

**NOMINATION OF JAYANTA BHATTACHARYA
TO SERVE AS DIRECTOR OF THE
NATIONAL INSTITUTES OF HEALTH**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED NINETEENTH CONGRESS

FIRST SESSION

ON

EXAMINING THE NOMINATION OF JAYANTA BHATTACHARYA, OF CALIFORNIA, TO BE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

MARCH 5, 2025

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**NOMINATION OF JAYANTA BHATTACHARYA
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NATIONAL INSTITUTES OF HEALTH**

Wednesday, March 5, 2025

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The Committee met, pursuant to notice, at 10:02 a.m., in room 562, Dirksen Senate Office Building, Hon. Bill Cassidy, Chairman of the Committee, presiding.

Present: Senators Cassidy, Paul, Collins, Marshall, Scott, Hawley, Tuberville, Banks, Husted, Moody, Ricketts, Sanders, Murray, Baldwin, Hassan, Hickenlooper, Markey, Kim, Blunt Rochester, and Alsobrooks.

OPENING STATEMENT OF SENATOR CASSIDY

The CHAIRMAN. I don't have my gavel, but Senator Murray said that is a DOGE cut. So anyway——

[Laughter.]

The CHAIRMAN. The Senate Committee on Health, Education, Labor, and Pensions will please come to order. Thank you, Dr. Bhattacharya, for appearing before the Committee. The National Institutes of Health funds more biomedical research than any other public institution in the world.

NIH's decades long investments have helped the United States lead the world in addressing critical health challenges, helping us better understand heart disease, preventing and curing certain cancers, just as examples. It has also led to significant accomplishments like mapping the human genome, which is the foundation of many medical breakthroughs.

As a medical researcher who has engaged in NIH sponsored research for decades, Dr. Bhattacharya understands the power of these investments; and sir, if your name comes up just a little bit different every time I say it, I apologize in advance. Importantly, NIH grants have increased biomedical research capacities in states that otherwise would not have had sufficient resources to invest.

My State, Louisiana, has received roughly \$500 million through NIH's Institutional Development Award Program, or the IDeA Program, allowing institutions to bring lifesaving cures and treatments to people in my state and around the world. However, NIH, at times it appears, has prioritized funding for risk averse, incremental science.

There is concern the current system incentivizes established scientists who study already proven concepts, rather than younger scientists who have unproven ideas with potential as major medical breakthroughs. While this practice may ensure the short-term success of Federal grants, it limits groundbreaking discoveries.

I have discussed this with you, sir, previously and look forward to hearing more today. NIH is facing other serious challenges. During the COVID pandemic, there was a general loss of trust in public health and scientific institutions. To restore that trust, officials need to be more transparent and provide reassurance that they are publishing health guidance that is best for Americans health and not biased in any way.

You have indicated you would like to promote a free and open debate at NIH, including among scientists who disagree, and this is encouraging. The NIH is at an inflection point. If confirmed as NIH Director, you will be tasked with leading an agency that desperately needs a reform.

Last year, I released several proposals outlining ways to modernize the NIH, improving operations to better serve the American taxpayer. I look forward to hearing your vision today and working with you on these proposals, if you are confirmed. With that, I recognize Senator Sanders for his opening statement.

OPENING STATEMENT OF SENATOR SANDERS

Senator SANDERS. Thank you, Mr. Chairman. Thank you, Mr. Bhattacharya for being with us. Today, we will be considering the nomination of President Trump's nominee to be the Director of the NIH, Dr. Bhattacharya. The NIH, with a budget of \$48 billion, is the largest funder of medical research in the world.

This research has led to new treatments and prescription drugs that have significantly improved the lives of Americans and people throughout the world. And I think all of us should be very proud of those accomplishments. But having said that, let me say a few words about my concerns. I don't have to tell any American that the health care system in our Country is broken, and it is failing.

We spend almost twice as much per capita on health care as any other industrialized nation, yet we have 85 million people who are uninsured or underinsured. We don't have enough doctors, nurses, dentists, mental health specialists. Not only is our life expectancy 4 years lower than other wealthy countries, the bottom 50 percent in this country live on average 7 years shorter lives than the top 1 percent.

In other words, being working class or low income in America is in many ways a death sentence. You are rich, you live long. Working class, 7 years shorter. And very relevant to the hearing that we are conducting right now, we pay, as I think every American knows, the highest prices in the world for prescription drugs.

No great secret there. In some cases we pay more than ten times of what our friends in Canada or Europe pay. In my view, not only has the Federal Government not effectively regulated the price of prescription drugs, but the taxpayers of our Country have, over the years, provided hundreds of billions of dollars in research and de-

velopment into new prescription drugs that have provided enormous benefits, financial benefits, to some of the most profitable pharmaceutical companies in the world.

In 2023, when I had the privilege of chairing the Committee, this Committee released a report that found that the average price of new treatments that NIH scientists helped invent, NIH research over the past 20 years, is \$111,000. In virtually all cases, American taxpayers are paying far more than people in other countries for the exact same medicine that the NIH and taxpayers helped develop.

We have developed the drug, and then we end up paying 10 times more than other countries for the drug that our taxpayer dollars helped develop. For example, Astellas and Pfizer charged Americans with prostate cancer over \$179,000 for XTANDI, while the exact same drug can be purchased in Japan for just \$18,000. We do the research, we pay for it as taxpayers, and then we get ripped off by the companies.

In my view, we need an NIH Director who is prepared to take on the greed of the pharmaceutical industry and use every tool at his or her disposal to substantially lower the cost of prescription drugs. Not a new issue. An issue the people on this Committee have been talking about for decades. But with all due respect Dr. Bhattacharya, President Trump will not be giving you that authority.

I don't know what your views are on the subject. You are not going to have that authority. That authority will rest with Mr. Elon Musk. Over the past several weeks, it has become abundantly clear that it really does not matter who the President nominates to be Director of the NIH or the—and I don't mean to be disrespectful in saying that.

But it doesn't matter who he nominates to be Director of the NIH, or the Secretary of Labor, or the Secretary of Education, or the Commissioner of Food and Drug Administration, the real person in charge of all these Federal agencies is Mr. Elon Musk, and that will continue to be the case no matter who the Senate confirms to these positions.

It is my understanding that Mr. Musk and his minions at DOGE have moved to terminate some 1,200 employees at the NIH already—6 percent of its staff. Further, I have been told that Mr. Musk and DOGE played a major role in freezing nearly all grant money at NIH, including grants that could lead to a potential cure for cancer, Alzheimer's, and many other life threatening diseases.

Bottom line is that in my view, the real gentleman we should be having up there—and again, no disrespect to you, sir—is Mr. Musk. And Mr. Chairman, I would hope very much, and I think the American people would be really very grateful, if we could bring the real leader of the NIH, Department of Education, many other agencies of Government before us, and that is Mr. Musk. I will be looking forward to working with you to see if we can schedule a hearing with Mr. Musk. Thank you.

The CHAIRMAN. Before we turn to the nominee for his own opening statement, Dr. Bhattacharya will be introduced by Senator Pete

Ricketts, who will make clear the connection between you and Nebraska, which I am not quite sure what it is.

Senator Ricketts.

Senator RICKETTS. Well, thank you, Chairman Cassidy and Ranking Member for holding this hearing. And to all his team Members, the Committee. It is an honor, a privilege to be able to introduce and recommend to you Dr. Jay Bhattacharya to be President Trump's nominee for the Director of the National Institute of Health.

I had the opportunity to meet Dr. Bhattacharya during the COVID pandemic. A little bit about myself. I was Governor of Nebraska at the time, but in a prior life, I actually was a biology major undergrad and worked in a protein biochemistry lab. I am actually published. You can go find it out there.

For a brief moment in time, I was actually involved in the research world that the NIH gives out grants to help support. And during the COVID pandemic, obviously we didn't know a lot. There was no playbook. And so, I was getting great advice from our folks at the University Nebraska Medical Center, but I also reached out to talk to other folks, like Dr. Bhattacharya, about how we should handle this pandemic.

One of the things about Dr. Bhattacharya is he showed great intellectual honesty and courage because he offered alternative suggestions about how to handle the pandemic. Now, we know now that young people are not really impacted by the COVID virus as much as older people are.

Typically in the past what we had done is—we had a policy of let's protect the vulnerable people and let other people go about their life. And we really kind of turned that on its head for the COVID pandemic, because we really didn't know what was going on. Dr. Bhattacharya helped give me a perspective, and it certainly demonstrated that he was thinking not just about how does the virus impact people, but if we do lockdowns and so forth, how will that impact people's health? And there were other impacts from doing those shutdowns.

For example, we saw many school districts across the country shut down, and certainly in Nebraska as well. In March and April, we made those recommendations as well. However in July, I stood with my Director of Education—he said, we expect kids to be in classrooms in August, and that was important because kids need to be in classrooms.

We found out during the pandemic, one of the downsides of the pandemic, is that kids learn better in the classrooms, generally with other kids. And so, one of the results of that, according to the 2022 Nation's Report Card, Nebraska scored highest in fourth grade math in test scores, and eighth grade math was second overall.

We did very well in reading as well because our kids were back in the classroom. And I saw States like California where they weren't in the classroom, and I just worry about the damage that did to those kids' education by not being in the classroom. Dr. Bhattacharya helped us think about broadly how are we going to

look at everybody's health. Not just about the virus, but mental health, education.

In fact, Politico; I know you all are familiar with Politico. They ranked all 50 states on things like health outcomes, education, economy, and social well-being, and Nebraska ranked No. 1 overall. We were the—Politico ranked as the No. 1 best pandemic response state because—

The CHAIRMAN. Who was—who was Governor?

Senator RICKETTS. This is while I was Governor, yes.

[Laughter.]

Senator RICKETTS. This is while I was—well, right, if there had been another guy Governor, I probably would brag about him too. But this is about when I was Governor.

[Laughter.]

Senator RICKETTS. But the point is, doctor—it was going to people like Dr. Bhattacharya who—he has been published in 135 different peer reviewed publications on a variety of topics from law, medicine, economy.

But having a broader perspective really helped us frame a pandemic response in Nebraska that helped us be very, very successful. And again, outside sources like Politico recognize that.

I think what you are going to get from Dr. Bhattacharya is somebody who understands the scientific method. That is not all about, hey, we all agree on this. It is about, we published a research paper. It is out there for it to be replicated. Other people are supposed to replicate that and see if they get the same results.

If they don't, and then their papers disagree. That is Okay. I read a lot of research papers during the pandemic. Guess what? A lot of them didn't agree. That is what science is about. It is not supposed to be about we all have group think that this is the established way it is. It is about challenging ideas, and about thinking, well, you have got this idea. Prove it. And then, Okay, you have done this experiment.

I am going to replicate it. See if it actually comes out the way you said it did. That is the way research is supposed to work. This is what Dr. Bhattacharya in the real world demonstrated during the pandemic, that he had the courage to stand up and say, wait a second, I know this is what the established way of thinking is, but I think there is an alternative way to look at it.

Because he did that, because he had that courage, I can tell you specifically in Nebraska, we benefited, and our school kids benefited by being in classrooms. Our state benefited on a number of different areas that I just mentioned whether it is health, social well-being, economy, education—we benefited.

I highly recommend to you, Dr. Bhattacharya. I think he is great. He has used NIH grants in the past, so he gets how that program works. He will be a great person to be able to make sure that we have got the right way. That we are distributing those grants with transparency, accountability, and accomplishing what we want to accomplish, which is that basic research, which is why we have the health system we do in this country today.

With that, Mr. Chairman, thank you.

The CHAIRMAN. Thank you, Senator Ricketts. Dr. Bhattacharya, you are—you would like to give an opening statement, please?

STATEMENT OF JAYANTA BHATTACHARYA TO SERVE AS DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH, LOS ALTOS, CA

Dr. BHATTACHARYA. Sure. Thank you, Senator. Chairman Cassidy, Ranking Member Sanders, Members of the Senate HELP Committee, I am honored to speak with you today and deeply humbled by President Trump's nomination.

I am delighted to have with me my wife Kathy, my son, Matthew, and my brother, [inaudible]. My two other adult children, Jody and Benjamin, unfortunately could not attend today but are here with me in spirit. The NIH has played a pivotal role in my career. I served for a decade as a standing member of NIH grant committees.

I helped train many trainees prepare for scientific careers with NIH support. And I won NIH funding to study population aging, chronic disease, and obesity. I have made the study of scientific institutions, including the NIH itself, a focus of my own scientific work.

The NIH is the crown jewel of American biomedical sciences, with a long and illustrious history of supporting breakthroughs in biology and medicine. I have the utmost respect for the NIH scientists and staff over the decades who have contributed to this success. The NIH's mission to support scientific discovery, enhance health, and lengthen life is vital to our Country's future and indeed the world.

I love the NIH, but post pandemic, American biomedical sciences are at a crossroads. A November 2024 Pew study reported that only 26 percent of the American public had a great deal of confidence in scientists to act in the public's best interest. 23 percent have not much or no confidence at all.

How can I help the NIH better achieve its mission? I have five concrete goals if confirmed as director of the NIH. First, NIH research should focus on research that solves the American chronic disease crisis. American health is going backward. Life expectancy flatlined between 2012 and 2019, plummeted during the pandemic, and still has not bounced back to pre-pandemic levels.

The chronic disease crisis is severe, with hundreds of millions of Americans, children and adults, suffering from obesity, heart disease, cancer, and more. If confirmed, I will carry out President Trump and Secretary Kennedy's agenda of committing the NIH to address the dire chronic health needs of the country with gold standard science and innovation.

Second, NIH supported science should be replicable, reproducible, and generalizable. Unfortunately, much modern biomedical science fails this basic test. The NIH itself, just last year faced a research integrity scandal involving research on Alzheimer's disease that throws into question hundreds of research papers.

If the data generated by scientists is not reliable, the products of such science cannot help anyone. It is no stretch to think that the slow progress on Alzheimer's disease is linked to this problem. The NIH can and must solve the crisis of scientific data reliability, and under my leadership, if confirmed, it will do so. Third, if confirmed, I will establish a culture of respect for free speech in science and scientific dissent at the NIH.

Over the last few years, top NIH officials oversaw a culture of coverup, obfuscation, and a lack of tolerance for ideas that differed from theirs. Dissent is the very essence of science. I will foster a culture where NIH leadership will actively encourage different perspectives and create an environment where scientists, including early career scientists and scientists that disagree with me, can express disagreement respectfully.

Fourth, the NIH must recommit to its mission to fund the most innovative biomedical research agenda possible to improve American health. My plan is to ensure that the NIH invests in cutting edge research in every field to make big advances rather than just small, incremental progress over years. Fifth, the NIH must embrace and vigorously regulate risky research that has the possibility of causing a pandemic—must regulate risky research that has the possibility of causing a pandemic. It should embrace transparency in all its operations.

While the vast majority of biomedical research poses no risk of harm to research subjects or the public, the NIH must ensure that it never supports work that might cause harm. If confirmed, I will work with Congress and the Administration to guarantee that happens.

While I believe there are real problems to be addressed, I want to finish by reiterating my great respect for the work and mission of the NIH. If confirmed, I will carry out President Trump's agenda of making the public science institutions of this country worthy of trust and serve to make America healthy again. Thank you.

[The prepared statement of Dr. Bhattacharya follows.]

PREPARED STATEMENT OF JAYANTA BHATTACHARYA

Chairman Cassidy, Ranking Member Sanders, and Members of the Senate HELP Committee, I am honored to speak with you today and deeply humbled by President Trump's nomination. I am delighted to have my wife Cathy, my son Matthew, and my brother Deep with me today. My other two adult children, Jodie and Benjamin, unfortunately could not attend today but are here in spirit.

The NIH has played a pivotal role in my career. I served as a standing member of NIH grant review committees. I helped many trainees prepare for scientific careers with NIH support. And I won NIH funding to study population aging, chronic disease, and obesity. I have made the study of scientific institutions—including the NIH itself—a focus of my own scientific work.

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I love the NIH, but post-pandemic, American biomedical sciences are at a crossroads. A November 2024 Pew study reported that only 26 percent of the American public had "a great deal of confidence" in scientists to act in the public's best interest; 23 percent have not too much or no confidence at all.

How can I help NIH better achieve its mission? I have five concrete goals if confirmed as director of the NIH.

Chronic Disease Crisis

First, NIH research should focus on research to solve the American chronic disease crisis. American health is going backward. Life expectancy flat lined between 2012 and 2019, plummeted during the pandemic, and has still not bounced back to pre-pandemic levels. The chronic disease crisis is severe, with hundreds of millions of American adults and children suffering from obesity, heart disease, diabetes, and cancer.

If confirmed, I will carry out President Trump and Secretary Kennedy's agenda of Making America Health Again and committing the NIH to address the dire chronic health needs of the country with gold-standard science and innovation.

Reliability Crisis

Second, NIH-supported science should be replicable, reproducible, and generalizable. Unfortunately, *much* modern biomedical science *fails* this basic test.

The NIH itself just last year faced a research integrity *scandal* involving research on Alzheimer's disease that throws into question hundreds of research papers.

If the data generated by scientists is not reliable, the products of such science cannot help anyone. It is no stretch to think that the slow progress on Alzheimer's disease is linked to this problem.

The NIH can and must solve the current crisis of scientific data reliability, and under my leadership, if confirmed, it will do so.

Crisis of Scientific Dissent

Third, if confirmed, I will establish a culture of respect for free speech in science and scientific dissent at the NIH. Over the last few years, top NIH officials oversaw a culture of cover-up, obfuscation, and a lack of tolerance for ideas that differed from theirs.

Dissent is the very essence of science. I will foster a culture where NIH leadership will actively encourage different perspectives and create an environment where scientists—including early career scientists—can express disagreement respectfully.

Crisis of Innovation

Fourth, the NIH must recommit to its mission to fund the most innovative biomedical research agenda possible to improve American health. My plan is to ensure that the NIH invests in cutting-edge research in every field to make big advances rather than just small, incremental progress over years and sometimes decades.

Crisis of Gain of Function Research

Fifth, the NIH must vigorously regulate risky research that has the possibility of causing a pandemic. It should embrace transparency in all its operations. While the vast majority of biomedical research poses no risk of harm to research subjects or the public, the NIH must ensure that it never supports work that causes harm.

If confirmed, I will work with Congress and the Administration to guarantee that happens.

Conclusion

While I believe there are real problems that need to be addressed, I want to finish by reiterating my great respect for the work and mission of the NIH.

If confirmed, I will carry out President Trump's agenda of making the public science institutions of the country worthy of trust and Make America Healthy Again.

The CHAIRMAN. Thank you, sir. I will start with questions. One thing that has been a real topic has been the issue of measles vaccines and autism. And we can see that the false article in Lancet decades ago has led to a lot of people not getting their child vaccinated.

There is now a child who died from a vaccine preventable disease in Texas. Let me repeat that, a child who died from a vaccine pre-

ventable disease in Texas. The Secretary has put out an editorial, which is if you just read it, the kind of understanding of it is that you should get vaccinated.

Now, I have been told that you have said that we need to invest NIH resources at looking at the link, a possible link between measles vaccine and autism. I have not heard that directly. It is hearsay. Any comment on that?

Dr. BHATTACHARYA. Senator, it is a tragedy that a child would die from a vaccine preventable disease. I fully support children being vaccinated for diseases like measles that can be prevented with the vaccination efforts.

As far as research on autism and vaccines, I don't generally believe that there is a link and based on my reading of the literature. But what I have seen is that there is tremendous distrust in the— in medicine and science coming out of the pandemic.

We do have, as you know, Senator, a sharp rise in autism rates in this country. And I don't know, and I don't think any scientist really knows, the cause of it. So I would support an agenda of— a broad agenda, a broad scientific agenda based on data to get an answer to that.

The CHAIRMAN. But this has been fairly well—in fact, it has been exhaustively studied. And there are limited resources. And if we keep plowing over ground that has been plowed over, knowing you can never prove a negative—and since we don't know the cause, we will still have a problem.

We have got a responsibility with limited resources. How do we address those things that we don't know the cause for, or that can ameliorate those things that are related to this crisis of chronic disease?

My state, by the way, is terribly affected by chronic disease, so I am totally with you on that. But what I want to make sure is there is an appropriate use. So again, just going back to—did you have an idea or an agenda that would once more, by golly once more, prove that measles vaccine is not associated with autism?

Either the schedule, the vaccine, or anything else associated with it, because my concern is the more we pretend like this is an issue, the more we will have children dying from vaccine preventable diseases.

Dr. BHATTACHARYA. I guess I will turn it around and say, I want to—I don't want to disprove a negative. That is almost—that is impossible really. But I want to address the rise in autism that—

The CHAIRMAN. I accept that. I think is laudable. We need to do that.

Dr. BHATTACHARYA. Yes, that is a positive—

The CHAIRMAN. But I am asking the specific question, will we once more have to go back over this particular issue? Because that has been exhaustively studied.

Dr. BHATTACHARYA. Yes, I mean, I think as I said, Senator, I don't think that there is a link between that—between the MMR vaccine and autism. I am convinced based on that literature. The only reason I am not wholeheartedly saying yes to the to your

question, which I—every instinct of mine is to do that, is that there are people who might disagree with me. I want to make—

The CHAIRMAN. But that is life.

Dr. BHATTACHARYA. Yes.

The CHAIRMAN. I mean, there are people who disagree the world is round. And I say that not to minimize these concerns, but people—people still think Elvis is alive. And so, if you just say someone disagrees with me, so therefore I am going to put precious limited taxpayer dollars to this and not to address the issues of obesity, heart disease, cancer, we have lost.

There is an opportunity cost here. You are the economist. What am I doing talking about opportunity cost. So I am pressing you on this because I think that kind of is a framework. If just because somebody is upset about something, do we have the opportunity cost of devoting resources in something which has already been pretty well examined?

Dr. BHATTACHARYA. I guess—yes, you are absolutely right, Senator. We don't need to address every idea that—or concern. But if those concerns result in parents not wanting to vaccinate their children for a vaccine that is well tested—my sense is that—my inclination is to give people good data. That is how you address those concerns. I don't know what else would do it.

The CHAIRMAN. But I am not quite sure what—at what endpoint we say we have got good data. Because—

Dr. BHATTACHARYA. I mean, I am convinced that we have good data on MMR and autism. But if other people don't agree with me and then they don't vaccinate their children, I think I don't—if I am confirmed as NIH Director, the one lever I will have is to give them good data. That is really the lever I have.

The CHAIRMAN. But that good data already exists. You are a scientist, and you accept that.

Dr. BHATTACHARYA. Yes.

The CHAIRMAN. It seems more an endorsement with an appropriate allocation of current dollars would be a better way to spend precious limited Federal dollars.

Dr. BHATTACHARYA. I mean, I think the most important childhood health problems have to do with childhood diabetes, childhood obesity. I think that is what—

The CHAIRMAN. I accept that we should be studying that.

Dr. BHATTACHARYA. That is what most—that is where the vast majority of the effort should go. Prevention of childhood infectious diseases also I think is important. I mean all of those are—and I think you and I agree—would be the main priorities. That is the priorities I will have if I am NIH Director.

The CHAIRMAN. Thank you.

Senator Sanders.

Senator SANDERS. Thank you, Mr. Chairman. Dr. Bhattacharya, as I mentioned a moment ago, in some cases we pay 10 times more for prescription drugs, the same drug, that people in other countries pay.

Something like one out of four Americans can't afford the prescriptions that the doctors write when they get sick. Why do we pay the highest prices in the world by far for prescription drugs? And what would you do if you were confirmed as NIH Director?

Dr. BHATTACHARYA. I don't have a full answer to that question, but I agree with your concern and the fact that we do pay the highest prices in the world for prescription drugs. If I am NIH Director—if I am confirmed as NIH Director, I think there is a very specific thing that we haven't done but we should do.

The NIH should fund research on off patent—off label use of off patent drugs, inexpensive drugs. I will give you an example from the pandemic, Senator. There was a tremendous—tremendous achievement, I think. There was a study done in the United Kingdom of a cheap steroid called Dexamethasone. Very early in the pandemic, if used during—in—

Senator SANDERS. I don't mean to—I apologize, but I don't have a lot of time. And I hear what you are saying, and I am not in disagreement with that. Question is, historically the NIH has, as we all know, spent billions of dollars in developing important drugs.

Yet, despite that taxpayer expenditure, we end up paying back more than other countries. Should a company that benefits from the taxpayer dollars research, basic research at the NIH be able to charge any price that they want?

Or should we attach to those contracts a reasonable pricing clause that says, hey, if we help develop this drug and it is effective, you are going to have to charge a reasonable price for it?

Dr. BHATTACHARYA. Senator, that is an issue where I think previous NIH Directors have said it is very difficult for—for a NIH Director alone to take action. I think that is something that Congress and the Administration would have to work together.

Senator SANDERS. I am not quite sure. Actually I think what we are learning from the President is a lot can be done through Executive Orders. And I would disagree with you. I think that is something that the NIH can do. Would you be open to that idea?

Dr. BHATTACHARYA. I mean, Senator, I guess I would focus on the future. Imagine the NIH focuses on support for relatively inexpensive—

Senator SANDERS. I am hearing a no. Okay. Let me ask you this question. We talked about life expectancy. A very important issue. Why is it the working class people in America live 7 years shorter lives than the rich?

Dr. BHATTACHARYA. Senator, it is the chronic disease crisis in large part—

Senator SANDERS. But why does somebody who is working class end up with more chronic diseases than somebody who is wealthy?

Dr. BHATTACHARYA. I mean, I think, Senator, that is something I have devoted my career to trying to understand. I think that it is a tragedy that there is such a dispersion in life expectancy based on income.

