

STATEMENT
of the
American Association of Neurological Surgeons
and the
Congress of Neurological Surgeons

to the
United States Senate
Committee on Appropriations
Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies

RE: FY 2024 Funding for
Military and Civilian Partnership for the Trauma Readiness Grant Program

May 18, 2023

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) urge the subcommittee to provide **\$11.5 million for Fiscal Year 2024 to fund the Military and Civilian Partnership for the Trauma Readiness Grant Program. The program is under the auspices of the U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR).**

The Military and Civilian Partnership for the Trauma Readiness Grant Program, formally known as MISSION ZERO, was signed into law as a part of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act in 2019 (P.L. 116-22). This crucial initiative provides funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers. These partnerships allow our military trauma care providers to gain exposure to treating critically injured patients in our communities and keep their skills sharp to increase readiness for deployment. Additionally, they allow our civilian trauma care providers to gain insight into best practices from the battlefield that can be integrated into civilian trauma care.

Funding for this program will help improve access to life-saving trauma care and ensure that our nation's military and civilian trauma surgeons are well prepared for every trauma injury — both at home and on the battlefield. Additionally, it will promote greater efficiency of emergency medical and trauma care.

This program was initially recommended as part of the National Academies of Science, Engineering, and Medicine 2016 landmark report, "A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury." The report suggested that one in four military trauma deaths and one in five civilian trauma deaths could be prevented if advances in trauma care reached all

injured patients. The report concluded that military and civilian integration is critical to saving these lives on the battlefield and at home, preserving the hard-won lessons of war, and maintaining the nation's readiness and homeland security.

Trauma as a Public Health Problem

The ability to deliver trauma care services — comprehensive specialized treatment to victims of blunt force or penetrating injuries, as well as burns — within an hour of injury, called the “golden hour,” is critical to survival. In fact, according to the National Center for Health Statistics, traumatic injury — both intentional and unintentional — is the leading cause of death in the first four decades of life (ages one to 44).¹

Additionally, traumatic injuries are a significant driver of health care costs. Total estimated lifetime medical and work loss costs associated with fatal and nonfatal injuries in the United States was \$4.2 trillion in 2019, according to Morbidity and Mortality Weekly Reports — six times higher than in 2013 (\$671 billion). The costs associated with fatal injuries were \$2.2 trillion, while nonfatal injuries accounted for over \$2 trillion. The 2019 fatal injury cost is substantially higher than the similar estimate in 2013 (\$214 billion). This difference reflects a 28% higher number of injury deaths in 2019.² In 2017-2018, there were 838.3 million hospital emergency department visits for unintentional injuries. In 2021, 200,955 Americans died due to violence and unintentional injuries.³ Yet, the federal investment in ensuring access to life-saving trauma care for all Americans is woefully lacking.

Prevalence of Traumatic Brain Injury

Traumatic brain injury (TBI) — a bump, blow, or jolt to the head that disrupts the brain's normal function — is a major cause of death and disability in the U.S. More than 64,000 Americans died of a TBI-related injury in 2020 — about 176 deaths each day. There were more than 223,000 TBI-related hospitalizations in 2019. Also, in 2019, about 15% of all high school students self-reported one or more sports or recreation-related concussions within the preceding 12 months.⁴ Those who survive a TBI can face effects that last a few days or the rest of their lives, including impairments related to thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). These issues also have lasting

¹ Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. National Vital Statistics System, Leading Causes of Death. Available at <https://www.cdc.gov/nchs/nvss/leading-causes-of-death.htm> (last accessed on March 20, 2023).

² CDC, Morbidity and Mortality Report (MMWR), *Cost of Economic Injury—United States, 2019* <https://www.cdc.gov/mmwr/volumes/70/wr/mm7048a1.htm>

³ CDC, 10 Leading Causes of Death, United States, 2020, All Races, Both Sexes. Available at <https://wisqars.cdc.gov/cgi-bin/broker.exe> (last accessed on March 20, 2023).

⁴ CDC, Traumatic Brain Injury & Concussion. Available at https://www.cdc.gov/traumaticbraininjury/get_the_facts.html (last accessed on March 20, 2023).

effects on families and communities.

Conclusion

The “value” proposition for trauma care is well documented. The cost-efficient care provided by trauma centers, their specialist physicians, and the supporting trauma teams dramatically impacts quality of life. Therefore, as the subcommittee makes difficult choices to prioritize federal investments in health care, we urge you to appropriate \$11.5 million to implement the Military and Civilian Partnership for the Trauma Readiness Grant Program.

Thank you for considering our request.