

LETTERS TO THE EDITOR

To the Editor:

In a recent editorial in this *Journal*, (1), Champion and Teter made a strong case for federal initiative and leadership toward creating a favorable environment for the growth of trauma care systems. We, who are involved in trauma care every day, hope that appropriate federal agencies, such as the National Highway Traffic Safety Administration (NHTSA) and the Centers for Disease Control (CDC) will note their suggestions and provide much needed support for trauma care systems.

Since the report "Injury in America" was published by the Committee on Trauma Research (2), a great deal of attention has been paid to the magnitude of human suffering and economic loss due to injury in the United States. Based on the recommendations of this committee, several positive steps have been taken to date, such as the establishment of the Division of Injury Epidemiology and Control (DIEC) at the CDC; the funding of five injury prevention research centers (IPRC); and the funding of 31 extramural research and demonstration projects.

Last year a special committee was formed to review the status and progress of the injury control program at CDC; its report was recently published (3). While recognizing the accomplishments of the DIEC in the short time since its inception, the review committee made the observation that although the current injury control program at CDC focuses on important issues, such as epidemiology and biometrics, it does not give adequate emphasis to issues of equal importance, such as acute care and biomechanics.

Those are perhaps the most important points to be considered in planning future injury control and research programs. Much is already known about injury causation and the effectiveness of certain prevention strategies, but a lot is still unknown and further research is needed. The trauma care/EMS system provides an ideal environment in which to implement the prevention strategies with proven effectiveness and to conduct research on the "still unknown."

Another point brought out by the review committee is that trauma systems and treatment are not adequately recognized in DIEC's extramural research programs and established investigators in those fields have been under-represented in the review process.

EMS and trauma care systems can complement academic research by providing an environment in which to implement injury control strategies. Data generated within the system can be valuable resources for conducting research to explore risk-taking behaviors and preventive strategies, for injury surveillance, and to evaluate the impact of injury prevention programs (4).

While it recommended adequate recognition to trauma systems through funding, the review committee also stated that although trauma systems have been shown to reduce morbidity and mortality associated with injury, hospital rivalries and limitations in medical payment programs have created organizational problems that have hampered development of comprehensive systems.

Although this is generally true, there are programs in existence that have successfully developed comprehensive systems. Such systems should be encouraged to join the national crusade for eradicating death and disability due to traumatic injuries and commensurate funding should be provided for such activities.

We strongly support the Committee's recommendation to increase the funding of DIEC, making it commensurate with the magnitude and cost of this serious public health problem. We recognize that not all injuries are preventable and that it takes time for the injury prevention strategies to have an impact. Emergency and trauma care systems play a critical role in minimizing the severity of injuries and maximizing the rehabilitative process following the injury incident and play a major role in injury research. We therefore agree with the committee that future extramural research efforts at DIEC should more adequately represent EMS and trauma care systems in their injury control efforts and that more people with experience and expertise in trauma care and systems become staff within the intramural program at CDC.

R ADAMS COWLEY, M.D.

Maryland Institute for Emergency Medical
Services Systems (MIEMSS)

BELAVADI S. SHANKAR, Sc.D.

Operations Research

and Systems Analysis/MIEMSS
Baltimore, Maryland 21201

REFERENCES

1. Champion, H. R., Teter, H.: Trauma care systems: The federal role (editorial). *J. Trauma*, 28: 877-879, 1988.
2. Committee on Trauma Research, Commission on Life Sciences, National Research Council and Institute of Medicine: *Injury in America: A Continuing Public Health Problem*. Washington, D.C., National Academy Press, 1985.
3. Committee to Review the Status and Progress of the Injury Control Program at the Centers for Disease Control: *A review of the status and progress of the injury control program at the Centers for Disease Control*. Washington, D.C., National Academy Press, 1988.
4. Soderstrom, C. A., Trifillis, A. L., Shankar, B. S., et al.: Marijuana and alcohol use among 1,023 trauma patients. *Arch. Surg.*, 123: 7337, 1988.

To the Editor:

The recent paper on Traumatic Aortic Rupture (Sturm et al.: *J. Trauma*, 28: 1578-1580), offers for the first time in many years some new thoughts on TAR.

However, the authors may have put too much emphasis on the risk of in-hospital death from abdominal injuries in patients with TAR. After all, most victims with massive trauma and multiple associated injuries would be dead at the scene. Therefore, using the same logic, I would suggest that the fact that the patients have survived long enough to be seen in the emergency room indicates that whatever abdominal injuries were sustained may not be immediately life-threatening, whereas the probability of 0.19 of an aortic blowout during the first hour after admission must still be considered most threatening.

The question of which should come first, the thoracic aorta or the abdomen, can be reliably settled by performing abdominal aortography upon completion of thoracic aortography. A well performed abdominal aortogram requires less than 5 additional minutes and should prove or refute suspicion of abdom-