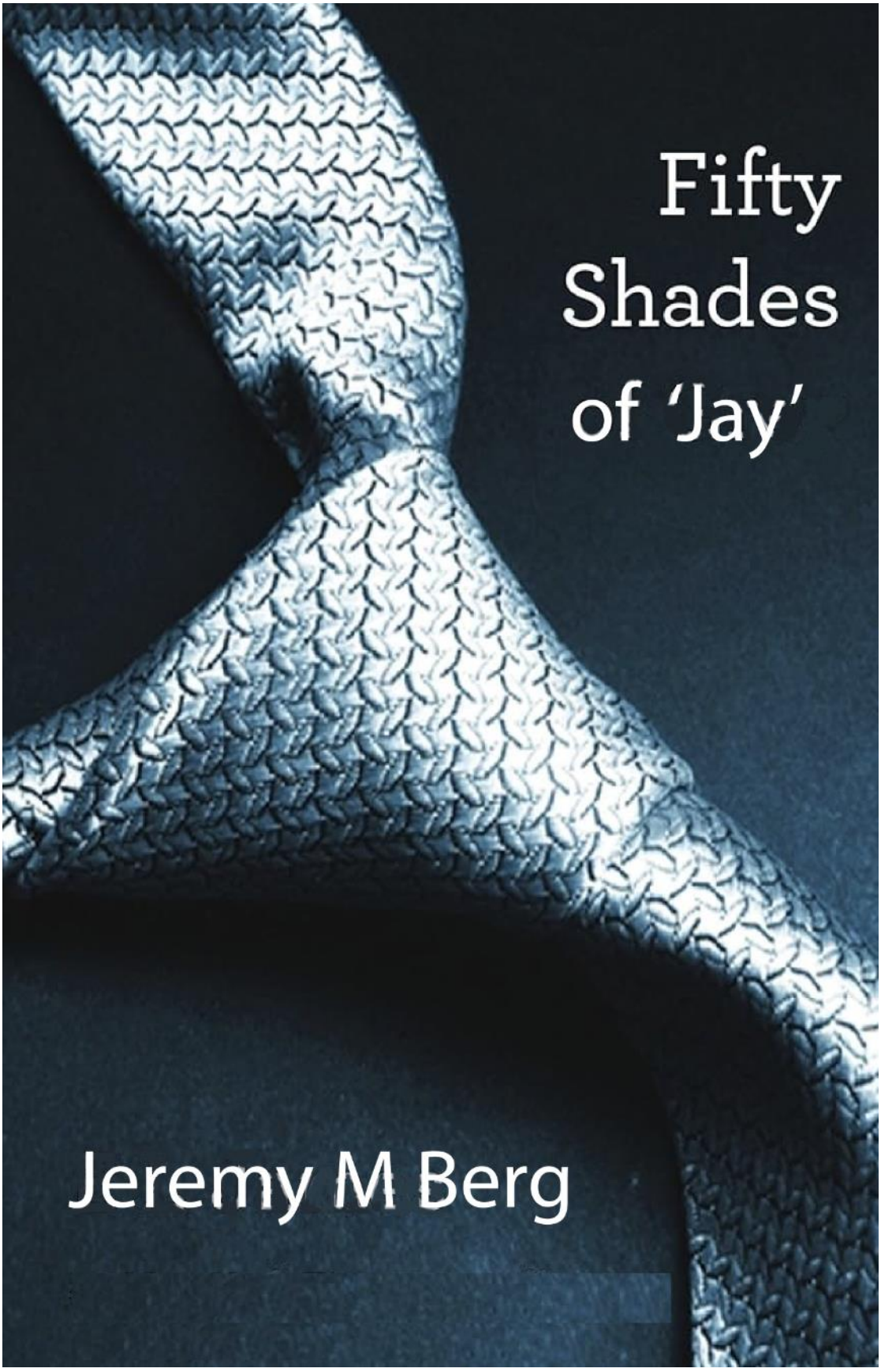

Fifty
Shades
of 'Jay'
Jeremy M Berg

Fifty Shades of “Jay”

Introduction

When Stanford health economist Jayanta ('Jay') Bhattacharya was nominated as the new Director of the National Institutes of Health (NIH), I was uncertain what to think. On the one hand, he was a Stanford M.D./Ph.D and tenured faculty member who had competed for and received some NIH grants in the past (as revealed by a quick search of NIH Reporter). Although there was no evidence that he had any experience with either clinical or basic science research, given my low expectations about nominees from the Trump administration, it could have been worse. On the other hand, his major claim to fame appeared to be his co-authorship of the "Great Barrington Declaration", a document that argued against policies, either implemented and under consideration, to manage the COVID pandemic at a time that there were many unknowns and tremendous concerns about hundreds of thousands or millions of perhaps preventable premature deaths.

I watched his confirmation hearing (https://www.youtube.com/watch?v=H7zWUKFk1gQ) with great interest. I was troubled considerably when he described indirect costs as "a kind of tip" that universities receive related to their research grants. Other than political motivations, how could a serious person go into a Senate confirmation hearing unprepared for a topic that was sure to be covered? How could he not bother to become more well-informed about this topic? There were literally hundreds of people at Stanford and around the country who could have helped get him up to speed.

I have been closely monitoring NIH progress and policies throughout the year. When Director Bhattacharya began making public statements of various sorts that revealed his lack of knowledge about NIH, I started to send emails in good faith to share my knowledge about NIH programs with him to help him perform his important job more effectively. At first, he did not respond at all and when he did, he responded using the term "ideological boondoggles" without definition. This ill-advised behavior substantially decreased my hopes for his interest in receiving input about NIH programs and policies as it seemed that he had entrenched political perspectives.

I have, nonetheless, continued to email him on occasions where his public statements or policy changes reveal his ignorance of NIH programs, his political rather than scientific motivations, or his hypocrisy. I believe that speaking truth to power is a great responsibility, especially for someone who has been so privileged throughout his career.

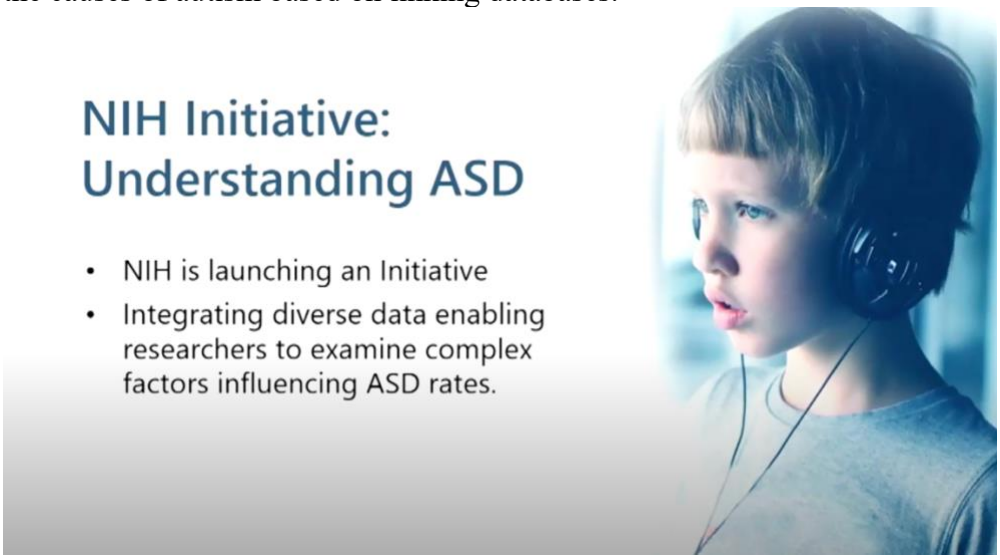
This is a compilation of these emails in their original form (except some typographical errors corrected). I have provided introductions to each email, or series of emails, on a given topic to provide context and other useful information.

Your comments are welcome.

Autism Causes Initiative

Background

On April 21, 2025, NIH Director Bhattacharya gave a presentation to the NIH Council of Councils. This is a group, made up of individuals from the various Advisory Councils, which provides oversight over NIH initiatives that cut across the NIH Institutes and Centers (https://dpcpsi.nih.gov/council).
This presentation is available on the meeting videocast (https://videocast.nih.gov/watch=56725). At around 1:55:00 in this videocast, Director Bhattacharya discusses a new initiative to identify the causes of autism based on linking databases.



I had heard some information about this new initiative before and had concerns about how it would work and what information it would be seeking and integrating.

