Hnited States Senate WASHINGTON, DC 20510-0908

COMMITTEES: APPROPRIATIONS FOREIGN RELATIONS SELECT COMMITTEE ON INTELLIGENCE SMALL BUSINESS AND ENTREPRENEURSHIP SPECIAL COMMITTEE ON AGING

May 4, 2023

Dr. Lawrence Tabak Director National Institutes of Health U.S. Department of Health and Human Services 9000 Rockville Pike Bethesda, MD 20892

Dear Dr. Tabak:

For decades, the National Institutes of Health (NIH) has been the leading entity in supporting research and development of our nation's greatest health challenges. In 2022 alone, NIH-funded research led to progress in the development of an HIV vaccine, greater understanding of Alzheimer's disease, and an additional treatment option for individuals with type 1 diabetes to reduce the need for insulin. The NIH was created to be a non-partisan, non-political beacon of medical innovation. However, I am concerned that recent actions by the agency to cater to the administration's "progressive" base calls into question the agency's institutional integrity and ability to allocate taxpayer dollars towards trusted research.

There are countless and recent efforts by the agency to address, as former NIH Director Francis Collins put it, the purported "stain" of "structural racism" in biomedical science.ⁱ However, the agency provides no evidence of structural racism outside of demographic data on its workforce, its applicants and its recipients. In February 2021, the NIH established the UNITE Initiative to address structural racism within biomedical research and improve diversity, equity, and inclusion (DEI) efforts, in all NIH offices, through a consortium of five new committees. Since then, the NIH has spent millions of taxpayer dollars to establish an anti-racism steering committee, develop racial and ethnic equity plans for each NIH institute and center, and showcase art within NIH buildings to "reflect the full diversity of the NIH staff," among many other efforts.ⁱⁱ All time and effort put towards these efforts distracts NIH from its mission of pursuing research to solve some of today's most pressing medical challenges.

Not only is the agency spending millions of dollars to support wokeness, NIH grantees are encouraged to reject candidates that do not fall in step with this liberal ideology. For example, in a recent Wall Street Journal piece, John Sailer, senior fellow at the National Association of Scholars, analyzed two NIH-funded programs in South Carolina and New Mexico. The results showed that candidates who emphasized "treat[ing] everyone the same" and race neutrality received lower scores on evaluations of a candidate's contribution to DEI. Alternatively, the rubrics praised candidates who treat DEI as a "core value."ⁱⁱⁱ The agency has released guidance, on many occasions, encouraging its workforce to prioritize DEI in its hiring processes.^{iv} It is critical for the NIH to be evaluating grantees based on the competence of the researchers and how impactful their work will be to the field of biomedical research, not how important they prioritize woke values.

Furthermore, NIH has completely catered to the administration's woke rhetoric instead of the science of so called "gender-affirming care." In an attempt to further the agenda that sex changing surgeries and puberty blockers are "safe" and "effective," the NIH is funding projects that are harming patients, and then considering the study a success. A recently published study, in the New England Journal of Medicine, evaluated the psychosocial outcomes of youth experiencing gender dysphoria who received hormone treatments resulted in two of the patients dying by suicide. Yet, the NIH only mentions the deaths of these young people as "adverse events" and concluded that two years of gender hormones result in positive psychosocial outcomes for young people.^v Similarly, the NIH is funding a study to investigate the cardiovascular effects of surgically removing men's genitals on 30 patients with gender dysphoria. The chief investigator, Dr. Sean Iwamoto, has openly stated his belief that sex changing surgeries are "life-saving" and provide "maximal physical and mental health benefits."^{vi}

The NIH should be expected to fund project proposals based on the need, relevance, and impact of the research. Only 19.1 percent of research project grants were funded by the NIH in 2021.^{vii} Instead, the agency is choosing to support deadly and irreversibly harmful procedures on Americans to signal to Biden's base that they care about these issues. Though we are on the cusp of breakthroughs for multiple medical conditions impacting the daily lives of millions of Americans, the NIH has decided to allocate its resources towards woke "science."

Instead of allocating critical funding towards important research efforts like Cancer Moonshot or the BRAIN Initiative, the NIH is using its \$47.5 billion budget to fund initiatives and put forward messaging that caters to President Biden's progressive base. These actions call into question the institutional integrity of the agency.

Therefore, I request a response to the following questions:

- 1. How much funding has the NIH spent, over the past two years, on efforts related to or recommended by the UNITE Initiative?
- 2. From what institute or program areas was funding removed in order to pay for the UNITE Initiative and its recommendations?
- 3. If a grantee does not express support for DEI as a "core value" of their research, will this applicant be denied from consideration?
- 4. How does the agency prioritize ideological diversity when selecting grantees?
- 5. How much of the NIH's Fiscal Year 2024 budget does the agency intend to use to promote DEI within the agency's workforce and its grantees?
- 6. What role do liberal activist groups play in crafting your department's guidance on awarding funding to grantees?
- 7. How does "the science" justify imposing the negative social, psychological, and physical consequences of failed "gender-affirming procedures which include an increased risk of depression and cancer on patients?

8. Is the agency committed to supporting patients, particularly those who receive sex reassignment treatments as children, if they require additional medical attention as a result of these treatments and/or decide to "de-transition"?

Thank you for your consideration. I look forward to your prompt response.

Sincerely,

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Marco Rubio U.S. Senator

i https://www.wsj.com/articles/the-nihs-diversity-obsession-subverts-science-11625090811

ii https://www.nih.gov/ending-structural-racism/unite-milestones-progress

iii <u>https://www.wsj.com/articles/nih-national-institutes-health-dei-medical-research-graduate-school-diversity-statement-woke-critical-race-theory-crt-62ccfba9</u>

iv https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-019.html

v https://www.nejm.org/doi/full/10.1056/NEJMoa2206297

vi https://www.foxnews.com/media/nih-recruiting-18-year-olds-study-unknown-side-effects-castration-surgery-gender-dysphoria

vii https://nexus.od.nih.gov/all/2022/03/07/fy-2021-by-the-numbers-extramural-grant-investments-in-

research/#:~:text=The%20R01%2Dequivalent%20grant%20success,2.1%25%20increase%20over%202020).