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January 7, 1982

message -

I welcome this opportunity to send warm greetings to the attendees at the first national symposium on trauma care) and to commend you for your strong interest in advancing the treatment of trauma victims.

For those suffering from shock or trauma, a well-trained medical team and organized trauma system can mean the difference between life and death. With life expectancy measured in minutes, the skill and speed of specialists in emergency diagnosis and treatment combined with sophisticated delivery systems are the greatest hope for a trauma victim's chance of survival. I myself benefited from the great skill and expertise of emergency room personnel last year and deeply value their abilities.

The formation of the National Trauma Resource Center as a clearinghouse for trauma research and education is a positive response to the need for improving emergency care systems throughout the nation. What is known now can be a basis for what can be done in the future.

I support the goal of the Center and this symposium to improve the treatment of the traumatized patient. You have my every wish for a productive meeting and my gratitude for your dedicated work.

RONALD REAGAN A

TO BE HAND CARRIED - PLEASE CALL CHARLOTTE NYHEIM

6433

RR:Wells:--

cc: K.Osborne/V.Knauer/CF

EVENT: JAN. 17-21, 1982

sent

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TE. HOUSE

WASHINGTON

January 7, 1982

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Ronald Reagan

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NOT REVIEWED BY ORM.

Livingston

ON

1-7-82.

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DRAFT:WELLS:JANUARY 6

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RONALD REAGAN

(see next page)

TO BE HAND CARRIED - PLEASE CALL CHARLOTTE NYHEIM #6433

RR:WELLS:vs

cc: K.Osborne/V.Knauer/CF

EVENT: JANUARY 17-21,1982

April 17
Please

Jack -

edit as
necessary -

TNX -
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THE WHITE HOUSE
WASHINGTON

1/5/82

Aodic Livingston:

We have had a request
for this Presidential message
for the national symposium
on trauma. If and when
it is signed, please send it
back to me for transmittal
to group.

Thank you.

Charlotte Aykew
6433

THE WHITE HOUSE

WASHINGTON

send warm greetings to
I welcome this opportunity to ~~greet~~ the attendees at
the first national symposium on trauma care and to commend
you for your ^{*strong*} interest in ^{*advancing the treatment of*} ~~treating~~ trauma victims.

For those suffering from shock^{trauma}, a well-trained
medical team and organized trauma system can mean the dif-
ference between life and death. With life expectancy measured
in minutes, the skill and speed of specialists in emergency
diagnosis and treatment combined with sophisticated delivery
systems are the greatest hope for a trauma victim's chance for
survival. ~~Proper and immediate care can greatly reduce tragic
heartbreak and economic distress caused by severe injuries.~~

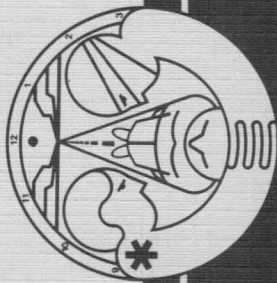
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improve the treatment of the ^{*traumatized patient*} ~~critically~~ injured. You have my
every wish for a productive meeting and my gratitude for your
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Ronald Reagan

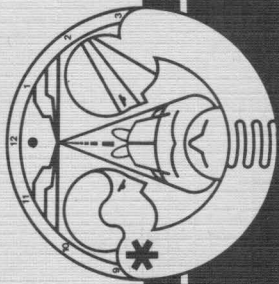
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expertise of emergency room personnel and
deeply value their abilities.*

TRAUMA CARE '82



**SYMPOSIUM
INFORMATION
JANUARY 17-21, 1982**

TRAUMA CARE '82



**SYMPOSIUM
INFORMATION
JANUARY 17-21, 1982**

PURPOSE

**Advanced Trauma Life
Support Course
January 15-16, 1982**

**John C. Lincoln Hospital
& Trauma Center**

Trauma is a lethal disease entity. It's violent. Indiscriminate. Controversial. And virtually inherent in our national lifestyle. Trauma Care '82 will expose you to the special skills, techniques, systems and equipment being used to combat this third leading killer.

Successful trauma management has universal precepts as well as distinct geographical applications. Our panel of national and regional experts will help clarify these distinctions. And provide piercing insights into what's new, what's known, and how to incorporate this information into decision-making protocols.

