

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

**to the
U.S. House of Representatives
Committee on Appropriations
Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies**

**RE: FY 2022 Funding for
Military and Civilian Partnership for the Trauma Readiness Grant Program**

May 11, 2021

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 2022 to fund the Military and Civilian Partnership for the Trauma Readiness Grant Program. The program is under the auspices of the Department of Health and Human Services, Assistant Secretary for Preparedness and Response.**

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 (PAHPAI) 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 of four military trauma deaths and one of five civilian trauma deaths could be prevented if advances in trauma care reach all injured patients. The report concluded that military and civilian integration is critical to saving these lives both 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 non-fatal injuries in the United States was \$671 billion in 2013, according to two Morbidity and Mortality Weekly Reports (MMWR). The costs associated with fatal injuries were \$214 billion, while non-fatal injuries accounted for over \$456 billion — more than twice as much as the costs associated with fatal injuries. More than 3 million people are hospitalized, 27 million people are treated in emergency departments and released, and over 192,000 die due to violence and unintentional injuries each year.² Yet, the federal investment in ensuring access to life-saving trauma care for all Americans is woefully lacking.

Prevalence of Traumatic Brain Injury (TBI)

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. From 2006 to 2014, the number of TBI-related emergency department visits, hospitalizations and deaths increased by 53%. In 2014, an average of 155 people in the U.S. died each day from injuries that include a TBI.³ Those who survive a TBI can face effects that last a

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 May 10, 2021).

² CDC, Injury Prevention & Control, Cost of Injury Data. Available at <https://www.cdc.gov/injury/wisqars/cost/> (last accessed on May 10, 2021).

³ Centers for Disease Control and Prevention (2019). Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths—United States, 2014. Centers for

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 not only affect individuals but also can have lasting 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 has a dramatic impact on quality of life. Therefore, as the subcommittee makes difficult choices to prioritize the 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.