

If PCORI prioritizes specific disease areas or conditions, I advise strong consideration for the area of trauma research which has traditionally received considerably less funding than other conditions with a similar impact on public health. As PCORI moves forward, I ask that you remember that trauma is the leading cause of death and disability among children and young adults, and requires serious attention. Overall, injury is the 4th leading cause of death in the U.S. Trauma is responsible for almost 50% of the deaths of Americans between the ages of 1 and 44 each year, more than all forms of cancer, heart disease, HIV, liver disease, stroke and diabetes combined. An American dies every three minutes due to trauma - 179,000 deaths in addition to 29.6 million injuries every year. Lifetime societal costs exceed \$400 billion. Trauma is also the second most expensive public health problem facing the United States, costing \$72 billion per year, second only to heart conditions at \$76 billion, and ahead of cancer, mental disorders, asthma and COPD, and diabetes. The National Safety Council estimates the true economic burden to be more than \$690 billion per year, since trauma is the leading cause of years of productive life lost and has a colossal ongoing cost to society due to the considerable measure of disability resulting from it. Attention to the priorities of comparative clinical effectiveness that PCORI has proposed are critical in reducing this burden.

The gap in funding for trauma research has been studied and documented for decades. Four significant reports by the National Research Council (1966), the NIH (1994), and the Institute of Medicine (1999 and 2007) have recommended more funding for trauma research, and called for the formation of a National Institute for Trauma, but little funding has been appropriated, and no such federal institute has been established. In spite of the enormity of the crisis, in fiscal year 2011 only about 3% of NIH funding was estimated to be for trauma-related research. This is nowhere near commensurate with the magnitude of the problem.

Trauma knows no bounds of race, age, gender, or socioeconomic status. It can happen to anyone at any time. Trauma is the quintessential example of a patient-centered event and large gaps in the evidence base impact many patients.

I urge the Patient Centered Outcomes Research Institute to fund trauma research to help save lives and reduce disability.

Elliott R. Haut, MD, FACS  
Associate Professor of Surgery, Anesthesiology / Critical Care Medicine (ACCM) and Emergency Medicine  
Division of Acute Care Surgery, Department of Surgery  
The Johns Hopkins University School of Medicine  
Director, Trauma / Acute Care Surgery Fellowship  
The Johns Hopkins Hospital  
PhD Student, Graduate Training Program in Clinical Investigation (GTPCI)  
The Johns Hopkins University Bloomberg School of Public Health  
625 Osler, 600 N. Wolfe St.  
Baltimore, MD 21287  
410-502-3122 (phone)  
410-502-3569 (fax)  
[ehaut1@jhmi.edu](mailto:ehaut1@jhmi.edu)

<https://www.meddium.com/mas/ehaut1.mp>