To encourage an exchange of ideas and methodologies, we've structured the program to include a number of small discussion groups, problem solving sessions, workshops and informal social activities. In short, our goal is to create an atmosphere that insures maximum participation opportunities for all symposium registrants.

16.5 CME Category 1 credit hours have been applied for

The pre-symposium ATLS Course is designed to train primary care and emergency physicians in the advanced concepts and techniques used in the initial management of trauma victims. The two-day, 16-hour course consists of lectures, skill demonstrations, slide presentations, practical laboratory experience and a performance proficiency evaluation.

"Hands-on" training includes primary and secondary assessment of a simulated multiple trauma victim, application of a pneumatic anti-shock garment, initiation of a central I.V. lifeline with C.V.P. monitoring, administering I.V. fluid therapy in conjunction with different types of shock, endotracheal and nasotracheal intubation, cricothyroidotomy, pleural decompression and needle thoracentesis, pericardiocentesis, peritoneal lavage, pneumatic extremity and leg traction splint application, and cervical/long spine stabilization.

Class enrollment is limited to 16 physicians. The course is sponsored by the Arizona State Committee of Trauma, American College of Surgeons.

16 CME Category 1 credit hours will be awarded upon successful completion of the course.

Trauma Care '82 is sponsored by John C. Lincoln Hospital and the Lincoln Institute of Surgery and Trauma (L.I.S.T.), Phoenix, AZ. Lincoln Hospital was incorporated in 1954 as a 16-bed, general acute-care facility. It has grown to become the leading, inpatient health services provider for the north Phoenix metropolitan area.

The hospital was a pioneer in developing an emergency medical system for central Arizona. Extensive services include satellite emergency centers and one of Arizona's first Level 1 trauma centers. L.I.S.T. provides 24-hour surgical coverage to the hospital.

Lincoln Hospital's trauma team approach is acclaimed among the most innovative and progressive in the West. The experience of its staff should be of particular value to individuals and institutions interested in upgrading their emergency care systems.

Scottsdale, Arizona

Scottsdale is the cultural and entertainment center of a burgeoning metropolitan area of 1.5 million persons. One of the nation's most popular resort locales, the city lies just east of Phoenix, approximately 15 minutes from Sky Harbor International Airport.

Scottsdale offers a unique blend of Old West charm and cosmopolitan chic. We invite you to sample its hospitality through a schedule of symposium-sponsored activities. Or check in early, explore, and let the warm Arizona sun soothe your mid-winter chills.

Your convention hostess can suggest a potpourri of distinguished restaurants, comprising virtually every ethnic cuisine. Or direct you to dinner theaters. Concerts. Night clubs. Professional sporting events. Golf courses. Tennis courts. Art shows. Botanical gardens. Museums. Riding stables. Curios and high fashion shopping. And much more.

You can expect balmy daytime temperatures of 65-70° F, cooling by 20° or more after the desert sunset. Dress tends to be informal, although it's strictly a matter of personal preference. Western-cut shirts and jeans coexist in perfect harmony with chinchillas and designer ensembles. Just remember to bring appropriate outerwear for the cool evenings.

The Alamos Resort Hotel

The Alamos Resort Hotel is headquarters for Trauma Care '82. Its stunning southwestern motif and superb amenities are detailed in an enclosed brochure. We recommend the Alamos because of its central location to symposium activities, special room rates and luxurious creature comforts.

Reservations should be made by December 17, 1981. Pertinent information is contained on your symposium reservation form. One word of caution — January is the peak period for the area's tourist and convention trade. We do have contingency plans for an overflow situation. However, reservations must still be booked through the Alamos if you wish to receive free ground transfers to and from the airport.

Air Travel Information

Phoenix Sky Harbor International Airport is served by 13 domestic air carriers. For your convenience, we've asked the Mundus Travel Agency to provide reservations assistance. Mundus' computerized system has instant access to all major airline schedules and insures the lowest rates available. Simply call (602) 959-5250.

As the official travel agency for Trauma Care '82, Mundus will also arrange your ground transfers, including car rentals. To use this service, enter your flight schedule information on the ground transfer portion of your registration form. Or call Mundus. Upon arriving at Sky Harbor, look for the Mundus greeting booths located in each of the three main terminals. Your hostess will direct you to your transportation and answer any questions. The deadline to register for this free service is January 10, 1982.

