NIH Advocacy Toolkit for HIV & TB Researchers

Purpose

This toolkit was developed to provide HIV and TB researchers information, messages, opportunities and guidelines to assist with local and national advocacy efforts around restoration of NIH funding for research.

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Key Messages to Support a Robust Research Enterprise
April 2025

These messages have been developed by AVAC, HIVMA and TAG to support research advocacy. Please send any questions or comments to avac@avac.org.

Key Message: US government investments in biomedical research have led to discoveries that not only save and improve lives in the US and around the world, but also make America safer, stronger, and more prosperous.

1. **NIH funding fuels innovation and economic growth**
    - NIH funding supports jobs in every state
    - Every $1 received from NIH generates $2.46 in state economic activity
    - NIH funding has supported almost all FDA-approved drugs in the last decade
    - At least 86% of all funding the US government directed to global health R&D between 2007-2022 was re-invested in American companies and institutions.
    - Every $1 of public funding spent on basic research generated an additional $8.38 in industry investment, amounting to $102b in industry investment between 2007-2022, and further innovation worth $255b in long-term benefits to the American economy.
    - *[Add local data from your university or rx center "At my institution…]*

2. **Cuts to NIH will make America poorer and sicker**
    - Shrink the pipeline of lifesaving treatments, slow innovation and limit progress against diseases affecting millions of Americans like cancer, Alzheimer's, HIV and TB.
    - Hobble efforts to contain future health challenges, leaving America without the expertise we need to control and prevent disease.
    - Cede U.S. leadership in biomedical research to other nations. Without this funding, universities in our state lose the ability to attract top researchers, our knowledge economy declines, and we squander US leadership in health.
    - *[Add local data from your university or rx center "At my institution…]*

3. **Impact of these cuts will be devastating and reverberate widely**
    - NIH-supported research has been at the forefront of innovation, delivering life-saving benefits that have directly impacted the health of Americans as well as populations across the globe.
    - US-funded **South African research sites** have been at the forefront of HIV and TB treatment and prevention science, saving millions of lives and preventing millions of infections. Cutting this off now – when TB disease diagnoses in the U.S. are at their highest in a decade or more – will cause real harm within and outside U.S. borders.
    - Punishing funding cuts directed at South Africa – with world's largest HIV epidemic and a huge burden of TB/HIV co-infection – will drive up infection and mortality rates.
    - Cuts to research focused on **key populations** will have a devastating and disproportionate impact on communities at higher risk for HIV and TB.
    - The loss of research on prevention for marginalized populations will worsen existing health disparities.
    - New, even shorter and more people-friendly treatments for all forms of TB are on the horizon, but funding for more research, new discoveries and developments of novel compounds is needed.

How Ongoing Cuts to NIH-Funded Research, including HIV and Tuberculosis (TB) Research, Could Sicken and Kill Millions, Setting Global Health Back by Decades, and Cripple Economies

Overview

Recent large-scale layoffs at the National Institutes of Health (NIH), initiated under incoming NIH Director Dr. Jay Bhattacharya, abetted by science-denialist and HHS Secretary RFK, Jr., with the likely illegal and unconstitutional so-called Department of Government Efficiency (DOGE) hovering in the background, raise grave concerns for critical research, including that related to HIV and tuberculosis (TB).

Thousands of NIH employees have been laid off as part of a broader restructuring within the Department of Health and Human Services (HHS), which has seen a reduction of tens of thousands of staff positions. These cuts affect various NIH divisions, including those focusing on infectious diseases. HIV and TB continue to be among the biggest infectious killers in the world, and research on these diseases have been especially beneficial to human health – including discoveries that have changed medicine, revolutionizing the prevention and treatment of several cancers, viral hepatitis, sickle cell anemia, and Covid-19. Tearing down the NIH infrastructure for research and destroying the brain trust behind it will devastate scientific enterprise and make America and the world sicker and poorer.
The consequence of cutting HIV and TB research programs for both domestic and international economies will be severe, if not devastating, especially in regions where university research programs are integral to the economy. Here's how:

NIH Funding Fuels Innovation and Economic Growth

- **Every State Benefits:** Each year the NIH awards over 60,000 grants that support over 300,000 researchers at more than 2,500 institutions across the U.S.
- **For every $1 of NIH funding received, a state generates $2.46 on average in increased economic activity.** amfAR
- **Every American Benefits from NIH research:**
    - Over the past decade, the NIH was responsible for supporting the development of nearly all FDA-approved drugs in the U.S. NIH-funded research contributed to the development of 354 of 356 drugs (99.4%) approved in the U.S. between 2010 and 2019.(JAMA)
    - Drug-resistant TB (DR-TB) can now be treated with a 6-month, highly effective (~90%)all oral regimen of BPaL/M that has been approved by the FDA. DR-TB was previously treated with up to 14,000 pills over 9-18 (or more) months, with treatment success rates typically in the 50-60% range. US investment was critical in supporting the development of this treatment and the FDA was the first regulatory agency to approve it, meaning Americans were among the first people in the world to be able to access it.
    - NIH funding stimulates the economy and jobs in all 50 states. amfAR

Investing in NIH Is Investing in America

- Cuts to NIH funding shrinks the pipeline of lifesaving treatments for diseases and conditions that affect Americans; slows medical innovation and limits progress against diseases like cancer, Alzheimer's, HIV and TB; leaves America without the expertise we need to address future health challenges; cedes U.S. leadership in biomedical research to other nations. Robust NIH funding is essential for protecting the health of every American and securing our economic future. amfAR
- Between 2007 and 2022, at least 86 percent of all funding the US government directed to global health R&D was reinvested in American companies and institutions. This investment has created

an estimated 600,000 new American jobs and generated $104 billion in additional direct economic activity. GHTC

