United States Senate

HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE

Bernard Sanders, Ranking Member
Minority Staff Report
February 2, 2026

Putting Cures Out of Reach: Trump's National Institutes of Health

I. Executive Summary

Since taking office, Trump has repeatedly promised to help American patients.

Trump has said he is "committed to restoring a gold standard for science."[1] He has claimed that "we've made tremendous strides in cancer research, far more than anyone has done. And we have the greatest minds, the greatest people working on it."[2] He has promised "we're going to defeat childhood cancer once and for all."[3] He has vowed to "end the chronic disease epidemic."[4]

Trump has also claimed he would help patients by lowering prescription drugs prices. In May, he announced a new executive order: "My administration will secure what we're calling most favored nations drug pricing. The principle is simple, whatever the lowest price paid for a drug in other developed countries, that is the price that Americans will pay."[5] In August, Trump said he would fire "every single one" of his top officials if they did not "have drug costs that drop like a rock."[6] He later said he would cut prices by "1,200, 1,300 and 1,400, 1,500%."[7]

Senator Bernie Sanders, Ranking Member of the Senate Health, Education, Labor and Pensions Committee (HELP Committee) directed his staff to examine the record of the U.S. National Institutes of Health—the world's leading funder of medical research—to assess Trump's claims.

Key Findings

- **Under Trump, NIH has cut research into new treatments and cures.**
    - NIH has terminated or frozen 116 cancer research grants ($273 million), 65 Alzheimer's research grants ($94 million), 68 diabetes grants ($83 million), and 71

[1] Restoring Gold Standard Science, The White House (May 23, 2025), https://www.whitehouse.gov/presidential-actions/2025/05/restoring-gold-standard-science/.
[2] Remarks on Signing an Executive Order on Unlocking Cures for Pediatric Cancer With Artificial Intelligence and an Exchange With Reporters, The American Presidency Project (Sep. 30, 2025), https://www.presidency.ucsb.edu/documents/remarks-signing-executive-order-unlocking-cures-for-pediatric-cancer-with-artificial.
[3] Id.
[4] The Inaugural Address, The White House (Jan. 20, 2025), https://www.whitehouse.gov/remarks/2025/01/the-inaugural-address/.
[5] "Fact Sheet: President Donald J. Trump Announces Actions to Get Americans the Best Prices in the World for Prescription Drugs." The White House (2025). https://www.whitehouse.gov/fact-sheets/2025/07/fact-sheet-president-donald-j-trumpannounces-actions-to-get-americans-the-best-prices-in-the-world-for-prescription-drugs/
[6] "President Trump Participates in a MAHA Commission Event." The White House via YouTube (2025). www.youtube.com/watch?v=dDkYJxE9WTc
[7] Tami Luhby. "Trump is promising to slash drug prices by 1,500%. Here's what's really happening." CNN (2025). https://www.cnn.com/2025/08/11/business/prescription-drug-prices-trump

heart disease grants ($111 million grants), representing nearly half a billion dollars in research cuts into some of the leading causes of deaths in the country.[8]

Table 1: Examples of Terminated Grants

Disease	Institution	Project Description	Total Grant Amount
Cancer	Duke University	Funded the development of next-generation cancer treatments, including tumor vaccines.	$20.8 million
Alzheimer's	Johns Hopkins University	Funded a 35-year study that followed individuals from childhood to midlife to identify risk factors for Alzheimer's.	$3.1 million
Diabetes	Stanford University	Tested whether home deliveries of nutritious food improved health outcomes in patients with diabetes, as part of a "Food is Medicine" approach	$2.7 million
Heart Disease	Johns Hopkins University	Funded different strategies to reduce heart health disparities.	$18.9 million

  - NIH has reduced funding of research into major diseases, with new competitive grants for cancer, Alzheimer's, diabetes, and heart disease declining by 16 percent in 2025 compared to 2024.[9]
  - NIH has defunded 304 clinical trials that cumulatively sought to enroll hundreds of thousands of patients, including 69 trials for children.[10]
  - NIH is using a list of banned words to determine which research receives extra scrutiny and is eligible for continued funding, according to interviews with NIH staff.[11] According to NIH staff, banned words include "apartheid," "COVID," "climate change," "inequity," and "vaccine acceptance," in addition to terms referring to different population subgroups.

- **Under Trump, NIH has not used its power to make existing treatments available to everyone who needs them at reasonable prices.** Every single drug invented with the help of NIH scientists is sold at a lower price in other countries than it is in the U.S.
  - Gilead Sciences charges patients in the U.S. $504,000 for Yescarta, a cancer drug, while patients in Japan pay $182,000 for the exact same drug.
  - Johnson & Johnson charges Americans $57,000 per year for the HIV drug Symtuza while patients in Japan pay just $8,900 per year.

