Senate Appropriations Committee Hearing:
Biomedical Research: Keeping America's Edge in Innovation
Statement of the Infectious Diseases Society of America
April 30, 2025

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to submit a statement for the hearing record. IDSA and our 13,000 members are deeply grateful for the longstanding bipartisan support from the Senate Appropriations Committee for the National Institutes of Health (NIH), especially for the National Institute of Allergy and Infectious Diseases (NIAID), and the John C. Fogarty International Center. We thank you for holding this hearing and 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 millions of people around the world, and remains an important and vital engine of our economic prosperity.

America cannot afford to lose our critical and groundbreaking leadership role in biomedical research innovation, our momentum on the many medical advances we have collectively made, and our ability to successfully confront the serious challenges ahead. IDSA members conduct groundbreaking research that yields new treatments, vaccines and diagnostic tools, but with many ID physician-scientists at or approaching retirement, it is imperative Congress provide increased funding to recruit and train the next generation of ID researchers that will continue to move these discoveries forward. Without these investments, we will lose significant ground in the battle to promote good health for all Americans.

To assist in the Committee's review of NIH activities and the administration's recent NIH funding and policy changes, IDSA outlines below the current and likely impacts of reducing federal funding for NIH (especially NIAID), cutting 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:

1) reject cuts to funding for NIH, and NIAID in particular, and provide robust funding for NIAID in FY2026;
2) urge the Administration to fully resume standard funding and peer review procedures at NIH so that critical research and training may proceed without further delay;
3) help ensure that any changes to NIH operations or funding (including for facilities and administrative costs) include a robust congressional process with meaningful opportunities for researchers, clinicians, patients and the public to provide input and are accompanied by other policies or funding that protect biomedical research;
4) conduct robust and frequent oversight to ensure that NIH funds are spent as Congress intended, awarded according to longstanding best practices to ensure high quality science is funded, and not revoked or redirected in a capricious manner or based upon political retribution; and
5) ensure the maintenance of our ethical obligations to participants in ongoing research, including clinical trials.

Robust NIH Funding is Key to Fostering Biomedical Innovation
We urge you to reject cuts in NIH funding and make a robust investment in FY2026 funding for NIAID, including $608 million for antimicrobial resistance (AMR) research. NIAID supports essential research on all infectious diseases that leads to the development of life-saving vaccines, diagnostic tests and treatments for serious and potentially life threatening infectious diseases. These include emerging threats like avian flu, RSV and seasonal influenza; smallpox, anthrax, and other pathogens of the greatest risk to national biosecurity; antimicrobial-resistant bacteria and fungi; HIV; foodborne illnesses; viruses most likely to cause future pandemics; mosquito- and tick-borne diseases, such as dengue, Lyme disease, West Nile virus; Ebola and other hemorrhagic fevers; tuberculosis; and sexually transmitted infections like syphilis that are more common and treatment-resistant.

Infectious diseases research is critical to combating chronic illnesses, as ID and chronic disease are closely linked in many ways. Infectious diseases have been shown to cause chronic diseases, including type 1 diabetes, cancer, liver disease, gastrointestinal disease and neurological disease. Furthermore, chronic diseases leave patients more vulnerable to infectious diseases and exacerbate the symptoms and severity of infectious diseases.

Funding cuts and policy changes that limit ID research have already begun and will continue to have a marked impact in making Americans significantly less safe, less healthy and less prosperous as pathogens spread through the country affecting multiple areas of daily living. Funding cuts to international research will similarly hurt Americans by slowing development of all biomedical advances from which we benefit. For example, the 100% effective HIV prevention expected to be approved by the FDA in June 2025, was studied predominately in Africa. Similarly, treatment and control strategies for multidrug resistant tuberculosis have largely been studied overseas. Loss of international research capacity would severely threaten US biosecurity and leave us without lifesaving treatments and preventive measures for current, emerging and future infectious diseases threats.

Additionally, NIAID funding is critically important to fostering the future ID research workforce. In 2025, just over half of ID physician training programs filled their slots, compared to 90% or more of training programs for nearly all other specialties, creating a significantly inadequate pipeline of ID physician-scientists necessary to lead clinical trials and additional research to prevent and respond to ID threats. ID and other sub-specialty clinicians like cancer and kidney specialists require NIH training grants to complete their advanced training to become practicing doctors around the country, and also advance the standard of care.

