inhabitants, contaminated above permissible levels, remains sta-
bly 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 inter-
viewed pathologists and other physicians in the hospitals, clin-
ics, and oncologic dispensaries (cancer prevention and treat-
ment 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 con-
sequences have been overestimated,2,8 and they point to exag-
geration 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 develop-
ment worldwide of atomic energy,9 thus contributing to the 
enhanced consumption of nonrenewable fossil fuels.

Sergei V. Jargin

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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 sys-
tem, made up of a network of prehospital providers and design-
nated 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 ser-
vices 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 na-
tional system of trauma care so that proximate access to the ap-
propriate 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

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