



A Call to Arms: The Need for National Trauma Institute at NIH

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Disclosures

- **Outgoing Chairman of the Advocacy Pillar of the Board of Governors – ACS**
- **Chairman of the Board of the TCAA**

Trauma

- 5 million deaths per year in world
- Estimated cost \$1 trillion (injuryfacts.nsc.org)
- Leading cause of death 1 – 44 years
- Leading cause of working years lost
- Exsanguination – Preventable death
- CNS Injury – 50% of all trauma deaths







Global Cases

111,251,603

Cases by

Country/Region/Sovereignty

28,103,951 US

10,991,651 India

10,139,148 Brazil

4,127,573 United Kingdom

4,117,992 Russia

3,597,540 France

Admin0

Last Updated at (M/D/YYYY)

2/21/2021, 10:24 AM



Esri, FAO, NOAA

Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

192

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).

Global Deaths

2,463,735

498,254 deaths
US

245,977 deaths
Brazil

179,797 deaths
Mexico

154,202 deaths

Global Deaths

US State Level

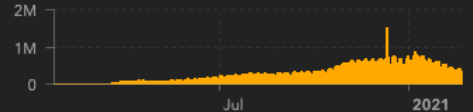
Deaths, Recovered

49,175 deaths,
recovered
California US

46,812 deaths, **141,592**
recovered
New York US

42,041

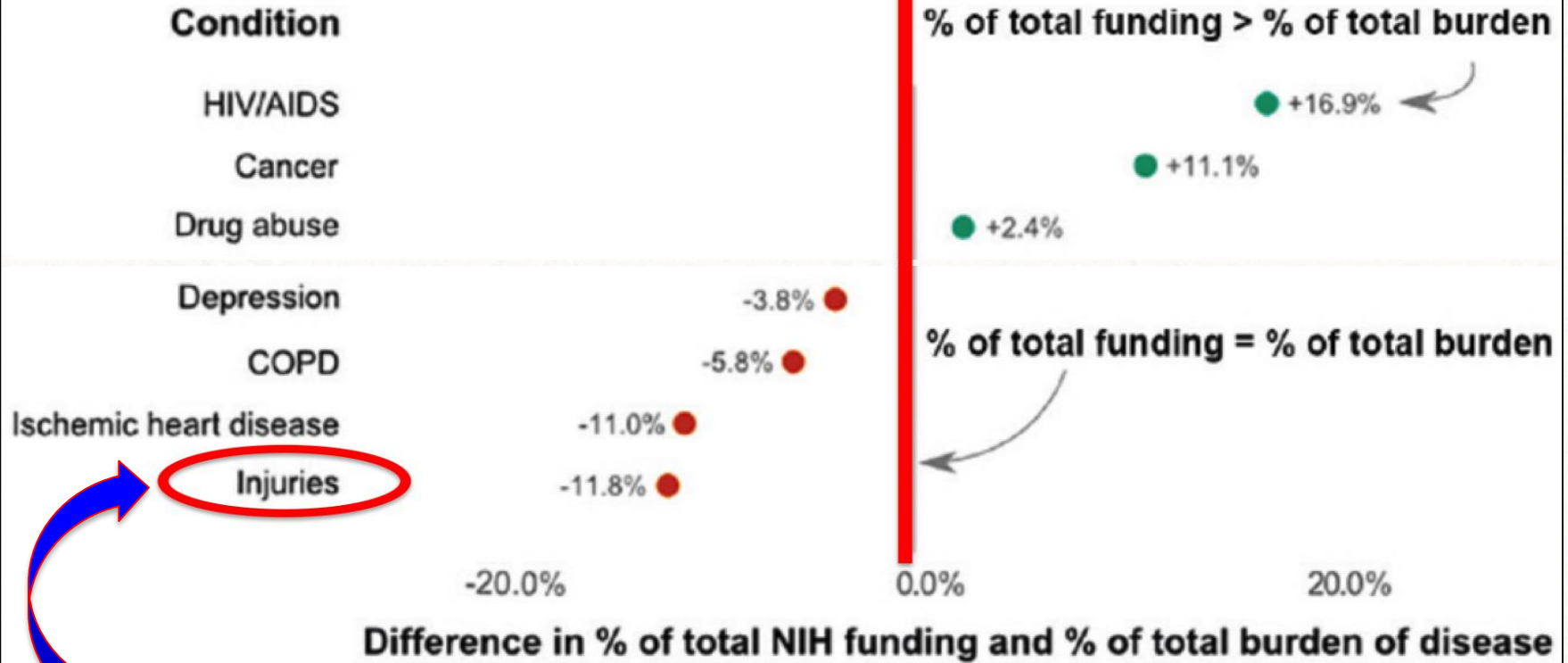
US Deaths, R...



Daily Cases

Under-funded

Over-funded



Trauma is the MOST UNDERFUNDED area!

NIH Funding

- No trauma institute at NIH
- 2016 – 2.9% funded trauma research
- \$720 million
- 3.7% of all NIH grants
- Funding spread out to 24 institutes
- 0.01% NCI – 11% NINDS

Glass et al. *JTACS* 2020;88:25 – 32.

Minority of DoD research goes to trauma

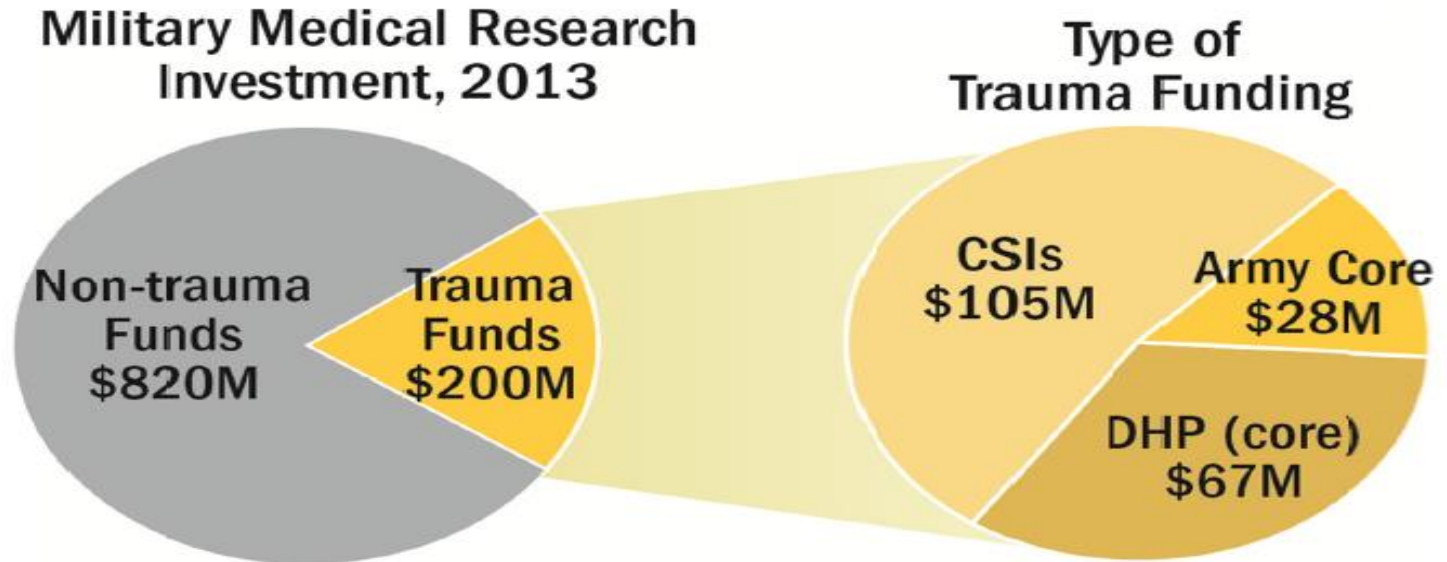


FIGURE 4-5 Funding sources for military medical research, 2013.
NOTE: CSI = Congressional Special Interest; DHP = Defense Health Program.
SOURCE: Data from Rasmussen, 2015.