- Government R&D funding also spurs private sector R&D investment. Every $1 of public funding spent on basic research will, over the following eight years, generate an additional $8.38 in industry investment, meaning US investments in global health R&D from 2007 to 2022 will ultimately generate an additional $102b in industry investment. GHTC
- Government R&D funding yields additional longer term economic benefit from the scientific knowledge generated that leads to future discoveries. Every dollar of public basic research investment yields knowledge that will go on to generate 43 cents in annual benefits every year in the future by spurring new innovations, meaning US government investment in global health research between 2007 and 2022 will go on to inspire further innovations worth $255b in long-term benefits to the American economy. GHTC

NIH Cuts Mean the Loss of Research Funding and Jobs

University research programs often receive significant grant support from federal agencies like the NIH. The sudden loss of funding for HIV, TB and other research leads to:

- **Job Losses**: Communities where universities are a major employer will see significant layoffs of roles ranging from researchers to technicians to lab staff and support personnel.
- **Reduced Economic Activity**: A dollar for research turns over many times. University research departments stimulate the local economy through salaries, local purchases, and collaborations with businesses, local healthcare providers, non-profits and other service providers. The loss research programs mean less money circulating within the community.
- **Impact on Biotech Industry**: Universities often serve as incubators for biotech and pharmaceutical startups that stem from ongoing research in areas including HIV and TB. The loss of research programs stifles local innovation in the biotech sector, with ripple effects, reducing the growth of startup ecosystems, investments, and job creation.
- **Lost savings:** Innovation from research yields enormous long-term savings. Switching all patients with drug-resistant TB to regimens incorporating a new drug, pretomanid, could generate global cost savings of $740 million annually. COVID-19 vaccines, in addition to preventing 14.4 million deaths in the first year of the pandemic alone, contributed to an estimated $895 billion savings in direct health care costs globally between December 2020. GHTC

NIH Cuts Will Lead to Diminished Innovation and Knowledge Economy

- **Disruption of Scientific Advancements**: The research pipeline is an investment in future health, knowledge, and prosperity. The scientific enterprise leads to medical advances, breakthroughs in treatment, vaccines, and cures for HIV, TB, and emerging pathogens. This scientific enterprise stimulates discovery and further economic growth, through patents, technologies, and new industries.
- **Loss of Momentum Toward Disease Eradication**: No infectious disease has ever been eradicated without an effective vaccine—HIV and TB are no exception. The current TB vaccine is over 100 years old and is not effective in adolescents and adults. Currently two TB vaccine candidates are in large-scale efficacy trials. If effective they could become licensed products within the next few years, but additional public sector investments are needed.
- **Loss of Discovery and Innovation on Infectious Diseases:** Infectious diseases and chronic diseases are integrally linked, and by supporting a comprehensive research agenda that addresses each we can control infectious diseases and dramatically reduce the toll of chronic diseases on Americans. Infectious diseases have been shown to cause chronic diseases, including type 1 diabetes, cancer, liver disease, asthma and gastrointestinal disease, such as inflammatory

bowel disease. In addition, seniors and other people with chronic diseases, such as cancer and cardiovascular disease, are at increased risk for serious illness and death from infections. In addition, a growing number of people who use drugs are at risk for serious infectious disease complications that require greater attention and study, and HIV is now a chronic condition that, until we find a cure, requires lifelong therapies to prevent comorbidities and death. Research into HIV and other infectious diseases has informed – and will continue to inform – our approach to other diseases, such as cancer, cardiovascular disease, neurologic conditions like dementia, and premature frailty. Given the synergetic relationship of immunology and infectious diseases, keeping these two areas of research together will be important to maintain the efficiencies and collaborations necessary to advance scientific discoveries that enhance our response to chronic and infectious diseases.

- **Decreased Attractiveness to Researchers and Businesses, Declining Global Reputation**: Universities that are known for cutting-edge research attract top-tier researchers, students, and even biotech companies looking for collaboration. If these research programs are cut, universities lose their appeal, leading to a decline in the "knowledge economy", and squandering US leadership in health.
- **Strained Healthcare Systems and Sicker Workforce:** TB and HIV are diseases with significant public health consequences, particularly in lower-income regions. If research programs focused on finding solutions to these diseases are hobbled or dismantled, health outcomes worsen, which in turn strains local healthcare systems. Poor health reduces workforce productivity and community well-being.
- **Loss of International Partnerships and Funding**: Many research universities work in collaboration with international organizations, nonprofits, and governments to address global health challenges. The discontinuation of research in these areas threatens international cooperation, cutting off sources of funding and partnerships that support local economies.
- **Hobbling State Efforts to Control & Prevent Disease:** The administration has cut essential funding that was helping states and cities prepare for outbreaks; reassigned leaders who were stopping biological threats in other countries from spreading; undermined the United States' ability to quickly review and approve treatments and vaccines during an emergency; and disrupted essential work to create vaccines, tests, and treatments for dangerous diseases. These approaches do not make America healthy. They make America less safe. Just Security
- **Fewer Educational Opportunities.** Research focused universities offer educational opportunities for the next generation of scientists and other students in the region. Cutting these programs limits access to cutting-edge training in biomedical sciences, with long-term economic impacts by reducing the number of skilled graduates who might have otherwise contributed to the local workforce.
- **Research Conferences and International Visitors**: Universities host conferences, symposia, and global collaborations, attracting visitors from around the world and across the country, and faculty and students, who contribute to the local economy by staying in hotels, dining, and participating in local commerce. The main draw of many conferences is the exchange of ideas, data, and other research findings. No research, no conference, and no conference dollars circulating in the economy.

NIH Cuts will hit HIV and TB Research Hard

- **Termination of Grants:** As of March 31, the administration terminated at least 145 NIH grants dedicated to HIV research, making up $450 million in funding. Additionally, funding for the major HIV research networks is on hold, seriously disrupting clinical research and the ethical care required for participants. This abrupt cessation threatens to reverse years of progress in

HIV treatment and prevention, potentially leading to a resurgence of the epidemic which could cause up to three million new AIDS deaths and 10 million new HIV infections between now and the end of 2030 The Guardian, Lancet STAT News.