Spouse Program (optional)

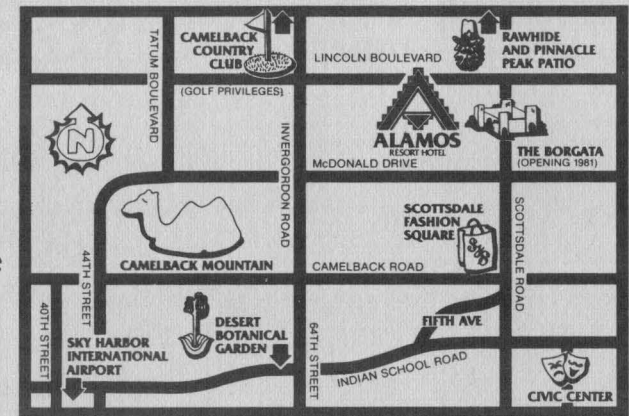
Tour the Valley of the Sun and leave the driving to us. The spouse program will highlight both the beauty and cultural heritage of this desert oasis.

January 18, 9 a.m.-1:30 p.m. Sightseeing, shopping and lunch. Starting with visits to downtown Phoenix, the historic State Capitol complex, Paradise Valley and the Biltmore Estates, and the campus of Arizona

State University. Finally, a "must" stop at Scottsdale's famous Fifth Avenue shopping district.

January 19, 9 a.m.-2 p.m. The day begins with a visit to the Heard Museum in Phoenix, repository for the world's largest collection of Kachina and Hopi dolls. The Heard focuses on the prehistory and anthropology of Southwestern Indian culture, but is equally renowned for its contemporary art collection.

Following a break for lunch, the tour will head for the sandstone cliffs of Papago Park, home of the Desert Botanical Gardens. This tranquil setting of desert flora includes a number of rare and threatened cactus species from around the world.



January 19, 5:30 p.m.-10:30 p.m. Join your spouse for an 1880's night at Rawhide, AZ. The recreated frontier town features gunfights, stagecoaches, shopping and cantinas. Top off your day with a sumptuous steak or rib dinner, and a skyline drive through the quiet desert evening.

Tennis Tournament
(optional)

January 20, 1:30 p.m. Tennis anyone? For a nominal fee (includes prizes and refreshments), we'll give you the opportunity to get "up close and personal" with your peers on the Alamos' championship courts. Competition will be bracketed into three skill levels. Singles or doubles play, pending the number of entrants.

Golf Tournament
(optional)

January 20, 1:30 p.m. Take your best shot at our 18-hole "scratch" tournament on the friendly links of Scottsdale's Camelback Country Club. A nominal fee covers cocktails, hors d'oeuvres and prizes.

**Escape to
Puerto Vallarta**
(optional)

January 21-24. Three nights and two days in sunny Mexico, just for the fun of it. Your ocean-view room, ground transfers, tips, tour guide and Mexican buffet evening are included in the package price. For complete details, read the enclosed brochure. Please note that special air fares are available only through Mundus Travel and must be made in conjunction with your travel plans to, and from, Phoenix.

**Tentative Program
Schedule**

January 15-16:

ATLS Provider Course (limited availability)

January 17:

Free day, evening registration, welcoming cocktail party

Monday, January 18:

"REACTION"

7:00-8:30 a.m.

Continental breakfast and late registration

8:30-8:40 a.m.

INTRODUCTION AND WELCOME, Robert J. Rankel, M.D.

8:40-9:00 a.m.

KEYNOTE ADDRESS: "Regional Differences in Trauma Care", Michael J. Krentz, M.D.

An overview of regional differences, specifically describing rural vs. urban trauma care, and philosophical differences regarding both intra- and interregional trauma care. The address will provide the focus for the 3-day conference.

9:00-10:30 a.m.

PARAMEDIC TRAINING PROGRAM AND PROTOCOLS, Panel Discussion: N. Nelson Faux, M.D., Moderator; Joseph Darin, M.D., F.A.C.S.; Michael Vance, M.D.; John Hennessee, M.D.

The panel will discuss both regional differences and similarities in all levels of EMS training, including methods of teaching, program analysis, and implementation of new concepts and techniques. Panelists include directors from both the eastern and western regions.

10:30-11:00 a.m.

Break

11:00-11:45 a.m.

