

Additional Resources from the Research Advocacy Call April 18, 2025

- Noam Ross and Scott Delaney's database of terminated grants:
<https://airtable.com/appjhyo9NTvJLocRy/shrNto1NNp9eJlgpA?Ffj6Q=allRecords>
- Scaling Back the Nation's HIV Response? What the Trump Administration's HHS Budget May Do | KFF: <https://www.kff.org/quick-take/scaling-back-the-nations-hiv-response-what-the-trump-administrations-hhs-budget-may-do/>
- NIH IN YOUR STATE, Select a state on the map to see the impact of NIH funding across America.
<https://www.unitedformedicalresearch.org/nih-in-your-state/>
- AVAC's weekly *Global Health Watch*: <https://avac.org/global-health-watch/>
- Some examples from TB R&D supported by NIH:
<https://www.treatmentactiongroup.org/publication/tuberculosis-research-at-the-national-institutes-of-health/>
- Some examples from NIH supported research in South Africa:
<https://www.treatmentactiongroup.org/statement/tag-defends-continuing-vital-tb-and-hiv-research-in-south-africa/>
- Defend Scientific Progress and Protect the NIH (UPDATED 4/17), <https://5calls.org/issue/national-institutes-of-health-nih-research-cuts/>
- Project 2025 Is Gutting Medical Funding That Helped Russell Vought's Own Kid,
<https://www.motherjones.com/politics/2025/02/project-2025-vought-medical-funding/>
- The Hidden Cost of Capping NIH Indirect Costs: <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-Indirect-Costs-Infographic-1.pdf>
- The Best Investment You Didn't Know You Made: How NIH Funding Fuels Innovation and Economic Growth, <https://www.amfar.org/news/how-nih-funding-fuels-innovation-and-economic-growth/>
- NIH funding by Congressional district is available at <https://report.nih.gov/award/index.cfm>
- Tracking legal cases:
 - <https://www.justsecurity.org/107087/tracker-litigation-legal-challenges-trump-administration/>
 - <https://www.citizen.org/article/trump-administration-2-0-lawsuit-tracker/>
- [Please fill this form out](#) if you would be willing to join Congressional Hill visits to further get your message across:

Comments:

From Judy Auerbach: Another message that comes from the nexus of NIH and PEPFAR support in places like South Africa is that these resources (human and financial) have helped countries build their own capacity to conduct rigorous research and provide top-line prevention, treatment, and care services which moves us closer to “country ownership” and “sustainability”—this should be attractive to the current regime and its supporters.

From Mark Harrington: Mobilize your legislators at the national, state, and local levels to support research and fight (including sue) the administration to protect R&D, as well as HIV, TB, and viral hepatitis prevention, treatment, and care.

From Mark Harrington: Educate them about the true global and national scope of these diseases! TB rates are climbing in the US in places amidst the country such as in Missouri and Kansas.

From Carl Fichtenbaum: We need impactful stories. While data is critical and telling people what will happen, we need messages that mean something to people. So, think about real people that you've seen and helped and tell a story about them. Here's how research helped this person.

From Gregg Gonsalves: This all has to be done in coalition—with other disease groups: pediatric cancer, diabetes, Alzheimers, etc. We did this with NIH-doubling in the 1990s.

From Colleen Kelley: I also think it's important to acknowledge that there is room to improve efficiencies and that some cuts are possible. But the current approach to cutting cost is chaotic and devastating and very harmful. People will die. There is a better way to reduce cost and improve efficiency.

Rachel Bender Ignacio: I do think that the changes to Harvard's web pages and my own institution's "Research Improves Lives" campaigns are amazing and focus on those cross-overs with other diseases.... But this requires going to those academic web pages

From Carl Fichtenbaum: It's important to say who should be deciding what is most important to research now. Should politicians decide? Do we want scientists, health care practitioners and community members to lead these efforts? Who is qualified to decide. I think we should raise these issues. And make it relatable. Should a politician in Washington DC tell you what to buy at a grocery store or how to raise your children? Are they qualified to understand your life? Similarly, should we rely upon politicians to set the research agenda?

From Judy Auerbach: HIPAA notwithstanding, an age-old technique is to use the health/medical status (if publicly known) of members of Congress and their families to make arguments to them about how NIH-supported research has had a direct effect on the lives of people close to them, including how the cross-over benefits of HIV research has influenced other ares, such as cancer.

From Mark Harrington: People need to know that the current Congressional cycle will take place, and legislators will have a voice in the budgets which are actually passed for FY 2026. So their participation in the town halls and the legislative process are likely to be critical for what ultimately occurs.

From Greg Millett: Bring in residents from Rep districts who are enrolled in clinical trials that were cut or benefited in some way from NIH research. Sometimes we are not the best messengers and resonates more when it is a community member personally affected by these cuts.

- YES — trial participants and CAB members can be amazing spokespeople.
- A "local forum" that John is talking about could be one of you (and/or a colleague who works on cure, Alzheimer, CF, etc.) with a trial participant to tell the story of the power of biomedical research — and invite media and the local staff of your Congresspeople.

From Gregg Gonsalves: Also build allies with civic leaders: reverends, rabbis, imams, chambers of commerce, PTAs, etc.

If/as you are securing speaking slots @ Town Halls, placing local LTEs, op-eds, media coverage, etc - please send to john@avac.org so we can track and continue to share with you all!