Dear American Burn Association National Leadership Conference Registrants:

Thank you for registering for the 2017 ABA National Leadership Conference (NLC) to be held in Washington, D.C., on February 15, 2017. Unlike in past years, we will not be holding panel sessions or holding a keynote luncheon. We will devote the entire day to meeting with our Senators and Representatives on Capitol Hill.

We are trying to confine your appointments to between 10 am and 4 pm on February 15, 2017. We have also reserved 2103 Rayburn House Office Building (2103 Rayburn HOB) as the ABA’s control room for the day. We will be in 2103 Rayburn starting at 8:00 am and if your schedule permits, it would be good to stop by before beginning your meetings. We will have packages of leave behinds available for you to pick up and we will be available to answer any of your questions. Coffee and light refreshments will be available.

The NLC in past years has led to some remarkable successes for our membership and the patients we serve. This year, our major legislative initiatives will focus on:

1) Military Burn Trauma Research Program; and
2) the Portable Fuel Container Safety Act of 2017

The ABA strongly supports legislation to require the installation of flame mitigation devices of flame arrestors in all portable fuel containers, which otherwise pose a serious risk of burn injuries. We will be asking Members of the House of Representatives to cosponsor this legislation introduced by Congressman Mike Thompson (D-CA).

Thanks to the support and leadership of Senator Barbara Boxer (D-CA), the ABA has successfully advocated for inclusion of over $60 million in Department of Defense Funding for Military Burn Trauma Research Funding. As many of you know, Senator Boxer has just retired from the U.S. Senate and Senator Kirsten Gillibrand (D-NY) has agreed to become our champion for increased funding for military burn care research. On the House side, Congressman Steve Cohen (D-TN) and Walter Jones (R-NC) will be leading our funding efforts. Despite the new cast of characters, the existence of many unmet research needs that must be addressed remains a constant.

Further background on this year’s legislative issues is in the attached documents; please familiarize yourself with these materials before coming to D.C. The ABA has prepared a webinar where many of these issues are discussed and there will be additional opportunities to discuss these matters on February 15th at 9 am in the ABA Control Room, 2102 Rayburn HOB, where we will also distribute our “leave behind folder” for your Hill Visit.

Please review the “Frequently Asked Questions for the 2017 NLC” prepared by The Crane Group, the ABA’s government affairs representatives in Washington, D.C. In addition to bringing business cards and any marketing material from your hospital, the following “hints” may be helpful:

- Re-read the material
- It is about a 15-minute walk from one side of Capitol Hill to the other
- Study the map to determine which office building you need to visit
- Show up a few minutes early for your appointment
- Introduce yourself as a representative of the ABA; present your business card
- Be prepared to wait for 10-15 minutes in some busy offices
- Whether you meet with the representative or senator or “staff” – remember all are important
- Mention if you have been to this office as part of previous NLC meetings, and that the ABA is a multidisciplinary organization- burn team members caring for burn patients
CAPITOL HILL
American Burn Association
February 2017

About the American Burn Association
The American Burn Association (“ABA”) is dedicated to improving the lives of everyone affected by burn injury. It is a professional association of burn and trauma surgeons, nurses, therapists, researchers, social workers, firefighters, and hospitals with burn centers that was founded in 1967. Currently, there are over 2,000 members in the United States, Canada, Europe, Asia and Latin America; all dedicated to improving the lives of everyone affected by a burn injury.

The ABA is a non-profit 501(c)(3) organization, organized for scientific and education purposes, and is headquartered in Chicago, Illinois.

Structure and Governance
The ABA is governed by a Board of Trustees, consisting of 14 members, elected by the general membership of the ABA, and 2 Ex-Officio members, ABA representatives to the American College of Surgeons and the American Board of Surgery.

President
Michael D. Peck, MD, ScD, FACS, Arizona Burn Center, Phoenix, Arizona

President-Elect
Linwood R. Haith, MD, FACS, FCCM, The Nathan Speare Regional Burn Treatment Center, Upland, PA

Executive Director
Kimberly A. Hoarle, MBA, CAE, Chicago, Illinois

Editor, Journal of Burn Care & Research, (JBCR)
David N. Herndon, MD, FACS, Galveston, TX

Major Activities of the ABA
- Delivers continuing education programs, such as Annual and Regional Meetings, to help burn professionals stay current with the latest information on burn research, treatment, rehabilitation and prevention.
- Offers Advanced Burn Life Support (ABLS) training courses on emergency care of the burn patient at the scene, during transport, and in the first 24 hour critical time period of the burn injury and hospitalization.
- Works to improve the care of the burn patient through a voluntary verification/consultation program for burn centers that includes rigorous standards for organizational structure, personnel qualifications, facilities resources, and medical care services from the time of injury through rehabilitation.
- Maintains a burn registry program and a national data bank for burns, with over 205,000 acute care burn cases, representing many of the most challenging admissions seen at specialized burn care facilities, both nationally and internationally.
- Through its network of burn centers and administrative infrastructure, supports rigorous, large-scale clinical trials of burn research to advance care of the wounded warrior. Funded clinical trials under the Military Burn Trauma Research Program of the Department of Defense are working to solve such issues as limitations in function and movement, severe infection, resuscitation, acute lung injury, and returning to society as an independent and confident burn survivor.
- The ABA has numerous committees and members are top burn specialists in their disciplines. These committees study particular aspects of burn injury, prevention, treatment, rehabilitation, care, research, and make recommendations for improvement in these areas.
The following estimates were derived from sample and registry statistics compiled by ongoing national health care and fire casualty surveys, selected state health data systems, and the National Burn Repository (NBR) of the American Burn Association (ABA). ABA NBR reports describe admissions to hospitals with specialized services provided by “burn centers.”

**Burn Injuries Receiving Medical Treatment:** 486,000

This general estimate is derived mainly from federal surveys which provide annual estimates of hospital admissions and visits to hospital emergency departments. The estimate range acknowledges that some burns may have been treated solely at hospital clinics, community health centers, or private medical offices. Such burns are more likely to be minor, and the number of such facilities sampled is too small to provide reliable estimates for burns.


**Fire/Smoke Inhalation Deaths:** 3,275

This total includes 2,745 deaths from residential fires, 310 from vehicle crash fires, and 220 from other sources. One civilian fire death occurs every 2 hours and 41 minutes. The odds of a U.S. resident dying from exposure to fire, flames or smoke is 1 in 1442. Fire and inhalation deaths are combined because deaths from thermal burns in fires cannot always be distinguished from deaths from inhalation of toxins in smoke.


**Hospitalizations Related to Burn Injury:** 40,000, including 30,000 at hospital burn centers

Over 60% of the estimated U.S. acute hospitalizations related to burn injury were admitted to 128 burn centers. Such centers now average over 200 annual admissions for burn injury and skin disorders requiring similar treatment. The other 4,500 U.S. acute care hospitals average less than 3 burn admissions per year.

**Sources:** National Inpatient Sample (HCUP-NIS: 2010 data); National Hospital Discharge Survey (2010 data); recent 100% hospitalization data from several states.

**Selected Statistics: 2006-2015 Burn Admissions to U.S. Burn Centers** (ABA National Burn Repository 2016)

Ninety-six hospitals from 36 states, and the District of Columbia, contributed to the NBR report, totaling 205,033 records.

**Survival Rate:** 96.9%
**Gender:** 68% Male, 32% Female
**Ethnicity:** 58% Caucasian, 21% African-American, 13% Hispanic, 8% Other
**Admission Cause:** 41% Fire/Flame, 33% Scald, 9% Contact, 3% Electrical, 3% Chemical, 11% Other
**Place of Occurrence:** 73% Home, 8% Industrial, 5% Street/Highway, 5% Recreational/Sport, 9% Other
“Leave Behinds” for Your Capitol Hill Visits

Listed below is an overview of the documents in your package that you will give to the House and Senate offices when you visit the Hill on February 15, 2017.

These documents support our two principal asks: (1) Funding for Military Burn Trauma Research, and (2) Passage of the Portable Fuel Container Safety Act of 2017 which would require the Consumer Product Safety Commission to issue a rule requiring the installation of flame arrestors on portable fuel containers to prevent serious burn injuries.

First “Ask:” Military Burn Care Research Funding
With respect to military burn research, our primary focus will be to get Senators and Representatives to sign on to the Gillibrand and Cohen-Jones “Dear Colleagues” letters urging inclusion of $10 million in FY 2018 Appropriations for the Military Burn Trauma Research Program. Give Senate and House offices, respectively, copies of the Gillibrand and Cohen-Jones Dear Colleagues. We have also included copies of the Dear Colleagues from last year to give to these offices, which were signed by 16 Senators and 50 Members of the House. Ask House and Senate Members to sign onto these Dear Colleague letters to express their support for military burn research.

Second “Ask:” Portable Fuel Container Safety - House emphasis
This year we have made a prevention initiative one of the ABA’s major priorities. Congressman Mike Thompson of California has introduced H.R. xxxx, the Portable Fuel Container Act of 2017, which would require the Consumer Product Safety Commission (“CPSC”) to promulgate a final rule that would require the installation of flame mitigation devices in portable fuel containers to reduce the risk of burn injuries. We know of no reported burn injuries caused by explosions from portable fuel containers equipped with flame arrestors. Without such arrestors, these containers are inherently dangerous, but for just a few cents the danger of burn injuries can be greatly reduced, if not eliminated.

We do not yet have a Senate sponsor for this legislation so when visiting Senate offices explain the problem and ask if the Senator might be interested in introducing or supporting such legislation. On the House side, we are including in your packages copies of the House bill, and a short briefing document explaining both the problem and the legislation addressing it. We will also have a Dear Colleague letter from Congressman Thompson asking for support and co-sponsorship for his legislation. Please ask the House Members and/or staff with whom you are meeting to cosponsor the Thompson legislation, just as you will be asking your Senators and Representatives to sign the Dear Colleague for military burn care research.

Distribution and Logistics: Although you will be giving almost all the same documents to the House and Senate, this will not be the case regarding certain documents that are only applicable to either the House or Senate, not both. For example, give a copy of the Gillibrand “Dear Colleague” and Senator Boxer’s Dear Colleague from last year just to Senate offices. Similarly, give the Cohen-Jones Dear Colleague and the Cohen-Zinke letter from last year just to House offices. As mentioned above, you will ask the Senator to sign on to the Gillibrand Dear Colleague and the House Members to the Cohen-Jones letter.

You will give both House and Senate offices all the information regarding the Portable Fuel Container Safety Act, but be sure to note that there is currently no Senate bill and thus as of yet no legislation for them to support. However, be sure to ask all the House Members to cosponsor Congressman Thompson’s legislation, H.R. xxxx.

MILITARY BURN TRAUMA RESEARCH PROGRAM DOCUMENTS:
(1) Military Burn Trauma Research Program General Explanation – concise explanation of research program and appropriations request – distribute to both House and Senate offices.
(2) Map and List of 42 burn centers participating in multi-center trials for military burn trauma research program – if you work for one of the participating burn centers, focus on the importance of the program to your institution. Distribute to both House and Senate offices.

(3) Military Burn Trauma Research Program – Unmet Needs and New Challenges. Distribute to both House and Senate offices.

(4) Gillibrand and Cohen-Jones Dear Colleagues requesting support for FY 2018 appropriation of $10 million for military burn trauma research program. It will be noted on your schedule if the office you are visiting has previously supported military burn care research. Please distribute Gillibrand letter only to Senate offices and Cohen-Jones letter just to House offices.

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1 Seven Time signatories to the Boxer “Dear Colleague” letter supporting military trauma research program:
Gillibrand FY 10,11,13,14,15, 16, 17
Whitehouse FY 10,11,13,14,15, 16, 17

Six Time signatories:
Schumer FY 10,11,13, 14, 16, 17

Five Time signatories:
Jack Reed FY 10,11,13, 16, 17
Wyden FY 11,13, 14, 16, 17
Cantwell FY 10, 11, 13, 16, 17

Four Time signatories:
Mancin FY 14, 15, 16, 17

Three Time signatories:
Booker FY 15, 16, 17
Feinstein FY 13, 16, 17
Sherrod Brown FY 10,11, 17

Two Time signatories:
Sanders FY 10,14
Menendez FY 10,11
Klobuchar FY 11, 17
Baldwin FY 14, 17
Murphy FY 16, 17

One Time signatories:
Warren FY 17
Markey FY 17
Coons FY 15
Roberts FY 11
Shaheen FY 11
Hatch FY 10

2 Republican Senators have been reluctant to sign onto the Boxer Dear Colleague support letter for military burn care research. Other than Senators Orrin Hatch (R-UT) and Pat Roberts (R-KS) signing on in FY 2010 and 2100, Republican Senators have never signed on, and this year we will be making a major push to secure at least a few Republican backers. However, should the apparent partisan nature of our Senate support come up, please note that on the House side we had nine (9) House Members supporting military burn care research, Reps. Zinke, Franks, Heck, Jenkins, Jones, King, Lamborn, Sessions and Tipton.
Frequently Asked Questions for Your Capitol Hill Visits

I. Capitol Hill Logistics:

Question: How do I find my way around Capitol Hill?

Answer: Study the map provided in your materials. There are three office buildings on the House side of the Capitol – Rayburn, Longworth and Cannon. The acronym for each is Rayburn – RHOB; Longworth – LHOB; and Cannon – CHOB. Member offices are identified by number, for example, 2424 RHOB – The first digit refers to the building, in this example, Rayburn, which is House building #2 (Longworth is #1 and Cannon has no number, being the original House office building); The second digit refers to the floor, in this example, the 4th floor. The final two digits are the actual office number, 24. When in doubt, ask an ever-present Capitol police officer for assistance.

The situation on the Senate side is similar. The three Senate office buildings (SOB) are Russell (RSOB), Dirksen (DSOB) and Hart (HSOB). Remember, you can go from one House or Senate office building to another underground without having to go through security again. It can take 15 minutes to walk from the House side of the Capitol to the Senate so if you are running late to a meeting, grab a taxi for the short ride.

Question: What are the first things I should say when I enter into the meeting with either a Congressman or a staffer?

