A BRIEF HISTORY OF THE FOUNDING OF THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA (EAST)

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The Eastern Association for the Surgery of Trauma (EAST) was founded by a group of surgeons each of whom had somewhat established themselves in the field of trauma and surgical critical care by the early 1980s and were in the process of developing these disciplines and mentoring young surgeons. EAST has widely exceeded the original aspirations of that group of then-young surgeons.

To understand why EAST was created and why it succeeded, it is necessary to glance back to the mid 1980s. The notion of EAST occurred in 1985 within a context of a growing demand for organized trauma care but no appropriate opportunities for young aspiring trauma surgeons to exchange knowledge, discuss advances in patient care, or develop their careers in this field within the discipline of surgery. No vehicle adequately nurtured young surgeons into the field of trauma. Today, EAST is an established and respected surgical organization reaching its 25-year mark with membership (***Figure 1***) of 1363 now exceeding that of the premier global trauma organization, the American Association for the Surgery of Trauma (AAST) (1227 members).

Then

The world of the young trauma surgeon in the early to mid 1980s was a very different place than it is more than 25 years later. The American College of Surgeons Committee on Trauma (ACSCOT) had developed guidelines for trauma centers in the late 1970s and by the early 1980s, the number of US trauma centers was growing but most were "self designated" (***Figure 2***). There was increasing interest among young surgeons to corral hospital resources and organize a clinical service commitment to attaining and sustaining new standards of institutional trauma care. Opportunities to learn the ropes of clinical system development and foster a scholarly approach to the practice, however, were sparse and often heavy with laboratory experimental commitment common to academic centers, then and now. Further, career paths in trauma care within the structure of general surgery were haphazard. The most reputable teaching hospitals offered research, but few focused on the principles of clinical service development and management that were the cornerstones of trauma center development. The building of an academic portfolio and advancement in trauma surgery were confined to a few leading universities such as University of California, San Francisco, which had a demonstrated commitment to trauma care and enlightened leadership under Dr. F. William Blaisdell. Careers in colorectal cancer, hepatobiliary, and GI surgery were easier to chart because these subspecialties had a broader base of academia and connectivity between leading institutions than did trauma. Trauma care remained a stepchild. There was no specialty qualification in trauma. (Any surgeon could do that!)

The palpable enthusiasm of the mid 1970s, as the principles and practices of trauma care acquired during the Vietnam War were integrated into civilian practice, was beginning to dissipate a decade later. Many of the Vietnam-era surgeons had found their way into private practice and were reaching that "certain age" when nocturnal surgery was becoming burdensome and offspring education costly. The mid 1970s to mid 1980s had clearly established the pivotal role of surgeons in the continuum of care through resuscitation, surgery and critical care. Pioneers such as Drs. Robert Freeark and R. Adams Cowley were no longer in active practice and others who espoused the rubric of trauma did so from a more distant, though not unsupportive, stance. Some, such as Robert Zeppa, pivoted into major supporters of organized trauma care centers and systems. But young surgeons often practiced nocturnally without supervision from senior clinicians, who were more focused on the bilary, breast, or colorectal surgery of the following day—patients who made appointments and paid for their care. In general, individuals interested in a career in trauma and its attendant critical care sequelae had few mentors and senior faculty to provide them with guidance, structure, or career pathway counsel via a scholarly approach to the subject. Young surgeons at this time faced the reality that residency training for trauma was serendipitous and unstructured. A resident would be on call for trauma, i.e., providing services, but only a few institutions had the level of quality management and knowledgeable faculty that are widespread today to support these individuals. True clinical trauma fellowships were few and far between for young surgeons. Nevertheless, the nexus between developing practices of surgical critical care and lessons learned from Vietnam on trauma patients provided an exciting milieu in which young surgeons would practice. Some in the military were concerned about an actual experiential approach to core competence in trauma care—thus both Bethesda Naval Hospital (1979 on) and Walter Reed Army Medical Center (1982 on) had full teams and faculty at Dr. Champion's trauma service in Washington DC, a first of its kind and a model now in current use at several major trauma centers.