Congressionally Directed Funds

- Arthritis
- Burn pit exposure
- Cardiomyopathy
- Congenital heart disease
- Diabetes
- Dystonia
- Eating disorders
- Emerging viral diseases
- Endometriosis
- Epidermolysis bullosa
- Familial hypercholesterolemia

- Fibrous dysplasia
- Focal segmental glomerulosclerosis
- Food allergies
- Fragile X
- Frontotemporal degeneration
- Hemorrhage control
- Hepatitis B
- Hydrocephalus
- Hypertension
- Inflammatory bowel diseases
- Malaria

- Metals toxicology
- Mitochondrial disease
- Myalgic encephalomyelitis/chronic fatigue syndrome
- Myotonic dystrophy
- Non-opioid therapy for pain management
- Nutrition optimization
- Pathogen-inactivated blood products
- Peripheral neuropathy
- Plant-based vaccines
- Platelet like cell production

- Polycystic kidney disease
- Pressure ulcers
- Pulmonary fibrosis
- Respiratory health
- Rheumatoid arthritis
- Sleep disorders and restriction
- Suicide prevention
- Sustained release drug delivery
- Vascular malformations
- Women's heart disease

Potentially Preventable Deaths 2001 thru 2015?



- Approx 6850 deaths
- 1,000 (15%) PPDs



- 2.2 million deaths
- 20% pot survivable

450,000 deaths



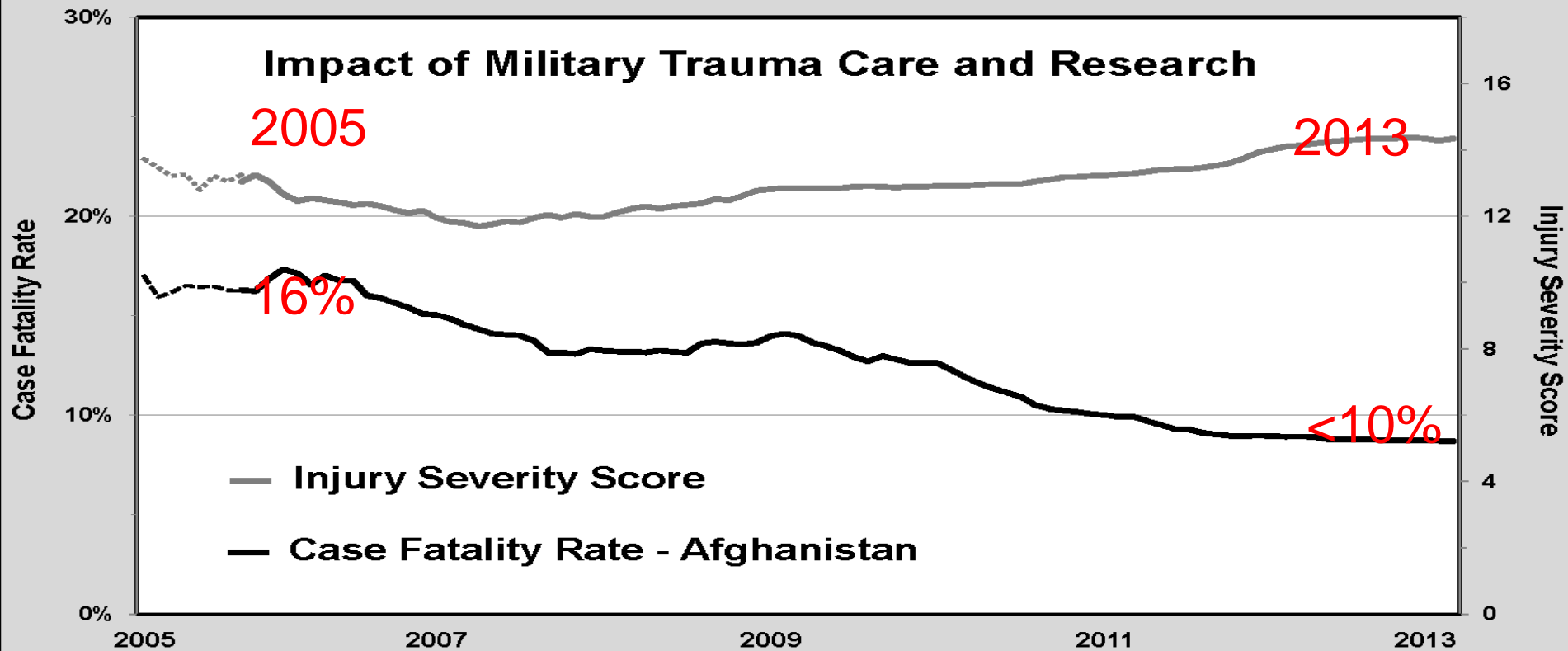
- **A NATIONAL**
- **TRAUMA CARE SYSTEM**

