency and disaster situations.

Program graduates will be trained to initiate and direct actions towards increasing preparedness and response of health providers in the community and within the healthcare system. The program is designed for professionals in the field that wish to expand their knowledge and abilities in emergency medicine, disasters, injury prevention and the management of emergency medicine systems.

Graduates of medicine, nursing, emergency medicine, health systems management and other health professions as well as safety officers, position holders in emergency organizations, hospitals, pre-hospital systems and activists in humanitarian aid organizations will find interest in the program.

There are two tracks: a *research track* which includes the writing of a thesis dissertation and a *management and education track*, which includes additional courses and a seminar.

Duration of studies is two academic years, one full day per week. The program is scheduled to open in October 2008 in Hebrew with plans for a parallel international program in the future in English.

An adjacent research institute was recently formed that will enhance multidisciplinary research of related issues. Research builds on the expertise of staff as well as on close collaboration with EMS services, the Ministry of Health, major emergency departments, at various hospitals, Israel Defence Forces, Homefront Command, School of Military Medicine and international contacts with academic allies. The research institute aims to develop unique methodological approaches and enhance emergency medicine and disaster related research.

For further information, please contact Dr. Limor Aharonson-Daniel: limorad@bgu.ac.il

~Joyce Pressley

POSITION ANNOUNCEMENTS

AAA Manager, Traffic Safety Research and Analysis

AAA Public Affairs DC office seeks a Manager, Traffic Safety Research and Analysis to analyze and provide guidance on a range of traffic safety research topics. Job requirements include conducting some primary research, analyzing secondary research, and working with/applying the counsel of outside experts. The position supports AAA's traffic safety advocacy positions at the state and national level, assists AAA clubs with lobbying and other safety activities, and represents the association in scientific and academic venues.

Ideal candidate will have a Masters degree in public health, engineering, social sciences, transportation safety, or other relevant scientific field; four (4) years experience in relevant field, with two (2) years specifically in traffic safety science; thorough knowledge of traffic safety science; strong scientific research skills; staff and project management experience; strong interpersonal/networking skills; and excellent oral/written communication skills. Reports to Managing Director Jill Ingrassia in DC Office. Resume and salary requirements to Barbara Jubran (Human Resources) at bjubran@national.aaa.com.

~T. Bella Dinh-Zarr

ARCHIVIST ATTIC

Commentary: A Safer Fireworks Fourth of July. Early Injury Prevention Values in Our Leadership History (1900- 2008)

In 1968 I 'got promoted' as the Philadelphia Department of Public Health, Accident Control Section, Sanitarian (see: www.icehs.org newsletter, my archivist attic. Nov 2002) to the Albany, NY, NYS Department of Health, Accident Control and Emergency Health Services Section, Safety Consultant. A new EMS federal grant had started funding the collection and assessment of statewide ambulance call and operational data. For the summer months, I had added a question about the types and severity of fireworks injuries treated by ambulance attendants. Our collected fireworks injury data were then shared with the National Society for Prevention of Blindness and they updated the federal Hazard Substance Act's fireworks regulations.

Since those late 1960's the leadership of APHA, AAP, AMA, and many other national, state and local groups and organizations have accomplished small gradient leadership updates of those state and national regulations and laws limiting fireworks injuries.

A somewhat 'lost fin de siècle' leadership story of earlier (1903) effective prevention of firework injury, the process and outcome transferable to today's programs for older or newer emerged injury concerns (e.g. gun violence?), reached its apex when the public's fireworks toll and the willpower for leadership for a crisis value of the challenge of change took place. (1-2) (See also for other similar injury control leadership histories at www.icehs.org Newsletters, "archivist attic" on: The local state and national poison prevention and control movement. March 2004; NYS auto, burn and poison injury prevention, Sept 2004; Crisis management. Feb 2006; new local and state emerging injury risks, June 2006; Open letter to NYS Governor on Injury Prevention Economic Savings. Feb 2007)

Our past leadership historical cultural values on fireworks injury prevention - then more so on lockjaw prevention - can guide 'today's' histories of applying evidence based science with the safety arts, for example today using our well established public health practices models of *assessing* potential programs' cost savings containment in reducing hospital medical costs - in today's economy downturns -tied to *policy options* for nascent grass roots advocacy on new prevention partnerships and for coalitions tied to *assurances* for funding streams and for programming that be evidence-based or promising or at least best practices.

