Ms. MORRISON. Mr. Speaker, today I rise to recognize and honor Chief Greggory Pederson for more than 51 years of extraordinary service to the Mound community and the people of Minnesota.

Chief Pederson joined the Mound Fire Department in 1975 as a volunteer firefighter and dedicated the next five decades of his life to protecting and serving others.

Over the course of his remarkable career, he served as captain, training officer, assistant fire chief, emergency management director, and ultimately fire chief.

Throughout his career, Chief Pederson answered more than 15,400 calls for fire and emergency assistance. His steady commitment helped to shape generations of firefighters and to strengthen the Mound community for decades.

Chief Pederson's career reflects the very best of public service, selflessness, professionalism, and a deep dedication to his neighbors and community.

Mr. Speaker, on behalf of the people of Minnesota, I thank Chief Pederson for his incredible career and lasting legacy. I wish him all the best in his well-earned retirement.

TIME TO BRING DOWN COSTS

(Mr. AMO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AMO. Mr. Speaker, House Republicans are making it harder for moms and kids to get the food they need.

WIC, or the Special Supplemental Nutrition Program for Women, Infants, and Children, has provided mothers and babies with healthy food and a solid start in life.

Needy families use it to purchase formula, fruits, veggies, milk, and other nutritious essentials. Yet, House Republicans just slashed this vital benefit by 10 percent in their agriculture spending bill, making it 10 percent harder for 18,000 Rhode Islanders to make ends meet.

Because of Trump's latest cruelty, moms will go to sleep every night fearing their kids will go without. Without proper nutrition, kids are denied growth, learning, and opportunity.

Republicans can always find money for billionaires, but how is it they can't find money for moms and babies?

Mr. Speaker, every kid deserves enough to eat. It is time to stop the cuts, end the chaos, and bring down costs.

CUTS TO U.S. BIOMEDICAL RESEARCH

(Mr. AUCHINCLOSS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AUCHINCLOSS. Mr. Speaker, I ask unanimous consent to include in the RECORD a few portions of the editorial written by Steven Khan and his colleagues regarding the Trump administration's cuts to U.S. biomedical research.

The SPEAKER pro tempore (Mr. SELF). Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

MISGUIDED BRUSHES OF A PEN CONTINUE TO DISMANTLE AND DESTROY BIOMEDICAL RESEARCH IN THE UNITED STATES: WE CAN NO LONGER AFFORD COMPLACENCY AND FEAR. WE MUST ALL ACT NOW!

Just a year ago, in these very pages, we highlighted the many threats the current U.S. administration posed to the health of our nation. Since then, there have been actions by the administration that have caused grave health consequences, and their current approach will continue to do so. The numerous measles outbreaks and associated avoidable deaths have resulted in part from hyping disproven theories of harm rather than publicizing the effectiveness of the measles vaccine. Plugging the concept that diabetes is curable by ''changing the food source'' simply ignores the large body of work that has demonstrated that it is not merely a disease of poor nutrition and the immense challenges of reinventing the food industry. Peddling conspiracy theories represents failures by officials of the Department of Health and Human Services (HHS), whose primary goal is to protect our health. These two examples represent just two of the broken promises made by the current HHS leadership during their confirmation hearings. And, despite promising oversight, representatives on Capitol Hill have shirked their responsibility and have allowed the country to continue along misguided paths that even they recognized as irresponsible.

We are not only naysayers; we do wish to give credit where credit is due. Both Republicans and Democrats loudly and firmly rejected the White House's proposed nearly $18 billion reduction in National Institutes of Health (NIH) funding for fiscal year 2026. The result was a 1% increase in the total appropriation over that of fiscal year 2025, amounting to $47.5 billion, This signaled that the value of biomedical research is not lost on our elected representatives. We appreciate their steadfastness and resistance to surrendering to what would have destroyed decades of American advances in biomedical discovery and translation.

While one would think that this congressional action to preserve the NIH budget was a clear repudiation, it has not stopped President Trump from requesting a 2027 budget that now seeks a $5 billion reduction to NIH. These proposed cuts would eliminate the National Institute on Minority Health and Health Disparities, which they claim ''is replete with DEI [diversity, equity, and inclusion] expenditures,'' the Fogarty International Center, which is responsible for funding degree programs in foreign countries that benefit the health of all, including Americans, and the National Center for Complementary and Integrative Health, whose charge includes supporting research and offering information about complementary health approaches in the setting of whole-person health. Other vital cores of the NIH that would be scaled back are the National Institute of Allergy and Infectious Diseases and the National Library of Medicine; the latter's charge includes providing searchable access to the worldwide medical literature for scientists, clinicians, and patients around the world.

