

Rep. Joseph R. Pitts
Opening Statement
Energy and Commerce Subcommittee on Health Hearing:
“Strengthening our National Trauma System”
Tuesday, July 12, 2016 (10:15 AM)

The Subcommittee will come to order.

The Chairman will recognize himself for an opening statement.

Today’s hearing is an important discussion that will examine areas where we can improve our national trauma system and the care provided by emergency responders.

The recent events in Orlando, Paris and San Bernardino remind us of the very real threat of such mass casualty events that can produce large numbers of traumatically injured casualties.

Terrorism, criminal violence, and road traffic accidents all produce traumatic injuries, which is the leading cause of death for those under age 46. Because it disproportionately affects young people, trauma is the number one cause of productive life years lost, greater than cancer or heart disease.

A recent Institute of Medicine report released just last week estimates that one in five trauma deaths may be preventable. Or, in other words, about 30,000 people might be saved every year if our Nation’s trauma system is better optimized.

Today we will hear from witnesses on ways to address our trauma and emergency medical systems. First, we will hear from three authors of the IOM report entitled, “A national trauma care system: Integrating military and civilian trauma care to achieve zero preventable deaths after injury.” They will discuss a number of recommendations included in the report aimed at improving trauma care.

Our other two witnesses will discuss legislation introduced by Congressman Richard Hudson designed to ensure our first responders have access to critical medications needed to treat emergency conditions in the field.

One of our main challenges in addressing emergency and trauma care is leadership. Responsibility for planning, coordination, communication, and response are divided across multiple agencies and jurisdictions. The axiom “when everyone is responsible, no one is responsible” applies. Leadership at the federal level is required to achieve coordination and ultimate accountability.

While strong national leadership is needed, we must also bolster those on the front lines at the local level. Here we can look to the military’s incredible advances in trauma care over more than a decade of war. Lessons learned during wartime often drive innovation in civilian trauma care.

This is not surprising as many experienced combat medical personnel often leave the military and go into civilian practice during peacetime. Outside of war, our military trauma teams have few opportunities to care for severely injured patients at their base hospitals. The IOM proposes integrating military trauma teams into busy civilian trauma centers in order to improve not only military trauma care but civilian trauma care.

I look forward to the discussion and encourage a thoughtful dialogue about these critical issues.

I yield the balance of my time to _____.