

**Testimony of  
The Honorable Dr. Jeffrey W. Runge  
to the  
Subcommittee on Commerce, Trade, and Consumer Protection  
Energy and Commerce Committee  
U.S. House of Representatives**

**May 18, 2009**

Thank you, Chairman Rush and Ranking Member Radanovich for asking me to take part in this important hearing. Up until the last four years when I was asked to tackle the job of establishing an organization within the Department of Homeland Security, I have devoted my professional life to the reduction of injuries, culminating in my service as Administrator of the National Highway Traffic Safety Administration from 2001-2005. Since leaving government, I have relished the chance to re-engage in what I deem to be the nation's most important and urgent public health issue, road traffic injury. I am delighted to appear with this panel of experts and advocates for the health and safety of our citizens.

Motor vehicle safety is inextricably linked to the well-being of our society. We value the mobility and autonomy afforded by travel in our personal vehicles. But there is a heavy tax on that privilege. Although we have made huge strides in reducing the numbers of people who die or are seriously injured on our roads over this decade, car and truck crashes are still the leading cause of death of children in America, and in adults to age 34. It is therefore appropriate that Congress be fully engaged in the science of prevention. The creative programs of the current highway authorization, SAFETEA-LU, the dedication of the NHTSA staff and their partners in the states and communities, and the voluntary initiatives of many auto, parts and tire companies have reduced the highway fatality rate to an all-time low, allowing the agency to exceed its goals set in the first term of the Bush administration.

As the Congress approaches the next authorization, I ask that it consider even bolder programs, driven by the data, to drive the death rates to the lowest in the world. We are improving, but we still lag behind other developed nations with similar vehicle ownership. We have made strong gains in safety belt usage, but nearly a fifth of Americans still drive or ride unbuckled awaiting the fate of an expensive and devastating brain, neck or major thoracic or abdominal injury. We have made some gains in impaired driving but are still a long way from where we need to be. Much of the gains in alcohol-related fatalities can be attributed to our gains in safety belt use. NHTSA produced some of the strongest vehicle safety regulations in decades during the Bush administration to deal directly with our priorities of rollover crashes and vehicle incompatibility, but opportunities await to employ better crash avoidance technology. There is certainly more to

do in making motorcycle transportation safer and our roads more pedestrian- and bicycle-friendly. And NHTSA's programs to support EMS, vital to the mitigation of crash injuries when they do occur, needs to be shored up to provide better science, training, and professional development for these devoted protectors of society.

### **Cost of Crashes and the Health Care Cost Burden**

One cannot talk about health care costs without considering the cost of road traffic injuries. Once a crash has occurred, its victims are then part of the health care system with its attendant costs, from Emergency Medical Services (EMS) through expensive acute care and rehabilitation. From the moment of the crash, work-loss days mount and the nation's productivity suffers. America has invested in prevention programs and safer vehicles, but the investment still pales in comparison to its investment in other illnesses. As one example, the entire NHTSA budget is less than about a tenth of the size of a single supplemental appropriation in 2005 to fight pandemic avian influenza. While pandemic preparedness has indeed made our nation stronger and has enabled us to be more effective even at fighting seasonal flu, more people die each year from motor vehicle crashes than all influenza cases combined, and have since the advent of modern transportation. In the disease of crash injury, prevention works and is essential to control the disease. We already have vaccines for vehicle injury, some of which require action by the public, like buckling a belt, while others do not, like airbags and "crumple zones." Congress should be motivated by the opportunity for health care cost savings and take the necessary steps to re-prioritize crash injury and its economic burden on society.

This committee, more than any other in the House of Representatives, must see the nexus between motor vehicle safety and the rising cost of health care. The fact that you have jurisdiction over both health care and road safety affords the opportunity for a holistic approach. The data are clear. The *health care cost burden* from motor vehicle crashes in the U.S. in the year 2000 was \$32.6 billion. In 2008 dollars, that is *over \$40 billion* per year. As Congress looks everywhere it can for savings across the health care system, I urge you to consider the value of lowering this number through data-driven prevention programs. Decreasing the cost of vehicle-related trauma care should be an important consideration in the discussions around health care reform.

In the next authorization, I also urge that Congress give this committee its proper share of jurisdiction over the safety grant programs, which heretofore have been the domain of committees on both houses of Congress having jurisdiction over road building. While safer roads are a critical factor in the road safety calculus, NHTSA's prevention programs tie in well with the policies with which the Energy and Commerce Committee is most expert, and would provide the opportunity for a more holistic approach to safety programs, vehicle regulations and the cost of health care.

