To the Editor:

In July 2016, a quartet of clinical guidelines was electronically published ahead of print in the Journal of Burn Care and Research. These articles specifically address how to carry on effective burn care in a post apocalyptic environment.

The Committee on Organization and Delivery of Burn Care of the American Burn Association has always been an idea incubator. During my tenure as chairman (2010–2014), we enjoyed an extraordinary period of organizational flatness and groupthink. It was from this crucible that the dire need for guidelines addressing “post apocalyptic burn care” was birthed.

We chose to fashion this document on a massively collaborative scale. After identifying sensible component topics, authors were enlisted from the American burn community based on 1) “get-it-doneness,” 2) subject matter expertise, and 3) “farm-system” considerations.

This project is in the vanguard of massively collaborative academic writing exercises. Past American Burn Association president Palmieri’s editing was key for the complex task of homologating writing styles.

Imagine the number of lives potentially saved in a 20,000 burn scenario because we have diffused how to resuscitate 40% TBSA burns without intravenous fluids and catheters, but rather with congee, coconut milk, or yogurt.

Past president Sidney Miller shared his exasperation at the health care system stress created by an influx of burns from Haiti in 2010. His great concern as an elder statesman was that “we are no better prepared for a mass casualty than we were during September 11th.” Professor Miller is perhaps the mentor who most dramatically shaped my career; the small role that I played in spawning these austere guidelines, I would like to dedicate to his legacy.

“Sid… this one’s for you…”

James C. Jeng, MD, FACS
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