I think the solution that an NIH Director, if I am confirmed and I would fully commit to this, is to address the health problems that

lead to that outcome, the rise in obesity, the rise in diabetes, the—

Senator SANDERS. Again, I apologize for interrupting. But what role does—the food industry out there sells a lot of crap to our children, right. And they spend zillions of dollars on advertising products that are really not healthy. What will you do about that?

Dr. BHATTACHARYA. Senator, I think excellent research to try to find alternatives to make clear the link between the junk food that kids eat, and subsequent health outcomes can convince parents I hope to make better choices for their kids—to help them make better choices for their kids. I think the role of research is to elucidate those connections and give people tools.

Senator SANDERS. But you are going to have, if you are confirmed, a bully pulpit, so to speak. Would you support what a number of countries around the world are doing and saying to the food industry they cannot do TV advertising for unhealthy foods?

Dr. BHATTACHARYA. I mean, if I am confirmed, I would absolutely advocate for—to give parents the tools they need so that their kids will eat healthy.

Senator SANDERS. I am answering the question. Sounds like a good politician here. There are TV ads as we speak right now telling kids to tell their mothers that they desperately need some food, which is really unhealthy. There are countries who say that those ads should not be allowed on television targeted to kids. Would you support those unless—would agree with that?

Dr. BHATTACHARYA. I mean, if there is a movement to encourage advertisers to not push unhealthy foods, I certainly would be willing as Director—

Senator SANDERS. But you could lead that movement. Not be—will help lead that movement?

Dr. BHATTACHARYA. I mean, absolutely. We want to make America healthy again. I don't know specifically how one would lead such a movement, but I would be willing to work with you, Senator, to do that.

Senator SANDERS. Thank you very much.

The CHAIRMAN. Senator Paul.

Senator PAUL. Senator Sanders, I am glad to see that you are interested in junk food. In fact, I have a great offer for you. Probably you could transform health more in our Country by one policy change, and that would be removing junk food, sugar drinks, chips, Twinkies, Ding Dongs from food stamps.

We have an epidemic of obesity, particularly among our poor, particularly among those on food stamps. Why not just take the food formulary and make it healthy food? We do this for WIC. We decided for pregnant women that we do. But I have had a bill out there for quite some time. I have no one from the other side of the aisle.

I am glad to hear of your concern for junk food and hope I can get you to consider that. We talked about precious resources, and we say, well, gosh, we can't study autism or any—we are done with vaccines. The problem with that is there is a great deal of vaccine

hesitancy. And there does need to be—it doesn't mean we need 99 percent of the NIH budget on autism and vaccines, but certainly I think we have room to have another study to try to convince those who are hesitant.

We ought to look at populations of people who take no vaccines, the Amish and others, and try to compare them in a scientific way to those who do and see if we can learn something from that. But one way to have more precious resources directed toward good science is to get rid of the frivolous studies.

William Proxmire sort of talking about this in the 70's. I have been talking about this for a dozen years. This is from the NIH, 2.1 million studying whether or not when you are at the Luby's cafeteria, and somebody in front of you sneezes on the food, are you more or less likely to take the food? I mean, that kind of stuff is ridiculous. You could have real science if you weren't doing that.

But that has been going on for decades. One of the first things that Proxmire mentioned was a study on what makes people happy. That would be great for *Cosmopolitan Magazine*. I really highly suggest it. But it is a stupid idea for taxpayer money for a study. But that was 30 years ago.

One of the ones he hated the worst was, what makes people more aggressive, gin or tequila? So they fed half the codfish gin and the other half the codfish tequila, and we all know it's got to be tequila, right? I mean, jeez, come on, we don't need to study that. But the thing is, there is lots of frivolous stuff out there that gives good science a bad name.

I vote for almost no spending up here because it is almost all inflated, but I have voted for money for the NIH, but they have got to do a better job. And one of the things I hope is, is that you are directed toward diabetes, heart disease, cancer, Alzheimer's, these big diseases. But I don't think it is just good people.

We have got to change the way the grants are so that somebody on the grant committee maybe should be one of the from the major five diseases should be on every behavioral study to make sure we are not wasting it on whether rats use—lonely rats use more cocaine than, well liked rats used. I mean, that was from last year.

What do you think about trying to look at the way we do grants to try to, I don't know, populate the people on the grants. You said you were on a grant committee. To try to populate the grant committees where there is attention being paid maybe to the big five diseases and we don't get lost on a—down a rat hole, so to speak. Would you have any thoughts on that?

Dr. BHATTACHARYA. Senator, I think that the resources at the NIH—the taxpayers gives the NIH are precious. And if confirmed, I absolutely commit to changing the grant committee make up so that they focus on the most important questions that address—that impact American health.

I mean, there needs to be a mix of basic science work. And, I am not a basic scientist myself, but I can understand how some somewhat abstract basic science work can have fun advances. But at the same time, the research should really be focused on making America healthy. That is the mission of the NIH.

Senator PAUL. You mentioned, and you got cutoff a little bit, on steroids. But this was a pretty amazing thing during COVID. So steroids are virtually pennies. They have been around forever. They found a 36 percent reduction in COVID deaths from people entering the ICU. They are either going on the ventilator or almost on the ventilator.

There was like a huge death rate among these people. And they found something for pennies that was a cure. And yet, when Dr. Fauci came to this Committee in March 2020, I asked him about using high dose steroids the way they do for necrotizing fasciitis and other infections.

He said, oh, they don't work. We have tried it. And he was adamant that the steroids didn't work. And it turned out to be the best cure and the cheapest, and yet the knowledge didn't get out there because there was a bias. Do you think that we can change that kind of bias and hear open debate, and that will make a difference with disease?

Dr. BHATTACHARYA. Absolutely, Senator Paul. That was a such a signal success of the pandemic—the study. But the shame is that it was a group in the UK that ran that study, not a group in the NIH. That is something the NIH ought to have run with billions of dollars for infectious disease.

It is something that is changeable just with prioritization alone. I think we can align the incentives of the NIH so that it looks for those kinds of opportunities, because there are many of them out there.

The CHAIRMAN. Senator Murray.

Senator MURRAY. Thank you. Thank you, Dr. Bhattacharya, for being here. Really appreciate it. I don't think it is an exaggeration to say that right now President Trump and Elon Musk are really putting a lot of lifesaving research at risk.

We have had grant freezes, pauses on advisory meetings, pauses on clinical trials, mass firings being carried out by the so-called DOGE. It is really threatening our ability to treat childhood cancer, to mitigate the effects of Alzheimer's disease and other forms of dementia, and to better understand and treat women's health issues.

Do you support the recent researcher firings and grant freezes that have been implemented by Trump and DOGE?

Dr. BHATTACHARYA. Senator, I was not involved in those decisions. If confirmed as NIH Director, I fully commit to making sure that all the scientists at the NIH and the scientists that the NIH supports have the resources they need to meet the mission of the NIH, which is to make America—do research to make America healthy.

Senator MURRAY. Do you support further cuts at NIH funding or staff?

Dr. BHATTACHARYA. Senator, I don't support—I don't have any intention to cut anyone at the NIH. If I am confirmed as Director—

Senator MURRAY. What about all the grant freezes and the pauses and all the advisory committee meetings, all the pauses

that are now in effect on clinical trials—trials that are happening there right now?

Dr. BHATTACHARYA. Senator, I have read the press accounts of it. It is hard to know outside. I have not interacted with people in the agency.

Senator MURRAY. If you are confirmed, day one, what will you do about that?

Dr. BHATTACHARYA. Senator, I am going to assess it, day one. I am going to understand what the—what resources the whole NIH needs and make sure that the scientists that are working at the NIH have the resources to do the lifesaving work that they do, and that the scientists that are supported by the NIH also have that. The personnel decisions are hard to talk about unless I am actually confirmed, and I have more data.

Senator MURRAY. I will just tell you right now that I am deeply concerned about the funding there, the research that has been stopped, and all that is going on. And I want a very strong assurance that you will get that moving again, day one.

Dr. BHATTACHARYA. Senator, absolutely. I am going to be looking very carefully at the personnel decisions. I want the NIH to be staffed absolutely appropriately to meet the mission of the NIH. I am happy to work with you and other Members of Congress to make sure that happens.

Senator MURRAY. Okay. Well, just a few weeks ago, the Trump administration announced an illegal plan to cap indirect cost rates at 15 percent.

That amounts to a massive funding cut for research institutions, large and small, red and blue states, everyone, and brings a lot of lifesaving research to a screeching halt. Sick kids wouldn't get the treatment. Clinical trials shut down.

I want to ask you, do you know what the indirect cost rate was for Stanford, your own institution, last year?

Dr. BHATTACHARYA. I think it is on the order of 55 percent.

Senator MURRAY. That is correct. So if the 15 percent cap was implemented, Stanford would lose approximately \$160 million per year. So what do you say today to your colleagues at Stanford—researchers in my home State of Washington. Scientists across the country. But what do you say to the folks at Stanford about this?

Dr. BHATTACHARYA. Senator, I have been a researcher at Stanford. I have earned NIH grants from—the NIH while I have been a professor at Stanford. The money that comes to me, the direct cost, as researchers, I understand exactly where that money goes. The indirect costs are kind of a tip, a 55 percent tip on top of that goes to the Administration—

Senator MURRAY. You would tell the Stanford researchers they don't need that? Or are you just saying Stanford is different than everybody else?

Dr. BHATTACHARYA. No, Senator—please let me finish. What I mean is that I don't know where that goes. I think that a lot of it likely goes to the things that are worthwhile. And I have heard

lots of folks, including from Stanford, who say that, and I agree with them.

Support for buildings, light bulbs to make sure that we can see in the lab and a whole host of other important things. But there is a lot of distrust about where the money goes because the trust in the public health establishments collapsed in the pandemic.

I think transparency regarding indirect costs is absolutely worthwhile, and it is something that universities can fix by working together to make sure that where that money goes is made clear.

I want to make sure that the money goes to the research. I want the money to specifically—if it goes to things that are not research and are labeled indirect costs, it is better to have that.

Senator MURRAY. I just have a few minutes left and I wanted to ask you if you would—get the research committees going again, the advisory councils immediately upon day one?

Dr. BHATTACHARYA. Yes, as soon as—if I am confirmed, I want those advisory councils. I want the—all that to go.

Senator MURRAY. Well, I think we should all recognize that NIH is the largest research—medical researcher in the world. They are a global leader. We should be extremely proud of what they do.

Nearly a third of all the Nobel Prizes to date have been awarded to scientists at NIH and supported by NIH funds. So, we have to be very careful moving forward. I am extremely concerned by the dramatic cuts, and firings, and stopping of the research that is going on at NIH right now.

The CHAIRMAN. Senator Collins.

Senator COLLINS. Thank you, Mr. Chairman. Doctor, welcome. I very much enjoyed our wide ranging discussion in my office. I am going to follow-up on Senator Murray's question about indirect costs.

As I indicated to you, I am strongly opposed to the Administration's ill-conceived and completely arbitrary proposal to impose a 15 percent cap on indirect costs for NIH grants. Research labs and universities across the State of Maine have contacted me to describe the devastating impact that these—this cap would have on lifesaving and life enhancing biomedical research, on ongoing clinical trials, and on Maine's research related jobs.

In 2023, NIH supported 1,470 jobs in this field, in the State of Maine alone. I think it is important that we all acknowledge that a one size fits all approach makes absolutely no sense, and that is why NIH negotiates with the individual grant recipient what the indirect costs cap should be. And it is legitimate to say that we should take another look at that.

Are we doing the right amount for Stanford versus Jackson Laboratories or the University of Maine? Those are legitimate questions. But to impose this arbitrary cap makes no sense at all. Furthermore, and I really want to stress that this, this is against the law.

Since 2017, we have had language in the Labor, HHS Appropriations Bill that specifically prohibits the indirect cost formula from being changed. And yet, that is what has been done without con-

gressional intent, or agreement, or consent. And the language has been carried every single year, including in the Continuing Resolution that we are now operating under.

I am not surprised that a judge has stayed the order. So if confirmed, will you work immediately to rectify and reverse course on having a one size fits all, 15 percent cap on indirect costs?

Dr. BHATTACHARYA. Senator, if confirmed, I absolutely commit to the following the law—to addressing this issue very directly. I think that this is one of these issues—to me, it is an indicator of distrust that some have of universities and of the scientific process. And so, I want to make sure that we address those concerns as well.

But I absolutely commit to follow the law, and I will consult with agency counsel immediately and work with you, Senator, as we spoke of in our meeting to make sure that your concerns are addressed as well.

Senator COLLINS. Thank you. You testified that the NIH should focus on research involving chronic diseases, and I agree that we should do a lot more in this area. Half of all American families report having Alzheimer's disease in their family. And their suffering from this progressive and ultimately fatal disease is tragic.

But the impact is not just humanitarian. It also has a huge financial impact on our Nation. And that cost burden is expected to reach \$1 trillion by 2050. For more than 12 years, Congress has supported a national strategic plan to look at ways for research to come up with the means of prevention, effective treatments, and ultimately a cure.

I co-authored the original *NAPA Act*, as we call it, in 2011. And last year with my colleague, Senator Warner, led the reauthorization of the national plan through 2035. If you are confirmed, will you continue to support the national strategic plan targeting Alzheimer's?

Dr. BHATTACHARYA. Absolutely, Senator. For me, it is not just a theoretical issue, although I have studied it in a—in my research work. I believe very fundamentally that there are very promising potential ways to prevent Alzheimer's that have not received support, including from some colleagues of mine at Stanford University, because they haven't aligned with a single dominant narrative about what causes Alzheimer's.

I want to expand the set of things that we look at as a possible cause for Alzheimer's so that we can make advances. We should have had, I think, much more advances for the investments we have made to date.

I want to make sure that all the hypotheses that are out there get addressed, because that is a vitally important problem, as you say, not just humanitarian, not just for health, but also for the fiscal health of our Country.

Senator COLLINS. Thank you. I will submit the rest of my records—questions for the record.

The CHAIRMAN. Senator Baldwin.

Senator BALDWIN. Thank you. So I want to begin by discussing the Trump administration's actions to halt thousands of NIH grants and billions of dollars in NIH research funding.

Canceled study sections and importantly advisory council meetings mean that NIH cannot award grants to fund critical medical research. Additionally, the Administration attempted to illegally cap indirect costs.

You have already gotten several questions about that. The indirect cost rates—and this is in blatant defiance of Appropriations law, which prohibits NIH from capping these costs. I am the Ranking Member of the Labor, HHS Appropriations Subcommittee, and I have been raising the alarm about this for weeks now.

On Monday, I revealed that the Trump administration has halted \$65 million in funding for Alzheimer's disease, stopping 14 Alzheimer's disease research centers from finding ways to treat and prevent this devastating disease.

If NIH does not reverse course on these really disastrous decisions, the centers will run out of funding at the end of April. So, Dr. Bhattacharya, do you agree with President Trump that NIH should stop funding for research on cancer and Alzheimer's disease?

Dr. BHATTACHARYA. Senator, I don't believe President Trump has that as his priority. And I—of course I wasn't not in—

Senator BALDWIN. His actions are accomplishing that right now.

Dr. BHATTACHARYA. Senator, if confirmed, I will follow the law, as I said to Senator Collins, on the indirect cost recovery. And my commitment is to make sure that every single researcher at the NIH, every single researcher supported by NIH money has the resources they need to do their lifesaving research.

Senator BALDWIN. I am going to talk more about those researchers who have been fired, but right now we have—this Administration has halted funding for 14 Alzheimer's disease research centers. Do you agree with that decision?

Dr. BHATTACHARYA. Senator, I don't have access to that information from outside. If confirmed, I absolutely will look into it to make sure that if—

Senator BALDWIN. I mean, I know that you are not consulting with people at NIH pending your confirmation proceedings here, but you are not unaware that this is happening, and you should have a position on this.

I mean, you have accepted President Trump's nomination, and you are watching these actions taking place in an organization that you may someday lead. Do you agree with the stripping away of funding this—for cancer and Alzheimer's disease?

Dr. BHATTACHARYA. Senator, if I am confirmed, I will make sure that the NIH researchers and the NIH researchers that are funded by the NIH, outside the NIH, have the resources they need to make sure that they do their research. That is the mission of the NIH. If I am confirmed, my job will be to make sure that mission is met.

Senator BALDWIN. Moving on, I am concerned about how the Administration's recent actions are putting especially early stage re-

searchers at risk. We talked about that when you visited with me in my office. In the year 2016, I worked with Senator Collins to enact the *Next Generation Researchers Act*.

Since then, NIH has increased funding for early stage investigators. But now these researchers are precisely the ones being targeted by the Trump administration, and Elon Musk in his unelected, unaccountable capacity.

Due to the NIH funding freeze, university admissions for graduate students have slowed or even stopped. Postdoctoral fellows can't find jobs to launch their research careers. President Trump and Elon Musk have fired nearly 1,200 NIH employees so far, including hundreds of scientists conducting lifesaving research.

They put the rest of them on notice that more reductions in force are coming, and new restrictions from Trump and Musk could push out about 3,000 of the most promising early career researchers by refusing to renew their positions. This is the institute that you may be running. These actions threaten an entire generation of scientists. They threaten our future as a global leader in biomedical research.

They threaten our future health and our ability to fight diseases. And frankly, they threaten our national security. So, Dr. Bhattacharya, you have said that as NIH Director, you want to increase support for the next generation of scientists. How will you repair the damage and support early career researchers?

The CHAIRMAN. Could you please answer quickly because we are—

Dr. BHATTACHARYA. Sure. Just very briefly, I am very committed to making sure early career researchers have resources. I think that it is not just for their own sake, but also because they have ideas that are at the cutting edge.

Senator BALDWIN. You will hire them back?

Dr. BHATTACHARYA. It is—Senator, I wasn't involved in any of the personnel decisions to date. I will look very carefully at the personnel decisions, if I am—[technical problems].

The CHAIRMAN. Thank you. And for the record, funding has not been canceled. They are meeting to allocate it. The funding has been delayed. But just for the record.

Senator Marshall.

Senator MARSHALL. Well, thank you, Mr. Chairman. As I listen to the conversation today, I am reminded that we all should doubt our own infallibility, and we should doubt the infallibility of the NIH as well. I am flabbergasted as I listen to this conversation of people that really have never been involved in the scientific process and that they don't understand indeed the infallibility.

When I think of the NIH, the waste that has occurred. And I think of Alzheimer's, the waste is the path we went down the last—since 2005, 2006. Dr. Bhattacharya, you recall, I am trying to remember, an amyloid study that really—so all the NIH funds went that direction for 20 years, and then we find out, oh my gosh, it was NIH funded research. You remember that project?

Dr. BHATTACHARYA. Yes, I mean, there is a whole set of projects, Senator, that have focused by the NIH on a particular hypothesis, the amyloid hypothesis, at the expense of other hypotheses. I agree with you about humility.

That is the key to scientific progress. We have to as scientists say we might be wrong, because when we meet data that disagrees with us, or we have ideas that we disagree with, maybe that other ideas right and we are the one that is wrong. It is only by—if I am confirmed as NIH Director, I want to make sure that all the range of hypotheses are supported.

That is how you make progress. One of the reasons I think that we have not made progress in Alzheimer's as much as we ought to have is because we have gotten—the NIH has not supported a sufficiently wide range of hypotheses.

Senator MARSHALL. We also have, what, eight different supporting institutes studying it. They don't communicate with each other as well.

I mean, my guess is when you make a 5-year grant, 20 percent of those should be stopped after a year because they went down a road. It is a dead end. It is time just to start over.

I am glad they are pausing these. I think that there is a significant amount of waste, fraud, abuse, and incompetence in the studies funded by the NIH. Let's talk about chronic disease just for a second.

The NIH has spent a disproportionate amount of money on research on diseases that impact a very small, minuscule amount of Americans. Meanwhile, 60 percent of Americans have a chronic disease. Speak a little bit about your vision of researching for figuring out the causes and treatments of chronic disease. Specifically, how food as medicine might be intertwined in your vision.

Dr. BHATTACHARYA. Senator, I think the chronic disease problem is something that the NIH ought to have done a better job at the last several decades. The mission of the NIH is to address the health needs the American people have and to expand life expectancy of the American people.

We have not achieved that. It has been—it has flatlined. And you say food as medicine. That is the kind of research idea that would be very difficult, I think, to get research support from the NIH because it is not within the scope of the people who decide what NIH ought to support. I think we should expand the set of ideas to address a problem that we don't know how to address.

The chronic disease problems of the United States are so broad that we need to have a lot more tolerance that the top scientists who controlled the ideas in their fields may be wrong. We need to allow other scientists who have other ideas, and food as medicine might be one of them, to have support. I don't know what is going to be the answer, but I do know that if we don't—

Senator MARSHALL. Are you committed to helping us figure out the causes of these chronic diseases?

Dr. BHATTACHARYA. I absolutely am, Senator. I mean, I think that is the heart and soul of the Make America Healthy Again movement, and millions and millions of Americans have been look-

ing to us to do that. If I am confirmed, I absolutely commit to doing that.

Senator MARSHALL. Yes. And a big part of that is the trust. That thanks to Dr. Fauci, no one trust the NIH, the CDC anymore. And we need a referee to come in and try to say, well, what is the latest science? Science is never settled. It is always changing.

But, what is it in ultra processed food that is causing this uptick in chronic diseases? Speak a little bit about the indirect costs of these situation. Look, I think most of us understand that is just another grift for universities, and we are paying their very unfair share of overhead going forward.

But what I am concerned about is two-thirds of research dollars are funneled to four or five states it looks like to me. Just would like your commitment for us flyover states to spread the love a little bit. It will prevent inbreeding. And hope that when you do, realize that not every good scientific idea comes from the coast.

Dr. BHATTACHARYA. Senator, I have scientists colleagues from across the country and I hear your concern, that the NIH ought to be more committed than it has been to making sure that every scientist no matter where they are—they don't have to be in California or the Northeast Corridor to get support. I absolutely commit to supporting the IDeA Program that the NIH uses to identify scientists in—

Senator MARSHALL. Just to make an explanation point, the indirect cost in Kansas University or Kansas State is going to be less than the coast. I don't know why—it is their own problem. If their indirect costs are that high, it is their own problem. It is not my fault. If we can do the research more efficiently, less expensive at Kansas State University or KU, then let's move it there.

The CHAIRMAN. Thank you, Dr. Marshall.

Senator HASSAN.

Senator HASSAN. Thank you, Senator Cassidy. And good morning still. We are in the morning, so. And welcome. Congratulations on your nomination, doctor. I am going to start out with a question I start all these hearings now with, which is, if directed by the President to take action that would break the law, would you follow the law or would you follow the President's directive?

Dr. BHATTACHARYA. Senator, I don't believe the President will ever ask me to break the law.

Senator HASSAN. Well, that strains credulity, given especially the last few weeks. And it is a disappointing answer. I will expect you to follow the law regardless of whether the President directs you to break it. Now, let me go to the second question. President Trump has effectively frozen NIH funding for existing grants, including grants that directly treat people with rare diseases.

My office has heard from Christine in Brentwood, New Hampshire who was receiving treatment for colon cancer through an NIH funded clinical trial but now no longer knows the fate of her care because these freezes have delayed doctors who might be needing to hire new research assistants in the trial. This colon cancer trial may not have the research staff that they need to continue treating patients. If confirmed, will you commit to reversing the across the

board funding freezes at NIH that have delayed lifesaving clinical trials?

Dr. BHATTACHARYA. Senator, first, I absolutely commit to following the law, just in response to the previous question. But I will also say on this question now, absolutely. I think that—if I am confirmed as Director, I want to make sure that every single study that is advancing America—the health—our knowledge about health, including colon cancer—goes forward. Absolutely.

Senator HASSAN. Well, the freeze is really delaying things, and it can have an impact, on treatment, and especially treatments for something like cancer which can be very time sensitive. That is the harm that these illegal freezes by this Administration have really put into play here.

I hope you will speak up loudly, and clearly, and push back at the President and Mr. Musk on these freezes. These were appropriated funds. Article I of the Constitution and the law says that the Administration is supposed to be spending those funds in accordance with the grants and the clinical trial plans.

President Trump has not only effectively frozen NIH funding for existing clinical trials, has also stopped review of new grant applications to help develop new cures for diseases such as pediatric cancer.

Your written testimony focuses heavily on questioning past NIH research, but you don't lay out a plan for supporting research by our talented scientists across the country to help treat devastating diseases. You have talked about this with some of my colleagues, but if confirmed, will you immediately restart all NIH academic review committees and get all appropriated money out the door?

Dr. BHATTACHARYA. If confirmed, absolutely, Senator. My job would be to make sure that those fundamental scientific meetings and other activities happen. The purpose of the NIH Director is to support the mission of the NIH.

Senator HASSAN. Okay. Thank you. I am going to forego the other questions I was going to ask and just say this. For people watching this hearing, for parents who are worried about autism in particular, let me just say a couple of things.

We see more cases of autism in this country than we used to for a number of reasons, part of which is we are much better at diagnosing it earlier and understanding what the spectrum of it is.

We have ongoing science that is beginning to point at the NIH, among other places, to genetic issues that may play a part in the development of autism and environmental issues. The now retracted study that suggested, wrongly and fraudulently, that autism might have a relationship to the MMR vaccine has been refuted by seven studies, every continent that involved hundreds of thousands of children.

For parents out there who may think that vaccines have something to do with autism, there is no scientific evidence that it does. And it disappoints me greatly that neither you nor the Secretary now of Health and Human Services are willing to say that declaratively and strongly, because what you do when you hesitate, what the Secretary does quite cynically in my view when he hesitates

about this, is you turn and sow doubt and worry at a time when we should be focused on actually finding the cure—the cause and the cure of autism.

