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NORTHERN CALIFORNIA'S LARGEST NEWSPAPER

Aging on the Road

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They did not have to die

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It did not have to happen, the tragic incident in the Santa Monica farmers' market in which 10 people died and 45 others were injured (15 critically), when a 1992 Buick crashed through barricades and plowed through the crowd for nearly two blocks, sending bodies flying, smashing stalls, leaving behind a trail of blood, flesh and destruction.

Emerging with barely a scratch, 86-year-old driver George Russell Weller later explained to police that he could not stop and he possibly hit the gas instead of the brakes. Russell, who walks unsteadily with a cane after hip surgery, has a valid driver's license.

So did 96-year-old Brian Cox. On November 5, 1998, he hit and killed 15-year-old Brandi Mitock in a Santa Monica intersection. Cox, who apparently became disoriented, fled the scene and turned himself in to police later that day. When sentencing him to five years probation, Judge Bernard Kamins said he was shocked by medical reports that showed Cox had suffered strokes since 1992.

In July 1993, 21-year-old Jason Suroff was killed instantly when his car overturned as he swerved to avoid a wrong-way driver on Interstate 70 in western Missouri. When the 91-year-old driver was located 250 miles away, he had no memory of the accident. He suffered from senile dementia. He also had a current, valid driver's license.

None of those accidents had to happen. When 84-year-old Evelyn White -- who had driven her car for 68 years without an accident -- hit a pickup in a minor fender bender in December of

1998, she was jolted into a reassessment. "I realized I couldn't hear so good anymore; and, well, little things are going wrong with my body," she said. "It's time for me to stop driving." When her driver's license expired in June 1999, she decided not to renew it.

White's brave decision was based on a sound assessment. As we age, our vision and hearing often dim, reflexes slow. Arthritis can make looking over one's shoulder a painful experience. The rate of illnesses and the intake of medications increase. All of these factors can make driving more precarious.

The results can be fatal. A 1997 study by the National Highway Transportation Safety Administration revealed older people make up 9 percent of the population but account for 14 percent of all traffic fatalities and 17 percent of all pedestrian fatalities. Drivers age 65 and over, along with new teenage drivers, have the highest accident rates per miles driven. On the basis of estimated annual travel, the fatality rate for drivers age 85 and over is nine times as high as the rate for drivers aged 25 through 69 years old. Drivers age 80 and older hit more pedestrians per 100,000 people nationwide than drivers in any other age group.

It is chilling to read that two of the three behavioral factors cited as main contributors to these statistics were "poor judgment in making left-hand turns" and "decreased ability to change behavior in response to an unexpected or rapidly changing situation." Weller, for example, made a left-hand turn and drove for two blocks without slowing down as he mowed down bystanders in the Santa Monica farmers' market.

Why do some continue to drive after it is no longer safe? It would be foolish to think that as we age we develop a diminished sense of responsibility or are less concerned for our lives and those of others. Rather, what the statistics reflect is a more complex reality that leaves older people with unpalatable choices.

The design of our cities, built on a suburban model in which access to work, shops, schools and recreation requires commuting over large distances, and in which effective mass transportation is sorely lacking, leaves us dependent on the automobile. Faced with the loss of mobility, older people hold on to the steering wheel, thinking that "we just have to drive a bit more carefully."

It is such a misunderstanding that informed Kathy Freund's approach. When her young son nearly died after an elderly driver ran over him in Portland, Maine, her first reaction was to seek ways to restrict the issuing of licenses to older drivers. Soon, however, seeking to attack the root problem and to offer alternatives to driving, she created the Independent Transportation Network, a service that provides seniors rides in private cars driven by volunteers.

Mass transportation also makes a difference. A 2001 study by the California Department of Motor Vehicles compared the density per ZIP code of driver's licenses suspended or revoked for physical and mental reasons (mostly elderly drivers who persisted on staying at the wheel but failed to pass tests) to the availability of public transportation networks. Where rail lines are available, the density was 1-to-54 per ZIP code. Where bus transportation networks exist, the density of revoked licenses hovers between that level and 55-to-100. Where public transportation is poor or absent, levels go up to 230-to-370 per ZIP code and, in some areas, as high as 1,000.

The implication is that, if given an alternative, drivers no longer at the top of their physical and

mental fitness are more likely to follow Evelyn White's example. Given no alternative, their fingers will in some cases have to be pried away from the steering wheel. This is more true in rural areas, where distances are longer from residences to sources of basic necessities.

Nonetheless, absent the provision of volunteer services or the introduction of comprehensive changes in our transportation system, the casualty toll in Santa Monica underscores the urgency of addressing the problem, at least by detecting impaired drivers.

Prompted by the Brandi Mitock case, former Sen. Tom Hayden introduced SB335 in 1999, which would have mandated that drivers over the age of 75 take periodic vision, written and road tests when renewing their driver's licenses. Age was in no way to be a factor in the likelihood of renewal, only driving ability as measured by performance in the tests. In order to keep improved safety as its goal, the bill mandated a DMV program to help senior drivers succeed in the test, including the provision of driver improvement courses.

Responding to concerns about potential discrimination, it included a training program for test administrators that encouraged sensitivity to issues of aging.

Just the same, powerful opposition (led by the AARP and the Congress of California Seniors) resulted in amendments that gutted the bill to remove any mention of age, and reducing it to requiring re-examinations when physicians, officers or close relatives report the existence of conditions that would impair driving ability.

The bill's opponents succeeded in preventing the "loss of their independence." Meanwhile, many continue to lose their lives. We can begin to address that untenable situation with three simple steps:

-- To detect impaired drivers, legislation must be enacted with the original provisions of SB335,

mandating periodic vision, hearing and road tests after the age of 75 (preferably 65).

-- Flexible services like the ride-sharing program and Maine's Independent Transportation Network should be created, expanded and well publicized.

-- Public transportation should be extended and improved. Elder drivers barely passing DMV tests could be given free or very low cost passes as an incentive to relinquish driving.

In the long run we need to take a serious look at the overall design of our cities and towns. It should not take the senseless loss of life to burst the bubble of the suburban dream.

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