

Congress of the United States

Washington, DC 20515

September 25, 2026

The Honorable Russell T. Vought
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Dear Director Vought:

This letter is to express serious concern regarding continued reports this Administration wants to change the process by which National Institutes of Health (NIH) — the world’s largest funder of medical research — remain concerning.¹ These kinds of grants should always be evaluated by scientific panels, not political appointees. The announcement this week that the White House would not move forward with the reported changes was welcome news, but we remain alarmed by repeated, politically motivated disruptions to ongoing clinical research, including life-saving clinical trials, and a degradation of the ability of the NIH and its Institutes and Centers to fulfill their public health mission. Congress has a constitutional responsibility to oversee executive actions that fundamentally alter the structure, capacity, and mission of agencies established in statute, in a bipartisan manner. As members of Congress, we are seeking confirmation that the Administration will not move forward with the proposed executive order and urge an end to all efforts to politicize federally funded health research.

In August 2025, President Trump signed an executive order that directed federal agencies to give political appointees oversight of grants to ensure that they “advance the President’s policy priorities.” In March 2026, many of us sent a letter to NIH Director Bhattacharya to urge immediate action regarding delays in disbursements of Fiscal Year (FY) 2026 funding from the National Institutes of Health (NIH) to grantees. While the April 9, 2026, response from Dr. Bhattacharya explained that these funds were ultimately disbursed, it did not address any of the other concerns laid out in the letter regarding the impact of interrupted and delayed funding, cancellations of ongoing projects, and instability for researchers. The response letter did claim that the NIH is committed to ensuring that their scientific findings are “objective, credible, and

¹ [Trump asked budget chief to draft order bringing health research funding under his control](#), Sophia Cai, Tim Rohn; September 19, 2026; *Politico*.

accessible to the public.” Subsequent actions by the Trump Administration have raised significant concerns about whether that commitment is being upheld.

In May 2026, the Office of Management and Budget (OMB) published a notice of proposed rulemaking (NPRM) that would expand the authority of OMB in policymaking for federal agencies, politicize control of federal grants, de-emphasize peer review, place more restrictions on meeting attendance for grant holders, limit collaborations between federally funded U.S. scientists and overseas colleagues, and restrict federal financial support for the publication of U.S. scientists’ results in scientific journals.

Approximately 95 percent of the nearly 500,000 public comments that were submitted in response to this proposed rule were in opposition.² Pushback to this effort has also been bipartisan, as the implementation of the rule was temporarily delayed as part of a Continuing Resolution that funds the federal government through December 11, 2026. Despite this overwhelming opposition from the scientific community, universities, physician groups, and more, reports that President Trump is still determined to politicize federally funded health research are alarming and deserve urgent action. Decisions about which research receives federal support must be based on scientific merit, not political consideration.

Historically, federal research grants have been managed by career civil servants, many of them scientists, who conducted peer reviews. The peer-review system is a rigorous process intended to ensure that applications for funding are based on scientific merit and innovation. Abandoning this commitment to scientific excellence jeopardizes the United States’ status as a leader in scientific innovation, biomedical research, and public health preparedness.³

NIH has cancelled or suspended over 5,800 research grants representing billions of dollars since the beginning of the new Administration.⁴ These grants supported a wide variety of critical research areas, but early-career investigators and women were disproportionately affected.⁵ Researchers are stuck wondering whether they can continue their careers in the United States. Many research centers have started freezing hiring, pausing graduate admissions, and suspending critical projects, threatening the nation’s scientific workforce and long-term research capacity. We are at risk of losing an entire generation of researchers who are doing important work tracking viruses, finding cures, and making scientific breakthroughs in disease treatment.

² [Flood of comments on White House grantmaking overhaul is largely negative, analysis shows](#), Anil Oza and J. Emory Parker, July 15, 2026, *STAT News*.

³ [Grants & Funding](#), National Institutes of Health.

⁴ [US science after a year of Trump](#), Max Kozlov, Jeff Tollefson, Dan Garisto; January 20, 2026, *Nature*.