- **Massive potential increases in HIV and TB mortality in South Africa coupled with an almost complete cessation of US-funded research there.** NIH, CDC, and the now-almost-defunct USAID have been terminating most or all research grants involving South Africa, where many studies focused on HIV and TB take place. South Africa has the world's largest HIV epidemic – now with over eight million people living with HIV. TB is the leading infection globally and the leading killer of people with HIV. South Africa carries a huge burden of TB/HIV co-infection.
  Virtually all the clinical trials over the past two decades, which have propelled a new era of safer and shorter regimens for TB treatment and prevention, have taken place at NIH-funded South African research sites. Shuttering this research, interferes with the advance of HIV and TB science at a time when new TB disease diagnoses in the U.S. are at their highest in a decade or more. AAAS, TAG, Just Security
- **Loss of Expertise:** The layoffs have led to the loss of a brain trust; veteran scientists, young investigators, lab technicians and other research-focused support. This loss of expertise cripples the NIH's ability to conduct research on vital questions in HIV, TB and other health priorities, derailing the development of needed treatments and interventions.
- **Americans are Burdened by HIV & TB:** 1.2 million Americans are living with HIV. Even greater numbers are at risk and need access to highly effective prevention. An estimated 13 million Americans are living with TB infection, representing the reservoir of possible future active TB cases. In 2024, the number of Americans reporting active TB disease increased to 10,347 – the highest number in over a decade.
- **Key Populations will Experience Disproportionate Impact:** The federal cuts to research focused on key populations such as gay and bisexual men, men who have sex with men (MSM), transgender people, drug users, sex workers, the incarcerated, and immigrants, will have a devastating and disproportionate impact on these communities. These groups face a higher risk for HIV and TB due to social, and structural factors. The loss of research on overcoming these barriers and investigating new biomedical solutions that work for marginalized populations will worsen existing health disparities.

Summary

Devastating cuts to NIH funding for HIV and TB research programs has far-reaching effects beyond the immediate loss of grants. These programs fuel innovation and economic growth, supporting thousands of researchers and clinical trials, which have the potential to unlock new treatments, cures, and prevention strategies. Where universities are deeply involved in research, the loss of these programs will make America poorer and sicker: it will adversely impact the local economy, from job losses, business closures, reduced economic innovation, deteriorating public health and shrinking educational opportunities. As an economic engine in research communities across the country, the funding for these programs will be difficult to replace, raising the potential of a long-term economic downturn.

Cuts to HIV and TB research programs disproportionately impact key populations, as these groups already face elevated risks of infection and significant barriers to accessing care. Without ongoing research and funding, health disparities will worsen, and more people from these vulnerable groups are likely to suffer from preventable diseases. Continued federal investment in HIV and TB research is critical to developing innovative, effective, and equitable interventions to protect the health of these communities.

# # #

Protecting HIV Research:
Local Advocacy Opportunities

April 2025

Every member of Congress needs to hear from constituents who are HIV researchers about the threats to HIV research and what they mean to their community and our nation's health and public health. Local advocacy is an effective way to influence members of Congress and engage other state and local residents to support the cause. This resource outlines opportunities and guidance to educate and advocate locally.

Advocacy Opportunities

Listed below are the types of activities that can be effective ways to influence policymakers and the general public to support HIV research and other causes. Before engaging in activities, it's advisable to meet with your institution's public and government relations staff to educate them and let them know what you are planning.

- Organize in-district meetings with your members of Congress.
- Submit letters to the editor or opinion pieces to your local paper.
- Organize an educational forum at a public venue in the community with other local HIV and ID organizations and invite your members of Congress to speak and invite local media.
- Invite your member of Congress to visit your institution's research lab or clinic.
- Organize joint meetings or events with other research and healthcare-focused organizations.
- Organize a local rally and invite the local media.

Congressional Recess Periods (2025)

In-district meetings and other advocacy actions are helpful throughout the year to establish a relationship with a Congressional office but are particularly effective when Congressional members are home during scheduled recesses (also referred to as sate work periods).

The House of Representatives and Senate maintain online calendars with their scheduled recess periods. The current planned breaks for the remainder of 2025 are listed below and are subject to change.

U.S. Senate

- April 14 through April 25
- May 26 through May 30
- June: June 19, June 20; June 30 to July 4
- August 4 through September 1
- September: September 22 through September 26
- October: Oct. 2, Oct 3, Oct 13 through Oct 17
- November: Nov 10 through Nov 14, Nov 24 through Nov 28
- December 22 through December 31

U.S. House of Representatives

- April 11 through April 25
- May 23 through June 2
- June: June 16 through June 20; June 30 through July 4
- July: July 28 through July 31
- August 1 through Sept 1
- September: Sept. 5, Sept. 12, Sept. 22 to 26

- October: Oct 1 through Oct 3, Oct 6, Oct 24, Oct 31
- November: Nov 7 through Nov 14, Nov 24 through Nov 28
- December: Dec 5, Dec 8, Dec 19 to Dec 31

In-District Meetings

Request a Meeting

- Call or email your congressional members' state or district offices to request a meeting.
- Let them know you are a constituent who is an infectious diseases and/or HIV researcher who would like to schedule a meeting with the Representative or Senator to discuss the abrupt cuts to HIV research and how they will impact or are impacting your state or their Congressional district.
- Try to organize the meeting with other researchers and community partners.

Sample Script:

I am Dr. Joanna Purple, and I am an infectious diseases and HIV researcher in Detroit, Michigan. I am calling on behalf of several community partners to request a meeting with Rep. XXX or Senator XXX to discuss how recent policy changes and cuts to HIV research are impacting our community.

How to Find In-State and District Offices

Information for congressional member state or district offices is available from their individual websites and is generally found under "contact us." New members of Congress may not have information available yet. In those cases, call their Capitol Hill office to see if in-state offices have been set up.