[8] HELP Minority staff analysis of terminated and frozen grants, as of January 26, 2026.
[9] HELP Minority staff analysis of Type 1 and Type 2 grants, 2015-2025.
[10] HELP Minority staff analysis of terminated and frozen clinical trials, as of January 23, 2026.
[11] NIH Staff Guidance "Reviewing Grants for Priority Alignment"

Table 2: Americans pay the highest prices in the world for treatments developed with the help of NIH scientists.[12]

Name	Company	Condition	U.S. price	International price	How much more U.S. patients pay[13]
Abecma	BMS	Cancer	$544,000	• Canada: $394,000 • United Kingdom: $503,000	1.38
Hemgenix	uniQure/CSL	Hemophilia	$3,500,000	• Germany: $2,375,000 • United Kingdom: $3,494,000	1.47
Luxturna	Spark	Blindness	$914,000	• Germany: $657,000 • United Kingdom: $824,000	1.39
Prezcobix	Johnson & Johnson	HIV	$30,000	• Japan: $3,800 • Canada: $6,600	7.88
Roctavian	BioMarin	Hemophilia	$2,558,000	• Germany: $826,000	3.10
Spravato	Johnson & Johnson	Depression	$28,000	• Germany: $13,000 • United Kingdom: $15,000	2.16
Symtuza	Johnson & Johnson	HIV	$57,000	• Japan: $8,900 • Germany: $9,000 • United Kingdom: $11,000	6.39
Tecartus	Gilead Sciences	Cancer	$504,000	• Germany: $316,000 • United Kingdom: $424,000	1.59
Yescarta	Gilead Sciences	Cancer	$504,000	• Japan: $182,000 • Germany: $266,000 • United Kingdom:$377,000	2.77

Trump's cuts to NIH research mean the world will lose new treatments and cures for cancer, Alzheimer's, diabetes, and heart disease. Trump's reluctance to use the NIH's authority to ensure reasonable prices means Americans will continue, to pay, by far the highest prices in the world. In short, instead of helping patients, Trump's NIH has failed them.

[12] To determine the annual U.S. and international list price of selected drugs, HELP Minority Staff used the mode of annual list price values based on data from a commercial pricing database (NAVLIN).
[13] U.S. price compared to the lowest international reference price

II. The United States is Losing Future Treatments and Cures for Cancer, Alzheimer's, Diabetes, and Heart Disease

For generations, American families facing cancer, Alzheimer's, diabetes, and heart disease diagnoses have looked to the NIH for hope. They have relied on NIH-funded research to lead to new treatments and cures.

While Congress fully funded NIH, the Trump administration has made deliberate policy choices that have terminated grants mid-study, abandoned patients in clinical trials, and driven a generation of scientists to question whether they can build their careers in the United States. The criteria for these decisions are not scientific. They are political.

Terminated Cures: Stopping Ongoing Research

The Trump administration has taken the unprecedented step of terminating grants that were already awarded, stopping research in progress, destroying years of work, and abandoning patients mid-study. Using Grant Witness, a database that tracks terminated and frozen grants, HELP Minority staff identified grants that had been terminated or frozen by disease area.[14] Each grant is associated with terms that are part of the NIH's Research, Condition, and Disease Categorization (RCDC) System, which were then attributed to specific conditions. For example, grants that were categorized with RCDC terms such as "cancer," "pediatric cancer," and "childhood leukemia" were considered to be cancer grants for the purpose of this analysis.

Table 1: Terminated and Frozen Grants by Disease Area[8]

Disease Area	Terminated	Frozen	Total Grants	Total Funding
Cancer	98	18	116	**$273 million**
Alzheimer's	55	10	65	**$94 million**
Diabetes	63	5	68	**$83 million**
Heart Disease	52	19	71	**$111 million**
TOTAL	**268**	**52**	**320**	**$561 million**

These numbers likely represent an underestimate as Grant Witness only captures a subset of terminated grants.

Cancer research

There are approximately 18.6 million Americans living with cancer[15] or are survivors, with another 2.1 million Americans expected to be diagnosed with cancer this year.[16] The administration has terminated or frozen at least **116 cancer grants** worth **$272.6 million**.

For families facing a cancer diagnosis, every day matters. The grants terminated by this administration were active research programs working towards treatments for children with brain tumors, women with ovarian cancer, and communities that have historically been left behind by medical research. The scientists leading this work dedicated their careers to finding cures. Now they have been told their research does not align with administration priorities.

[14] https://grant-witness.us/
[15] https://www.cancer.org/research/cancer-facts-statistics/survivor-facts-figures.html
[16] https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.70043

Researchers at the Duke Specialized Program of Research Excellence in Brain Cancer in Durham, North Carolina have lost nearly $20 million. These grants help translate discoveries into treatments for brain cancer, the leading cause of cancer-related death in children under 15.[17] At the University of Texas MD Anderson Cancer Center in Houston, Texas, $9 million in ovarian cancer research has been terminated. Ovarian cancer kills approximately 13,000 American women annually[18] and has a 5-year survival rate of just 50 percent.[19]

Other prominent examples of grants terminated include:

- The Pediatric Brain Tumor Consortium (PBTC), which has operated for 26 years conducting Phase I and II trials for children, has been defunded effective May 2026.[20] Enrollment in ongoing trials has been paused. The National Brain Tumor Society urged NIH to "sustain the critical function and work of the PBTC for our most vulnerable patients," pointing out that, "[p]ediatric brain tumors receive less private investment than other childhood cancers and remain one of the most scientifically and clinically challenging diseases to treat. This field cannot afford to lose vital capacity, expertise, or momentum just as the field of neuro-oncology is starting to realize the potential to develop highly-targeted treatments, advance cellular and other immunotherapies, and evaluate medical devices for children with aggressive brain tumors."[21]

- NIH also suspended research into T-cell-based cancer immunotherapy research conducted by Cole Peters, a UCLA Scientist and UAW Local 4811 member in Los Angeles, California. While the funding was eventually reinstated, the delay and constant uncertainty forced him to scale back projects and prepare to end his research prematurely.[22]

Alzheimer's research

Nearly 7 million Americans live with Alzheimer's disease.[23] The administration has terminated or frozen **65 Alzheimer's grants** totaling **$94.3 million**. In addition, funding has been halted for 14 of the 35 NIH-funded Alzheimer's Disease Research Centers, totaling approximately **$65 million**.[24] The cancellation of National Advisory Council on Aging meetings delayed consideration of approximately **1,000 grants** worth an estimated **$600 million**.[25]

After a decade of bipartisan investments that increased Alzheimer's funding, researchers were beginning to make progress on new drugs, new diagnostic tools, and a better understanding of the disease. The grants terminated by this administration helped fuel this progress. Now that work has stopped.

