

6. *Alcohol*.—Here is our most difficult problem. Dr. Haddon has done the Nation a great service by building on and improving the legal control programs which our Committee had developed and recommended. In particular he has very wisely instituted procedures whereby we shall be able to measure the current level of alcohol involvement in fatal accidents, and shall know at all times whether what we are doing is actually effective. We are looking forward to the thorough report and evaluation which is being prepared for the Congress and expect to share with you the responsibility for careful study and examination of possible improvements in our national program.

7. *Identification and surveillance of accident locations*.—This is a critically important program. Previous evaluations of traffic engineering improvements have clearly shown that work at high accident locations is probably the outstanding opportunity for public investment today. A large group of location improvement projects returned the original investment in an average of 18 months and continued to create public benefits of equal amounts every 18 months thereafter. Although the actual construction funds are not in the budget to which we are directing attention today, they are substantially provided for in local and State budgets, as well as the Federal-aid road program. Identification of locations is critical.

8. *Traffic records*.—Congress very correctly called for heavy emphasis on traffic accident record improvement in the early stages of this Federal-aid program, and this is being done. Better records are fundamental to everything else we do. Please be assured that our own work to improve traffic accident data procedures has been augmented rather than curtailed, and we join with the Federal Government in helping the States in this most important area.

9. *Emergency medical services*.—Many people injured in traffic accidents die needlessly because of the inadequacies of transportation and emergency treatment. We in the council joined with the American College of Surgeons in 1958 to see what could be done to improve the situation. We developed a model ordinance which has been widely used. The Council of State Government developed a model statute. The surgeons specified the character of improved training and equipment and developed a model emergency department. The U.S. Public Health Service, despite their budget constraints, stimulated and financial research and development projects. Now additional traffic safety funds are going into this area of need. Again, the situation is dynamic in many parts of the country but the need for additional funding is very great, and it would be pure tragedy to shortchange this program.

There are other programs on which we will not comment here today unless the subcommittee so desires, but we hope that we have said enough to convince you that many of these programs are effective, and that all of them are being steadily improved to enhance their effectiveness. In any event, the State and local governments are bearing the substantial basic cost of conducting these programs, and will continue to do so. They are showing exemplary willingness to step up the level of their efforts. The Federal Government should not fail to supplement these programs in the way proposed by the President. Let me give you one further illustration: