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The need for a National Trauma Institute within the National Institutes of Health

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To the Editor

A recent cogent summary of a call to action for a national trauma care system delineates the necessity of military and civilian trauma collaboration to achieve “zero preventable deaths.”¹ Although 11 critical issues are articulated well, a conspicuous omission is the lack of a dedicated trauma institution within the National Institutes of Health (NIH). There are currently 27 formal institutions within the NIH with a focus on the major killers—cancer, heart and lung disease—but not trauma. Trauma is not only the fourth leading cause of death overall in the United States, but is also the only cause of death in this cohort with a currently increasing death rate.² A desperately needed boost in trauma research would benefit from following the example of the moonshot initiative on cancer, with high standards and focus for funding future research.³ The ultimate clinical benefit of translational trauma studies is predicated on mechanistic-driven hypotheses. Optimal federal funding for trauma care at a national level ideally should be housed within the NIH.

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