Similarly, when we talk about the causes of chronic disease in our kids, there is plenty of evidence, you have talked about it—working class folks in America have worse health than richer people. And yet you are about to join an Administration that is dedicated to giving more tax cuts to billionaires and taking away things from families, money and services from families that could help them live healthier, better lives and have children less subjected to things like hunger and housing insecurity, which contribute to chronic illness. So I hope you will think about that. I am over my time, and I think Senator Tuberville is next.

Senator TUBERVILLE. Thank you. Thank you, doctor, for being here. It is always good to run into somebody whose name is harder to say than mine and mispronounced more.

You got a hard job in front of you, but I share the ideas and desire that the President has to root out waste and the fraud that we have in this country. Because if we don't, we are not going to have a country left. It is going to be gone. And he is doing the right thing. You are going to have a tough job.

You are going to have to put your team together and do the same thing. We have got to make sure we use American taxpayers' money the right way. So, kind of give me your plan of how you are going to do this to when you come into office and are confirmed, how are you going to put your team together?

Dr. BHATTACHARYA. Senator, I should say, I have a background as an economist—[technical problems]. Senator, I should say I have a background as an economist, as well as being a doctor. And to me, that background, what it leads me to do is understand that every dollar wasted on a frivolous study is a dollar not spent—every dollar waste on administrative costs that are not needed is a dollar not spent on research.

The team I am going to put together is going to be hyper focused to make sure that the portfolio of grants that the NIH funds is devoted to the chronic disease problems of this country. It is going to be devoted to making sure we have not just incremental progress, but research projects that have the capacity to make huge advances in treatment for cancer, for diabetes, for obesity.

That is how I am going to decide what the team is. And the NIH—actually, I am blessed in some ways because it already has so many excellent scientists there to advise me on the areas I don't know about. And I want to tap that resource. I want to make sure I talk to every single person who is already a leader at the NIH to understand where those opportunities are.

Senator TUBERVILLE. Yes. Well, thank you. For the past 4 years, I have been on this Committee, and we have obviously gone through COVID. Devastating to not just our Country but the world.

Transparency and trust is going to have to be earned again from a lot of people. Most people across this country don't know what the NIH stands for, Okay. But now they do because of COVID. You said that science has to be reliable. Exactly.

But people also have to trust. We are finding out now we have biolabs in Ukraine where a war is going on and we are finding them. I mean, and so you have got to be on top of that and you have got to—the American people have to trust you that you will say, listen, we are going to keep our eye on, the biolabs in North Carolina or wherever we have them, because it scares me to death of what is going on. What is your plan there, of getting trust back in this country?

Dr. BHATTACHARYA. Senator, first of all, I want to make sure that, and I want to work with the Congress to make sure that there is appropriate regulation of any risky research. The NIH should have—I don't think it should be doing any risky research that has the potential to cause a pandemic, and I want to work with Congress to make sure that happens.

As far as trust, I think the key thing is we have to be utterly open as—if I am confirmed, I will be the head of an organization that is a scientific organization. As a citizen, I would often look for FOIA responses from the NIH, *Freedom Information Act* requests, and they would be fully redacted during the pandemic.

You can't have trust unless you are transparent. And as—if I am confirmed as NIH Director, I fully commit to making sure that the American people can see all of the activities of the NIH openly, with limited sort of obfuscation, which has characterized I think, unfortunately, the NIH's way that they interacted with the American people.

Senator TUBERVILLE. I think that starts with being very visual on television. Telling people the truth. Don't hide anything because we have been hiding things for years and that doesn't work. We found that out.

Chairman Cassidy and I led a letter to the NIH under the last Administration asking questions about a grant that the NIH funded focused on children transitioning genders. The study followed all these children. Two of them committed suicide. Devastating. So, how can we ensure the NIH doesn't grant funds to things like this?

Dr. BHATTACHARYA. Well, first of all, I think if you have a negative result and you—and it is politically inconvenient to you, you have an obligation as a scientist to report it, right. So the NIH funds a study that shows that gender transition doesn't reduce suicide rate among adolescents.

That researcher has an obligation report it even though she may think it is politically inconvenient. So I want to make sure that NIH researchers are required to report even negative results. And there is ways to do that we can talk about it. But I think as far as like the prioritization of studies, as I was telling Senator Paul, I think we want to make sure that the studies are focused on the diseases that really are hurting Americans—obesity.

A lot of the research that it is so easy to come up with, examples of—there is one of a shrimp on a treadmill, for instance, that was once funded. I don't—it is not that I am necessarily against research like that, but the American taxpayer should be focused on the needs of American taxpayers.

The research should be focused on those needs, the health needs of Americans. And I want to make sure that the NIH, if confirmed, focuses on exactly that.

Senator TUBERVILLE. Thank you. Good luck.

Dr. BHATTACHARYA. Thank you so much.

Senator TUBERVILLE. Senator Hickenlooper.

Senator HICKENLOOPER. Yes. I hit it and it turned itself off. Thank you for being here, and for all your service. As we have already heard today, and you are already well aware of, this cap on the indirect fees for all NIH grants has been traumatic.

The system is now on a pause. Clearly, the solution is some sort of more transparent, well thought out, fair system by which research in the center of the country, the South, the Northeast, the West, is all a level playing field. How long—let's assume that we get the legal stuff sorted out, the chaos comes down a little bit. How long would it take to create a new system like that?

Dr. BHATTACHARYA. Senator, I don't know that it would take a new system necessarily. I think the key thing is, as you said, Senator, the transparency, right. So audits of university spending of indirect costs would help—I think, help inform decisions. It is a complicated question.

Of course, I wasn't involved in the decision about the cap. But if I am confirmed as NIH Director, that is something I will look very carefully at. The broader problem is we have deep distrust by the American people of the universities and the scientific establishment earned during the pandemic.

To address that, transparency is the key way, just as I was telling Senator Tuberville. That transparency is what we will solve this problem.

Senator HICKENLOOPER. We agree on that. We have been working on a project called the *DeOndra Dixon INCLUDE Project Act*. I think you know a little bit about it, but the idea is that we codify research activities at the NIH on co-occurring disorders of Down Syndrome across multiple institutes of the NIH.

I am not asking your endorsement, but I am asking if you would be willing to work with us on this? We are very serious about it. And also look at more broadly on cross-institute work at the NIH to try and unlock new discoveries.

Dr. BHATTACHARYA. Senator, I am absolutely committed to that. And I would be delighted to work with you on the project that you just mentioned, as well as other projects. I think there is tremendous opportunities for cross-disciplinary work across the NIH.

I think it is at the back of the minds of so many reform proposals at the NIH I have seen over the years to try to make sure that the NIH research doesn't stay siloed within one institute, but that it is useful for researchers all across the NIH.

Senator HICKENLOOPER. Right. I want to spend a little bit of time—just thank you for that. I appreciate that. A moment just looking at—we have heard a lot of people suggest that somehow the NIH is allowing the United States to be taken advantage of in some ways.

One fact that is striking to me that in a 10 year period, 99 percent of the drugs approved by the FDA were developed with research, to a larger or lesser extent, from NIH.

Are you worried about the U.S. ability to maintain that leadership? Do you think we are being ripped off in some way? The fact that we do—we are affluent enough and care about science enough that we are leading the world in this research is—in some way that is unfair.

Dr. BHATTACHARYA. Senator, I think that the United States is the greatest country on earth. And one of the reasons it is, is that it has a sincere commitment to doing fundamental research that benefits all of humanity.

I think much of the NIH research does exactly that. I don't view it as ripping off when a scientist comes up with an amazing idea that solves—that treats diabetes better. Everyone on earth benefits from that.

Senator HICKENLOOPER. Right.

Dr. BHATTACHARYA. I—no, I think NIH as a fundamentally an institution aimed at the public good.

Senator HICKENLOOPER. Here is a more difficult question, which I have caused just to be suggestive. Do you think we are spending enough on research? In terms of where you are coming in, part of your seat is going to say—I mean, are we running out of good ideas? Is there a shortage of things that really demand our attention?

Dr. BHATTACHARYA. I think as I outlined in my opening statement, I think there is some real problems in how the scientific establishment is operating. The replicability crisis. A lack of desire to focus on the diseases and the conditions that really are inflicting Americans.

Also, a sort of tentativeness to focus on the big ideas. No matter what the budget is, I want to reform it in that direction. I am happy to work with Congress. I mean, it is Congress that decides the budgets of the NIH, not—

Senator HICKENLOOPER. No, no. We decide based on a lot of your advice. So be thinking of that. Well, obviously, increased vaccine skepticism. We are seeing a—just in the past school year, the number of kindergarten kids that are exempted for one or more routine vaccinations has continued to rise. Highest levels recorded.

Is this rising skepticism around vaccines, is that going to make vaccine related research at NIH any less of a priority? If confirmed, how you balance the need to focus on research into chronic diseases with that need to invest in research on viruses and things that a vaccine can address?

Dr. BHATTACHARYA. Senator, I think the increasing skepticism, which I view as a hangover from the COVID pandemic, sort of overstatement about how the COVID vaccine worked, makes it more important to do vaccine research. Senator, Secretary Kennedy has already said he favors the MMR vaccine. I agree with that.

I think that research—maybe I am naive, Senator, but I believe very fundamentally that research, if it is done right, it is replicable, is so persuasive that it will move people to take actions. And that

is the philosophy I operated under my entire career, and I intend to keep doing that, if I am confirmed.

Senator HICKENLOOPER. From your lips to God's ear. Thank you.

The CHAIRMAN. Senator Moody.

Senator MOODY. Thank you, Mr. Chairman. Good to see you. I am the most junior member on this Committee. And recently transitioned from my role as AG in the State of Florida, the great free State of Florida, to U.S. Senator.

One of the things I have enjoyed the most is these confirmation hearings because so much of what I worked on in my prior roles, whether that was a judge, or a Federal prosecutor, or the Attorney General, have translated in my ability to be able to truly, in a meaningful way, talk to the nominees about their vision for these agencies or roles that they are taking over, and how they might bring a different perspective, or leadership, or ideas to bear. And I particularly enjoyed that in our discussion.

I am honored that I was the last meeting you had before your confirmation hearing today. In Florida, during—as we were experiencing COVID here in the United States, Florida took a very deliberate, scientific, very thorough approach to making decisions. And we tried to bring to bear many varying opinions as to not only what we were experiencing as to the virus, but how—what were the best ways to go about making decisions, and providing leadership, and protecting the health, safety, and welfare of our citizens.

To some extent, many of those decisions were challenged or even the first of their kind in the Nation because we were truly examining all aspects of information coming in, not just what was being pushed through certain narratives. And in many respects, many ideas and thought—and scientific approaches were suppressed.

I want to talk to you a little bit about that, because I know you have been such an advocate of how we led in Florida, the things we did. As you remember, when I was AG, we opened our schools right back up, right away. We were sued by a teachers union. And everything from how we dealt with masks, to social distancing, to the vaccines, there were misrepresentations abound during this time.

I want to talk to you about how—your opinion on how Florida handled that and how you think that might translate into your new role. Do you feel like your views and scientific opinions might have been disregarded or set aside in pursuit of some Government narrative that may not have been based—especially, I know even as to the six foot rule, for example.

My office led a grand jury investigation on all kinds of misrepresentations, from the six foot rule to the vaccines. And I just wanted to get your thoughts on that and how that might affect your role moving forward, if in fact you are confirmed.

Dr. BHATTACHARYA. Senator, thank you for that question. I am tremendously proud to have been involved in advising the Florida response to the pandemic. One of the things, I was actually involved in the case that resulted in the Florida kids being able to go back to school.

Even as my kids were left out of school, basically out of the—not allowed to go back into the school buildings for a year and a half, the kids of Florida were allowed. And as a result, the results are so much better. The—Florida has a lower all cause excess death rate during the pandemic than California did.

I think Florida’s response to the pandemic was a tremendous success. But I am really glad you highlighted the role of censorship and restriction of scientific discussion. It was so refreshing to me to be allowed to speak my scientific views in Florida during the pandemic. I think the root problem—because a pandemic is a very difficult thing and so many people can have different ideas in an environment of uncertainty.

The root problem was that people who had alternative ideas were suppressed. I was personally subjected to censorship by the actions of the Biden administration during the pandemic. Science, to succeed, needs free speech. It needs an environment where there is tolerance for dissent.

The reason, I think, why Florida did so well was that it provided an outlet for that dissent, so that the Government of Florida, the State of Florida could adopt the best ideas for its, it is not that no mistakes were ever made. That is—you can’t say that of any state in a pandemic. But in order to do well, you have to allow people to speak with each other openly, even when their ideas are controversial.

Senator MOODY. Much that we discussed, and what you want to bring to bear, I believe is taking publications or studies and having those replicated. And making replication of studies be a priority for NIH, because so often you have people publishing and there is not that. Can you elaborate?

Dr. BHATTACHARYA. Sure. Senator, there is a crisis of replication. So many studies are not replicable. You do a study and then someone else tries to do the study, and people won’t cooperate and give the data to you, so you try to do the replicate. And then other teams try to do it, and they can’t replicate it.

Many, many studies are published and there is no—it is not subject to replication at all. But replication is the heart and soul of what truth is in science. If I write a study and you find the same answers, then I am more likely to be right. I want to make the NIH committed to that kind of notion of truth rather than authority as the way that truth is determined.

Senator MOODY. Thank you. I set you up to go over time. I apologize.

Dr. BHATTACHARYA. Sorry, Senator—yes.

Senator MOODY. Sorry, Mr. Chairman.

The CHAIRMAN. Senator Kim.

Senator KIM. Thank you, Chairman. Doctor, thanks for coming on out. You had said before that you were in favor of decentralizing the decision-making at NIH. I think a—“restructure” the NIH to allow there to be many more centers of power. Concerned about individuals or a small number of individuals dominating decision-making. Do you still stand by that? And if so, what is the importance of decentralization from you—[technical problems]?

Dr. BHATTACHARYA. Senator, I think—I do stand by that, Senator. The key thing to me about decentralization is a diversity of ideas to address uncertainties.

When we have problems that we don't have the answer to, we have to allow there to be many people with different ideas to test them. Having a diversity of ideas. We talked already with some of the other Senators about making sure smaller—the state, scientists from smaller states get access to NIH support. That is one way to do it. Having younger scientists or early career scientists with—

Senator KIM. But you are also saying decentralization in terms of who is making the actual decision, not where the resources are going. Is that correct?

Dr. BHATTACHARYA. Well, I mean if I am confirmed as NIH Director, the job will be to decide where—how to set processes to making those allocations. I want to make sure that those processes allow early career investigators to have support.

I want to make sure that it allows scientists from nontraditional universities not just the Stanfords and Harvards, to have support. I want to make sure that the people with different points of view about scientific hypotheses, not just the—not just amyloid hypothesis, but other hypotheses, have some capacity for support.

Senator KIM. In terms of the decision-making process that will try to diversify that—I guess my question to you, if you are pushing for a decentralized decision-making process for the grants, does that mean that you would oppose the HHS Secretary or the Trump White House from telling you to make decisions about where to spend money or funding grant decisions?

Dr. BHATTACHARYA. Senator, I agree with the goal to make America healthy, meaning address the chronic disease crisis. That is a decision about allocation to different disease areas. The scientific ideas inside those disease areas—

Senator KIM. What if the HHS Secretary said, I want you to fund this specific grant at this university.

Dr. BHATTACHARYA. There is a process, Senator, for deciding who gets grants—the specific grants, right. There is a scientific—

Senator KIM. But is that one of the processes? Is that something that you feel like is a valid way in which decisions can be made at the NIH?

Dr. BHATTACHARYA. Senator, I don't believe that either the Secretary or the President would ever ask me to do that.

Senator KIM. Well, I guess the reason why I ask this is you talk a lot about chronic diseases. I think all of us can agree we need to make—[technical problems]—chronic diseases. My question to you is, do you think that our work on researching chronic disease needs to come at the expense of research for infectious disease?

Dr. BHATTACHARYA. Senator, I think that the allocation of funds to the different disease areas—first, Congress has a tremendously important role in deciding that, and I will work with Congress for sure to make that happen. But also—

Senator KIM. But you think that we could probably do both, right? Both, chronic disease research and infectious disease research?

Dr. BHATTACHARYA. Yes.

Senator KIM. Okay. Well, the reason I mentioned this, and I ask these questions about the Secretary's ability to direct NIH—he had a quote that has just really stuck with me and alarmed me. He said, “I am going to say to NIH scientists, God bless you all. Thank you for public service. We are going to give infectious disease a break for about 8 years.” Now, does that sound like a good idea?

Dr. BHATTACHARYA. Senator, I have had many conversations with Secretary Kennedy, and he is supportive of excellent infectious disease research. The idea that—

Senator KIM. You believe he no longer stands by that quote?

Dr. BHATTACHARYA. Senator, I don't know where that—maybe it is on Twitter or something, but people say things on Twitter. But as far as—

Senator KIM. But he said it at a conference.

Dr. BHATTACHARYA. Yes, I don't—again, I don't know about it. But my interactions with Secretary Kennedy, he is sincerely committed to making sure that every health need of this country is met, including infectious diseases.

Senator KIM. In terms of a few other things, are there any vaccines out there that you are concerned about in terms of safety?

Dr. BHATTACHARYA. Well, Senator, I was concerned about the COVID vaccines for young men with the causing myocarditis in 2021.

Senator KIM. Do you have a view on long COVID?

Dr. BHATTACHARYA. Senator, I think it is a problem that affects millions of Americans that need answers.

Senator KIM. Is this something worth NIH funding?

Dr. BHATTACHARYA. Yes.

Senator KIM. You had a quote before that I was concerned about. You said, “there are more pressing health needs for the \$1.1 billion that the NIH will spend on long COVID.” Is that something—you still stand by that quote?

Dr. BHATTACHARYA. Senator, I think that the funds that have been spent to date on long COVID have not provided answers to the millions of patients. I think that they deserve answers. We need to do a better job with the funds we spend at the NIH so that it actually produces better diagnostics, better cures, better prevention.

Senator KIM. On transparency, just real quick. You talked about the importance of transparency. Are you familiar with something called the Richardson waiver?

Dr. BHATTACHARYA. No, Senator.

Senator KIM. Okay. Well, I ask you if you are confirmed that you look into this. The Secretary just reversed this, and it is something that closes some transparency and public comment periods. Thank you.

The CHAIRMAN. Thank you, Senator Kim.
Senator Banks.

Senator BANKS. Thank you, Mr. Chairman. Doctor, congratulations again on your nomination. As I have said before, your nomination is one of the most exciting picks of the entire Trump administration.

You showed incredible courage in speaking the truth about COVID-19 when much of the rest of the world stayed silent about it. And freethinking people everywhere have not forgotten that—what you stood for then.

It is remarkable to see that you are nominated to the—to be the head of the very institution whose leaders persecuted you because of what you believed during that period. I want to start by asking you about COVID.

Lockdowns caused irreparable harm to our Nation, and they are still harming us 5 years later. What is NIH's proper role in the pandemic, and how did Director Francis Collins overstep that role during his time?

Dr. BHATTACHARYA. Senator, the proper role of scientists in a pandemic is to answer basic questions that policymakers have about what the right policy should be. They are not—our role isn't to make decisions that say you shouldn't be saying goodbye to your grandfather as he is dying in a hospital.

It shouldn't be to say you can't have a funeral because it is too dangerous. You should—the scientists say, here is what the risks are, and then you decide what the risk is—whether you take it. The role of the scientist shouldn't be to say you can't send your kids to school for 2 years. That you can't—you should close hospitals so that they can't treat heart attack patients.

That you should not—the role of scientists should be to address those problems by giving good data and then let people make—science should be an engine for freedom, knowledge and freedom. Not something where it stands on top of society and says, you must do this, this, and this, or else.

It shouldn't be pushing mandates for vaccines that have been—like the COVID vaccines that were tested for a relatively short period time. I took the COVID vaccine myself, but I think that the mandates that many scientists push have led to the lack of confidence that so many of the public has in science.

If science is a force for freedom and for knowledge, it will have universal support. That is what the role of science is.

Senator BANKS. Very well put. You were demonized for co-authoring the Great Barrington Declaration in October 2020. Dr. Fauci called it total nonsense. Rochelle Walensky called it wrong and unsafe. Your opponents, who wrote the John Snow Memorandum, said it could harm a half a million people.

Reading what you wrote in the declaration, you were undeniably right about all of it. You wrote, "current lockdown policies are producing devastating effects on short and long term public health." Doctor, what does the public health data tell us today in the aftermath of COVID-19, in 2023 and 2024? What does that data tell us today?

Dr. BHATTACHARYA. Well, Senator, first, millions of children were out of school for years. The rates of suicidality and depression are through the roof. Learning loss will have consequences throughout their entire life.

The—there were people who skipped their cancer screening who have late stage cancer now that should have been picked up earlier. There is—the trillions of dollars we spent that actually caused the inflation that we still suffer from. The U.N. early in the pandemic estimated almost 100 million people would face starvation as a consequence of the economic dislocation caused by the lockdowns. This is devastating—this is a devastating policy that didn't need to happen.

The Swedish example, for instance, where there is lower death rates, all cause excess death rates in Sweden relative to their neighbors, including Norway, including Germany which locked down more, is an example that we didn't need to do the lockdowns.

Florida having lower all cause excess death rates than California, again, is an example where the lockdowns did not save lives but had tremendous consequences on the well-being of the poor, the working class, on children and the vulnerable.

Senator BANKS. Yes. I want to read a little bit more. You said in the declaration that “keeping students out of school is a grave injustice.” Now, today, we see student achievement and grades well below the pre-pandemic levels.

You also wrote that, “young, low risk adults should work normally rather than from home. Restaurants and other businesses should be open. Arts, music, sports, and other cultural activities should resume.”

Now we see many communities and cities are unsafe today and have been dramatically changed because of the lockdowns during COVID. In a nutshell, doctor, what would you have done—what would you do differently now than what these obviously ill-advised leaders at NIH and otherwise in other places do—how would you have done it differently, in a nutshell?

Dr. BHATTACHARYA. Well, I still would have opposed the lockdowns. But if I am confirmed as NIH Director, the kind of thing I would have done is I would have allowed there to be scientific debate and discussion. There is tremendous uncertainty on what to do during a pandemic.

Senator BANKS. Thank you, I yield back. We need debate.

The CHAIRMAN. Thank you.

Doctor—Senator Blunt Rochester.

Senator BLUNT ROCHESTER. I am promoted.

[Laughter.]

Senator BLUNT ROCHESTER. Thank you, Chairman Cassidy. And thank you, Dr. Bhattacharya, for meeting with me ahead of time, as well as your testimony today. I want to echo some of the concerns that my colleagues shared about the risk to the entire NIH research enterprise.

One, the concern about the reported 1,200 individuals who were fired, including scientists, hundreds of scientists. We talked about

the concern for being able to recruit even and retain this kind of talent. Two, the blanket and illegal 15 percent cap on indirect costs on our research institutions.

Even in a bipartisan way, there was concern about that in this hearing. The funding and communication freezes. Cuts in programs for training for future generations of scientists. And the fear that supporting diverse clinical trials will no longer be a priority, cause serious concern and alarm.

To understand that I think you can look no further than the issue of Alzheimer's disease and dementia. As we all know, Alzheimer's is a debilitating and costly disease afflicting nearly 7 million Americans and costing \$360 billion in 2024. But this doesn't even include the cost of care that is provided by 11 million individuals, and it really doesn't even touch the toll that it takes on the individual and their families.

I don't think there is anybody who hasn't been impacted by it, whether it is even my mother and my grandmother. Some of the most important work that NIH has been doing is on the disparities in cognitive aging. Do you think the Administration's Executive Orders and terminations of aging research projects is harmful or helpful to improving our understanding of Alzheimer's?

Dr. BHATTACHARYA. Well, Senator, at first I should say I am fully committed, and as is this Administration, I believe, to making sure that all the health needs of every American are addressed, no matter what their race, color, sex, the—if the chronic—the goal of the NIH, the mission of the NIH is to meet those.

For instance, the representation of minorities in trials, as you mentioned, is something that I am fully committed to. And there is—I have seen nothing in the President's Executive Orders to contradict that. In fact, quite the opposite.

Senator BLUNT ROCHESTER. I think the challenge is they are vague, and people are questioning, what do they mean? What are the impacts? Even the fact that these programs that have been canceled or delayed include the Maximizing Access to Research Careers Program, training grants to support pre and postdoctoral scholars, the NIH Intramural Mural Program, the 2025 NIH Summer Internship Program, the Advancing Diversity in Aging Research Program, and then the firing of 10 percent of the staff at the Centers for Alzheimer's and Related Dementias.

That is what causes the concern, because we are thinking about the pipeline of those individuals that are going to work in this area. So do you—can you help me to just understand how getting rid of these programs is going to improve our understanding of Alzheimer's prevention and treatment? And what safeguards would you put in place to ensure that these changes don't lead to poorer health outcomes by any gender, race, disability, ethnic group, or other vulnerable communities?

Dr. BHATTACHARYA. Well, Senator, first, I wasn't involved in any decision-making at the NIH during the—up to this point. If I am confirmed, I will look at those. Look to make sure that those programs and other programs, if they are appropriate, will continue.

I want to make sure that every single scientist at the NIH that is doing this kind of lifesaving work, including on Alzheimer's disease, especially maybe on Alzheimer's disease, and also scientists supported by NIH funded research, have the resources they need. I am committed to making sure that the NIH funds are spent to address America's chronic health needs.

Senator BLUNT ROCHESTER. The reality is that we know that individuals with Down Syndrome have a staggering 90 percent chance of acquiring Alzheimer's in their lifetime. Black and Hispanic individuals are more likely to develop Alzheimer's in a lifetime. Women are twice as likely as men. And so, I have some questions that I will potentially have to submit for the record. But will you commit to ensuring that researchers, specifically studying health disparities and working to increase clinical trial diversity, will not be targeted or penalized based on their work?

