

**Testimony of
Congressman Brett Guthrie (KY-2)**

**Before the
House Armed Services Committee
HEARING: National Defense Priorities from Members for the FY 2013 National
Defense Authorization Act**

**Room 2118 Rayburn House Office Building
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Good morning and thank you, Chairman McKeon, Ranking Member Smith, and distinguished colleagues of the House Armed Services Committee.

I come before you today as both a Member of Congress and a former Army Officer, to thank you for your past support of a priority issue for Wounded Warriors, and to ask that you continue to pursue needed work on the subject. In the 2011 Defense Authorization Act, report language included by this committee directed the Secretary of Defense to “review the current state of medical training and research for genitourinary trauma within the Department of Defense to determine if there are any deficits with regard to care that can be provided in combat zones.”

As you may know, genitourinary trauma, or simply *urotrauma*, is a class of wounds that literally hit below the belt. Urotrauma accounts for wounds to the kidneys, reproductive organs, and urinary tract organs. These injuries are some of the most common and debilitating suffered by our veterans from IED detonations and have long-lasting physical and psychological impacts. Urotrauma is one of the signature wounds of the IED and now accounts for one-eighth of all injuries suffered by our troops in Afghanistan. Unfortunately, the most recent available data suggests that this figure is still rising, even after nearly doubling in incidence between 2009 and 2010.

DoD’s report to Congress titled “Genitourinary Trauma in the Military” highlights the size and complexity of this problem.

I would ask unanimous consent that this report be inserted into the Record.

According to this DoD report, urotrauma incidence rates on the modern battlefield exceed the historical average of all prior conflicts by at least 350%. This means that the proportion of all Wounded Warriors who suffer from urotrauma injuries sustained in Iraq and Afghanistan is at least three and a half times greater than that of any prior war. And yet, the DoD Under Secretary for Personnel and Readiness concedes that “urotrauma injury is not part of the standards of pre-deployment training for U.S. military surgeons and nurses,” and that the existing infrastructure for tracking these casualties “is not sufficient to assess the long-term prognosis of GU trauma injuries.” DoD makes it clear that the current state of care isn’t good enough and that we don’t have an adequate plan or database to help these Wounded Warriors cope with their injuries throughout their lifetime.

Let me now draw attention to the conclusion of DoD's report, which is what brings me here today. To summarize DoD's needs for urotrauma care, the Under Secretary states that, "the recommended action plan for research is that the military form inter-Service and inter-agency relationships to facilitate aggressive, innovative, and relevant translational and outcomes-based clinical research."

I could not agree more with the Under Secretary's conclusion. We must move forward and build upon the research already collected by military and civilian personnel. That is why I have introduced H.R. 1612, to form an inter-agency urotrauma commission to do exactly that. H.R. 1612 would bring together DoD, VA, HHS, the Surgeon Generals of each of our Armed Services, and civilian expertise to create a plan to care for these Wounded Warriors from the point of injury to their final resting place, decades from now.

This is a bipartisan bill with twenty-three cosponsors, many of whom represent military communities like Ft. Knox, which is in my district. These communities understand the frequency and severity of these wounds at a human level and a professional one.

Let me say in closing that the miracles of modern medicine, combined with the devotion of our military medical corps, have allowed many of these Wounded Warriors to live a long life rather than perishing in the line of duty. However, giving these service men and women the ability to survive is not enough. We have a responsibility to do what we can to ensure that they can live as full a life as possible. That's the debt we owe to those who defend freedom.

I urge this committee to continue the work it has already done to further our care for these Wounded Warriors suffering the effects of urotrauma; and I urge the adoption of H.R. 1612 into this year's Defense Authorization. Mr. Chairman, I yield back my time.