

EXHIBIT 6



Popular

Latest

Newsletters

The Atlantic

Saved Stories

My Account

Give a Gift

Read the detailed attack plans that Trump's advisers shared in the Signal group chat.

HEALTH

The NIH's Grant Terminations Are 'Utter and Complete Chaos'

The Trump administration is rapidly canceling hundreds of grants, in the most aggressive attack yet on American science.

By Katherine J. Wu

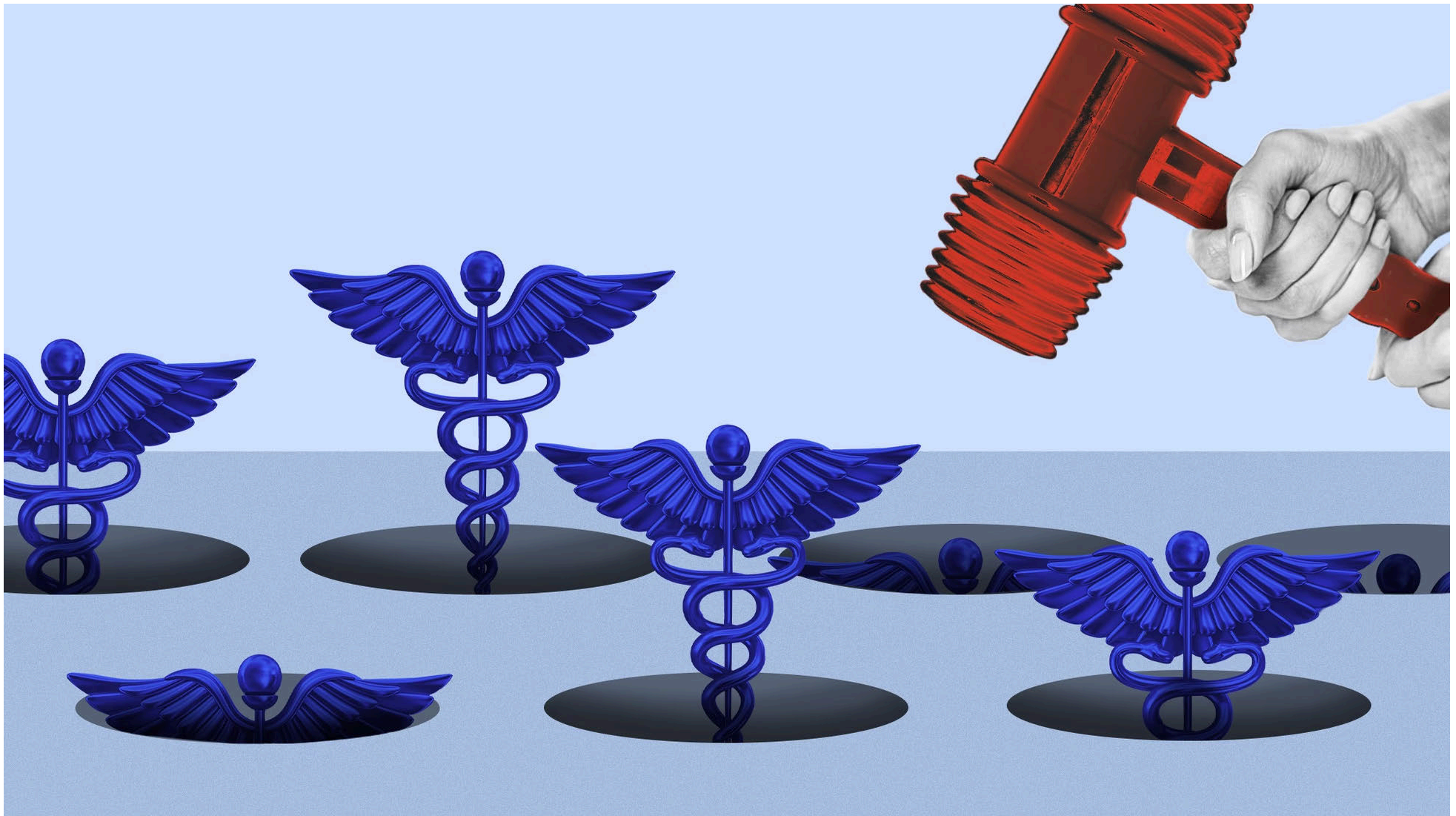


Illustration by Jonelle Afurong / The Atlantic. Sources: pagadesign / Getty; John Scott / Getty; Michael Burrell / Getty.
MARCH 14, 2025