Threats to the U.S. biomedical research infrastructure are easy to understand when they involve reductions in appropriated dollars and cents. However, serious negative consequences arise when administrative changes are made without congressional approval or oversight. We have been witnessing significant changes imposed on NIH since the start of this administration. The changes seem to be accelerating and occurring across the whole of NIH, without exception, thus impacting biomedical innovation in diabetes care and across every disease. From our perspective as investigators who have received federal research funding, these changes have and will continue to have detrimental effects on the NIH research infrastructure, with significant adverse trickle-down implications for universities and investigators. These radical modifications have included a marked reduction in the NIH workforce, changes in medical advisory councils, a reduction in published notices of funding opportunities, and an ill-advised multiyear funding policy.

Early in 2025, the new administration implemented unplanned and haphazard ''reductions in force'' that targeted not only NIH scientific staff but also many behind-the-scenes personnel in each institute who were responsible for policy, compliance, and communications. It is very clear to many of us that this reduction in key staff has fractured the NIH infrastructure, leaving a huge void such that the NIH is failing to communicate with the general public, universities, and the investigators they serve.

At an administrative level, each NIH institute has a medical advisory council responsible for providing oversight and guidance to its staff. Each institute's advisory council represents a second level of peer review and acts as the ultimate arbiter for the agency's scientific and legal integrity. Each institute's advisory council also provides approval for ''concept clearance,'' which is required to launch new research initiatives. Further, these medical advisory councils have a fiduciary responsibility to ensure the American public's tax dollars are properly expended by reviewing and approving each institute's grant funding pay plan, thereby ensuring funding of the most innovative and impactful basic, clinical, and translational research. Membership on these committees, which comprise subject matter experts from academia and nonprofit organizations, has finite terms, after which members are either reappointed or replaced. In the past year, neither has occurred, allowing the Trump administration to impose its political agenda with few questions asked. Since mid-2025, observations suggest the appointment process, which has included traditional nonpartisan vetting, is taking a worrisome turn and is now transitioning to more direct oversight by HHS leadership. This transition is leading to significant and likely intentional delays in appointments, resulting in some institutes' councils operating at only one-third capacity and many councils with massive backlogs in completing their responsibilities. In addition, the administration appears to be shifting membership expertise away from an academic and scientific focus to reflect broader administration priorities and including political appointees who frequently have no subject matter expertise. A consequence of these changes is that the grant cycle is significantly slower and oversight of grant funding is no longer a required administrative step; it is now a deliberate policy alignment tool to ensure new research closely mirrors specific administrative political interests. As a result, meritorious scientific projects that aim to improve the lives of all Americans are not being funded. All of this is in line with what Dr. Francis Collins recently said: ''Mix politics and science, you get politics. You kind of lose everything else.''.

Another new tactic is starting to severely hamper the ability of the NIH's institutes to

foster high-impact science. The plan, which is currently being instituted, reduces the number of Notices of Funding Opportunities (NOFOs) being issued. Over the first 13 months since Donald Trump's return to the White House, NIH has issued only 84 NOFOs, compared with 787 the year before; this represents an 89% reduction. Examination of funding activity using NIH RePORTER data from the start of the current fiscal year on 1 October 2025 to the end of February 2026 reveals a truly troubling trend, This report, issued by the Association of American Universities, compared this fiscal year 2026 period to that of each of the first 5 months of 2021–2024. It identified that the current number of grant awards has been reduced by about 66%, from nearly 3,000 to less than 1,000. In turn, this has reduced the research money provided to investigators by 54%, from just over $1.3 billion to about $600 million.

Why is this consequential for science overall and for diabetes research? NOFOs, an umbrella term that includes Program Announcements and Requests for Applications, encourage investigators to submit applications for a particular subject matter determined to be high priority by an institute's scientific staff. Aside from the impact of the concerns of reduced grant funding laid out above, there are other significant core issues and implications for fewer NOFOs that include efficient oversight and scientific progress as prime examples. Further, and enormously important, while these calls for NOFOs used to be approved by each institute's medical advisory council, approval now rests in the hands of the NIH Director's office and HHS, the NIH's parent agency, resulting in severe delays or even disapprovals. Furthermore, with fewer specific NOFOs being approved, more researchers are funneled into general pools, providing fewer opportunities to focus on specific gaps and needs identified by NIH. This is critical, as NOFOs have a variety of purposes, including 1) encouraging applications on specific topics ripe for discovery, generally supported by R01–type applications, 2) supporting large programs, including clinical trials, that involve investigators with particular expertise generally across multiple institutions, and 3) supporting a group of scientists with different areas of expertise who manage a center that provides specialized services to numerous investigators at their institution. Therefore, by moving away from specific funding opportunities identified by NIH through workshops, from prior research, or from published data, the agencies lose the ability to cultivate expertise in emerging or rare fields or to address research gaps to improve overall health and reduce morbidity and mortality. What follows are examples of how this new approach to reducing NOFOs will affect diabetes research.

