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March 3, 2025

Dear Chair Guthrie and Ranking Member Pallone,

The Infectious Diseases Society of America (IDSA) is deeply grateful for the longstanding bipartisan support for the National Institutes of Health (NIH) and we want to inform you of current and likely impacts of reducing federal support for facilities and administrative costs (F&A or indirect costs) and halting or delaying standard NIH procedures such as study section meetings and advisory council meetings to review grant applications. We request that you urge the Administration to fully resume standard funding procedures at NIH so that critical research and training may proceed without further delay. We oppose cuts to NIH funding and urge that any changes to NIH operations or funding should include a robust congressional process with meaningful opportunities for researchers, clinicians, patients and the public to provide input and work with you to devise innovative solutions. We implore you to protect our nation's biomedical research infrastructure that has long been the global gold standard, has delivered lifesaving cures to millions of Americans and remains an important engine of our economic prosperity.

INFECTIOUS DISEASES RESEARCH

NIH, and particularly the National Institute of Allergy and Infectious Diseases (NIAID), supports essential research on infectious diseases that leads to the development of life-saving vaccines, diagnostic tests and treatments for serious infectious diseases, including:

- Emerging threats like avian flu and other respiratory illnesses (e.g. RSV and seasonal influenza)
- Smallpox, anthrax, and other pathogens categorized as posing the greatest risk to national biosecurity
- Foodborne illnesses
- Mosquito- and tick-borne diseases, including dengue, Lyme disease, West Nile virus and others
- Viruses most likely to cause future pandemics
- Antimicrobial-resistant bacteria and fungi
- Ebola and other hemorrhagic fevers
- HIV
- Tuberculosis
- Sexually transmitted infections that are becoming more common and increasingly resistant to treatment (e.g. syphilis)

Funding cuts and policy changes that limit this research will make Americans significantly less safe, less healthy and less prosperous as pathogens spread through the country affecting multiple areas of daily living.

FACILITIES AND ADMINISTRATIVE COSTS

Reductions to F&A support strike at the heart of our nation’s biomedical research infrastructure, which will have ripple effects of halting critical studies, eliminating jobs, driving talent away from the field and hurting efforts to train the next generation of scientists. We are deeply mindful of the need to be good stewards of taxpayer dollars and highlight that investments in biomedical research often yield cost savings by providing breakthroughs that prevent or shorten costly hospitalizations and contain disease outbreaks. Any changes to F&A support should be carefully considered and accompanied by other policies or resources to protect scientific research.

Below are some examples of how F&A reductions are impacting Americans:

- **Layoffs:** At many institutions, support personnel and janitorial staff are being laid off already, with more layoffs expected. This is devastating to the employees and their families and significantly impacts local economies as unemployed individuals are less able to support local businesses.
- **Next Generation of Scientists and Clinicians:** Multiple academic institutions (Dartmouth, University of California San Diego, University of Miami, University of North Carolina at Chapel Hill, University of Pennsylvania, University of Pittsburgh, University of Southern California, University of Texas Health San Antonio, University of Washington, University of Wisconsin-Madison, and Vanderbilt) have had to dramatically reduce or halt graduate school admissions in areas including medicine, public health, microbiology, and more.¹
 - Resources for current early investigators at many academic institutions are on hold, which could cause many early career researchers—whose training the US has already invested in—to lose their ability to have research careers.
- **Hiring Freezes for Research and Patient Care:** Infectious diseases physician-scientists at multiple academic medical centers have reported hiring freezes for physicians who provide direct patient care as well as for researchers, impacting not only research but access to care. In addition, other clinical care initiatives are being put on hold and re-evaluated, which may further impact patient outcomes. Institutions with hiring freezes include Columbia School of Medicine, Boston University, North Carolina State University, University of Louisville, Northwestern University, University of Maryland School of Medicine, Stanford University, Case Western Reserve University, and Cornell University.²
- **Loss of Shared Scientific Information:** Many institutions have halted travel and hosting visiting scientists. This dramatically limits the ability of scientists to share information and collaborate, which is crucial to scientific advances.

A statement from the University of Kentucky indicated that the cap on indirect costs “will cost UK tens of millions of dollars annually and will hit our local and state economies. More important than any numbers, though, it will impact the work we do to advance the health of Kentucky in those areas most critical to our future.”³

Rutgers University, the largest recipient of NIH funding in New Jersey, stands to lose nearly \$22 million this year and close to \$58 million annually in the future.⁴

¹ <https://www.nature.com/articles/d41586-025-00608-z#:~:text=Some%20universities%20across%20the%20United,of%20US%20President%20Donald%20Trump.>

² <https://www.nature.com/articles/d41586-025-00608-z#:~:text=Some%20universities%20across%20the%20United,of%20US%20President%20Donald%20Trump.>

³ <https://pres.uky.edu/news/potential-impact-federal-research-cuts>

⁴ <https://www.njspotlightnews.org/2025/02/new-jersey-academics-fear-cost-of-trump-nih-health-science-research-fund-cuts/>

An ID physician-scientist at University of Washington shared: *“Cuts to overhead %s would cripple our — or any — institution’s capacity to continue to conduct high-quality, practice-changing, Nobel-Prize-winning, medical-breakthrough-generating research that happens here. Without the ability to support lab space, equipment, ancillary personnel, facilities, shared computational resources, regulatory, etc — all of which are supported by overhead, we would shut down.”*

An ID physician-scientist who was trained at Johns Hopkins shared: *“An NIH-funded training program invests in the medical and research training for students with the expectation that we will remain in academic medicine/public-sector research after graduation, forgoing more lucrative opportunities in the private sector/industry. The US government made this investment in me, for which I am deeply grateful and which I am upholding with my career committed to academic medical research. If NIH funding for ID research is cut, with the consequence that I am forced out of academic research, this will be a loss of the taxpayer’s investment.”*

An ID physician-scientist at University of Colorado Anschutz Medical Campus shared: *“My NIH grants directly support the livelihood of multiple junior folks. Given the indirect freeze, I am unable to confidently hire new personnel to carry out NIH funded research that will prevent overdoses and prevent disease outbreaks. I have and will continue to apply for grants in hopes that this ship rights its course but have—in all honesty—very much considered leaving medicine and leaving the US altogether.”*

Another ID physician-scientist at University of Washington shared: *“I’m a very early career clinician and researcher who has devoted my life/career to understanding the immune mechanisms that help mothers protect their infants. I am the primary breadwinner in our family, now expecting our first child in July and it’s unclear if I’ll have a job to support us anymore.”*

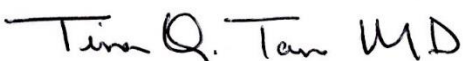
HALTING AN DELAYING NIH FEDERAL REGISTER NOTICES AND GRANT REVIEWS

While reductions in F&A support would be devastating, it is also very important to highlight that the halting and delaying of NIH Federal Register Notices, study sections and advisory council meetings to review new grant applications and funding opportunities are **immediately** delaying all new research. We are heartened by an announcement in late February that the freeze is being partially lifted for some study sections, but it appears that later stages of grant review remain on hold. Impacts of these delays include:

- Stopping clinical trials for new preventive tools, tests and cures
- Halting basic research that is the foundation for breakthroughs
- Pausing translational research that improves patient care
- Jeopardizing our ability to train any new ID physician
- Potential mass job losses for physicians and scientists at all stages of their careers

Thank you for your consideration of these vital issues. We welcome the opportunity to work with you to advance life-saving biomedical research. If we can assist you, please contact Amanda Jezek, IDSA’s senior vice president for public policy and government relations at ajezek@idsociety.org.

Sincerely,



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President, IDSA