

Remarks by Jeffrey W. Runge, M.D.
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“Saving Lives Through Data”

I understand that I am the first NHTSA Administrator to attend this annual conference. This is hard for me to believe. My being here with you today not only underscores my commitment to what you do, but also underscores this Administration’s commitment to increasing safety in a way that is data driven and gets results. We are talking about using valuable taxpayers’ dollars for data systems to make sure we have programs that work.

I want to point out when I talk about results, when I talk about spending taxpayers’ dollars carefully, these two guys come immediately to mind. They are my bosses. The gentleman on the right, President Bush, constantly talks about results. He reminds us political appointees that if we are not pushing the edge, if we are not standing on the edge pushing our agenda, then in his words, “...you are taking up too much floor space.” I intend to do exactly that during this term of his administration, to help get a grip on the leading cause of death for young people in America. President Bush says his top priority is the safety and security of the American people. When you take into account that motor vehicle crashes are the leading cause of death for Americans from 2 to 35, the leading cause of disrupting intact young families, you can see this fits right in with the agenda of this Administration.

And Norm Mineta, the guy on the left, has recently put a different focus on DOT. In fact, this week he is going to have a meeting with everybody in NHTSA, FHWA, and the motor carrier administration to emphasize this. In the Department of Transportation we spent the past year and a half worried about aviation safety.

When I interviewed with the Secretary for this job some time ago, I was talking to him about the importance of highway safety. Now the Secretary doodles when he’s thinking. So here I was giving him this little sermonette about injury prevention and he suddenly turns the legal pad around and on it was written the exact number of the fatalities for that year. This was April 2001. He had seen the early estimates and got the number exactly right.

So this man is very committed to safety. He understands that preventing motor vehicle crashes is the top priority of the Department of Transportation for the remainder of this Administration. We will not waiver from our duty and our responsibility in this regard.

This is a slide that I stole from the CDC web site, and I know that the typing is small but the colors are obvious. The blue boxes show unintentional injuries, and you can see that they are at the top for the different age groups, the leading cause of death for

the different age groups. This is serious business because most of this unintentional injury, the blue boxes, is from motor vehicle crashes. We are a society that is consuming our young at rates that are simply unacceptable.

Here are the numbers from the early estimates for this year, the numbers that you all generated and the people that work with you and for you. 42,850 total vehicle deaths. The rate is 1.51 fatalities per 100 million vehicle miles traveled, which is down just slightly from the previous year.

There is some good news here. The number of injuries is down again by a statistically significant number for the second year in a row. A year ago they promised me they'd try to figure out why. We still don't know why. We think that it may be because people are taking advantage of the safety features in their vehicles. One thing we do know is that people are buckling up more and that vehicles are safer. So some of the injuries that would have occurred in crashes are simply not occurring.

That is good news. The bad news is if that we do not reduce this 1.51 rate, we'll have 50 thousand dead people on our highways in five years. We will be getting right back to where we were in 1966 because of the increase in total vehicle miles traveled. And this, my friends, is simply unacceptable.

So the Secretary has given us a goal, and it is not one of these goals that was picked out of thin air, even though the number looks very round to you statisticians. But the fact is that in order to make headway here we have simply got to reduce the rate.

In order to even be stable at 42,000 deaths per year, which in my view is not a success, we have to reduce the rate significantly down into the 1.2 range. And to get to 1.0, we've got to save nine thousand more lives by 2008, in spite of ever increasing vehicle miles traveled. But again if we don't, we will be right back to where we were in the 1960's when the National Traffic Safety Bureau was first created, the predecessor to my agency, the National Highway Traffic Safety Administration.

So the Secretary has given us a goal, and it is not just a goal for NHTSA. It is also a goal for Motor Carriers and for the Federal Highway Administration. The three Administrators from these agencies went to AASHTO and talked to our State DOT executives about the necessity to do this. And AASHTO agreed by committing to the same goal of not more than 1.0 fatalities per 100 million vehicle miles traveled by 2008.

So we are all getting on the same bandwagon here, which is how things get done. We can't do this if we are fragmented, but it we can achieve this if we all are working toward the same goal.

If the human cost in terms of lives lost doesn't get you, then maybe the economic cost will. This is the motor vehicle crash cost in the year 2000 in 2000 dollars. Keep in mind those costs are changing. Our analysts came up with a total cost of \$230.6 billion in 2000 dollars. I know that my staff member Larry Blincoe, who developed these cost

estimates, is in the audience, so I've got to be careful about how I talk about this. With utmost precision I will say that, when this report was prepared in 2000, \$26 billion of the total cost was lost due to the non-use of safety belts. The good news, if there is any good news on this slide, is that this amount is now \$20 billion because more people are buckling up today than in 2000 when the costs were calculated. The \$6 billion difference, well, how is that for return on investment? That's good news.