Dr. BHATTACHARYA. Senator, I commit to making sure that researchers that are addressing the health needs of minority populations, and basically every American, will have the support they need.

Senator BLUNT ROCHESTER. A lot of folks are using code words and selecting out, whether it is in a grant, they are doing targeting sweeps, word searches. Will you also commit that you will not do that as well?

Dr. BHATTACHARYA. Senator, I guess I am not sure what you mean by targeting code words, but I will say that I believe very strongly—I have committed my life to addressing the health needs of vulnerable people, including minority populations. I am absolutely committed to that—the NIH continues to do research to address those health needs.

Senator BLUNT ROCHESTER. My time is expired, Mr. Chairman. Thank you. And we want to make sure we work with you.

Dr. BHATTACHARYA. I would look forward to that, Senator.

Senator BLUNT ROCHESTER. That these Executive Orders don't have the adverse impact that we are already seeing. Thank you. I yield back.

The CHAIRMAN. Thank you, Senator Blunt Rochester.

Senator Hawley.

Senator HAWLEY. Thank you, Mr. Chairman. Dr. Bhattacharya, congratulations on your nomination, and thank you for being here. I enjoyed getting to visit with you today. Let me just start with the subjects that you and I visited about and that I also asked your soon to be boss, Robert Kennedy Jr., about when he was sitting right where you are, and that is the use of abortive fetal tissue in NIH funded research.

I asked now Secretary Kennedy directly if he would reinstate President Trump's policy that prohibits abortive fetal tissue research in NIH funded grants. He said that he would. Let me just ask you the same to make sure we are all on the same page here. Do you support that policy? Will you prohibit the use of aborted fetal tissue in NIH research—NIH funded research?

Dr. BHATTACHARYA. Senator, I will absolutely follow the lead of Secretary Kennedy and President Trump on this. Just very quickly may I say why it is so important that we have alternatives.

Because during the pandemic, I would often beyond Catholic radio and people would ask me whether the mRNA vaccines were made or developed with aborted—with fetal stem cell lines. I had to say, yes. And they had—a lot of folks were calling in had ethical objections. In public health, we need to make sure the products of the science are ethically acceptable to everybody.

Having alternatives that are not ethically conflicted to a fetal stem cell lines is not just an ethical issue, but it is a public health issue. We need to make sure that everyone is willing to take the kinds of progress that we make in that. And so, I am absolutely committed to that.

Senator HAWLEY. Very good. Thank you very much. And I think it is a tremendous point that it is not only an issue of moral principle. Although it is an extremely important issue of moral principle in the first instance.

But it is also a public health issue when we think about millions and millions of Americans who are understandably very concerned about the components, if you will, of many of these palliatives and vaccines. And we want them to be able to access this on the same basis as others.

Thank you for making that point. Let me ask you about something else that your soon to be boss, Secretary Kennedy, has said recently that he has talked about his concerns that NIH is working to advance in some instances big pharma's bottom line rather than the health needs and health interests of the American people.

He recently wrote in the Wall Street Journal that he wants to propose stopping NIH funding going for researchers who have conflicts of interest, who have a financial benefit with a big pharma company.

Can you comment on that? Do you support that effort? And can you comment on the importance of making sure that what we are doing with NIH funding is prioritizing the health of Americans, not the profit of any particular corporation.

Dr. BHATTACHARYA. Senator, I think the transparency in conflicts of interest is fundamental to trust in science.

I am absolutely committed to making sure that transparency is at the center of the work supported by the NIH. I also commit Senator to, and I mentioned this to Senator—too earlier to supporting research on products that are already off patent.

That don't necessarily have a drug company behind it, but that could have potentially enormous benefit for treating chronic diseases or preventing chronic diseases. I think the NIH ought to be doing research in support of the public good, not just parochial research in support of a few companies.

Senator HAWLEY. Fantastic. I think that is so important to restoring the sense of credibility and trust that the American people frankly have lost in the NIH and much of our public scientific apparatus.

Because of the financial conflicts of interest, because of the prevalence of big pharma, but also because, and you and I discussed this as well, what happened during COVID-19. And I just want to ask you about that in my remaining moments here. I had the opportunity to question the author or one of the coauthors of the now infamous proximal origin paper.

Dr. Robert Garry is the individual who I had the opportunity to question. He wrote that paper on March 17th, 2020. You probably remember, doctor, this is the paper that infamously stated, and I am going to quote it now, that the SARS-CoV-2 “is not a laboratory construct or a manipulated virus.”

Under questioning by me, Dr. Garry admitted he actually had no knowledge of that at the time. He wrote that in March 2020. He had no evidence to suggest that was the case. This was, in fact, a piece of purist propaganda. He has since had many of his research products withdrawn from peer reviewed journals because he hasn't followed appropriate peer reviewed standards.

This effort, this propaganda effort, and that paper, as you remember, was used as the basis of Government directed censorship to those in the scientific community, like yourself. To millions of ordinary Americans.

The net effect of this was a tremendous loss in confidence by the American people in the NIH and in our public health officials. You and I discussed the vital importance of restoring some of that credibility. Talk to us about how you see going about doing that.

Dr. BHATTACHARYA. Senator, that episode is a low point in the history of science. The top officials of the NIH abused their position to hide support for research that may have caused the pandemic.

I commit to making sure that all of the activity at the NIH, not just backward but going forward, are transparent and open to the American people, and to Congress. That is vitally important for the future of the NIH and for future of science itself.

The CHAIRMAN. Thank you, Senator Hawley.

And now, Senator Alsobrooks.

Senator ALSOBROOKS. Thank you so much, Mr. Chairman. Good morning, Dr. Bhattacharya. I know you have had great experience at NIH. And so, it goes without saying that NIH is a crown jewel, not only in the State of Maryland, which happens to be my state, but it is the crown jewel for our Country where we have many, many talented scientists and researchers who are there.

That brings me to a quick line of questioning I have. I want to sound the alarm. That some very dangerous things are happening to scientists and researchers at NIH right now. And I want to ask you whether you believe that it is appropriate—and you mentioned a moment ago about a concept around knowledge and freedom for scientists.

Whether you believe it is appropriate under any circumstance to retaliate against scientists or medical researchers based on the research they have done. Do you believe that?

Dr. BHATTACHARYA. No, Senator. I have been subject to that myself. I know what it is like to be subject of devastating takedowns by top officials at the NIH specifically, and I will never do that.

My—I absolutely commit to making sure that scientists are treated respectfully, especially those that disagree with me.

Senator ALSOBROOKS. Now, you have even said that you believe—and you have spoken out against a culture of conformity in science and have criticized institutions that you allege destroy the reputations of scientists who do not conform with their viewpoint.

I believe that is what is happening right now at NIH. In fact, your soon to be boss, Mr. Kennedy, when I questioned him about whether or not he would supplement his judgment for that of scientists, he said he intended to replace bad scientists with good scientists. Is this your viewpoint as well?

Dr. BHATTACHARYA. Well, Senator, I think that science is—I don't know—what exactly—the nature of that conversation. But I think that the way that you decide what is good in bad science is by conversation, by data, by replication. I am absolutely committed to making sure that those processes are in place at the NIH.

Senator ALSOBROOKS. Okay. And that we—and you agree that we should never retaliate or even fire a peer scientist because of his or her peer reviewed work that they published?

Dr. BHATTACHARYA. Senator, I think retaliation and conflict that characterize the kind of discussions that we had among scientists, that comes from the top of the scientific institutions. And I commit to making sure to making sure, in fact, is one of the five points I emphasize in my opening statement, that we have—allow a culture of dissent and respectful conversation about scientific matters rooted in data at the NIH.

Senator ALSOBROOKS. Okay. I just want to ask you about one other area of concern. It is no secret that this Administration feels absolutely triggered by any mention of equality, any mention of inclusion, and the President himself in his own words last night essentially said America intends to erase any reference whatsoever to race or gender.

Having said that, I would like to refer to a study that you co-authored called, Persistent Racial Disparities in Survival Following Heart Transplantation, and to ask you whether or not—because I understand there are some watch lists that have been created. Whether you believe that on the basis of this study, should that work be placed on a DEI watch list because it references racial disparities?

Dr. BHATTACHARYA. Senator, I am not aware of any watch lists. I don't intend to implement any watch list. I will say this that the health needs of the minority populations in this country are a vital priority for me. In fact, the health needs of every single American are a vital priority for me.

I want to make sure that the research at the NIH does addresses those health needs. And I don't see anything in the President's orders that contradict that. In fact, quite the contrary. What I have heard from the Secretary and from the President is let's make America healthy, meaning all Americans.

Senator ALSOBROOKS. I don't want to be naive, though. He did mention that he is absolutely triggered by anything that mentions equality, or inclusion, or any reference to race or gender.

You are—the center that you co-direct, the Center for Advancing Sociodemographic and Economic Study of Alzheimer’s Disease and Related Dementias, mentions that your mission is to diversify the set of researchers who are working in the field.

I want to know whether or not based on that—and that it also mentions mentoring diverse scholars, which I think is a reference to race and to gender, and to people with different backgrounds. And so, whether you believe that this project, which received by the way—\$872 million in taxpayer dollars—\$800 million in taxpayer.

Dr. BHATTACHARYA. No, no. Not that a much, but—

Senator ALSOBROOKS. I am sorry, yes—

Dr. BHATTACHARYA. It was less than that, but yes.

Senator ALSOBROOKS. Well, was this a radical and wasteful use of Government spending on the basis of it doing—DEI work?

Dr. BHATTACHARYA. Senator, I am proud of that project. Senator, I first I am proud of the project. It does. It is addressing Alzheimer’s disease. And I would say further that the idea that diverse scientists—I think what that—to me what that means is a scientist with diverse ideas about scientific topics.

I don’t—I think fundamentally what matters is, does a scientist have an idea that advances the scientific field they are in? Do they have an idea that ends up addressing the health needs of Americans? That is the key thing.

To me, that diverse set of ideas, allowing there to be a diverse set of ideas, people that disagree with each other, is fundamental to advancing science. I think free speech and—

Senator ALSOBROOKS. That includes racial disparities. That is the work you have done, right?

Dr. BHATTACHARYA. Well, racial disparities are important to identify, but more important is to address the health needs of every American, no matter whether it’s minorities or not.

Senator ALSOBROOKS. Thank you so much. I yield.

The CHAIRMAN. Thank you, Dr. Alsobrooks. Very good sneaking that last comment in. You know what I am saying, after the buzzer.

Senator Husted.

Senator HUSTED. Thank you, Chairman Cassidy. Dr. Bhattacharya, thank for being here. Although, as someone who grew up watching professional basketball in the 70’s and 80’s, calling you Dr. J is a fun thing.

[Laughter.]

Dr. BHATTACHARYA. That is a—it is a real thrill for me whenever I hear that.

[Laughter.]

Senator HUSTED. Thanks for—this—your nomination, frankly, at this time in America is a victory for the scientific method. I know that you have been courageous in offering divergent views and backing them up and encouraging people to think differently about how we solve complex problems.

That is what science is supposed to be about. So, thank you for being a champion in that during difficult circumstances. I want to just talk briefly about something we talked about is that in—we hear a lot of talk about inflation in America, but in this century, the No. 1 inflationary cost that affects Americans, American business, the quality of life, has been health care inflation.

The idea that we can think differently about how we address healthy living, our diets, how we improve the quality of life, drive down costs and improve outcomes is something I think is sorely missing today.

The conversation about health care and thinking differently about it is critical to doing that. So just give some thoughts about how you think your role as a Director could help advance that conversation.

Dr. BHATTACHARYA. Senator, I really enjoyed our conversation that we had in your office about exactly this. The chronic disease problem—let's just take obesity. It seems almost intractable. For decades we have had body weight go up, diabetes rates, chronic disease. And in a way, that is an indictment on how the NIH has functioned. The goal of the NIH is to make Americans healthy.

That is—to have the research that makes Americans healthy. I think, I want to make sure that we allow a broader set of ideas as possible to address this problem, because the set of ideas we have had so far have not actually addressed the problem. It has continued to get worse. Fundamentally to me—and this is an element of faith, I guess. I believe that if we allow science to have lots and lots of different ideas, that we will be able to meet the health needs of the American people.

But if we say, Okay, only a few scientists with their ideas are allowed to have support with a narrow like one school of thought, we are not going to make any progress. I don't have the answer to how to solve the obesity crisis. If I did, I would have already—I would have published it. But I want to make sure that the scientist that does, that is out there, has support from the NIH, even if their ideas contradict what the top scientists at the NIH currently think.

Senator HUSTED. Well, I spoke about this with Secretary Kennedy, and I know that this goes across agencies, from Department of Agriculture to Health and Human Services, but it is a tremendous cost to the American taxpayer, to the quality of life, to American competitiveness. All of those issues. Sustainability of our Federal budget. I just encourage creative thinking and collaboration on that issue.

I want to mention—lots of conversation these days on NIH grants and talking about containing costs of how we do scientific research, but make sure whether we are putting more lead on the target of that research rather than administrative costs. I know that in Ohio, we have a number of entities, our universities, Cleveland Clinic, our hospitals so forth that are involved in this.

I really believe that there are many institutions who are willing to work with you in sharpening their pencils, getting better, forcing change in how these grants are used, distributed, and focused on real—the research that needs to be done. And just give some

thoughts, if you would, about how we can advance those conversations on this topic.

Dr. BHATTACHARYA. Senator, I think the universities are partners of the NIH, not opponents. I do think that there is a lot of distrust now, coming out of the pandemic, of the scientific enterprise and of universities also. The way to address it is trust and transparency.

I am absolutely committed to working with you and with others to make sure that—we can restore that trust by establishing transparency. Where did the administrative costs go? That is something that is a question that could be answered with audits, for instance. And establishing the right rates.

That is going to—if I am confirmed, that is something I will look very carefully into. I think I want to make sure that every single dollar the American taxpayer entrusts the NIH goes to addressing the needs—the research that will address the health needs of the American people.

Senator HUSTED. Great. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Husted.

Now, Senator Markey.

Senator MARKEY. Thank you, Mr. Chairman. Doctor, I have been hearing from researchers in Massachusetts and across the country about actions taken by Trump and Musk that are slowing down research into Alzheimer's, stroke, cancer, and our mental health crisis.

One Ph.D. researcher who is working on finding better treatments for depression to prevent suicide, said hiring and funding freezes have, “stalled their research and will stall the development of safer therapies for depression by years.”

A Massachusetts doctor and mentor for biomedical researchers says that Trump's Executive Orders and Musk DOGE minions are leading us to face, “an enormous brain drain” as there is little confidence that these institutions will be able to function normally.

This doctor is thinking about leaving the country, which would mean the United States cedes ground in the fight to lead the world in biomedical innovation. A cancer researcher at the University of Massachusetts said the Trump administration's cuts to NIH will “send progress in curing human disease down the drain.”

A professor of medicine and science working on improving care for Americans with dementia had their grant review meeting with NIH abruptly canceled without any plans to reschedule because of this Administration's funding freezes. This will delay research by several months at least, and inconsistent funding will mean layoffs and disruption to services that improve care at nursing homes.

Just this week, I received copies of letters sent to researchers who received funding from the NIH to study Alzheimer's disease and improving support for caregivers, and to study how to improve mental health care in primary care settings.

The letters terminated funding for these studies, stating, “the premise of the grant is incompatible with NIH priorities because the study explicitly included LGBTQ people.” And without this

funding, grant recipients will now be forced to stop research to address the mental health crisis and Alzheimer's disease.

People who have committed their lives, doctor, to these efforts will lose their jobs. By unanimous consent, I submit these letters for the record, Mr. Chairman.

The CHAIRMAN. Without objection.

[The following information can be found on page XX in Additional Material:]

Senator MARKEY. Doctor, in your testimony, you stated that you want to encourage free speech and dissent among scientists. In the spirit of free speech and dissent, will you commit here today to object to any decision made by Donald Trump, Elon Musk, or Robert F. Kennedy that would slow or stop lifesaving research?

Dr. BHATTACHARYA. Senator, I am not involved in the decisions of the NIH up to now. If I am confirmed, my commitment is to make sure that all the scientists at the NIH and all the scientists that receive funding from the NIH have the resources they need to do their lifesaving research.

Senator MARKEY. Will you object if it slows or stops lifesaving research?

Dr. BHATTACHARYA. Senator, my interactions with Secretary Kennedy and President Trump today suggest that they don't want to slow research. They want to speed it up.

Senator MARKEY. Will you object if that becomes evident that they are slowing the research?

Dr. BHATTACHARYA. Senator, I have to say, I don't believe that they are ever going to ask me to do that. I think they are committed to—

Senator MARKEY. Will you commit here today to reinstating funding for scientists whose funding has been terminated because their research does not align with MAGA ideology?

Dr. BHATTACHARYA. Senator, I don't believe that ideology ought to determine whether one gets research or not. I believe very fundamentally in—

Senator MARKEY. Funding research on the mental health conditions of the LGBTQ community, that should not be a basis for canceling funding for research. Is that what you are saying?

Dr. BHATTACHARYA. Senator, I would have to look—if I am confirmed, I will absolutely go look at the—the letter you submitted for the record, so I can go look. But if confirmed, I will go look carefully into that. I want to make sure that the processes that the NIH has—

Senator MARKEY. On its face, of course, that is absurd, because they have mental health issues as well. So will you commit here today to do everything in your power to stand up for the American people and lifesaving biomedical research in the face of the Trump attacks on scientific freedom?

Dr. BHATTACHARYA. Senator, I think—I absolutely commit to focusing and supporting the research that advances the health of the American people. I don't agree with you, Senator, that President Trump is opposed to that. In fact, quite the opposite. He is in

favor—is quite in favor of making America healthy. And fundamentally, the research that we do at the NIH will—

Senator MARKEY. I am told by the researchers in Boston that they can't even hire their new trainees because the trainees who are brilliant are uncertain there is going to be a career because there won't be funding. So it is just the opposite. Trump is actually freezing, scaring, frightening the whole next generation of scientists who believe the funding won't be there for them. That is the problem that we are going to be confronting. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Just a follow-up and then a closing statement. Again, thank you for being here. You said something I am trying to square. First, in context, we know that only about one-fifth of NIH applications are funded. And you have spoken about improving that, particularly for younger investigators. Which, by the way, I think your plan, just on the face of it, looks fantastic.

Thank you for thinking creatively about that. And you have also I think correctly said we need to be putting more money into cutting edge research, which may fail. It is cutting edge, right, but what is the alternative? But what I don't—so what I am trying to square with that is the extra dollars for validation.

With all the kind of caveats you put, you would have to have the full cooperation of the person who studies being validated, and you would have to have the same circumstances and the same genetic makeup, and the same this and that and this.

It seems like the validation push would put more pressure on both the cutting edge research priority and the young investigators finding it easier to get money. So knowing that you have thought about that, how do you think of that?

Dr. BHATTACHARYA. Senator, I think that validation work as central to doing good science. Like any portfolio that doesn't have that kind of validation built into it, is not going to be reliable. So even if you do cutting-edge research and it is not validated, you are not going to have—you are not going to get any chances.

The CHAIRMAN. What is the difference between doing the validation research and kind of what you have criticized that we sometimes do the same thing over and over again?

Dr. BHATTACHARYA. Well, so the difference is that validation research is focused on the particular results that a scientist may have. I publish a study, and you check my results. You get the same result as me. Incremental science is you propose a study that is like epsilon away from what already is known, and you do that.

The CHAIRMAN. Now, inherently, if epsilon away fails, it calls into question the original premise, correct?

Dr. BHATTACHARYA. Right. But it is much easier to be certain that—about research that is epsilon away from the frontier to be—to work versus like big ideas in different directions that might make big advances. Any research portfolio has to have lots of different approaches to this.

I think the key to me is making sure that if early career researchers, researchers with nontraditional ideas about hypotheses,

for instance, like with the example of Alzheimer's I have already talked about, those get support that are in the portfolios. Some of those won't fail and some of those will succeed.

The ones that succeed can make big advances. I don't think that the validation research—validation is just a check. Is the research that I did—do you find the same thing? That tends not to get support in the scientific community, and I think that is a mistake. The scientific community ought to support that.

The NIH ought to support that. That way, the entire research portfolio as a whole, it becomes more reliable because we know that it has been validated by independent teams.

The CHAIRMAN. I don't object to the validation research. It does seem it is going to be a tension, so I look forward to you resolving that.

Dr. BHATTACHARYA. Senator, I look forward to working with you on this.

The CHAIRMAN. That would be great. Let me just then conclude. The issue of autism just is one of those things that we all think about. I want to note that last year, Congress reauthorized the *Autism CARES Act*.

Senator Collins and the HELP Committee were those that did that, and the law coordinates the Federal autism research and is implemented by NIH. And so I look forward to working with you on that.

But one thing that continues to concern me as I have listened to this conversation, there is an opportunity cost. If we continue to plow the barren ground of something which has already been validated multiple times, that there is not a connection—that there is not a connection between vaccination and autism, we don't have the money to go after the real thing.

You said something which just—I mean, just, bing, bing, bing, bing, bing. I just thought was so good, that you have faith that a well done research that provides answers will be convincing to people.

Well, we have already had that for the vaccination. What we need is the well done research finding the true reason for autism. And that is what the hope is for the people with autism. And if we are just pissing away money over here, that is that less money that we have to actually go after the true reason. You are an economist as well as an MD. You know this.

I look forward to—I mean, the opportunity cost of wasting money on one more thing that has been proven exhaustively—denying the opportunity to find the real reason would be a tragedy for everyone who has to deal with autism, which is all of us.

Dr. BHATTACHARYA. Senator, I share that passion that you have for finding the real—the cause of the increase. That is where the most—that is where the vast majority of effort ought to go. We want answers. Parents want answers. Kids are suffering. And the NIH ought to be doing the research to provide those answers. That is the most important thing.

The CHAIRMAN. Yes. Well, thank you again for being here. I admire your sons for behaving—being so well behaved. I am sure the

presence of their mother right next to them had some influence over that. This concludes our hearing. For any Senators who wish to ask additional questions, questions for the record will be due tomorrow at 5.00 p.m. We are through.

ADDITIONAL MATERIAL

PRIVILEGED, CONFIDENTIAL, PRE-DECISIONALNational Institute on Aging
Bethesda, MD 20892

██████████
 ████████████████████
 ████████████████████
 ████████████████████

Dear ██████████,

Funding for Project Number ██████████ is hereby terminated pursuant to the 2024 National Institutes of Health (“NIH”) Grants Policy Statement,¹ and 2 C.F.R. § 200.340(a)(2) (2024). This letter constitutes a notice of termination.²

The 2024 Policy Statement applies to your project because NIH approved your grant on 07/15/2024, and “obligations generally should be determined by reference to the law in effect when the grants were made.”³

The 2024 Policy Statement “includes the terms and conditions of NIH grants and cooperative agreements and is incorporated by reference in all NIH grant and cooperative agreement awards.”⁴ According to the Policy Statement, “NIH may ... terminate the grant in whole or in part as outlined in 2 CFR Part 200.340.”⁵ At the time your grant was issued, 2 C.F.R. § 200.340(a)(2) permitted termination “[b]y the Federal awarding agency or pass-through entity, to the greatest extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

This award no longer effectuates agency priorities. NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria.

- Transgender issues: Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans. Many such studies ignore, rather than seriously examine, biological realities. It is the policy of NIH not to prioritize these research programs.

¹ <https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf>.

² 2 C.F.R. § 200.341(a); 45 C.F.R. § 75.373

³ *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985).

⁴ 2024 Policy Statement at IIA-1.

⁵ *Id.* at IIA-155.

PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL

Although "NIH generally will suspend (rather than immediately terminate) a grant and allow the recipient an opportunity to take appropriate corrective action before NIH makes a termination decision,"⁶ no corrective action is possible here. The premise of Project Number [REDACTED] is incompatible with agency priorities, and no modification of the project could align the project with agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable.⁷ Nothing in this notice excuses either NIH or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 75.381-75.390. NIH will provide any information required by the Federal Funding Accountability and Transparency Act or the Office of Management and Budget's regulations to *USAspending.gov*.⁸

Administrative Appeal

You may object and provide information and documentation challenging this termination.⁹ NIH has established a first-level grant appeal procedure that must be exhausted before you may file an appeal with the Departmental Appeals Board.¹⁰

You must submit a request for such review to NIH Acting Director, Matthew J. Memoli, M.D., M.S., no later than 30 days after the written notification of the determination is received, except that if you show good cause why an extension of time should be granted, NIH Acting Director, Matthew J. Memoli, M.D., M.S., may grant an extension of time.¹¹

The request for review must include a copy of the adverse determination, must identify the issue(s) in dispute, and must contain a full statement of your position with respect to such issue(s) and the pertinent facts and reasons in support of your position. In addition to the required written statement, you shall provide copies of any documents supporting your claim.¹²

Sincerely,

Jessica R. Digitally signed
 Kaufman - by Jessica R.
 S Kaufman -S
 Date: 2025.02.28
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⁶ 2024 Policy Statement at IIA-156.

⁷ See 2 C.F.R. § 200.343 (2024).

⁸ 2 C.F.R. § 200.341(c); 45 C.F.R. § 75.373(c)

⁹ See 45 C.F.R. § 75.374.

¹⁰ See 42 C.F.R. Part 50, Subpart D.

¹¹ *Id.* § 50.406(a).

¹² *Id.* § 50.406(b).

PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL

National Institute on Aging
Bethesda, MD 20892

[REDACTED]

[REDACTED]

[REDACTED]

Dear [REDACTED]:

Funding for Project Number Grant Number: [REDACTED] is hereby terminated pursuant to the 2022 National Institutes of Health (“NIH”) Grants Policy Statement,¹³ and 2 C.F.R. § 200.340(a)(2) (2023). This letter constitutes a notice of termination.¹⁴

The 2022 Policy Statement applies to your project because NIH approved your grant on 07/27/2023 and “obligations generally should be determined by reference to the law in effect when the grants were made.”¹⁵

The 2022 Policy Statement “includes the terms and conditions of NIH grants and cooperative agreements and is incorporated by reference in all NIH grant and cooperative agreement awards.”¹⁶ According to the Policy Statement, “NIH may ... terminate the grant in whole or in part as outlined in 2 CFR Part 200.340.”¹⁷ At the time your grant was issued, 2 C.F.R. § 200.340(a)(2) permitted termination “[b]y the Federal awarding agency or pass-through entity, to the greatest extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

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¹³ https://grants.nih.gov/grants/policy/nihgps/nihgps_2022.pdf.

¹⁴ 2 C.F.R. § 200.341(a); 45 C.F.R. § 75.373

¹⁵ *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985).

¹⁶ 2022 Policy Statement at IIA-1.

¹⁷ *Id.* at IIA-153.

PRIVILEGED, CONFIDENTIAL, PRE-DECISIONAL

Although “NIH generally will suspend (rather than immediately terminate) a grant and allow the recipient an opportunity to take appropriate corrective action before NIH makes a termination decision,”¹⁸ no corrective action is possible here. The premise of Project Number Grant Number: [REDACTED] is incompatible with agency priorities, and no modification of the project could align the project with agency priorities.

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The request for review must include a copy of the adverse determination, must identify the issue(s) in dispute, and must contain a full statement of your position with respect to such issue(s) and the pertinent facts and reasons in support of your position. In addition to the required written statement, you shall provide copies of any documents supporting your claim.²⁴

Sincerely,



¹⁸ 2022 Policy Statement at IIA-154.

¹⁹ See 2 C.F.R. § 200.343 (2023).

²⁰ 2 C.F.R. § 200.341(c); 45 C.F.R. § 75.373(c)

²¹ See 45 C.F.R. § 75.374.

²² See 42 C.F.R. Part 50, Subpart D.

²³ *Id.* § 50.406(a).

²⁴ *Id.* § 50.406(b).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
 National Institute of Mental Health
 6001 Executive Boulevard
 Bethesda, Maryland 20892

Date: February 28, 2025

To: [REDACTED]

[REDACTED]

Funding for Project Number [REDACTED] is hereby terminated pursuant to the 2022 National Institutes of Health ("NIH") Grants Policy Statement,¹ and 2 C.F.R. § 200.340(a)(2) (2023). This letter constitutes a notice of termination.²

The 2022 Policy Statement applies to your project because NIH approved your grant on 9/1/2022, and "obligations generally should be determined by reference to the law in effect when the grants were made."³

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Although "NIH generally will suspend (rather than immediately terminate) a grant and allow the recipient an opportunity to take appropriate corrective action before NIH makes a termination decision,"⁶ no corrective action is possible here. The premise of Project Number [REDACTED] is incompatible with agency priorities, and no modification of the project could align the project with agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable.⁷ Nothing in this notice excuses either NIH or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 75.381-

¹ https://grants.nih.gov/grants/policy/nihgps/nihgps_2022.pdf.

² 2 C.F.R. § 200.341(a); 45 C.F.R. § 75.373

³ *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985).

⁴ 2022 Policy Statement at IIA-1.

⁵ *Id.* at IIA-153.

⁶ 2022 Policy Statement at IIA-154.

⁷ See 2 C.F.R. § 200.343 (2023).

75.390. NIH will provide any information required by the Federal Funding Accountability and Transparency Act or the Office of Management and Budget's regulations to *USAspending.gov*.⁸

Administrative Appeal

You may object and provide information and documentation challenging this termination.⁹ NIH has established a first-level grant appeal procedure that must be exhausted before you may file an appeal with the Departmental Appeals Board.¹⁰

You must submit a request for such review to Dr. Matthew Memoli no later than 30 days after the written notification of the determination is received, except that if you show good cause why an extension of time should be granted, Dr. Matthew Memoli may grant an extension of time.¹¹

The request for review must include a copy of the adverse determination, must identify the issue(s) in dispute, and must contain a full statement of your position with respect to such issue(s) and the pertinent facts and reasons in support of your position. In addition to the required written statement, you shall provide copies of any documents supporting your claim.¹²

Sincerely,

Terri Jarosik

Chief Grants Management Officer
National Institute of Mental Health
Neurosciences Building, Rm 8133
6001 Executive Blvd, MSC 9605
Bethesda, MD 20892-9605

⁸ 2 C.F.R. § 200.341(c); 45 C.F.R. § 75.373(c)

⁹ See 45 C.F.R. § 75.374.

¹⁰ See 42 C.F.R. Part 50, Subpart D.

¹¹ *Id.* § 50.406(a).

¹² *Id.* § 50.406(b).

QUESTIONS FOR THE RECORD

RESPONSES BY DR. JAY BHATTACHARYA TO QUESTIONS OF SENATOR SANDERS, SENATOR MURRAY, SENATOR BALDWIN, SENATOR KAINE, SENATOR HICKENLOOPER, SENATOR MARKEY, AND, SENATOR ALSOBROOKS.

SENATOR SANDERS

Question 1. Since January, the Trump administration has proposed billions of dollars in cuts from research institutions that are actively working on treatments for pediatric cancer, Alzheimer's, and various chronic diseases, and have also effectively stopped any new research grants from being funded. If confirmed, will you commit to reversing these policies on Day 1? Or do you plan to allow President Trump and Elon Musk to dismantle the NIH?

Answer 1. NIH will not be dismantled and will continue to provide research grants.

Question 2. Secretary Kennedy had previously said he wanted to fire 600 NIH employees—but so far, nearly twice that number have been terminated. You claim to support the next generation of researchers.

(a). Yes or no: Do you support the Administration's decision to fire NIH fellows, postdocs, and early career scientists?

(b). Yes or no: If President Trump and Elon Musk demand more layoffs, will you stand up to them?

Answer 2(a). I support the Administration's efforts to improve efficiency across the government.

Answer 2(b). I will continue to support the Administration's efforts to improve efficiency across the government.

Question 3. The American people are sick and tired of paying, by far, the highest prescription drug prices in the world. In January, the prior NIH director introduced a requirement that, whenever drug companies benefit from NIH patents, they have to come up with a plan describing how they will make drugs these available to the American people. Will you commit to keeping this policy? **Further**, will you commit to **expanding this requirement** so that if drug companies benefit from *any* taxpayer dollars, they cannot charge Americans the highest prescription drug prices in the world?

Answer 3. The President has committed to lowering the price of drugs for all Americans. If confirmed, I look forward to working with Congress to ensure that all the dollars in the American healthcare system are devoted to working for the patient—including lowering the price of drugs by ensuring transparency in costs, providing accountability to middlemen, looking for innovative ways to provide high-cost drugs at low prices, and making sure other countries pay their fair share for prescription drugs.

Question 4. You co-authored the Great Barrington Declaration, which called for letting COVID spread freely among "low-risk" individuals. You cited Sweden in the publication, but at the time, Sweden had already tried this approach—and it was a disaster. Their COVID death rate was 4 to 10 times higher than neighboring countries, and their own scientists called it a failure. Why should anyone trust your judgment as NIH director when you ignored history and real-time data to push a reckless, unscientific strategy?

Answer 4. I was a fully tenured Professor at Stanford Medical School for 24 years and a research associate at the National Bureau of Economics Research, among other positions. I have published 180 articles in top peer-reviewed journals in medicine, economics, health policy, law, statistics, epidemiology, infectious disease epidemiology, pediatrics, demography, and other fields. My research on the pandemic was joined by a Nobel laureate from Stanford as well as scientists from Oxford, Harvard, and other top institutions.

Question 5. You also said that children were at "low risk" of complications from COVID, when scientists have known for decades that viral infections cause long-term illnesses, like Long COVID—which affects at least 17 million Americans, including children. Do you understand how your politicization of scientific research has real consequences for millions of Americans?

Answer 5. As I stated in my hearing, I am against the politicization of science and if confirmed I look forward to restoring a culture of tolerance for differing opinions to the NIH.

Question 6. After President Trump's disastrous order to freeze grants, a court directed NIH to unfreeze funding. But NIH did not comply with that court order for almost 2 weeks. In fact, NIH is still defying that court order by preventing meetings that are required to make payments.

- (a). Do you commit to complying with all Federal court orders?
- (b). Will you restart submissions to the Federal Register for scheduling all study sessions and advisory council meetings?

Answer (a). I commit to complying with Federal law.

Answer (b). I will review the various study sessions and advisory council meetings and restart submissions to the Federal Register if necessary.

Question 7. Former and current NIH officials have said that HHS pressed staff to ignore court orders, even when it defied advice from NIH lawyers. And when NIH officials refused, they were told to get in line—or were pushed out altogether.

- (a). How would you respond if instructed to defy a court order?
- (b). Would you ever pressure your staff to defy a court order?

Answer 7(a)—(b). If confirmed I will follow the law.

Question 8. Who will have the final say at NIH: you, or DOGE?

- (a). Who will decide which staff to cut, you or DOGE?
- (b). Who will decide what offices at NIH or critical, you or DOGE?
- (c). Who will decide what research to fund, you or DOGE?
- (d). Don't the American people deserve to know who is making these decisions?
- (e). You are here to be confirmed by the Senate. No one at DOGE has been nominated by the President or come before this Committee. How is it appropriate that DOGE would have final say over you?

Answer 8(a)—(e). As has been widely reported, President Trump has asked that agency leadership oversee organizational and staffing matters.

Question 9. There have been reports that the Trump administration would significantly decrease infectious disease research at NIH to focus on chronic disease. In a time when the U.S. just recently saw the first death from bird flu, do you believe that NIH should reduce funding for infectious disease research? If so, why?

Answer 9. NIH will continue important research on infectious diseases.

Question 10. You have been quoted as saying you support the reduction in the NIH workforce as you shift the focus of the agency.

- (a). Can you give the Committee a better and clearer sense of your vision for how you aim to reduce the workforce at NIH, and why you think that is critical to achieving your goals?
- (b). Are you concerned that staff reductions will slow the grant process and release of funds for new projects?
- (c). Can you envision potential unintended consequences from a reduced HHS workforce that would stymie research breakthroughs or slow innovation?
- (d). With the volume of researchers already at critical lows, do you think Federal workforce reductions, coupled with reduced grant access will cause fewer students from entering the medical research field?

Answer 10(a)—(d). I support the Administration's efforts to find efficiencies and be fiscally responsible. If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 11. The across-the-board cuts to the Facilities and Administrative costs will curtail medical research, threatening the viability of U.S. based scientific research. What steps will you take to ensure that these cuts, if implemented, do not undermine the country's biomedical research enterprise?

Answer 11. I support the Administration's efforts to find efficiencies and be fiscally responsible. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 12. Recent directives, such as the sudden implementation of the indirect cost cap, have been issued without prior consultation with NIH officials or the sci-

entific community, leading to legal challenges and concerns about the agency's autonomy. How will you safeguard the NIH's decision-making processes from external political pressures to preserve scientific integrity?

Answer 12. Without speaking to any matters presently the subject of any legal challenge, I will remain committed to safeguard NIH's scientific decision-making process from external pressures to instill scientific integrity.

Question 13. been the backbone of global innovation. In 2023, I issued a report that showed how the median price of a new treatment that NIH scientists helped invent over the past 20 years is \$111,000. This includes treatments for cancer, chronic diseases, and the NIH-invented COVID vaccine. How should the government ensure that Americans are getting a fair deal for the innovations coming out of NIH?

Answer 13. This is a very important issue, and if confirmed, I look forward to working with Congress to develop strategies to addressing the cost of new treatments.

Question 14. You claim to want to use NIH to answer the questions the American people have. The American people want to know why, despite their tax dollars contributing to every single new approved drug from 2010 to 2016, why they pay the highest drug prices in the world. Why despite an investment worth hundreds of billions of dollars can most Americans not afford the innovation that comes out of the NIH? Will you commit today to reinstating the NIH's reasonable pricing clause on taxpayer-funded drug discoveries?

Answer 14. The President has committed to lowering the price of drugs for all Americans. If confirmed, I look forward to working with you to ensure that all dollars in the American healthcare system are devoted to working for patients.

Question 15. Let's talk about march-in rights, which allows the government to step in and license patents funded by taxpayer dollars to competitors if the American people aren't getting a fair deal.

The Biden administration issued guidance that said unaffordable drug prices are grounds for using march-in rights. Do you agree with their interpretation? Do you believe that the government should step in when taxpayers are being price-gouged?

Answer 15. No with respect to march-in rights, which even the Biden administration never utilized in that way. With respect to laws protecting consumers from price-gouging, I will defer to and support enforcement of those laws by the appropriate Federal and state authorities.

Question 16. Are you in any way willing to take on the pharmaceutical industry to help Americans better access and afford the innovation that comes out of the NIH?

Answer 16. The President has committed to lowering the price of drugs for all Americans. If confirmed, I look forward to working with you to ensure that all dollars in the American healthcare system are devoted to working for patients.

Question 17. During the COVID-19 pandemic, you were a strong critic of lockdowns and other measures designed to protect vulnerable individuals, and you estimated that the pandemic would only kill around 40,000 people in the United States. Today, the pandemic's death toll is over 1 million individuals in the United States. Recently, control of the bird flu outbreak has led to massive culling of infected flocks to contain the virus, driving up egg prices and creating fears of another pandemic. If another deadly pandemic were to occur today and the weight of the scientific evidence clearly supported public health measures that may be politically unpopular, would you support such rules?

Answer 17. I commit to working with the Administration, and particularly Secretary Kennedy and all HHS subagencies, to ensure a robust and effective response to any future pandemic.

Question 18. One of the studies you conducted claimed that COVID-19's fatality rate was much lower than reported and was immediately seized upon as justification to oppose public health measures like masks. But here is what you didn't disclose. That study was secretly funded by billionaires who had a financial interest in reopening the economy—like JetBlue's founder and other corporate executives. For someone who wants to restore public trust in an agency and produce independent and objective science, you yourself did not do enough to root out conflicts of interest.

(a). Do you believe it is acceptable for NIH-funded research to be manipulated by wealthy donors with a financial stake in the outcome?

(b). Is this how you define “gold standard” science—secret corporate funding and conclusions that align with the interests of the people paying for the research?

(c). Will you allow private money and political ideology to dictate scientific findings?

Answer 18(a)—(c). I personally received \$0 from Jet Blue for any study. If confirmed I commit to abiding by all ethics laws as well as guidance from agency counsel.

Question 19. You’ve expressed support for linking NIH grants to “academic freedom” on college campuses, according to reporting by the Wall Street Journal.

(a). How would you enforce such policies, and how would you define academic freedom in a way that ensures it is not used as a proxy for penalizing campuses that uplift certain viewpoints that are not popular with the Administration?

(b). For example, would teaching about structural inequities associated with the healthcare system be protected under your theory of academic freedom?

Answer 19(a)—(b). As I stated in my hearing, I am against the politicization of science and if confirmed I look forward to restoring a culture of tolerance for differing opinions to the NIH.

Question 20. You’ve previously expressed support for decentralizing NIH and giving more funding control to state governments.

(a). Do you continue to stand by this proposal, and can you explain what your role as NIH Director would be if you were to give more power to non-Federal officials?

(b). Many of your colleagues have suggested that such a proposal would disrupt the NIH’s work and set back American scientific research, how would you respond to such critiques?

Answer 20(a)—(b). If confirmed I look forward to working with Congress on this and other issues.

Question 21. Since the start of President Trump’s second term, there have been significant changes at the National Institutes of Health (NIH), including a reduction of force with further reductions expected and the imposition of a 15 percent cap on facilities and administrative costs for new and existing grants. The policy on facilities and administrative costs are currently being challenged in court.

(a). Do you understand the implications of this policy on future advances in medical care? Increases in tuition at public and private colleges and universities?

(b). Local economies and unemployment?

(c). As NIH Director how will you address these and other consequences on the future of biomedical research in this country?

Answer 21(a)—(c). I support the Administration’s effort to find efficiencies, be fiscally responsible, and reduce bloat in government. I am not aware of any negative impact to critical missions as a result of recent workforce reductions but will inquire further if confirmed.

Question 22. The research both conducted and funded by NIH is vital to our understanding of public health and medicine. In the current reproductive health landscape, it is more critical than ever that there is sound, rigorous research regarding health access and outcomes for people who can become pregnant.

(a). If confirmed, how will you ensure that NIH scientists studying reproductive health topics can conduct their work according to their fields’ accepted practices and ethical guidelines?

(b). Do you commit to ensuring that findings related to sexual and reproductive health are able to be communicated accurately, free from political pressures?

(c). How will you ensure that decisions regarding research funding, including those related to sexual and reproductive health, are based on the merits of proposed research rather than political motivations?

Answer 22(a)—(c). NIH will continue to conduct evidence-based research and publish relevant findings.

Question 23. I have seen grant applications and materials across agencies reviewed for terms related to gender and race, in addition to key information on these topics scrubbed from government Web sites. A central goal of public health and biomedical research is to evaluate the experiences and health outcomes of different communities. This is particularly true in sexual and reproductive health, where women and people who become pregnant are especially impacted and racial disparities have deepened.

- (a). Do you have any interest in having NIH address health inequity?
- (b). If confirmed, how will you ensure that NIH research and grants continue to consider race and gender?
- (c). If all mention of race and gender are erased, how do you plan to address inequities in health outcomes?

Answer 23(a)—(c). If confirmed, I am committed to improving healthcare quality and outcomes for all Americans and doing so with radical transparency.

Question 24. HHS Secretary Robert F. Kennedy, Jr. has indicated his intent to “give infectious disease [research] a break for about 8 years.”

- (a). Will you commit to supporting a strong portfolio of infectious disease research?
- (b). Will you communicate to him and to the American public that chronic disease and infectious agents are inextricably linked, and that funding for both is crucial to understanding the mechanisms that underlie disease, developing treatments and cures, and improving human health?

Answer 24(a)—(b). If confirmed, I will ensure NIH continues research into both chronic disease and infectious agents.

Question 25. The Executive Order establishing the Make America Healthy Again Commission directs the NIH to “prioritize gold-standard research”—what is your interpretation of “gold-standard research” and how do you see that deviating from existing practices in federally funded medical research?

Answer 25. NIH supported science should be replicable, reproducible, and generalizable. Like Secretary Kennedy and President Trump, I also support radical transparency as a way of restoring faith in public health.

Question 26. How do you plan to address the disruption caused by the recent freeze and subsequent reinstatement of DEI-related funding, especially considering the NIH’s role in supporting diverse research initiatives?

Answer 26. I am not aware of any negative impacts as a result of recent fiscal initiatives but will inquire further if confirmed.

Question 27. Recent executive branch actions, including reductions in the workforce, funding freezes, and the inability to move forward with peer review activities, have had a chilling effect on research across the United States. Understandably, there is concern about the future of the NIH. As Director, how would you strengthen the NIH and ensure that our Nation continues to lead the world in driving medical progress?

Answer 27. If I’m confirmed as NIH director, I fully commit to making sure that all the scientists at the NIH and the scientists that the NIH supports have the resources they need to meet the mission of the NIH.

Question 28. On Friday, Secretary Kennedy issued a public register notice indicating he’d revoke the Richardson waiver, which requires a period of notice and an opportunity for public comment on decisions related to “agency management or personnel or to public property, loans, grants, benefits, or contracts.” Needless to say, there are many of these types of decisions you’ll need to make as NIH Director. I’d like to know your plans for moving forward on changes in these areas at the NIH, and whether or not you plan to seek public comment.

Answer 28. If confirmed, I will seek input from various stakeholders prior to making these types of decisions.

Question 29. Since the inauguration of President Donald Trump, there has been a dramatic slowdown in the normal pace of decision-making and awards for NIH research grants, and the agency is nearly a billion dollars behind in making research awards as compared to last year.

- (a). Is this the new normal?
- (b). What can I expect from NIH under your leadership in terms of process around grantmaking?

(c). Should I anticipate a departure from the current level of support for scientific research in spite of Congress's longstanding, bipartisan efforts to bolster investment in NIH?

Answer 29(a)—(c). If confirmed, I will look into the process of how decisions are made and grants awarded. My goal is for the U.S. to be the global leader in breakthrough, transparent health research.

Question 30. On February 7, the NIH announced cuts to funding for major research institutions, specifically targeting Facilities and Administrative (F&A) support. These cuts threaten to dismantle critical research infrastructure and delay the development of life-saving cures. They also jeopardize the future of scientific training and hinder the growth of the biotechnology industry, a key driver of economic growth. The Federal Government's support for F&A costs has been vital in building the world-class research infrastructure that keeps America at the forefront of global innovation. F&A costs cover essential components like labs, security, and Federal compliance, enabling our institutions to conduct cutting-edge research and bring novel treatments to Americans first. Importantly, while the government reimburses part of these costs, universities already cover a significant portion, including \$6.8 billion in unreimbursed F&A expenses. These proposed F&A cuts will cripple research, undermine national priorities, and erode U.S. global competitiveness—ultimately raising costs for Americans and slowing economic growth.

- (a). Will you proceed with cuts that will cripple U.S. research capabilities?
- (b). Do you have concerns that undermining our Nation's research institutions will stall scientific progress and harm long-term economic growth, especially as global competition accelerates from our adversaries like China?
- (c). What message does this send to the millions of Americans waiting for life-saving treatments and cures, who will now face even longer delays?

Answer 30(a)—(c). I support the Administration's efforts to find efficiencies, be fiscally responsible, and reduce bloat in government. While this effort is underway, critical research will continue to happen at NIH.

Question 31. As you know there is a strong drive to reduce inefficiencies and costs in the Federal Government. Do you think NIH is overfunded today and, if so, what process would you use to decide on reductions?

Answer 31. I support the Administration's efforts to find efficiencies and be fiscally responsible. If confirmed, I will assess NIH funding levels and work with relevant parties such as Congress to make necessary adjustments.

Question 32. What do you see as the benefits and risks of making block grants to states for biomedical research?

Answer 32. If I'm confirmed as Director, I will assess any and all approaches to more efficiently support biomedical research in the United States.

Question 33. As you know, historically, budget reductions at NIH have led to a loss of scientific talent—especially young, up-and-coming scientists. It is estimated that for every 2 percent reduction in NIH funding, about more than 7,500 scientists will leave the U.S. workforce, many of them headed overseas. How do you intend to prevent these losses while other countries are actively growing their science and technology workforce?

Answer 33. If shortages exist in the NIH science and technology workforce that prevent NIH from successfully achieving its mission, I will work with the Trump administration to address such shortages.

Question 34. What research would you support to better protect the American people against the next pandemic?

Answer 34. I believe the NIH must vigorously regulate research using pathogens that can lead to the next pandemic. If confirmed, I will carefully review all policies to ensure research is appropriate and conducted safely and responsibly.

Question 35. Over 20 million Americans have Long COVID, including children, and there are no FDA-approved treatments. People with Long COVID are unable to work, socialize, take care of their kids, and participate in society as they want to. Research has made progress over the last 5 years in identifying promising hypotheses for mechanisms and treatments, but scientists are still a ways off from finding a treatment that works for everyone. How will you ensure that the momentum into Long COVID research is not lost and that researchers have the resources they need to identify the mechanisms and find cures?

Answer 35. Long COVID is a condition that affects many Americans that deserve answers. I support additional research into Long COVID, but the research needs to yield results.

Question 36. One area of research where issues of trust and effectiveness have been paramount in recent years is Long COVID. Long COVID is a very complex and often chronic condition, and even after 5 years since it emerged scientists have no established treatments. A key to this research being as effective as possible is for there to be solid and robust patient engagement. That ensures a focus on the treatments that are most meaningful and impactful, and there's an effort to build trust among researchers, clinicians, and patients. Do you commit to working with patients and addressing the Long COVID crisis with the urgency it warrants?

Answer 36. If confirmed, I look forward to working with Congress to address novel research and appropriate clinical trials for long COVID.

Question 37. In the Great Barrington Declaration that you co-authored, you said that "Those who are not vulnerable should immediately be allowed to resume life as normal." Studies have found, though, that all Americans may be vulnerable to Long COVID, with it impacting over 17 million Americans currently and that number increasing as COVID continues to spread and reinfections increasing your risk of Long COVID. Now, millions of Americans are out of work and unable to participate in society because of the type of strategy promoted in your declaration. Why didn't you account for the risks of developing a chronic condition after an infection when you wrote this?

Answer 37. In 2020, when the Great Barrington Declaration was authored, avoiding mortality was the most important priority. The lockdowns were ineffective, at best, from protecting anyone from getting COVID and therefore Long COVID. See: "Institute of Economic Affairs. (n.d.). *Did lockdowns work? The verdict on COVID restrictions*. Retrieved March 7, 2025, from <https://iea.org.uk/publications/did-lockdowns-work-the-verdict-on-covid-restrictions/>.

Question 38. Rather than addressing the actual needs of Americans, such as reducing the rising costs of healthcare, President Trump issued a day 1 executive order that directly targets transgender and intersex Americans. He and RFK have subsequently set out to disrupt the provision of medically necessary and evidence-based care to adolescents, terminate LGBTQI+ civil servants, contradict the objectives of the *21st Century Cures Act*, freeze the funding of lifesaving research, pull LGBTQI+-inclusive public health data from the internet, disrupt critical research funding, particularly if it is LGBTQI+-inclusive, and undermine the *Administrative Procedures Act*. If appointed, would you take a principled stand against this Administration's discriminatory attacks on the health and safety of marginalized communities? Or would you be yet another yes-man to rubber-stamp President Trump's ideas?