Also at this time, many leading hospitals were being forced to scrutinize their balance sheets when it came to specialty services such as trauma. Then-president Ronald Reagan had forcibly pulled the sticky digits of hospital administrators out of the Medicare/Medicaid jar of money and required them to bring budgeting and accountability to their institutional stewardship. As we all know, this adversely affected trauma care in many parts of the country because trauma is an affliction of young people who do not buy insurance and thus often do not pay for their care following vehicular-related injury, which was on the rise. At the same time, the "knife and gun club," which arose with the commoditization of crack cocaine in the mid-1980s, began to flourish in many urban environments. President Reagan "block granted" the substantial federal funding that had originally been allocated in the early 1970s under the able stewardship of Dr. David Boyd for the development of prehospital emergency care and systems.

Aside from the less-than-supportive environment in many teaching hospitals for fostering the development of a career in trauma, the surgical institutions and organizations that would provide

an environment of connectivity and mentorship for young surgeons were also fairly sparse. ACSCOT, AAST, and the Western Trauma Association (WTA) were the purview of established or specialty-specific surgeons, and the bar for young trauma surgeons was high.

The AAST was then, as it is now, the leading academic organization for trauma surgeons with a membership of 656 plus 5 founders. In the early 1980s, it was somewhat restrictive and required certain academic achievements *before* fellowship was conferred. WTA had at that time 100 active members, a significant percentage of whom were orthopedic surgeons—not a criticism but also not a career-incubator environment for general surgeons.

EAST, then, was conceived as a forum to develop and meet the needs and expectations of young surgeons who had aspirations for a career in trauma/surgical critical care. It originated as an introduction to the discipline where papers could be presented, young surgeons mentored, careers fostered, and expectations set.

Now

The surgical leadership at the close of 2011 stands in stark contrast to that of decades ago. The Critical Care Certificate was established in 1986, but without a Board. The Trauma, Burns and Critical Care Advisory Council was created in 2005 by Frank Lewis, Executive Director of the American Board of Surgery and ex-UCSF trauma luminary. By 2010 it had morphed into the Trauma, Burns and Critical Care Board and is co-chaired by EAST founder and Past President (1990) Len Jacobs and J. Wayne Meredith (EAST Past President 2003). Some of the stellar leadership of today includes internationally renowned trauma surgeons LD Britt, Donald Trunkey, and Brent Eastman. Dr. Britt's distinguished career included concurrently serving as president of the American College of Surgeons (ACS) and AAST in 2010. The immediate past president of the most esteemed surgical organization in the United States, the American Surgical Association (ASA), is Dr. Donald D. Trunkey —whose leadership of the ACSCOT and AAST in the mid 1980s disturbed the then ACS Board of Regents with his outspoken advocacy for trauma and who is considered by many to be the "father of modern trauma systems." The president of the ACS is Dr. A. Brent Eastman (also a past Chair of ACSCOT), another pioneer and leader in developing trauma systems. In addition, the boards and committees that are stewards of these esteemed surgical organizations are densely populated with trauma surgeons. Many chairs of surgery have exhibited a commitment to trauma over the past 20 years, in contrast to barely a handful in the 1980s.

Research funding for trauma also offers brighter prospects than it did in the 1980s, with substantial funds now available through the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). In the early 1990s, one of EAST's founders (HRC) chaired a Congressional committee on NIH-funded trauma research.[1] Since then, a contract between the National Heart, Lung and Blood Institute (NHLBI) and the US Army Medical Research and Materiel Command (MRMC) has resulted in multi-institutional clinical

resuscitation research trials for trauma. The National Institute of General Medical Services now has an Office of Emergency Medical Research. The conflicts of the past decade in Afghanistan and Iraq have resulted in significant research funds for trauma being made available by the Army, Navy, and Air Force. Times have changed.

Political Environment

Injury had been dubbed the "neglected disease of modern society" in 1966 by the National Academy of Sciences and despite being the leading cause of death up to age 44 and with a huge societal cost, was barely recognized as a phenomenology—let alone a public health problem—by the federal or state governments. A fraction of 1% of NIH funding was devoted to trauma care. The CDC Center for Injury Control was not established with funds from the Department of Health but from $10 million from the Department of Transportation—allocated there by the DOT Appropriations Chairman William Lehman. By the late 1980s the public imagination was being captured by the AIDS epidemic resulting in Congress and the country mobilizing $2 billion to combat the disease which up until that time had killed a small fraction of the deaths occurring from trauma each year. It was in this context that some of the leadership of EAST (Champion and Jacobs) formed the Coalition for American Trauma Care to increase the profile of injury/trauma at the federal level. These efforts resulted in the 'Trauma Care Systems and Development Act' which provided funding to the states in the early 1990s and facilitated the spread of trauma centers and trauma systems.