Integrating Military and Civilian

Trauma Care Systems to Achieve

Zero Preventable Deaths After Injury

Impact of Military Trauma Care and Research



Support From Professional Societies & Organizations



MILITARY HEALTH SYSTEM Strategic Partnership





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Association of America

ADVOCACY • FINANCE • OPERATIONS

CNTR

Coalition for National Trauma Research

M.I.M.I.C.



- Study all prehosp deaths, including autopsy
- \$4 million grant

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The logo for LITES, where each letter is stylized with a different color and pattern. The 'L' is black with a yellow and red vertical bar on its left side. The 'I' is yellow with a red and yellow circular shape at the top. The 'T' is black with a red and yellow vertical bar on its right side. The 'E' is black with a red and yellow vertical bar on its right side. The 'S' is black with a red and yellow vertical bar on its right side.

LITES

Linking Investigations in Trauma
and Emergency Services



Establish network of trauma centers
Trauma research across continuum
Initial \$11M, up to \$90M

The National Academies of
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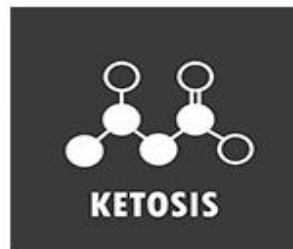
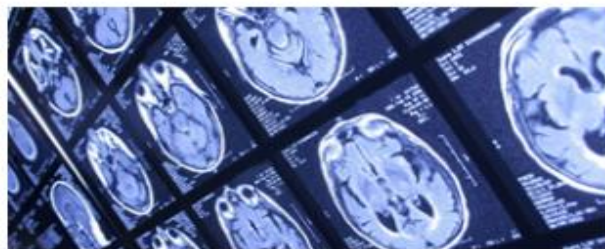


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WHAT IS SIREN?



The Strategies to Innovate Emergency Care Clinical Trials Network (SIREN) seeks to improve the outcomes of patients with neurologic, cardiac, respiratory, hematologic and trauma emergencies by identifying effective treatments administered in the earliest stages of critical care. [> MORE](#)



ICECAP Executive Mtg

Thu, January 28, 2021
12:00 pm EST

JAN
28



The C3PO Trial is Enrolling!