- Find Your Senators' Websites
- Find Your Representative's Website (If you don't know your representative's name, you can find them at IDSA/HIVMA's Action Center.)

Determine What to Cover

Educate:

Be prepared to communicate the local impacts of cuts or delays in NIH funding and/or funding for other federal programs.

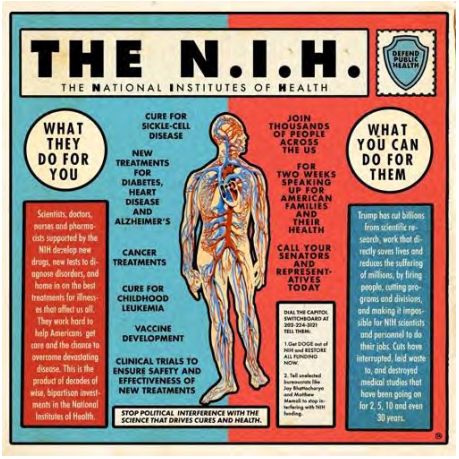
- Make the connection between investments in global health security through the U.S. President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development in protecting the United States.
- Discuss the connection between ID and chronic disease, given the new focus on chronic disease.

Make the Case: Describe and quantify (when possible) the benefits of NIH investments in HIV research in improving economic impacts on your institution, clinic or program and on healthcare expenses. Have a story in mind to illustrate the human impact of your work and how NIH funding and other federal programs makes that possible.

Be a Resource: Close by thanking them and asking them to please contact you when they have questions about any ID- and/or HIV-related policy or public health issues.

Prepare: Tips for a Successful Meeting

- **Know the legislator, the district and its demographics** as well as possible. You can see their bios, recent statements and other information on their websites and social media accounts.
- **Provide information about *who you are and what you do*, and make sure the legislator/staff know how to contact you in the future.**
- **Come prepared.** Bring clinic brochures or other relevant information, such as local HIV-related data and data about how much NIH and/or HIV research funding your institution or state receives.
- **Know the "other side's" positions and be ready to respectfully respond to them.**
- **Always come with an "ask,"** even if it is an invitation to an event or to visit your institution or clinic.
- **Make your case, briefly and persuasively.** Be specific about what you want the legislator to do and when.
- **Tell a personal story and incorporate local issues and data whenever possible to help make the point.**
- **Establish a time when you will expect to receive an answer or follow-up.**
- **Find ways to stay connected.** Ask to be on the legislator's health advisory committee, receive a regular newsletter and attend local events.
- **Follow up promptly with a thank you email and any promised information for the legislators and/or staff** with whom you met.
- **Be polite but feel empowered.** As a constituent, legislators work for you and the other individuals they represent, and you have a right to talk to them and their staff about issues that concern you and impact their constituents.



Research Resources
April 2025

The National Institutes of Health is responsible for developing the cures and treatments that save lives and prevent disease. Thanks to Defend Public Health and Todd Alcott for the graphic.

- ***Quick Take: HIV Research Matters for America*****,** amfAR and Georgetown's O'Neill Institute, https://oneill.law.georgetown.edu/wp-content/uploads/2025/04/ONL_QT_HIV_Research_America_P2_A.pdf

- ***The Best Investment You Didn't Know You Made: How NIH Funding Fuels Innovation and Economic Growth***, amfAR, https://www.amfar.org/news/how-nih-funding-fuels-innovation-and-economic-growth/

- ***How Trump 2.0 is slashing NIH-backed research — in charts***, Nature, https://www.nature.com/articles/d41586-025-01099-8

- ***What Is Actually the Point of Treating the N.I.H. Like This?***, NY Times, https://www.nytimes.com/2025/04/11/opinion/nih-scientists-staffing-cuts.html

- **The Science & Community Impacts Mapping Project (SCIMaP)**, https://scienceimpacts.org/

- **Tuberculosis Research at the National Institutes of Health - Saving Lives, Shrinking Costs, Fueling American Jobs and Innovation,** Treatment Action Group**,** https://www.treatmentactiongroup.org/publication/tuberculosis-research-at-the-national-institutes-of-health/

- **Science Homecoming**, tools for scientists to engage local media, https://sciencehomecoming.com

- **Annual NIH Economic Impact Report: 2025 Update,** United for Medical Research (UMR), https://www.unitedformedicalresearch.org/statements/umr-releases-annual-nih-economic-impact-report-2025-update/

- **NIH cuts triggered a host of lawsuits: *Nature*'s guide to what's next,** Nature, https://www.nature.com/articles/d41586-025-01192-y

- **How Global Health Research Investments Make America Safer, Stronger, and More Prosperous,** Global Health Technologies Coalition https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:62c6831f-2f51-4e83-87b5-50017f626edb

- ***Beyond Ivy League, RFK Jr.'s NIH Slashed Science Funding Across States That Backed Trump*****,** KFF Health News, https://kffhealthnews.org/news/article/nih-grant-cuts-red-states-science-research-vaccines-hiv-trump-rfk/

Advocacy Teach-in: HIV & TB Researchers

Organized by AVAC, HIVMA and TAG

April 18th, 2025 at 12:00pm

TAG Treatment Action Group

hivma hiv medicine association

AVAC Advocacy. Access. Equity.