However, my overarching sense in watching this was Déjà vu. In 2007 when I was leading the NIH Director's Pioneer Award program, we had an application from Professor Peter Bearman from Columbia University. The Pioneer program involves interviews of the finalists, so I had seen Professor Bearman present his proposal, which was funded.

Here is the Abstract (https://reporter.nih.gov/project-details/7341534#description)

Abstract Text

This project is designed to understand the rapid increase in autism prevalence in the United States over the past two decades. Proposed are new analyses of complex, multilevel temporally sensitive data sets that will enable me to determine the extent to which familial, environmental, gene-environment, and diagnostic drift/substitution are driving the autism epidemic. Detailed attention to and models capable of capturing social network and social influence underpinnings of the epidemic are developed. New analysis models for intercalating spatial and social network data are developed. These models where appropriate are extended to a wide range of developmental disorders that have increased rapidly in prevalence.

The proposal involved integrating databases to try to understand the rapid increases in autism prevalence 18 years ago. The major concerns from the reviewers involved whether he would be successful in getting access to and linking the proposed database.

He was quite successful. Indeed, we has elected to the United States National Academy of Sciences in part because of his accomplishments with this project. Indeed, he was selected to present a briefing to the National Academy upon his induction and chose to speak about this project.

I thought Director Bhattacharya should be aware of this project and its results since it was fully germane to the new initiative and had been funded by NIH, and indeed, funded by a flagship program associated with the NIH Director's office.

I felt that he deserved a heads-up about this, so I sent him an email.

Tue, Apr 29, 2025 at 10:37 AM

Autism causes and NIH funding

Dear Dr. Bhattacharya:

I watched your Council of Councils presentation with interest.

I was Director of NIGMS from 2003-2011 and led the NIH Director's Pioneer Award program after its first year. In 2007, this program funded an award to Professor Peter Bearman at Columbia University entitled "Social Determinants of the Autism Epidemic".

https://reporter.nih.gov/search/Em2xW_9mLUq2FuBVBIF9NQ/projects

This award which was based on integrating diverse data sets was quite successful. Here is a briefing he did at the National Academy of Sciences annual meeting a decade ago.

https://www.youtube.com/watch?v=6_pQLJewHMA

I am glad to try to answer any questions.

Best, Jeremy

I received no response.

On May 7th, NIH released an announcement about the new initiative https://www.nih.gov/news-events/news-releases/nih-cms-partner-advance-understanding-autism-through-secure-access-select-medicare-medicaid-data

Director Bhattacharya was quoted in this announcement:

"This partnership is an important step in our commitment to unlocking the power of real-world data to inform public health decisions and improve lives," **said NIH Director Dr. Jay Bhattacharya**. "Linking CMS claims data with a secure real-world NIH data platform, fully compliant with privacy and security laws, will unlock landmark research into the complex factors that drive autism and chronic disease – ultimately delivering superior health outcomes to the Americans we serve."

This announcement raised concerns with me that the data integration strategy might not include key features that had been identified in Professor Bearman's study.

I wrote to Dr. Bhattacharya with these concerns.

Wed, May 7, 7:31 PM

Autism Causes Study

Dear Dr. Bhattacharya:
I saw the announcement "NIH, CMS Partner to Advance Understanding of Autism Through Secure Access to Select Medicare and Medicaid Data" in which you are quoted.

I hope you had a chance to watch the 18-minute YouTube video of Dr. Peter Bearman's presentation at the National Academy of Sciences regarding the causes of the autism epidemic (https://www.youtube.com/watch?v=6_pQLJewHMA) that I shared with you more than a week ago. As I noted, this is based on work largely funded by an NIH Director's Pioneer Award awarded in 2007. If you watched the presentation, you undoubtedly appreciated the importance of including geographical information (which revealed clusters of cases that appear to be driven by social rather than toxicant exposure) as well as the importance of information about parental age and other factors related to the timing of childbirths.

Will this information be captured in the envisioned integrated data sets? Obviously, such data cannot be added later if the individuals in the data set are effectively deidentified.

Again, I am happy to try to answer any questions you may have.

Sincerely, Jeremy Berg

Again, I received no response.

Concern about the Level of Remaining NIH Appropriations

Background

The Trump administration had taken a series of actions that had substantially slowed down the rate at which grants were awarded and, hence, appropriated funds were committed. I, and many others in the scientific community, were growing increasing concerned that NIH was reaching a situation where the agency would not have sufficient time to get all of the appropriated funds committed.

While I had been tracking how far behind fiscal year 2024 NIH was getting in fiscal year 2025, I had not thought hard about how to place this in context. I realized that a sensible way to do this was to look at history rates of funding over the past decade.

I downloaded the relevant data from NIH Reporter and related websites and performed an analysis.

The report I generated is shown below:

Time Remaining for Award Making in Fiscal Year 2025

Jeremy Berg 5/4/2025

The Rate of NIH Grant Making and the Risk of not Investing the Entire NIH Appropriation in Fiscal Year 2025

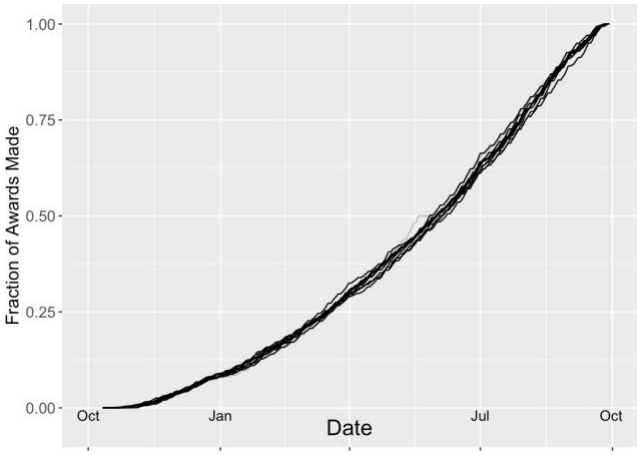
NIH has 27 institutes and centers, of which 24 have grant-making authority. In addition, some grants are funded through the NIH Office of the Director's Common Fund.

The rate does NIH award making

Data about NIH awards are available in the NIH Reporter database.

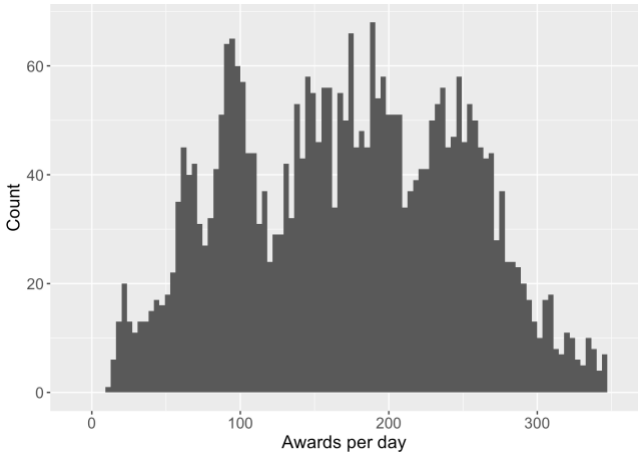
Data for fiscal years 2015-2024 reveal that the number of awards of all types (not including subawards) ranged from 50007 in fiscal year 2015 to 63483 in fiscal year 2024.

A plot of the fraction of awards over the course of these fiscal years is shown below:



The curves are very similar. They are not linear. The rate of making grant awards is relatively low at the beginning of each year and then increases before tapering off at the end of the year. This is due to several factors including the appropriations process (almost always delayed) and the timing of grant application submission opportunities, and the timing of advisory council meetings for grant approval (which occur three times per year).

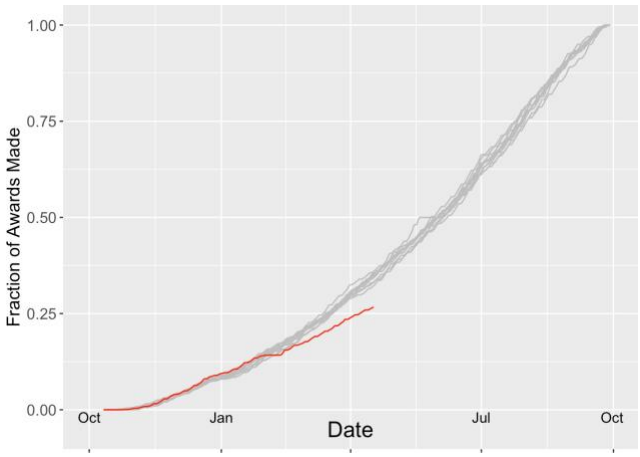
The daily number of grant awards ranges from 0 to 719. However, rather than just looking at daily rates, a more informative quantity is the rate over a more extended period of time. A histogram of the average daily rate over 30 day periods is shown below:



The median for the distribution is 174 with the 80%ile of 246, that is, 80% of all average daily rates are below this value.

