



For Immediate Release

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S.A. conference focuses on saving soldiers and civilians

(SAN ANTONIO, TEXAS August 20, 2007) Some 1,000 military and civilian trauma surgeons, nurses and paramedics are gathering in San Antonio this week to learn how to better care for the critically injured – whether that person is injured in a car crash on I-35 or by a roadside bomb in northern Iraq.

“While the mechanisms of injury are very different, military and civilian trauma casualties are treated with virtually the same medical and surgical interventions,” says Ronald Stewart, MD, trauma medical director for University Hospital and trauma division chief for the University of Texas Health Science Center at San Antonio. “So, improvements in care and survival rates gained through trauma research in each group will benefit both types of patients, and should be shared and implemented across both military and civilian trauma centers.” Stewart serves as chair of the National Trauma Institute (NTI), a newly formed organization that aims to make sure that happens, *and happens quickly*.

“Wars have always generated technological and medical advances,” explains COL John Holcomb, MD, NTI board member and Commander of the US Army Institute of Surgical Research at Fort Sam Houston. “Right now in Iraq and Afghanistan, medics, nurses and physicians are using new tourniquets, wound dressings, as well as new resuscitation and surgical techniques to save the lives of military personnel.” And, he says the NTI is working diligently to assure these innovations are shared with trauma care providers in the states now and not kept under wraps until after the end of the conflict, as happened during the Vietnam War.

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NATIONAL TRAUMA CONFERENCE

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Death rates among fighting soldiers have fallen from 18 percent in the Vietnam War to nine percent today yet, trauma remains the number one killer of these military forces members. It is also the leading cause of death in all civilian children and young adults, in the U.S. A person between the ages of one and 44 is more likely to die as the result of a traumatic incident, than any other disease.

“Unfortunately, trauma research is significantly under-funded in the U.S.,” says Stewart. According to the NTI, for every \$3.51 spent by the National Institutes of Health for HIV research and \$1.65 for cancer research - only 10 cents is spent on trauma research.

The increasing and deadly implications of trauma on our battlefields and in our communities led Stewart, Holcomb and COL Donald Jenkins, MD, who heads up the trauma program at Wilford Hall Medical Center at Lackland Air Force Base, to expand their collaborative efforts and take on a more prominent national role.

Founding partners of the NTI include the U.S. Army Institute of Surgical Research, Brooke Army Medical Center, the University of Texas Health Science Center at San Antonio, University Health System and Wilford Hall Medical Center. Their primary mission is to increase funding for relevant trauma research that can lead to significant improvements in clinical care and survival rates.

Stewart points to the fact that trauma is responsible for the deaths of more than 160,000 people in U.S. every year. He puts the annual cost of trauma to the nation’s economy at upward of \$400 billion in lost productivity and medical costs. “We can, and must, do better,” adds Holcomb.