Lyceum

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lated with car crashes. He argued that UFOV can be an effective predictor of future accident involvement.

While people are usually aware of physiological problems with their eyes and vision, they cannot overtly detect deficiencies in cognition. A beneficial by-product of UFOV testing for drivers would be to alert them to non-physiological eyesight problems. Dr. Lassiter said that a UFOV deficiency could be treated over 12 to 18 months, and the UFOV would be vastly improved. Once people were aware of the problem, help could easily be sought and acquired. While I will not go into details of the test itself, it measured recognition, spatial localization, and localization in the periphery when attention is divided to determine a percent reduction in UFOV. So, the lower the score, the better.

Who should be tested and when? Dr. Lassiter recommended tests be administered based on age, 65+ or 70+, and performance. It should be done every two years at first, and every year after a given age. Because of huge taxpayer cost at DMVs, he proposed the testing be done off-site, and the testing certificate turned over to the DMV to process the license (as it is in many states with driver's ed.). Dr. Elizabeth Belford, Professor of Education, poignantly noted in the question and answer part of the presentation that, while some initial cost would be involved, the entrepreneurial bandwagon would begin, and testing would become as routine and as inexpensive as state emissions inspections, and there would be one "in every Wal Mart and K-Mart."

When Dr. Lassiter concluded, Dr. John Sill ascended the podium and complimented Dr. Lassiter on his compelling case. Dr. Sill, who has studied death and dying (and hence the aged) in his discipline of sociology, stressed the importance of continued activity for the health and well-being of people—considering more aged drivers would be ruled ineligible to drive under improved testing. Dr. Sill had concerns about the practicality of statewide DMVs (up to all 50) implementing the procedures and the time and monetary investments the task would require. If individuals bore the cost, it would be a burden on the poor, and if government picked up the tab, it would be a tax burden for all. Dr. Sill proposed a low-tech alternative: real-world driving tests, on the course, just like the first time.

Mr. Bob White provided the lyceum with a voice from the community service field, an area which relies heavily on volunteerism to assist elderly in mobility in their post-driving years. Part of his response time was devoted to imploring the students attending the lyceum to volunteer—or get involved in gerontology as a career. His organization, Seniors Call to Action of Fayetteville, runs vans with built-in lifts to help the elderly get around, but they need young volunteers to go out to the homes and assess who the elderly are who are in greatest need. By the way, he was overtly the most impressed by Dr. Lassiter's presentation, although he foreshadowed future responses when he said that once an aged person is no longer able to drive it is a tremendous blow—it is one of the few freedoms that they have left.

Dr. Susan Franzblau presented the harshest criticisms of Dr. Lassiter's research and recommendations of anyone on the panel. She immediately rejected Dr. Lassiter's findings and theories, saying that his research was nothing more than "large leaps in unfounded logic." She cited that Dr. Lassiter assumed that correlational data equaled causal data—in other words she said that just because age and accidents increase simultaneously is not proof that age causes accidents (what a layperson might call "circumstantial evidence"). She argued that Dr. Lassiter is assuming that an equivalent population exists—that older people's behavior equals younger people's behavior. She implied this is clearly false—that young people drive faster and take more chances than older people, who often are slower and more cautious. She argued that Dr. Lassiter's comparison of the two opposite extremes of society guaranteed a sharp contrast when juxtaposed. She said that Dr. Lassiter assumed accidents were the fault of the older drivers. Dr. Franzblau questioned Dr. Lassiter's semantics by asking if a slowdown with age should be considered a deficit at all. Speed is a dominant characteristic in American driving, she argued, and we "punish" slow and cautious drivers. She claimed that the only older drivers who pose a threat are those with dementia, a group making up about "one percent" of the elderly. Mandatory testing would then be as illogical as testing the population for any malady which plagues one percent (or less) of the population—schizophrenia being her example.

Dr. Lassiter takes notes at the lyceum. Photo by C. Kearns.

Dr. Franzblau offered ethical objections to Dr. Lassiter's work. She said that with age discrimination rampant in America, Dr. Lassiter would do well to devote himself to working to end age discrimination rather than providing governing powers with something that can be "used as a weapon" to further oppress the elderly. This "weapon" would render them "stripped of freedom," and would be misused, given the tendencies Americans have to treat them as "dependent and childish." Their driving would be replaced by "unreliable methods" such as family members giving rides (something family members could deem inconvenient and hence, foster resentment toward the older person), spotty transportation, and avenues of transport available only to the very rich. Their driving could be replaced by volunteer organizations like Mr. White's, but these organizations' volunteers are overwhelmingly women, who, according to Dr. Franzblau, are "already overburdened with work." The applause was loudest for Dr. Franzblau, no doubt due to her contingent of FSU students who were galvanized behind her. One graduate student commented on the positions of Dr. Lassiter and Dr. Franzblau, saying, "That's what happens when a social constructionist [Franzblau] meets a statistician [Lassiter]."

Mr. James DePree said he had much experience modifying "Type A" behavior—getting people to slow down! Mr. DePree countered Dr. Lassiter's claim that UFOV would be a more effective predictor of accidents than what we use now, by proposing that 5-year driving histories themselves be used as a predictor of accident-prone drivers. After all, if Dr. Lassiter used the histories to validate the UFOV correlation to accidents and past driving record, why not just correlate the records and accidents? Overall health, Mr. DePree argued, is the single most important variable in UFOV reduction. There are many minor, undiagnosed strokes and head injuries which will reduce UFOV in younger people who would not be tested under Dr. Lassiter's proposal. Subtle defects in UFOV may be cancer predictive—and these would be missed also by those younger than the mandatory testing age. Mr. DePree proposed that we test the at-fault drivers in collisions, and publicize the need for awareness of UFOV disorders at any age. "Why bother the healthy?"

As the questions from the audience tended to be more and more heated in response to this controversial issue, Dr. Potts pulled the plug around the 9:30 p.m. ending time for the lyceum in favor of the reception of cookies and punch in the main hall. It served as a good "cooling-off" period for everyone concerned, and guests and speakers intermingled freely. Dr. Lassiter remained talking with students and answering their questions until around 11 p.m. The debate was an important step in Dr. Lassiter's continuing research in various human factors topics, albeit peer critique can be a painful one at times when scrutiny comes as harsh and heated as it did on this evening.

If you are interested in learning more about this and other issues involving human factors, you can learn from the pro: Dr. Lassiter will be teaching "Human Factors" in the Fall Semester.