Letters

COMMENT & RESPONSE

National Institutes of Health Funding Priorities

To the Editor The analysis by Rees et al¹ and the accompanying Editorial² provide a valuable and insightful evaluation of crucial current pediatric research priorities and policies. While the lists of diseases (Figures 1, 2, and 3)¹ included some mental health morbidities (eg, bipolar disorder, self-harm, and anxiety and depressive disorders), and the Editorial noted omission of the challenge of "factoring in determinants of cognitive, behavioral, and physical health outcomes for children that are not captured in disorder categories,"² neither publication explicitly mentioned existing or needed research into the pediatric pandemic³ of child maltreatment or the importance of childhood trauma and adversity in the development of mental and physical disease and behavioral morbidities (eg, domestic violence, homelessness, criminality, mass shootings, and unemployment) across the life course. Existing research has documented changes in genetic, epigenetic, neuroanatomic, neuroendocrine, immunologic, and inflammatory systems associated with child maltreatment, discovering possible pathophysiologic mechanisms, but much more research is necessary to prove that these changes directly cause or mediate specific disease states. The National Institutes of Health (NIH)'s deemphasis on funding for child maltreatment research for several decades⁴ has hindered an entire generation of career scientists who might have contributed some important knowledge on child maltreatment, identification, treatment, prevention, etc. While increasing attention (\$51 million in NIH grants to child maltreatment in 2021, in addition to some National Institute of Mental Health funding) is being given to the pathological effects of adverse childhood experiences, trauma, and stresses, and increasing associations are being made with a panoply of childhood and adult pathologies, research into pathophysiological mechanisms warrant more investigation. As advocates for research into a pathology that does not yet have patient or with media advocacy organization, we recognize it is very ifficult to take resources away from well-funded problems with welldeveloped constituencies or to garner new resources. In addition to the disparities documented in these publications, it is urgent to recognize the need for research into this pediatric pandemic, as the morbidity and mortality associated with child maltreatment are on par with those associated with pediatric cancer and heart disease.

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