## **Safety Belt Use**

In 2001, safety belt use in the nation stood at an average of 71%, even with large states like California and Washington having use rates around 90%. Four years later, we achieved a nationwide average of 82%, saving 3,000 lives per year over 2001 levels. This was achieved by linking safety belt use to enforcement of existing safety belt laws through the “Click It or Ticket” campaign. The success of this program can be traced to Congress’ approval of a grant program to incentivize states to use the enforcement theme and to supply paid advertising aimed at high-risk groups. Most importantly, the success was tied directly to the willingness of state and local law enforcement to make the traffic stop. Support for traffic law enforcement should be a priority.

Among states, there is a considerable disparity in average usage rates among states with “primary belt laws” and states where failure to wear a safety belt is a secondary infraction (88% vs. 75%). Under SAFETEA-LU, the administration proposed, and Congress agreed, to provide significant incentives to states to pass primary belt laws or to demonstrate 85% belt use. This has had a very positive effect with 11 states passing such laws and six others qualifying for the incentive money based on 85% use. As an example, the latest state to take this action was Florida, the result of which is the saving of a projected 124 lives and over 1,700 serious injuries every year. These injuries avoided have the effect of a \$408 million in cost savings. As a result of the grant program, Florida receives an infusion of \$35 million into the state for any highway safety purpose, including infrastructure improvements.

There remain 15 states that have resisted changing to a primary offense and cannot get belt use to acceptable levels, and thus continue to suffer the economic and human costs of crash injury. While we must respect the autonomy of states, the failure to pass a law cannot be traced to the will of its citizens. In most cases, the majority of people – usually the safest drivers – already buckle their belts, and thus have no stake in whether a law is primary or secondary. The resistance has come mostly from ideological positions within the state houses. Encouraging states to pass primary belt laws remains a priority – and easy, low-hanging fruit – for the Congress to continue to support with the next authorization. The success of the program and the attendant cost savings are clear. Congress should also give due consideration in the next authorization as to whether incentives for passing primary safety belt laws should phase into a sanction over the life of the bill. A careful cost-benefit analysis may support such a sanction, and if so, it should be included. As the costs of health care continue to climb, this committee has a large stake in ensuring that Congress take every action it can to finish the job of getting Americans to buckle up for every errand or trip to stay out of the hospital and the emergency department.

## **Impaired Driving**

The nation needs leadership at the highest levels to change America's social norms around getting behind the wheel after feeling the effects of alcohol. I urge the President and the leaders of the Congress to consider new, bold initiatives to foster the cultural change necessary in this country so that people no longer consider it acceptable to get behind the wheel under the effects of alcohol. Over the past few decades, we have seen this type of cultural change even in European countries where per capita consumption of alcohol is much higher than the U.S. These countries have successfully been able to separate the choice to drink alcohol from the decision to drive. We are not there. Thought leaders with moral authority need to weigh in to drive a new social norm.

Importantly, Congress must continue to provide support to law enforcement and the judicial system to make the traffic stops and make the charges stick. DWI offenders are very often dependent on alcohol; thus, support for treatment with supervision by the courts is also vital and worthy of the support of the taxpayers.

The time has come for technology to become a part of the nation's tool kit to help keep our families safe from people who drive while impaired. Congress should incentivize technologies to provide the driver with information about his/her ability to perform the tasks of driving if alcohol is present in the air, and quite possibly to prevent use if the vehicle is unable to do so. Under the effects of alcohol, one of the first areas of impairment is judgment of one's own level of motor impairment and performance ability. If the technology exists to assist the driver in making that judgment, or even to step in when ability is impaired, the technology should be put on a fast track for deployment.

## **Vehicle Safety**

The first decade of this century has brought about some of the highest-yield programs and safety regulations in the agency's history. The implementation of the advanced airbag rule was extremely challenging technologically for the industry and a regulatory challenge for NHTSA. In spite of misgivings about unintended suppression and inaccurate assessment of passenger seat occupancy, the results have been excellent. We now have a new vehicle fleet in which the airbag is appropriate for a population buckled up 82% of the time, and a population of parents that knows to seat their children in the back seat in age-appropriate child seats.

After years of research into more effective side impact tests, we now have a regulation in place to protect the brain and major vessels in side impact crashes, which has the effect of mandating side-curtain airbags. This is projected to save close to 1,000 lives a year and prevent thousands more debilitating and expensive head injuries.