Results for fiscal year 2025

The results for fiscal year to date can be added to the previous graph:



This shows that the curve for fiscal year 2025 started off along a normal curve but then, with the grant "pause" at the beginning of the Trump administration in early February 2025, the fiscal year 2025 diverged, lying below the other curves. It has remained there, due to a relatively low rate of award release.

Does NIH have sufficient time to release its full appropriation in fiscal year 2025?

We can address this important question but we need to

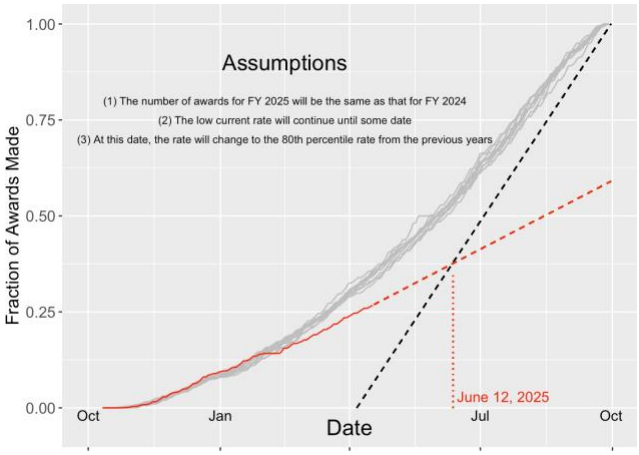
make some assumptions. One set of limiting assumptions

are:

1. The number of awards for fiscal year 2025 will be the same as that for fiscal year 2024.
2. The low current rate will continue until some date;
3. At this date, the rate will change to the 80th percentile rate

from the previous years. The results from these assumptions

are shown below:



4.

From this analysis, the rate must change on or before approximately June 12th or there will not be sufficient time to release an adequate number of awards.

Alternatively, either the subsequent rate of award release will have to exceed the 80%ile rate or the sizes of awards will need to be increased so that more funds will be released with a smaller number of awards.

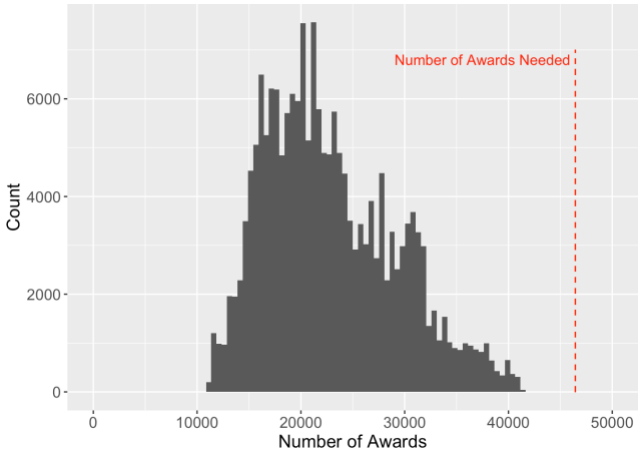
Sustained funding over five months

For the period from May 1st to September 30th, the number of awards that are needed to be made is 46444 and the amount of funding that needs to be distributed is $27.25 B. This must occur over 152 days. Has this every occurred?

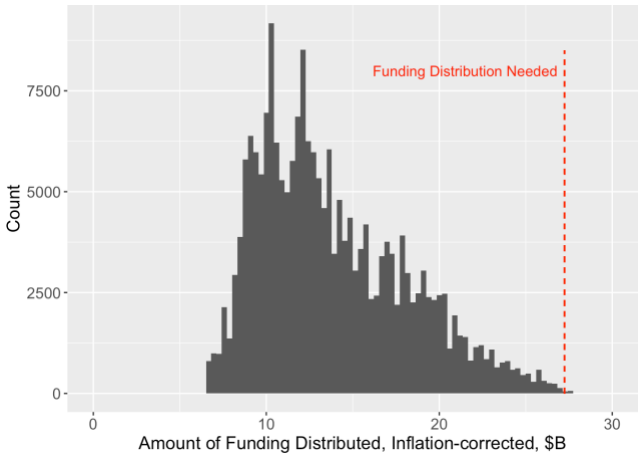
This can examined by looking a fiscal years 2015 to 2024 over windows of 152 days. The amount of funding in each year was corrected for inflation to 2025 dollars.

The results are shown below.

For the number of awards, it appears that this number in unprecedented over this period of time.



In terms of inflation-corrected amount of funding distributed, this appears to be nearly unprecedented. The maximum amount of inflation- corrected funding distributed over 152 days was $27.65B in fiscal year 2020.



This analysis suggests that it is even more imperative that the rate of fund distribution accelerate as soon as possible.

I decided that it was important to share this analysis with Director Bhattacharya as he did not have any experience with managing the NIH appropriation. Indeed, most NIH Directors never gain this knowledge as this is managed at the level of NIH institutes and centers who have the actual funding authority and responsibility for NIH grants. Furthermore, I had no knowledge whether Director Bhattacharya had connected with any of the data analysis teams at NIH who could address this sort of question if asked.

I wrote to him on May 4th and shared this analysis.

May 4, 2025, 7:46 PM

Urgent: Appropriated funds must be distributed urgently

See the attached letter and report.

I would appreciate the courtesy of an acknowledgement of receipt.

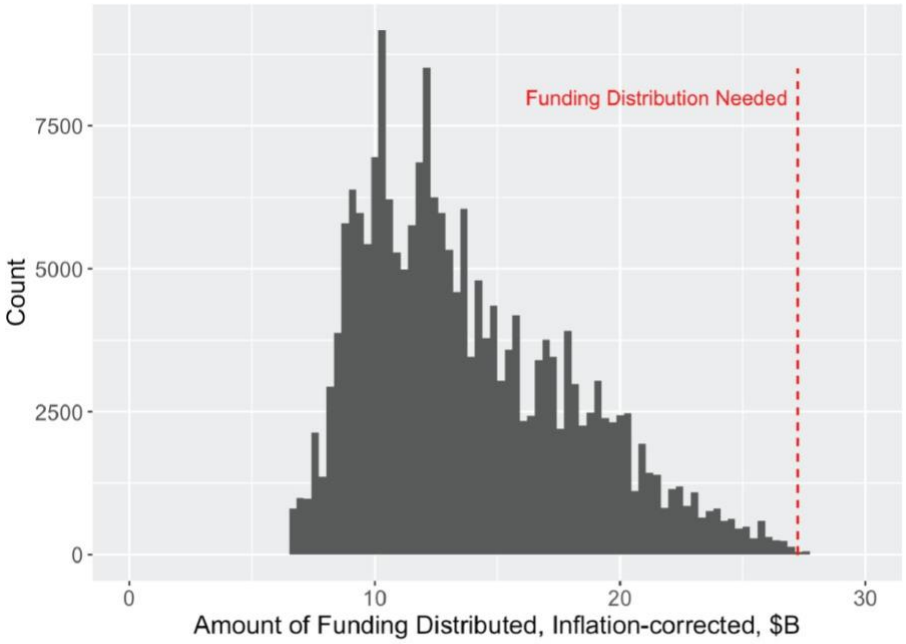
Sincerely yours,

Jeremy M. Berg, Ph.D.
Director, NIGMS (2003-2011)
George W. Bush and Barack Obama administrations

May 4, 2025

Dear Dr. Bhattacharya,

Many have been concerned about the slow pace of NIH grant making. I recently completed the attached analysis. The bottom line is depicted here which contrasts the historical pace of funding commitment over 5-month periods with the amount of the fiscal year 2025 remaining to be committed after May 1, 2025.



A histogram of the amount of funded distributed over all 152 day periods from fiscal years 2015-2024. The amount of funding needed for 2025 lies at the extreme edge of this distribution.

I realize that some of the events that contributed to this slow place occurred prior to you assuming the role of NIH Director. However, there is no evidence that the pace has increased since you started.

Perhaps your greatest responsibility as NIH Director is to ensure that the funds appropriated to NIH by Congress are invested to help understand and promote issues related to the health of the American people. Certainly, there are many outstanding applications available to fund at NIH that have been (or soon will be) peer reviewed and approved by NIH advisory councils.

The American people expect you to do your job and work with the Institutes and Centers to make sure that these appropriated funds are committed through approved processes by the end of the fiscal year in September. From this analysis, the rate must change immediately or there will not be sufficient time to fund an adequate level of awards.