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[17] https://braintumor.org/brain-tumors/about-brain-tumors/brain-tumor-facts/
[18] https://ocrahope.org/for-patients/gynecologic-cancers/ovarian-cancer/ovarian-cancer-statistics/
[19] https://www.cancerresearchuk.org/about-cancer/ovarian-cancer/survival
[20] https://www.statnews.com/2025/09/15/pediatric-brain-tumor-consortium-disbanding-funding-trump/
[21] This was not included in the Grant Witness database. https://braintumor.org/news/protecting-vital-funding-clinical-trial-opportunities-for-children-with-brain-tumors-%EF%BF%BC/
[22] This was not included in the Grant Witness database. *American Assoc. of Univ. Prof. v. Trump*, Case No. 25-cv-07864 (D.Cal., Nov. 14, 2025)
[23] https://www.alz.org/news/2024/new-alzheimers-association-report-reveals-top-stressors-caregivers
[24] https://www.cnn.com/2025/04/24/health/alzheimers-research-nih-funding
[25] https://www.baldwin.senate.gov/news/press-releases/senator-baldwin-exposes-trump-administration-halt-on-lifesaving-research-despite-court-orders

A 35-year longitudinal follow-up study at Johns Hopkins, involving decades of continuous data collection, examined how early-life factors predict dementia risk. This kind of long-term data is irreplaceable and essential for developing prevention strategies. Terminating this grant does not just stop future research. It also wastes the millions already invested and destroys scientific infrastructure that took a generation to build.

A physician-scientist developing new Alzheimer's therapies at a major Midwestern medical school saw two major NIH grants end in the past 18 months, despite applications for funding renewals being well reviewed, and the physician-scientist has been forced to shrink their lab substantially and turn down qualified trainees. According to the physician-scientist, "After 7 years of MD/PhD training, 4 years of Neurology residency, 2 years of fellowship training, and 13 years of hard work as a Principal Investigator with more than 100 publications and several impactful discoveries, I am very concerned that I will not be able to continue in this line of work much longer if things do not change."

Diabetes research

Over 38 million Americans live with diabetes, and 100 million have prediabetes.[26] Despite Secretary Kennedy's "Make America Healthy Again" rhetoric, NIH has terminated or frozen **68 diabetes research grants** totaling **$83.1 million.**

The NIH cut funding for Dr. Lisa Goldman Rosas' "Food is Medicine" intervention at Stanford University in California, which tested whether addressing food insecurity could improve diabetes management among Hispanic patients. Hispanic households face food insecurity at nearly double the national rate.[27] This practical, community-based intervention showed early signs of success before funding was cut.

Dr. Kevin Hall, one of the leading researchers on ultra-processed foods and obesity, resigned from NIH in April 2025 after 21 years.[28] Hall accused the administration of censoring his research findings because they did not appear to fully support the preconceived narratives of HHS leadership. New York University Professor Marion Nestle called Hall's 2019 study on ultra-processed foods "the most important study in nutrition that's been done since vitamins."[29]

Other prominent examples of terminated grants include the Diabetes Prevention Program Outcomes Study, a 30-year landmark study tracking 1,700 patients that demonstrated a 58 percent reduction in type 2 diabetes risk through lifestyle changes, was also terminated in March 2025 and restored in July 2025.[30]

Heart disease research

Heart disease is the leading cause of death in America: it kills 700,000 Americans every year.[31] The administration has terminated or frozen **71 heart disease grants** worth **$111.3 million.** The

[26] https://www.cdc.gov/pcd/issues/2025/24_0273.htm
[27] https://www.usda.gov/about-usda/news/blog/no-mas-hambre-community-call-action
[28] https://www.cbsnews.com/news/kevin-hall-rfk-jr-ultra-processed-food-nih-censorship/
[29] https://www.statnews.com/2024/09/11/ultra-processed-foods-health-nih-research-kevin-hall-controlled-trials/
[30] This was not included in the Grant Witness database. https://dppos.bsc.gwu.edu/web/dppos/restoredppos
[31] https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

grants terminated by this administration were designed to address health disparities, specifically to understand why certain Americans die younger from preventable disease, and to develop interventions that could save their lives.

The largest single heart disease grant terminated, the Mid-Atlantic Center for Cardiometabolic Health Equity at Johns Hopkins University in Baltimore, Maryland, worth nearly $19 million, was to a comprehensive research center running three clinical trials for underserved populations. These trials were focused on Black and Latina women, community health workers, and improving medication compliance.

The research cut by this administration also includes earlier detection of heart failure, improved diagnosis for heart disease in women, the link between heart disease and stroke, and ways to use smartphones to diagnose heart attacks outside of hospital settings.

When funding for this research stops, so does the research. This abandons the approximately 127 million Americans living with cardiovascular disease, and the 800,000 Americans who will have a heart attack this year.[32]

The Collapse of New Research

As the Trump administration has slashed existing research, it has not funded new research to replace it. A previous *New York Times* analysis found that, despite Congress fully funding NIH, the NIH awarded money to approximately 3,500 fewer projects in 2025 than the standard over the last decade across all diseases and research areas.[33]

HELP Minority staff analyzed NIH funding data from 2015-2025 to assess the number of new and competing research awards specifically broken down by disease type: Alzheimer's, diabetes, heart disease, and cancer research.

