

United States Senate

WASHINGTON, DC 20510

March 16, 2016

The Honorable Thad Cochran
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Richard Durbin
Ranking Member, Subcommittee on Defense
Committee on Appropriations
U.S. Senate
Washington, DC 20510

Dear Chairman Cochran and Ranking Member Durbin:

As you develop FY17 Defense Appropriations legislation, 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 soldiers through a network of civilian trauma centers with research capabilities, which is now being established with DoD guidance.

In addition to the work underway to establish the clinical research network, the Department is partnering with the civilian trauma community to identify 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 age 1 – 46, more than all other causes combined. The cost of treating trauma patients, and the resulting lost productivity, makes trauma one of the three most expensive medical issues in the United States.

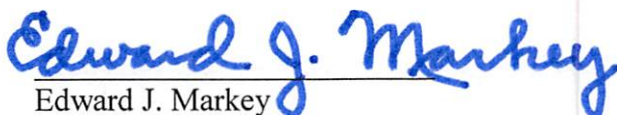
Numerous studies over the past 50 years have documented the inadequacy of our government’s commitment to finding better treatments for traumatic injury. A recent study of NIH funding showed trauma last in terms of research dollars compared to impact of the disease. We cannot allow to continue the traditional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

Thank you for your consideration of our request.

Sincerely,



Christopher S. Murphy
United States Senator




Edward J. Markey
United States Senator



Kirsten Gillibrand
United States Senator



Benjamin L. Cardin
United States Senator



Jack Reed
United States Senator



Mazie K. Hirono
United States Senator



Ron Wyden
United States Senator



Richard Blumenthal
United States Senator



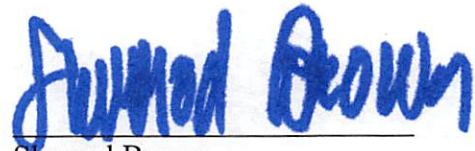
Debbie Stabenow
United States Senator



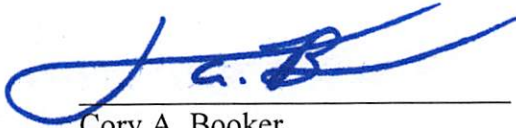
Elizabeth Warren
United States Senator



Gary C. Peters
United States Senator



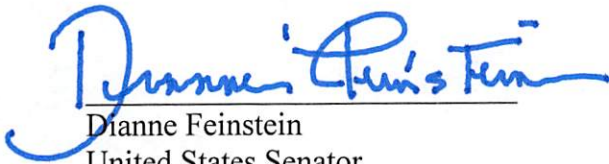
Sherrod Brown
United States Senator



Cory A. Booker
United States Senator



Maria Cantwell
United States Senator



Dianne Feinstein
United States Senator

Jonathan Brown

United States District Court
District of Columbia

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