General Tips:
If you are running late, please call the congressional office and let them know you will be late – you should call if you will be more than 5 minutes late from your scheduled appointment.

Your meeting with a Member may be interrupted if there are votes on the floor. If this should happen, a staff person will likely continue to conduct the meeting. Remember, staff play a critical role on Capitol Hill and do not be concerned if your meeting is with a staffer instead of a Member. They are both important and staff in particular play a key role in any follow up efforts.

Answer: First, try to arrive a few minutes early for your appointment, if possible. Introduce yourself to the receptionist – “I am Dr. Smith from the XYZ University Hospital Burn Center and I have a 2 pm meeting with Congressman Smith.” If you have met the Member or staff on a previous NLC visit, please mention this.
Be sure to start your meeting by telling the Member or staff something about your burn center, whom you serve, your role at the center, etc.

Tell the Member or staff something about the ABA and the role the ABA has played in promoting public policy initiatives in the areas of research, emergency response/preparedness, mass casualty events, prevention, promoting quality care, etc.

Always extend an invitation to the Member or staff to visit your burn center and ask whom the appropriate person in the office would be to speak with to arrange such a visit.

II. Getting Down to Business:

Question: What am I asking for?

Answer: After the initial exchange of pleasantries, you need to begin a discussion of the ABA’s two congressional asks, the first being a prevention initiative, the Portable Fuel Container Safety Act of 2017, sponsored by Congressman Mike Thompson of California. By the time you come to DC for the NLC, a number will be assigned to this bill and will be identified as H.R. _____. The second “ask” will be to support funding for military burn care research.

Explain the Problem:

Flame Arrestors: You will receive background information regarding what is a flame arrester, how do fires in portable fuel containers holding volatile fuels such as gasoline or propane start, how serious a problem is this in terms of burn injuries and why it is important to require the installation of flame arresters on these portable fuel containers to stop or mitigate the risks of such fires and resulting burn injuries. For example, discuss the number of burn injuries caused by portable fuel containers that could otherwise have been prevented by flame arresters. We will provide you with empirical data to justify such preventive measures and to support legislation requiring the Consumer Product Safety Commission to develop a rule regarding flame mitigation devices that will significantly reduce the risk of injuries.

Action Item: After you have explained the importance of the legislation, ask the Member or staff to cosponsor the legislation. We hope that Congressman Thompson will have a Dear Colleague letter asking Members to cosponsor his bill by the time of the NLC. If so, you should give the Member or staff a copy when asking him or her for their support.

Explain the Problem - Military Burn Research: Our second request is to support continued federal funding for military burn care research. You will have received background information regarding this program, including the research
areas that have been addressed, the progress made in advancing the quality of care and those areas where further research is still required. We are justifying our request based on the need for such research focused on the injured soldier, the extent of burn injuries occurring in combat, the strong scientific advances achieved to date, and the strong peer-reviewed, competitive nature of the program designed to ensure that the most pressing areas of military need focused on survivability and improved outcomes are funded. Key points to make include:

- Thousands of U.S. military personnel have suffered serious burn injuries during the conflicts in Iraq and Afghanistan. Historically, because burn injuries are so integrally related to combat service, the DOD has taken the lead in promoting burn care research at institutions such as Brooke Army Medical Center and the United States Institute of Surgical Research.

- Explain the challenges and importance of research in burn care, focusing especially on advances regarding survivability, return to duty, restoring functions, and other improved outcomes, as well as discussing why burn injuries are such a particularly compelling issue for our military.

- The Office of Combat Casualty Care, which falls under the Department of the Army and is based at Fort Detrick, MD, is fully supportive of the program. Members should feel free to contact Colonel Todd Rasmussen, M.D., the head of Combat Casualty Care, to ascertain the importance of this program, or Lt. Colonel Kevin Chung, M.D., of the United States Army Institute of Surgical Research.

- All funds appropriated for burn care research are awarded on a peer-reviewed, competitive basis and are used to support multi-center clinical trials currently taking place in at least 40 burn centers throughout the country.

- Research sponsored under this program has achieved significant progress in improving the quality of burn care for our service men and women injured in combat. Discuss some of these accomplishments and then some of the areas where there is still work to do.

- We have received, on average about $8 million per year to conduct these multi-center trials, but we will probably be requesting between $10-12 million for FY 2018.

- The Department of Defense has a long history of supporting burn care research. The National Institute of General Medical Sciences (NIGMS) does not fund multi-center clinical trials in the area of burn research, leaving DOD has the only available funding source for such clinical trials, which focus directly on burn injuries incurred in combat-related situations.

- If anyone should ask whether military burn care research is “authorized,” your answer should be yes, it is authorized under DOD’s general grant of authority to research medical problems or injuries related to combat or military service.
**Action Item:** Senator Kirsten Gillibrand (D-NY) is the lead sponsor of military burn care research in the Senate. In the House, Congressman Walter Jones (R-NC) and Steve Cohen (D-TN) are taking the lead. We hope to have Dear Colleagues from both Senator Gillibrand and Reps. Jones and Cohen in your materials. These Dear Colleagues will ask Members to sign a letter supporting funding for a $10 million appropriation in FY 2018 for military burn care research.

**III. Follow-up:**

**Question:** What should I know about making an effective visit on Capitol Hill?

**Answer:** The key to an effective visit on Capitol Hill is follow up. Once you visit an office, be sure to email a thank you note to the Member and/or staff person with whom you met. Also be sure to report the outcome of your visit to the central office so the ABA can follow up on your progress achieved with these offices. Finally, invite the Member and staff to visit your burn center and develop a relationship with the congressional office back home in your state or congressional district.
Support Funding for the Military Burn Trauma Research in FY 2018

From FY 2008 – FY 2017, the American Burn Association (“ABA”) successfully advocated for inclusion of over $70 million in Department of Defense (“DoD”) funding for the Military Burn Trauma Research Program. This funding, which helped create the ABA administrative and clinical science network to conduct rigorous multicenter clinical trials on burns, continues to support competitive, peer reviewed research at burn centers across the nation.

To date, the ABA has been directly awarded $21.8 million dollars to advance the care of the wounded warrior; supporting 11 research studies at 43 burn centers, fostering collaboration among military and civilian burn surgeons and researchers, and maximizing dollars available for research through its cost-efficient network model. We strongly believe that continued funding for military burn research is critical to ensuring that our wounded service members receive the best possible treatment.

Burns are one of the most painful and devastating battlefield injuries. According to the Department of Defense, over 1,100 service men and women suffered significant burn injuries during the wars in Iraq and Afghanistan. Moreover, of the 6000 combat-related deaths, over 3000 were killed in explosions involving burns. With improvements in combat casualty care, 95% of the burn-injured generally survive, but must often cope with incapacitating scarring and other severe limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, emphasizing the importance of rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

Military burn research has made tremendous strides in improving outcomes for service members, and recent ABA studies have addressed:

- Better methods to assess and treat infection in the severely burned;
- Defining the best use of blood transfusion in burn care;
- Identifying the effect of combined burn and traumatic brain injury on outcomes;
- Functional improvement during and after recovery from burn injury;
- Early and accurate diagnosis of smoke/inhalation injury;
- Factors most likely to improve physical and psychological outcomes in the severely burned;
- Effective methods of preventing scar contractures;
- Models to help predict survival in soldiers with combined burn/trauma injury, to enhance triage; and
- Modulating the profound hypermetabolic stress response of the body post-burn injury.