Agenda

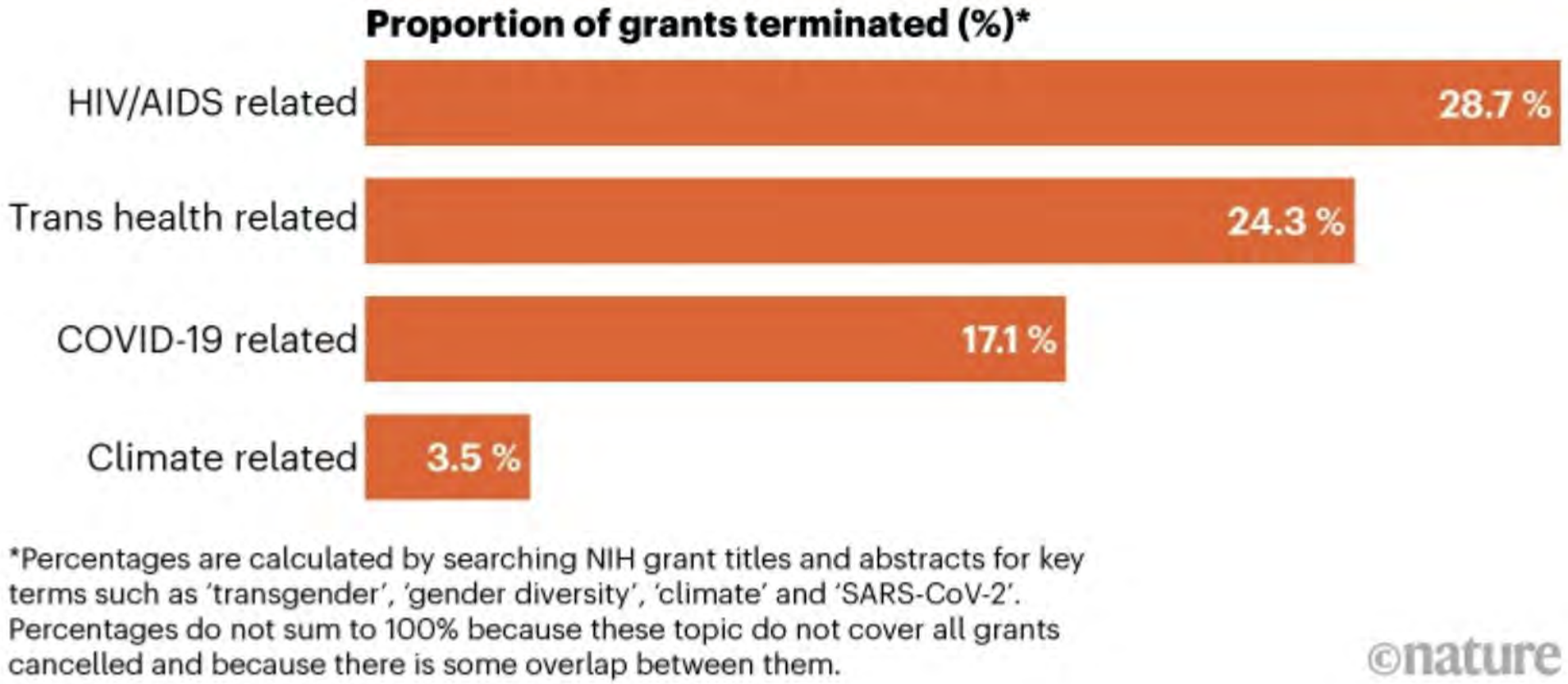
- Welcome and Framing- *Mark Harrington (TAG) & Mitchell Warren (AVAC)*
- Updates on the status of HIV Research- *Dr. Colleen Kelley*
- Messaging that Moves- *Kenyon Farrow (AVAC)*
- Advocacy to elevate HIV & TB research and mobilize Congressional representatives- *John Meade (AVAC) & Andrea Weddle (HIVMA)*
- Discussion: What resources are needed to be successful?- *Mitchell Warren (AVAC)*
- *What comes Next: Staying activated- John Meade (AVAC)*

What Can You Do to Mobilize & Elevate Messages

Toolkit

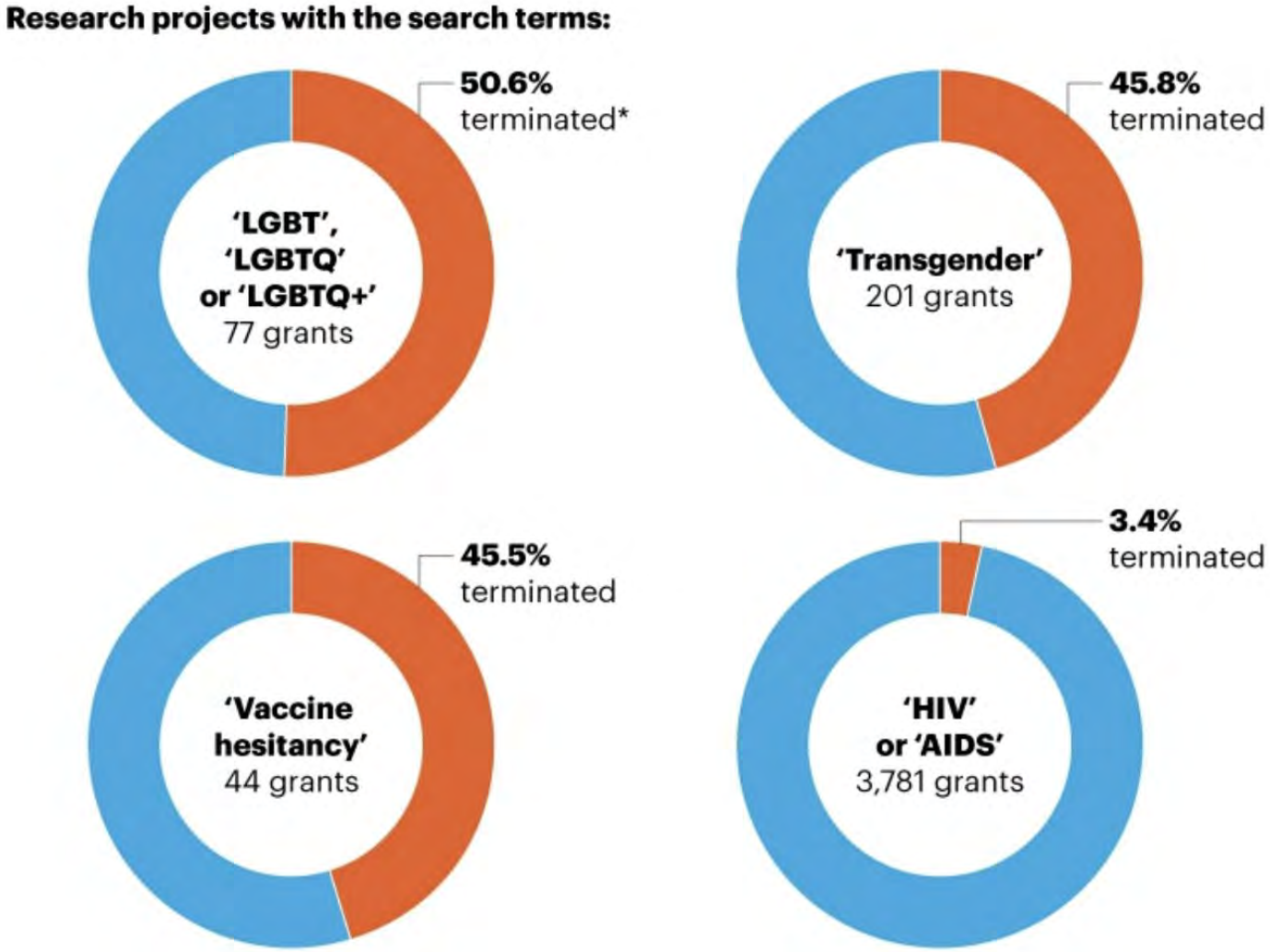
- After this call, will circulate toolkit with:
  - Messages
  - Advocacy “How To”
  - Research Advocacy Resources
  - Slides

