

**Motor vehicle accidents kill more children than any other single type of accident and far outweigh disease-related causes of deaths.**

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**Protecting Children in Cars**  
**Will this state pass a law?**  
by Henry Wefing

IN SOME DOCTORS' OFFICES and health clinics around the state, parents are now getting advice on how their children should ride in automobiles. Members of the staff of the University of North Carolina's Highway Safety Research Center (HSRC) have been urging pediatricians and other health professionals to recommend the use of child restraint devices in automobiles as routinely as they recommend immunization against childhood diseases.

The state's highway safety experts are focusing on the medical profession because information campaigns aimed at the general public have proved ineffective and because some research suggests that people will heed advice on safety that comes from their doctors. But they are also hoping that strong support from the medical profession will lead to passage of a law requiring that children ride in restraint devices. Tennessee is the only state in the nation that now has such a law.

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*Henry Wefing is an associate director of the Center.*

THE CASE for making children safer in automobiles and for recommending the use of child restraint devices is persuasive. "It is of great importance to note," says a study by the Highway Safety Research Center, "that motor vehicle accidents kill more children than any other *single* type of accident and far outweigh disease-related causes of death." The researchers note that a child in North Carolina between the ages of one and five is 40 to 50 times more likely to die from injuries sustained in a car crash than from a combination of the common childhood diseases against which children are immunized.

Each year, between 20 and 30 children 5 years old or younger are killed in North Carolina automobile accidents, and hundreds of children are seriously injured. According to safety experts, between 60 to 80 percent of those lives could be saved and the severity of the injuries reduced if every child rode in a crash-tested, properly installed child restraint.\*

But North Carolina drivers, like drivers around the nation, are markedly indifferent to the importance of restraining their children during automobile rides. Forrest M. Council, deputy director of the Highway Safety Research Center, estimates --- based on his study of North Carolina accident reports and information gathered by observations of drivers --- that only 10 to 15 percent of the state's drivers use child restraints in their vehicles.

How can drivers be persuaded to use child restraint devices and thus reduce the number of young children killed or seriously injured in automobile accidents?

One way is to educate them to the importance of using the devices. But members of the HSRC staff were mindful of the failure of public education campaigns designed to increase adults' use of seat belts. Instead of planning a general public education campaign, they chose to work through doctors and other health professionals. With a \$60,000 grant from the Governor's Highway Safety Program and the support of an advisory committee that included representatives of the state's medical profession as well as state officials and safety experts, the Highway Safety Research Center designed a program aimed at educating parents through pediatricians and other members of the

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\*There are three main types of child restraints: infant carriers, which face the rear of the car and are secured to the seat of the car by an adult seat belt; child seats, which protect the child by a shield or a harness and which are secured by adult seat belts; and safety harnesses, which are installed in the center of the rear seat and anchored to the rear seat belt and the window shelf behind the rear seat. A brochure which lists the names, manufacturers, and prices of a number of crash-tested child restraints is available from the Highway Safety Research Center, Chapel Hill, N. C. 27514.

health professions.

During the fiscal year that ended September 30, 1978, the research center distributed 22,000 pamphlets and 470 posters. Most of the educational materials went to doctor's offices, clinics, public health departments, and civic groups. Members of the center's staff wrote public service announcements for radio and articles for various newsletters distributed around the state. They gave talks to a number of medical, safety, and civic groups.

During this year, the second year of the project, the Highway Safety Research Center will continue its effort to educate the public through health professionals. It will try to test the effectiveness of its program through the collection of data on the use of child restraints. And it will study the feasibility of purchasing some child restraints for distribution to poor families.

At the same time, the safety experts will be seeking support from the medical profession for a mandatory restraint law. "It appears," says the HSRC's report on the first year of its educational campaign, "that the strategy of attempting an educational campaign to build support for child restraint efforts may also be building support for future legislative actions. Many of the physicians have asked about the possibility of a mandatory child restraint law in North Carolina and indicated that they would be in favor of such a law if the educational campaign is not effective."

DR. ROBERT S. SANDERS, a pediatrician, is modest in describing his role in gaining passage of Tennessee's Child Passenger Protection Act. But Sanders, director of the Rutherford County Health Department in Murfreesboro, is widely credited for mobilizing the state's medical profession as a potent lobbying force. Seven major medical groups in Tennessee endorsed the legislation, and many individual doctors made personal appeals to legislators.

The law, which took effect Jan. 1, 1978, requires parents of children under four to use child passenger restraint systems. Violators are subject to a fine of from \$2 to \$10. The law contains a provision that Sanders and other advocates of child restraints hope will be eliminated by a future session of the Tennessee legislature. They call the provision the "babes in arms" amendment.