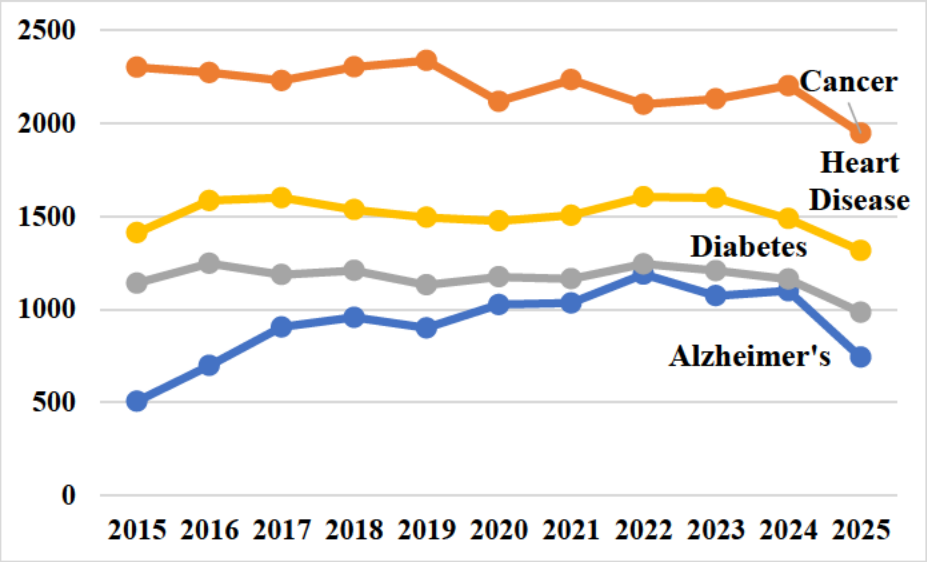
Table 2: Decline in New/Competing NIH Awards by Disease Area (2024 vs. 2025)[9]

Disease Area	2024 Grants	2025 Grants	Percent Change	Grants Lost
Alzheimer's	1,099	742	-33 percent	-357
Diabetes	1,162	783	-15 percent	-179
Heart Disease	1,487	1,315	-12 percent	-172
Cancer	2,202	1,947	-12 percent	-255
TOTAL	**5,950**	**4,987**	**-16 percent**	**-963**

NIH funded 963 fewer new research projects for Alzheimer's, diabetes, heart disease, and cancer in 2025, compared to the previous year. New and competing research awards have also fallen to their lowest levels in a decade.

[32] https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html
[33] https://www.nytimes.com/interactive/2025/12/02/upshot/trump-science-funding-cuts.html

Figure 1: Declines in Awards for New Research Projects
New and Competitive Renewal Grants Issued by NIH, January-December, 2015-2025



Consider Alzheimer's, for example. After a decade of bipartisan investment that grew Alzheimer's funding, the NIH under the Trump administration has reversed course, cutting the number of new Alzheimer's research projects by nearly **one-third in a single year**.

For families facing a cancer diagnosis, the National Cancer Institute (NCI) has long represented the best hope that science could find a cure. A previous HELP Committee analysis showed that NCI funding dropped 31 percent in the first three months of 2025 compared to the same period in 2024.[34] NCI now expects to fund just 4 percent of grant applications in the coming year—down from 9 percent—the lowest success rate in the Institute's history.[35] In addition, the administration's hostility toward mRNA technology threatens a promising area of cancer research. A Yale School of Public Health analysis found that withdrawing mRNA support, if these technologies prove successful, could result in **over 49,000 preventable deaths annually** among patients with pancreatic cancer, renal cell carcinoma, non-small cell lung cancer, and metastatic melanoma.[36]

In addition to outright cuts and funding denials, the process for awarding new grants has also been weakened. NIH previously maintained a methodical, merit-based process for reviewing research. This includes initial peer review followed by an advisory council review. In January 2025, the administration had cancelled most advisory council meetings preventing any new grants from being reviewed. While these meetings have now resumed, the administration has allowed advisory councils to wither through attrition. According to a January 2026 analysis of federal database filings, only one new member has been added to NIH advisory councils since President Trump took office, while current members' terms expired and others resigned. The majority of the 25 councils are now operating with less than half their membership, leaving many

[34] https://www.sanders.senate.gov/wp-content/uploads/HELP-Committee-Minority-Report-Trumps-War-on-Science.pdf
[35] https://www.cancer.gov/grants-training/grants-funding/funding-strategy/current-funding-policy
[36] https://ysph.yale.edu/news-article/new-report-sounds-alarm-on-health-fallout-from-mrna-vaccine-funding-cuts/

panels without the range of expertise needed to make informed funding decisions on grant applications.[37]

III. The NIH Is Letting Politics Override Science

The destruction of American medical research goes beyond terminated grants. The administration is dismantling the human infrastructure that makes world-leading science possible. Since January 2025, the administration has fired thousands of experienced employees, retaliated against whistleblowers, and replaced career scientists with political appointees.

Career scientists, who have long run the NIH, have in some instances been replaced by political appointees with no scientific credentials. These individuals now have critical roles in scientific decisions. As of January 2026, 15 of the NIH's 27 institutes and centers are without permanent directors and are instead run by acting leaders.[38]

The Bethesda Declaration

On June 9, 2025, over 340 current and recently terminated NIH employees signed an open letter to Director Bhattacharya, titled the "Bethesda Declaration."[39] The declaration catalogued alarming actions being taken at NIH, including halting peer-reviewed grants, terminating international collaborations, and firing hundreds of personnel. It accused NIH leadership of prioritizing political ideology over safety and proper stewardship of taxpayer funds.

