Letters to the Editor

inhabitants, contaminated above permissible levels, remains stably high, and during the last 3 years was 30% (mushrooms), 15% (berries), and 40% (meat of wild animals)." Nowhere on this site are found the levels that were regarded as permissible, and the Web site is not a scientific source of information.

Misquoting a source contributes to the overestimation of the consequences of the accident at Chernobyl. I have interviewed pathologists and other physicians in the hospitals, clinics, and oncologic dispensaries (cancer prevention and treatment centers) of the formerly contaminated areas of Belarus, Russia, and Ukraine who have diagnosed many of the post-Chernobyl tumors. Most of them agreed that Chernobyl's consequences have been overestimated, ^{2,8} and they point to exaggeration of the Chernobyl theme facilitating scientific research and international help as motives. Moreover, it is believed that the Chernobyl accident has been exploited to strangle development worldwide of atomic energy, ⁹ thus contributing to the enhanced consumption of nonrenewable fossil fuels.

Sergei V. Jargin

REFERENCES

- Davis JR, Wilson S, Brock-Martin A, Glover S, Svendsen ER. The impact of disasters on populations with health and health care disparities. *Disaster Med Public Health Prep.* 2010;4(1):30-38.
- Jargin SV. Chernobyl-related cancer: re-evaluation needed. Turk J Pathol. 2010;26:177-181.
- Jargin SV. Overestimation of Chernobyl consequences: poorly substantiated information published. *Radiat Environ Biophys.* 2010;49(4):743-745, author reply 747-748.
- Yablokov AV. 3. General morbidity, impairment, and disability after the Chernobyl catastrophe. Ann NY Acad Sci. 2009;1181:42-54.
- Yablokov AV. 5. Nonmalignant diseases after the Chernobyl catastrophe. Ann NY Acad Sci. 2009;1181:58-160.
- Yablokov AV. 7. Mortality after the Chernobyl catastrophe. Ann NY Acad Sci. 2009;1181:192-216.
- Yablokov A, Nesterenko A. Reply to letter by Jargin on "Overestimation of Chernobyl consequences: poorly substantiated information published." *Radiat Environ Biophys.* 2010;49(4):747-748.
- 8. Jargin SV. Thyroid cancer after Chernobyl: obfuscated truth. *Dose Response*. 2011; DOI:10.2203/dose-response.11-001.Jargin.
- Jaworowski Z. Observations on the Chernobyl disaster and LNT. DoseResponse. 2010;8(2):148-171.

TRAUMA CENTER ASSOCIATION OF AMERICA (TCAA) ENDORSES THE MODEL UNIFORM CORE CRITERIA FOR MASS CASUALTY TRIAGE

To the Editor

The Model Uniform Core Criteria for Mass Casualty Triage, proposed by Lerner et al,¹ are a useful and vital component of our national preparedness. We commend Dr Lerner and her colleagues for their thorough research and thoughtful analysis.

Our nation's trauma system is the backbone of its response to a mass-casualty incident. The trauma system has the ability to mobilize the multidisciplinary medical providers necessary to respond to any disaster, regardless of etiology. The trauma system, made up of a network of prehospital providers and designated trauma centers, will be the first line of response to any incident. To provide rapid assessment, treatment, and transfer of injured victims, responders from multiple ambulance services and hospitals must be able to communicate consistently, and these national criteria promote this ability.

The Trauma Center Association of America is a nonprofit trade association representing several hundred trauma centers and trauma systems dedicated to fostering the development of a national system of trauma care so that proximate access to the appropriate level of trauma care for seriously injured individuals is ensured. The Trauma Center Association of America joins in endorsing the Model Uniform Core Criteria and will work with its membership to implement the criteria in mass-casualty response plans.

Daniel L. Gross, DNSc Connie J. Potter, RN, MBA Susan M. Briggs, MD, FACS John B. Osborn, MSc

REFERENCE

Lerner EB, Cone DC, Weinstein ES, et al; Endorsed by American Academy
of Pediatrics; American College of Emergency Physicians; American College of Surgeons-Committee on Trauma; American Trauma Society; Children's National Medical Center, Child Health Advocacy Institute, Emergency Medical S. Model uniform core criteria for mass casualty triage. Disaster
Med Public Health Prep. 2011;5(2):125-128.