As findings from these studies can be directly translated to the civilian population, the impact of the burn research network project reaches far beyond the military, potentially improving care and treatment for the thousands in the U.S. who suffer acute burn injuries each year.

While important advances in military burn treatment have been made, there are still many unmet research needs that, if addressed, will greatly benefit our wounded warriors. Additional high priority research topics include optimizing burn wound outcomes, cell-based therapies to replace muscle and nerve loss/function, prolonged field care and evacuation, and decision support technology to empower medics to deliver lifesaving interventions.

Therefore, the ABA urges inclusion of $10 million in FY 2017 Appropriations for the Military Burn Trauma Research Program to address these and other high priority burn research areas. Such investment in key military specific research areas will help reduce the mortality and morbidity resulting from injuries on the battlefield, and help promote the best possible care for all burn-injured Americans.
Military Burn Trauma Research Program: Unmet Needs and Challenges

Analysis of the injury patterns and resource impacts of injuries during Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have shown a continued high incidence of burn injuries and an ongoing need for innovative approaches to burn care to improve outcomes for U.S. service members. Severe thermal injuries are costly in terms of human life, suffering, and the economic investment in acute care and rehabilitation. This is especially true among the military population deployed to combat zones.

With improvements in combat casualty care, 95% of the burn-injured generally survive, but must often cope with incapacitating scarring and other severe limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, emphasizing the importance of rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

To help advance burn combat care, the ABA successfully advocated for over $70 million in congressional appropriations for the military burn trauma research program from FY 2008 through FY 2017. This funding has provided crucial support for establishing the infrastructure and conducting the clinical trials essential to improving outcomes for the burn-injured warrior. The research has been based in large part on guidance from the U.S. Army Institute of Surgical Research regarding key problems facing the burned combat casualty victim and includes:

- Identifying the effect of combined burn and traumatic brain injury on outcomes.
- Defining the best use of blood transfusion in burn care. This trial involved more than 7000 units of blood and was one of the largest multi-center trials in the history of burn care research;
- Identifying the effect of combined burn and traumatic brain injury on outcomes;
- The role of continuous renal replacement therapy in sepsis during recovery from burn injury;
- Better methods to determine infection in the severely burned;
- Metabolic manipulations to improve function during and after recovery from burn injury;
- Accurate diagnosis of inhalation injury;
- Identification of those factors most likely to improve physical and psychological outcomes in the severely burned; and
- Development of predictive models for survival and mortality in soldiers with combined burn/trauma injury, designed to enhance appropriate triage and resource management, especially during times of conflict.

This research by no means exhausts the number of high priority burn research projects with direct military relevance. Additional critically important research topics include:

(1) Inhalation Injury—The timing, methodology, and appropriateness of tracheostomy;
(2) Infection and Sepsis—Identify patients at risk, optimize treatment, and modify the body’s inflammatory response;
(3) Basic Science/Nutrition—Analysis of the metabolic changes after burn injury to identify optimal nutritional support post-burn;
(4) Wound Healing—Development of standardized tools to assess wound healing, define later sequelae of burn injury, and develop innovative treatment modalities for wound and scar management;
(5) Function—Determine optimum pharmacologic therapies that can best lead to restoration of function, including optimal age and gender-appropriate regimens;
(6) Optimum pain management after burn injury (burn injuries are painful and pain control may improve outcomes); and
(7) Best timing and techniques for burn surgeries (“right person, right place, right treatment, right time”).

In addition, more effective interventions are sought for:
(8) Resuscitation;
(9) Organ Failure;
(10) Battlefield Burn Trauma; and
(11) Prolonged Field Care and Evacuation.

Further, there is a direct correlation between the number of trials that can be undertaken in a single year and the level of funding provided. At a gross annual appropriation of $10 million – which equates to about $8.5 million net appropriation (after federal administrative overhead) – approximately 3 prospective, randomized, multi-center clinical trials can be funded; along with 1 much smaller project. With at least 11 high priority military burn research topics, this suggests an annual appropriation of $10 million over the next four years to address the unmet needs.

The gradual decline in war-fighting should by no means lead to an abandonment of military burn research funding. Quite the contrary; as shown, there is much work to be done to ensure that the best burn products and therapies are ready and available to help future injured U.S. service members.
American Burn Association
Burn Research Network ("ABuRN")
Participating Burn Centers = 43

Core funding for the ABA Burn Research Network was provided through a cooperative agreement with the DoD (W81XWH-09-0691). Today's funded trials under the auspices of the ABA are working to solve such issues as limitations in function and movement, severe infection, resuscitation, acute lung injury, and returning to society as an independent, and confident, burn survivor.

International Sites
Auckland, New Zealand
Toronto, ON Canada
Edmonton, AB Canada

$21.8M awarded to ABA to-date, supporting 11 research studies at 40 U.S. Burn Centers and 3 International sites

1) Arizona Burn Center, Phoenix, AZ
2) Arkansas Children's Hospital, Little Rock, AR
3) Arrowhead Regional Medical Center, Colton, CA
4) Columbia St. Mary's, Milwaukee, WI
5) Community Regional Medical Center, Fresno, CA
6) Harborview Medical Center, Seattle, WA
7) Indiana University, Indianapolis, IN
8) Joseph M. Still Burn Center, Augusta, GA
9) Loyola University Medical Center, Maywood, IL
10) Massachusetts General Hospital, Boston, MA
11) Memorial Hermann Hospital, Houston, TX
12) MetroHealth Medical Center, Cleveland, OH
13) New York Presbyterian Hospital, New York NY
14) North Carolina Jaycee Burn Center, Chapel Hill, NC
15) Ohio State University Medical Center, Columbus, OH
16) Oregon Burn Center, Portland, OR
17) Regional Medical Center, Memphis, TN
18) Regions Hospital Burn Center, St. Paul, MN
19) Rhode Island Hospital, Providence, RI
20) St. Elizabeth Burn Center, Lincoln, NE
21) St. John's Mercy Medical Center, St. Louis, MO
22) St. Joseph Burn Center, Ft. Wayne, IN
23) University of California, Davis, CA
24) University of California, Irvine, CA
25) University of California, San Diego, CA
26) University of Cincinnati, Cincinnati, OH
27) University of Colorado, Aurora, CO
28) University of Florida, Gainesville, FL
29) University of Iowa Burn Center, Iowa City, IA
30) University of Kansas, Kansas City, KS
31) University of Miami Burn Center, Miami, FL
32) University of Pittsburgh, Pittsburgh, PA
33) University of South Florida, Tampa, FL
34) University of Texas Medical Branch, Galveston, TX
35) University of Texas Southwestern, Dallas, TX
36) University of Utah, Salt Lake City, UT
37) US Army Inst. of Surg. Research, San Antonio, TX
38) Via Christi Regional Burn Center, Wichita, KS
39) Wake Forest University, Winston-Salem, NC
40) Washington Hospital Center, Washington, DC
February xxx. 2017

The Honorable Thad Corcoran  The Honorable Richard J. Durbin
Chairman  Ranking Member
Subcommittee on Defense  Subcommittee on Defense
Senate Appropriations Committee  Senate Appropriations Committee
122 Dirksen Office Building  122 Dirksen Office Building
Washington, DC 20510  Washington, DC 201510

Dear Chairman Corcoran and Ranking Member Durbin:

As you prepare the Fiscal Year 2018 Department of Defense Appropriations bill, we respectfully request that you include $10 million in funding under Army Research, Development, Test and Evaluation for the Military Burn Trauma Research Program.

