

ways in 1967. We also face tremendous problems in the areas of traffic safety, air pollution, and highway congestion. The solution obviously is not to ban automobiles, but to more closely regulate the industries associated with the manufacture and insurance of automobiles.

Recently much attention has been given to the inequities practiced in the automobile insurance industries. The Senate Commerce Committee has been conducting a study of automobile insurance since the early part of 1967, due to what Senator Warren G. Magnuson has called a "ground swell of public opinion."

One proposal to alleviate many of the problems in the automobile insurance industry which has received widespread publicity, proposes to pay auto insurance claims the way health and accident claims are paid—without regard to fault. This scheme of insurance seeks to remedy the evils of inadequacy, delay, injustice, waste, and corruption in the present system of handling claims of traffic victims.

Those who have suffered injuries in automobiles know that prompt payment of compensation is rare, and that the gap between loss and compensation is vast. In general, the injured person must seek compensation from the other driver's insurance company and not from his own company. The system of justice, under which our nation has existed from its earliest days, requires that when a man is injured and seeks recovery for his injuries from another, he must prove the other person guilty of negligence, he (the claimant) free from contributory negligence, and the injuries caused by the defendant. Accordingly, if he proves these three essential elements he is entitled to recover for all medical expenses (without any deductions), his loss of earning capacity (without any deductions), and for all his pain and suffering (without any deductions). If this theory were faithfully administered, most traffic victims would go uncompensated. Happily, this is not the case. Insurance companies are ever mindful of the cost of litigation and fearful of the jury verdict that disregards the judge's instructions on fault, and awards something anyway. Thus, the insurance companies settle with a very high percentage of the traffic victims who make claims—estimated to be as high as 85 percent.

Prompt payment is rare. According to a study published in 1966 the flood of automobile accident trials has produced an average delay of 31.1 months for personal injury trials in metropolitan areas. The longest average delay was 69.5 months in Chicago, followed by periods ranging downward from 51.5 to 46.8 months in Westchester, Kings, Suffolk and Queens Counties in New York State and 50.8 months in Philadelphia. These delays pile up while the parties and their lawyers bicker about who was at fault, and what lump sum damages they suppose a jury would allow if the case were tried.

The long delays, characteristic of this system, produce a cruel injustice that strikes harder as injuries are more severe. A hard bargaining insurance company can buy the claim of such a person with a penurious settlement offer that capitalizes on his pressing needs in face of a long wait for trial. A recent study of traffic accidents in Michigan indicates that a man who has a severe injury is likely to settle for it quickly only if he settles for a relatively small amount. This harsh treatment of the disabled breadwinners and their families is only one phase of a pattern of unfair allocation of the total pool of insurance money available from insurance premiums. The present system, while awarding far too little or sometimes nothing, to some victims makes generous and even unreasonable awards to others.

Accordingly the Communications Workers of America urges the Senate Commerce Committee and the House Judiciary Committee to consider the ramifications of the Keeton-O'Connell plan which postulates; the development of an entirely new form of automobile insurance. This form of insurance would be an extension of the idea of the medical payments coverage—a supplemental coverage one can buy in an automobile policy today. The medical payments coverage should reimburse actual medical expenses up to a stated limit, regardless of who was at fault in the accident. The insurance would do the same for all out-of-pocket loss—wage loss for example as well as medical expense—up to a limit of perhaps \$10,000 per person.

As in the case of medical payments coverage, one would buy this coverage for himself and his family and guests; and he would make his claim and recover his