In November 2025, one of the main authors of the declaration, Dr. Jenna Norton, was placed on administrative leave. An anonymous HHS official called her a "radical leftist" as justification for that decision. As Dr. Jenna Norton recently shared with HELP Minority staff, nothing has "meaningfully changed" since the declaration, and the decisions made by NIH leadership have been "incredibly damaging" for science.

Banned Words

According to interviews with NIH staff, NIH is using a list of banned words to determine which research receives extra scrutiny and is eligible for continued funding.[40]

On December 12, 2025, NIH issued "Staff Guidance – Reviewing Grants for Priority Alignment" that transforms grant review from a scientific process into an ideological filter. All funding announcements, applications, active grants, and intramural research are now reviewed using a text analysis tool that scans for terms (e.g. health equity, gender, Latinx, minority, diversity, climate change, vaccine) that may be associated with misalignment with administrative priorities. Per NIH staff, use of these words triggers an enhanced review. Grants are categorized as acceptable, possibly modifiable, or unacceptable—with the last category triggering termination. NIH staff provided the list of banned words and image of the enhanced review recommendations based on the inclusion of those terms to HELP Minority staff (see Appendix).

[37] https://www.statnews.com/2026/01/22/nih-advisory-council-vacancies-raise-questions-funding-politicization/
[38] https://www.fiercebiotech.com/biotech/nih-loses-yet-another-leader-heart-lung-and-blood-director-exits
[39] https://www.standupforscience.net/bethesda-declaration
[40] NIH Staff Guidance "Reviewing Grants for Priority Alignment"

The new guidelines "open the door to the politicization of NIH research," said Dr. Jenna Norton. "Peer review is fundamental and makes sure we're doing the best science. If you're going to ignore that, the political appointee gets to make the final call."[41]

IV. Loss of Researchers

The politicization of NIH has destroyed some researchers' faith in the institution and in their ability to continue their work. Researchers face a culture of suppression, retaliation, and fear. As one biomedical researcher who lost her NIH grant stated,

> What hurt the most was not the financial impact on my lab, but the shattering of a long-held belief that biomedical research was rooted in a true meritocracy. I know the system is not perfect, but until now I felt I had some control over my outcomes through hard work. Today, I see deeper systemic issues, and for the first time, I feel afraid to speak up in a country I believed honored free speech and authenticity.[42]

Chaos and uncertainty from funding cuts

The chaos of NIH cuts has created substantial instability for researchers.

Funding awards have been delayed. Howard Weiner, a leading neurologist, and Laura Cox, a leading microbiologist, submitted a research proposal to develop probiotic treatments for Alzheimer's March 10, 2025. After 10 months, a decision on research funding has still not been made.

The impact of NIH's chaos extends beyond the research to the researchers themselves. One researcher who studies DNA and how it affects cancer and infertility was impacted by an NIH grant cut.[43] They stated, "Without the [research grant], I again doubt that I will ever have my own lab. In the time between being notified of receiving my award and being notified of losing my award, I aged out of eligibility for many other funding opportunities."

A researcher who is focused on disabilities stemming from neurological impairments expressed similar feelings.[44] As they stated, "My mind is filled with constant anxiety, and it's not just about my own well-being; it's about the entire future of my lab. To me, the joy has been sucked out of research, leaving only stress, anxiety, and difficult decisions."

Another researcher, Rene, who focuses on mRNA and molecules that impact intellectual disabilities, autism, and mental health disorders, lost grant funding. She has been left in a "precarious spot" and unsure if she will be "able to pursue a career that I have trained almost 15 years for."

[41] https://kffhealthnews.org/news/article/nih-grants-trump-political-appointees-agenda-alignment-peer-review/
[42] https://www.27unihted.org/biohealthbeats/sequoias-story
[43] https://www.27unihted.org/biohealthbeats/ss-story
[44] https://www.27unihted.org/biohealthbeats/as-story

Chaos from arbitrary federal firings

In mid-February 2025, approximately 1,200-1,500 NIH employees were terminated over a single weekend, with the administration targeting "probationary" employees—which includes new hires but also long-serving employees who recently accepted promotions.[45] The layoffs were largely indiscriminate and included various support staff and technicians who make it possible for NIH to conduct lifesaving research.[46]

The loss of staff has slowed down NIH productivity. Staff reported working overtime to try and make up the difference, but that it was impossible to keep up. One anonymous worker shared with HELP Minority staff that firing key staff at the National Institute of Neurological Disorders and Stroke has jeopardized research to help people with pain and curb opioid addiction.

NIH workers have also personally suffered from the indiscriminate firings and constant changes at NIH. Staff shared stories of their lives being upended, as a result of the chaos at NIH. "For as long as I can remember, I have wanted nothing more than to serve – to dedicate my skills, my energy, and my life to protecting public health. I never sought personal gain, only the chance to make a difference. And now, that calling has been stripped away," one worker said.

Even those workers who were not fired are feeling significant stress and anxiety that they could be next. As the workers shared with HELP Minority staff: "I don't think I will ever feel stable in this job again during the duration of this current administration."