SHARE AS GIFT  SAVE 

**Listen**

0:00



- 1.0x +

16:15

Produced by ElevenLabs and News Over Audio (Noa) using AI narration. Listen to more stories on the Noa app.

Updated at 10:56 a.m. on March 14, 2025

Until the second Trump administration took over, the National Institutes of Health—the world’s single largest public funder of biomedical research—was not in the business of canceling its grants. Of the more than 60,000 research awards the agency issues each year, it goes on to terminate, on average, maybe 20 of them, and usually only because of serious problems, such as flagrant misconduct, fraud, or an ethical breach that could harm study participants. “I have been involved with legitimate grant terminations,” one former NIH official, who worked at the agency for many years, told me. “I can count them on the fingers of one hand.”

Yet, in a few weeks, the administration has forced the agency to terminate so many of its active research grants—all seemingly on political grounds—that none of the dozen NIH officials I spoke with for this story could say for certain how many termination letters had gone out. Most thought that the number was now well above 100, and would likely continue to rapidly climb. This morning, in a meeting of grants-management staff, officials were told that approximately a thousand more grants could be targeted for termination, beginning today, one official told me. If the administration had not already, in a matter of weeks, exceeded the total number of cancellations the NIH has executed in the past *decade*, it will soon—perhaps within hours.

The NIH—an agency that has long prided itself on its mission of science funded by scientists—spends most of its \$47 billion annual budget on driving biomedical innovation: developing new drugs and vaccines, containing epidemics, treating cancer, mitigating the harms of heart disease. But the growing scope of cancellations is revealing how willing Donald Trump’s administration is to claw back those resources for political reasons. (All of the current and former NIH officials I spoke with for this story requested anonymity for fear of retaliation from the federal government; the NIH did not respond to a request for comment.)

This spate of terminations is the Trump administration's most aggressive attempt so far to forcibly reshape American science to match its agenda. At the same time, this might also be the most ham-fisted. Many officials told me that, as one succinctly put it, "they're just going in and picking random grants to terminate." Although the administration has said it doesn't want to fund science that touches on certain concepts—gender, DEI, vaccine hesitancy—the terminations so far have few discernible criteria, and don't operate by consistent protocols; in several cases, they end projects that are only tangentially related to the topics the administration wants to purge. If anything, the grant cancellations have become a game of whack-a-mole, in which political appointees take a mallet to any seemingly relevant research projects that pop into view—without regard to the damage they might do.

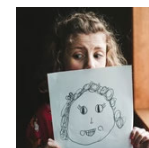
Notice of grant terminations has arrived from NIH officials, on NIH letterhead. But the decisions about which grants to cancel and why are

primarily being made outside the agency, with pressure coming from the Department of Health and Human Services, several NIH officials told me.

The first round of cancellations, which began on the evening of February 28, focused mainly on grants that included a DEI component or involved transgender participants; officials at the agency were also told to cut off funding to projects that allot money to China. Another round, which began on Monday evening, targets grants that mention vaccine hesitancy or uptake; that same night, the NIH posted on X that it would cut \$250 million in grants from Columbia University, one of several institutions that the Trump administration's Department of Education is investigating for "antisemitic discrimination and harassment." Two officials told me they expect several more rounds of cancellations, and several said that, based on recent emails sent to staff, grants involving mRNA vaccines, as well as grants that send funds to work in South Africa, may be next. (HHS did not respond to a request for comment.)