Access to Life Threatening Trauma Care For All

- **Previously appropriated trauma grants**
- **Associated with Obamacare**
- **Prevention**
- **Education**
- **Research**
- **Language being formulated currently**

Consolidated Appropriations Act

- \$1.4 trillion spending package
- \$900 billion stimulus/relief COVID
- Stopped Medicare pay cuts to surgeons
- Addressed surprise billing
- Provider relief fund - \$3 billion
- Workforce and rural - 1000 GME spots
- Support for cancer initiatives



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Prevent Bleeding Loss with Emergency Devices Act



STOP
THE BLEED



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Firearm Prevention Efforts

- Non-partisan public health approach
- Evidence-based
- Programmatic
- Consensus
- Testimony
 - US HOR Energy and Commerce
 - US HOR Labor, Health & Human Services



Firearm Research

- Federally funded research
 - Reduced MVCs, smoking and SIDS
 - Congress funded \$12.5 to NIH and CDC for firearm injury prevention 12/19
- Coalition letters to House and Senate
 - > 100 organizations
 - \$50 million in research funding



Bipartisan Background Checks and Cyclical Violence

- **HR 8 – All firearm sales to go through the NICS (Background checks)**
- **HR 5855 – Funding to create new hospital based violence intervention program (HVIPs) and expand funding**
 - **Fund research to look at success**

National Instant Background Check System

Pandemic and All Hazards Preparedness and Advancing Innovations Act

Introduced by Senator Richard Burr

“PART I—MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM

“SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

“(a) MILITARY TRAUMA TEAM PLACEMENT PROGRAM.—

“(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Preparedness and Response and in consultation with the Secretary of Defense, shall award grants to not more than 20 eligible high-acuity trauma centers to enable military trauma teams to provide, on a full-time basis, trauma care and related acute care at such trauma centers.

“(2) LIMITATIONS.—In the case of a grant awarded under paragraph (1) to an eligible high-acuity trauma center, such grant—

“(A) shall be for a period of at least 3 years and not more than 5 years (and may be renewed at the end of such period); and

“(B) shall be in an amount that does not exceed \$1,000,000 per year.

Signed into law 6/24/2019 Awaits Appropriation

United States Senate

WASHINGTON, DC 20510

March 27, 2020

The Honorable Richard Shelby
Chairman
Senate Appropriations Committee
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Senate Appropriations Committee
Washington, DC 20510

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

Dear Chairman Shelby, Vice Chairman Leahy, Chairman Blunt, and Ranking Member Murray,

As you prepare the Fiscal Year 2021 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request the inclusion of \$11.5 million for the Military and Civilian Partnership for the Trauma Readiness Grant Program authorized in the Pandemic and All Hazards Preparedness and Advancing Innovation Act [Public Law No. 116-22]. Fully funding this critical grant program will allow us to enhance trauma training for our military health care personnel while simultaneously bolstering civilian trauma care and saving lives.

According to the Centers for Disease Control and Prevention, trauma is the leading cause of death for children and adults under age 44. Additionally, fatal traumatic injuries result in \$130 billion in total lifetime medical and work loss costs each year. A June 2016 report from National Academy of Sciences, Engineering and Medicine (NASEM) entitled "*A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*" outlines a number of recommendations necessary to secure a national trauma system and sets the goal of achieving zero preventable deaths. The Military and Civilian Partnership for the Trauma Readiness Grant Program was borne out of one recommendation calling for the establishment of military-civilian trauma partnerships to help further reduce the number of preventable traumatic deaths.

This grant program, originally known as MISSION ZERO, will provide 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





22 Jan 2019



What Can You Do?

- Get educated
- Get involved in your trauma societies
- Donate to the cause you believe in
- Meet with your legislators in DC, your state or virtually!



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TCAA

- Advocacy committee
- Advocacy Institute
- Lobby Day
- Lobbying Firm





Explore the pages below, for more information on TCAA's current advocacy initiatives, resources to be used in lobbying efforts and details on how to get involved with the TCAA Advocacy Committee.