⁵ [How the 2025 NIH grant terminations varied by researchers’ demographic groups](#), Diego F. M. Oliveira, Quian Huang, Teresa K. Woodruff, Brian Uzzi; March 23, 2026, *Proceedings of the National Academy of Sciences of the United States of America*.

Beyond the immediate impact on researchers and institutions, efforts to restrict or cancel grant funding waste taxpayer investments and weaken America's economic and scientific research competitiveness. NIH funding consistently yields a high return on investment, yielding about \$2.46 in economic activity for every \$1 spent. In 2023, NIH contributed \$92.89 billion to the United States economy and stimulated private-sector research and development⁶. The unpredictability of this work undermines the U.S.'s global scientific leadership and hinders innovation-driven economic growth. We are ceding our leadership on the global stage to other countries, including adversaries like China. This is unacceptable.

Patients will suffer if these changes go into effect well. NIH-funded research has helped us understand how viruses can cause cancer, and led to the development of open-heart surgery, artificial skin, cholesterol-lowering statins, magnetic resonance imaging (MRI), and the mRNA vaccine that was a critical piece in the fight against COVID-19. The NIH has also played a key role in developing many of the Food and Drug Administration (FDA)-approved drugs that patients take today. They have continued to make strides in regenerative medicine, chronic disease management and prevention, pharmacogenomics, precision medicine, and evidence-based therapeutics that improve patient outcomes for cancer and other diseases.⁷ The list goes on.

The most vulnerable patients will suffer the most, as the Trump Administration has repeatedly sought to restrict research on diversity, equity, inclusion, and gender. Researchers in the U.S. have worked over decades to improve clinical research to ensure that federally funded projects reflect the needs of all populations across the country, regardless of background, gender, religion, ethnicity, sexuality, disability, or socioeconomic status. Until the 1990s, nearly all health research was conducted on men, as women were excluded from most clinical trials.⁸ People of color have also historically been underrepresented in clinical trials and other medical development research. These disparities in medical advancements can lead to disparities in health outcomes and life expectancy, at overwhelming cost to the healthcare system overall.⁹ High-quality research on communities most impacted by health disparities is essential, and these communities will experience unnecessary barriers.

If President Trump's efforts to formally infuse political influence into the scientific grantmaking process succeed, our biomedical research enterprise will face untold costs in terms of lost innovation, as well as lost progress in reaching life-saving medical treatments. Therefore, as members of Congress, we are seeking confirmation that the Administration will halt any efforts to create a board of political appointees to review NIH grants, to finalize OMB's May 2026

⁶ [NIH's Role in Sustaining the U.S. Economy](#), *United for Medical Research*.

⁷ [Slashing NIH funding imperils the foundation of medical research](#), Bobby Mukkamala MD, American Medical Association.

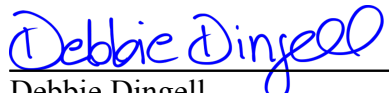
⁸ [The Health Gap for Women](#), *Society for Women's Health Research*.

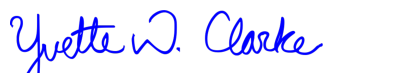
⁹ [How stripping diversity, equity and inclusion from health care may make Americans sicker](#), Abigail Folberg, Brittany Givens Rassoolkhani; August 27, 2025, *The Conversation*.

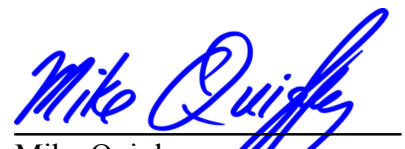
NRPM related to federal grantmaking, and to move forward with any related attempts to undermine our longstanding meritorious, science-backed NIH grantmaking process.

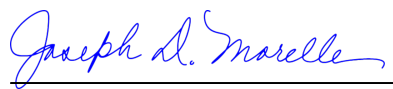
Thank you for your attention to this important matter, and we look forward to hearing from you.