Initiative

The phone call that started EAST came from Dr. Howard Champion, who was at that time Chief of Trauma and Surgical Critical Care at the Washington Hospital Center, the largest teaching hospital in Washington, DC. Dr. Champion had held that post since 1975, and he had developed a clinical service that afforded training opportunities for Army surgeons from Walter Reed and Navy surgeons from Bethesda Naval Hospital. Dr. Champion also had brought the "3-team system" from the Birmingham Accident Hospital to a then unstructured care environment at the University of Maryland Shock Trauma unit, with spectacular results. Early in 1985, Dr. Champion called Dr. Kimball Maull, then Chairman of Surgery, University of Tennessee at Knoxville, to discuss the formation of a surgical organization for young and aspiring trauma surgeons. Dr. Maull, who had been Director of Trauma and EMS at the Medical College of Virginia (1981–1983) emphatically endorsed the concept. Dr. Champion then called Dr. Lenworth Jacobs, Director of Trauma and Emergency

Founding Members
Howard R. Champion, MD
Burton H. Harris, MD
Lenworth M. Jacobs, MD
Kimball I. Maull, MD

Founding Board Members
Raymond Alexander, MD
Andrew Burgess, MD
Howard R. Champion, MD
Thomas Gennarelli, MD
Burton H. Harris, MD
Lenworth M. Jacobs, MD
Kimball I. Maull, MD
Norman E. McSwain, MD
Michael Rhodes, MD
C. William Schwab, MD

Medicine, Hartford Hospital, CT, who had brought organizational principles to the EMS system in Boston and trauma care principles to the Boston University Hospital prior to moving to Connecticut in 1985. Dr. Jacobs also was enthusiastic. Next, he called Don Trunkey, who was then Chairman of ACSCOT and President of AAST. Overall, Don Trunkey was supportive but voiced some caution about detracting from the role of AAST and emphasized the importance of establishing an appropriate relationship with the AAST leadership. So as not to leave out the "little people," Burton Harris, then Chief of Pediatric Trauma, New England Medical Center in Boston, was also corralled for the initial planning.

Through subsequent discussions, important considerations were incorporated into the nascent plans, such as the need to have a mission that was supportive of, and not conflicting with those of AAST and WTA, and that involved multiple disciplines. A list of a dozen surgeons residing east of the Mississippi was drawn up as potential board members; six would join the founding members to form the founding board (see box).

The EAST organizational meeting was held on July 17, 1986 in the offices of Burt Harris. The four founding members perused the bylaws of several organizations (Kiwanis Pediatric Trauma Institute, AAST, and American Pediatric Surgical Association) and began drafting bylaws for EAST. The kickoff meeting was held on October 19, 1986 at the New Orleans Hilton & Tower. In attendance were three of the four founders and five of the six individuals who would join them to become the founding board. At this meeting, the Articles of Incorporation were unanimously approved, as was a motion to establish EAST as a charitable organization in the State of Tennessee (Kimball Maull's state of residence). The members also decided that the organization would hold an annual scientific meeting, with the first to be held in winter of 1987–1988 "in a warm climate, probably in Florida." Len Jacobs was appointed the organizational point person for developing a list of potential EAST members, who would be sent a letter of invitation signed by all 10 founding board members (***Figure* 3**).

The first of the group's quarterly meetings was held on January 8, 1987 at the Skylite Club, Washington National Airport, Washington, DC. Kimball Maull was elected President, Burt Harris President-Elect, Howard Champion Secretary/Treasurer, and Len Jacobs Recorder. The plan was to rotate the presidency through the founders with Howard Champion being last so he could nurture the organization into existence over the first few years. (As it was, his presiding over the fourth meeting coincided with the birth of his son, Michael, requiring Dr. Champion to make an early exit to witness the happy event.) The bylaws were revised, and plans for membership solicitation were laid. Above all the meetings should be FUN but must also be good science. Membership would be inclusive. Active members would have to be young – less than 50 years of age. Criteria for membership were discussed and approved.

Discussion ensued about having an official journal of EAST, with an annual subscription to be included in the membership fee. Proposals from Butterworth's and Adams Publishing Group

were evaluated, but the group decided to gather information from other publishers such as Aspen and Blackwell before making a decision.