The bad news is that impaired driving still costs us \$50 billion a year and speeding still costs us about \$40 billion a year. So we know where we have to set our priorities.

Another thing I asked our analysts to do was to look at what interventions we might take to save the greatest numbers of lives. And this pie chart shows what they discovered. It shows that about a third of all the lives that can be saved will come from safety belts reaching 90%. We can do that. Another third of the lives can be saved will come from reducing impaired driving. Our current alcohol fatality rate right now is .63 fatalities per 100 million vehicle miles traveled. Getting that down to .44 gets us a third of the lives that can be saved. Intersection safety, road departures, large trucks, pedestrian safety, increasing child safety seats, everything else that we do combined yields the remaining third.

I want to see this last third of the pie chart expanded to almost the entire piece before I die. I know that we can do that. We can reduce the impaired driving and safety belt sections of the pie dramatically by doing the stuff we are doing now but doing it with more vigilance. So once again you see the data have set our priorities.

When I came into office in August of 2001, I was told by my informal advisors, figure out what you want to do first. So, I wrote down about 7 or 8 things I thought we just had to do while I am in office during the Bush administration. Then I asked my senior staff to go off to a retreat center for a couple of days, and tell me what they thought are the five things that we needed to focus our energy on in the next four years. At the end of their two-day session they had one of those deals where you put everything on the wall and vote on them and see what comes out on top.

These are the five things that came out from their voting. The good news is, I went back to my office and pulled the list of eight things out of my desk drawer. Their list of five priorities is a subset from my original list of eight.

We are focused on these issues: increasing safety belt use, reducing impaired driving, doing something about inter-vehicle compatibility, about addressing the rollover problem, and last, but not least, improving data.

How many of you went through school using a slide rule? Come on don't be shy. I'll raise my hand, yet I still don't know how it works, but it is the neatest thing in the world. Just look at how kids are learning now. When my kids got into 8th grade they had to buy a three-dimensional graphing calculator. I was thinking, "What is this?" It is just

amazing how things are advancing and what microchips have done to our world. And yet today we are still gathering data like we were gathering data when NHTSA was born. So we want to do something about this. We can only do something about this if people understand how extremely important it is. I cannot overestimate how important you are in this effort ... every single one of you, and the people that work with you and work for you.

Some of you might know that before I came to NHTSA, I was an emergency physician, an academic emergency medical physician with 20 years in a very, very busy emergency department. We saw 110,000 patients a year. You walked in to work each day and you knew you were going to get killed. You knew you were going to be too busy to use the bathroom for your eight-hour shift. And you knew you weren't going to get any food. We couldn't have done our jobs without the data that we got from the patient, the data from the lab, and that data that is in our heads and in our Palm Pilots.

Practicing medicine is all about data. Ask any physician who has gotten a lab error about the importance of data. And yet there are people who are down there in the lab slugging away, with their thousand tubes of blood that they've got to run samples on and the smears they've got to look at, and so forth. They don't realize the impact they have on how well that patient does, whether the patient goes home, stays in the hospital, or gets worse.

So I used to run down to the lab every now and then. As you know there are two things that they always do well in a hospital: one is donuts and the other is coffee. So there's donuts and coffee in the lab, and it's just amazing.

The other thing that I used to do is bring the stories of the patients down there to the lab and what the lab people did for this patient, the smear they looked at and other work they did. So I used to go back a few days later and tell them the diagnosis. And it was really important that they became engaged in how well the patient did.

What I am trying to do here today, by attending your meeting, is to engage you in how well NHTSA does and how well our nation's Highway Safety Agenda is doing based on the work you do. People who work with you and work for you are the lab techs from my old world. I want you to take this message back to them, and tell them how critical their work is everyday, when they walk in to their office they see a stack of police reports. How important it is when they transmit those police reports into data, how important it is for the health and well being for the people in our country. It's a brick in the wall. But that wall is so, so critically important ... it is the foundation for what we do.

When I was a practicing physician before I came to NHTSA I also was an academic physician. This means I got to teach residents and teach medical students, and I got to do research with part of my time. I became very focused on injury prevention back in the 80's when a report came out from the National Academy of Sciences called

Injury in America. At that time I'd been in practice for a few years and the injury I saw was very, very frustrating. I was exasperated and I was incensed.