The list of grants related to vaccine hesitancy that officials were told to cancel targets dozens of projects. Some—such as a study of vaccine uptake in Alaska Native communities—were perhaps obvious choices, because they so directly addressed

RECOMMENDED READING



Throw Your Children's Art
Away



MARY TOWNSEND

vaccine attitudes. But the list also included studies that use vaccine hesitancy as just one of several variables to mathematically model disease transmission. And several researchers who have dedicated their career to studying vaccine behaviors have not yet heard that their grants have been affected. Alison Bittenheim, a behavioral scientist at Penn Nursing, has been watching colleagues' grants on vaccine uptake get canceled, but as far as she knows, her own NIH-funded work on vaccine hesitancy is still actively funded, though she expects that to change. "I figure it's only days until it's axed," she told me.



The Last Children of
Down Syndrome

SARAH ZHANG



"It's unclear why some of us are getting them or not," Brittany Charlton, who directs the LGBTQ research center at Harvard's school of public health, told me. One of her colleagues, Nancy Krieger, told me that she'd received a termination letter for a study about measuring discrimination in clinical settings (including sexism and stigma about sexual orientation or transgender identity). But Charlton has yet to receive a letter for her own NIH-funded studies, which focus much more directly on LGBTQ populations.

One NIH official put it more bluntly: “It is such utter and complete chaos.” In advance of the terminations, several officials told me, agency leadership solicited lists of grants that might, for instance, “promote gender ideology,” or that involved certain types of vaccine-behavior research. NIH officials responded with curated lists of research projects, in several cases including only the bare-minimum number of grants with the most relevance. But many officials then received back spreadsheets populated with a subset of the grants from their own lists, along with several other grants that made only passing mention of the targeted topics. It was as if, one official told me, someone had performed a Ctrl+F search for certain terms, then copied and pasted the results. Multiple rounds of terminations in, officials at some NIH institutes are still unclear on how this new system of cancellations is supposed to work. Nearly two months after Trump’s executive order on cutting DEI programming, for instance, “we still haven’t gotten a definition of DEI,” one official said.

Typically, each NIH grant is shepherded by a team of officials, including at least one program officer, who oversees its scientific components, and a grants-management officer, who handles the budget. When terminations are on the table, those officials are always looped in—usually so they can help determine how to remedy the situation. “Terminations are the *final* option,” one NIH official told me.

But these recent directions to terminate arrived without warning or the usual steps of deliberation, and they instructed grants-management officers to issue letters by the end of the day they received them, two officials told me—leaving no time to push back, or even react. “There is zero protocol,” one official told me. “It is just, *We are told, and it is done.*” In at least one case, an official told me, a program officer learned that their grantee’s award had been terminated from the grantee.

The emailed directives also handed NIH officials prewritten justifications for termination. None cited misconduct, fraud, or even low likelihood for success. But the ones targeting research related to transgender people or DEI claimed that the projects in question were “antithetical to the scientific inquiry,” “often unscientific,” or ignoring “biological realities.” The termination-letter templates also noted the NIH’s obligation to carefully steward taxpayer dollars, accused the projects of failing to employ federal

resources to benefit the well-being of Americans, and cited new agency priorities as a reason for ending studies. Letters issued to several researchers studying vaccines, for instance, stated, “It is the policy of NIH not to prioritize research activities that focuses [*sic*] gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment.” The terminations sent to scientists studying LGBTQ populations contained similar language, and in some cases said that their projects “provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness.”

Those assertions, though, directly contradict the conclusions of NIH officials and the outside scientists who helped award those grants in the first place. No project can receive NIH funds without first being vetted by multiple panels of experts in the field, who judge each proposal based on criteria such as the lead scientist’s track record, the rigor of the study’s design, and the project’s likelihood of addressing a pressing biomedical-research issue. And each proposal submitted to the NIH undergoes two layers of internal review, to

ensure that the project meets agency policies and is “aligned with the goals of the institute” potentially funding it, one official told me.