In the area of requested applications on specific topics in important areas, a good example is the Restoring Insulin Secretion (RISE) study. This request for applications followed the SEARCH for Diabetes in Youth (SEARCH) and Treatment Options for Type 2 Diabetes in Adolescents and Youth (TODAY) studies, which respectively highlighted the increasing incidence and prevalence of type 2 diabetes in youth and the inability of standard interventions to control glycemia in adolescents with type 2 diabetes. Using the R01 mechanism, in which applicants each proposed their own study designs, the worthiest applications were identified by peer review and funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Thereafter, the seven selected sites developed a common protocol that employed sophisticated physiologic measurements to directly compare the pathophysiology and effect of interventions in youth and adults with prediabetes and recently diagnosed type 2 diabetes. The study provided important new insights into the disease process in the two age groups, and its findings have been incorporated into the American Diabetes Association's ''Standards of Care in Diabetes'' and are modifying clinical practice. As a result of this work, NIDDK is now supporting the Discovery of Risk Factors for Type 2 Diabetes in Youth (DISCOVERY) study, a major, multicenter research project that is enrolling children and adolescents with obesity into a study to identify early indicators of the rapid, aggressive progression of youth-onset type 2 diabetes during puberty.

Over the last few decades, NIDDK has supported numerous high-impact multicenter clinical trials. Two large ones were the Diabetes Control and Complications Trial/Epidemiology of Diabetes Complications (DCCT/EDIC) and the Diabetes Prevention Program (DPP) and its follow-up, the Diabetes Prevention Program Outcomes Study (DPPOS). These studies have directly changed the lives of people with diabetes and those at high risk of developing the disease. DCCT/EDIC revolutionized the approach to treating people with type 1 diabetes, establishing standards for glucose control and resulting in improved quality of life along with clinically significant reductions in the risk of diabetes complications and major adverse cardiovascular events. After 44 years, it continues to provide new insights, including showing that in adults with type 1 diabetes, neurodegeneration is likely the result of non-Alzheimer disease mechanisms. DPP/DPPOS, which enrolled people with prediabetes, demonstrated the benefit of intensive lifestyle intervention and metformin in reducing the risk of developing diabetes. These findings led Congress to approve an amendment to the Social Security Act to establish the Medicare Diabetes Prevention Program and provide lifestyle intervention services for eligible individuals (17). Aside from the primary outcome, numerous additional insights have been gained from these data, including the impact of diabetes prevention on macrovascular and microvascular disease as well as the cost-effectiveness and cost savings of the interventions. The study is now primarily supported by the National Institute on Aging and examines the impact of aging on diabetes and cognitive outcomes. In addition to these clinical trials that tested a single protocol, TrialNet is a consortium of clinical trial sites undertaking smaller clinical studies, each aimed at identifying an intervention and its mechanistic underpinnings for slowing or preventing the progression to or of type 1 diabetes. Out of this approach has emerged teplizumab, which was demonstrated in TrialNet to delay progression to clinical type 1 diabetes in first-degree relatives of individuals with type 1 diabetes. This CD3-directed monoclonal antibody has been approved by the U.S. Food and Drug Administration to prevent type 1 diabetes in people aged 8 years and older with stage 2 type 1 diabetes. As a result, we are a major step closer to a cure for type 1 diabetes. With the potential to prevent the disease, screening programs for type 1 diabetes are being initiated worldwide.

NIDDK also supports multicenter initiatives that focus on basic science. Two examples are the Human Islet Research Network (HIRN) and the Integrated Islet Distribution Program (IIDP). HIRN aims to advance our understanding of how β-cells are lost in human type 1 diabetes and to find inventive strategies to protect or replace β-cells in people with the disease. It currently supports 126 investigators and has contributed to nearly 1,200 publications, including many collaborations in the United States and internationally. The IIDP supports the isolation and distribution of islets from a consortium of ten centers across the country to investigators all over North America. Since its inception, it has performed 2,639 isolations that have supported 634 studies and led to 1,126 publications. In 2025 alone, IIDP performed 90 human islet isolations, resulting in the distribution of over 7.84 million islet equivalents for research. The result of work supported by these resources has driven a greater understanding of β–cell function, loss, and regeneration in both type 1 and type 2 diabetes.