The second meeting was held on April 24, 1987, again at National Airport. By that time, 248 membership invitations had been mailed and 141 applications had been received. Of these, the 95 (67%) who submitted completed applications were accepted for membership, with action pending for the others. The two additional focuses of the meeting were (1) laying the groundwork for the first annual Scientific Assembly and (2) working with a publisher to establish an official journal of EAST.

First Annual Scientific Assembly. Len Jacobs was appointed Program Chairman and Dr. Raymond Alexander was appointed Local Arrangements Chairman. It was decided that the meeting would be held Wednesday–Friday, January 13–15, 1988. The Assembly would commence with a reception Wednesday evening; papers would be read on Thursday and Friday (with a guest speaker at lunchtime on Thursday); and an evening reception would be held on Friday, which would include a barbeque and entertainment. Abstract solicitations would be sent to the membership of EAST, WTA, AAST, and departments of surgery.

Journal. Drs. Champion and Maull reported on negotiations they had been having with a publisher to establish an international journal associated with EAST. They reported that although the journal would be a separate entity, control would be retained by the EAST board. Initial publication was planned for mid 1988, with the flagship edition including papers from the January annual meeting. The suggested title for the journal was, *International Journal of Traumatology*.

The third quarterly meeting was held on September 8, 1987 at the Ramada Inn Airport, Boston, MA. Len Jacobs gave a detailed analysis of the nearly 160 abstracts that had been submitted for consideration for presentation at the Annual Meeting. Of these, 46 abstracts and 12 short presentations were selected. With regard to the journal, details of the contractual arrangements being developed with several potential publishers were discussed. But at the September 1987 AAST meeting in Montreal, Dr. Maull was "invited" to an early morning special meeting of the Board of Managers. The AAST was warm and fuzzy about EAST and endorsed it as a "wonderful concept" to encourage the young trauma surgeons but only if we dropped consideration of our own journal.

The Founding Members had discussed what it would take to drop our own journal in favor of the Journal of Trauma (JOT). We did recognize what the JOT could do for us—immediate credibility. We all felt that this was important but it had to be on our terms. Namely:

Expand the number of pages to accommodate EAST papers

Put EAST on the front cover of the JOT

Add EAST BoD as Editorial Consultants

Assure timely publication of EAST papers - 6-10 months following the annual meetings - tops.

Publish EAST abstracts

Publish EAST discussions - just like AAST

Shortly thereafter in October 1987 at the ACS Clinical Congress in San Francisco, CA, Len Jacobs, Kimball Maull, and Howard Champion were again "interviewed" about this new organization by the Board of AAST, which included Drs. Donald Gann, George Shelton, Don Trunkey, and others. The interviewees took great pains to reassure the AAST Board that EAST would be supportive of and a stepping stone to the academic ideals of AAST, and were informed about the huge importance of *Journal of Trauma* as the financial underpinnings for AAST. Thus, the EAST founders decided that the effort required to launch a new surgical organization was substantial enough without adding the significant challenges of establishing a new journal at the same time (which included the considerable effort and cost required, the fact that a new journal would probably not be referenced for 3–4 years, and the receptiveness of *Journal of Trauma* to publishing EAST Scientific Assembly abstracts and papers and to shortening its review time from 16–24 months to 8–10 months.) The idea of an EAST journal, then, was shelved and an arrangement to publish EAST papers in the *Journal of Trauma* was subsequently negotiated between Drs. Maull and Champion and *Journal of Trauma* Editor-in-Chief, Dr. Basil Pruitt. Dr. John Davis, the editor through 1985, was invited to the EAST first annual meeting in January 1988 as a guest speaker. At that meeting the discussions were edited on site and the first set of already peer- reviewed papers with discussions was in the Journal's hands before the end of January. The EAST papers appeared in the July issue!

The EAST Board of Directors and initial business meetings were scheduled to coincide with the EAST First Annual Scientific Assembly in January 1988. The Board of Directors meeting focused on membership issues and looked ahead to the following year's Assembly. At the business meeting, attended by 68 members, annual membership dues of $75 were proposed and several committees were created, including Program, Membership, Publications, and Issues committees. The main publications-related news was that EAST, instead of starting up its own journal, would use the *Journal of Trauma* as its official publication organ.