Chaos is leading to brain drain

With the level of chaos introduced by the administration, some researchers are leaving the United States. During the first three months of 2025, U.S. scientists applying for positions abroad increased by 32 percent, with applications to Canada rising 41 percent.[47] A *Nature* survey found 75 percent of U.S.-based scientists are considering leaving the country—rising to nearly 80 percent among early-career researchers.[48]

International institutions are actively recruiting U.S. talent. The European Union launched a €500 million "Choose Europe" initiative[49] and doubled start-up funding for foreign researchers establishing labs. France's Aix Marseille University created programs specifically for U.S. scientists affected by federal grant cancellations,[50] and Portuguese institutes report tenfold increases in inquiries from U.S. junior faculty.[51] China has similarly ramped up recruitment, offering robust funding packages to attract displaced researchers.[52]

While some researchers are being forced out of the country, others are being forced out of the field entirely. Erica, a biomedical science communicator, "know[s] several college students who were training for careers in biomedical science or public health and have changed their majors to

[45] https://www.npr.org/sections/shots-health-news/2025/02/14/nx-s1-5297913/cdc-layoffs-hhs-trump-doge
[46] Id.
[47] https://www.nature.com/articles/d41586-025-01216-7
[48] https://www.nature.com/articles/d41586-025-00938-y
[49] https://www.solarpaces.org/as-the-us-cuts-scientific-talent-europe-launches-an-initiative-to-attract-it/
[50] https://www.univ-amu.fr/en/public/actualites/safe-place-science-aix-marseille-universite-ready-welcome-american-scientists
[51] https://www.nature.com/articles/d41586-025-01567-1
[52] https://www.nature.com/articles/d41586-025-01750-4

pursue areas that appear to have a more promising future. By cutting research training programs, we have destroyed the prospects (and mental health) of a significant portion of our brightest young people."[53]

After decades of training, the uncertainty facing researchers can be devastating. As described by one researcher, "I've told others that it feels like I've been running a marathon for the past 10 years in my academic journey, am in mile 25, only to have the ground start crumbling away beneath my feet. Will the finish line even exist as I go up for academic jobs this fall?"[54]

V. Patients are Losing Clinical Trials

The most devastating impact may be on patients currently enrolled in clinical trials, many of whom have no other treatment options. The NIH has both stopped clinical trial funding, effectively pausing or stopping access altogether, and gutted the Clinical Center, where many patients go for their trials. When a clinical trial is disrupted, patients lose access to potentially lifesaving treatments.

As one program officer stated, "it was totally predictable that if you stop a clinical trial midway, it will put patients at risk…But [NIH leadership] didn't bother to ask anybody with basic knowledge of a clinical trial."

Terminated or Frozen Grants

Using Trials Tracker—a database that links terminated and frozen grants to active clinical trials on ClinicalTrials.gov—HELP Minority Staff analyzed the number of trials that have been affected by research cuts.[55]

Table 3: Terminated and Frozen Clinical Trials

Metric	All Trials	Pediatric Trials
Number of Trials	304	69
Patient Enrollment Targeted	791,526	68,053
Interventional Trials (active treatments)	278	--

Source: HELP Minority staff analysis of Trials Tracker and ClinicalTrials.gov, affected as of January 23, 2026.

Among the 69 clinical trials that include children, multiple large trials are actively recruiting thousands of young patients. 278 of the 304 affected trials are interventional, meaning that patients are receiving experimental treatments that may be their only hope.

Paused trials include a clinical trial conducted by Children's Oncology Group (COG), a National Cancer Institute funded leader in Phase 2/3 clinical trials for pediatric cancer. More than 200 COG-member hospitals treat 80 percent of children in the United States with cancer.[56] It has more than 100 active clinical trials and 12,000 patients register in those trials annually.

The NIH Clinical Center's Collapse

[53] https://www.27unihted.org/biohealthbeats/ericas-story
[54] https://www.27unihted.org/biohealthbeats/sallys-story
[55] https://trialstracker.org/welcome
[56] https://childrensoncologygroup.org/about

The NIH Clinical Center is the nation's largest hospital devoted entirely to clinical research. Its patient numbers have been collapsing. Daily patient census at the NIH Clinical Center has dropped from over 110 patients to approximately 60, a 45 percent decline. Cancer trial participation has fallen by 20 percent.[57]

The cuts have led to devastating consequences. Natalie Phelps was a 43-year-old mother of two with Stage IV colorectal cancer. After surgery, radiation, three liver surgeries, and 48 rounds of chemotherapy, she enrolled in an NIH immunotherapy trial for T-cell receptor therapy at the NIH clinical Center. However, due to staffing cuts at NIH, her treatment development time expanded from four to eight weeks. In just one month, her cancer had spread throughout her body. Natalie passed away in late 2025.

A federal worker shared with HELP Minority staff that cuts to the Clinical Center mean that a long-term patient must drive 6 hours round trip to participate in a clinical trial because of research funding cuts. Per the worker, "For this patient, standard therapies have not worked for him but the research medications have allowed him to live many years outside of the 1-2 years he was given when diagnosed. If funding is cut anymore, his protocol may be closed and he will die from his cancer."

This is only a partial window into the challenges at the Clinical Center. Many workers are too terrified of retribution to speak out about what they are experiencing. However, it is clear that the NIH has lost a vital resource for patients and providers alike. As one nurse long-time nurse stated, "They gutted this magnificent place where we were able to provide care the way it's actually supposed to be provided and actually *help* people."

VI. Americans pay, by far, the highest prices in the world for drugs invented with help of NIH scientists

Trump has said that "Americans should pay no more than the lowest price offered anywhere in the world" for prescription drugs and that his administration is doing everything in their power to lower prices for patients.[58] And yet, under Trump, NIH has not used its power to make existing treatments affordable for everyone who needs them.