Answer 38. If confirmed, I will follow the law and the President's Executive Orders on this matter and ensure that we make all Americans healthy again.

Question 39. The state of children's mental and behavioral health continues to be a national emergency. In 2023, 29 percent of adolescents reported experiencing poor mental health and 1 in 5 reported having seriously contemplated suicide, in the past year. As this wide-spread mental health crisis persists, cross-institute research on preventing and treating youth mental health and substance use disorders is urgently needed. How will you bolster support for pediatric mental and behavioral research across NIH and ensure that research is based in evidence and not directed by the baseless views of the Secretary of HHS?

Answer 39. Americans are suffering unprecedented rates of addiction. If confirmed, I look forward to working with you and your colleagues to approach this crisis with the attention it deserves, working with SAMHSA and other Departments to both treat addiction and promote recovery.

Question 40. The peer review process for NIH grants is a cornerstone of ensuring that the best scientific research is funded and able to move forward. However, there have been growing concerns that no grant review meetings have been able to proceed since Federal Register notices for the meetings were halted, potentially delaying critical research. With the global competition in biosciences, particularly with China, it is vital that the U.S. remains at the forefront of scientific innovation. Nominee, how do you plan to address the halt of grant review study sections, and what steps will you take to ensure that the NIH continues to fund critical research without further setbacks?

Answer 40. If confirmed, I will ensure peer-reviewed evidence-based science continues at NIH.

SENATOR MURRAY

Question 1. How will you prioritize translational research at NIH, moving from evidence that is generated in laboratories into real-world interventions that save people's lives?

Answer 1. If I am confirmed, I will assess the available information in order to determine how to appropriately prioritize the NIH portfolio.

Question 2. Scientists often talk about the funding cliffs that occur when doing translational research. What funding cliffs do you see between T2 (clinical trials) and T3 research (testing research in clinical practice)?

(a). How will you support NIH funding so that these cliffs do not occur?

Answer 2—(a). I'll need to fully analyze the data if I am confirmed in order to adequately answer the question. However, I believe that researchers should have the resources needed to continue their work.

Question 3. Moving research from T3 (testing in clinical practice) to T4 (achieving population health) is often viewed as a "holy grail" for scientists and researchers. How will you use your role at NIH to further the field of implementation science so that more science has a public health impact?

Answer 3. I'll need to fully analyze the data if I am confirmed in order to adequately answer the question. However, I believe that researchers should have the resources needed to continue their work.

Question 4. You have suggested that NIH study sections are afraid of scoring "high risk, high reward" grant proposals. What steps will you take to ensure that these innovative studies are given a fair scientific review?

(a). How do you view the role of ARPA-H versus the role of NIH in conducting or funding "high risk, high reward" research?

Answer 4—(a). I believe NIH must recommit to its mission to fund the most innovative biomedical research agenda possible to improve American health.

I believe NIH must recommit to its mission to fund the most innovative biomedical research agenda possible to improve American health. I have not considered specific priorities for ARPA-H, but look forward to working with you to ensure that every dollar the American government spends on healthcare is making people healthier.

Question 5. Prospective, longitudinal studies consist of the most rigorous science, yet these studies cost the most to conduct. How will the NIH invest in long-term, rigorous research that will allow for analysis of changing demographics and genomic factors?

Answer 5. Conducting robust and replicable research is essential. If confirmed as the NIH Director, I will work to ensure that NIH-funded research is thorough, reproducible, and translatable.

Question 6. You have mentioned that early career scientists are excluded from NIH study sections. However, any existing study section member can suggest an early career scientist as a member to the NIH Scientific Review Officer. What evidence do you have to demonstrate that early career scientists are indeed excluded from the NIH study section process?

Answer 6. I have never stated that early career scientists are excluded. Rather, I have said it is difficult for early career investigators to be standing members of NIH study sections.

Question 7. As NIH Director, how would you prioritize study section composition to include early career scientists?

(a). If so, what would be the criteria for their inclusion?

(b). What would be the criteria for their exclusion, at this stage of their career?

Answer 7(a)—(b). I would expand the existing programs within the NIH that recruit early career scientists and require a larger fraction of the study section membership to have standing members early in their career.

Question 8. Do you believe cuts in staffing or funding at NIH are needed? If yes, where would you support cuts?

(a). Do you think NIH is overfunded or underfunded as a Federal agency? Please explain your reasoning for your answer.

Answer 8—(a). I support the Administration’s efforts to find efficiencies, be fiscally responsible, and reduce bloat in government. If confirmed, I will assess NIH funding levels and work with relevant parties such as Congress to make any necessary adjustments.

Question 9. There are many challenges to the U.S. health care system. Do you see a role for the NIH to play in addressing our health system access and payment issues?

Answer 9. Conducting robust and replicable research is essential. If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 10. NIH intramural scientists who are on renewable term appointments are now being told that their positions will not be renewed. This will decimate the NIH intramural research program which supports thousands of the country’s best and brightest early career scientists.

(a). What do you think about the NIH losing its intramural research program?

(b). As NIH Director, would you continue to end the renewals these early career scientists in the intramural research program? Or would you seek to reinstate these senior level staff scientists and tenure-track researchers at NIH?

Answer 10(a)—(b). If confirmed, I intend to review all such research programs and determine their value to the American people.

Question 11. The NIH Clinical Center is one of the only places for Americans with rare diseases to participate in clinical trials, as a last-ditch effort to receive life-saving treatment. How will the NIH continue its Clinical Center work when over 1,200 NIH staff have been fired, and intramural scientists are being laid off?

(a). As NIH Director, would you continue to fire staff at NIH’s Clinical Center? Or would you seek to protect them from further Reductions in Force (RIFs)?

Answer 10—(a). If staff shortages exist that prevent NIH from successfully fulfilling its mission, I will work with the Administration to address them.

I will make staffing decisions so as to ensure optimum and successful operations at NIH.

Question 12. NIH-funded scientists across the country have been notified that their studies focused on improving health, including mental health and dementia outcomes, among research populations that include the transgender community, have been terminated. Was terminating these grants the right decision for the NIH?

Answer 12. If confirmed, I intend to review all such research programs and determine their value to the American people.

Question 13. Do transgender individuals deserve to have the best possible health and health care?

Answer 13. All citizens deserve to have the best possible health and healthcare.

Question 14. Transgender populations have the highest suicide risk of any population in the United States. Do you agree with the Trump administration’s attempts to defund research aiming to improve the mental health of transgender individuals?

Answer 14. If confirmed, I look forward to addressing the Nation’s mental health crisis and ensuring that we make all Americans healthy again.

Question 15. Many universities and research institutions across the country are rescinding faculty and graduate admissions offers. Thus, early career scientists are not able to start their independent research careers, since postdoctoral fellowships are no longer available to them. How will future scientists be trained in the U.S. if the NIH stops funding research at these institutions?

Answer 15. If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 16. You have been a critic of the NIH’s approach to science during the COVID–19 pandemic. As NIH Director, how would you balance the need for maintaining rigorous research standards with the need for flexibility and responsiveness in a rapidly changing research environment, such as an infectious disease pandemic?

Answer 16. I would encourage respectful debate among people with very different views. Especially in times of uncertainty and crises, this is the only way to get the truth.

Question 17. If confirmed as NIH Director, what steps will you take to ensure women's health is taken seriously as a research priority at NIH?

Answer 17. If I am confirmed, I will work with colleagues at the NIH to ensure that NIH is adequately supporting women's health research.

Question 18. No new funding notices have been announced in 2025 from the NIH Office of Research on Women's Health (ORWH). What will you do as NIH Director to continue to support ORWH programs and initiatives, as well as its grant making authority, which is provided by Congress in the annual Appropriations bill?

Answer 18. If confirmed, I will work with colleagues to ensure that research on women's health continues.

Question 19. A National Academies of Sciences, Engineering and Medicine (NASEM) task force released a report this year stating that there is severely limited funding for women's health research across NIH Institutes and Centers (ICs). How will you ensure increased spending for women's health research across ALL NIH ICs?

- (a). While NIH spending has increased, funding for women's health research did not, so the actual total funding for women's health research has gone down. What would you do as NIH Director to ensure that investment in women's health research is sustained, and not a "one and done" investment, which the NASEM report warns against?

Answer 19—(a). If confirmed as the NIH Director, I will institute a priority review of all research grants across all ICs to ensure we are funding gold-standard science.

Question 20. One of the specific research areas that lacks NIH investment is research into menopause and women's midlife health. Would you, as NIH Director, prioritize resources for research into menopause and women's midlife health? If yes, how will you accomplish this?

Answer 20. If I am confirmed, I will work with colleagues at the NIH to ensure that NIH is adequately supporting women's health research.

Question 21. NIH grant proposals are now being vetted for words that are considered to promote diversity, equity, and inclusion in NIH funded studies. Some of these targeted words are "female" and "women". Do you think "female" and "women" should be forbidden words in NIH research proposals and funded studies?

- (a). Do you believe researchers who study women's health issues should be penalized, or barred from receiving NIH research funding?

Answer 21—(a). No.

Question 22. What does the Federal trust responsibility to Tribes mean to you?

Answer 22. If confirmed, I will work with you to ensure that the Indian Health Service has necessary exceptions to honor our treaty and trust obligations and also keep American Indian and Alaskan Native patients healthy.

Question 23. What role do you believe the NIH plays in fulfilling the Federal trust responsibility?

Answer 23. With regard to research, NIH must work with Tribes transparently, morally, and respectfully.

Question 24. Will you commit to respecting tribal sovereignty?

Answer 24. I commit to follow all US laws and treaties.

Question 25. How do you plan to work with Tribes, Urban Indian Organizations, Tribal Epidemiology Centers, and the Indian Health Service to advance Tribal health research priorities?

Answer 25. If confirmed as NIH director, I commit to working with established entities, including the NIH Tribal Health Research Office, to advance the well-being of Native Americans.

Question 26. Tribal Epidemiology Centers play a key role conducting research and providing Tribes and Urban Indian Organizations with the data they need to support the health and well-being of American Indians and Alaska Natives. Will you commit to increasing funding opportunities for Tribal Epidemiology Centers?

Answer 26. I will commit to assessing and ensuring adequate resources for the Tribal Epidemiology Centers.

Question 27. Tribal Epidemiology Centers frequently receive grant funding through intermediaries, which can reduce the amount of research they are able to support. Will you commit to distributing grant funding directly to Tribal Epidemiology Centers when appropriate?

Answer 27. If confirmed as NIH Director, I am open to considering all mechanisms for funding.

SENATOR BALDWIN

NIH has terminated existing, ongoing grants made to scientists studying LGBTQ+ health. Researchers were told that it is the policy of NIH not to prioritize these research programs. I am concerned that these terminations are a result of the President's executive orders targeting LGBTQ+ populations. NIH should not be ignoring court orders on the President's actions.

Question 1. Do you agree that the NIH should end ongoing research with no warning?

Question 2. If confirmed, will you honor ongoing funding agreements with researchers?

Question 3. If confirmed, will you provide my office with information regarding which grants were terminated and for what reason?

Answer 1—3. I support the Administration's efforts to find efficiencies, be fiscally responsible, and reduce bloat in government. If confirmed, I will assess NIH funding levels and work with relevant parties such as Congress to make any necessary adjustments.

Question 4. Do you commit to complying with all existing and future court orders pertaining to the President's executive orders, including temporary restraining orders and/or preliminary injunctions on executive orders related to gender identity or diversity, equity, and inclusion (DEI)?

Question 5. If confirmed, would you terminate other existing research grants that deal with gender, such as research relating to women's health?

Answer 4—5. If confirmed, I will follow the law and the President's Executive Orders on this matter and ensure that we make all Americans healthy again.

SENATOR KAINÉ

Question 1. Long COVID is a chronic condition impacting quality of life and functional status of nearly 17 million Americans. In fact, as of last fall, nearly 18 percent of U.S. adults had experienced Long COVID at some point over the last 5 years. Even with this pressing need, the Trump administration is rolling back protections for people with Long COVID. In 2020, Congress appropriated \$1.15 billion for the RECOVER Initiative at the National Institutes of Health (NIH). NIH has since allocated an additional \$662 million to support RECOVER's continuing work. The RECOVER Initiative is doing important longitudinal work to not only understand how and why people get Long COVID, but also how to treat Long COVID. If confirmed, do you commit to:

(a). Continuing the work of the NIH's RECOVER Initiative, without a reduction or reprogramming of funding?

(b). Meeting with myself and Senator Young to outline your plans to support the NIH's robust Long COVID research, including a discussion on how you will coordinate with agencies outside of NIH on this work?

Answer 1(a)—(b). If confirmed, I look forward to working with Congress to address novel research and appropriate clinical trials for long COVID.

If confirmed as NIH Director, I look forward to working with you and other Members of Congress on Long COVID research.

Question 2. Your predecessor, Dr. Monica Bertagnolli, went beyond what was required under ethics law, the Presidential ethics pledge, and even agreements with the Office of Government Ethics to minimize potential conflicts of interest before assuming her role as Director of the National Institutes of Health (NIH). I urge you to do the same. Accordingly, I have the following questions:

(a). Will you commit to recuse from all particular matters involving your former clients and employers for at least 4 years?

(b). Will you commit to not seek employment or board membership with, or another form of compensation from, a company that you regulate or oth-

erwise interact with while in government, for at least 4 years after leaving office?

(c). Will you commit to not lobby the NIH—including through work as an informal “shadow lobbyist”—for at least 4 years after leaving office?

Answer 1(a)—(c). I am proud to be on the Lown List of Industry-Independent Health Experts. I fully intend to remain industry-independent and commit to not becoming a lobbyist.

Question 3. Nearly 30 percent of medical students receive training through osteopathic medical schools with 50 percent of graduates entering primary care, a critical area of need for ensuring access to essential health services nationwide. Training in osteopathic medicine is a particularly critical pathway to address health workforce shortages, especially those in rural and underserved areas. If confirmed, do you commit to meeting with leaders of osteopathic medicine to learn more about the role of the osteopathic physician within the health care system and to discuss opportunities for future collaboration?

Answer 3. If confirmed as the NIH Director, I will thoughtfully consider any opportunities to meet with osteopathic medical schools to improve health care in the country. As you may be aware, Secretary Kennedy recently met with the AOA.

SENATOR HICKENLOOPER

Question 1. The Trump administration announced an abrupt directive that all indirect fees for NIH grants must be capped. As you know, this proposed cap is currently paused awaiting litigation. This cap would not only impact future NIH funding, but would slash current NIH funding supporting research projects all across the country. While I know you are not yet at NIH, is there any justification that the Administration could provide that would satisfy you as to why these dramatic funding cuts needed to impact existing NIH funding, creating mass chaos and confusion for researchers across the country?

Answer 1. I support the Administration’s efforts to find efficiencies and be fiscally responsible. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 2. Dr. Bhattacharya, you have extensive experience with research into Alzheimer’s and dementia from your time at Stanford. The NIH Center for Alzheimer’s and Related Dementias was recently subject to mass firings by the Trump administration. The Acting Director of the Center was included in the firings. The nearly 7 million people with Alzheimer’s in the U.S., and the millions more who care for them every day, I’m certain, have questions about the logic behind these firings. As a former researcher, are you concerned that these extensive cuts will limit our ability to make progress on critical research?

Answer 2. If confirmed, I will ensure NIH continues critical research into Alzheimer’s disease.

Question 3. Due to increased vaccine skepticism, this past school year, the percentage of kindergarteners exempted from one or more routine vaccinations rose to the highest levels recorded. Is the rising skepticism of vaccines making vaccine-related research at the NIH less of a priority? If confirmed, how will you balance the need to focus on research into chronic diseases, with the need to invest in research on viruses with pandemic potential?

Answer 3. If confirmed, I will ensure NIH continues research into both chronic disease and infectious agents.

Question 4. Providing quality and accessible mental health care remains a tremendous challenge for many states and cities across the country. With the existing dire need for additional mental health research, what role do you expect it to play at the NIH, and how will you specifically address the need for additional research and care of underserved populations currently living in “mental health deserts” without proper access to care?

Answer 4. The mental health crisis remains a pressing challenge and making sure that all Americans are benefiting from research is crucial. If confirmed, I will look very closely on how we can address this important issue.

Question 5. The NIH has a long history of coordinating with other Federal agencies, such as the National Science Foundation, Department of Defense, and Department of Veterans Affairs to address shared research interests. Under your leadership, where do you see the value in interagency collaboration, and in which areas would you like NIH to begin or expand this practice moving forward?

Answer 5. I fully support coordinating with other agencies to ensure that we're using taxpayer dollars effectively and not duplicating efforts. If confirmed, I would carefully review existing mechanisms for collaboration and areas where we could further increase efficiencies and coordination between different Federal research components.

SENATOR MARKEY

Funding

Question 1. Will you commit to ensuring that all Federal grant dollars are released to their recipients?

Question 2. Will you commit to ensuring that lifesaving NIH projects are able to move forward, including previously allocated funds and new grants applications for congressionally appropriated funding?

Question 3. What is your plan to restart the peer review process, address the backlog of proposals, and ensure that those who have seen their sections and councils canceled do not miss out on the opportunity to compete for funding this cycle?

Question 4. Will you commit to ending the NIH hold on posting meeting in the Federal Register and allowing NIH to post meeting notices immediately?

Question 5. Will you commit to working with the larger NIH stakeholder community instead of acting unilaterally to determine how best to support the total cost of conducting research for the Federal Government and to enhance transparency of direct and indirect activities?

Question 6. How do you plan to grow research done at and funded by the NIH?

Question 7. How will you ensure the education and training of the next generation of scientists and health workers who rely on an NIH.

Answer 1—7. If confirmed as the NIH Director, I will institute a priority review of all research grants across all ICs to ensure we are funding gold-standard science.

Quality of Research

Question 8. If confirmed, what specific steps would you take to encourage research on the effectiveness of NIH's funding mechanisms?

(a). Would you consider establishing a dedicated science-of-science unit within the Director's Office to experimentally test reforms that could improve returns on investment across all institutes?

Answer 8—(a). If confirmed, I will work with agencies to uphold the gold standard of scientific and evidence-based research. My goal is for the U.S. to be the global leader in breakthrough, transparent health research accountable to the American people.

Question 9. Under your leadership, how would NIH identify and prioritize research areas where market failures are most pronounced—particularly those with large social benefits but limited private-sector incentives?

(a). What concrete steps would you take to enhance coordination across NIH institutes and reallocate funding to support these neglected but critical research areas?

Answer 9—(a). One of my priorities is ensuring NIH is funding the most innovative agenda possible and that includes ensuring that NIH is focusing on the diseases that are impacting the American people. If confirmed, I will work to facilitate better coordination across NIH to make sure our agenda is aligned with the areas where NIH can make a large impact.

Question 10. If confirmed, what changes to NIH peer review would you pursue to reduce penalties for scientific risk-taking?

(a). How would you address barriers facing early career investigators, given evidence that scientific progress often depends on young researchers who explore new ideas and bring fresh perspectives?

Answer 10—(a). If confirmed, one of my goals will be to foster a culture of free speech at NIH to generate real opportunities for all researchers who may have fresh perspectives. Fostering the next generation of investigators is crucial and I would be happy to work with Congress on this important matter.

Question 11. What are your thoughts on the current balance between project-specific and person-specific funding at NIH?

(a). As director, how would you encourage the use of activity codes that support the most innovative, flexible grant models?

Answer 11—(a). I would expand activity codes like the R-21 mechanism to allow for more rapid application for specific projects. And I would allow institutions to apply for training grants through the T activity codes to streamline support for post-docs and other early career scientists.

Question 12. As director, what specific changes to the indirect rate policy will you focus on to better align institution's incentives with maximizing scientific output? What measurable outcome would you use to determine whether changes to indirect cost policy are successful?

Answer 12. I support the Administration's effort to find efficiencies and be fiscally responsible. If confirmed, I will review policies such as the indirect rate to ensure they align with those efforts.

NIH/ARPA-H Relationship

Question 13. How do you envision working with leadership counterparts at ARPA-H to ensure success for each agency without duplication of effort?

Answer 13. I intend to work proactively with the leadership counterparts at ARPA-H to best ensure mission success at NIH.

Question 14. How do you envision that ARPA-H and NIH will both work together and differentiate themselves from each other in the projects that are separate and overlap?

(a). Do you see room for collaboration?

Answer 14—(a). I anticipate working with ARPA-H to avoid unnecessary mission overlaps so as to promote both efficiency and effectiveness of both agencies.

COVID and Infectious Disease

Question 15. If confirmed as NIH Director, you would be working under the oversight and direction of HHS Secretary Kennedy, who has stated he wants to shift the NIH's focus away from studying infectious diseases. This would weaken our Country's preparedness for the next pandemic. Do you agree that the NIH should continue to prioritize studying emerging infectious diseases to be better equipped to respond in the future?

Answer 15. NIH will be central to Secretary Kennedy's mission to make America healthy again, and research priorities including on chronic diseases and infectious diseases and conditions will be among the priorities of NIH.

Question 16. During the pandemic, you co-authored "the Great Barrington Declaration," which claimed that it was more "compassionate" to reach herd immunity by allowing those who are at minimal risk of death to live their lives normally to buildup immunity to the virus through natural infection. Do you agree that herd immunity is not possible for every disease, especially not with new, emerging diseases that change rapidly and that we may not know enough about, as was the case with the coronavirus?

(a). During the pandemic, you stated that a lockdown "may not be worth the costs it imposes on the economy, community and individual mental and physical health." Today the total deaths due to Covid infection in the U.S. is over *1.2 million people*. Are the *economic costs* of an appropriate public health response worth more than the lives of millions of people?

Answer 16—(a). Herd immunity is a simple, mathematical fact for any infectious disease that produces immunity, even short-lived immunity. Managing a pandemic requires thinking about herd immunity as an epidemiological fact when designing the appropriate strategy for managing the disease.

The evidence indicates that the lockdowns saved the lives of very, very few people, if any. See: Institute of Economic Affairs. (n.d.). *Did lockdowns work? The verdict on COVID restrictions*. Retrieved March 7, 2025, from <https://iea.org.uk/publications/did-lockdowns-work-the-verdict-on-covid-restrictions/>.

Question 17. Do you support following the precautionary principle in public health and health care settings? Do you support the Federal Government ensuring that health care employers are following the precautionary principle and protecting health care workers in their place of employment?

Answer 17. The precautionary principle remains a critical component of public health, as do benefit-harm analyses. If confirmed, I look forward to fostering a rigorous climate of research around this topic.

Question 18. You noted that you share Secretary Kennedy’s goal of ending America’s “chronic disease epidemic”. Researchers now know Long COVID is a chronic illness triggered by acute COVID infection. How do you plan to ensure the over 17 million Americans impacted by Long COVID get the research and care they urgently need?

- (a). Do you agree that prioritizing research into treating long COVID is important to public health?
- (b). As NIH director, how do you plan to prioritize and accelerate interventional trials for long COVID?
- (c). Over 1 million U.S. children and adolescents had Long COVID in 2023, with serious impacts to their education and development. As NIH Director, how will you ensure RECOVER-TLC continues research that will help impacted children impacted by long COVID and their families?
- (d). A Lancet 2024 study showed that a quarter of previously healthy U.S. Marines had signs of Long COVID. As NIH Director, do you plan to collaborate with Dept. of Defense research programs to advance Long COVID research that will ensure force readiness and the health of our warfighters? If so, how?
- (e). Recent and recurring research findings point to Long COVID potentially being a persistent infection, with viral reservoirs that may require anti-retroviral drug cocktails or other specialized medications. To better serve clinical research evaluation and help patients with diagnosis and treatment, how can the NIH best accelerate the development of a reliable, highly sensitive Long COVID test and other biomarkers?
- (f). As NIH Director, will you work across the Trump administration to develop a new, safer, and more effective COVID vaccine?
- (g). *CURE-ID* has been a cost-effective, public-private partnership that’s helped utilize patient reports to further research options for Long COVID drug repurposing and treatments. As NIH Director, will you support continuing and accelerating *CURE-ID*’s critical work?

Answer 18(a)—(g). The mission of NIH is to make America healthy and that includes focusing research on diseases that are impacting Americans. Understanding long COVID is part of the NIH research agenda, and I will look closely at how NIH can ensure it is funding innovative research that is reproducible and will advance our understanding of diseases such as long COVID.

If confirmed, I will make sure that NIH is funding the most innovative science possible to invest in big advances and get answers for the American people.

If confirmed, I will institute a priority review of grants across the all ICs to ensure NIH is funding gold-standard science and work to make sure that NIH is pursuing quality, innovative science that can produce answers and results for the American people.

If confirmed, I would carefully review existing mechanisms for collaboration and areas where we could further increase efficiencies and coordination between different Federal agencies. The mission of NIH is to make Americans healthy, and I will support research that helps ensure American interests are protected.

If confirmed, one of my goals is to ensure that NIH is pursuing quality, innovative science that can produce real answers and results for the American people. I will look closely at how that goal aligns with NIH’s research portfolio and what opportunities there might be to pursue additional research in key areas like identifying biomarkers and diagnostics.

As NIH Director, I will work both at NIH and across the Trump administration to improve vaccines and therapeutics based on the urgency to address public health needs.

As NIH Director, I will work both at NIH and across the Trump administration to lead research for several diseases based on the urgency to address public health needs.

New Funding Models and Mechanisms

Question 19. In recent years NIH has experimented with funding models beyond the standard research grant to address pressing public health challenges quickly

and more efficiently. One model, the “innovation funnel”, has been proven successful and is being applied to various areas of research. What specific areas do you think could benefit from applying nontraditional approaches, like the innovation funnel model?

