



American College of Surgeons

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July 28, 2011

The Honorable Fred Upton
Chairman
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Henry Waxman
Ranking Member
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Upton and Ranking Member Waxman:

On behalf of the more than 75,000 members of the American College of Surgeons, I would like to thank you for including language in the Pandemic and All-Hazards Preparedness Reauthorization Act (H.R. 2405) that would encourage better availability, preparedness and capacity of trauma and emergency care systems to respond to public health emergencies.

The United States utilizes and elevates its day-to-day trauma and emergency systems when responding to deadly natural disasters such as tornadoes, hurricanes, and ice storms, as well as potential terrorist threats, chemical spills and other health care emergencies. The trauma and emergency medical systems that currently exist in our nation are designed to respond quickly to transport seriously-injured individuals to the appropriate trauma center hospital within the "golden hour" – the time period when medical intervention is most effective in saving lives and functional abilities.

However, there are eight states in the country that do not have any trauma system in place and 18 states without fully functioning trauma systems due to lack of funding. In addition, the CDC found that 50 million Americans lack access to a Level I or II trauma center within an hour of injury. Victims of traumatic injury have a 25 percent reduction in mortality if treated at a Level I trauma center and sadly more than 20 trauma centers have closed or downgraded in status in the past decade, including the primary trauma center treating 848 trauma victims on September 11, 2011. According to a 2006 study overseen by the CDC, *U.S. Trauma Center Preparedness for a Terrorist Attack in the Community*, of 175 responding trauma centers, the average overall preparedness score was 74 percent. Assessing and enhancing trauma and emergency systems across the country will move us forward to addressing these shortfalls in preparedness.

We thank you for your leadership in recognizing this problem and look forward to working with you to ensure the surge capacity of our nation's trauma and emergency care systems.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director

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