Several letter recipients told me that their grants had received perfect or near-perfect scores in early reviews; others told me that their results were well on their way to publication, proof of some return on the agency’s investment. And all addressed important issues in public health: One, for instance, was studying how stress affects alcohol consumption; another, mpox among men who have sex with men; another, the factors that might influence the success of a future HIV vaccine.

The NIH, a federal agency directed by a political appointee, does sometimes shift its priorities for scientific or ideological reasons. For instance, some NIH institutes have over time gotten pickier about issuing awards to candidate-gene studies, in which researchers try to confirm whether a specific gene affects a biological trait, one official told me. And the first Trump administration placed restrictions on research that could be done using fetal tissue. Both of those shifts, officials said, meant that certain new proposals

weren't green-lighted. But in neither case was the agency forced to issue mass terminations of projects that had already been declared worthy of funds, officials told me.

The clearest example that the NIH officials I spoke with could recall of a grant being terminated at the behest of political leadership was also triggered by a Trump administration: During his first term, Trump pressured the agency to terminate a grant that had been issued to the nonprofit EcoHealth Alliance, which was partnering with the Wuhan Institute of Virology, in China. But even that cancellation was partly reversed. In general, “when an administration changes priorities, they change them going forward,” one official said. “They don’t reach back and terminate awards.”

Grant cancellations are tantamount to instantaneous salary cuts for scientists, and can force them to halt studies, fire staff, and tell participants that their time and effort may have been wasted. Jace Flatt, a health and behavioral scientist at the University of Nevada at Las Vegas, has had two NIH grants

axed, for projects looking at dementia and memory loss in aging LGBTQ populations. If he loses a third NIH grant—as he expects to, he told me —“my lab is gone.” Because the terminations arrived without warning, scientists also had no time to prepare: Sarah Nowak, a vaccine researcher at the University of Vermont, told me she found out that her grant investigating childhood vaccine hesitancy in Brazil was likely on the chopping block when she read an article on the vaccine-related grant cuts in *The Washington Post* on Monday. (Nowak received her letter the next day.)

Many studies, once terminated, would be difficult, if not outright impossible, to restart, Sean Arayasirikul, a medical sociologist at UC Irvine, told me. Medical interventions in clinical trials, for instance, can't simply be paused and picked back up; many studies also rely heavily on collecting data at small and regular intervals, so interruptions are equivalent to massive data holes. Plus, participants released from a study won't always be willing to come back, especially if they're from communities that medical research has neglected in the past and that already have little reason to place continued trust in

scientists. (Arayasirikul received a termination letter for their work investigating how stigma affects HIV preventive care for people of color who are also sexual and gender minorities.)

Terminating grants to match political priorities also creates a fundamental instability in the government's approach to scientific funding. If researchers can't count on grants to carry across administrations, their government-funded work will become a series of short-term sprints, making it harder for science to reliably progress. Biomedical breakthroughs—including, say, the generation and approval of new drugs, or clinical trials for chronically ill patients—typically take years, sometimes even decades. And for an administration that has premised itself on efficiency, a never-ending loop of funding bait and switch does not exactly make for minimizing waste. “This says, *At any point, we can just up and change our minds,*” one NIH official told me. “That is not good stewardship of federal dollars.”

Many of the administration's actions might well be illegal—especially its targeting of DEI, which a federal judge recently deemed a potential violation of the First Amendment. But NIH officials have been put “in an impossible position,” one told me. Their choices are to either carry out the administration's wishes and risk defying court orders or resist the changes at the agency and directly disobey their supervisors, putting themselves “at risk of insubordination and therefore unemployment,” the official said. Many have been choosing the first option, perhaps because the threat of losing their livelihood has felt so much nearer, and so much more tangible: They have now spent weeks watching colleagues resign, get fired, or be abruptly put on administrative leave. The environment at the agency has become suffocatingly toxic. “People are being screamed at, bullied, harassed,” one official told me. Some that once protested have since relented—perhaps because they now know that the immediate future will bring only more of the same.

ABOUT THE AUTHOR



Katherine J. Wu



Katherine J. Wu is a staff writer at *The Atlantic*.