Answer 19. If confirmed, I will take a close look at all research funding mechanisms. One of my priorities is ensuring that NIH is funding the most innovative research possible, and I am committed to considering a variety of solutions to make that a reality to improve the health of all Americans. I will consult with agency experts to identify additional areas that could benefit from innovative strategies.

Question 20. NIH has expanded the scope of its prize competitions in recent years including by creating opportunities for institutional prizes that reward innovations in systems and processes rather than just research. How does NIH measure the success of these competitions? Do you plan to continue this increase in prizes as NIH Director and what areas might benefit from such awards?

Answer 20. If confirmed, I will take a close look at all research funding mechanisms. One of my priorities is ensuring that NIH is funding the most innovative research possible to best benefit the health of all Americans, and I am committed to considering a variety of solutions to make that a reality to improve the public’s health. I will consult with agency experts to develop a strategy that results in reliable, gold standard science that advances the health of Americans.

Qualifications

Question 21. Is it fair to say that your academic background is not in public health or specialized science such as epidemiology, but in the studying the economics of the U.S. health care system?

Answer 21. I was a fully tenured Professor at Stanford Medical School for 24 years and a research associate at the National Bureau of Economics Research, among other positions. I have published 180 articles in top peer-reviewed journals in medicine, economics, health policy, law, statistics, epidemiology, infectious disease epidemiology, pediatrics, demography, and other fields. My research on the pandemic was joined by a Nobel laureate from Stanford as well as scientists from Oxford, Harvard, and other top institutions.

Trans-equality

Question 22. President Trump issued a day 1 executive order that directly targets transgender and intersex Americans. The provision of medically necessary and evidence-based care to adolescents has been disrupted, the funding of critical research has been discontinued, LGBTQI+-inclusive public health data has been removed from the internet, and the *Administrative Procedures Act* has been undermined.

If appointed, would you take a stand against this Administration’s discriminatory and anti-science attacks on the health and safety of marginalized communities?

Answer 22. As NIH Director, I will work at NIH and across the Trump administration to support evidence-based peer-reviewed scientific research.

Anti DEI questions

The term health disparities refers to the significant difference in health outcomes that adversely affect disadvantaged populations, such as racial and ethnic minorities, people with lower socioeconomic status, and rural communities, when compared to the general population. Every NIH institute and center supports research into the causes and potential intervention to address health disparities in their mission areas.

Question 23. Is it your belief that research to address public health issues affecting all populations in the U.S. is an important part of NIH’s mission?

Answer 23. Yes.

Question 24. Will you continue to support health disparities research at NIH?

Answer 24. If confirmed, I will support evidence-based scientific research so as to promote healthy outcomes for all Americans.

Question 25. Women’s health has historically been underfunded and under-researched. How do you intend to address this disparity, especially considering that the Trump administration has flagged the use of word “women” and targeted it for halting funding.

Answer 25. If confirmed, I will support evidence-based scientific research so as to promote healthy outcomes for all Americans.

Question 26. The Administration wants to ban words like women, Black, etc, from fed research. However, health disparities exist in people of color and in women that are different from white men. How do you plan to pursue a scientific approach with the DEI ban in place?

Answer 26. If confirmed, I will support evidence-based scientific research so as to promote healthy outcomes for all Americans.

Question 27. Women make up 50 percent of the population but <10 percent of NIH funding. Endometrioses affects 1 in 10 women but gets \$2/patient per year from NIH or 0.038 percent of the NIH budget. Do you commit to ensuring that research into women's health is advanced under your tenure?

Answer 27. If confirmed, I will support evidence-based scientific research so as to promote healthy outcomes for all Americans.

Mental Health

Question 28. Do you see any basis for concern about SSRI medications that so many people rely on and benefit from without negative consequences?

Answer 28. If confirmed, I commit to looking at this issue and providing further information.

NIH Research

Question 29. Senator Collins, Warner and I passed bipartisan legislation to extend the *National Alzheimer's Plan Act*, a whole-of-government approach to curing Alzheimer's to 2035.

- If confirmed, will you commit to working with the participating agencies to advance prevention, early detection and diagnosis, and therapeutics and cures?
- If confirmed, will you commit to maintaining appropriate staffing and funding at NIH to continue research into treatment and cures for Alzheimer's?

Answer 29. If confirmed, I commit to working with you, Senator Collins, Senator Warner, and all of Congress to address continued resources for Alzheimer's disease research.

Question 30. Senator Collins, Warner and I passed bipartisan legislation into law last fall, the *Alzheimer's Accountability and Investment Act*, which would require the National Institutes of Health to report to Congress each year the budget they would need to cure Alzheimer's by 2035. This requirement is only shared by cancer and HIV.

- Will you commit to supporting a budget report to Congress that includes the full amount identified by the National Institutes of Health as necessary to cure Alzheimer's by 2035?
- Will you commit to, at minimum, maintaining current levels of support of funding for Alzheimer's research across the National Institutes of Health?

Answer 30. If confirmed, I commit to working with you, Senator Collins, Senator Warner, and all of Congress to address continued resources for Alzheimer's disease research.

Question 31. There are proposals to reduce the number of institutes at the National Institutes of Health from 27 to 15.

- Do you support these proposals?
- Will you commit to ensuring that if the number of institutes of health are reduced, that Alzheimer's and related diseases research funding is maintained or increased as compared to the Fiscal Year 2024 appropriated levels?

Answer 31. Congress determines NIH funding. If confirmed, my goal is for NIH to be the global leader in breakthrough, transparent research accountable to the American people. If confirmed, I commit to working with all of Congress to address continued resources for Alzheimer's research.

Question 32. Broad Institute: "Chronic diseases remain the leading cause of death in the U.S. and a major driver of healthcare costs. Sustaining and fully funding programs like All of Us is essential to reversing this epidemic, enabling groundbreaking

discoveries, and delivering on the Nation's commitment to equitable healthcare and research innovation.

- Chronic diseases are the leading cause of death in the U.S. and a significant burden on the healthcare system. How do you plan to leverage national programs like *All of Us* to accelerate breakthroughs in prevention, treatment, and health equity for chronic disease management?
- How will you advocate for long-term, bipartisan support in Congress to secure adequate funding for programs like *All of Us*, and what role do you see Federal healthcare leadership playing in ensuring the stability of national research initiatives?"

Answer 32. I believe that chronic disease should receive significant attention. If confirmed, I look forward to working with Congress to address chronic disease.

Federal Control of Research

Question 33. On Day 1 of his second term, President Trump signed an Executive Order titled "Ending Radical And Wasteful Government DEI Programs And Referencing".

- (a). Do you support restricting NIH, CDC, or other Federal health research funding from going to universities identified on a list per the executive order?
- (b). Do you support restricting Federal health research funding from going to academic health centers that provide care to communities of color?
- (c). NIH grant recipients have received termination notices on the basis of explicitly including LGBTQ+ people in their research. Will you commit to reviewing and reinstating those terminations?

Answer 33. If confirmed, I will follow the law and the President's Executive Orders on these matters and ensure that we make all Americans healthy again.

Mental and Behavioral Health

Question 34. It is estimated that in 2021 around 2.5 million adults in the U.S. had an opioid use disorder. Medication treatment for opioid use disorder (OUD) is safe and effective, yet research published in August 2023 in the Journal of the American Medical Association found that only 1 in 5 adults received MAT to treat their OUD. During the Senate HELP hearing, you included methadone among "critical interventions" that "should be available as a treatment option" and "medically necessary."

- (a). Do you support expanding access to medication assisted treatment, including but not limited to methadone, for opioid use disorder?
- (b). Do you support revising Federal regulations to allow methadone for OUD treatment to be prescribed by providers in treatment settings other than opioid treatment programs (OTPs), including residential addiction treatment programs, hospitals, and federally qualified health centers?
- (c). Will you commit to working with partners at the Department of Justice and the Drug Enforcement Agency to ensure patients have greater access to methadone to treat opioid use disorder?

Answer 34. If confirmed I look forward to collaborating with Federal partners on important issues such as substance abuse disorder and working to ensure that NIH is providing necessary information for them make decisions in accordance with all relevant laws and regulations.

The Following Questions We Received From Constituents

Question 35. Do you support efforts by this Administration to make broad cuts to the Federal workforce and will you advocate against efforts to do this in your agency?

- (a). How exactly do you intend to keep your agency/dept functional after Musk and DOGE have indiscriminately fired most of your highly qualified workforce?
- (b). How will you keep your agency or department running when the Federal Government is intent on eliminating it?

Answer 35. I will work with the agency and Administration to ensure the NIH workforce is able to meet NIH's mission.

Question 36. The Trump administration has fired almost 1,200 probationary NIH employees, with more layoffs likely to follow. Many of these employees were conducting or assisting with important research.

- (a). Are you concerned about this type of disinvestment by the Trump administration in the agency you will be tasked with directing?
- (b). If confirmed, will you push the Trump administration to reinstate these workers?

Answer 36. I will work with the agency and Administration to ensure the NIH workforce is able to meet NIH's mission.

Question 37. The current Administration is exploiting a loophole to continue to block NIH from actively reviewing and funding new grants, despite the current restraining order ordering grant funding to continue.

- (a). How do you plan to resolve this so NIH can continue its congressionally mandated obligations to fund new research?
- (b). What do you plan to do about the current freeze of the Federal Register? It has completely impeded grant review and funding activities at NIH
- (c). Given the recent NIH funding cuts and policy changes, how do plan to address the resultant reduction of advanced medical fellowships and residency training opportunities that will ultimately worsening physician shortages and limit patient access to care—especially in underserved communities?

Answer 37. If confirmed, I will ensure NIH uses the funding mechanisms at its disposal to advance gold standard research that inspires a new generation of medical professionals and improves the health of Americans.

Question 38. Would you imagine changing the formal and standardized practice of peer review and institutional review groups for grant applications submitted to NIH institutes? If yes, how?

Answer 38. If confirmed, I will assess the current practice of reviewing applications and determine if change to that practice is required.

Question 39. Will you commit to ensuring that NIH science is evaluated by peers and not be political appointees?

Answer 39. I will support evidence-based peer-reviewed scientific research so as to promote healthy outcomes for all Americans.

Question 40. How important is the political independence of your agency and what will you do to protect it?

Answer 40. I will support evidence-based peer-reviewed scientific research free from bias so as to promote healthy outcomes for all Americans.

Question 41. What is the government's role in advancing science and healthcare?

Answer 41. NIH has a significant role in advancing health and science. If confirmed, I will work to ensure the gold standard research supported by NIH supports is replicable, reproducible, transparent and innovative. This is crucial to restore trust and credibility to NIH.

Question 42. What is the role of basic research in the mission of NIH and how much should it be supported?

Answer 42. Basic research is an important part of the research mission of NIH and if I am confirmed, I will examine NIH's research portfolio and ensure that NIH is supporting research that focuses on the pressing issues facing Americans and delivers transparent and reproducible results.

Question 1. Do you plan to reorganize NIH's current 27 Institutes and Centers?, If so, along what lines and by what processes?

- (a). Initiatives such as the National Center for Advancing Translational Science (NCATS) are under control of the office of the director. Do you plan to continue them, terminate them, or reform them?
- (b). Do you agree with the *NIH Reform Act* that would split NIAID into 3 institutes?

Answer 1(a)—(b). The National Center for Advancing Translational Science is one of the 27 Institutes and Centers that make up the National Institutes of Health. If confirmed, I will look closely at the ways NIH can continue to advance an innovative research portfolio that delivers results for the American people.

It is premature for me to make such a judgment. If confirmed, I will look further into the *NIH Reform Act* and NIAID's structure.

Question 2. Do you think that program officers at the NIH institutes should have some discretion in recommending projects for funding that might lie just outside the pay-lines for those institutes? If so, what criteria should they use?

Answer 2. If confirmed, one of my goals will be to ensure that NIH is funding the innovative, gold standard research. In support of that goal, I will look closely at the authorities and mechanisms that can be utilized across NIH.

Question 3. It has been suggested that the biggest problem with NIH funding of research is that obtaining such funds is too slow, often requiring one or more years of reviews and resubmissions from the first application. Do you agree, and if you do, what can be done about it? How do the current funding cuts affect these timelines?

Answer 3. If confirmed, I will examine mechanisms to increase the timeliness of research application reviews.

Question 4. Publicly available records show that some top universities and medical centers stand to lose \$100 million or more a year if the 15 percent cap is implemented—including prestigious institutions in conservative states that voted for President Trump. The Administration said the cuts would save the government \$4 billion a year. The NIH budget is about \$50 billion a year, so that supposed savings is 8 percent. (\$4 billion savings would reduce the Federal deficit by less than 0.2 percent). Do you think this is really about saving money, or is it an effort to cripple American universities and science?

Answer 4. I support the Administration's efforts to find efficiencies and be fiscally responsible. I do not think those efforts are intended to cripple American universities or science. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 5. In considering public health, it is necessary to conduct research to understand and reduce health disparities, such as those by age, veteran status, race, or rural residency. How will you ensure that scientists from historically underrepresented groups do not face new disadvantages due to canceling programs that had supporting such scientists as their aim?

Answer 5. The goal of making America healthy again can only be achieved by making all Americans healthy. Addressing the health of minority populations is of vital importance and if confirmed, I will work to foster a culture of free speech and transparency that will prioritize listening to a wide range of voices.

Question 6. It is important for America to have a robust research and development force in both science and healthcare. What is the role of immigration in providing that workforce and what is your position on the Administration's policy on immigration?

Answer 6. If confirmed, I will support the Administration's policy to welcome scientific research by qualified scientists immigrating to the United States.

Question 7. What is the importance of gender and ethnicity considerations in selecting subjects for clinical trials and research in many diseases, and does that conflict with the Administration's efforts against DEI?

Answer 7. If confirmed, as the NIH Director, I will support evidence-based peer-reviewed scientific research so as to promote healthy outcomes for all Americans.

Question 8. How important is diversity in the scientific workforce itself? Do you support efforts to increase it?

Answer 8. If confirmed, one of my priorities as the NIH Director will be to ensure that NIH is fostering a culture of respect for free speech and scientific dissent, which is crucial for effective science and includes ensuring a diverse set of ideas are included and that people are allowed to disagree respectfully.

Question 9. The combined with terminations at the NIH and firings at the Center for Alzheimer's and Related Dementias (CARD)—amplified by the sudden cancellation of grant reviews and council meetings, and the freezing of the Federal Register to prevent rescheduling these meetings—will decimate research programs and critical national infrastructures needed to advance prevention, diagnosis, treatment, and care of those with dementia. These disruptions put critical progress at risk. Scientific progress is delicate and demands stability and sustained funding—breakthroughs rely on rigorous long-term studies, continuous collaboration, and the retention of highly trained researchers. Without it, these disruptions will set back years of progress with devastating downstream impacts on patients, caregivers, and the future of dementia research. Here are five solution-oriented questions for the Senator to ask the NIH Director, emphasizing remediation efforts and preventing irrep-

arable harm to the NIA IMPACT Collaboratory and research to improve dementia care for millions of Americans:

- (a). What is the plan to accelerate the administration of backlogged grants that have been impacted by the pause in Federal funding?
- (b). Please describe immediate steps that the NIH will take to remediate the funding disruptions affecting America's investment in research programs, including the NIA IMPACT Collaboratory and prevent the loss of critical ongoing pragmatic trials in dementia care?
- (c). What specific strategies can NIH employ—either through reallocation, emergency funds, or Congressional support—to rapidly restore funding and prevent setbacks in developing and scaling evidence-based dementia care models?
- (d). How will the NIH ensure that early career researchers and clinician-scientists who depend on the Collaboratory's training and mentorship do not experience career setbacks or face loss of jobs due to these funding pauses and challenges?
- (e). What actions is NIH implementing to prevent irreparable harm to national data-sharing networks and research collaborations that support real-world dementia care interventions?
- (f). How is NIH prioritizing sustained and stable funding to safeguard their long-term investments, including the infrastructure of the IMPACT Collaboratory, ensuring that research continues without disruption?
- (g). How do you propose to attract, train, and retain the best and brightest young scientists in this country whose research careers are critical to finding cures for cancer, Alzheimer's disease, and many other disabling and life threatening conditions that confront most Americans as they age?

Answer 9. If confirmed, I will use the available funding mechanisms to advance NIH's research priorities and promote the evidence-based science that attracts top talent, which will include research related to Alzheimer's disease, dementia and other medical conditions that confront aging Americans.

Question 10. Your record of publications and scientific accomplishments is quite unremarkable compared to previous NIH directors.

Answer 10. No response.

Question 11. What actions will you take to fully understand the landscape of research at NIH and how will your priorities align with the missions of the institutes and centers?

Answer 11. If confirmed I plan to meet with each NIH center and institute director and various stakeholders as well as the advisory committees including SMRB, as required by Congress.

Question 12. Do you consider healthcare a human right or only for those who can afford it? Why?

Answer 12. NIH is a research institution, and is not a healthcare program. The mission of the NIH is to provide research that makes everyone healthier.

Question 13. Can you describe how you will leverage the resources of NIH to support research on the prevention of chronic disease, including a better understanding of the role that environmental factors may play?

Answer 13. If confirmed as the NIH Director, I will support evidence-based scientific peer-reviewed research so as to promote healthy outcomes for all Americans, which would include examining a wide variety of factors and variables that may result in and exacerbate chronic disease.

Question 14. Will you, and the Trump administration, commit to upholding the Bayh-Dole law's protection of IP for tech-transfer?

Answer 14. I commit to complying with Federal law.

SENATOR ALSOBROOKS

Diverse Research Workforce

Question 1. Studies have shown that researchers from underrepresented backgrounds face systemic barriers in securing NIH funding. If the Administration deprioritizes initiatives aimed at expanding the pipeline for diverse researchers and removes targeted funding streams meant to support diverse researchers and institutions, it will further entrench these disparities.

(a). What steps will NIH take to ensure that funding opportunities remain equitable and that early career researchers, particularly those from historically underfunded institutions, are not further disadvantaged?

(b). Can you commit to preserving grant mechanisms that support diversity in the research workforce?

Answer 1. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

Question 2. As we discussed yesterday, you co-direct the Center for Advancing Sociodemographic and Economic Study of Alzheimer's Disease and Related Dementias (CeASES-ADRD). The Center has a strong connection to a Resource Center for Minority Aging Research grant focused specifically on building the field of investigators who are underrepresented in science.

(a). Under this Administration's Executive Order, will this Minority Aging Research Grant still exist? Why was it important to the Center's work?

Answer 2. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

Question 3. The NIH's Maximizing Access to Research Careers Program—which develops diverse post-grad researchers—has been shut down under this Administration. The University of Maryland had one of these programs. Do you agree with this decision?

Answer 3. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

Question 4. Will you commit to restarting the MARC program at NIH?

Answer 4. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

NIH Workforce / Political Influence

Question 5. Will you ensure that NIH scientists and staff are free from political interference and intimidation, including by third party organizations like the American Accountability Foundation?

Answer 5. If confirmed, I will support evidence-based peer-reviewed scientific research free from outside pressure or bias so as to promote healthy outcomes for all Americans.

Question 6. Will you disavow any efforts from third party organizations to intimidate, target, or dox civil servants at the NIH because of the political donations they made, or political parties or candidates they supported?

Answer 6. If confirmed, I will follow all applicable employment laws and departmental practices. I support evidence-based peer-reviewed scientific research free from outside pressure or bias so as to promote healthy outcomes for all Americans, support the First Amendment freedom of speech, and will not tolerate attempts to willfully intimidate NIH employees.

Question 7. How will you protect researchers from being pressured to alter findings or suppress data for political reasons?

Answer 7. If confirmed, I will follow all applicable employment laws and departmental practices. I support evidence-based peer-reviewed scientific research free from outside pressure or bias so as to promote healthy outcomes for all Americans, support the First Amendment freedom of speech, and will not tolerate attempts to willfully intimidate NIH employees.

Question 8. Do you support mass firings at NIH as part of an effort to reshape the agency?

Answer 8. If confirmed I look forward to conducting a fulsome review of the NIH's workforce needs. I commit to fostering a workplace committed to ensuring that NIH fulfills its mission, and that any potential staffing changes will not compromise the mission-critical functions.

Question 9. How will you ensure that career scientists and public health experts are not targeted or forced out due to their research on issues like vaccine efficacy or health disparities?

Answer 9. If confirmed, I will support evidence-based peer-reviewed scientific research free from outside pressure or bias so as to promote healthy outcomes for all Americans.

Question 10. Will you commit to connecting all employees targeted by these third-party lists to law-enforcement and Federal Protective Services?

Answer 10. If confirmed, I will follow all applicable employment laws and departmental practices. I support evidence-based peer-reviewed scientific research free from outside pressure or bias so as to promote healthy outcomes for all Americans, support the First Amendment freedom of speech, and will not tolerate attempts to willfully intimidate NIH employees.

Question 11. Some researchers have raised concerns that NIH funding decisions could be influenced by political rather than scientific considerations. How will you ensure that research funding decisions remain independent of political influence and are based purely on scientific merit?

Answer 11. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

Question 12. Will you commit to protecting NIH employees who come forward with concerns about political interference in scientific research?

Answer 12. Yes.

Question 13. Will you provide Congress with regular reports on any complaints of workforce intimidation, political coercion, or improper research suppression, upon request?

Answer 13. If confirmed, I will comply with all required reporting to Congress.

Question 14. Have you received any directives from HHS or the White House regarding limits on what NIH scientists can study?

Answer 14. No.

Question 15. Who will have the final say on NIH hiring, firings, and research priorities—you, or DOGE?

Answer 15. It has been widely reported that President Trump has asked that agency leadership oversee organizational and staffing matters.

Question 16. If DOGE orders mass terminations of NIH scientists, will you resist those orders?

Answer 16. It has been widely reported that President Trump has asked that agency leadership oversee organizational and staffing matters.

Question 17. Will you commit to ensuring that NIH grants are awarded solely based on scientific merit, not political ideology?

Answer 17. If confirmed, I will commit to promoting research based on quality and merit so as to ensure highest quality outcomes that promote national public health goals. These decisions will be made on a case-by-case basis while considering public health goals in the aggregate.

Question 18. Will you commit that NIH employees who worked on COVID-19 research, vaccine development, and public health guidance will not face retaliation under your leadership?

Answer 18. If confirmed, I agree to follow the law.

Question 19. Will you commit to respecting NIH employee union rights and engaging in good-faith negotiations with employee representatives?

Answer 19. If confirmed, I agree to follow the law.

Question 20. Will you oppose any efforts to strip workplace protections from NIH employees, including scientists and administrative staff?

Answer 20. If confirmed, I agree to follow the law.

Question 21. If directed to weaken worker protections at NIH, will you resist such efforts?

Answer 21. If confirmed, I agree to follow the law.

Following the Law

Reporting from NIH e-mails indicates that NIH leadership is currently using a hold on Federal Register notices to work around the court pause on NIH funding freeze. As you know, updates to the Federal Register are required for the scheduling of study sections and advisory councils. Yet these updates are on hold indefinitely.

Question 22. Will you end this hold on publication to the Federal Register?

Answer 22. I commit to looking into the issue.

Question 23. Will you commit to not using the Federal Register communications freeze as a means to avoid compliance with directives from the courts?

Answer 23. I agree to follow the law.

Question 24. As NIH Director, will you commit to following the law and fully complying with court orders?

Answer 24. I agree to follow the law.

Question 25. How will you ensure that NIH complies with all Federal regulations and ethical guidelines in its research and administrative practices?

Answer 25. I will consult the HHS general counsel and office of ethics to ensure compliance with all Federal regulations and ethical guidelines.

Question 26. What measures will you implement to ensure transparency in NIH's decision-making processes, particularly concerning funding allocations and research priorities?

Answer 26. I support Secretary Kennedy's call for HHS-wide "radical transparency." Accordingly, I will consult the HHS general counsel and office of ethics to ensure compliance with all Federal regulations and ethical guidelines with respect to ensuring maximum transparency in NIH decision-making.

Indirect Costs

Question 27. The Administration has proposed capping indirect costs for NIH research grants at 15 percent, potentially reducing funding for life-saving research. I lead the Maryland delegation in sending a letter to the HHS Secretary and Acting Director of the NIH asking for the immediate rescission of the February NIH Indirect Cost Rate Guidance, explaining the disproportionate impact to the state of Maryland. Will you commit to examining the state specific economic impact to this guidance, including the impact to my state of Maryland, and sharing an evaluation of the economic cost of this guidance with Congress?

(a). Will you commit to responding to this letter within 2 weeks of your confirmation?

Answer 27. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments. I look forward to working with Congress on this and other matters.

Question 28. Do you believe indirect costs are critical to expanding research?

Answer 28. I believe that there are costs necessary for expanding research. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 29. Through your aforementioned National Institutes on Aging CeASES-ADRD Center, your project received \$320,000 in taxpayer dollars for indirect costs. Can you explain what these indirect costs were for and why they were important to the Center's work and research?

Answer 29. As the researcher, I received and account for the direct research costs: computers, hiring of biostatisticians, etc. The indirect cost portion of the grant—which is additional money provided on top of the research component of the grant—went to the university administration. The university administration would have to account for the amount you reference.

Question 30. NIH funding is highly competitive, with many high-quality grant proposals going unfunded due to budget constraints. Given the Administration's proposals to cap indirect costs and shift research priorities, how will you ensure that promising research is not left unfunded due to these constraints?

Answer 30. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 31. During questioning at yesterday's hearing, you said that there needed to be increased transparency in the indirect cost process, and that it amounted to essentially a "tip" for research institutions. You also said that too many research

institutions on “the coasts” receive research funding versus flyover states. As you well know, universities and the Federal Government engage in complex negotiation processes to set their indirect cost rates, which are also subject to regular audits. Institutions have to transparently document their indirect cost needs as part of these negotiations. What about this indirect cost negotiation process needs to be more transparent?