I can point to several places in my medical career when I decided to focus on certain things with my research energy, and reading that report helped a lot. I understood for the first time that injury was a disease, that it needs to be dealt with, and that it needs the same kind of attention as any other disease in this country. Using the disease model for dealing with injury works. We don't do some things very well with this disease as we do for others. We don't do surveillance very well and I want to change that.

But happily there was a community of people that developed within medicine, within pediatrics, within emergency medicine, within preventive medicine, within trauma surgery and within public health. We really adopted this model that injury is a disease. And a Center was formed at the Centers for Disease Control in Atlanta to deal with this. Grant money was generated, and that really transformed injury over the last, well, less than twenty years.

We started treating injury as a disease. Despite being in a community hospital with an academic bent, we didn't have a lot of access to research grants and so forth. So most of my research was done just thinking about what I wanted to do and trying to do it, and then doing clinical research to make money to get things done.

And long about the early 90's I was involved in some brain trauma research, which was very lucrative. And it allowed me to pay for some injury prevention research that was not so lucrative. And on my 40th birthday... I am going to get to a point here, I promise. I woke up at five in the morning depressed because of my birthday, then went out for a 10 mile run. I had taken the day off, but in retrospect I realized that was a bad idea because none of my friends were off. So I went to hit a hundred golf balls. And I was thinking what am I going to do today? And the phone rang and it was Ricardo Martinez, my predecessor at NHTSA.

He said "Jeff how are you doing?" And I said, "I am 40 years old today and I am depressed." And he said, "I'm going to change your life." Now for those of us who know Ric, we know that is not an unusual thing for him to say. He said "I got a bunch of people at NHTSA who don't understand that they are saving people everyday when they come into work." And I said, "How do I fit into that Ric?" He said, "I need you to come up here. I need you to help me talk to them about how important the things that they do are in saving people every day."

He told me that he created a new logo, "People Saving People". It makes a lot of sense. He said "I'll tell you what I'll do in exchange. I want to go up and I want to work with the data guys. I want to know about FARS and NASS. I want to know about CIREN, I want to know about CODES. I want to know about these things. I want to know how to access it because I want to use it in my community."

So that was the deal. I first came to NHTSA in 1996 as a Medical Fellow. And of course when I was there and he got his hands on me, I ended up spending little time doing what I wanted to do and most the time doing what he wanted me to do. But I still came up with a very real appreciation for data systems.

So I went home to Charlotte and thought, we can do this here. So I sat down with the DOT in Charlotte and found out that they code every crash by cause; that EMS has geo codes for every place they pick up a patient. The police respond and have geo codes for every place they respond. They use it to guide their community policing. And I had hospital records. From the hospital records I know who stays and who goes home. So we linked the data together and came up with a chronology of injuries in Charlotte-Mecklenburg in North Carolina. I used that to write a report and I gave it to the press. It made the front page above the fold in the Charlotte Observer.

And it dawned on me that this is the power of data. I had been trying to pull myself up by the bootstraps, trying to develop a Safe Communities program in Charlotte for two years, and when I gave them the information from the data systems guess what happened?

The resources started flowing in ... not huge resources, but time, energy, and in-kind contributions, media attention and yes, even some money. So I became a believer in the data and that's why I'm here. You know around this room there are people who have watched me use data and have used it themselves. The Governor's Highway Safety Association ... I see Barb Harsha out there ... the Highway Administration ... I know that George is here somewhere ... everybody is focused on this. So go back and tell your people how important what they do every day is. When they have to face that stack of reports, they can see how important it is to us when all of this comes together.

In this Administration we let the data drive our reauthorization proposals. For those of you here today who are not governmental wonks, let me tell you: this is a very painful process. Congress has two groups of people, and I don't mean Republicans and Democrats. I mean authorizers and appropriators. This is the phase of the evolutionary cycle where the authorizers get to tell the Administration what it can spend for the next six years on its projects.

So we developed our reauthorization proposal over the course of a year. Then the President sent it over to Congress where sausage is made. I can promise you that while sausage is being made we'll be over there presenting them with the data that generated SAFETEA. And I want to point out this is not an accidental name. The Secretary said "you know we had ISTEPA, then later we had TEA-21. This new proposal is about safety.

So as good government people are we came up with words to fill in here and it seems to work. The bill is called Safe, Accountable, Flexible, and Efficient Transportation Equity Act of 2003, SAFETEA. I think that's just a fabulous name.

The key themes here that are visible throughout this proposal are flexibility and accountability for states. What we are trying to do is to get states to hold themselves accountable for the money that they spend, these precious taxpayer dollars that they spend, by having data-driven programs, and evaluating those programs when they are done.

