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TRAUMA CENTER,
Children's Hospital
National Medical Center
111 Michigan Avenue, N.W.
Washington, D.C. 20010

The Trauma Center
Children's Hospital National Medical Center
cordially invites you
to attend a
Press Conference and Reception
in honor of
"NATIONAL CHILDREN'S ACCIDENT PREVENTION WEEK"
in the
Dirksen Senate Office Building, Room 106
First and C Streets, N.E.
Washington, D.C.
on Tuesday, June 10, 1986
from 2 to 4 o'clock

C. EVERETT LOOP, M.D. J.C.D

WE ARE HERE TO ACKNOWLEDGE
NAT'L CHILDREN'S ACCIDENT PREVENTION WEEK

WE ARE THE GUESTS OF THE TRAUMA CENTER OF
THE CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER

THAT HAS SPECIAL MEANING FOR ME

WHEN ST PAUL WROTE HIS LETTER TO TIMOTHY
HE SAID "THOSE THINGS WHICH YOU HAVE HEARD
FROM ME BEFORE FAITHFUL WITNESSES, TEACH
OTHERS SO THAT THEY MIGHT TEACH OTHERS ALSO"

DR MARTIN ECHOLS DIRECTS THE TRAUMA
CENTER OF THE CHNMC AND I TAKE
THE CREDIT FOR TRAINING HIM IN PEDIATRIC
SURGERY. ALTHO HE HAS GONE FAR
BEYOND ME IN TRAUMA, I LIKE TO
THINK SOME OF THE PRINCIPLES PRACTICED
ARE STILL MINE

UNTIL 1981 I HAD SPENT MY WHOLE PROFESSIONAL LIFE AS A PEDIATRIC SURGEON. IT'S BEEN ONLY 5 YEARS THAT I TRADED MY O.R. GOWN FOR THE UNIFORM OF THE SURGEON GENERAL OF THE UNITED STATES. I DON'T REGRET DOING THAT -- BUT IT TAKES AN EVENT SUCH AS THIS TO REMIND ME JUST HOW QUICKLY MEDICINE CAN ABSORB NEW INFORMATION...NEW PEOPLE...AND NEW PROBLEMS.

THE EXTENT OF INJURY TO CHILDREN IS TRULY AWESOME IN THIS, THE MOST TECHNOLOGICALLY ADVANCED SOCIETY IN HISTORY. THE IRONY, OF COURSE, IS THAT THE ROOT CAUSES OF TRAUMA TO CHILDREN HAVEN'T CHANGED MUCH OVER THE YEARS. FOR EXAMPLE, THE MOTOR

VEHICLE IS STILL ONE OF THE LEADING CAUSES OF INJURY TO CHILDREN. EACH YR. ABOUT A QUARTER OF A MILLION CHILDREN ARE ADMITTED TO EMERGENCY ROOMS FOR TREATMENT OF INJURIES INCURRED FROM SOME KIND OF ACCIDENT WITH A CAR OR TRUCK. TWO THIRDS OF THOSE CHILDREN ARE BETWEEN THE AGES OF 5 AND 14 AND A THIRD -- CLOSE TO 90,000 -- ARE UNDER THE AGE OF 4.

BUT, ACCORDING TO THE GOVERNMENT'S NATIONAL ELECTRONIC INJURY SURVEILLANCE SYSTEM, THE LEADING CAUSE OF INJURY TO AMERICANS IS NOT THE MOTOR VEHICLE AT ALL. IT IS SOMETHING MUCH HUMBLER. THE LEADING CAUSE WAS STAIRS -- THOSE LITTLE ARCHITECTURAL AIDS THAT ARE SUPPOSED TO HELP US GET SAFELY FROM ONE LEVEL IN SPACE TO ANOTHER.

GENERALLY THEY DO. ^{ABOUT} EACH YEAR THERE ARE 780,000 EMERGENCY ROOM ADMISSIONS FOR INJURIES INCURRED BY PEOPLE PRIMARILY GOING -- OR BEING CARRIED -- UP OR DOWN STEPS. OF THE THREE QUARTERS OF A MILLION INJURIES ASSOCIATED WITH STAIRS, ONE FOURTH OF THEM -- OR ABOUT 200,000 -- INVOLVE CHILDREN UNDER THE AGE OF 14.

THE NEXT LARGEST CATEGORY OF INJURIES INVOLVE THE USE OF BICYCLES. THERE ARE AN ESTIMATED HALF MILLION SUCH INJURIES YEARLY, OF WHICH ABOUT THE GREAT MAJORITY -- 378,000 -- INVOLVE CHILDREN UNDER THE AGE OF 14. I WON'T GO ANY FURTHER WITH SUCH A LITANY.

THERE IS NO OTHER AREA WHERE WE CAN
FOCUS ON SO LARGE A POPULATION OF VULNERABLE, VIR-
TUALLY DEFENSELESS PEOPLE WHO SUFFER SUCH A VARIETY OF LIFE-THREATEN-
ING INSULTS.