Answer 31. If confirmed as the NIH Director, I will look further into mechanisms to increase transparency into indirect cost negotiation process.

Question 32. As noted by several colleagues yesterday, the Fiscal Year 2018 LHHS bill included a general provision prohibiting NIH from developing or implementing changes to its indirect cost rates policies, which has been included in the bill ever since. This provision continues under the Continuing Resolution as a term and condition of the Fiscal Year 2024 appropriation. Do you agree that any changes to the indirect cost rate policies are against the law?

Answer 32. If confirmed, I look forward to reviewing the provision with guidance from agency counsel.

Reduction in Force

Question 33. Over the past few weeks, NIH staff have been getting termination e-mails through DOGE’s efforts to slash the workforce. The e-mail they received read “Unfortunately, the agency finds that you are not fit for continued employment because your ability, knowledge and skills do not fit the agency’s current needs, and your performance has not been adequate to justify further employment.” Do you believe that the NIH has hired inept or poor performing staff?

Answer 33. If confirmed I look forward to conducting a fulsome review of the NIH’s workforce needs. I commit to fostering a workplace committed to ensuring that NIH fulfills its mission, and that any potential staffing changes will not compromise the mission-critical functions.

Question 34. The vast majority of these civil servants have served the agency with distinction and stellar records of performance. Will you commit to rehiring civil servants at NIH with strong records of performance?

Answer 34. If circumstances require hiring staff to NIH, I commit to inviting applicants so as to encourage top scientists and staff to seek employment at NIH.

Question 35. Will you commit to rehiring veterans that served as NIH civil servants?

Answer 35. If circumstances require hiring staff to NIH, I commit to inviting applicants so as to encourage top scientists and staff to seek employment at NIH. Further, I commit to following the law and Federal policies with respect to hiring veterans.

Question 36. OPM sent a memo to Federal agencies last week, ordering them to submit Reduction in Force and reorganization plans. The memo asked Agency Heads to complete these force reduction plans by March 13. OPM then issued clarifying guidance saying that final decisions on workforce reductions rested with agency heads. Do you have any concern that the agency you have been asked to lead will make decisions related to force reductions and reorganization before you even step foot in the door?

Answer 36. If confirmed I look forward to conducting a fulsome review of the NIH’s workforce needs. I commit to fostering a workplace committed to ensuring that NIH fulfills its mission, and that any potential staffing changes will not compromise the mission-critical functions.

Question 37. Now that it is clearly in your power to prevent further cuts to the workforce at NIH, will you commit to preventing further reductions to the workforce at NIH?

Answer 37. If confirmed I look forward to conducting a fulsome review of the NIH’s workforce needs. I commit to fostering a workplace committed to ensuring that NIH fulfills its mission, and that any potential staffing changes will not compromise the mission-critical functions.

Question 38. Can you commit to preventing further reductions at the NIH Clinical Center, which would compromise patient care?

Answer 38. If confirmed I look forward to conducting a fulsome review of the NIH’s workforce needs. I commit to fostering a workplace committed to ensuring that NIH fulfills its mission, and that any potential staffing changes will not compromise the mission-critical functions, like patient care.

Clinical Trials and Public Trust

Question 39. What strategies will you implement to enhance diversity in clinical trial participation, ensuring that research findings are applicable to all populations?

Answer 39. I am committed to ensuring scientifically rigorous processes and supporting research that addresses the health needs of every American no matter their race, color, or sex.

Question 40. Given your previous critiques of public health measures, how do you plan to build and maintain public trust in NIH's guidance and research outputs?

Answer 40. NIH supported science should be replicable, reproducible, and generalizable. Like Secretary Kennedy and President Trump, I also support radical transparency as a way of restoring faith in public health.

Question 41. Your prepared remarks endorse shifting NIH's focus toward the causes and treatment of chronic diseases. How do you plan to balance this shift with the need to maintain robust research programs in infectious diseases and pandemic preparedness?

Answer 41. NIH research priorities should support the health needs of the American people. This will include research on infectious disease as well as a heightened emphasis on research related to chronic disease, treatment, and cure.

Women's Health Disparities

Question 42. Black women are three times more likely than white women to die from pregnancy-related complications. **What actions will you take to address this disparity, and how will you involve Maryland's healthcare community in these efforts?**

Answer 42. I am committed to supporting high-quality research that addresses the health needs of every American. If confirmed, I look forward to working with you on this important issue and looking at how NIH can best utilize all possible resources and expertise, including from your state.

Question 43. **How will you prioritize NIH funding for research into pregnancy-related complications that disproportionately affect women of color?**

Answer 43. I am committed to supporting high-quality research that addresses the health needs of every American.

Question 44. Historically, women's health issues—including endometriosis, PCOS, and menopause—have been underfunded and understudied. **What steps will you take to ensure that women's health research receives equitable NIH funding?**

Answer 44. I am committed to supporting high-quality research that addresses the health needs of every American.

Question 45. **How will NIH address the gender gap in clinical trials, ensuring women are adequately represented in medical research?**

Answer 45. If confirmed, I will support investment into the highest-quality research, which requires accurate representation of disease communities in clinical trials. I am committed to supporting a wide range of scientific viewpoints and ensuring that NIH research supports the health needs of all Americans.

RESPONSES BY DR. JAY BHATTACHARYA TO QUESTIONS OF SENATOR COLLINS,
SENATOR MURKOWSKI, SENATOR MARSHALL, SENATOR SCOTT AND, SENATOR BANKS.

SENATOR COLLINS

Question 1. I agree with you that we need to be encouraging NIH and other funding entities to invest in more creative research projects that challenge conventional thinking. For my entire career in the Senate, I have been a champion for Alzheimer's disease research and funding. I have long suspected that the cause of Alzheimer's disease is multi-faceted and that we should be exploring not just the effects of amyloid plaque in the brain, but also the role that factors such as inflammation, tau proteins, and even lifestyle may play. We have to accept that research is still valuable if it proves that a factor is not a cause. NIH's latest clinical trials portfolio shows the trials of drug candidates for Alzheimer's disease are more diverse than ever before in both targets and disease stages and most trials now are for drug candidates that have targets other than amyloid.

(a). If confirmed, what steps will you commit to taking to further outside the box research and innovation in Alzheimer's disease?

Answer 1—(a). Alzheimer’s disease is a devastating illness impacting millions of Americans and their families each year. If confirmed, I am committed to considering a wide range of viewpoints and ensuring that scientists who have new ideas have their research considered, even if the scientific community may not support the new ideas.

Question 2. As a founder and co-chair of the Senate Diabetes Caucus, I have been a strong proponent of providing the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK) with sufficient resources to accelerate the design and implementation of clinical trials to prevent, treat, and cure Type 1 diabetes. Last year, I led the reauthorization of the Special Diabetes Program (SDP) at an annual rate of approximately \$160 million per year—the first funding increase in 20 years. The Special Diabetes Program has made significant scientific progress toward the goal of preventing, treating, and ultimately curing Type 1 diabetes.

(a). Will you commit to prioritizing diabetes research, particularly for Type 1 where we have seen promising disease modifying therapies such as islet cell transplants?

Answer 2—(a). As I stated in the hearing, NIH research should focus on research to solve the American chronic disease crisis, including into cures for diabetes. If confirmed, I look forward to supporting research to address these terrible, chronic diseases and ensuring productive collaboration among scientists with a wide range of opinions.

Question 3. On January 21, the Administration directed NIH to temporarily pause issuing documents and public communications, which had the impact of canceling a number of advisory council meetings that were planned to consider renewals of grant funding. These delays in meetings to consider funding renewals has now led to potential lapses in funding for 14 Alzheimer’s disease Research Centers who were originally to be considered for renewal in January. Some of those institutions will start to have a lapse in funding this week and all of them will run out of funding by April 30th without further action by NIH.

(a). If confirmed, will you commit to restarting advisory councils to review grant applications and particularly these Alzheimer’s research center renewals?

Answer 3—(a). Alzheimer’s disease is a devastating illness impacting millions of Americans and their families each year. If confirmed, I commit to rapidly evaluating the state of Alzheimer’s disease research center funding and their renewal applications. I am committed to fostering a workplace committed to promoting evidence-based peer-reviewed science throughout the NIH, with advisory input from councils and other groups as appropriate.

Question 4. There is no investment that pays greater dividends to American families than our investments in biomedical research both from a health perspective but also to protect our national security. The Administration is taking steps to reduce the size of our Federal workforce, but indiscriminate firing of probationary staff and now reportedly a pause on renewing contracts for many NIH intramural researchers seems to have a goal of simply reducing the NIH workforce without any thought to the quality of the staff in question. I’m further concerned by reports that foreign adversaries such as China are looking to hire U.S. Federal workers that have been fired—which they have been trying to do with our NIH researchers for years.

(a). How would you make sure NIH maintains a workforce and continues to hire the best and brightest researchers, including early career researchers?

Answer 4—(a). If confirmed, I commit to conducting a fulsome evaluation of the current workforce needs of the NIH. If circumstances require hiring additional staff to support the NIH’s research portfolio, I commit to coordinate with the Trump administration to invite applicants and encourage top scientists and staff to seek employment at NIH.

SENATOR MURKOWSKI

Question 1. The NIH supports research on health care outcomes across different demographics, yet Alaska Native people continue to face longstanding health inequities. Research initiatives examining these disparities are limited and often lack direct input from Alaska Native communities. Further, rural populations, like those in Alaska, face significant barriers to participating in clinical trials. Alaska Native people have some of the highest rates of colorectal cancer and a higher prevalence of diabetes in our native communities.

- (a). How will you as NIH Director help ensure rural and AI/AN populations are represented in research?
- (b). Will you commit to prioritizing research initiatives that are designed in collaboration with Alaska Native peoples, targeting chronic diseases that are significantly impacting these communities?

Answer 1(a)—(b). The role of NIH is to select and support research to benefit the health of all Americans. If confirmed, I look forward to working with you to ensure that the unique health needs of Alaskans are represented in the NIH research portfolio.

As I said in the hearing, NIH research should focus on research to solve the American chronic disease crisis. If confirmed, I look forward to working with you to ensure that the unique health needs of Alaskans are represented in the NIH research portfolio.

Question 2. In 2023, the NIH—through the National Institute of Neurological Disorders and Stroke (NINDS), published a report outlining the priorities of the ALS Strategic Planning working group. The report focused on accelerating research on ALS biology, enabling faster and more efficient clinical trials, and how to best translate research to therapy.

- (a). With a focus on validation and replication of research, how would you ensure the NIH remains a leader in the promotion of new and innovative research?
- (b). How will you work to enhance a data-sharing framework and foster collaboration between academia, industry, and organizations for people affected by ALS?

Answer 2(a)—(b). ALS is a devastating illness and I look forward to supporting research into science to combat the disease. The goals of replication and innovation are not mutually exclusive, and if I am confirmed, I will support objective processes for evaluating and issuing awards to the best research to improve the health of Americans, including Americans with ALS.

If confirmed, I am committed to evaluating current processes to improve facilitation of strong communication and coordination between the government, private industry, and universities to best serve patients and make sure that the United States remains the leader in biomedical research.

Question 3. I continue to be concerned about the erosion of public trust in the healthcare system. You said that it would be your top priority to incentivize replication and verification of studies to regain people's trust in the research and healthcare agencies.

- (a). What areas of research would be early targets for validation?
- (b). When do studies need to be repeated and when does such repetition become a misuse of funds?

Answer 3(a)—(b). If confirmed, one of my goals as NIH Director is for each institute to have validation and replication at the core of their operation. If confirmed, I will help guide each institute director to develop a plan for how validation can be implemented, supported, and measured for all research supported by each institute.

Impactful research studies that influence future research or involve patient care should be able to be replicated. The scientific and medical communities should contribute suggestions for highest priorities.

Question 4. Recently NIH has experienced significant staff reductions, including at the Center for Alzheimer's and Related Dementias, as well as a new policy preventing renewals of Title 42 positions that affects up to 80 percent of NIH's senior scientists.

- (a). How will you balance workforce reduction directives with the need to maintain critical scientific expertise and research continuity at NIH?
- (b). What specific criteria would you use to determine which scientific positions are essential to protect from reduction efforts, and how would you ensure those determinations are based on scientific merit rather than other factors?

Answer 4(a)—(b). If confirmed, I commit to conducting a fulsome evaluation of the current workforce needs of the NIH. If circumstances require hiring additional staff to support the NIH's research portfolio, I commit to coordinate with the Trump administration to invite applicants and encourage top scientists and staff to seek employment at NIH.

As I said in the hearing, the NIH is the crown jewel of American biomedical science and, if confirmed, I would work to bring the highest-quality science and transparency to all its operations, including workforce determinations.

Question 5. The NIH's intramural training programs, including the post baccalaureate program that employs approximately 1,600 recent college graduates and the summer internship programs, have reportedly been suspended. These programs are critical for developing the next generation of biomedical researchers.

(a). What is your assessment of the value these training programs provide to the biomedical research enterprise, and what would be your approach to potentially reinstating them?

(b). How would you address the potential long-term impact on the biomedical workforce pipeline if these programs remain suspended for an extended period?

Answer 5(a)—(b). I share your view on the importance of engaging of young scientists and, if confirmed, I commit to evaluating the training programs for continuation.

I share your view on the importance of engaging young scientists and, if confirmed, I commit to evaluating the training programs for continuation.

Question 6. While the vast majority of researchers participating in NIH-funded grants are honest, hardworking contributors to scientific progress that benefits society, concerns persist about foreign government interference in federally funded research. The NIH itself has identified “undisclosed sources of foreign research support” as an issue. In some cases, researchers have received NIH funding while simultaneously accepting financial support from foreign governments, institutions, or talent recruitment programs—without properly disclosing these affiliations. Notably, countries like China have established talent recruitment programs aimed at attracting researchers, including those involved in U.S. government-funded projects. These programs raise concerns about intellectual property theft, conflicts of interest, and national security risks?

(a). What steps are you taking to safeguard federally funded research from foreign influence and ensure transparency in any foreign affiliations?

Answer 6—(a). While NIH has made some effort to educate the its workforce regarding foreign influence threats, if confirmed, I am committed to consulting with law enforcement and the intelligence community to evaluate the extent of the threat to NIH scientists and, if necessary, initiate mandatory training of intramural and extramural scientists.

Question 7. There has been a lot of conversation and concern around the utilization of vaccines. Alaska recently had a measles case, and there are several outbreaks currently within the country. In our meeting, you shared that you had confidence in the studies that demonstrated that vaccines do not cause autism.

(a). Will you repeat your confidence in these studies for the record?

Answer 7—(a). Yes.

SENATOR MARSHALL

Food is medicine research funding:

Diet-related chronic conditions, such as cardiovascular disease, diabetes, and obesity, are leading contributors to death, disability, and health care costs; an estimated 45 percent of deaths from cardiovascular disease are diet-related.

Food is medicine interventions, including medically tailored meals, medically tailored groceries, and produce prescription programs, have demonstrated significant potential to improve health outcomes and can be cost effective, but much more research is needed to address remaining evidence gaps and scale these programs nationwide.

Despite the significant potential population health impact, current NIH funding for food is medicine research is only about \$8.5 million, and overall nutrition research has been critically underfunded at only 4 percent of NIH's total research budget.

Question 1. How would you better prioritize food is medicine research to reduce the burden of diet-related chronic diseases?

Answer 1. I am committed to evaluating opportunities for collaboration and to support food is medicine research to reduce the burden of diet-related chronic diseases.

Gain-of-function research:

Gain-of-function (GOF) research aims to genetically alter a virus or organism to gain or lose function on its transmissibility or pathogenicity. Most evidence suggests the COVID-19 virus is more than likely the product of GOF research conducted in a Wuhan, China laboratory funded by Dr. Fauci's National Institute of Allergy and Infectious Disease (NIAID) and the U.S. Agency for International Development. Experts agree that GOF poses unnecessary risks and that safer alternatives are available.

Question 2. Do you commit to immediately halting all present and future NIH-funded gain-of-function research?

Answer 2. As I said in the hearing, the NIH must vigorously regulate risky research that has the possibility of causing a pandemic. It should embrace transparency in all its operations. While the vast majority of biomedical research poses no risk of harm to research subjects or the public, the NIH must ensure that it never supports work that causes harm. If confirmed, I will work with Congress and the Administration to guarantee that happen.

March-in:

President Biden proposed to expand the Bayh-Dole Act's March-In rights beyond its legislative intent and subsequently weaken IP protections on the basis of drug prices, likely causing a chilling effect on innovation. In President Trump's first term, a petition to exercise this authority was denied; he upheld the intent of the law as Kansas Senator Bob Dole has made clear and Secretary Kennedy recently confirmed his similar interpretation of the law as well.

Question 3. If confirmed, will you commit to maintaining that position to protect the life sciences ecosystem?

Answer 3. I commit to conferring with the HHS Office of General Counsel on legal matters and following the law.

National Plan to End Parkinson's:

Recent scientific advancements tell us that neurodegenerative diseases (NDDs) like Parkinson's, Alzheimer's, and other related dementias have more commonality than difference when it comes to how they present inside the human brain. However, NDD research is currently spread across two primary NIH institutes and an additional 8 supporting institutes—a structure which inhibits scientific collaboration and efficiencies.

Question 4. When confirmed, please describe how you will lead NIH in funding coordinated research to uncover and further define these shared aspects.

Answer 4. Neurodegenerative illnesses like Parkinson's and Alzheimer's are devastating for millions of American families with afflicted loved ones. If confirmed, I look forward to reviewing how NIH policies and procedures can be optimized to support the highest-quality research possible.

SENATOR SCOTT

Question 1. Dr. Bhattacharya, I really enjoyed our meeting earlier this week, in which we talked about U.S. life expectancy flatlining between 2012 to 2019 and plummeting during the pandemic. South Carolina has a high burden of chronic diseases, such as S.C. having the seventh-highest stroke death rate in the country as well as heart disease being the state's leading cause of death. I'm proud of the work that the University of South Carolina is doing in both lifestyle medicine through the U.S.C. School of Medicine Greenville and also through their new Brain Health Network to help connect South Carolinians to specialty neurology care to help with memory care and stroke services.

(a). If confirmed, how would you incentivize NIH to invest in chronic disease research, especially at universities that are in states with a higher burden?

Answer 1—(a). If confirmed, I am committed to making sure that NIH funds are invested wisely to address America's chronic health needs. As I discussed in my confirmation hearing, research into potential treatments for chronic diseases has not fully been explored but I commit to ensuring NIH is doing research in support of the public good and chronic disease needs.

Question 2. Throughout my time in the Senate as the Ranking Member of the Senate Aging Committee as well as a Member of both this Committee and the Senate Finance Committee, I have worked on trying to find solutions to our chronic disease crisis. Last year, over 1 in 8 South Carolinians were diagnosed with diabetes

compared to 1 in 10 in Europe. It is the 8th leading cause of death for people in my state. My *PREVENT DIABETES Act* delivers life-saving results for older Americans in the Palmetto State and across the country through allowing for CDC-certified virtual care options in the Medicare Diabetes Prevention Program. I strongly agree with Secretary Kennedy, that as a country we must take the necessary steps to address our chronic disease burden.

(a). As Director of NIH, how would you support research into all of the factors that play into chronic diseases, such as obesity and diabetes?

Answer 2—(a). The goal of the NIH is to make Americans healthy and to support research that makes Americans healthy again. If I am confirmed, I will support research into the broadest set of ideas in order to address the problem of chronic disease and all of its related factors.

Question 3. The Medical University of South Carolina (MUSC) has been a leader in both cell and gene therapies. MUSC is making its own CAR-T cell therapies for lymphoma in Charleston while also being the licensed site for the two FDA-approved sickle cell disease gene therapies. These therapies hold tremendous potential to revolutionize the treatment of many life-threatening diseases, offering hope to patients who previously had limited options. As these therapies move from research to wider spread applications for cancer and rare diseases like sickle cell anemia, it is crucial that we ensure appropriate funding mechanisms to support the institutions leading their development. The NIH's recent guidance threatened to cut indirect grant support and jeopardize the possibility of research institutions to fully engage in and support cutting-edge studies progress.

(a). Dr. Bhattacharya, if confirmed as NIH Director, would you commit to figuring out the best path forward to allow research universities to use limited resources effectively through indirect costs?

Answer 3—(a). I support the Administration's efforts to find efficiencies and be fiscally responsible. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

Question 4. As we move closer to realizing the full potential of cell and gene therapies, it is essential that we have strong collaborative efforts to accelerate progress.

(a). Dr. Bhattacharya, can you speak to your views on the bespoke gene therapy consortium and how you will leverage this initiative to support the development of personalized treatments for patients?

(b). Dr. Bhattacharya, can you outline how you will prioritize investments in basic research to ensure that we continue to make breakthroughs that can fuel the next generation of cell and gene therapies?

Answer 4(a)—(b). If confirmed, I look forward to learning about the work of the consortium. I share the goal of accelerating gene therapies for rare diseases and will work with all stakeholders to advance this priority.

If confirmed I intend to support both basic science on gene therapies as well as translational clinical science to help discover more cures.

Question 5. The incidence of Parkinson's disease is expected to increase 50–100 percent in the next 20 years and could reach 1.61 million patients by 2037. MUSC's Murray Center is a nationally recognized multidisciplinary center that supports campus-wide research on Parkinson's Disease and Related Disorders with the ultimate vision of developing novel therapies for these conditions. The Murray Center does amazing work to improve care for South Carolinians with Parkinson's disease.

(a). Would you work with me to ensure that one of MUSC's subject matter experts from the Murray Center is considered to be a member of the National Plan to End Parkinson's Advisory Council?

Answer 5—(a). Parkinson's is a devastating illness and, if confirmed, I look forward to evaluating how the NIH can best assist HHS in implementing the *Dr. Emanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act*, which creates an Advisory Council on Parkinson's Research, Care, and Services. I commit to working with you on this important issue and looking at how NIH can best utilize all possible resources and expertise.

SENATOR BANKS

Question 1. Under Director Collins, NIH allocated record levels of funding to experimentation on aborted babies. One particularly shocking experiment involved researchers grafting fetal scalps onto lab rats. If confirmed, what will you do to ensure

that research is not done using means that many Americans find morally and religiously abhorrent?

Answer 1. Yes, as I stated in the hearing, I think it is important that products of science are ethically acceptable to Americans.

Question 2. Is fetal tissue actually necessary to conduct research? What alternatives are available?

Answer 2. As I stated in the hearing, I think it is important that products of science are ethically acceptable to Americans. There are alternatives to fetal tissue that can be used as effectively as fetal tissue to conduct research.

Question 3. Antibiotic resistance is a serious and growing threat to national security and Americans' health. Extensive use of human antibiotics in food-producing animals in countries like China is contributing to this rise, as well as naturally increasing resistance due to our overreliance on certain classes of antibiotics. This rise in resistance comes at a time when private investment in antibiotic R&D has lagged behind other drug classes. At the same time, China is investing heavily in innovation to create its own new antibiotics and exploiting the current weakness of the U.S. industry to secure rights to U.S.-invented products. NIAID support for antibiotic innovators has been crucial, and many of the new antibiotics that NIAID funds have utility as medical countermeasures against bacterial threat pathogens, ensuring the safety of our citizens and warfighters in the event of an attack. What is NIH's plan to partner with domestic product developers to enable them to combat antibiotic resistance and retain America's leading role in antibiotic development?

Answer 3. The United States is the leader in scientific research and development and I agree with you about the importance of combating antibiotic resistance. If confirmed, I look forward to evaluating the existing NIH research portfolio with respect to antibiotic resistance. Further, I am committed to facilitating strong communication and coordination between NIH and private industry in order to deliver results for the American people.

Question 4. NIH invests nearly \$50 billion annually in scientific advancement, yet it conducts surprisingly little research on the effectiveness of its own funding mechanisms and processes. If confirmed, what specific steps would you take to encourage research on the effectiveness of NIH's funding mechanisms? Would you consider establishing a dedicated unit to test reforms that could improve returns on investment across all institutes?

Answer 4. If confirmed, I look forward to evaluating the efficacy of existing NIH practices and procedures. I will work across the Administration to ensure taxpayer dollars are spent responsibly and efficiently.

Question 5. If confirmed, how would you direct NIH identify and prioritize research areas where market failures are most pronounced, particularly those with large social benefits but limited private-sector incentives? What concrete steps would you take to enhance coordination across NIH institutes and reallocate funding to support these neglected but critical research areas?

Answer 5. The NIH is committed to conducting research on rare diseases and if confirmed, I am committed to working to ensure that our biomedical research enterprise benefits all Americans.

Question 6. If confirmed, what changes would you pursue to reduce penalties for scientific risk-taking? How would you address barriers facing early career investigators, given evidence that scientific progress often depends on young researchers who explore new ideas and bring fresh perspectives?

Answer 6. If confirmed, I look forward to fostering a scientific environment that welcomes transparent, fact-based debate of dissenting opinions. As someone who was personally subject to censorship by the previous Administration and NIH leadership, I know that science needs free speech to succeed and I am committed to ensuring that we allow people to speak with each other openly, even when their ideas are controversial.

Question 7. If confirmed, what specific changes to the indirect rate policy will you focus on to better align NIH's incentives with maximizing scientific output? What measurable outcome would you use to determine whether changes to indirect cost policy are successful?

Answer 7. I support the Administration's efforts to find efficiencies and be fiscally responsible. If confirmed, I will assess NIH funding levels and work with relevant parties to make any necessary adjustments.

[Whereupon, at 12:05 p.m., the hearing was adjourned.]

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