

## FOREWORD

---

# Editors' Preface

**Joseph F. Rappold, MD and Philip C. Spinella, MD, Portland, Maine**

This supplement to the *Journal* is the fifth iteration of the proceedings of the Trauma, Hemostasis, and Oxygenation and Research (THOR) Network. What originally began as a prolonged conversation between a few dedicated physicians committed to improving the resuscitation of combat casualties has evolved into an international meeting of more than 150 first responders, basic and translational scientists, and clinicians committed to understanding the complex pathophysiology and the necessary clinical care of the critically injured patient. Whether the casualty occurs on the battlefield or on an oil drilling platform in the North Sea, the commitment of THOR and its members is to insure that each individual receives the right care, at the right time, by the best trained personnel.

The sixth annual Remote Damage Control Resuscitation was held in Bergen, Norway, on June 20–22, 2016. The 15 peer-reviewed papers presented here run the gamut of early resuscitative medicine topics. The supplement begins with a call to arms by Philip Spinella who addresses the issue of zero preventable deaths and a need to consolidate trauma research within a dedicated institute at the National Institutes of Health. This is followed by two leadership-based articles: Colonel Russ Kotwal, USA (Ret) and General Stanley McChrystal, USA (Ret) recount the 75th Ranger Regiment and their call to ensure that all soldiers within the regiment were prepared for and capable of providing basic first aid under fire using the principals of Tactical Combat Casualty Care; this is followed by Capt Frank Butler, USN (Ret) presenting his leadership philosophy from Tactical Combat Casualty Care for insuring that the lessons learned from combat medical experiences are disseminated rapidly and accurately. It is his “laws” that adorn the cover of the supplement.

We transition next to a series of basic science articles from authors who review acute traumatic coagulopathy, oxygen debt, and the immunological impact of trauma and blood transfusions. Moving on, there are articles that review issues of blood transfusion and banking in austere environments. Finally, the supplement ends with a fascinating article from Lesaffre et al., from the Paris Fire Brigade, who describes in detail how their trauma system dealt with and coped with the mass casualty event, which occurred on November 13, 2015, which resulted in 130 dead and 495 wounded. It is a riveting read.

As *Journal* readers will find, the THOR supplement has something for everybody interested in the resuscitation and care of the critically injured trauma patient. As our organization matures, we believe that THOR will continue to expand and bring to the forefront the best in basic translational and clinical care to ensure that our most vulnerable patients will receive the right care in the right place and at the right time in their moment of need. Stay tuned.

## DISCLOSURE

The authors declare no conflict of interest.

---

Published online: March 30, 2017.

From the Department of Surgery (J.F.R.), Tufts University School of Medicine, Maine Medical Center, Portland, Maine; and the Department of Pediatrics (P.C.S.), Division of Critical Care, Washington University in St Louis, St. Louis, Missouri.

Address for reprints: Joseph F. Rappold, MD, FACS Maine Medical Partners – Surgical Care, 887 Congress St, Suite 400 Portland, ME 04102; email: jrappold@mmc.org.

DOI: 10.1097/TA.0000000000001468