NIH is the largest public funder of biomedical research in the world. With an annual budget of approximately $48 billion, NIH supports more than 300,000 researchers at over 2,500 universities and research institutions across the country ("extramural research").[59] NIH-funded research has led to life-saving treatments for cancer, HIV/AIDS, heart disease, diabetes, and countless other conditions, and has contributed to virtually every FDA-approved drug over the past decade.

One subset of NIH-funded medicines are drugs invented with the help of NIH scientists through "intramural research." NIH scientists sometimes invent the medicine itself, or a key technology

[57] https://www.cbsnews.com/news/nih-hospital-patient-numbers-drop-trump/
[58] TRANSCRIPT: President Trump Announces Deals to Lower Some Prescription Drug Prices, 11.06.25. Senate Democrats (2025). https://www.democrats.senate.gov/newsroom/trump-transcripts/transcript-president-trump-announces-deals-to-lower-some-prescription-drug-prices-110625
[59] https://www.nih.gov/about-nih/organization/budget

used in the medicine. Drug corporations gain permission to use the NIH patented invention through "licensing agreements."

HELP Minority staff analyzed the prices of NIH licensed drugs currently sold in the U.S. market and at least one comparison country (Canada, Germany, Japan, or the United Kingdom) using the NAVLIN database. Staff excluded medical devices, diagnostic drugs, vaccines, and off-patent drugs from the analysis.

Every single drug invented with the help of NIH scientists is sold at a lower price in other countries than it is in the U.S. Americans pay, by far, the highest prices in the world.

Table 5: Americans pay the highest prices in the world for treatments developed with the help of NIH scientists.[60]

Name	Company	Condition	US price	International price	How many times more U.S. patients pay for drugs[61]
Abecma	BMS	Cancer	$544,000	• Canada: $394,000 • United Kingdom: $503,000	1.38
Hemgenix	uniQure/CSL	Hemophilia	$3,500,000	• Germany: $2,375,000 • United Kingdom: $3,494,000	1.47
Luxturna	Spark	Blindness	$914,000	• Germany: $657,000 • United Kingdom: $824,000	1.39
Prezcobix	Johnson & Johnson	HIV	$30,000	• Japan: $3,800 • Canada: $6,600	7.88
Roctavian	BioMarin	Hemophilia	$2,558,000	• Germany: $826,000	3.10
Spravato	Johnson & Johnson	Depression	$28,000	• Germany: $13,000 • United Kingdom: $15,000	2.16
Symtuza	Johnson & Johnson	HIV	$57,000	• Japan: $8,900 • Germany: $9,000 • United Kingdom: $11,000	6.39
Tecartus	Gilead Sciences	Cancer	$504,000	• Germany: $316,000 • United Kingdom: $424,000	1.59
Yescarta	Gilead Sciences	Cancer	$504,000	• Japan: $182,000 • Germany: $266,000 • United Kingdom: $377,000	2.77

Under existing law, federal agencies can require that pharmaceutical corporations set reasonable prices for new prescription drugs when they benefit from taxpayer support. This has been done before. After a pharmaceutical company launched an AIDS drug developed with the help of NIH scientists at $10,000 per year, NIH responded in 1989 by inserting a "reasonable pricing clause" into contracts when taxpayers supported new drugs. During the COVID-19 pandemic, the federal

[60] To determine the annual U.S. and international list price of selected drugs, HELP Minority Staff used the mode of annual list price values based on data from a commercial pricing database (NAVLIN).
[61] U.S. price compared to the lowest international reference price

government included in some contracts a "most favored nation" obligation that required pharmaceutical companies to charge the U.S. government the lowest price among G7 countries like Canada, the U.K., France and Japan for initial vaccine doses.[62] The Trump administration has continued the Biden policy of introducing "access plans" for intramural research, but failed to require a clear "reasonable pricing" clause for all NIH research that would ensure Americans pay no more than people in other countries.

VII. Conclusion

The Trump administration is failing American patients. It is destroying medical research through cuts to research grants, terminations of clinical trials, and the chaos it has created. Patients have been ripped from clinical trials, including transplants and cancer treatments, with nowhere else to turn. At the same time, despite its exaggerated claims, the Trump administration is also failing to make prescription drugs affordable. Families will continue to face the realities of treatments that remain out of reach. This cannot be allowed to continue. Congress, the scientific community, and the American people must stand up and fight back.

[62] https://www.sanders.senate.gov/wp-content/uploads/Public-Medicines-Report-6.9.23.pdf