EFFECTIVE PATIENT TRANSPORT METHODOLOGIES, Henry Cleveland, M.S., M.D., F.A.C.S.

Dr. Cleveland will discuss ground vs. air ambulance systems and their respective advantages/disadvantages in transporting trauma victims. Included will be the development of an air transport system, types and training of ALS personnel manning these systems. Plus a provocative and informative look at the politics involved in ground and air transport of trauma victims.

11:45-1:00 p.m.

Lunch

1:00-1:30 p.m.

INITIAL EVALUATION/RESUSCITATION PROTOCOLS, Forrest D. Holden, M.D.

Dr. Holden will discuss the field approach to the initial evaluation of the trauma patient. Topics include field assessment, resuscitation, importance of field protocols, communications (pre-hospital to hospital) and trauma room protocols.

1:30-3:00 p.m.

PANEL DISCUSSION: Michael J. Krentz, M.D., Moderator; Panel members: Drs. Darin, Holden, Cleveland and Conn.

Dr. Krentz will lead and encourage discussion by the panel members on the following topics: Field protocols, MAST vs. fluids, and stabilization of the trauma patient at the scene vs. rapid transport.

3:25-4:00 p.m.

SMALL GROUP DISCUSSION, Poolside

Speakers will meet with small groups of participants to answer questions and discuss specific points relating to their areas of expertise.

6:30 p.m.

Mexican fiesta buffet with cocktails

Tuesday, January 19

7:00-7:45 a.m.

7:45-8:00 a.m.

8:00-9:00 a.m.

"ACTION VS. REACTION"

Continental breakfast

OPENING, ANNOUNCEMENTS, QUESTIONS, Robert J. Rankel, M.D.
PROTOCOLS, TEAM COMMUNICATIONS AND RESPONSE, Alasdair
Conn, M.D.

Flow chart guidance of paramedical and field personnel in recognizing and responding to complex clinical situations. Verbal and non-verbal communications between team members as predetermined by standardized protocol.

9:00-9:45 a.m.

EQUIPMENT, FACILITIES: Essential or Optimal? Martin Silverstein, M.D.; Robert J. Rankel, M.D.

A discussion of criteria used to determine the quantity and distribution of trauma center facilities, balancing duplication and availability for a given population base. Also, cost effectiveness of highly specialized services/equipment in trauma care (i.e. air transport services, microsurgical and reimplantation teams, cardiopulmonary bypass, more).

9:45-10:15 a.m.

10:15-10:45 a.m.

Break

ORIGINAL PAPER ON SPLENIC INJURY, "The Spleen: Take it or leave it?" Attila S. Szokol, M.D., F.A.C.S.

The incidence, mortality and morbidity of splenic trauma in an unselected consecutive population.

10:45-11:30 a.m.

ANESTHESIA CONSIDERATIONS OF THE TRAUMA PATIENT, William A. Smith, M.D.

The program will focus on the anesthesiologist's role in initial resuscitation, fluid management, respiratory management, analgesic considerations, intra-operative evaluation, and trauma-related post-operative complications.

11:30-1:00 p.m.

1:00-3:00 p.m.

Lunch

SYSTEMS REVIEW (Open questions & answers), Henry Cleveland, M.D., M.S., F.A.C.S., Moderator; Chest: Boyd Bigelow, M.D., F.C.C.P.; Abdomen: Joseph Darin, M.D., F.A.C.S.; Neuro: John Litvak, M.D., M.S., F.A.C.S.

Chest: Diagnosis and management of thoracic, pulmonary and mediastinal injuries, general preventive and therapeutic measures influencing the outcome of multi-system traumatic injuries.

Abdomen: Salvage measures in the retrieval of mortal abdominal injuries.

3:00-4:00 p.m.

5:30 p.m.

Wednesday, January 20

7:00-7:45 a.m.

7:45-8:00 a.m.

8:00-9:00 a.m.

9:00-10:30 a.m.

Neuro: Mechanisms by which neurological injuries contribute to the early and late mortality/morbidity of the multi-system injured patient, in comparison to isolated injuries. After each panel member addresses his area of expertise, he will entertain specific audience questions. These should include areas of controversy involving treatment and protocols, such as isolated head injuries vs. multiple trauma, etc.

SMALL GROUP DISCUSSION, Poolside

Speakers will meet with small groups of participants to answer questions.