The NIDDK ''center grant'' programs have also been hugely successful. This mechanism provides support to a group of investigators, typically at one or more academic institutions, to provide cutting-edge resources to investigators at their institution and in their region. Those center programs focused on diabetes include the Diabetes Research Centers, Centers for Diabetes Translation Research, Cystic Fibrosis Research and Translation Centers, Nutrition Obesity Research Centers, and Mouse Metabolic Phenotyping Centers. Applications for these centers require the inclusion of scientific cores, a pilot and feasibility program, and an enrichment program. Thus, aside from the value to the individual researcher who wants to use a core to incorporate into their work methodologies that their own group cannot deliver, they also help support 1) new ideas, particularly from early-career investigators, that provide the necessary preliminary data for larger grants and more discovery and 2) presentations by internal and external speakers that foster dissemination of scientific knowledge and, importantly, result in the establishment of new collaborations. The seeds of numerous scientific advances have been planted through the science supported by these centers.

The actions of the Trump administration are reducing opportunities for NIH to implement and fund multicenter consortia, specialized research centers, and large networks and to conduct long-term, sustained programs to address complex issues, including those in diabetes. If this policy continues, it will greatly reduce the number of funded programs or even eliminate them. Will the reduction and elimination of these major programs be in the best interest of science and improve the health of the American public in general and individuals with diabetes in particular? What problem(s) are we trying to solve? Aside from the concerns regarding the reduction in force, changes in advisory council practice, and reduction in NOFOs that are dismantling the ability of the NIH to function effectively, another major concern, and perhaps the most worrisome, is how the NIH is being forced to spend its money with the practice of ''multiyear forward funding'' (MYF). In late 2025, NIH was required by the Office of Management and Budget to start funding for the entirety of a multiyear grant (e.g., a 5-year project) up front in year 1, rather than paying for it, as has been customary, year by year. Should this approach continue, the implications are quite dire for investigators and science. As an example, if an institute has $10 million to spend on grants, and an average award is $500,000, it can support 20 awards for that year. However, if required to spend 50% on MYF, that means it can use $5 million to support ten grants at $500,000 each while using the other $5 million to support two grants each funded for 5 years. Thus, with a request for each institute to spend 50% of its allocation as MYF each year, a 40% reduction in the number of grants funded from the prior year will be the outcome. Thus, MYF

clearly is a tool being used by the administration that will markedly and quickly deplete congressional appropriations, put at risk available funds for innovative science in future years, and limit vital research funding for current investigators. The net result will include the unthinkable: researchers being forced out of science and fewer people considering biomedical investigation as a career. Are we ready to watch the crippling of scientific advances in diabetes and all other diseases?

Given the proposed budget cuts and the reduction in opportunities for scientists with appropriate expertise to continue their work and drive new science, we as clinicians, scientists, and U.S. citizens call on members of all communities in our country to make their thoughts known. While we have focused this editorial on diabetes, the threat is not limited to this disease. The proposed changes could affect progress for every disease and every American. There is an urgent need for all of us to bring attention to these destructive processes and halt them before the ongoing and proposed dissolution and destruction of critical components of our biomedical research infrastructure are completed. Enough is enough! We call on all concerned citizens of our beloved country to contact their congressional representatives to declare their alarm about what is happening at HHS. We also request that all organizations established to ensure the health and welfare of U.S. citizens clearly and loudly make their voices heard and declare their alarm about what is happening at HHS. It is no longer enough to stand idly by or work behind the scenes with lawmakers. Moreover, it is no longer appropriate to fret about political backlash. Now is the time to recognize and fight to reverse the spiraling fall of the United States of America's status as the foremost nation in health care innovation. As a nation, we must continue to believe in ensuring better health for all.

A few brushes of a pen, some clearly visible through budget requests, others less so through internal machinations, are rapidly destroying what generations have built. We can no longer afford complacency and fear. We must all act now!

Mr. AUCHINCLOSS. Steve Khan and his colleagues were removed from the American Diabetes Association's annual meeting, where NIH Director Jay Bhattacharya was set to speak, while passing out copies of their editorial.

Attacks on science always become attacks on scientists. This leads to policy by fear and favor, not evidence.

The editorial said: ''Just a year ago, in these very pages, we highlighted the many threats the current U.S. administration posed to the health of our Nation. Since then, there have been actions by the administration that have caused grave health consequences, and their current approach will continue to do so. The numerous measles outbreaks and associated avoidable deaths have resulted in part from hyping disproven theories of harm rather than publicizing the effectiveness of the measles vaccine.''