Since FY 2007, Congress has included funding to support multi-center clinical trials to improve care for those members of the armed forces suffering from serious burn injuries during the Iraq and Afghanistan conflicts. We were pleased that the Fiscal Year 2017 appropriations bill continued this commitment by including funding for this competitive, peer-reviewed program. Previous funding under this program has helped establish the infrastructure, education, and leadership to support rigorous multicenter clinical trials on burn outcomes at hospitals across the nation and foster collaboration among military and civilian burn surgeons and researchers. We strongly believe that continued funding for military burn research is critical to ensuring that we are providing the best possible care to our wounded service members.

As you know, burns are one of the most painful and devastating battlefield injuries. According to the Department of Defense, nearly 1,000 service men and women have suffered significant burn injuries since the start of the wars in Iraq and Afghanistan. Due to improvements in combat casualty care, today 95 percent of service members survive burn injuries—many of which may have been fatal only a few years ago. However, burn survivors must often cope with severe physical injuries, incapacitating scarring, and limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, emphasizing the importance of rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

Military burn research has made tremendous strides in improving outcomes for service members who sustain burn injuries. For example, ongoing studies underway at 42 burn centers across the nation are looking at ways to maximize function through rehabilitation, determine what methods are most effective at preventing scar contracture, improve triage within the first 30 minutes to ensure survival of the injured soldier, identify better methods to assess and treat infection, define best use of blood transfusion in burn care and identify the effect of combined burn and traumatic brain injury in outcomes. Ongoing military burn research is also contributing to treatment of acute lung injury due to smoke inhalation and burns.

As findings from these studies can be directly translated to the civilian population, the impact of this program reaches far beyond the military, improving care and treatment for the thousands in the United States and around the globe who suffer acute burn injuries each year.
Important advances have been made in military burn research to date, but there are still many unmet research needs that must be addressed to continue improving care for our service men and women. High priority areas that require additional study include optimal pain management, wound healing, decreasing the incidence of life-threatening blood clots, and the use of advanced technologies including telemedicine for both evaluation of and long-term care for the acutely wounded soldier.

With so many projects in need of funding, it is critical that every effort should be made to utilize existing burn research administrative infrastructure to reduce indirect costs and maximize the funds available for military burn research.

We understand that our nation faces difficult budget choices and that there are many priorities you must consider, but we believe the brave men and women that defend our nation deserve the best possible care we can provide—including treatment and care for burn injuries. As such, we urge you to continue robust funding for military burn research in fiscal year 2018.

Again, we appreciate your leadership on this issue and your consideration of this request.

Sincerely,

Kirsten Gillibrand
United States Senator
March 18, 2016

The Honorable Thad Cochran  
Chairman 
Subcommittee on Defense 
Senate Appropriations Committee 
122 Dirksen Office Building 
Washington, DC 20510

The Honorable Richard J. Durbin  
Vice Chairman 
Subcommittee on Defense 
Senate Appropriations Committee 
122 Dirksen Office Building 
Washington, DC 20510

Dear Chairman Cochran and Vice Chairman Durbin:

Thank you for your longstanding commitment to advancing burn treatment and care for our servicemembers. As you prepare the Fiscal Year 2017 Department of Defense Appropriations bill, we respectfully request that you include robust funding under Army Research, Development, Test and Evaluation for the Military Burn Research Program.

We were pleased that the Fiscal Year 2016 Consolidated Appropriations Act included $8 million for this competitive, peer-reviewed program. Previous funding under this program has helped establish the infrastructure, education, and leadership to support rigorous multicenter clinical trials on burn outcomes at hospitals across the nation and foster collaboration among military and civilian burn surgeons and researchers. We strongly believe that continued funding for military burn research is critical to ensuring that we are providing the best possible care to our wounded servicemembers.

As you know, burns are one of the most painful and devastating battlefield injuries. According to the Department of Defense, nearly 1,000 service men and women have suffered significant burn injuries since the start of the wars in Iraq and Afghanistan. Due to improvements in combat casualty care, today 95 percent of servicemembers survive burn injuries—many of which may have been fatal only a few years ago. However, burn survivors must often cope with severe physical injuries, incapacitating scarring, and limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, emphasizing the importance of rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

Military burn research has made tremendous strides in improving outcomes for servicemembers who sustain burn injuries. For example, ongoing studies underway at 42 burn centers across the nation are looking at ways to maximize function through rehabilitation, determine what methods are most effective at preventing scar contracture, improve triage within the first 30 minutes to ensure survival of the injured soldier, and identify better methods to assess and treat infection. Ongoing military burn research is also contributing to treatment of acute lung injury due to smoke inhalation and burns.

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With so many projects in need of funding, it is critical that every effort should be made to utilize existing burn research administrative infrastructure to reduce indirect costs and maximize the funds available for military burn research.

We understand that our nation faces difficult budget choices and that there are many priorities you must consider, but we believe the brave men and women that defend our nation deserve the best possible care we can provide—including treatment and care for burn injuries. As such, we urge you to continue robust funding for military burn research in fiscal year 2017.

Again, we appreciate your leadership on this issue and your consideration of this request.

Sincerely,

Barbara Boxer
United States Senator

Jack Reed
United States Senator

Kirsten Gillibrand
United States Senator

Cory A. Booker
United States Senator

Charles E. Schumer
United States Senator

Dianne Feinstein
United States Senator

Christopher S. Murphy
United States Senator

Sheldon Whitehouse
United States Senator
February xxx, 2017

The Honorable Kay Granger  The Honorable Peter Y. Visclosky
Chairman  Ranking Member
Subcommittee on Defense  Subcommittee on Defense
House Appropriations Committee  House Appropriations Committee
H-405 Capitol Building  H-405 Capitol Building
Washington, DC 20515  Washington, DC 20515

Dear Chairwoman Granger and Ranking Member Visclosky:

As you prepare the Fiscal Year 2018 Department of Defense Appropriations bill, we respectfully request that you include $10 million in funding under Army Research, Development, Test and Evaluation for the Military Burn Trauma Research Program.

Since FY 2007, Congress has included funding to support multi-center clinical trials to improve care for those members of the armed forces suffering from serious burn injuries during the Iraq and Afghanistan conflicts. We were pleased that the Fiscal Year 2017 appropriations bill continued this commitment by including funding for this competitive, peer-reviewed program. Previous funding under this program has helped establish the infrastructure, education, and leadership to support rigorous multicenter clinical trials on burn outcomes at hospitals across the nation and foster collaboration among military and civilian burn surgeons and researchers. We strongly believe that continued funding for military burn research is critical to ensuring that we are providing the best possible care to our wounded service members.

