



# TRAUMA CENTER

Association of America

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July 5, 2023

TO: United States Senate Committee on Health, Education, Labor and Pensions

The Trauma Centers Association of America (TCAA) represents over 400 hospitals with state designated and American College of Surgeons (ACS) verified trauma programs. We are strong supporters of PAHPA and of the MISSION Zero program specifically. These grants provide funding to ensure trauma care readiness by integrating military trauma care providers into civilian trauma centers.

Below are some examples of the success stories from the first round of federal funding which was released in 2022. We look forward to working with you to ensure that MISSION Zero is reauthorized as part of PAHPA and that our members can continue their life saving work. Please do not hesitate to contact me directly if you have any questions or need additional information regarding the MISSION Zero Act.

Best regards,

Jennifer Ward  
President  
Trauma Center Association of America

## **Testimonial 1:**

*“Being stationed at Harborview as part of the Army Military-Civilian Trauma Team Training program, especially early on in my career, has allowed me to grow dramatically in my personal comfort and skill in the care of trauma patients. The acuity and volume that I’ve experienced here far exceeds that of any other Army trauma surgeon at a Military Treatment Facility. Also, the mentorship and advice offered by my senior colleagues has helped foster what I hope to be life-long relationships that I can utilize for the care of wounded Soldiers and the training of other medical personnel in the Military. Everyone here has been very supportive of my development and has offered opportunities to broaden my skillset, whether it be getting more involved in the burn program, helping with complex trauma cases, acting as an Extracorporeal Membrane Oxygenation attending, or helping with any research interests.”*

## **Testimonial 2:**

*“My assignment to Harborview Medical Center as an embedded military surgeon in the Army Military-Civilian Trauma Training Team (AMCT3) platform has given me the opportunity to hone my surgical skills at the highest level, while simultaneously allowing me to care for the most critically ill patients in the Pacific Northwest. There has been a recent influx in traumatically injured patients and Harborview has broken trauma admission, activation, and penetrating traumatic injury numbers for the past several years in a row. Working as a critical care surgeon during these times has greatly prepared me to care for servicemembers wounded on the battlefield. The privilege of working here has exposed me to extremely complex patients with high injury severity scores (ISS) who require damage control surgery and excellent critical care. My integration with the HMC team has been mutually beneficial, as I have learned many surgical techniques and critical care treatment algorithms and likewise I have been fortunate to impart some military clinical strategies while taking care of the trauma population here.*

*An additional benefit is my integration into the Extracorporeal Life Support (ECLS) team here, which sees a high volume of patients requiring Extracorporeal Membrane Oxygenation (ECMO). While the military does have an ECLS program and team, the opportunity to be involved with the team here greatly bolsters the military's capabilities to provide ECLS support across the globe. I personally feel very invested in the ECLS program at Harborview; during my first year on assignment here I received an urgent call from a colleague surgeon at Madigan Army Medical Center who had sustained ARDS from a massive transfusion. Without ECLS support, the prognosis of the patient appeared to be fatal. I was able to mobilize our ECLS team and collaborate with the Madigan group and we successfully placed this patient on ECLS support, transported them back to HMC, and continued complex critical care management of the patient. I am proud to say that the patient survived and ultimately was able to return to their family.*

*I feel very fortunate to work under internationally and nationally recognized trauma surgeons and they serve as my mentors and colleagues. While I am still early in my professional career, I consider my time at HMC as a pinnacle and I cherish every lesson taught by mentors, peers, and patients, and strive to apply those lessons to those injured both stateside and in the deployed setting.”*

### **Testimonial 3:**

*Vanderbilt University Medical Center has a long history of military readiness training with USASOC as a training site dating back for at least 15 years. Army Special Forces medics come to Vanderbilt for medical proficiency training in trauma, burn, emergency, orthopedics, neurology and anesthesia. In 2021 we were chosen formally as an official site for U.S. Army Military-Civilian Trauma Team Training (AMCT3) where various soldiers in medical teams are embedded for three-year rotations. This Mil-Civ partnership immersive experience at a large academic medical center provides excellent exposure to highly complex patients clinically as well as simulation training which augments mission readiness. An additional perk is the ability for physicians to obtain faculty instructor status in trauma training courses. As a subset component of the AMCT3, we also have quarterly rotations of enlisted personnel such as 68 Charlies/Deltas/Whiskeys/Victors/Papas. Formally known as the "SMART" program*

*(Strategic Medical Asset Readiness Training), to date we have hosted 8 rotations totaling 100 personnel. These rotators function at their full scope of military practice and are able to complete 70% of their annual required individual critical task lists (ICTL's) while here. After-action reports are positive indicating participants feel significantly more ready for deployment.*

### **Testimonial 4:**

*Last year Virginia Commonwealth University Medical Center (VCUMC) was granted funds from the Mission Zero ASPR Grant. Since then, the funds have made a significant impact on military training in our facility. Many of our military partners are Navy medical personnel. After meeting with the Navy leadership, we identified there is a large gap in burn training and preparedness for nurses and other healthcare providers. The funds from the grant allowed us to quickly begin to close the gap that by providing the American Burn Life Support (ABLS) course for the Navy personnel. VCUMC has also began work on creating burn center rotations for Navy personnel to further close this gap and increase burn care and knowledge for the Navy personnel. This training will meet KSA goals set by the Navy and increase readiness for medical personnel who are set to deploy to austere environments. The increased training and knowledge of these Navy healthcare providers meets the Mission Zero objective of Zero Preventable deaths by allowing proper burn care at the point of injury and in higher echelons of care. Through the grant we will be able to additionally offer two ASSET+ courses for navy providers in preparation for their deployment.*

*Through the grant, VCUMC sustained a trauma rotation to military Medics and Corpsmen. The rotations are designed to increase the knowledge of Trauma care and to mimic prolonged field care for the medics and corpsmen. Medics and corpsmen are exposed to real world trauma in the emergency department, burn center, OR/anesthesia, and the STICU. This allows the military medics/corpsmen to follow a patient from the emergency department through the continuum of care in our facility. Our staff ensures they have hands on experiences in each department. The funds from the Mission Zero ASPR Grant has allowed the program to expand the course by adding vent training, ultrasound training, and many other trauma skills to sustain a patient for an extended period. This will also ensure the readiness of the military's first responders in the event of a conflict. Zero preventable deaths start at the point of injury and the right treatment done to ensure the survival of the patient.*