On January 13-16, 1988, EAST's First Annual Scientific Assembly was held at Colony Beach Resort in Longboat Key, FL. Attendees included 99 members and 43 guests. In his address to the attendees, later reprinted in *Journal of Trauma*,[2] Kimball Maull stated the following:

> The Eastern Association for the Surgery of Trauma is a young organization but therein lies both its strength and its challenge…. As citizens, we are all accountable, but as surgeons we bear a heavy responsibility to educate, to influence, and to speak out. We must be activists on the issues of highway safety, including safety belt, child restraint, and helmet laws; on alcohol and drug abuse and their implications which permeate every injury mechanism and etiology; on firearms violence and its societal costs; on the broad issue of trauma care where policy should be set by those who care for the patients and not by administrators and special interest groups; and last, we must describe the goal of returning the injured to a productive existence whenever possible and emphasize the savings to society that follow…. All of us, but I especially, owe a great deal of gratitude to Doctors Howard Champion, Burton Harris, and Lenworth Jacobs, whose wisdom and vision brought an idea to reality and to other members of the Board of Directors, who have toiled unselfishly in order to develop an Association based on congeniality and concern—concern for our patients, concern for each other, and concern for the future of trauma surgery. The legacy from the formative years of E.A.S.T. summon[s] those who follow to continue the search for solutions to the trauma problem through good science and a good-spirited exchange of thoughts and ideas.

Thus, in less than 3 years, EAST went from an idea to a reality, and today is a not-for-profit 501(c) 3 organization that "affords a forum for the exchange of knowledge pertaining to the care and rehabilitation of the injured patient[;]…stimulates investigation and teaching in methods of treating and preventing injury from all causes[; and]…is dedicated to the study of the practice of surgery of trauma patients" [http://www.east.org/about/history].

The Founding members have a great sense of pride and personal and professional satisfaction with what has happened to EAST in just a few short years. We got it off to a good start, but it has come a long way as a result of the energy and wisdom of the cadre of surgeons that we had hoped that EAST would serve. The achievements are beyond our imagination and are undoubtedly a result of untapped creativity and energy in the young trauma surgeons that were able to respond to and benefit from the concept of EAST. We salute you.