FUNDING



RESOURCES



KEY INITIATIVES



GET INVOLVED



SAVE A LIFE



INJURY PREVENTION



TRAUMA COALITION



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Advocacy Committee

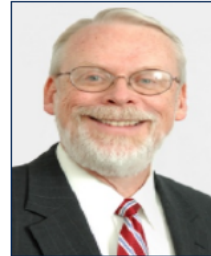
Leadership

Bruce Hartmann, Chair

David Tesmer, Chair Elect



Heidi Gartland, Past Co-Chair



Russ Molloy, Past Co-Chair

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Mary Ann Contreras

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Regena Young



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Debbie...



Debbie...



Robert...



Debbie...



Online...



Michelle...



Shelby...



Robert...



Teresa...

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Trauma

Background

According to the Centers for Disease Control and Prevention (CDC) trauma is the leading cause of death for children and adults under age 44, killing more Americans than AIDS and stroke combined. Unfortunately, nearly 45 million Americans do not have access to a Level I or II trauma center within one hour. Ensuring access to trauma care requires many crucial components; trauma centers, physicians, and nurses must dedicate extensive resources around the clock so that seriously injured patients have the best possible chance for survival.

Federal Legislative Efforts

Prevent Bleeding Loss with Emergency Devices (BLEEDing) Act

The American College of Surgeons Committee on Trauma (ACS COT) is leading the effort to [save lives](#) by teaching the civilian population to provide vital initial response to stop uncontrolled bleeding in emergency situations. This effort is being accomplished by the development of a comprehensive and sustainable bleeding control educational and informational program targeted to civilians that will inform, educate, and empower the more than 300 million citizens of the United States. The ACS is also supportive of legislation that will assist civilians to take life-saving action when the need arises.

The *Prevent Bleeding Loss with Emergency Devices (BLEEDing) Act* would provide grant funding to states for bleeding control kits and training. Just like CPR training, a civilian familiar with basic bleeding control techniques is better equipped to save a life. The effort to make this training and bleeding control kits available to the public through a Department of Homeland Security grant program will help to drive the goal of reducing or eliminating preventable death from bleeding.

The ACS believes that the grant program should ensure that eligible entities are procuring only high-quality tourniquets and other bleeding control supplies, such as products approved by the Committee on Tactical Combat Casualty Care (TCCC) and Department of Defense (DoD) Combat Casualty Research Program, in order to prevent a scenario where a poorly made device might fail and not adequately stop severe bleeding.

[ACS Letter of Support for Prevent BLEEDing Act to the House \(5/2/2019\)](#)

[ACS Letter of Support for Prevent BLEEDing Act to the Senate \(2/19/2020\)](#)

📌 **Take Action: Contact Congress in Support of the *Prevent BLEEDing Act***

The logo features a vertical blue bar on the left. To its right, the text "LEADERSHIP & ADVOCACY" is stacked above "SUMMIT". "LEADERSHIP" and "SUMMIT" are in blue, while "& ADVOCACY" is in red.

AMERICAN COLLEGE OF SURGEONS

[Leadership & Advocacy Summit](#)

[Past Presentations](#)

Leadership & Advocacy Summit



AMERICAN COLLEGE OF SURGEONS

The ACS 2021 Leadership & Advocacy Summit will be conducted *virtually*, **May 15–17**. The Leadership portion of the Summit will be on Saturday, May 15, followed by the Advocacy portion on Sunday, May 16, and Monday, May 17.

The Leadership & Advocacy Summit is a dual meeting offering comprehensive and specialized sessions that provide ACS members, leaders, and advocates with topics focused on effective surgeon leadership, as well as interactive advocacy training with coordinated visits to Congressional offices.

Further details, including times and presenters, will be announced in the coming weeks.



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Capitol Program

- Provides grants to State ACS Chapters
- Educational meeting at capitol city
- Schedules meetings with state legislators
- 28 states participating prior to pandemic



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Donations

- Donate to political action committees that supports trauma (ACS)
- Bipartisan – Surgery PAC supports both parties equally
- Your voice and support is the only way to get initiatives passed!



WE

NEED

YOU!