Congress of the United States

Washington, DC 20515

June 9, 2025

Dr. Jayanta Bhattacharya
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Dr. Bhattacharya,

We write in strong opposition to the termination of at least 2,370 active grants funded by the National Institutes of Health (NIH) and to the agency's decision to refuse to consider certain categories of pending grant applications.[1] The cancellations of these grants have abruptly cut off funding to more than 210 recipient institutions, amounting to more than $4.9 billion in taxpayer funding. The reckless termination of ongoing grants, particularly in the context of other actions at NIH, have upended biomedical research across the country, cancelled clinical trials and cut off patients' access to treatment, and put our national security, global competitiveness, and an entire generation of early career scientists at risk.

Congress established NIH in 1930 through the Ransdell Act to ascertain "the cause, prevention, and cure of disease affecting human beings."[2] Today, NIH is the largest funder of biomedical research in the world, responsible for the discovery of new ways to diagnose, prevent, and treat devastating diseases and conditions including cancer, rare diseases, ALS, diabetes, and Alzheimer's disease, among many others. NIH funding represents about one-fifth of total U.S. federal research and development (R&D) funding and represents close to half of all federal R&D spending outside of the Department of Defense.[3] That investment has paid off; NIH-funded research has led to more than 100 Nobel Prizes and supported more than 99 percent of the drugs approved by the Food and Drug Administration from 2010 to 2019.

Approximately 83 percent of NIH's $48 billion budget is allocated for researchers at universities and research institutions, which are spread across all 50 states. This amounts to about 60,000 annual competitive grants to more than 300,000 researchers at more than 2,500 institutions across the country. In determining which research to fund, NIH has been guided by congressional mandate, regulatory requirements, and scientific expertise. These funding decisions follow a highly competitive and rigorous process that involves layers of expert scientific review over many months. The NIH peer review system is widely regarded as the gold standard in research funding and is praised for its transparency, fairness, and ability to identify and fund the most promising research, contributing significantly to scientific advancements and the public's understanding of health. Given this standardized, merit-based system, terminations of active NIH grants have been extremely rare—fewer than 20 terminations per year, on average, over the past decade.

However, in the beginning of February 2025, shortly after the Trump Administration took office, NIH issued a series of directives to arbitrarily terminate large numbers of grants and to refuse to consider certain categories of pending grant applications. Rather than citing any scientific concerns with the rigor of the projects, any

[1] https://grant-watch.us/nih-data.html
[2] https://history.nih.gov/display/history/WWI+and+the+Ransdell+Act+of+1930
[3] The National Institutes of Health (NIH): Background and Congressional Issues. (2025). https://www.congress.gov/crs-product/R41705

underlying data, or other project-specific concerns, termination notifications sent to impacted researchers simply state that the cancelled projects "no longer effectuate agency priorities." As a result, thousands of research projects, many of which had been underway for years and represent millions of hours of work and billions of taxpayer dollars, were abruptly cancelled, grant application reviews abandoned, and funding opportunities removed from NIH's websites.

In addition to an ideological purge of thousands of research projects[4] that benefit LGBTQ+ and non-white populations, the Administration is also targeting and terminating research related to vaccine hesitancy, COVID-19, HIV, women's health, Alzheimer's disease, suicide prevention, any studies involving entities in South Africa and China, and institutions of higher education that are not ideologically aligned with the President's political agenda. These grant terminations are in direct defiance of Congress' annual Appropriations Act, which mandates that NIH fund research to address health equity and health disparities, include diverse populations in its studies, and enhance diversity in the biomedical research enterprise.

NIH cancelled a slew of institutional and individual training grants awarded by the National Institute of General Medical Sciences (NIGMS) among other NIH Institutes and Centers. Many of the terminated grants supported scientists from underrepresented communities. On March 27, 2025, with no prior notice, NIH issued stop work orders for all 63 Undergraduate Research Training Initiative for Student Enhancement (U-RISE) programs and all 34 Maximizing Access to Research Careers (MARC) programs, which have supported undergraduate researchers for nearly 50 years. Other terminated training programs include the Post-Baccalaureate Research Education Program (PREP); the Bridges to the Doctorate Program, which trained masters students; the Initiative for Maximizing Student Development (IMSD), which supported graduate students; the Institutional Research and Academic Career Development Award (IRACDA), which aided postdoctoral researchers; and the Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) program, which funded individual scientists as they transitioned from postdoctoral to faculty positions. The nationwide termination of biomedical training programs in every stage of the training pipeline from undergraduate students to tenure-track positions will irreparably weaken the scientific workforce, decimating the next generation of American scientists in academia and industry.