"RAWHIDE NIGHT DINNER"

"ACTION"

Continental breakfast

ANNOUNCEMENTS & QUESTIONS, Robert J. Rankel, M.D.

INVASIVE MONITORING TECHNIQUES, Steven Seifert, M.D.

Dr. Seifert will discuss the use of invasive techniques to monitor the I.C.U. patient; what data can be easily obtained; analysis of the data to alter treatment regimens, optimizing the response of the respiratory and cardiovascular systems.

CLINICAL PRESENTATION OF POST-OPERATIVE CARE, Robert J. Rankel, M.D., Moderator; *Coagulopathy*: Charles Rouault, M.D.; *ARDS*: Boyd Bigelow, M.D., F.C.C.P.; *Neuro Management*: John Litvak, M.D., M.S., F.A.C.S.

Coagulopathy topics include the use of blood components in resuscitating the hypovolemic trauma patient, diagnosis and treatment of dilutional coagulopathy in the massively transfused patient, use of universal donor blood products, diagnosis and treatment of major and minor transfusion reactions in the massively transfused patient, diagnosis and treatment of disseminated intravascular coagulopathy in the septic trauma patient.

ARDS topics include clinical manifestations and treatment of adult respiratory distress syndrome, treatment of adult respiratory distress syndrome, treatment modalities/philosophies, and the "mechanical vs. conservative" approach to treatment.

Neuro management topics include recognition and treatment of post-operative complications such as increased intracranial pressure, use of osmotic diuretics and steroids, I.C.P. monitoring and fluid therapy/restriction.

10:30-11:00 a.m.
11:00-12:30 p.m.

Break
TOTAL PARENTERAL NUTRITION, Joseph Darin, M.D., F.A.C.S.
RENAL FAILURE, Paul Sandler, M.D.
SEPSIS, Henry Cleveland, M.D.; Boyd Bigelow, M.D., F.C.C.P.

TPN discussion includes metabolism and catabolism in the trauma victim, factors influencing the caloric requirement of trauma victims, protein sparing parenteral nutrition vs. total parenteral nutrition, specific syndromes of nutritional depletion with long-term parenteral nutrition, alternatives to TPN, early post-operative jejunostomy feeding and enteral hyperalimentation.

Renal failure topics include an overview of renal physiology, followed by a detailed presentation of acute renal failure — ATN, myoglobin and hemoglobinuria, SIADH, and the treatment of these states from both a preventative and rehabilitative standpoint.

Sepsis discussions focus on the clinical manifestations, early recognition and treatment, and how the septic processes affect the respiratory, cardiac, endocrine and metabolic systems.

12:30-1:00 p.m.

WRAP-UP & SYMPOSIUM EVALUATION, Martin Silverstein, M.D.
A broad-ranging discussion of the economic burden of trauma in the U.S., evolution of trauma in the U.S., evolution of trauma centers, trauma research projects, development of a trauma registry, public funding and participation in the development of a national trauma center network.

1:30 p.m.

GOLF TOURNAMENT, Camelback Country Club

1:30 p.m.

TENNIS TOURNAMENT, Alamos Resort

Thursday, January 21

PUERTO VALLARTA TRIP

For more information, call or write:
Paul K. Halverson, Symposium Director
Lincoln Institute of Surgery & Trauma
9211 North 2nd Street
Phoenix, Az. 85020
(602) 943-3641



NATIONAL
TRAUMA
RESOURCE
CENTER



**SHOCK
TRAUMA**
AN INSIDIOUS KILLER

BSU
BR



An Insidious Killer

Trauma is a severe injury that disrupts the body's basic life support systems—respiration and circulation. Shock is cell suffocation, caused by the ensuing loss of oxygen carrying blood. Life expectancy is measured in minutes. The deadly combination kills 100,000 Americans each year. One every five minutes. More in any single year than our losses for the entire Viet Nam War. In fact, it's the leading cause of death for persons under the age of 44.

The social costs are even more staggering. For every death, shocktrauma maims three persons—an incalculable, but permanent, legacy for victims' families. And it presents the nation with an annual bill estimated at \$60 billion in lost productivity, Social Security and insurance payments, hospital and funeral costs, Medicaid payouts and more. Much more.