NHTSA also recently mandated a technology that can reduce single-vehicle road departure crashes in SUVs by over 60%, that being electronic stability control (ESC). This was a central action toward reducing rollover crashes, one of my top priorities as NHTSA administrator. I am very pleased that certain automakers stepped up to agree to install the technology voluntarily in their vehicles. This voluntary inclusion of ESC enabled NHTSA to promulgate the rule more quickly to make the prevention technology universally available to every car buyer.

These examples of NHTSA rulemaking demonstrate the agency's focus on regulations that move the numbers, making large impact on the nation's road safety. The resources of the agency are not infinite. I have testified to this committee – and continue to believe – that regulations imposed on automakers, the costs of which are passed on to the buyers, must focus on our largest problems. When you were debating SAFETEA-LU, I asked that you not place statutory mandates on the agency that would inhibit its ability to respond to America's big safety problems. Clearly, there are many, many good ideas and innovations that automakers could make to achieve small differences in safety. However, if NHTSA is required by Congress to divert time and its limited resources on regulating for smaller injury problems, the public is not served. Moreover, if the industry is mandated to change their vehicles to comply with requirements that cannot meet a cost/benefit test, the price of vehicles increases and purchases are delayed, which hurts the automakers, the economy, and potential buyers' families who would benefit from a newer, safer vehicle. I do believe that, as you authorize NHTSA's programs, you should require the agency to demonstrate that its regulatory agenda is informed by its rich data on road injuries, to get the largest effect for the dollars spent. I also urge you to hold NHTSA – and the industry – accountable for adhering to that regulatory agenda and its timelines.

It is my hope that NHTSA continues to put new energy into what equipment vehicles should have to *avoid* crashes, in addition to *crashworthiness* or injury mitigation. ESC is a classic example of crash avoidance technology, as is better lighting and braking assistance. Many more technologies are around the corner as processing power increases and vehicles become mobile electronic systems. This committee should support NHTSA's better understanding of how humans interact with their vehicles and perform the task of driving through more robust human factors research, so that problems caused by the deployment of new technologies can be avoided.

I also ask Congress to consider what it might do in terms of incentives to the industry to promote the introduction of new technologies before they are mandated. For example, automakers are hesitant to be the first to install new safety technologies because they raise the price of the vehicle over that of its competitors. In that case, not only do they lose the sale, but the customer loses the protection of the new technology. That is usually cited as a case for regulatory mandates. But if companies could be incentivized to install technologies that provide small but potentially important benefits, like rear-vision systems, run-flat tires, and better lighting, the cost differential may be reduced or other incentives could offset the disadvantage. This calls for creative thinking, and could involve tax rebates, some liability protection for new technologies, or other ways to mitigate the risk of new technology introduction.

Currently there is consideration of a “Cash for Clunkers” program to promote fuel economy. While this will have a positive effect on the environment and the automakers, I urge the Congress to extend this program to encompass safety considerations. Modernizing our vehicle fleet to take advantage of much improved safety technologies would have a beneficial effect on the economy, while reducing the risk of bodily harm for our citizens. NHTSA’s 5-star rating program is one method with a sound, scientific basis to differentiate among the relative safety of vehicles. For example, it could only have a positive effect on preventing rollover crashes if a family junked its old, unstable 2-star-rated SUVs in favor of a new family utility vehicle less prone to roll over and equipped with electronic stability control. Giving Americans incentives to buy safer vehicles and the automakers to produce them makes good sense for safety and the economy.

### **Emergency Medical Services**

NHTSA has been the lead federal agency for EMS since 1968, even before there was EMS. The first administrator of NHTSA, Dr. William Haddon, used a matrix to explain the disease of road traffic injury. The phases of the disease where interventions are possible are the pre-crash phase, the crash event and the post-crash phase. It remains essential, just as it was in the 1960s, that NHTSA improve the mitigation of road crash injury in the post-crash phase. This requires that NHTSA ensure that EMS continues to provide state-of-the-art pre-hospital care and transportation of the injured. This requires continued innovation in practice, national standards for credentialing and training, and the fostering of the discipline by the public.

Even though NHTSA provided this leadership for the last 40 years, NHTSA had no specific authorization for its activities until SAFETEA-LU. Under the bill, the Federal Interagency Committee on EMS (FICEMS) was authorized with NHTSA as the administrative agency. FICEMS is a committee of the departments of Transportation, Health and Human Services, Homeland Security, Commerce, and Defense, with statutory requirements for certain agencies. FICEMS has had a slow but successful start and is the proper vehicle for interagency coordination. The next authorization should tweak the membership requirements that no longer make sense given the changing makeup of the member departments. I would also urge Congress to support the important representation from state and local governments and the private sector through the Federal Emergency Medical Services Advisory Council to increase the sense of national ownership of EMS issues. All these programs are administered by a devoted but tiny staff at NHTSA. The Congress should thus fortify the EMS office at NHTSA to be able to foster the discipline more effectively in keeping with its importance to crash injury mitigation.