We urge you to reject attempts to eliminate the Fogarty International Center at the NIH. Fogarty connects American scientists and health-care professionals with their global health peers to support critically important basic, clinical, and applied research along with training programs in low- and middle-income countries. A bipartisan initiative, the Center was created to promote international research and collaboration and has led to significant scientific advances contributing to improved health and longevity at home and globally. The Center sponsors over 500 research and health grants, with more than 100 of those related to the prevention, treatment and care of infectious diseases in areas of the greatest and most immediate needs. Fogarty develops scientific expertise in resource-limited countries to detect and address pandemics where they begin. At the same time, all Fogarty grants involve U.S. investigators, and 80 percent go to U.S. institutions, building domestic knowledge and skills.

Any Changes to F&A (Indirect) Policy Should Protect Scientific Research
IDSA is deeply mindful of the need to be good stewards of taxpayer dollars, and that federal investments in biomedical research often yield cost savings by providing breakthroughs that prevent or shorten costly hospitalizations and contain, control and prevent transmission during disease outbreaks, reducing their economic impact. Unfortunately, the Administration's current reductions to F&A support (indirect funds) strike at the heart of our nation's biomedical research infrastructure, which will have severe ripple effects of halting critical studies, eliminating jobs, driving talent away from the field and hurting efforts to train the next generation of scientists. F&A is what pays universities and medical centers to maintain their facilities, update laboratories to safety standards, and keep the lights on- items not budgeted into grants to researchers; F&A predominately pays middle class, minimum wage, and skilled-labor workers, driving local economies as some of the largest non-federal employers in most states. We ask the Committee to help ensure that any changes to NIH F&A support include a robust congressional process with meaningful opportunities for researchers, clinicians and patients to provide input. Any changes should be carefully considered and accompanied by other policies or resources to protect scientific research.

While legal challenges to the Administration's changes to F&A are pending, the proposal has created significant and costly instability across the country. Below are some examples of how the administration's F&A reductions are already impacting Americans:

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.

An early-career ID scientist at the University of Washington said this in reaction to the reductions in F&A costs at the university: *"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."*

Multiple academic institutions (University of Washington, Case Western Reserve University, 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 Antionio, 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. Additionally, 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.

Infectious diseases physicians and scientists at multiple academic medical centers across the country have reported hiring freezes for physicians who provide direct patient care as well as for researchers and support staff, 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.

Many IDSA members are facing these impacts firsthand. An ID physician-scientist at University of Washington shared: *"Cuts to overhead costs 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."

Another 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."*

Finally, many institutions have halted travel and hosting visiting scientists. This dramatically limits the ability of scientists to share information and collaborate, which is absolutely crucial to scientific advances.

Resume NIH Processes, including Federal Register Notices, Grant Reviews, Clinical Trials and Peer Review Without Delay

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 and significantly delaying new research and we call on the Committee to urge the Administration immediately resume these activities at full capacity. While we were heartened by an announcement in late February that the freeze is being partially lifted for some study sections, it appears that later stages of grant review remain on hold. ID physician scientists across the country continue to report significant delays in grant reviews, with some institutions receiving only about 10% of typical responses to grant applications. In addition, many scientists have seen their funding halted, often in the middle of potentially groundbreaking studies, without even transition periods to wind down clinical trials, abruptly cutting off ill patients from potentially life-saving treatments. Stopping clinical trials, halting basic research, jeopardizing our ability to train any new ID physician, and mass job losses are some of the alarming impacts of delays and abrupt cancellation of funding.

Studies (like clinical trials) involving human participants require several additional layers of oversight, including ethical mandates to not halt the work unless a safety or scientific futility issue has been identified. Clinical trials in which participants have already assumed risk to participate must urgently be reinstated and allowed to complete as intended.

Conclusion

IDSA appreciates the Committee's attention to the future of biomedical research, and the critical impact it has on patient care and public health. We urge you to provide robust FY2026 funding and to work with the Administration, physicians and other health professionals, patients, and other stakeholders to ensure that the NIH remains a shining light pointing towards scientific knowledge and cures that will help all Americans.