

## Increasing survival, enhancing citizen resilience

by David B. Hoyt, MD, FACS  
Executive Director, American College of Surgeons



*“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has.”*

—Margaret Mead

The story of the Hartford Consensus illustrates very well this famous quote from Margaret Mead.

Following the events at Sandy Hook Elementary School, in Newtown, CT, Lenworth M. Jacobs, Jr., MD, FACS, a surgical leader and dedicated trauma surgeon, reached out to me with his concerns regarding the pattern of injury that was seen in the casualties. He personally embarked on a comprehensive review of the injuries and, through this examination process, determined that providing first responders with more ready access to the sites of active shooter and mass casualty events could have a positive impact on survival.

Dr. Jacobs then followed classic principles of innovation and inclusion, assembling a world-class team of government and health care leaders, including representatives from the White House; the National Security Council; the Department of Homeland Security; the Federal Emergency Management Agency; law enforcement, including the Federal Bureau of Investigation; the Department of Defense; and prehospital and physician provider organizations.

These individuals convened in Hartford, CT, on three occasions to evaluate the issues. They developed what has become known as the Hartford Consensus, creating a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. The committee’s first report, the Hartford Consensus, established a new algorithm for initial response to deadly injury: THREAT, which is built on the concept of *Threat* suppression, *Hemorrhage*

control, *Rapid Extrication* to safety, *Assessment* by medical providers, and *Transport* to definitive care.

The latest report, the Hartford Consensus III, focuses largely on immediate responders, such as bystanders, and what they can do to stop bleeding and prevent mortality. This report has broad implications for public education that will enable these individuals to perform lifesaving interventions. By teaching everyone the challenges of uncontrollable hemorrhage and the basic principles of stopping bleeding, lives will be saved. The military health system’s experience in our nation’s recent conflicts in Iraq and Afghanistan and the civilian population’s experience with mass casualty events have affirmed the opportunity and need for this program.

The wisdom of Dr. Jacobs’ leadership is not only in the identification of the need for this program, but also in the inclusion of all interested parties, which has generated buy-in, contributions to the ultimate product, and consensus on the importance of addressing this issue. Just as bystander training in cardiopulmonary resuscitation has contributed to a reduction in mortality following cardiac arrest, the Hartford Consensus will be viewed historically as bringing hemorrhage control and its feasibility to a common denominator of the lay public. It will serve as a shining example of how a small group of thoughtful, committed citizens can, in fact, change the world. ♦