

Congress of the United States

Washington, DC 20515

March 17th, 2016

Honorable Rodney Frelinghuysen, Chairman
Subcommittee on Defense
U.S. House Committee on Appropriations
H-405, The Capitol
Washington, D.C. 20515

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

Dear Chairman Frelinghuysen and Ranking Member Visclosky:

As you consider defense medical research for FY2017, we respectfully request that you include \$20 million in the Defense Health Program RDT&E account for the "Trauma Clinical Research Program." This funding would augment a highly valuable program DoD conceived with internal FY2015 DoD funding, and which Congress supported with a \$10 million appropriation for FY2016.

The program will spur development of improved treatments for the traumatic injuries suffered by our Service members through a network of civilian trauma centers with research capabilities. The network is now being established with DoD guidance. The same injuries suffered by our Service members in combat also impact the civilian community. Civilian injuries such as those inflicted in vehicle collisions and from violence occur on a massive scale in this country. Hence, our civilian population stands to also benefit greatly from this program.

In addition to the work underway to establish the clinical research network, the DoD is partnering with the civilian trauma community to identify the top trauma problems, such as acute resuscitation and definitive pre-hospital care. A leading group of trauma researchers and surgeons is now formulating an agenda of critically important research topics within each of these priority areas.

DoD has long had the lead role in trauma research in this country because trauma is the cause of virtually all combat deaths and serious injuries. But the civilian community suffers a much larger number of trauma deaths each year – more than 190,000 annually in recent years. Trauma is the leading cause of death of all Americans ages one through 46 – more than all other causes combined. The cost of treating trauma patients, and resulting lost productivity, makes trauma one of the three most expensive medical issues in the U.S., along with heart disease and cancer.

Numerous studies over the past 50 years have documented the inadequacy of our government's commitment to finding better treatments for traumatic injury. A recent study of NIH funding showed trauma last in terms of research dollars compared to impact of the disease. Our Service members will need the most improved treatments for future combat injuries when the U.S. wars end. We cannot continue the traditional pattern of a rapid decline in DoD medical research. A recent study estimated that 25% of fatalities in our recent wars could have been prevented with better and more rapid treatments. Funding for the Trauma Clinical Research Program will continue a valuable program that can counter this long term problem.

Thank you for your consideration of our request

Sincerely,

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JOAQUIN CASTRO
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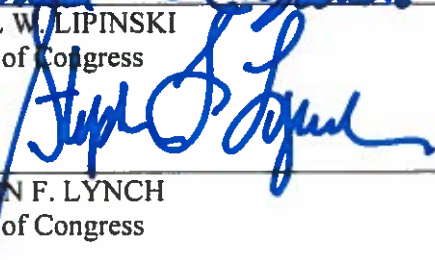

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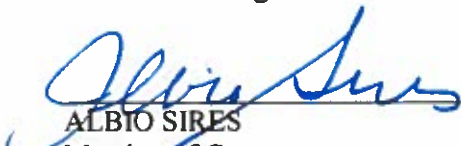
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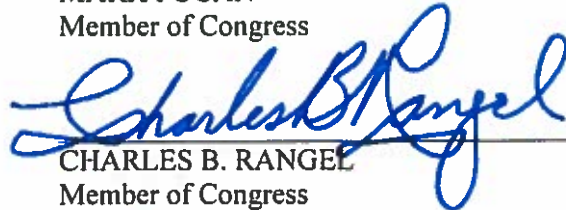
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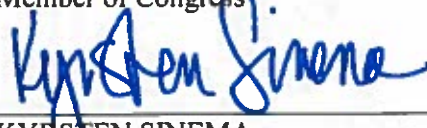
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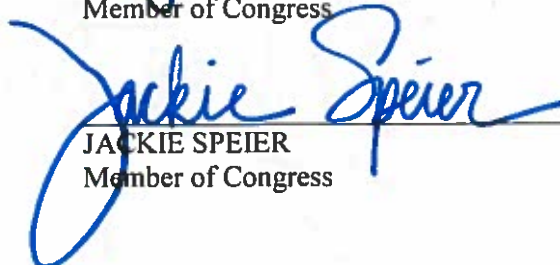
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