Trump 2.0 Slashing NIH-funded Research



Source: Nature analysis of NIH Grant Terminations in 2025 database

Trump 2.0 Slashing NIH-funded Research



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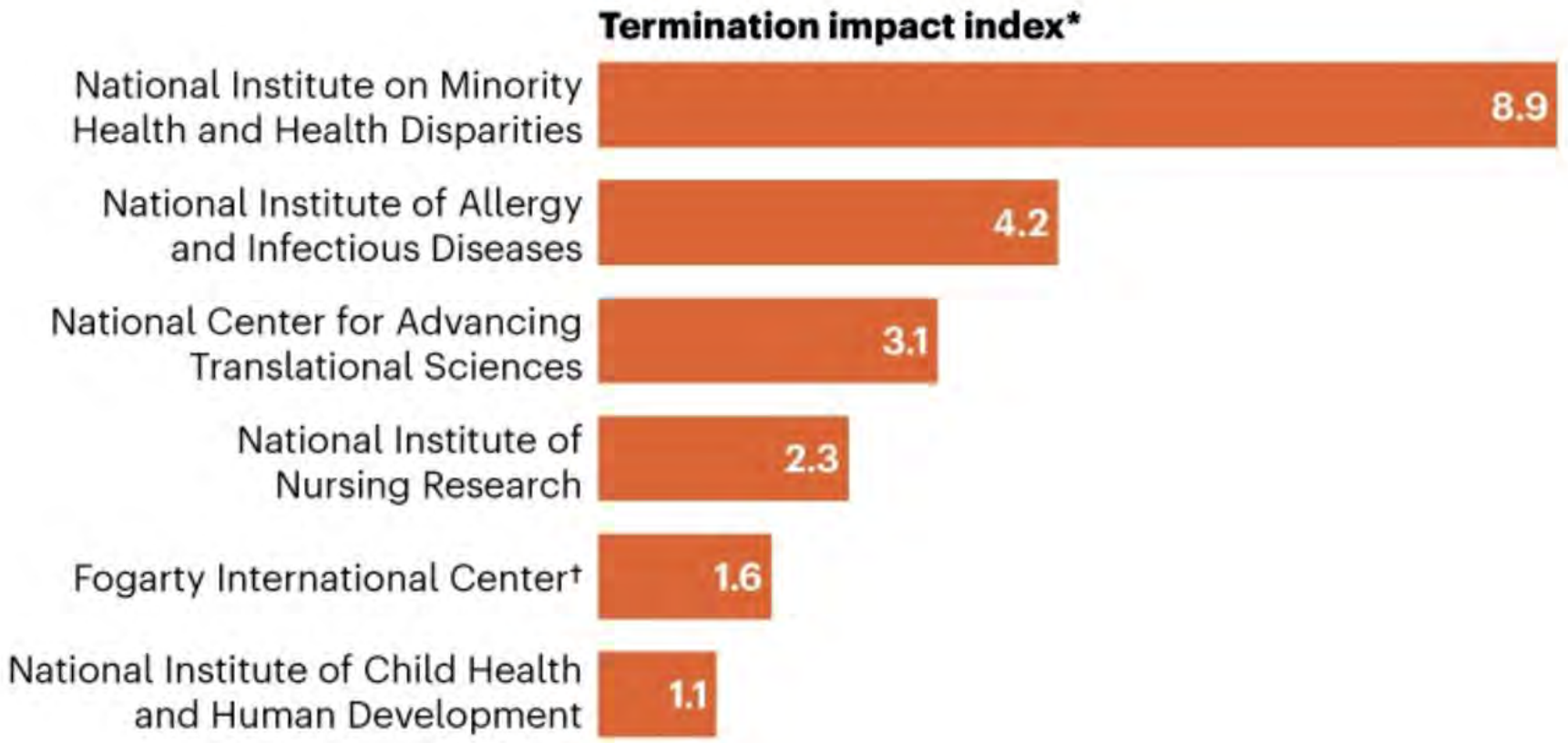

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Messages that Move

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Overview of key messages

1. NIH funding fuels innovation and economic growth
2. Cuts to NIH will make America poorer and sicker
3. Impact of these cuts will be devastating and reverberate widely

Overview of key messages

I. NIH funding fuels innovation and economic growth

- NIH funding supports jobs in every state
- Every $1 received from NIH generates $2.46 in state economic activity
- NIH funding has supported almost all FDA-approved drugs in the last decade
- At least 86% of all funding the US government directed to global health R&D between 2007-2022 was re-invested in American companies and institutions
- Every $1 of public funding spent on basic research generated an additional $8.38 in industry investment, amounting to $102b in industry investment between 2007-2022, and further innovation worth $255b in long-term benefits to the American economy

Overview of key messages

II. Cuts to NIH will make America poorer and sicker. The cuts will:

- Shrink the pipeline of lifesaving treatments, slow innovation and limit progress against diseases affecting millions of Americans like cancer, Alzheimer's, HIV and TB.
- Hobble efforts to contain future health challenges, leaving America without the expertise we need to control and prevent disease.
- Cede U.S. leadership in biomedical research to other nations. Without this funding, universities in our state lose the ability to attract top researchers, our knowledge economy declines, and we squander US leadership in health.