Sincerely yours,

Jeremy M. Berg, Ph.D.
Director, National Institute of General Medical Sciences
2003-2011 (G.W. Bush and B. Obama administrations)

I received a response the next morning:

May 5, 2025, 8:41 AM

Jeremy,

I received your letter and analysis. Contrary to the assertion you make in the letter, my job is to make sure that the NIH spends the money that the American people have entrusted us with on projects that advance the health and longevity of the American people. Spending on ideological boondoggles and on dangerous research, the conduct of which risks causing a pandemic for instance, does not advance those goals. I'm committed to making sure funds allocated to the NIH are spent wisely. Thank you for your input.

All the best,
Jay

I was pleased that Director Bhattacharya responded, but disappointed (and even a bit stunned) that he would use a term like "ideological boondoggles" without defining it.

This gave me a better sense of his approach to these issues which has informed my future strategies in dealing with him.

I responded to him:

May 5, 2025, 10:10 AM

Dear Dr. Bhattacharya: Thank you for your prompt response. Of course you have responsibility to make sure that funds are spent wisely.

Please note that my analysis does not include the effects of any of the grants that have been terminated. I presume some of these would fall into the category of “ideological boondoggles”. The level of funded available for commitment would be even higher if these are included.

What percentage of the pending applications do you believe fall into the categories of contributing to pandemic risk or being “ideological boondoggles”? I would guess it is much less than 10% even with the most expansive definitions. Applications that fall outside of these categories are apparently not being funded at rates that will allow the funds entrusted to NIH by Congress and the American people for the people to gain the benefits of these appropriations.

Sincerely, Jeremy Berg
Sent from my iPhone

I did not receive a response to my question.

On July 10th, 2025, Kate Zernike published an article in the New York Times entitled

The Surprising Scientists Hit by Trump's D.E.I. Cuts

The N.I.H. has terminated hundreds of diversity grants awarded to young researchers, many of whom come from the very places that supported Trump.

(https://www.nytimes.com/2025/07/10/us/trump-science-nih-grants-dei-cuts.html?unlocked_article_code=1.VU8.e5oB.sGxegBP_Ilin&smid=url-share)

This article highlighted several white scientists from disadvantaged backgrounds of various sorts who had successfully competed for grants from the NIH MOSAIC (Maximizing Opportunities for Scientific and Academic Independent Careers) program. This is a K99-R00 transition award program that funds a mentored postdoctoral experience and then provides research funding if an awardee can obtain a suitable academic position. They are both highly competitive and quite prestigious. The MOSAIC program was a version of this program that was developed to encourage scientists from groups traditionally underrepresented in biomedical research.

The purpose of the Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) Postdoctoral Career Transition Award to Promote Diversity (K99/R00) program (https://grants.nih.gov/grants/guide/pa-files/PAR-21-271.html) is to support a cohort of early career, independent investigators from diverse backgrounds conducting research in NIH mission areas. The long-term goal of this program is to enhance diversity in the biomedical research workforce. The MOSAIC K99/R00 program is designed to facilitate a timely transition of promising postdoctoral researchers from diverse backgrounds (e.g., see Notice of NIH's Interest in Diversity) from their mentored, postdoctoral research positions to independent, tenure-track or equivalent research-intensive faculty positions.

The Notice of NIH's Interest in Diversity has been taken down, but is available from the Wayback Machine (https://web.archive.org/web/20250123164512/https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html)

There are four categories of diversity specifically laid out in this notice:

A. Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis
B. Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities
C. Individuals from disadvantaged backgrounds, defined as those who meet two or more selected criteria
D. Women in scientific disciplines where women have been shown to be underrepresented

Applicants who applied to the MOSAIC program had to provide an explanation justifying their eligibility, but the application was otherwise analogous to the parent K99/R00 program, and the level of competition was the same for both programs.

The grants in the MOSAIC program were terminated by the Trump administration because the MOSAIC program was categorized as a "DEI" program. These promising young investigators had their careers disrupted by these ill-informed actions that were deemed illegal by a federal judge first appointed by Ronald Reagan.

While I was a bit concerned about one interpretation of the New York Times article (we should be concerned about these grant terminations because they involve white people and not just racial minorities), I was glad to see coverage of the richness (dare I say, diversity) of these programs. Given that Director Bhattacharya had not demonstrated that he was spending much of his time understanding what NIH programs actually supported, I thought it was important to share the New York Times article with him.

Thu, Jul 10, 2:19 PM

Dear Dr. Bhattacharya: I wanted to make sure that you had seen this article (https://www.nytimes.com/2025/07/10/us/trump-science-nih-grants-dei-cuts.html?unlocked_article_code=1.VU8.e5oB.sGxegBP_Ilin&smid=url-share [Gift Link]) and attached.

This story captures just a few of the talented young scientists who have been caught up in the anti-DEI, anti-"ideological boondongle" agenda to which you have been contributing.

Sincerely yours,

Jeremy M. Berg
Director, NIGMS 2003-2011

I did not receive a response.

Transgender Scientists and Ben Barres

Background

During the month of May, I continued to think about Director Bhattacharya's "ideological boondoggles" comment. Given the vilification of trans people across the country and the Executive Order (XXX), I thought that grants to study transgender health almost certainly fits into this category in his mind.

I often think about the late Ben Barres, a transgender scientist from Stanford, whom I got to know through an NIH program. In 2004, NIH started a new program called the "NIH Director's Pioneer Award" program. These were large, 5-year grants awarded through a novel process with five-page essay applications articulating problems of interest and previous evidence of innovation. The program was intended to identify scientists who might not apply to NIH through normal mechanisms who had a lot to contribute to the NIH mission. The application process included interviews with the top 20-25 candidates.

When the first awards were announced, the winners were all male and several of them were well-established within the NIH system. I expressed disappointment to the NIH Deputy Director and then to the NIH Director about these outcomes and soon was asked to run the Pioneer program for the next year. Many women, women's groups, and others raised concerns about the lack of any women among the winners. They were concerned that this reflected bias in the process, represented a failure to capture pioneering talent, and sent bad messages to the scientific community.

Among the most vocal critics was Ben Barres, a leading neuroscientist from Stanford. Ben was very vocal with his concerns about the lack of representation of women and made some suggestions about possible sources of bias. As I was now running the program, all emails about the program were forwarded to me. I found Ben to be very passionate and relentless, but also thoughtful. We made a number of small adjustments to the program processes and were pleased to receive a substantial number of applications from both women and men. We also were able to recruit a good mix of reviewers. The first year the program staff involved with the program had to scramble at the due date for the applications as the number of last-minute applications exceeded their expectations.

For the interview committee, we required scientists who could cover lots of territory since a group of about 10 committee members had to cover 25 applications spanning the entire NIH mission. I thought of Ben. He was an MD/PhD neurologist and neuroscientist with broad knowledge and interests. We asked him to serve as the committee chair, and he agreed. A few days before the committee was scheduled to meet, I mentioned that we had recruited Ben as chair to the director of the National Institute of Neurological Diseases and Stroke. She said "Ben will be great… You do know that Ben used to be Barbara, right?" I did not know and was a taken aback.

Ben was, in fact, great as chair. In addition, I got to know him and discovered that he had absolutely unique perspectives on gender in science. He had been Barbara into his 40's and he had achieved tenure at Stanford. He then transitioned to Ben after discovering that gender dysphoria was a well-known phenomenon and his discomfort about being treated as a girl that he had felt essentially his whole life was not unique to him. Ben had

experienced decades as a female scientist and was into his second decade experiencing being a male scientist. He told me shocking stories such as one about one of the first seminars he gave as Ben when one scientist commented to another “His work is so much better than his sister’s.”

I interacted with Ben around some additional issues after the Pioneer interviews and found him to be one of the most committed, thoughtful, and passionate scientists I had ever met. In 2006, I was saddened to learn that he had died in his early 60’s from pancreatic cancer. He had a mutation in the BRCA2 gene that predisposed him to cancer and had earlier survived breast cancer as Barbara which led to a double mastectomy which he regarded as an improvement.

Ben wrote an autobiography which was published after his death. “Autobiography of a Transgender Scientist” recounted both his experiences as a girl interested in science, his career, and his transition and it consequences, and his scientific accomplishments around establishing to role of glia in the brain. It is a captivating book. I was thrilled to learn in June, 2024 that an award-winner film maker had been fascinating by Ben’s book and his story and was endeavoring to make a biopic entitled “Ask the Question” based on his book (link).

I decided that Director Bhattacharya would benefit from reading Ben’s book and decided to have a copy sent to him. I emailed him to let him know that this book was on the way.

