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The MetroHealth System
2500 MetroHealth Drive
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February 2, 2026

Tomislav Mihaljevic, MD
Chief Executive Officer and President
Cleveland Clinic
9500 Euclid Avenue
Cleveland, Ohio 44195

Dear Dr. Mihaljevic:

On January 15, the Cleveland Clinic announced plans to open a Level I trauma center at its main campus. This is a significant proposal with far-reaching implications for patient outcomes, emergency response coordination, and healthcare affordability in our region.

It is deeply concerning that this announcement appears to have been made without regional planning, stakeholder consultation, or a demonstrated community need.

It also raises grave concerns about the safety of trauma patients in our region, the future quality of trauma care in Greater Cleveland, and the stability and performance of our current regional trauma system.

Right now, Cleveland is fortunate to have two high-performing, fully accredited Level I trauma centers, just 7 miles apart, providing comprehensive, 24/7 trauma care to our region.

Based on our regional population, these two Level I trauma centers appropriately balance the community's need with the patient volumes required to sustain clinical excellence; meet accreditation standards; and support the training of future trauma surgeons, emergency physicians, and critical care specialists.

In other words, Greater Cleveland has a well-oiled trauma-care system that successfully serves members of our community during their most difficult moments.

The Cleveland Clinic's plans risk unnecessarily destabilizing our coordinated trauma-care system that our community depends on to save lives.

Research has consistently shown that adding an unneeded Level I trauma center to an area:

- **Dulls and dilutes the skills of trauma teams** – Trauma surgeons, neurosurgeons, emergency physicians, nurses and other members of the trauma team are like members of a Formula One pit crew. Skills stay sharp and synchronized only when they are performed at high volumes, over and over. Studies show that higher-volume trauma centers achieve better survival rates, have fewer medical complications and use resources more efficiently than lower-volume centers.
- **Endangers patients** – Eroding the readiness of trauma teams increases the risk of death to patients. Markets that have added Level I trauma centers beyond population needs have experienced measurable declines in patient outcomes, including increased mortality among severely injured patients. In one study of over 800,000 patients across 287 trauma centers, every 1% decrease in patient volume at a center resulted in a 200% increase in

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the odds of the center's Standardized Mortality Ratio (SMR) worsening over time. Conversely, every 1% increase in volume was associated with a 73% increased chance of improving survival rates.[1]

- **Raises costs for everyone** – An analysis published by WalletHub in December 2025 found that Clevelanders already face *the second-highest healthcare costs in America* in terms of the share of their income spent on healthcare. Studies show that trauma center proliferation is associated with significantly higher per patient costs without corresponding improvements in access or clinical outcomes. In other words, by adding a third, unneeded Level I trauma center, the Cleveland Clinic will raise healthcare costs for everyone in the region – during an ongoing crisis of affordability.

As you know, Greater Cleveland already has a carefully coordinated and highly effective regional trauma system that features regional EMS protocols, disaster preparedness planning, and longstanding inter-hospital collaboration. The addition of a third Level I trauma center in Cleveland would require significant restructuring of these systems, creating unnecessary and extraordinary complexity and crippling delays in time sensitive care.

The resources required to build and maintain a Level I program – including a specialized workforce, on-call staffing coverage and complex infrastructure – are substantial. Duplicating these investments and capabilities will divert resources from other pressing community health needs where our combined efforts could have far greater impact.

In addition, the Cleveland Clinic will need to hire specialized staff. We know your institution is already engaging in aggressive recruitment efforts throughout our community's trauma system. Caregivers are free to work where they wish, of course. However, evidence clearly suggests that trauma-system performance is deeply tied to volume and staff consistency. By fragmenting our region's existing talent pool, the Cleveland Clinic is needlessly diluting clinical expertise and harming the safety and outcomes of patients.

Your plans to open Cleveland's third Level I trauma center will not benefit the community. Instead, these plans carry a meaningful risk of harm to patients, our regional trauma system and affordability.

I understand that the decision whether to open a Level I trauma center, however reckless, is ultimately the Cleveland Clinic's to make. However, I urge you to carefully consider the community's welfare before further advancing this proposal. Any changes to Greater Cleveland's trauma system *must* be made through an appropriate process, including meaningful engagement with our region's trauma stakeholders, EMS leadership, and community groups. This process must also include a transparent, data-driven assessment of community need, projected impact, and patient-outcome implications.

I believe our community deserves this sort of comprehensive and rigorous review. I also believe, strongly, that the results will show that a third Level I trauma center in Cleveland will create a

[1] Brown JB, Rosengart MR, Kahn JM, Mohan D, Zuckerbraun BS, Billiar TR, Peitzman AB, Angus DC, Sperry JL. Impact of Volume Change Over Time on Trauma Mortality in the United States. Ann Surg. 2017 Jul;266(1):173-178. doi: 10.1097/SLA.0000000000001838. PMID: 27308736; PMCID: PMC12643027.

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meaningful risk of harm to patients, to the affordability of care, and to the stability of our entire regional trauma system.

My hope is that we can continue to work together, with other partners across the region, to strengthen the successful and effective trauma system that already exists. I believe our institutions can collaborate more meaningfully to expand prevention, post-acute recovery, behavioral health, management of complex chronic conditions, and efforts to address the factors that drive trauma incidence in the first place.

I welcome the opportunity to discuss this further with you and to explore how together we can improve trauma care in Cleveland without compromising the stability and safety of our current system.

Thank you for your consideration.

Sincerely,

Christine Alexander-Rager, MD
President and CEO
The MetroHealth System