APPENDIX:
Banned Words List

address diversity
adolescent
adult of color
advancing diversity
advancement diversity
african american
african american ethnic
african american hispanic
african american inclusiv
african american minorit
african american population
african american women
african women
apartheid
asian american
asian population
assigned birth
assigned female birth
assigned male birth
biracial
birthing people
black american
black men
black populations
black women
broadening diversity
campus diversity
changing climate
china
cisgender
climate change
climate crisis
commitment diversity
committed diversity
COVID
criminal justice
critical race theory
cultural
cultural background
cultural diversity
culturally appropriate interv
dei
dei equit
deia
different ages, races, ethnicities, and medical conditions
disadvantaged background
disadvantaged minorit
disadvantaged minority
disinform
diverse
diverse applicant
diverse audience
diverse background
diverse candidate
diverse chemist
diverse cohort
diverse collaborator
diverse communities
diverse cultur
diverse faculty
diverse graduate
diverse group
diverse inclusive
diverse individual
diverse investigator
diverse leader
diverse learner
diverse people
diverse postdoc
diverse researcher
diverse respondent
diverse scholar
diverse scientist
diverse student
diverse talented
diverse team
diverse trainee
diverse undergraduate
diverse workforce
diversify workforce
diversity
diversity and inclusion
diversity efforts
diversity equity and inclusion
diversity inclusion
diversity program
diversity recruit
diversity supplement
embraces diversity
engage diverse
engagement diverse
engaging diverse
enhance divers
enhance diversity
enhancing divers
enhancing diversity
environmental justice
equit
equit ethnic
equit gender
equit lived experience
equit minorit
equitable
equitably
equity
equity, diversity, and inclusion
ethnic
ethnic disparity
ethnic diversity
ethnic equit
ethnic equity
ethnic inclusiv
ethnic justice
ethnic latinx
ethnic minorit
ethnic minority
ethnic origin
ethnic population
ethnic racial
ethnically
ethnically diverse
ethno-racism
ethnography
expand diversity
expanding diversity
faculty diversity
from all backgrounds
gender
gender affirm
gender difference
gender disparity

Source: NIH Staff

gender dysphoria
gender equit
gender expression
gender fluid
gender identity
gender minor
gender minorit
gender nonbinary
gender racial
gender sex
gender underrepresented
global warming
hbcu
health disparit
health disparities research
health equit
health equity
health inequit
health inequities
hisp african american
hispanic
hispanic american
hispanic serving
hispanic underserved
historically black
hurricane
improve diversity
inclusion diversity
inclusion diversity equity
inclusiv
inclusive
inclusive training environment
increase diversity
increased diversity
increasing diversity
increasingly diverse
inequit
inequitable distribution
inequities
inequity
justice
koreans
lack diversity
lactating individual
lat african american
latina
latine
latino
latino men
latino minorit
latino population
latinx
latinx underrep
leadership diversity
lesbian gay bisexual transgender queer
lgb
lgbt
lgbtq
lived experience
men who have sex with men
minorit
minorit inclusiv
minorit racial
minorit underrep
minorities
minority
minority applicants
minority children
minority communities
minority groups
minority populations
minority student
minority underrepresented
misinform
multi-ethnic
native americans
natural disasters
need diversity
nonbinary
oppression
pacific islanders
pedp
people of color
postdoctoral diversity
pregnant individual
pregnant individuals
pregnant people
pregnant person
pregnant persons
priority population
program diversity
promote diversity
promoting diversity
puberty blocker
puerto rican
queer
race and ethnic
racial
racial and ethnic minorities
racial and gender diversity
racial and/or ethnic disparities
racial discrimination
racial dispar
racial divers
racial diversity
racial equit
racial minority
racial segregation
racial underrep
racial/ethnic minorities
racially diverse
racially/ethnically diverse
racism
racist
recruitment plan
reduce health disparities
refusal vaccin
residential segregation
scientists diversity
sex assigned
sex gender
sexual gender
sexual gender minorit
sexual minorit
sgm
social justice
south africa
south african
stem diversity
structural racism
support diversity
supporting diversity
systemic racism
train diverse
training diverse

Source: NIH Staff

transfeminine
transgender
transmasculine
transphob
under-represented
underr african american
underr ethnic minority
underrep
underrepresented
underrepresented minorit
underrepresented minority
underrepresented population
underrepresented student
underrepresented students
underserved
underserved people of color
underserved population
urm
vaccine acceptance
vaccine hesitan
values diversity
workforce diversity

Image A1: Image of NIH Document Indicating Need for Enhanced Review

Budget Start	OK to Review/Award	Notes
12/1/25	No - needs remediation	Title: "Health Equity"; Abs: "health equity", "health inequities", PHR: :health equity"; Specific Aims: "Racial and/or ethnic minority children", "health equity", " racial and/or ethnic disparities"
12/1/25	No - needs remediation	Specific Aims: "ethno-racism", "cisgenderism"
12/1/25	No - needs remediation	PHR and Specific Aims: "emphasis on minorities"
12/1/25	No - needs remediation	Abs: "who are racial/ethnic minorities"; PHR: "racial/ethnic minorities"; Specific Aims: "racial/ethnic minorities", "minority populations", "racially/ethnically diverse",
12/1/25	No - needs remediation	Abs: "traditionally underrepresented"
12/1/25	No - needs remediation	Abs: "pregnant individuals"
12/1/25	No - needs remediation	Abs: "minority applicants"; Specific Aims: "minority applicants"
12/1/25	No - needs remediation	Abs: "including those from diverse backgrounds", "identification and recruitment of minority candidates"
12/1/25	No - needs remediation	Abs: "fosters diversity, equity, and inclusion among"
12/1/25	No - needs remediation	Abs: "ethnically"; Specific Aims: "race and ethnic", "ethnically"
12/1/25	No - needs remediation	Abs: "equitably, equity", "underrepresented racial, ethnic"; Specific Aims: "inequities", "racial and ethnic minorities"
12/1/25	No - needs remediation	Abs: "equitable"
12/1/25	No - needs remediation	Abs: "different gestational ages, races, ethnicities, and medical conditions"; Specific Aims: "different gestational ages, races, ethnicities, and medical conditions"
12/1/25	No - needs remediation	Abs: "develop and train minority"
12/1/25	No - needs remediation	Abs, PHR, Specific Aims: "equity, equitably"
12/1/25	No - needs remediation	Abs and Specific Aims: "people of color"

Source: NIH Staff