WE'VE MADE GREAT PROGRESS IN THIS COUNTRY IN DEVELOP-
ING NOT ONLY THE CONCEPT OF EMERGENCY MEDICAL SERVICE SYSTEMS, BUT
ALSO IN HAVING A LARGE NUMBER OF SUCH SYSTEMS IN PLACE AND WORKING.

I MENTIONED A MOMENT AGO THE LARGE NUMBERS OF CHILDREN WHO ARE
INJURED AND ADMITTED TO EMERGENCY ROOMS FOR SOME KIND OF TREATMENT.
THE MOST RECENT FIGURES I HAVE INDICATE THAT, OF THE 11 MILLION
PERSONS TRANSPORTED BY EMERGENCY VEHICLES LAST YEAR, ABOUT 1 MILLION
WERE CHILDREN UNDER THE AGE OF 14. THESE CHILDREN NEED SOME SPECIAL
UNDERSTANDING -- THEY CAN'T BE TREATED AS "LITTLE ADULTS."

YET, THE SPECIAL NEEDS OF INJURED CHILDREN AS FAR AS
TRANSPORT IS CONCERNED WERE ONLY ADDRESSED
AT THE FEDERAL LEVEL LAST YEAR WHEN
FUNDS WERE MADE AVAILABLE BY CONGRESS
FOR 4 PILOT PROGRAMS IN PEDIATRIC
EMERGENCY MEDICAL TRANSPORT.

FOR MANY YEARS IT HAS BEEN ALMOST A RULE OF THUMB THAT YOU WANT TO WHISK THE INJURED PERSON TO THE MEDICAL FACILITY THAT IS CLOSEST TO THE SCENE OF THE ACCIDENT, KEEPING TRANSPORT TIME TO A MINIMUM. AT ONE TIME, NEARLY 10 YEARS AGO, THAT PROBABLY MADE GOOD SENSE, SINCE MOST FACILITIES HAD ABOUT THE SAME UNDERSTANDING OF EMERGENCY MEDICINE AND MOST, ALSO, HAD MADE ABOUT THE SAME MINIMUM COMMITMENT OF MONEY, STAFF, AND EQUIPMENT.

BUT TIMES HAVE CHANGED...WE KNOW A LOT MORE TODAY THAN WE DID 10 YEARS AGO...AND TODAY IT IS POSSIBLE TO IDENTIFY THOSE INSTITUTIONS THAT ARE COMMITTED TO QUALITY EMERGENCY MEDICINE AND THOSE THAT ARE NOT. THE DIFFERENCE IS CRITICAL -- I MIGHT EVEN ADD, THE DIFFERENCE CAN BE LIFE-SAVING.

A NATIONAL EFFORT IS NEEDED IN MANY AREAS OF TRAUMA CARE. WE STILL HAVE A LOT TO LEARN. WE MAY HAVE TO INVEST MORE THAN WE ANTICIPATE IN ORDER TO GAIN THAT NEW, LIFE-SAVING KNOWLEDGE. BUT I AM CERTAIN THAT SUCH AN INVESTMENT WILL REPAY ENORMOUS DIVIDENDS TO

OUR SOCIETY

IN ORDER TO HAVE THAT HAPPEN, WE ALL NEED TO BE AWARE OF WHAT OUR NATION'S RESEARCH AND SERVICE PRIORITIES ARE AND WE ALL NEED TO TAKE PART IN THE PROCESSES THAT WEIGHT THEM, JUDGE THEM, AND CHANGE THEM...IF THAT'S WHAT IS NEEDED.

IT HAS LONG BEEN MY CONTENTION THAT WE OUGHT TO MOBILIZE OUR PROFESSIONS AND THE PUBLIC TO ATTACK THE PROBLEMS OF TRAUMA -- PARTICULAR TRAUMA TO CHILDREN -- IN THE SAME WAY WE ATTACKED THE INFECTIOUS DISEASES OF CHILDHOOD. THANKS

TO AN EXTRAORDINARY, RECENT HISTORY OF VACCINE DEVELOPMENT AND MASS CHILD IMMUNIZATIONS, WE ARE SEEING RECORD LOW NUMBERS OF MANY OF THE MOST COMMON CHILDHOOD DISEASES. POLIO HAS VIRTUALLY DISAPPEARED AND WE ARE ON THE BRINK OF ANNOUNCING THE END OF INDIGENOUS MEASLES IN THE UNITED STATES.

THESE GREAT ACCOMPLISHMENTS IN CHILD HEALTH ARE THE RESULT OF THE COLLECTIVE PROFESSIONAL AND PUBLIC WILL. AND WE MAY WELL NEED THE SAME KIND OF TOTAL NATIONAL COMMITMENT TO TRAUMA, IF WE HOPE TO SEE ANY REAL DECLINE IN THE MORTALITY AND MORBIDITY FIGURES ASSOCIATED WITH THE INJURIES OF CHILDREN.