As you know, burns are one of the most painful and devastating battlefield injuries. According to the Department of Defense, nearly 1,000 service men and women have suffered significant burn injuries since the start of the wars in Iraq and Afghanistan. Due to improvements in combat casualty care, today 95 percent of service members survive burn injuries—many of which may have been fatal only a few years ago. However, burn survivors must often cope with severe physical injuries, incapacitating scarring, and limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, emphasizing the importance of rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

Military burn research has made tremendous strides in improving outcomes for service members who sustain burn injuries. For example, ongoing studies underway at 42 burn centers across the nation are looking at ways to maximize function through rehabilitation, determine what methods are most effective at preventing scar contracture, improve triage within the first 30 minutes to ensure survival of the injured soldier, identify better methods to assess and treat infection, define best use of blood transfusion in burn care and identify the effect of combined burn and traumatic brain injury in outcomes. Ongoing military burn research is also contributing to treatment of acute lung injury due to smoke inhalation and burns.
As findings from these studies can be directly translated to the civilian population, the impact of this program reaches far beyond the military, improving care and treatment for the thousands in the United States and around the globe who suffer acute burn injuries each year.

Important advances have been made in military burn research to date, but there are still many unmet research needs that must be addressed to continue improving care for our service men and women. High priority areas that require additional study include optimal pain management, wound healing, decreasing the incidence of life-threatening blood clots, and the use of advanced technologies including telemedicine for both evaluation of and long-term care for the acutely wounded soldier.

With so many projects in need of funding, it is critical that every effort should be made to utilize existing burn research administrative infrastructure to reduce indirect costs and maximize the funds available for military burn research.

We understand that our nation faces difficult budget choices and that there are many priorities you must consider, but we believe the brave men and women that defend our nation deserve the best possible care we can provide—including treatment and care for burn injuries. As such, we urge you to continue robust funding for military burn research in fiscal year 2018.

Again, we appreciate your leadership on this issue and your consideration of this request.

Sincerely, 

Steve Cohen
Member of Congress

Walter B. Jones, Jr.
Member of Congress
Support Military Burn Trauma Research for our Men and Women in Uniform, Veterans and Civilians

Supported by the American Burn Association

Cosigners: Cohen, Jones

Dear Colleague:

Please join us in requesting $10 million for the Department of Defense Military Burn Trauma Research Program in the Fiscal Year 2018 Defense Appropriations bill. Since FY 2007, Congress has included funding to support multi-center clinical trials to improve care for those members of the armed forces suffering from serious burn injuries during the Iraq and Afghanistan conflicts. We strongly believe that continued funding for military burn research is critical to ensuring that we are providing the best possible care to our wounded service members.

Burns are one of the most painful and devastating battlefield injuries. According to the Department of Defense, nearly 1,000 service men and women have suffered significant burn injuries since the start of the wars in Iraq and Afghanistan. Burn survivors must often cope with severe physical injuries, incapacitating scarring, and limitations in function and movement. For the non-survivors, approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, further emphasizing the importance of burn trauma research for our men and women on the battlefields, and rapidly diagnosing and rendering appropriate initial burn resuscitation and treatment.

Funding under this program has helped establish the infrastructure, education, and leadership to support rigorous multicenter clinical trials on burn outcomes at hospitals across the nation, and foster collaboration among military and civilian burn surgeons and researchers as the impact of this program reaches far beyond the military, thereby improving care and treatment for thousands in the United States and around the globe who suffer acute burn injuries each year.

To join this letter supporting the DoD Military Burn Trauma Research Program, please contact Patrick Cassidy in Rep. Cohen’s office at Patrick.Cassidy@mail.house.gov and Raymond Celeste at Raymond.Celeste@mail.house.gov in Rep. Jones’s office.

Sincerely,

Steve Cohen
Member of Congress

Walter B. Jones
Member of Congress
March 16, 2016

The Honorable Rodney Frelinghuysen  
Chairman  
Subcommittee on Defense  
House Appropriations Committee  
H-405 Capitol Building  
Washington, DC 20515

The Honorable Peter Y. Visclosky  
Ranking Member  
Subcommittee on Defense  
House Appropriations Committee  
H-405 Capitol Building  
Washington, DC 20510

Dear Chairman Frelinghuysen and Ranking Member Visclosky:

As you prepare the Fiscal Year 2017 Department of Defense Appropriations bill, we respectfully request that you include funding under Army Research, Development, Test and Evaluation for the Military Burn Trauma Research Program.

Since FY 2007, Congress has included funding to support multi-center clinical trials to improve care for those members of the armed forces suffering from serious burn injuries during the Iraq and Afghanistan conflicts. We were pleased that the Fiscal Year 2016 appropriations bill continued this commitment by including $8 million for this competitive, peer-reviewed program. Previous funding under this program has helped establish the infrastructure, education, and leadership to support rigorous multicenter clinical trials on burn outcomes at hospitals across the nation and foster collaboration among military and civilian burn surgeons and researchers. We strongly believe that continued funding for military burn research is critical to ensuring that we are providing the best possible care to our wounded service members.

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Important advances have been made in military burn research to date, but there are still many unmet research needs that must be addressed to continue improving care for our service men and women. High priority areas that require additional study include optimal pain management, wound healing, decreasing the incidence of life-threatening blood clots, and the use of advanced technologies including telemedicine for both evaluation of and long-term care for the acutely wounded soldier.

With so many projects in need of funding, it is critical that every effort should be made to utilize existing burn research administrative infrastructure to reduce indirect costs and maximize the funds available for military burn research.

We understand that our nation faces difficult budget choices and that there are many priorities you must consider, but we believe the brave men and women that defend our nation deserve the best possible care we can provide—including treatment and care for burn injuries. As such, we urge you to continue robust funding for military burn research in fiscal year 2017.

Again, we appreciate your leadership on this issue and your consideration of this request.

Sincerely,

Steve Cohen
Member of Congress

Ryan Zinke
Member of Congress

Doug LaMalfa

Jim Hagedorn

Cheri Bustos

Peter Welch
[Signatures]

Michael E. Capua

[Signatures]

Fernando F. de Souza

[Signatures]

John G. Traversi

[Signatures]
1) Rep. Steve Cohen
2) Rep. Ryan Zinke
3) Rep. Joyce Beatty
4) Rep. Ami Bera
5) Rep. Michael E. Capuano
6) Rep. Tony Cárdenas
7) Rep. André Carson
8) Rep. Matt Cartwright
9) Rep. Joaquin Castro
10) Rep. David Cicilline
13) Rep. Elijah E. Cummings
14) Rep. Mark DeSaulnier
15) Rep. Anna G. Eshoo
16) Rep. Chaka Fattah
17) Rep. Trent Franks
18) Rep. Ruben Gallego
20) Rep. Luis V. Gutiérrez
22) Rep. Denny Heck
23) Rep. Sheila Jackson Lee
24) Rep. Lynn Jenkins, CPA
25) Rep. Walter Jones
27) Rep. Steve King
29) Rep. Doug Lamborn
30) Rep. Ted Lieu
32) Rep. Dave Loebsack
33) Rep. Zoe Lofgren
35) Rep. Doris Matsui
37) Rep. Jerrold Nadler
38) Rep. Richard E. Neal
39) Rep. Eleanor Holmes Norton
41) Rep. Donald M. Payne, Jr.
42) Rep. Charles B. Rangel
44) Rep. Loretta Sanchez
45) Rep. Jan Schakowsky
46) Rep. Pete Sessions
47) Rep. Mark Takai
48) Rep. Scott Tipton
49) Rep. Chris Van Hollen
50) Rep. Peter Welch
**PREVENTING SERIOUS BURN INJURIES**