In the past, states have come to us and said, “We have all these grant programs but we are spending more time on overhead and administration than we are on actually doing the programs. There’s more cost for administration than anything else.” So we began to try to reduce the number of grant programs, to consolidate them under SAFETEA.

There is another provision in the bill, one that I really fought for, and that is to improve traffic records. The present proposal has \$300 million over six years that will go right out to the states to help improve traffic records, to get you beyond the sixties and into the 21st century with how you gather, upload, put together, do quality control, and get us traffic information.

I believe this will work.

A word about the strategic highway safety plan: this was actually Mary Peters’ idea. She is the head of the Federal Highway Administration. Having been a DOT executive in Arizona, she too is data-driven, and she understood my wanting to get money out to the states specifically for that. This will be a process with all the stakeholders at the table, not just the big hogs lining up at the trough, but everybody who has a stake, and highway safety needs will be at that table. That includes the governors’ reps, the police, DOT people. Whoever has a stake in spending highway safety dollars needs to be at that table.

And the beauty of this is that the problems in Utah are very different than the problems in Massachusetts, or Maine or Florida, or Washington or Alaska. And how each state spends its money should be based on their local injury data that document the exact nature of their problem. But this has to be good data; it can’t be just someone showing up with fatality counts. We need you to focus on your problems again with the epidemiology of traffic injury in your state in mind. Location, the who, what, when, and where of traffic injury needs to be in that strategic highway safety plan, and that will guide the expenditure of the dollars. This is the \$300 million over six years that I was talking about. This will provide funds to get you where you need to go.

We want this to include everything that you do ... crash data, citations, court data, licenses, vehicle registration, EMS data, roadway data, and to the extent that you can link it, hospital data. These are the data that you collect, manage and use. This is used by state governments and used by the federal government. It really does drive the entire machine.

Here's an example that shows how what you all did drove a major public policy initiative. It's our Click it or Ticket campaign. Yes, there are some states that don't like that term, but the fact is that it works. The enforcement message works for the portion of the population that has not responded to public education, does not believe that it is subject to Newton's laws of physics. We found they will respond to a \$25 citation. Even teenagers who won't respond to the fear of death will respond to the threat of a ticket.

If you don't believe that just look at the numbers that are coming from the states right now. Last year some states only partially implemented the "Click it or Ticket" model while other States did it completely. These states that followed the complete model were provided with additional funds to purchase media. We did an evaluation at the end of the campaign last year and found a 9-percentage point increase in belt use in those states that used the complete model.

So this year the campaign went nationwide. How many of you saw the Click it or Ticket ads on TV? Congratulations! You were watching shows that were aimed at 16-34 years old males! I am very pleased! I know that the reach went even further than it was supposed to. We are going to get a return on investment for this money.

Congress gave us \$10 million to go out and purchase national media this year. This was just over in May and now we are evaluating that experience. We'll see. The early numbers look terrific. A national telephone survey was done to measure what is termed the "unaided recall" among young males from ages 16 to 34. This measures their ability to recognize the campaign slogans. I can tell you the recall was measured at levels that any political candidates would just die to get.

The other major public policy issue is in the different use rates between states with primary safety belt laws and those with non-standard or secondary belt laws. There is an average 11-percentage point difference between the group of states with primary belt laws and those with secondary belt laws. There is no question that we need primary safety belt laws in all 50 states in this country. The 30 states that don't have them need to get busy.

Under SAFETEA we have a \$100 million a year, \$600 million over the life of the bill, for states that pass a primary belt law or states that reach 90% belt use, because that is really our goal.

Nobody has reached that level yet without a primary belt law, but if they make that qualifying event they will get a check for 5 times their entire section 402 contribution. Just like that. That's real money that they can use for any highway safety purpose. They can build rumble strips and median barriers and widen shoulders on dangerous two-lane roads or whatever they want to do with these funds. We want to make sure that SAFETEA has real incentives so that Congress does not have to resort to sanctions like they did with getting states to adopt a .08 BAC limit. Sanctions make states mad. We don't want to make states mad. We want them to be in partnership with us with real money going out to states so they can get their job done.

The data that you provide for us ends up going into a lot of different databases. You already know what they are. In fact, you have this entire conference built around them. All I want to point out here is the State Data System.

When I first came to NHTSA we would sit down and talk about an issue and they would pull in the data from different databases and someone would always say “this is from the SDS”. I thought that was Students for a Democratic Society.

I later learned that means State Data Systems. At that time I think 11 or 12 states were part of SDS. It wasn't very many. Well, now that's up nearly 22 states. This is really important. These are state level data that we can't get in any other way.