Below, with the permission to our APHA Injury Control and Emergency Health Services Section to reproduce and distribute from their archives, (from some half dozen found just in my AJPH archives search from 1916-present on 'fireworks accidents'): Public Health Notes. A Safe and Sane Fourth. (Originally JAMA, date unknown). Amer J Pub Health, 6(9):1021. (1916):

A Safe and Sane Fourth.-In 1903 the Journal began the collection of statistics regarding deaths and injuries resulting from the use of fireworks in the celebration of the Fourth of July, and for fourteen years has fought for a betterment of conditions. In addition to securing data through news-clipping bureaus, blanks were sent to physicians, health officers and hospitals, requesting lists of casualties. From the beginning special efforts were made to obtain information as to cases of tetanus resulting from these injuries. The tabulated figures of injuries and the enormous proportion of deaths from lockjaw in that first year were appalling. In the 1903 report it was shown that 4,449 persons had been injured, and that 466 had died. Of those injured, many had lost their sight, had legs, arms or hands blown off, or were otherwise mutilated for life. Of those fatally injured, 406, mostly children, died from tetanus, or lockjaw. In the report particular attention was called to the fact that the great majority of lockjaw cases had resulted from blank cartridge injuries, and prohibition of their use was urged. Special directions were also given regarding the care of all blank cartridge and other puncture wounds, and the early use of tetanus antitoxin as a prophylactic was strongly advocated. Reprints of the report were circulated, but not to so great an extent as was done a few years later. In the following year a gratifying improvement was noted in the reduction of deaths from tetanus -ninety-one instead of 406. Little or no attention was at first paid to the statistics. In spite of the annual publication of the awful results year after year, the number of casualties continued to increase, until in 1908 there were 5,623 accidents, and in 1909 there were 215 deaths, 125 of which were from lockjaw. In 1908, however, in addition to the statistics previously presented, a table was prepared, giving the (casualties in eighty-four (of the largest cities. This showed that the majority of deaths and injuries were clearly due to the lawlessness and disorder permitted in these cities. The corollary was also clear that the city governments were responsible, since the annual carnage could be prevented only by restrictive ordinances. The pamphlet containing a reprint of the report of 1908 was sent to newspapers throughout the country. The response was remarkable. The press generally quoted the Journal's statistics, naturally emphasizing the figures for the local city and state. The facts touched local pride. Civic and other organizations started campaigns for the suppression of fireworks and the encouragement of a more enlightened celebration.*City officials were stimulated to action, and in a single year a remarkable diminution of injuries resulted. That progress, with slight fluctuations, has continued, until this year not a single case of lockjaw resulted from the celebration, and there were less than one-fifth as many injuries as were reported in 1908.It was a foregone conclusion that, once the public was acquainted with the facts, a change would be demanded. It is apparent that "a safe and sane" celebration of our independence will soon become so widespread that there will be neither injuries nor deaths from this needless cause.- Journal of the American Medical Association.

1. Gordon JE, Prem V, Gularti, MB, Wyon JB. Traumatic Accidents in Rural Tropical Regions: An Epidemiological Field Study in Punjam, India. The Amer J of Medical Sciences, March 1962; 243:3:158. (Note: this was s one of the first international descriptive epidemiological injury control studies)

2. (For more on the influence of that time period on injury control, see also: Guarnier M. Landmarks in the History of Safety. *J of Safety Research*.1992; 23:152)

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Les Fisher M.P.H

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