**SUPPORT THE PORTABLE FUEL CONTAINER SAFETY ACT OF 1917**

**Support H.R. 919:** The American Burn Association (“ABA”) strongly urges the Congress to enact H.R. xxxx, the Portable Fuel Container Safety Act of 2017, introduced by Congressman Mike Thompson (D-CA). This legislation would direct the Consumer Product Safety Commission (“CPSC”) to promulgate a final rule relating to flame arrestors\(^1\) in portable fuel containers.

**Portable Fuel Containers without Flame Arrestors Pose a Serious Risk of Burn Injuries:** In 2007, under the aegis of the CPSC, an American Society for Testing and Materials (“ASTM”) subcommittee was formed to address the issue of burn injuries resulting from the use of portable fuel containers.\(^2\) In 2011, the CPSC initiated a voluntary product recall for portable fuel containers not having a flame arrester. This recall was not successful and consequently almost a decade has passed without meaningful action since the CPSC began deliberations on the establishment of voluntary standards regarding the installation of flame mitigation devices or flame arrestors in portable fuel containers.

While these deliberations have been taking place, millions of portable fuel containers without flame arrestors have been sold to unsuspecting consumers and thousands of individuals have suffered burn injuries that could have been prevented by the installation of a simple flame arrester costing between $0.02 - $0.05 per fuel container. Of the thousands of burn injuries that have occurred over this time period, we are aware of no documented case involving a portable fuel container with a functioning arrester!

**Flame Arrestors Are Already Required for Fuel Containers Used in the Workplace:** According to engineering experts, a portable fuel container without a flame arrester is inherently defective and dangerous. At least two manufacturers now include flame arrestors on their portable fuel containers but there are many manufacturers who need to follow this example. Standards for flame arrestors are already well developed, particularly under OSHA, which for decades has required flame arrestors for fuel containers used in the workplace.\(^3\) If one brought a standard 5-gallon portable fuel container to the workplace without a flame arrester, it would be illegal. All this legislation does is extend the same workplace protections that have been in place for years to consumers having these fuel containers in their homes.

**The Cause and Extent of Burn Injuries Resulting from Portable Fuel Containers:** The type of explosion occurring within these gas cans is known as a “flashback explosion.” These explosions occur under specific chemical conditions. During a flashback explosion, gas vapor escapes a container containing a small amount of gasoline. If this escaped gas comes in contact with a spark or flame, it can ignite. After the initial ignition, the gas can “flash back” into the container. If the gas inside the container is composed of a certain concentration, it can ignite as well. This can lead to a flame explosion with potentially catastrophic results.

According to the National Electronic Injury Surveillance System (“NEISS”) Database, in 2015 there were 12,684 gasoline-related, 3,918 storage tanks and 2,141 gas canister burn injuries. Many of these burn injuries could have been prevented by the installation of a simple flame arrester. Similarly, the Consumer Product Safety Commission has identified at least 11 deaths and 1,200 emergency room injuries caused by gas can explosions since 1998. Not only are there thousands of such

\(^1\) A flame arrester is a small piece of mesh or perforated disk designed to disrupt flame. Flame arrestors are currently included in products such as metal “safety” gas cans and fuel tanks. Fuel arrestors are also featured in other flammable liquid storage containers, including rum and charcoal lighter fluid.

\(^2\) See ASTM 15.10 task group on flame arresters for gasoline containers.

\(^3\) See, e.g., OSHA Standard 29 CFR 1926.152(a)(1) which states that “Only approved containers and portable tanks shall be used for storage and handling of flammable and combustible liquids. Approved safety cans... shall be used for the handling and use of flammable liquids in quantities of 5 gallons or less. See also 29 CFR 1926.155(1) - Safety can means an approved closed container, of not more than 5 gallons’ capacity, having a flash-arresting screen, spring-closing lid and spout cover and so designed that it will safely relieve internal pressure when subjected to fire exposure.
injuries, but these burn injuries tend to be very serious in nature, involving the face, neck and hands and requiring several surgeries lasting over a period of several years.

Despite the explosion and burn injury risk associated with plastic gas cans, roughly 100 million are in circulation around the United States. Consequently, over the past two decades, more than 80 lawsuits were filed against gas can manufacturers in the United States. These product liability lawsuits allege that the gas cans are defective in design due to the lack of a flame arrester. With very few exceptions, when these fuel container explosion cases have been filed, the manufacturer or its insurer have promptly settled the case before trial rather than risk defending the inherent safety of a fuel container not equipped with a flame arrester. A CPSC rule directing the installation of flame arrestors can not only save lives but eliminate the underlying cause for much of this litigation.

**Regulators, Fire Protection Organizations and Independent Testing Laboratories Agree that Flame Arrestors Can Dramatically Reduce the Risk of Burn Injuries from Portable Fuel Containers:** In December 2013, the CPSC issued the following statement:

Flame arrestors are intended to keep flames that are external to the gasoline container from passing into the container. CPSC is calling on the industry to regain the momentum that was lost in years past by designing their products to include this safety technology. In addition, CPSC is asking voluntary standards organizations to incorporate a flame arrester system into applicable safety standards for gas cans.

In addition to the CPSC, numerous other organizations have been supportive of requiring the installation of flame arrestors or other flame mitigation devices in portable fuel containers. As the National Bureau of Standards (NBS) has noted, gasoline can explosions can occur and the use of flame arrestors in the spout can prevent such explosions.4

While some members of industry have questioned the effectiveness of flame arrestors, this is not uniformly the case. For example, all gasoline containers currently manufactured by the Protectoseal Safety Container Division have perforated metal flash arrestors at each container opening. The CPSC also encountered similar skepticism when it sought to incorporate flame arrester technology in residential gas water heaters. Today all residential gas water heaters sold have built-in flame arrestors that prevent flashback fires. There is no reason why Congress should not direct the CPSC to issue similar requirements for portable fuel containers.5

**The CPSC Should Require Flame Arrestors on Portable Fuel Containers Now:** H.R.919 recognizes that for several years an ASTM subcommittee has been attempting to develop a voluntary standard relating to flame mitigation devices in portable fuel containers. But, as discussed above, this process has gone on for far too long. It is time to end these interminable delays in implementing common sense safety measures.

H.R. 919 adopts a balanced approach and gives ASTM up to 18 months to adopt a voluntary standard, which would then be adopted by the CPSC for purposes of enforcement. If ASTM does not issue voluntary standards within 18 months of the bill’s enactment, the CPSC must issue a final rule regarding the installation of flame arrestors in portable fuel containers not later than 30 months from the date of enactment. The legislation also directs the CPSC to undertake an education campaign to inform consumers about the dangers associated with using or storing portable fuel containers for flammable liquids near an open flame or other source of ignition.


