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Interactive Comment

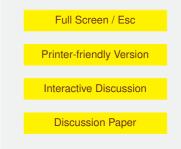
Interactive comment on "Comment on "Rip current related drowning deaths and rescues in Australia 2004–2011" by Brighton et al. (2013)" by B. C. Brewster and R. Gould

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We presume that the original authors do not contest the errors we have noted related to their reporting of our data in their work, but we are concerned that no effort is proposed to correct those errors. It would seem important to do so not only for purposes of integrity of their research, but also because there may be a need to reevaluate the underlying methodology. Specifically, for the same reasons Brighton, et al used US data in an apparent effort to validate their own findings through favorable comparison, upon review those findings instead seem to be undermined by the US data, which has a sample size many times that of the Australian data. As well, future readers will





likely focus on the original research, with the noted errors, not appended corrections, perhaps compounding the impact of the misreporting.

We agree with reviewer Wooler that there are recording and reporting differences in different countries and even within each country with respect to rip current related events. Standardization of reporting methodology alone however will not address the major problem: a dearth of data. As Brighton et al noted, Australian lifesavers and lifeguards do not report a primary cause of rescue except in the most unusual circumstances, which posed a challenge to their research. Conversely in the US over 90% of surf lifeguard agencies, large and small, appear to do so for every rescue, which provides a wealth of valuable data. We would encourage Surf Life Saving Australia to require its volunteer lifesavers and paid lifeguards to report a primary cause of every rescue from drowning. This would be of substantial value in better highlighting the global importance of this life-threatening phenomenon and encouraging better funding for drowning prevention.

We thank the anonymous referee of our comment who notes that the underreporting of our data in the original paper was more significant than we noted. We agree that the original authors had reported 53.7%, not 57.9%.

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