Overview of key messages

III. Impact of these cuts will be devastating and reverberate widely

- NIH-supported research has been at the forefront of innovation, delivering life-saving benefits that have directly impacted the health of Americans as well as populations across the globe.
- US-funded **South African research sites** have been at the forefront of HIV and TB treatment and prevention science, saving millions of lives and preventing millions of infections. Cutting this off now – when TB disease diagnoses in the U.S. are at their highest in a decade or more **–** will cause real harm within and outside U.S. borders.
- Punishing funding cuts directed at South Africa – with world's largest HIV epidemic and a huge burden of TB/HIV co-infection – will drive up infection and mortality rates.
- Cuts to research focused on **key populations** will have a devastating and disproportionate impact on communities at higher risk for HIV and TB.
- The loss of research on prevention for marginalized populations will worsen existing health disparities.
- New, even shorter and more people-friendly treatments for all forms of TB are on the horizon, but funding for more research, new discoveries and developments of novel compounds is needed.

Advocacy to Elevate & Mobilize

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What Can You Do to Mobilize & Elevate Messages

Toolkit 1

- Engage with Congress
  - Call & Email your Senators and Representative
  - Organize In-State and District Meetings
  - Invite your Congressional members to visit your research lab or clinic
  - Hold Events During Congressional Recess Periods

Advocacy Asks

- **Please do not support any cuts to federal programs for HIV and TB research, HIV prevention or HIV care.** All of these programs play an important role in providing access to life-saving and cost-saving prevention and care while sustaining and accelerating the remarkable progress we have made in controlling HIV.
- **Fully fund the National Institutes of Health and the National Institutes of Allergy and Infectious Diseases and call for NIH to reverse and stop terminating research grants.**
- **Do not support the reorganization of the Department of Health and Human Services and continue to fund these programs through their current funding lines**. While there are opportunities for efficiencies, structural changes should be made with intention and input from key stakeholders, including Congress.

What Can You Do to Mobilize & Elevate Messages

Toolkit 2

- Local Advocacy Opportunities
  - Submit letters to the editor or op-eds to local papers
  - Join local podcasts that discuss current issues
  - Organize a local forum on the power and impact of research
  - Organize a local “power of research” rally and invite the local media
  - Host a virtual "advocacy power hour" to call Congressional offices

What Comes Next: Staying Activated

Upcoming Opportunities to Advocate…

1. Senate Appropriations Committee Hearing: Biomedical Research: Keeping America's Edge in Innovation: April 30th
   - **Organizations or individuals may submit statements for the record to Trent_Benishek@appro.senate.gov by April 30th**
2. Submit local op-eds, plan or join local town halls
3. Going to DC? AVAC/HIVMA/TAG can help coordinate meetings with members of Congress
4. Join FAPP Research working group advocacy efforts

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Have advocacy questions or need assistance contact us!!

1. AVAC- John Meade (John@avac.org)
2. HIVMA- Jose Rodriguez (jrodriguez@hivma.org), Andrea Weddle (aweddle@hivma.org)
3. TAG- Kendall Martinez-Wright (kendall.martinez.wright@treatmentactiongroup.org)

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Resources

Local Advocacy Opportunities

- Organize in-district meetings with your members of Congress
- Participate in town halls: https://indivisible.org/town-hall-resources
- Submit letters to the editor or op-eds to local papers: www.theopedproject.org/resources
- Join local podcasts that discuss current issues
- Organize an educational forum at a public venue in the community with other organizations and invite your members of Congress to speak and invite local media
- Invite your member of Congress to visit your institution's research lab or clinic
- Organize joint meetings or events with other research and healthcare-focused organizations
- Organize a local rally and invite the local media

NOTE: It is important to meet with your institution's government relations staff to educate them on how your program or work has been impacted and to let them know that you plan to participate in advocacy activities in your individual capacity.

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Contact In-State and District Offices

- **Visit Your Senators Websites to Find Local Contact Information**

https://www.senate.gov/senators/senators-contact.htm

- **Visit Your Representative's Website to Find Local Contact Information**

https://www.house.gov/representatives/find-your-representative

Request a Meeting

- Call or email your congressional members state or district offices to request a meeting.
- Let them know you are a constituent who is an infectious diseases and/or HIV physician and researcher who would like to schedule a meeting with the Representative or Senator to discuss the abrupt cuts to research and how they are impacting your state or their Congressional district.
- **Organize the meeting with other researchers and community partners if possible.**

"I am Dr. Joanna Purple, and I am a physician and HIV researcher in Detroit, Michigan. I am calling on behalf of several community partners to request a meeting with Rep. XXX or Senator XXX to discuss how recent policy changes and cuts to research are impacting our community. We would appreciate the opportunity to meet with them on X [insert date when they will be in district] when they will be home on a state work period".