Figures

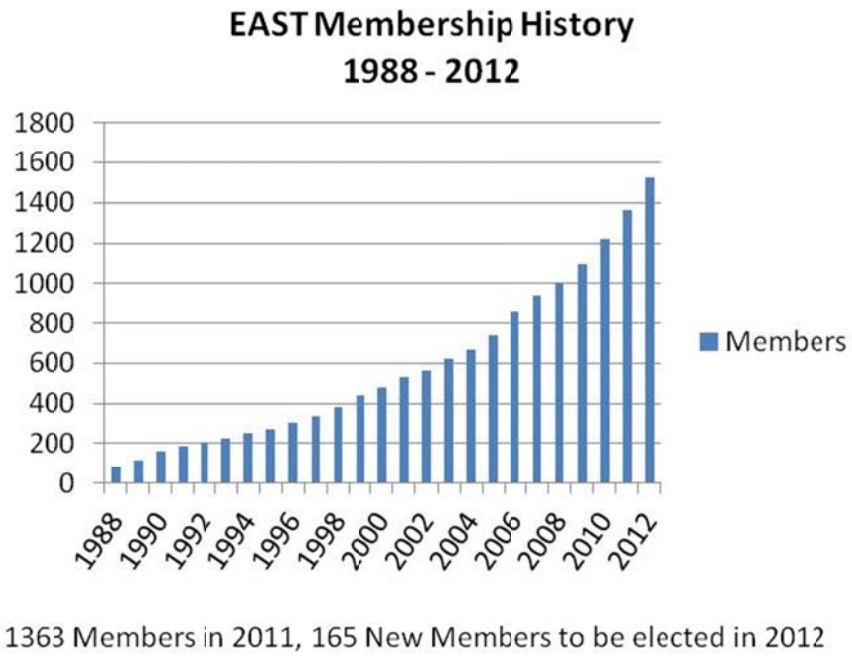

Figure 1. EAST membership history

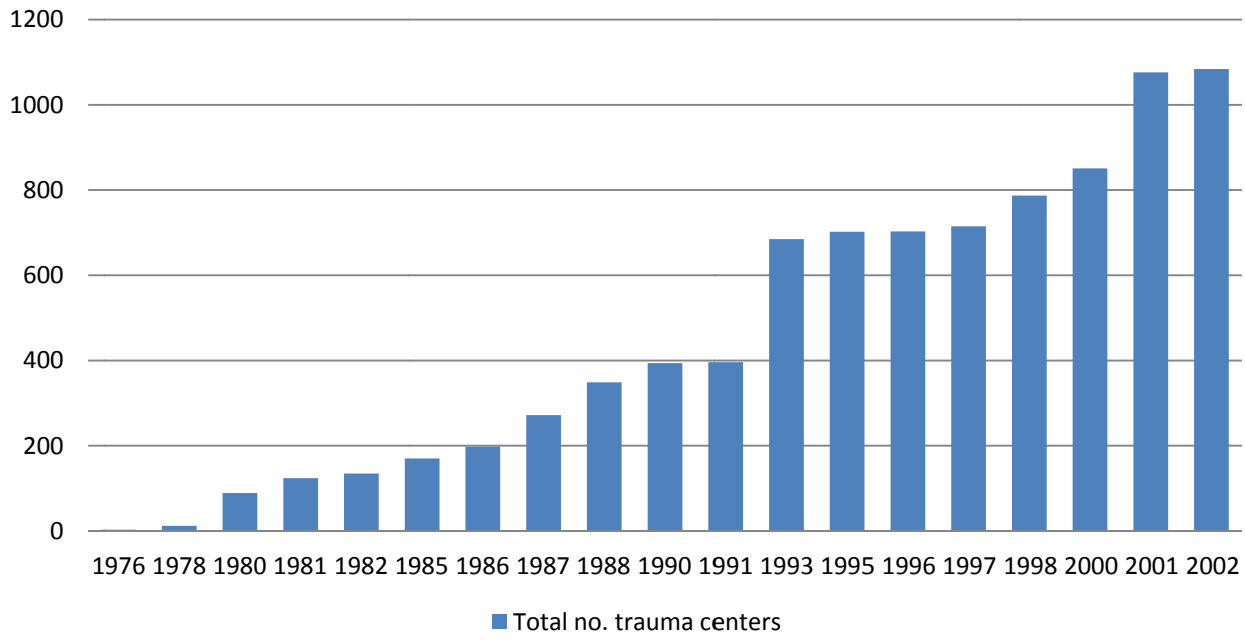

Figure 2. Increase in number of US trauma centers, 1976 through 2002[3]

November 18, 1986

Dear _____:

It is a pleasant task to inform you that a new organization, the Eastern Association for the Surgery of Trauma, is in formation and needs your participation and support. EAST is a scholarly society for surgeons and surgical specialists who share a career interest in trauma care. The association has been formed to stimulate progress, establish a forum for the exchange of ideas, and provide opportunities for self-education.

Under the provisional bylaws membership is generally limited to those who reside east of the Mississippi River. There is an attendance requirement. It is expected that physicians will become eligible for membership after board certification and will become senior members at age 50. On behalf of the organizing group, I am pleased to offer you an opportunity for charter membership. You need only return the enclosed membership form, an application fee of $50 (checks payable to "EAST"), and a copy of your curriculum vitae to apply.

The work of young trauma surgeons will be emphasized at our scientific meetings, along with contributions from colleagues in other specialties that directly influence injury control. We hope you will accept this invitation and look forward to welcoming you to membership.

Sincerely,

Howard R. Champion, M.D.
Burton H. Harris, M.D.
Kimball Maull, M.D.
Lenworth Jacobs, M.D.
Norman McSwain, M.D.
Thomas Gennarelli, M.D.
Walt Alexander, M.D.
C. William Schwab, M.D.
Andrew Burgess, M.D.
Michael Rhodes, M.D.

Figure 3. Original letter of invitation to join EAST

American College of Surgeons Optimal Resources document	
1976[4]	*Optimal Hospital Resources for Care of the Seriously Injured*
1979[5]	*Hospital Resources for Optimal Care of the Injured Patient*
1983[6]	*Hospital and Prehospital Resources for the Optimal Care of the Injured Patient*
1986[7]	
1990[8]	*Resources for the Optimal Care of the Injured Patient*
1993[9]	
1999[10]	
2006[11]	

Figure 4. ACS Optimal Resources Document History

Figure 5. Photo from 2011 ACS Clinical Congress

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