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February __, 2017

Cosponsor the Portable Fuel Container Safety Act

Supported by: American Burn Association; Hearth, Patio and Barbecue Association; Portable Fuel Container Manufacturers Association

Dear Colleague:

Portable fuel containers can be found in households across America. But over the years, thousands of people have suffered serious burn injuries and even death when ignited vapors flash back and ignite the contents within the container. This can cause a flashback explosion or flame jetting. These horrific accidents can be devastating.

The Portable Fuel Container Safety Act provides a simple, common sense solution to this dangerous situation. This bipartisan legislation is supported by industry groups and would require manufacturers to include simple flame mitigation devices, or flame arrestors, in these containers. These devices are simple – mesh screens or thin barriers that allow liquid to pass through but prevent flames from traveling into the container and igniting the contents.

Consumers need this protection. Not only is it inexpensive, but it is completely effective. We are not aware of any case involving a flashback explosion from a portable fuel container equipped with a functioning flame arrestor causing injuries.

This bill adopts a balanced approach and gives the American Society for Testing and Materials (ASTM) up to 18 months to adopt a voluntary standard. However, if ASTM does not act, the Consumer Product Safety Commission (CPSC) must issue a final rule regarding flame arrestors in portable fuel containers within 30 months of enactment. It also directs the CPSC to conduct an education campaign to alert consumers to the dangers of using or storing of portable fuel containers near ignition sources.

I encourage you to support this important public safety legislation. If you would like to be a cosponsor, or if you would like additional information, please contact Erin Helling (Thompson) at 5-3311 or erin.helling@mail.house.gov.

Sincerely,

MIKE THOMPSON
Member of Congress
To require compliant flame mitigation devices to be used on portable fuel containers for flammable liquid fuels, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. THOMPSON of California introduced the following bill; which was referred to the Committee on ____________________________

A BILL

To require compliant flame mitigation devices to be used on portable fuel containers for flammable liquid fuels, and for other purposes.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Portable Fuel Con-
5 tainer Safety Act of 2017”.

(Original Signature of Member)
SEC. 2. PERFORMANCE STANDARDS TO PROTECT AGAINST PORTABLE FUEL CONTAINER EXPLOSIONS NEAR OPEN FLAMES OR OTHER IGNITION SOURCES.

(a) Rule on Safety Performance Standards Required.—Not later than 30 months after the date of enactment of this section, the Consumer Product Safety Commission shall promulgate a final rule for flame mitigation devices in portable fuel containers that impedes the propagation of flame into the container, except as provided in subsection (c).

(b) Rulemaking; Consumer Product Safety Standard.—A rule under subsection (a)—

(1) shall be promulgated in accordance with section 553 of title 5, United States Code; and


(c) Exception.—

(1) Voluntary Standard.—Subsection (a) shall not apply if the Commission determines that—

(A) there is a voluntary standard for flame mitigation devices in portable fuel containers that impedes the propagation of flame into the container;
(B) the voluntary standard is or will be in effect not later than 18 months after the date of enactment of this Act; and

(C) the voluntary standard is developed by Subcommittee F15 of ASTM International or such other standard development organization that the Commission determines to have met the intent of this Act.

(2) Determination required to be published in the Federal Register.—Any determination made by the Commission under this subsection shall be published in the Federal Register.

(d) Treatment of Voluntary Standard for Purpose of Enforcement.—If the Commission determines that a voluntary standard meets the conditions described in subsection (c), the requirements of such voluntary standard shall be treated as a consumer product safety rule promulgated under section 9 of the Consumer Product Safety Act beginning on the date which is the later of—

(1) 180 days after publication of the Commission’s determination under subsection (c); or

(2) the effective date contained in the voluntary standard.

(e) Revision of Voluntary Standard.—
(1) NOTICE TO COMMISSION.—If the requirements of a voluntary standard that meet the conditions of subsection (c) are subsequently revised, the organization that revised the standard shall notify the Commission not later than 60 days after the final approval of the revision.

(2) EFFECTIVE DATE OF REVISION.—Not later than 180 days after the Commission is notified of a revised voluntary standard described in paragraph (1) (or such later date as the Commission determines appropriate), such revised voluntary standard shall become enforceable as a consumer product safety rule promulgated under section 9 of the Consumer Product Safety Act, in place of the prior version, unless within 90 days after receiving the notice the Commission determines that the revised voluntary standard does not meet the requirements described in subsection (c).

(f) FUTURE RULEMAKING.—The Commission, at any time after publication of the consumer product safety rule required by subsection (a), a voluntary standard is treated as a consumer product safety rule under subsection (d), or a revision is enforceable as a consumer product safety rule under subsection (e) may initiate a rulemaking in accordance with section 553 of title 5, United States Code,
to modify the requirements or to include any additional
provision that the Commission determines is reasonably
necessary to protect public health or safety. Any rule pro-
mulgated under this subsection shall be treated as a con-
sumer product safety rule promulgated under section 9 of
the Consumer Product Safety Act.

(g) ACTION REQUIRED.—

(1) EDUCATION CAMPAIGN.—Not later than 1
year after the date of enactment of this Act, the
Commission shall undertake a campaign to educate
consumers about the dangers associated with using
or storing portable fuel containers for flammable liq-
uids near an open flame or any other source of igni-
tion.

(2) SUMMARY OF ACTIONS.—Not later than 2
years after the date of enactment of this Act, the
Commission shall submit to Congress a summary of
actions taken by the Commission in such campaign.

(h) PORTABLE FUEL CONTAINER DEFINED.—In this
section, the term “portable fuel container” means any con-
tainer or vessel (including any spout, retrofit spout, cap,
and other closure mechanism or component of such con-
tainer or vessel)—

(1) intended for flammable liquid fuels, includ-
ing gasoline, kerosene, diesel, ethanol, methanol, de-
natured alcohol, biofuels, or liquids with a flash point less than 140 degrees Fahrenheit;

(2) that is a consumer product with a capacity of 5 gallons or less; and

(3) that the manufacturer knows or reasonably should know is used by consumers for receiving, transportation, storing, and dispensing flammable liquid fuels.

(i) RULE OF CONSTRUCTION.—This section may not be interpreted to conflict with the Children’s Gasoline Burn Prevention Act (Public Law 110–278; 122 Stat. 2602).

SEC. 3. CHILDREN’S GASOLINE BURN PREVENTION ACT.

(a) AMENDMENT.—Section 2(c) of the Children’s Gasoline Burn Prevention Act (15 U.S.C. 2056 note; Public Law 110–278) is amended by inserting after “for use by consumers” the following: “and any receptacle for gasoline, kerosene, or diesel fuel, including any spout, retrofit spout, cap, and other closure mechanism and component of such receptacle, produced or distributed for sale to or use by consumers for transport of, or refueling of internal combustion engines with, gasoline, kerosene, or diesel fuel”.
(b) APPLICABILITY.—The amendment made by subsection (a) shall take effect 6 months after the date of enactment of this section.