## **Fuel Economy**

I wish to focus my testimony today on saving lives. While the debate rages and deals are made in Congress, the Executive Branch and the courts about what agencies, committees, members and States may and may not do, I have heard almost no discussion of the essential societal requirement that the safety of vehicles be maintained. As one who spent thousands of hours over four years worrying about the “trade-offs” discussed by the National Academy of Sciences report, I have yet to hear proper attention being paid to the health of people *today*. Climate change is a serious issue, but so is today’s leading cause of death in children as well as adults to age 34, motor vehicle crashes. We cannot as a society fail to understand and address the toll from changing the vehicle fleet in response to well-intended regulations. While the increase in greenhouse gases is a public health issue, what greater public health problem can this nation have than the leading cause of death in children?

I am proud that Secretary Mineta asked Congress in 2001 to lift the freeze on the light truck fuel economy standard and put us to work to reduce the nation’s consumption of oil. This also gave us the opportunity to begin to address the emerging problem of *vehicle incompatibility*, or the harm caused when a small and light car is hit by a large, heavy passenger truck. The corporate average exacerbated the incompatibility problem, and moving to another method of standards measurement is the way to address it. We needed to come up with a system that did not require manufacturers to build a light, less safe vehicle for every big, heavy one desired by the American consumer.

Our regulations presented the first attribute-based system for setting standards, allowing the agency to turn up the stringency on any size vehicle based on the statutorily-required *maximum feasible* level. We were not convinced that taking weight out was the problem, but that size also afforded protection. Our rule gave the manufacturers and the materials scientists the opportunity to bring strong, lightweight parts to the market place so that size and safety could be maintained while recognizing the nations need to save fuel. We are already seeing the emergence of lightweight materials like strong plastics and composites that can reduce fuel consumption without sacrificing size and utility.

While the arguments will be made over how stringent to make the standard in each size class, the method does not foreclose the opportunity to make all vehicles safer and more fuel efficient, as does a “flat standard” or corporate average. I am delighted that Congress agreed with us in its validation of an attribute-based standard in 2007, so that when this method is used, it will not necessarily increase the risk of harm to American families.

I ask only that as this debate continues, Congress stand up for the safety of our citizens. If the Environmental Protection Agency or any other federal or state agency is permitted to set “carbon-out” standards, they must be mandated to consider safety in the stringency and design of their rules. No agency or state government should be allowed to return to a flat average standard

that exacerbates the problems with vehicle incompatibility. If this is allowed to occur, we can expect to pay the toll in increases in death and injury of children and young adults.

### **Exporting and Sharing Road Safety Expertise**

Road traffic injury is expected to rise to #2 on the World Health Organization's Global Burden of Disease list within 11 years. As developing countries gain wealth, early money is spent on transportation, often on vehicles traveling on "roads" meant for pedestrians and animal transportation. Road traffic injury is also the second leading cause of death to Americans living or traveling overseas and is considered a major risk for American companies doing business around the globe.

NHTSA's approach to road traffic injuries is holistic, comprehensive and complex, having evolved over the 40 years of the agency's existence. The agency is considered the best government organization in the world in road traffic injury management; in fact, it is unique among nations to have a national agency specifically devoted to road traffic safety. NHTSA has the capability to export our knowledge and experience to help address the global disease burden and be good ambassadors for the United States.

While in office, Secretary Mineta and I believed that global road safety assistance was sufficiently important that we formed liaisons with the departments of State and Health and Human Services to export our knowledge to developing countries. NHTSA continues to be sought for its expertise on the world stage, but is limited by the lack of a budget for the activity and the competing demands of its core activities. Without specific authorities and the necessary appropriation, this important work will never be anyone's "day job," and will suffer from inconsistent effort.

I urge the Congress to enable NHTSA to provide international assistance for global road safety, with specific authorization and finding, to work with the federal interagency and international allies and private sector partners. An office should be established within the Office of Traffic Injury Control to work with existing government institutions that provide international aid and global health assistance to bring our time-tested methods to bear on this emerging global health problem.

### **Conclusion**

Mr. Chairman, thank you for the opportunity to provide testimony on these issues. I am happy to work with you and your colleagues and your staff at any time to promote the safety of our citizens.