Our defect investigations have relied on some very prominent examples from state data, some investigations about tire problems that you may have heard of, some about airbags. Sometimes people think mostly about creating behavioral programs with your data. But the data have really helped us on the vehicle safety side.

So here's an “ask” that I've got for you. If your state is not one of those 22 already in the State Data System, I would encourage you to help us with that, become one of those states. This is great stuff. And I am sure that anybody here from NHTSA would be happy to talk to you about how you do that.

My vision of the future rests on a system of doing injury surveillance. I mentioned before that we don't do a very good job of surveillance. Thinking about my former life creates some good examples here. You know that if the CDC did not do injury surveillance they could not stop the hantavirus epidemic in New Mexico as quickly as they did. They would not be able to identify trends in dangerous pharmaceuticals that are in the marketplace and are causing bad side effects in people. The fact that AIDS was contaminating the blood supply in the early 80's would not have been known until many more thousands of people died. All of those findings came from surveillance. And yet we can't do enough injury surveillance for the leading cause of death in America, for Americans 2 to 35. That's nuts!

The fact that it takes us a year to close the data files on fatalities in this country is simply not good enough. We can do better. I know we can do better. New technologies beyond the slide rule are being developed every single day. I sat down with Joe Cara and other NHTSA staff and decided that today I am announcing the start of an Integrated Project Team to improve data systems in our country.

We are going to get people from all sides of the agency together and we are going to form a plan. We are going to publish it showing what we intend to do and what it is going to cost us to bring our data gathering systems into the 21st century.

I don't know exactly how we are going to do this, but that's why the IPT is being formed. But they will know. I have a feeling they already know. I envision a system

that is close to real time for crash identification and fatalities identification. It may be a very minimum MUCC, a Minimum Uniform Crash Criteria, or something, but whatever it is, these guys will figure it out.

We want to be able to tell Americans that we had a problem the previous weekend and where the problem was without having to rely on simply anecdotal reports or what the major American newspapers happen to think is important that day. We can't afford that.

So we need more real time data collection and more real time notification so that we can do surveillance. That's my vision. And it's probably not going to happen in my term here, but at least we can get the ball rolling.

Everybody will benefit ... the cops, the courts, the judges, the elected leaders, the EMS people, everybody will benefit from real time access to that sort of information. So achieving this vision means a lot of things. It should also reduce error in time and expenses, but above all it will increase safety.

This is what we want. The reason is very simple. It all goes back to the Charlotte-Mecklenburg Safe Community program getting the spot on the front page above the fold. I learned then and there that your data is what sells safety. It is the most potent marketing tool that we have. If I've got it I can sell it. I can take traffic safety programs over to the Hill and I can sell them.

In this job I've only gotten into trouble one time in two years and that happened when I led with my chin instead of leading with the data. I'm not going to do that anymore because they can hit the data all they want. It doesn't hurt me and you know that good data is ultimately defensible.

I want to focus on these new technologies, to get the geo code data, to be able to get that into a computer and out to the users in the shortest possible amount of time.

I have described the magnitude of the safety problem to you, and I hope that I've convinced you to go back and share with your colleagues how important what they do is to our efforts. We need each of you here today to get the people in these breakout sessions to think as you do about continuing to develop and maintain the data that are the bricks in the foundation of our programs.

Sometimes in the course of doing my job I do meet resistance and if I didn't have what you give me I could not defend what we do. I have only one method of argument. I have only one piece of ammunition and that's the numbers. I want to thank you for your work in collecting, managing, and allowing others to use your data. It may seem arcane and even thankless to those outside of this world, but please remember that what you do is crucial to our efforts to improve the safety and health of Americans. It is important to everybody in our nation whether they know it or not.

There's another parallel to Emergency Medicine, and that is when you know that somebody would come crashing in from terrible congestive heart failure or maybe a heart attack or a horrible car crash. And the moment they arrived my team would jump on them like white on rice. And we would work those people until they either got better or it was impossible for them to get better. And then they would be taken upstairs and my team would never ever, ever get a thank you. That's because the doctor the patient remembers is the prince charming who comes in later when they are all well and pats them on the hand and says "how are you?"

Well, in this job I get to be prince charming and go around the country and everybody says, "Hey, isn't it great that 'Click it or Ticket' is working so well." And you guys are the team in the emergency department. So I just want to say thanks. I know what its like to be out there slugging away and nobody says thank you. So on behalf of President Bush and Norman Mineta and me and everybody at NHTSA, thanks a lot.