## Congress of the United States Washington, DC 20515

March 16, 2018

Honorable Kay Granger, Chairwoman Subcommittee on Defense U.S. House Committee on Appropriations H-405, The Capitol Washington, D.C. 20515

Honorable Peter J. Visclosky, Ranking Member Subcommittee on Defense U.S. House Committee on Appropriations 1016 Longworth House Office Building Washington, D.C. 20515

Dear Chairwoman Granger and Ranking Member Visclosky:

As you consider the defense medical research program for FY2019, we respectfully request that you include \$9.2 million in the Defense Health Program R&D account for the "National Trauma Research Action Plan," or NTRAP. The National Academies of Sciences, Engineering, and Medicine (NASEM) recommended the creation of the NTRAP in a seminal evaluation of trauma care and research in 2016. Study authors viewed the NTRAP as a critical element in a comprehensive plan to achieve a goal of zero preventable trauma deaths – defined as a life that could have been saved by appropriate and timely medical care -- in both our military and civilian sectors. Studies have estimated that 25% of battlefield deaths and 20% of civilian deaths after injury are survivable.

Whether sustained in military service or civilian life, traumatic injury is a major public health problem. Since 2001, trauma has caused nearly 7,000 combat-related deaths. Additionally, nearly 200,000 U.S. civilians suffer a fatal injury each year; and for every death due to injury, another 3 to 4 people survive with life-limiting disabilities or pain. Injury is the leading cause of death in individuals up to the age of 46, including children.

Study authors conceived the NTRAP as a means to "strengthen trauma research and ensure that the resources available for this research are commensurate with the importance of injury and the potential for improvement in patient outcomes." Yet one study of NIH funding showed that trauma ranks last in funding compared to its burden among 27 disease categories. The NASEM report concluded that a unified effort across federal agencies is required and that the NTRAP is the mechanism to unify and focus research agendas on the most critical problems.

The principal elements of the NTRAP effort would be: performing a gap analysis of military and civilian trauma research to identify priorities across the continuum of care; defining optimal metrics to assess long-term outcomes in injured patients; cataloging current federal funding for trauma research, as currently there is no such resource; and identifying regulatory barriers to conducting trauma research, recommending best practices as well as appropriate funding levels to address critical gaps. Experts across the continuum of care would be recruited to lead in such areas as pre-hospital trauma care, mass casualty response, acute resuscitation, critical care, neurotrauma, orthopedic trauma, burns, geriatric trauma, pediatric trauma, injury prevention and rehabilitation. A steering committee with leaders from each of these areas would direct the project.

Chairwoman Granger and Ranking Member Visclosky, our military has long had the lead among federal agencies in trauma. It is time for Congress to put these sound recommendations into practice, and we believe this request will fully fund such a NASEM-recommended plan for future trauma research, leading to the stated goal of zero preventable trauma deaths.

Thank you for your consideration of our request.

Sincerely,

JOAQUIN CASTRO Member of Congress

C.A. DUTCH RUPPERSBERGER

Member of Congress

LAMAR SMITH

Member of Congress

RICK LARSEN

Member of Congress

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Member of Congress

WILL HURD

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Member of Congress

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Member of Congress

JOHN KATKO Member of Congress

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Member of Congress

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JAMIE RASKIN Member of Congress JOHN YARMUTH Member of Congress

ROSA DELAURO

ED PERLMUTTER
Member of Congress

OHN SARBANES Member of Congress

Clar Lowenthal
ALAN LOWENTHAL
Member of Congress

SHEILA JACKSON LEE Member of Congress

STEVE COHEN Member of Congress

RAÚL M. GRIJALVA

Member of Congress

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LLOYD DOGGETT Member of Congress

ANDRÉ CARSON Member of Congress

ELEANOR HOLMES NORTON
Member of Congress

NIKI TSONGAS

WALTER B. JONES
Member of Congress

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Member of Congress

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Member of Congress

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SEAN PATRICK MALONEY Member of Congress

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RICHARD M. NOLAN Member of Congress

PETER DEFAZIO

Member of Congress

Don's Mostsui

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DANIEL LIPINSKI

Member of Congress

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Member of Congress

EMANUEL CLEAVER, II

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