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Prepare for the Meeting

- Agree on key points to cover to tell the story of the value of NIH funding to the community and local impacts of the NIH cuts
- Assign participants an issue to cover and discuss the meeting flow
- Compile local data and impact stories to share
- Close with a strong ask and offer to be a resource
- Identify a lead to send a thank you email and any follow up information requested

Close with the Asks

- Please do not support any cuts to federal programs for HIV and TB research, HIV prevention or HIV care. All of these programs play an important role in providing access to life-saving and cost-saving prevention and care while sustaining and accelerating the remarkable progress we have made in controlling HIV.
- For research — please fully fund the National Institutes of Health and the National Institutes of Allergy and Infectious Diseases and call for NIH to reverse and stop terminating research grants.
- Please do not support the reorganization of the Department of Health and Human Services and continue to fund these programs through their current funding lines. While there are opportunities for efficiencies, structural changes should be made with intention and input from key stakeholders, including Congress.

Tips for a Successful Meeting

- **Know the legislator, the district and its demographics** as well as possible. You can see their bios, recent statements and other information on their websites and social media accounts.
- **Provide information about *who you are and what you do*, and make sure the legislator/staff know how to contact you in the future.**
- **Come prepared.** Bring clinic brochures or other relevant information, such as local HIV-related data and data about how much NIH and/or HIV research funding your institution or state receives.
- **Know the "other side's" positions and be ready to respectfully respond to them.**
- **Always come with an "ask,"** even if it is an invitation to an event or to visit your institution or clinic.
- **Make your case, briefly and persuasively.** Be specific about what you want the legislator to do and when.
- **Tell a personal story and incorporate local issues and data whenever possible to help make the point.**
- **Find ways to stay connected.** Ask to be on the legislator's health advisory committee, receive a regular newsletter and attend local events.
- **Follow up promptly with a thank you email and any promised information for the legislators and/or staff** with whom you met.
- **Be polite but feel empowered.** As a constituent, legislators work for you and the other individuals they represent, and you have a right to talk to them and their staff about issues that concern you and impact their constituents.

Congressional Recess Periods
(Subject to Change)

Senate

- April 14 - April 25
- May 26 - May 30
- June 19, June 20; June 30 to July 4
- Aug 4 - Sept 1
- Sept 22 - Sept 26
- Oct. 2, Oct 3, Oct 13 through Oct 17
- Nov 10 - Nov 14, Nov 24 - Nov 28
- Dec 22 – Dec 31

Source: https://www.senate.gov/legislative/2025_schedule.htm

House of Representatives

- April 11 - April 25
- May 23 - June 2
- June 16 - June 20; June 30 - July 4
- July 28 - July 31
- Aug 1 - Sept 1
- Sept. 5, Sept. 12, Sept. 22 to 26
- Oct 1 - Oct 3, Oct 6, Oct 24, Oct 31

Source: https://www.majorityleader.gov/uploadedfiles/overview_-_2025_house_calendar_-_revised_april.pdf

Senate Leadership

https://www.senate.gov/senators/leadership.htm

Republican Leadership

Senate Majority Leader
Thune, John
(R-SD)

Majority Whip
Barrasso, John
(R-WY)

Republican Conference Chair
Cotton, Tom
(R-AR)

Republican Policy Committee Chair
Capito, Shelley Moore
(R-WV)

Vice Chair of the Republican Conference
Lankford, James
(R-OK)

Republican Senatorial Committee Chair
Scott, Tim
(R-SC)

Democratic Leadership

Democratic Leader
Chair of the Conference
Schumer, Charles E.
(D-NY)

Democratic Whip
Durbin, Richard J.
(D-IL)

Chair of Steering & Policy Committee
Klobuchar, Amy
(D-MN)

Chair of Strategic Communications Committee
Booker, Cory A.
(D-NJ)

Vice Chair of the Conference
Warren, Elizabeth
(D-MA)

Vice Chair of the Conference
Warner, Mark R.
(D-VA)

Chair of Outreach
Sanders, Bernard
(I-VT)

Democratic Conference Secretary
Baldwin, Tammy
(D-WI)

Vice Chair of Outreach
Cortez Masto, Catherine
(D-NV)

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Susan Collins, (R-ME)
Appropriation Committee
Chair

[Senate Appropriations Committee]

Patty Murray (D-WA)
Appropriations Committee
Vice Chair

[Senate LHHS Appropriations Subcommittee]

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House Leadership

Speaker of the House

Rep. Mike Johnson

Elected by the whole of the House of Representatives, the Speaker acts as leader of the House and combines several roles: the institutional role of presiding officer and administrative head of the House, the role of leader of the majority party in the House, and the representative role of an elected member of the House. The Speaker of the House is second in line to succeed the President, after the Vice President.

Republican Leadership

Majority Leader
Rep. Steve Scalise
Represents Republicans on the House floor.

Majority Whip
Rep. Tom Emmer
Assists leadership in managing party's legislative program.

Republican Conference Chairman
Rep. Lisa McClain
Heads organization of all Republican Party members in the House.

Republican Policy Committee Chairman
Rep. Kevin Hern
Heads Conference forum for policy development.

Democratic Leadership

Democratic Leader
Rep. Hakeem Jeffries
Represents Democrats on the House floor.

Democratic Whip
Rep. Katherine Clark
Assists leadership in managing party's legislative program.

Democratic Caucus Chairman
Rep. Pete Aguilar
Heads organization of all Democratic Party members in the House.

Democratic Caucus Vice Chair
Rep. Ted Lieu
Assists the Democratic Caucus Chairman.

Assistant Democratic Leader
Rep. Joe Neguse
Assists the Democratic Leader.

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CHAIRMAN RANKING MEMBER

Tom Cole
OK - 04

Rosa DeLauro
CT - 03

https://appropriations.house.gov/

House LHHS Appropriations Cm

Chairman Robert Aderholt

MAJORITY

Robert Aderholt – **Chair**
Mike Simpson
Andy Harris
Chuck Fleischmann
John Moolenaar
Julia Letlow – **Vice Chair**
Andrew Clyde
Jake Ellzey
Stephanie Bice
Riley Moore

MINORITY

Rosa DeLauro – **Ranking Member**
Steny Hoyer
Mark Pocan
Lois Frankel
Bonnie Watson Coleman
Josh Harder
Madeleine Dean