May 19, 2025, 3:56 PM

Dear Dr. Bhattacharya: I took the liberty of sending you a copy of Ben Barres's autobiography. You may have known Ben (or known of Ben) as he was a longtime colleague of yours at Stanford. I got to know Ben when he helped NIH adjust the NIH Director's Pioneer Award program and served as Chair of the interview committee. I learned a lot from Ben; you might as well. He was a great person and a very important scientist.

The book should arrive from Amazon on Thursday.

Sincerely, Jeremy Berg

I did not receive a response from Director Bhattacharya. However, I did receive a response from the NIH Executive Secretariat, a group that handles official correspondence, three weeks later.

Tue, Jun 10, 1:53 PM

Dear Dr. Berg,

Thank you for your email to Dr. Jay Bhattacharya, Director of the National Institutes of Health (NIH), and for sending a copy of *The Autobiography of a Transgender Scientist*.

Dr. Bhattacharya appreciates receiving this tribute to the work and remarkable life of a fellow Stanford student, Ben Barres.

Sincerely,
NIH Executive Secretariat

It would have been better if they had not bothered to respond. Ben was a fellow Stanford student. Barres attended MIT as an undergraduate, and Dartmouth and Harvard for medical school and graduate school, respectively. Barres' experiences as a woman at MIT figure prominently in his book. It seemed clear that he had not bothered to read it.

Senate Appropriations Subcommittee Hearing Testimony

Background

NIH has terminated hundreds of ongoing grants. These were not termination "for cause", but rather because the topics were deemed objectionable to the administration because they involved "DEI", transgender health, vaccine hesitancy, and other topics. Two lawsuits were filed about these terminations, one filed by the American Public Health Association (APHA), the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), and Ibis Reproductive Health with legal representation from the American Civil Liberties Union (ACLU) and Democracy Forward (https://www.aclu.org/cases/apha-v-nih) and the other filed by Attorneys General from 16 states with Democratic Attorneys General. Because of substantial overlap, the suits were combined.

On June 10th, 2025, Director Bhattacharya testified before the Senate Appropriations Subcommittee that oversees the NIH (https://www.youtube.com/watch?v=xLRsD8ABGOs). He testified that he had made the decisions to move away from "politicized science' (around 26:30).

On June 16th, 2025, Federal District Court Judge William Young, first appointed to the court 40 years ago by President Ronald Reagan, ruled against the NIH and HHS, striking down the terminations on the grounds that they violated the Administrative Procedure Act. Judge Young also made a strong statement from the bench, calling out what he saw a overt racial discrimination (https://www.aclu.org/press-releases/federal-district-court-strikes-down-nihs-unlawful-directives-that-led-to-the-elimination-of-critical-research).

I wrote to Director Bhattacharya to call his attention to Judge Young's ruling.

Jun 18, 2025, 3:26 PM

Dear Dr. Bhattacharya:

In the recent hearing before the Senate HELP committee, you testified that you have made the decisions to move away from “politicized science”, in response to a question from Senator Baldwin. Earlier this week, a Federal Judge, first appointed to the Federal bench by Ronald Reagan when you were 16 years old, ruled that many of these grant terminations were “arbitrary and capricious”. His decision was based, in part, on the fact that no evidence was introduced that any serious analysis was done on the content of these grants prior to terminating them.

Today, according to news reports, grants to Columbia University were unfrozen this morning around 9:30 A.M. and then refrozen by 2:30 P.M.. I know from my time at NIH that grants management specialists were almost certainly working hard releasing awards during the day, only to be told to undo all their work in the afternoon.

I realize that you are in a challenging political environment. But you are being paid by American taxpayers to lead the NIH, and you need to do so. You need to treat this deadly serious job with the respect it deserves. You need to protect the NIH staff from the whims and fits from others in the administration so that they can do their jobs, supporting important research that is foundational for the health of our nation now, and in the years to come.

Sincerely, Jeremy M. Berg

Director, National Institute of General Medical Sciences, 2003-2011

I made a minor correction to my email the next day.

Jun 19, 2025, 3:44 PM

Dear Dr. Bhattacharya: In re-reading my email, I realized that it was the Senate Appropriations subcommittee and not the HELP committee where you testified about personally authorizing the termination of grants related to "politicized science".

Sincerely, Jeremy Berg

I did not receive a response to either email.

Funding Innovative Early Career Investigators

Background

Director Bhattacharya had started to appear on a range of podcasts, often with right-leaning hosts. He appeared a podcast with hedge fund manager Bill Ackman in late June. About 20 minutes into the podcast, the conversation turned to supporting innovative research by young investigators. Director Bhattacharya said that he had heard from the former President of the Howard Hughes Medical Institute (HHMI) about funding models. Bill Ackman suggested that NIH should funding promising early-stage investigators with substantial 5-7 year grants. Bhattacharaya said "And I think that is a very productive way forward, something we will definitely look into to figure out how to do this in an NIH context."

I was dismayed because I had played a major role in setting up a program at NIH with exactly these characteristics in 2006. It is called the "NIH Director's New Innovator Award" program. This program has been evaluated and is regarded as being highly successful. It was deeply troubling that Director Bhattacharya had managed to become NIH Director, and participate in a discussion with the former President of HHMI about funding innovative research from early-stage investigators, and still did not know about the NIH Director's New Innovator Award program. I mean, it is called the "NIH DIRECTOR'S New Innovator Award" program.

I emailed Director Bhattacharya on the Fourth of July.

Jul 4, 2025, 6:22 PM

Dear Dr. Bhattacharya: I am spending some of my holiday listening to some of your podcast appearances. I was listening to your podcast with Bill Ackman and stopped when I heard this exchange:

Ackman: Why not have a … back the young scientists, you know the brilliant young scientist where you are evaluating the person, and you say. I am going to do a Howard Hughes-type grant. And take some portion of NIH funding and put it toward … why not have actually have a specific pool of capital available where you are betting on the athlete, you know, the promise of the athlete, and give them longer term funding, you know 5 to 7 years?

Bhattacharya: I think that is a great idea, Bill. In fact I was just talking with the former head of the Howard Hughes Medical Institute Bob Tjian and he pitched exactly a very similar idea to me. And I think that is a very productive way forward, something we will definitely look into to figure out how to do this in an NIH context.

I want to save you some trouble in figuring this out. I was involved in establishing such a program in 2007. It is quite visible and called the "NIH Director's New Innovator Award" program (DP2).

I attach a document that includes some of the history, links to evaluations of this program that have been done, and other materials.

I would strongly recommend that you arrange briefings from knowledgeable NIH staff about programs that align with your stated priorities of high risk research (perhaps, particularly those with the "NIH Director's" designation on them), replication, and so on. It is embarrassing to me as a former NIH Institute Director who makes so many extensive public appearances and does not acknowledge existing NIH programs, either out of ignorance or for other reasons.

Do not hesitate to contact me if you have questions or require additional information.

Sincerely yours,

Jeremy M. Berg
Director, NIGMS 2003-2011

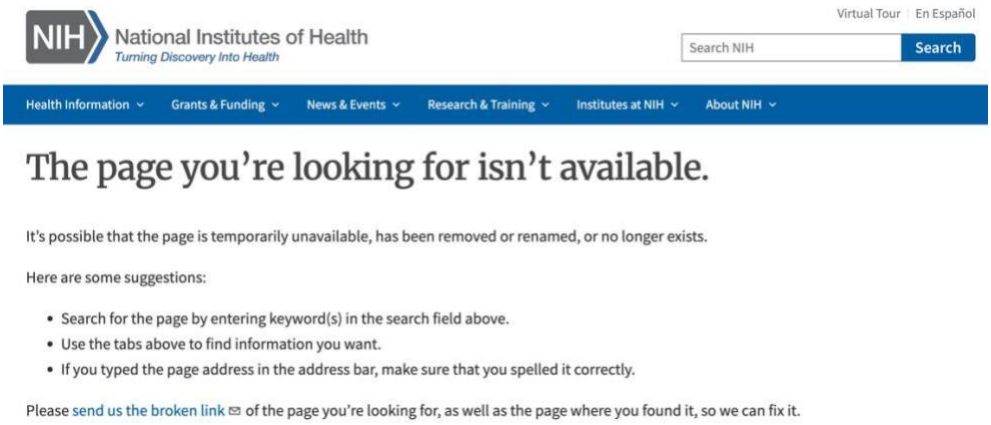
Here is the attachment:

In February 2007, I was called out of a meeting to meet with NIH Director Elias Zerhouni and Budget Director John Bartrum (now Major General in the Air Force and Senior Advisor to the Department of Veterans Affairs (https://department.va.gov/staff-biographies/john-j- bartrum/) to discuss a possible new program. Congress was working on mid-year plans to fund the government, and they expressed enthusiasm for the recently launched NIH Director's Pioneer Award Program, and had heard Dr. Zerhouni's deep concerns regarding young investigators. As I was now the lead on the Pioneer program, they asked me if we could set up a "junior Pioneer" program in time to fund awards by the end of the fiscal year in September. I said that I thought we could and headed back to the Natcher building to talk with our staff to see how this could be accomplished. This became the NIH Director's New Innovator Award Program (https://commonfund.nih.gov/newinnovator). These awards provided 5 years of funding with $1.5 M over this period (in 2007, approximately $2.3 M today). The program involved a 10-page essay rather than a traditional NIH proposal (then 25 pages) featuring mainly evidence of past accomplishments, and articulation of the problem of interest.

