

# Congress of the United States

Washington, DC 20515

March 17, 2026

Jayanta Bhattacharya, M.D., Ph.D.  
Director  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Director Bhattacharya,

We write to follow up on your February 3, 2026, testimony before the Committee on Health, Education, Labor, and Pensions (“Committee”) at the hearing titled “Modernizing the National Institutes of Health: Faster Discoveries, More Cures.” You were asked directly during the hearing whether any clinical trials had been disrupted or stopped because of cuts to National Institutes of Health (NIH) grants since you were confirmed as Director. While you acknowledged that disruptions to “some clinical trials” had occurred, you claimed the true number affected was “roughly about a dozen”—a figure you admitted you were “still working on.” You explicitly stated that the peer-reviewed research letter published in *JAMA Internal Medicine* finding 383 disrupted trials was “inaccurate” and “not reality.”<sup>1</sup> Such inconsistency demands additional clarification.

During the hearing, Senator Markey also noted that Massachusetts Governor Maura Healey wrote to Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr., on January 6, 2026, raising serious concerns about the consequences of NIH grant terminations on patients and researchers across the Commonwealth and the country.<sup>2</sup> Governor Healey’s letter was itself a direct response to Secretary Kennedy’s claim, made to the Governor in an October 2025 meeting, that no clinical trials had been stopped and no patients had been impacted by any NIH grant cancellations, and a response to his challenge that she provide evidence to the contrary. The Governor’s January letter met that challenge, citing the *JAMA Internal Medicine* study, which found that NIH’s grant terminations disrupted 383 clinical trials, affecting more than 74,000 trial enrollees<sup>3</sup>—including, according to the Healey administration’s own research, at least 18 trials and 13,000 patients in Massachusetts alone.<sup>4</sup>

The study, which drew on publicly available data from NIH ExPORTER and the HHS Tracking Accountability in Government Grants System, found the following:

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<sup>1</sup> Vishal R. Patel et al., *Clinical Trials Affected by Research Grant Terminations at the National Institutes of Health*, 186 *JAMA Internal Med.* 126 (2026).

<sup>2</sup> Governor Maura Healey letter to Health and Human Services Secretary Robert F. Kennedy Jr. (Jan. 6, 2026), <https://www.mass.gov/news/governor-healey-to-rfk-jr-nih-cuts-have-halted-clinical-trials-for-tens-of-thousands-of-patients>.

<sup>3</sup> Vishal R. Patel et al., *Clinical Trials Affected by Research Grant Terminations at the National Institutes of Health*, 186 *JAMA Internal Med.* 126 (2026).

<sup>4</sup> Governor Maura Healey letter to Health and Human Services Secretary Robert F. Kennedy Jr. (Jan. 6, 2026), <https://www.mass.gov/news/governor-healey-to-rfk-jr-nih-cuts-have-halted-clinical-trials-for-tens-of-thousands-of-patients>.

- Between February 28 and August 15, 2025, there were 11,008 active NIH-funded clinical trials. Of those, 383 trials—approximately 1 in every 30—subsequently lost funding due to grant terminations.
- More than 74,000 people nationwide were enrolled in trials affected by these grant terminations—raising urgent concerns about participant safety, ethical obligations to enrolled patients, and data integrity.
- At the time of termination, 35 percent (134 trials) were actively recruiting patients, and 11 percent (43 trials) were active but no longer recruiting—meaning patients were already enrolled and under active study when funding was cut.
- Infectious disease trials were disproportionately affected, with 14 percent of such trials (97 trials) losing funding—the highest rate of any disease category. Clinical trials on cancer (118 affected), reproductive health (48 affected), respiratory disease (7 affected), and cardiovascular disease (18 affected), were also significantly impacted.

Your testimony raises serious concerns. You contested the *JAMA* study’s findings on the basis that NIH “renegotiated and restarted” some trials, removing what you described as “political components.” However, you provided no data, methodology, or documentation to support this claim before the Committee. Congress and the public are owed the underlying data to defend your assertion.

When NIH unilaterally terminates an active, competitively awarded grant before its period of performance is complete, the agency is leaving trial participants without continuity of care and researchers without the resources to conclude their work. Terminating grants mid-trial also wastes a significant amount of the public dollars already committed to that research—in this case, likely hundreds of millions in unexpended award funds that will never produce the results they were intended to generate.<sup>5</sup> You cannot simply claim that NIH redirecting appropriated dollars to different grants undoes the harm to the tens of thousands of Americans whose participation in federally funded research was disrupted, or the researchers who may have had their research and their careers derailed by these unprecedented grant terminations.

It has now been over a month since the hearing, and NIH has provided no data, documentation, or further explanation to support your claim that only “a dozen” clinical trials were disrupted. In light of your testimony, we request that you provide the following information in writing, no later than March 31, 2026:

1. The complete list of NIH grants terminated since January 20, 2025, including the grant number, principal investigator, institution, associated clinical trial identifier (if applicable), and the reason for termination provided to the grantee.
2. The number of clinical trials that were disrupted or terminated as a direct or indirect consequence of NIH grant terminations since January 20, 2025, along with the total number of patients enrolled in those trials at the time of termination. In your response, please also define the criteria by which NIH considered a clinical trial to have been disrupted or terminated.

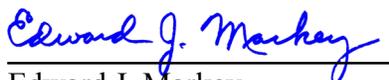
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<sup>5</sup> See Michael Liu et al., *Characterization of Research Grant Terminations at the National Institutes of Health*, 334 *JAMA* 534 (2025), which estimated that terminated NIH grants (between February 28, 2025, and April 8, 2025) represented \$1.8 billion in NIH award value, of which approximately \$544 million—nearly 30 percent—had not yet been expended at the time of termination.

3. A detailed explanation of the methodology and data underlying your testimony that only “a dozen” clinical trials were disrupted, including a specific, evidence-based response to the methodology and findings of the *JAMA Internal Medicine* report.<sup>6</sup> If NIH contends that renegotiated or restarted trials should be excluded from the count, please provide documentation of each such renegotiation, including dates, revised terms, and current trial status.
4. A description of what steps NIH has taken, or plans to take, to protect the safety and continuity of care for patients who were enrolled in clinical trials at the time their funding was terminated.

The integrity of NIH’s testimony before Congress and the safety of tens of thousands of patients who trusted the federal government when they volunteered for clinical research demand complete and accurate answers. This administration has claimed to be eliminating waste, fraud, and abuse—yet terminating grants mid-trial wastes funding already invested, abandons patients exposed to experimental treatments without a clear resolution, and leaves dedicated researchers in the lurch. NIH-funded clinical trials are how our country has reduced suffering, discovered cures, and maintained its position as the world leader in medical research. Your actions have put all of that at risk. We expect a full and responsive reply.

Sincerely,

  
Edward J. Markey  
United States Senator

  
Elizabeth Warren  
United States Senator

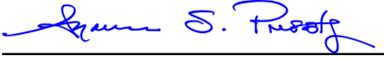
  
Richard E. Neal  
Member of Congress

  
James P. McGovern  
Member of Congress

  
Lori Trahan  
Member of Congress

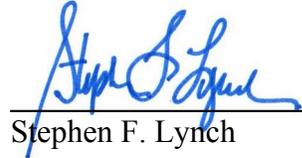
  
Katherine M. Clark  
Member of Congress

<sup>6</sup> Vishal R. Patel et al., *Clinical Trials Affected by Research Grant Terminations at the National Institutes of Health*, 186 *JAMA Internal Med.* 126 (2026).



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Ayanna Pressley  
Member of Congress



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Stephen F. Lynch  
Member of Congress



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William R. Keating  
Member of Congress