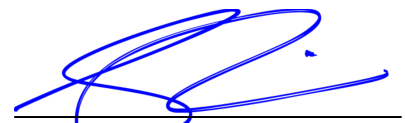
Sincerely,

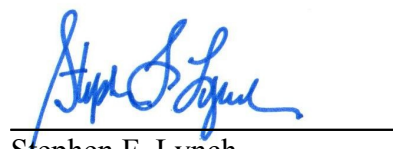

Debbie Dingell
Member of Congress

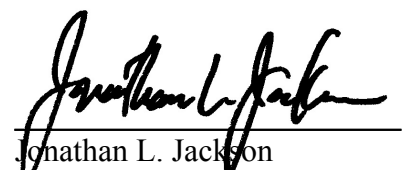

Yvette D. Clarke
Member of Congress

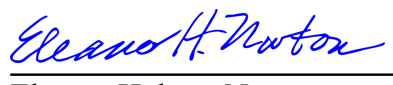

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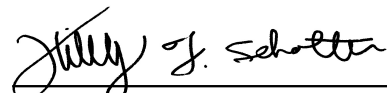
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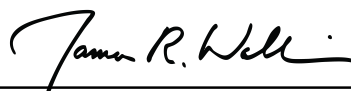
Joyce Beatty
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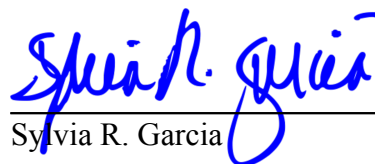
Lori Trahan
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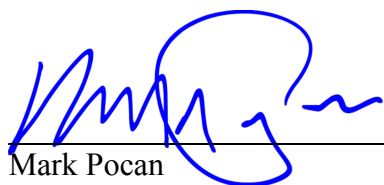
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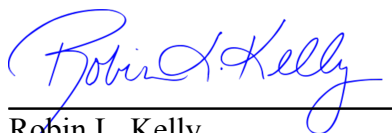
Ed Case
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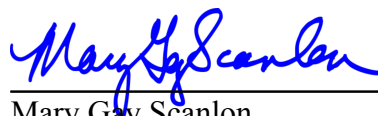
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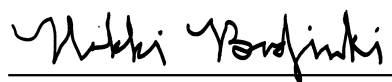
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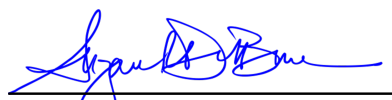
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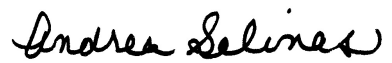
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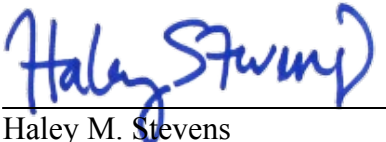
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Josh Riley
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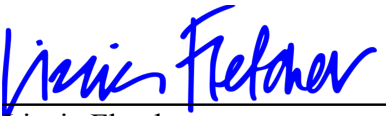
Jared Huffman
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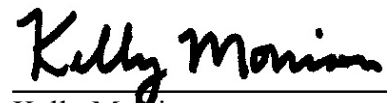
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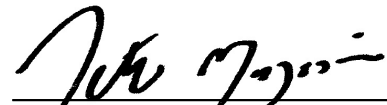
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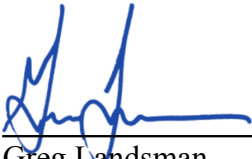
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Greg Landsman
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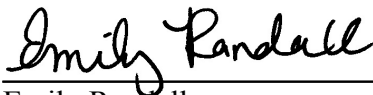
Chris Deluzio
Member of Congress



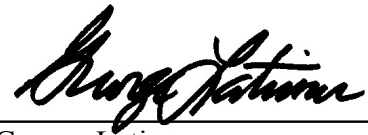
Veronica Escobar
Member of Congress



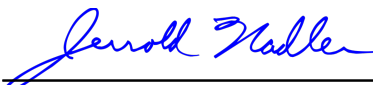
Mark DeSaulnier
Member of Congress



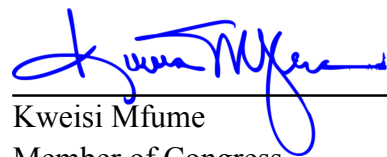
Emily Randall
Member of Congress



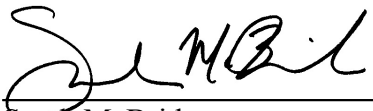
George Latimer
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Jerrold Nadler
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Kweisi Mfume
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