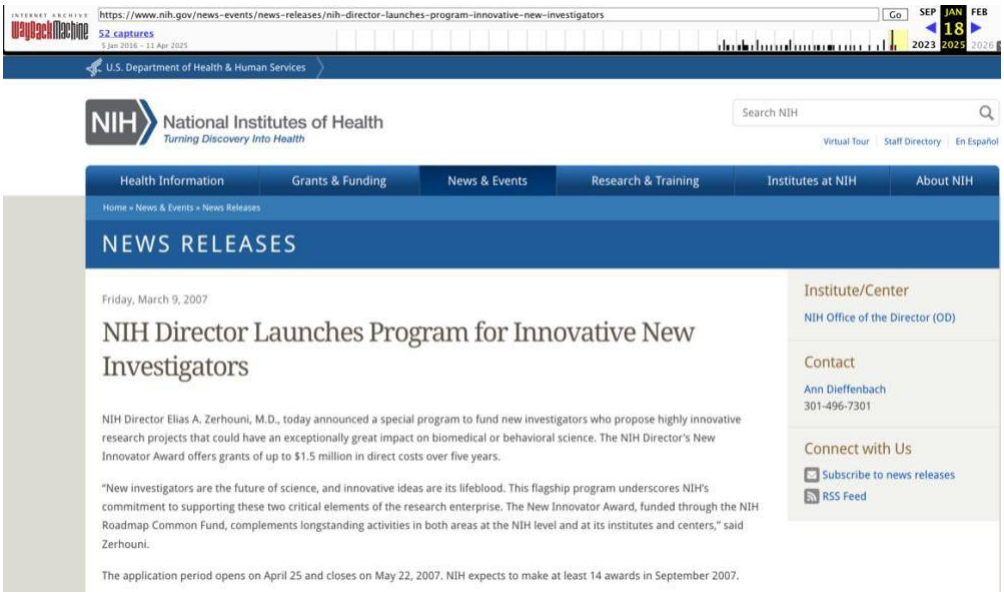
This program has been subjected to arms-length evaluations (Outcomes: https://commonfund.nih.gov/sites/default/files/HRHR%20New%20Innovator%20Award%20Outcomes%20Evaluation%202007-2009_508%20compliant.pdf); Process: https://commonfund.nih.gov/sites/default/files/HRHR%20NIA%20FY%202007-2009%20Process%20Evaluation.pdf). The New Innovator program has been seen as a model and leaders have called for its expansion. For example, Science Editor-in-Chief wrote an editorial in 2009 entitled "On incentives for Innovation" (https://www.science.org/doi/10.1126/science.1184848). Dr. Alberts wrote:

> The New Innovator Award and two others that specifically encourage innovation (NIH's Pioneer and Transformative R01 Awards) make a big difference to those who receive them. But there are far too few to change the culture for scientists starting new labs. Most remain unwilling to take the risk of pursuing ambitious ideas, recognizing that extensive preliminary results will be required to obtain funding from a traditional study section.
>
> NIH has committed $80 million to support New Innovator Awards for 2010. One can ask whether this investment of only 0.27% of the NIH budget is appropriate. To me, the answer is a definite no. A major increase in the number of these 5-year awards to, say, 500 each year would send a very different signal to young people by supporting a culture of innovation and thus the long-term health of the scientific enterprise. Private foundations (for example, the Howard Hughes Medical Institute and Wellcome Trust) continue to promote initiatives that support creative and transformative research. National governments should take serious note.

In preparing this note, I searched for the original Press Release when the New Innovator program was announced. I found it, but discovered this:



Fortunately, the Internet Archive captured the site before it was taken down (see https://web.archive.org/web/20250118231410/https://www.nih.gov/news-events/news-releases/nih-director-launches-program-innovative-new-investigators)



I would suggest that you make efforts to receive briefings from knowledgeable NIH staff about programs aligned with your stated priorities (High risk-high-reward research, Replication studies, and so on).

You will benefit from learning more about NIH's previous and ongoing efforts rather than allowing others to attempt to hide or delete it.

I did not receive a response.

The Use of Animals in Research

Background

On July 7th, at an FDA-NIH Workshop on Reducing Animal Testing, Nicole Kleinstreuer, Acting NIH Deputy Director for Program Coordination, Planning and Strategic Initiatives at NIH, made an announcement that "NIH will no longer seek proposals exclusively for animal models". This comment cause considerable consternation in the scientific community as it was not clear what she was saying. In the end, it appears that what she meant was that NIH would no longer issue Notices of Funding Opportunity that called exclusively for development of animal models. In the past, NIH had had programs directed to, for example, the development of mouse models for disease. The sloppy use of language of a policy with potentially broad implications was unfortunate.

I decided to email Dr. Kleinstreuer and Director Bhattacharya to seek clarification and to remind them that research using a wide range of animal systems had led to fundamental insights that informed treatments to promote human health.

Dear Drs. Kleinstreuer and Bhattacharya: I watched with interest part of the "FDA & NIH Workshop on Reducing Animal Testing" including Dr. Kleinstreuer's presentation. As you likely know, Dr. Kleinstreuer's announcement that "NIH will no longer seek proposals exclusively for animal models" has gotten considerable attention.

While this comment was made in the context of discussions of research toward the applied end of the research spectrum, that is, near therapeutic testing and development, this blanket statement could be interpreted to include fundamental research in a wide variety of organisms that have transformed our understanding of biology.

Perhaps one of the most profound observations about biology made and reinforced over and over during the past 80 years is the great unity of biology at the molecular and cellular levels. Molecules and mechanisms are remarkably conserved from unicellular organisms through human beings, beginning with the universality of DNA and the genetic code, but extending into, for example, detailed mechanisms in the nervous system.

At the same time, many organisms offer advantages by virtue of unique characteristics, ease of growth, scale, and so on that make them uniquely powerful for uncovering fundamental biological mechanisms that apply to all or nearly all organisms including human beings. Studies with human populations, human cell lines, and AI cannot possibly replace these animal-based studies.

This is illustrated by observing that the seminal discoveries leading to the Nobel Prizes in Medicine or Physiology over the past 25 years have been based in mice, rats, nematode worms, fruit flies, frogs, yeast, tetrahymena, grasshoppers, sea urchins, and sea squirts.

I understand that having the most predictive, cost-effective, and ethically sound tools for testing the efficacy and safety of potential therapeutics is a compelling need.

However, I hope that you would issue a statement clarifying the proposed policy change regarding the use of animals for fundamental and mechanistic studies that are essential to pushing forward the NIH mission in the short run and, especially, in the long run.

Thank you for your prompt attention to this important issue.

Sincerely yours,

Jeremy M. Berg
Director, NIGMS 2003-2011

I did not receive a reply.

The Bethesda Declaration

Background

On June 9th, 2025, a group of courageous current and former staff members sent Director Bhattacharya a letter expressing their concerns about actions that had been taken by the Trump administration that the signers felt were inconsistent with the NIH mission. They termed this letter of dissent the "Bethesda Declaration", referencing the "Great Barrington Declaration", an open letter of dissent against COVID policies that was written by Bhattacharya and two colleagues.

Here is the text of the Bethesda Declaration:

Dear Dr. Bhattacharya,

For staff across the National Institutes of Health (NIH), we dissent to Administration policies that undermine the NIH mission, waste public resources, and harm the health of Americans and people across the globe. Keeping NIH at the forefront of biomedical research requires our stalwart commitment to continuous improvement. But the life-and-death nature of our work demands that changes be thoughtful and vetted. We are compelled to speak up when our leadership prioritizes political momentum over human safety and faithful stewardship of public resources.

Many have raised these concerns to NIH leadership, yet we remain pressured to implement harmful measures. Today, we come directly to you. We include Secretary Kennedy and members of Congress who oversee NIH. We look forward to working with you and Department of Health and Human Services (HHS) leadership to maintain NIH as the world leader of biomedical research.