It strikes with the heart-stopping screech of tires and exploding metal. Or with the lethal pop of a "Saturday night special". It anticipates the swish of a steel blade or the bone-crushing weapon. It stalks industrial accidents, fires, and burns. It's a murderer exacting its toll. Yet we choose our own poisons. We drive our compact cars, ride our motorcycles, wear our seat belts, keep our guns in our cars, hang glide, sky dive, short cut our commutes, and take every measure on the job—a myriad of everyday activities that risk traumatic consequences. What course do we have if the accident happens?

Trauma Centers

Trauma medicine is a simple premise: an aggressive, evolving, and effective surgical approach to the acute and violent injuries of the battlefield and the inner city. Unlike other medical specialties, trauma centers are open 24 hours a day.

Now that you've gained an insight into the magnitude of trauma and its treatment, isn't it time to spread the word? That's exactly why the National Trauma Resource Center has been established: to educate both public and health professionals on the need for continuing improvement of trauma care, and to collect and process information and communicate it in appropriate form.

It's a first-of-its-kind organization, headquartered in Phoenix, Arizona. The Center is a "clearing-house" for information and education. It provides immediate access to its research and its research findings through seminars, video, and films.



blow of a blunt
the victims of
ents. Falls. Severe
ster of disguise,
in the back of an

ambulance or in a well-equipped
hospital emergency room. It's a
silent, insidious killer called
shocktrauma.

What Is Shock Trauma?

it's a
cycles
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t safety
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violent,
What re-
unthinkable

ine is based on the
se that time saves lives. It's
ve, relatively new field,
om the primitive-but-innova-
al M.A.S.H. units of Korea
Nam.
raditional emergency rooms;
a centers are fully staffed, 24
a day, by dedicated "Blue Alert"

teams—specialists who have establish-
ed protocols to expedite diagnosis and
treatment. Men and women who are
literally on the cutting edge of new
medicine. They're linked to sophisti-
cated field delivery systems of para-
medics, flight nurses and emergency
ground and aircraft crews. And backed
by state-of-the-art equipment.

It's an expensive proposition, but the
payoff is in human lives. Despite the
fact that only 50 of the nation's 7,600
medical facilities meet the tough
trauma center criteria, they've gener-
ated disproportionate statistical impact
in such areas as Phoenix, Houston,
Baltimore and Orange County,
California.

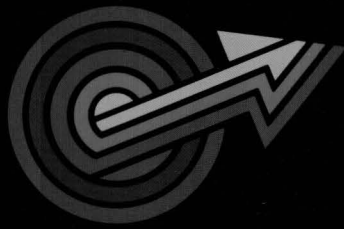
The National Trauma Resource Center

non-profit organi-
ed in Phoenix,
er will act as a
for trauma research
jects, providing
ss to information that
ars to circulate. Through
ratory, the Center will pro-
g aids, training materials
create a national directory

that will link trauma centers to top
specialists and their areas of expertise.
And it will promote seminars and
traveling exhibits designed to foster
cooperation between health care pro-
fessionals and the public. Most impor-
tantly, the Center can provide a wealth
of "how to" advice to communities
interested in improving their emer-
gency care systems.



NATIONAL TRAUMA RESOURCE CENTER



Building on a Solid Foundation

The National Trauma Resource Center is dedicated to setting a standard of excellence in the practice of trauma medicine. The backbone of the Center is the Founders' Council, a body of nationally recognized experts who lend credibility to the Center's endeavors.

The Founders' Council consists of representatives from the health care field, government and private agencies. Included are physicians, nurses, fire departments, police departments, paramedics, ambulance and air transport companies, hospitals and government officials. An executive committee serves as the governing body.

Become a Charter Member

The Center is an ambitious undertaking, requiring the unselfish commitment of time, money and resources. But the social and corporate benefits are enormous. Think in terms of the estimated 20,000 lives a year that could be saved through an effective national trauma system. Then concentrate on the faces that lie behind those cold statistics. Faces of your corporate executives and employees. Faces of friends. Family. Your own.

Your generous contribution will entitle you to charter membership in the National Trauma Resource Center. Certifying that you've helped finance important educational programs and forums. Facilitated the exchange of crucial research data. Assisted metropolitan and rural areas in their search to develop integrated trauma and emergency care systems. Above all, your contribution will, most assuredly, save lives. Won't you help? For more information, contact:

National Trauma Resource Center
9211 North Second Street
Phoenix, Arizona 85020
602-861-1453