As research institutions, scientists, and trainees struggle with the loss of staff, jobs, and income, patients enrolled in NIH-funded clinical trials face abrupt cancellations or delays in lifesaving treatment. In early May, the Association of American Medical Colleges (AAMC) estimated that 91 cancelled grants, amounting to $643 million and supporting 113 active clinical trials that investigated topics such as HIV, cancer, mental health, and COVID-19, were abruptly terminated by NIH.[5] On March 10, the Living Healthy for Moms (LHMoms) clinical trial was terminated, undermining vital support for 600 new mothers managing postpartum depression or cardiovascular events following the birth of their babies. Most preventable maternal deaths and complications from mental health and cardiovascular conditions occur in the immediate postpartum period, and this study would have provided support for postpartum mothers for six months, covering a critical window to prevent long-term health consequences and address the maternal health crisis. On March 21, NIH terminated the research network supporting the Adolescent Trials Network for HIV/AIDS Intervention (ATN). In its 24-year history, the ATN enrolled more than 30,000 adolescents and young adults in 150 studies, and that research helped pre-exposure prophylaxis (PrEP) medications get FDA approval. Terminating this grant disrupts seven

[4] Liu M, Kadakia KT, Patel VR, Krumholz HM. Characterization of Research Grant Terminations at the National Institutes of Health. *JAMA.* Published online May 08, 2025. doi:10.1001/jama.2025.7707

[5] https://www.aamc.org/media/83356/download

clinical trials aimed at boosting HIV testing and PrEP adherence; depriving adolescents and young adults from access to diagnostic testing, prevention and treatment puts their health and lives at risk. A cervical-cancer-prevention clinical trial offering point of care screening and treatment for women with human papillomavirus (HPV) was also abruptly cancelled. Cervical cancer is a leading cause of cancer-related deaths among women, and is almost entirely preventable.

Grinding wide swaths of clinical trials to a screeching halt is completely illegal, reckless, unethical, and endangers patient health and safety. In addition to threatening our nation's future in biomedical innovation and global leadership, this administration's siege on science is putting millions of American lives at risk. We demand that NIH provide to the House and Senate Committees on Appropriations a comprehensive list of grant terminations that have been made since January 20, 2025, to be updated on a weekly basis. To better understand the scope of NIH grant terminations and NIH's statutory compliance, we request responses to the following questions by June 13, 2025.

1. Given that NIH appears to be relying on a regulatory change in 2 CFR Part 200.340 that does not take effect until October 1, 2025, what is NIH's legal authority to terminate grants based on alleged "changes" in agency priorities?
2. How many NIH grants, awarded to how many research institutions, have been terminated since January 20, 2025?
    a. How many of these grants were clinical trials?
    b. How many patients were enrolled in clinical trials that were cancelled?
    c. How many clinical trials were initially terminated and then later reinstated?
3. What guidance has NIH provided to grantees of terminated clinical trials regarding the preservation of patient safety and navigation of orderly closeout procedures? Please provide a definition of both "patient safety" and "orderly closeout".
    a. What is NIH's policy on exceptions, and have any exceptions been made? If so, provide a list of grants that were provided exceptions.
    b. What is the process for grantees or NIH staff to petition for exceptions if there are concerns about patient safety?
    c. What guidance has NIH provided to grantees that may need to request funds to support patient safety and orderly closeout of the project? What is the process for grantees to request those funds, and what actions qualify?
4. What is the total amount of NIH funding that has been terminated? For each terminated grant provide the:
    a. budget year of the grant when it was terminated;
    b. amount of unexpended funds on the current grant when it was terminated; and
    c. total award of the grant, including expected future non-competing continuation awards.
5. Who at NIH made the decision to terminate these grants? Who inside and outside of NIH were involved in the decisions to terminate these grants?
    a. Was the Department of Government Efficiency (DOGE) involved in the identification of grants to be terminated? If so, what was their role?
6. How were grants identified for termination and what criteria was used in determining which grants to terminate?
7. How many institutional and individual training grants have been terminated by NIH?

a. What percentage of all institutional and individual training grants awarded by NIH in FY24 does this represent?
b. What is the justification for each training grant that NIH has terminated?

Thank you for your attention to this urgent matter.

Sincerely,

Patty Murray
Vice Chair
Senate Committee on
Appropriations

Rosa L. DeLauro
Member of Congress
Ranking Member, Committee on
Appropriations

Tammy Baldwin
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human
Services, Education, and Related
Agencies