Our Shared Commitment to Academic Freedom

Academic freedom is a core scientific principle, and we deeply appreciate your public commitment to it at your confirmation hearing, in your April 24 statement on academic freedom, and in recent media interviews. You said: "I will establish a culture of respect for free speech in science and scientific dissent at the NIH," "Dissent is the very essence of science," and "...dissenting voices need to be heard and allowed." We hope you will welcome this dissent, which we modeled after your Great Barrington Declaration.

Our Concerns

This Administration has forced NIH, under your watch, to**:**

1) Politicize research by halting high-quality, peer reviewed grants and contracts. Academic freedom should not be applied selectively based on political ideology. To achieve political aims, NIH has targeted multiple universities with indiscriminate grant terminations, payment freezes

for ongoing research, and blanket holds on awards regardless of the quality, progress, or impact of the science. Based on political preferences and without input from NIH scientific staff or Congress, NIH is censoring critical research and programs addressing:

- **Health disparities.** U.S. Law (42 U.S.C. § 282) states that NIH *shall* "utilize diverse study populations, with special consideration to biological, social, and other determinants of health that contribute to health disparities." Yet, NIH has stigmatized and abruptly cut off funding for research mislabeled "Diversity Equity and Inclusion (DEI)." Achieving your stated goal to "solve the American chronic disease crisis" requires research addressing the social and structural drivers of health disparities.
- **COVID-19, long COVID, and immunization.** We still have much to learn about the health and social consequences of COVID-19 and our response. Such research is needed to reduce the risk of future pandemics, optimize pandemic response policies, and address the well-documented and debilitating consequences of long COVID.
- **Health impacts of climate change.** Substantial evidence shows human-driven climate change leads to higher rates of disease and death, such as asthma, heart disease, and stillbirths. Research is critical to find effective ways to reduce these and other health impacts of climate change.
- **Gender identity, sexual health, and the needs of intersex people in the U.S.** These topics deserve research attention, and NIH has a long tradition of supporting rigorous research in these fields.
- **Broad participation in biomedical research.** Robust research shows diverse teams outperform homogeneous ones. A broad workforce strengthens research capacity and supports globally competitive science. Due to misunderstanding of its workforce diversity programs, NIH terminated top-scoring grants to scientists from underrepresented backgrounds, while maintaining poorer-scoring grants from standard pathways, contrary to the merit-based system that makes NIH a global research leader.

Since January 20, 2025, NIH has terminated 2,100 research grants totaling around $9.5 billion and $2.6 billion in contracts. This undercuts long-standing NIH policies designed to maximize return on investment by working with grantees to address concerns and complete studies. Many terminations contradict federal regulations that mandate protections for research participants and require grant awards to specify potential termination reasons. These terminations:

- **Throw away years of hard work and millions of dollars**. Ending a $5 million research study when it is 80% complete does not save $1 million, it wastes $4 million.
- **Shirk commitments to participants**, who braved personal risk to give the incredible gift of biological samples, understanding that their generosity would fuel scientific discovery and improve health.
- **Risk participant health.** NIH trials are being halted without regard to participant safety, abruptly stopping medications or leaving participants with unmonitored device implants.
- **Damage hard-earned public trust**, counter to your stated goal to improve trust in NIH.

We urge you as NIH Director to restore grants delayed or terminated for political reasons so that life-saving science can continue.

2) Interrupt global collaboration. We would gladly work with you to improve existing systems to monitor awards with foreign components. But dissolving foreign collaborations while we await new procedures harms research participants and slows scientific discovery, cutting American scientists off from the global scientific community, preventing access to technologies only available abroad, and eliminating critical research that crosses political borders. ***We urge you as NIH Director to allow rigorously peer-reviewed research with vetted foreign collaborators to continue without disruption.***

3) Undermine peer review. Independent peer review is the bedrock of NIH science, directing scarce resources toward the most impactful research and ensuring credible findings that can lead to better health. Without independent peer review, we risk losing scientific integrity and public trust. NIH is ignoring peer review to cater to political whims, pulling applications prior to review and removing high-scoring grants from funding consideration. HHS has redirected this funding to unvetted projects, like the Taubenberger-Memoli vaccine project. ***We urge you as NIH Director to restore peer review and hold political appointees to the same standards as other scientists.***

4) Enact a blanket 15% cap on indirect costs. Until recently, indirect costs were negotiated using well-established criteria, accounting for critical research needs and very real costs, such as buildings, animal facilities, computers, libraries, and administrative support. The arbitrary 15% cap would hinder research, risk viability of universities and hospitals in states across the country, force universities to rescind graduate student positions, limit undergraduate research training, and damage the incredibly successful NIH-university partnerships that have improved health through scientific advances. ***We urge you as NIH Director to continue indirect rates that account for the research costs borne by academic institutions.***

5) Fire essential NIH staff. The cuts to talented, hardworking professionals and critical departments without thought to their purpose or need has slowed the pace of science, held up extramural grant and contract funding, made NIH less transparent and efficient, and put Clinical Center patients at risk. ***We urge you as NIH Director to reinstate the people who make NIH work.***

Delivering on your duty to obligate NIH funds

Combined, these actions have resulted in an unprecedented reduction in NIH spending that ***does no***t reflect efficiency but rather a dramatic reduction in life-saving research. Some may use the false impression that NIH funding is not needed to justify the draconian cuts proposed in the President's Budget. This spending slowdown reflects a failure of your legal duty to use

congressionally-appropriated funds for critical NIH research. Each day that NIH continues to disrupt research, your ability to deliver on this duty narrows.

Who We Are

We are workers from every Institute and Center at NIH. We are devoted to the NIH mission: to seek and apply fundamental knowledge "to enhance health, lengthen life, and reduce illness and disability." We share your stated goal of supporting impactful research that, as you said at your confirmation hearing, is "vital to our country's future and, indeed, the world's." We work hard every day to carefully steward public funds to drive impactful, cutting-edge research. We want to work together to maintain NIH's tradition of excellence.

On June 9, 2025, we sign this declaration in Bethesda, Maryland, U.S. In addition to the named signers, we include anonymous signers and speak for countless others at NIH who share our concerns but who — due to a culture of fear and suppression created by this Administration — chose not to sign their names for fear of retaliation.

I had learned about the existence of the Bethesda Declaration a couple of weeks before it was eventually released. I managed to get connected to the primary authors and learn about their plans. I realized that I and, I thought, many others in the scientific community and the public would be interested in having an opportunity to sign a statement in support of these brave and committed public servants. I drafted such a statement. I realized that I did not have any experience in collecting signatures online. I reached out to Colette Delawalla, the founder of Stand Up for Science (SUFS) , an organization that had been playing a leading role in pushing back against some of the anti-science actions in the country. She agreed that SUFS would be a partner in launching and publicizing the Bethesda Declaration and the support letter.

Here is the text of the support letter:

The mission of the National Institutes of Health (NIH) is to “seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.”

In public comments, NIH Director, Dr. Jayanta Bhattacharya, has recognized the critical nature of this mission and has described the NIH as the “crown jewel of American biomedical science”.

Unfortunately, many of the actions of the current administration are inconsistent with this mission and statement. These actions undermine the unique and productive partnership between the federal government and universities, academic medical centers, and research institutes that has served the American people well over many decades. They are damaging the hard-earned trust between the NIH, academia, and the public that is essential for long-term progress.

We commend the NIH staff who have come forward with the “Bethesda Declaration” to share concerns in the spirit of academic freedom, for the good of all. We stand with these committed professionals in support of reversing the harmful actions of this administration. We urge NIH and Department of Health and Human Services (HHS) leadership to work with NIH staff to return the NIH to its mission and to abandon the strategy of using NIH as a tool for achieving political goals unrelated to that mission.

As has been done historically, decisions and monitoring of applications and grants should be conducted by scientifically trained NIH staff through well-established processes including rigorous peer review. Such decisions must not be made by anonymous individuals outside of NIH.

Like any large organization, NIH would benefit periodic review and strategic reforms. However, any reforms should be developed in partnership with NIH staff and other stakeholders through careful and thoughtful analysis. They should not occur through arbitrary changes with no clear purpose or benefits, and without careful consideration of potential risks and adverse consequences—especially to the research participants who have entrusted NIH and its partners with their health.

