

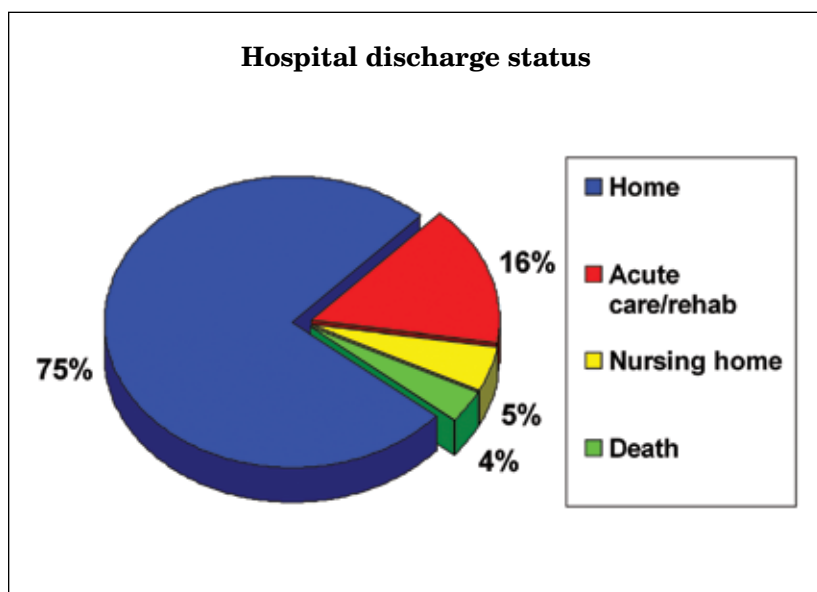
NTDB® data points

What a disaster

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It has been almost two years since Hurricane Katrina, one of the deadliest and costliest hurricanes in the history of the U.S., hit New Orleans, LA. The aftermath of that category 5 hurricane and accompanying floods were responsible for more than 1,800 deaths and more than \$80 billion in damage. In the ensuing days, there was an overwhelming outpouring of support and offers of medical assistance from all around the country. This offer of help took many forms, from the provision of needed supplies all the way to surgeons offering to close their practices, drive to Louisiana, and donate their surgical skills on-site.

The eager volunteers who were geographically remote from the disaster site learned that the local and surrounding communities provide the early primary response to a natural or man-made disaster. This lesson is one reason that the Disaster and Mass Casualty Subcommittee of the American College of Surgeons Committee on Trauma has developed and promoted a course on disaster and mass casualty management. The belief behind this course is that all surgeons should know what to do if a disaster hits their community. This course



offers a perspective on planning, prehospital response, incident command, triage, and patterns of injury. The hope is that surgeons who complete this course would return to their respective communities and become actively involved in their hospital disaster and emergency preparedness planning process.

In order to examine the occurrence of injuries that result from cataclysmic events in the National Trauma Data Bank Dataset 6.0, we utilized the *International Classification of Diseases, Ninth Revision, Clinical Modification*,

cause of injury code E 908 for cataclysmic storms and floods resulting from storms, and E 909 for cataclysmic earth surface movements and eruptions. These codes include hurricane, tornado, flood, blizzard, earthquake, volcanic eruptions, avalanche, dam collapse, tidal wave, and tsunami. Of the 244 records found, 185 were discharged to home, 38 to acute care/rehabilitation, and 12 to nursing homes; nine died. These data are depicted in the figure on this page. Among the victims, two-thirds were male and on average 37 years of age, with an average length

of hospital stay of 8.1 days, and an average injury severity score of 12.1.

The numbers in the data bank may be small, but given the geopolitical climate in which we live, the potential for mass injury constantly looms on the horizon. Surgeons, by their training and practice, are uniquely qualified to deal with the acute care problems confronted during the planning for and response to a disaster

or mass casualty incident. What a disaster it would be if we did not get educated on disaster management or take an active role in disaster planning at our own hospital and in our own communities.

To learn more about the Disaster Management and Emergency Preparedness (DMEP) course, contact Jeffrey Hammond MD, MPH, FACS, Chairman, Disaster and Mass Casualty Subcommittee of the

ACS Committee on Trauma, at Hammond@umdnj.edu.

Throughout the year, this column will provide brief monthly reports. The full NTDB *Annual Report Version 6.0* is available on the ACS Web site as a PDF file and a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org

Operation Giving Back

Volunteer opportunities available

The Operation Giving Back (OGB) database is continually expanding with new volunteer opportunities, including openings with the following agencies:

- Healing the Children—Southwest Chapter (HTCSW) makes medical treatment available to children in Guatemala City, Guatemala, and San Salvador, El Salvador. Surgical specialties for these missions may include the following: ophthalmology, otolaryngology, urology, and pediatric and plastic surgery. Once a surgeon has indicated an interest, HTCSW contacts the host country to discuss the needs related to that specialty. When the mission is further defined, HTCSW will locate volunteer anesthesiologists, pediatricians, and

nurses to complete the team. Volunteers are usually requested to provide clinical or didactic education as a part of the mission.

- Global ENT Outreach (GEO) is dedicated to providing education to ear, nose, and throat (ENT) specialists and humanitarian surgical services to the underserved in developing countries. GEO focuses on three strategic areas: training foreign ENT physicians in surgical procedures that enable them to better meet their country's needs; providing opportunities for medical students, ENT residents, fellows, and practitioners to participate in international humanitarian service; and providing surgical services to the underserved who suffer from the disabilities

of hearing loss. GEO has opportunities for otolaryngologists experienced in otologic surgery to provide clinical services, training, and education for periods of two weeks in Ethiopia and El Salvador.

OGB provides surgical volunteers with a wealth of resources, including a directory of books that surgeons might find helpful and interesting in preparation for volunteer outreach. This information can be found on the OGB Web site in the "Book Corner" under the heading "Resource Center" on the main toolbar.

To learn more about these and other volunteer opportunities and resources, please visit the OGB Web site at www.operationgivingback.org.