As related by Sanders at the 5th Annual North Carolina Conference on Highway Safety in November, the amendment was introduced unexpectedly by a Tennessee legislator who told his colleagues that the happiest day of his daughter's life was the day she brought her new-born infant home from the hospital in her arms. The result of that legislator's argument was a provision that permits drivers to ride without child restraints in their

**Safety experts estimate the use of child restraints could reduce the number of young children killed in automobile accidents by 60 to 80 percent.**



**your best  
"baby  
sitter"**

North Carolina motor vehicle accidents kill more children than any disease. Child restraints could save 70 of every 100 children who die in crashes.

***It's your child's life.  
But it's your decision.***

Ask your doctor for information.



**a super  
"toddler  
coddler"**

**Children are not miniature adults.**

-Their bodies are different. -Their minds are different.  
They need their own special restraint systems. They can not make their own safety choices.

***It's your child's life.  
But it's your decision.***

Ask your doctor for information.

Posters produced by the University of North Carolina Highway Safety Research Center.

## **Strong backing from the medical profession led to passage of a mandatory child restraint law in Tennessee.**

vehicles if a child passenger "is held in the arms of an older person riding as a passenger in the motor vehicle." Highway safety experts oppose that provision because they know no adult can hold onto a child in an automobile crash. As a pamphlet from Physicians for Automotive Safety puts it in a warning to parents: "Even if you are wearing a lap and shoulder belt yourself, the child would be torn from your grasp by the violent forces of a collision."

The Tennessee law has been in effect for a year. During the first six months of 1978, Tennessee highway patrolmen and other law enforcement officers issued warnings to drivers who violated the law. Since July 1, officers have had orders to ticket drivers for failing to use child restraints. But, according to a spokesman for the highway patrol, most of the approximately 33 citations that had been handed out by Dec. 1 were issued in connection with other violations. "We're not setting up roadblocks or anything like that," the spokesman said.

Sanders says some enforcement of the law is essential so that drivers will "know the law is not a paper tiger." But he clearly views the law as an instrument to be used for educating, not punishing, drivers. Implementation of the law has been accompanied by a public information campaign sponsored by the National Highway Traffic Safety Administration and the Tennessee Governor's Highway Safety Program. Brochures and posters have been distributed around the state. In Nashville, there has been an intensive educational effort that includes liberal use of such publicity devices as public service spots on television and billboards as well as distribution of brochures and posters. Similar efforts are planned for Memphis and Chattanooga.

A study released last August by the Transportation Center of the University of Tennessee shows that the use of child restraints has increased significantly since the law went into effect. Usage rates rose from 14 percent to 25.2 percent in Nashville, from an average of 11.3 percent to 18.2 percent in four other Tennessee cities, and from 6.5 to 15.1 percent in rural areas of the state.

THE PROSPECTS for passing a mandatory restraint law for North Carolina during the current session of the General Assembly are poor. It is possible, in fact, that no legislation will even be introduced.

George W. Miller Jr. is the legislator to whom the state's highway safety experts turn when they need a sympathetic and forceful spokesman for major legislative initiatives. Miller is strongly in favor of requiring drivers by law to use child restraints in their automobiles. But the Durham legislator thinks it will take "a lot of hard work" over the course of several legislative terms to win passage of such legislation. He said in December that he had not decided whether he would introduce a bill this session.

The prospects might improve if there were a ground swell of support for a law from the state's medical profession. It was vigorous backing from the medical community that led to passage of Tennessee's law.

But the campaign in this state to involve the medical profession in educating parents about the importance of child restraints and --- as a spinoff --- to marshal the medical profession's support for a law has been under way for only a year. There are stirrings of interest in a mandatory restraint law, but it is a long way from stirrings of interest to the widespread and active support from the medical community that preceded passage of Tennessee's law. And there has yet to emerge a doctor or health professional to play a major leadership role in mobilizing the medical profession --- the kind of role Sanders played in Tennessee.

Dr. Carolyn Cort, a Burnsville pediatrician, favors a mandatory restraint law, and she has been active in the current educational effort. But Dr. Cort, who is chairman of the transportation safety committee of the North Carolina Pediatric Society, notes that the campaign to reach physicians is still in an early stage. The first attempt to bring the issue to the attention of a broad audience of doctors was made only last summer when members of the staff of the Highway Safety Research Center made a presentation at a meeting of the pediatric society. She said she would like to lead a drive to gain passage of a law but that her professional and family commitments would not permit her to expend the amount of time that would be required. "I hope someone else can," she said.

For now, North Carolina's highway safety experts are focusing on the effort to educate parents through health professionals. Their strategy is to build support for legislation through their contacts with the medical profession. Like Sanders, the successful advocate of Tennessee's law, they believe legislation would improve their ability to get the attention of drivers and consequently reduce the number of children killed and seriously injured in automobile accidents. But they acknowledge that they are not likely to be able to persuade the legislature until they have the clout of the medical profession behind them. The ball, in short, is in the physicians' court. □