The current endeavor to Make America Healthy Again (MAHA) refers to some undefined time in the past. Since 1960, the death rate due to heart disease has been cut in half, going from 560 deaths per 100,000 people to approximately 230 deaths per 100,000 today. From 1960 to the present day, the five-year survival rate for childhood leukemia has increased nearly 10-fold, to over 90% for some forms. In 1960, the rate of measles infection was approximately 250 cases per 100,000 people compared with a near zero rate now (at least until recently). These are but a few of many examples. Certainly, much work remains to better treat disease and improve the health of Americans, such as addressing increased rates of obesity, diabetes, and opioid dependency. But, glamorizing a mythical past, while ignoring important progress made through biomedical research, does not enhance the health of American people.

Before the mid-1960s, many of the advances that were ushering in a new era in biology were coming from Europe. However, with support from the NIH, the contributions of American scientists grew over the next decades and America became the internationally recognized hub for biomedical research and training. This, combined with the American entrepreneurial spirit, led to the creation of the biotechnology industry. America was an important partner in the successful international project to sequence the human genome in its entirety and to characterize many variations that contribute to health and disease susceptibility. These advances, and associated technologies, have provided profound insights into the mechanisms of many diseases, both common and rare, that are yielding opportunities for real progress to advance human health, some of which have been realized.

Now is the time to push forward the NIH mission and all that has been built to support it, not to disable it. We urge NIH and HHS leadership to work in partnership with the NIH staff members who have spoken out to refocus on this goal using time-tested processes

to award and sustain support for the range of activities that drives the NIH mission, now and into the future.

On July 18th, 2025, Director Bhattacharya did an interview with Walter Isaacson on Amanpour and Company (see https://www.youtube.com/watch?v=GNRfax5LcZM). During this interview, he stated that he was going to meet with the signers of the Bethesda Declaration.

I knew that this meeting had been arranged, but that the person who actually sent the email to Director Bhattacharya with the Bethesda Declaration as well as signers who has been visible in public regarding issues covered by the Bethesda Declaration.

I felt it was important to try to encourage Director Bhattacharya to include all of the signers including these individuals. To my knowledge, he had not been involved in setting up the meeting and I thought it was possible that he did not know about these exclusions.

I emailed Director Bhattacharya the next day.

Jul 19, 2025, 4:26 PM

Dear Dr. Bhattacharya: I watched with interest your interview with Walter Isaacson. You may not know that Walter attended an all-day Institute and Center Directors retreat during my time as Director of NIGMS. He is an impressive person.

I heard that you are meeting with the signatories of the Bethesda Declaration next week. I have heard that the meeting is on Monday. I also have heard from numerous sources that the meeting does not include the NIH staff member who actually emailed you the Bethesda Declaration nor several other members who have been visible in public speaking about the Declaration.

Excluding certain signatories, particularly the most outspoken ones, seems quite inconsistent with your statement that "you really value this kind of collaborative back and forth."

In my view, it makes you look unserious about encouraging thoughtful dissent.

I hope you will rectify this situation before the meeting takes place.

Sincerely yours,

Jeremy M. Berg
Director, NIGMS 2003-2011

I did not receive a response and there were not additional invitations to the meeting which did take place. Note that this meeting took place fully six weeks after the receipt of the Declaration.

Comments from Director Bhattacharya about “Politicization of Science”

Background

As I listened to the rest of Director Bhattacharya’s interview with Walter Issacson, he commented on how he viewed the “politization” of science funded by NIH. I found it very frustrating that he seemed to know (or care) nothing about the NIH programs intended to increase representation in the biomedical workforce: their history; their purpose; the connection (and lack of connection) with minority health. He concluded that the “DEI” programs were a failure because there were still health disparities. His statement was so ignorant and wrong-headed, I felt I had an obligation to enlighten him.

I emailed him a few hours after my previous email.

Sat, Jul 19, 8:17 PM

Dear Dr. Bhattacharya:

Toward the end of your interview with Walter Isaacson, you made what I feel to be some truly outlandish and ill-informed comments. You said

"There were elements of the NIH portfolio that were also like that... essentially trying to use the NIH as a weapon in a political war that we are really poorly equipped to fight....ah, the DEI, for instance. I think that's something the NIH..... I [unintelligible] strongly believe that we should invest in minority health. If minority populations have bad...worse health outcomes... have bad health outcomes, we, the NIH, as part of our mission, should invest in improving the health of minority populations. I 100% believe in that. But what did those DEI investments actually improve minority health? No, minority health has lagged behind, just as the health of many, many other American groups. We have to, like, use the NIH to improve health, rather than to use the NIH as part of an ideological political war. So I think removing that, which they are calling political, is actually depoliticizing the NIH."

Let me list some of the issues I have with this statement.

(1) "DEI" is not defined. This lack of a definition was a key concern from the Reagan-appointed judge who oversaw two lawsuits against NIH and HHS and contributed to his finding that many grant terminations were capricious, arbitrary, and illegal.

(2) Assuming you are using "DEI" to refer to NIH programs to increase representation of groups historically underrepresented in biomedical research, you would do well to learn some of the history of these programs. These programs go back to the 1960's where efforts were made to capture some of the talent among African Americans who were not exposed to biomedical research opportunities. The creation of these programs was, in large part, a partnership between Dr. Ruth Kirschstein, one of the icons of NIH, and Republican Senator Ed Brooke. The history is well described in the biography of Ruth Kirschstein, freely available on the NIH website (https://www.nih.gov/about-nih/history/always-there-remarkable-life-ruth-lillian-kirschstein-md). These were not established as part of some ideological political battle, but rather as well-studied attempts to advance the NIH mission. You would also benefit from learning more about Dr. Kirschstein who contributed to NIH and its noble mission in many ways.

(3) I hope you are aware of the large body of literature that reveals that representation matters in medicine and biomedical research. Individuals from racial minority backgrounds tend to have better health outcomes when treated by healthcare providers from the same background. This is also true for research. Individuals tend to be attracted to research fields to which they feel some personal connection. This is true for cancer research, basic science, and health disparities research. Indeed, NIH's own study (Topic choice contributes to the lower rate of NIH awards to African-American/black scientists, Science Advances, 2019 attached) revealed that 20% of the

gap in grant success rates for Black scientists could be attributed to choosing topics such as minority health that tended to be underfunded.

(4) You cite the lack of progress regarding health disparities. Indeed, addressing health disparities are a key, perhaps the key, to making America healthier. However, to blame NIH programs focused on workforce diversity for the lack of progress reveals a complete lack of understanding of these programs. Much research and, particularly, implementation of policies remains to be done to make progress on health disparities and capricious termination of grants and programs, some of which were, in fact, focused on health disparities, is misaligned with your stated goals.

(5) You fail to note that the eligibility criteria for NIH "diversity" programs are much broader than racial and ethnic minorities. Indeed, I previously sent you an article with interviews of some of the young scientists whose grants were terminated for the sole reason that they applied to a program with a "diversity" focus. Importantly, these programs do not involve set aside funds but are just as competitive as their "parent" programs. I don't know your path to Stanford when you had spent your entire educational and faculty career. I, too, received my B.S. and M.S. degrees from Stanford. I was privileged to grow up in an academic family where I understood the science career path and benefitted from an outstanding public school system. However, I am certain that the NIH mission will be better fulfilled by including individuals with different, and less privileged, backgrounds in biomedical research.

(6) You cite the use of NIH as a weapon in political wars. This is, in fact, a huge problem. The Trump administration is using NIH funding as a cudgel to punish universities. Please explain how blocking reimbursement for all grants at institutions such as Northwestern University without any clear explanation or request serves the NIH mission. The pretext for these actions is, even more offensively, claimed to be antisemitism, often in the context of protests against the disgusting behavior of the Israeli government in Gaza. Accusing someone of antisemitism because of their passionate objections to these outrageous actions seems to me to be analogous to accusing someone of being anti-Catholic because of their outrage over the Catholic Church's handling of pediphile priests. As a straight, cis, white male I have rarely had to deal with identity-based prejudice. However, my mother, as a Jewish woman interested in medicine in the late 1940's, had to deal with frank, institutional antisemitism. Indeed, as I discovered from Dr. Kirschstein after my parents had passed on, she and her husband were close friends of my parents during medical school, drawn together by their common experience of antisemitism, among other factors. Antisemitism and other hateful attitudes and acts have no place in our society. But, you cannot convince me that this is the actual motivation for the use of NIH funding as a weapon is concern about antisemitism and, even if it were, this use of NIH funding would be completely inappropriate.

I hope you will learn more about NIH programs and their histories and will be able to move beyond vague talking points, embarrassing yourself and the agency that matters so much to the American people.

Sincerely yours,

Jeremy M. Berg
Director NIGMS, 2003-2011

I did not receive a response.