While one would think that this congressional action to preserve the NIH budget was a clear repudiation, it has not stopped President Trump from requesting a 2027 budget that now seeks a $5-billion reduction to the NIH.

Mr. Speaker, we call on all concerned citizens of our beloved country to contact their congressional Representatives to declare their alarm.

RECOGNIZING UNIVERSITY OF CHICAGO'S 2026 NCAA DIVISION III MEN'S TENNIS NATIONAL CHAMPIONSHIP

(Mr. JACKSON of Illinois asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JACKSON of Illinois. Mr. Speaker, I rise today to recognize the University of Chicago for winning the 2026 NCAA Division III Men's Tennis National Championship.

The top-ranked UChicago Maroons, led by Head Coach Matt Brisotti, defeated Claremont-Mudd-Scripps 4–3 in a thrilling back-and-forth battle at the Champions Tennis Club in Chattanooga, Tennessee.

Christian Liew and Ajer Sher gave UChicago early momentum. Michael Choi rallied from a 5–2 deficit to win. Senior Emil Grantcharov helped clinch the national title for the University of Chicago Maroons.

Even more amazing, this is UChicago's third championship title in 5 years.

Mr. Speaker, I congratulate these student-athletes and coaching staff for this exceptional accomplishment and historic achievement.

RECOGNIZING EDDIE HART

(Mr. DESJARLAIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DESJARLAIS. Mr. Speaker, I rise today to recognize Eddie Hart for his induction into the Bay Area Sports Hall of Fame.

A Californian from birth, Eddie won State and NCAA titles during his collegiate track and field career where he became known as one of the top sprinters in the Nation.

Eddie's performance in the 1972 Munich Olympic Games earned him the title the ''World's Fastest Human'' and a gold medal for him and the United States of America.

Today, Eddie serves disadvantaged youth in our community through his Eddie Hart All In One Foundation.

Eddie's commitment to service and his athletic excellence has touched countless lives for generations.

Mr. Speaker, please join me in recognizing Eddie Hart, gold medalist, for his induction into the Bay Area Sports Hall of Fame. Eddie Hart was once the world's fastest human. He is still one of the world's best humans.

INFLATION AND SECRET PLAN TO CUT SOCIAL SECURITY, MEDICARE, AND MEDICAID

(Ms. KAPTUR asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. KAPTUR. Mr. Speaker, earlier this week news broke that ''you'' have a secret plan to cut Social Security, Medicare, and Medicaid.

The following day, as new numbers were released showing core inflation rose to 4.2 percent on everything, the President said he loves inflation. He thinks the numbers are just great.

I am sorry, but where I come from, our retired workers know that Social Security and Medicare are hard-earned benefits we all pay into. Also, we know Medicaid is a lifeline for the most at-risk seniors to access healthcare or pay for long-term nursing care for those who can't afford it in their golden years.

We also know that the price of everything is going up, from gas to groceries to housing and so much more. Look at energy. Oh, my goodness.

I don't agree with Speaker JOHNSON's notion to cut Social Security, Medicare, and Medicaid. We should strengthen them and even expand them, and I don't agree that inflation is great. I don't love it.

If Americans coast to coast can't afford to put gas in their cars, groceries on the table, and a roof over their head, then that is a problem.

The Speaker and the President should get outside the beltway bubble. Americans need their serious attention to bring inflation down.

□ 1120

COMMUNICATION FROM THE SPEAKER

The SPEAKER pro tempore (Mr. SELF) laid before the House the following communication from the Speaker of the House of Representatives:

WASHINGTON, DC,
June 11, 2026.

I hereby designate the period from Thursday, June 11, 2026, through Monday, June 22, 2026, as a ''district work period'' under clause 13 of Rule I.

MIKE JOHNSON,
Speaker of the House of Representatives.

INVIDIOUS DISCRIMINATION

(Under the Speaker's announced policy of January 3, 2025, Mr. GREEN of Texas was recognized for 60 minutes as the designee of the minority leader.)

Mr. GREEN of Texas. Mr. Speaker, and still I rise with much to say, but before going into my message, I yield to the gentleman from Texas (Mr. VEASEY), a colleague who has done an exceptional job representing the 33rd District in the State of Texas. After he has finished, I will then continue with my message.

RECOGNIZING THE LIFE AND LEGACY OF SYLVIA COLLINS

Mr. VEAZEY. Mr. Speaker, I thank the gentleman from the Ninth Congressional District from Texas, a colleague and a great guy that represents the Greater Houston Fort Bend area for yielding.

Mr. Speaker, the last couple of weeks, I have lost a couple of amazing constituents—one in a terrible tragedy. There was a fire in Dallas, an apartment building that exploded. It was a