The leading cause of death for Americans under the age of 44 is trauma.* While such human cost is staggering, additional economic outlays in medical care expenses and lost productivity are likewise astonishing. More than ever, strategies to reduce the human impact and economic burden of trauma depend upon the delivery of optimal care when injuries occur. Battlefield innovations, developed and deployed in harsh conditions, have already been translated into civilian emergency medicine. These innovations are saving the lives of severely traumatically injured patients who were once destined to die or to endure permanent disabilities.

For those who do not recognize the historically exceptional role of military medicine as a prime incubator for such innovation, consider the following: ultrasound, ice packs, the ambulance, epi-pens, modern plastic surgery and burn treatment, triage, tourniquets and topical hemostatic agents, massive transfusion protocols, endovascular balloon occlusions, biomarker-based care for accelerated wound closure, tissue engineering, and perhaps most importantly, penicillin. In case you were wondering, humanitarian missions are equally productive. Army Medicine designed and delivered a vaccine for the zika virus in six months; no grant applications required.

Shatter your stereotypes. Learn something about the leading edge.

Meet Major General Ronald J. Place, MD: General Surgery and Colorectal Surgery
Captain Jared Cohen Emergency Medicine,
M.D. Temple University 2016
Masters Bioethics & Health Policy, Temple University 2015
B.S. Human Science, Georgetown University 2011

WHEN: 3/27, 4 PM. WHERE: Danforth Campus Cupples II, Room 203. RSVP: Dean Grizelda McClelland in conjunction with WUSTL EST: g.mcclelland@wustl.edu. Numbers limited, so first come, first serve.