

EXHIBIT 15



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
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DATE: August 15, 2025

TO: Institute and Center Directors, Scientific Directors, Clinical Directors, Division Directors, and all Office of the Director Staff

FROM: Jay Bhattacharya, M.D., Ph.D.
Director, National Institutes of Health

SUBJECT: NIH Priorities and Internal Review of Intramural and Extramural Programs

Dear Colleagues:

I am sending this memo to clarify our priorities and ensure efforts to fulfill our mission are aligned across the agency. I want to start by expressing my gratitude for your advice and input thus far, and I look forward to our continued collaboration. I have had the opportunity now to visit labs and meet with teams across the agency, and I am constantly impressed. It is a privilege to work with such a dedicated and talented staff.

I recognize that several new initiatives and policies have been implemented in a short period of time, and there has been some confusion due to inaccurate media reports and rumors. Therefore, I have outlined select agency priorities at the end of this note to ensure you have a clearer picture of our rationale and objectives. I do not mean this memo to be an exhaustive list of all agency priorities, but rather a select list of topics that require our particular attention and focus while continuing the other important work you are all doing. This memo will help to ensure NIH supports only high-quality projects selected based on the merit of the science and that are aligned with our mission to generate data that can improve the health of all of the American people. I ask each of you to use this guidance when reviewing your intramural and extramural research portfolios and making decisions about your future programs.

In recent weeks, it has come to my attention that some at NIH and in the scientific community believe that there are "banned words" or some level of censorship of science ongoing or planned. This is simply untrue. I have advocated for academic freedom throughout my career, with a particular public focus in the last five years. My position has not changed; scientists must be allowed to pursue their ideas free of censorship or control by others. They must be able to express their scientific opinions and challenge scientific dogma. This does not mean everything scientists want to do can or will be funded, but rather that they will be free to propose and discuss these ideas freely in public scientific debate.

The NIH is committed to this. We have already taken steps in this direction by taking scientific review out of the ICs and moving it into the agnostic Center for Scientific Review, minimizing the possibility of gatekeeping within an institute or center. In the coming weeks, we will be taking further steps with an intramural academic freedom policy, and we have formed working groups to evaluate and change how notices of funding for extramural programs are designed and grants are funded to allow for more of a bottom-up research approach.

These changes will allow the scientific community to drive science in a field rather than the government dictating what should be done. They will create an environment that allows for the increased diversity of thought in every field, more opportunities for new or previously sidelined investigators, and expansion of the scientific enterprise into previously unexplored areas. The result will be breakthroughs that really can make America healthy again.

We must continue to ensure our research and training programs are free from fraud, abuse, duplication, and are implemented and administered in a manner consistent with federal law. The NIH is powered by public funds. It is our job to ensure we are good stewards of taxpayer money and create a high return on investment by improving the health of all Americans. Many people across the country have lost trust in NIH because they no longer believe we are working in their best interests. The reforms we're implementing aim to repair this trust. Academic freedom, scientific integrity, transparency, and accountability—gold-standard science – will continue to guide our approach.

Thank you for your efforts and dedication to the great mission of NIH.

All the best,

A handwritten signature in black ink, appearing to read 'Jay Bhattacharya', with a stylized flourish at the end.

Jay Bhattacharya, M.D., Ph.D.
Director of the National Institutes of Health

Priorities:

This document has been prepared in furtherance of the NIH Director's responsibility to provide the overall direction of NIH, to establish and implement general policies respecting the management and operation of NIH programs and activities, and to coordinate and oversee the operation of NIH's institutes, centers, and offices. See 42 U.S.C. § 282(b)(1) & (2). Please note that this is not an exhaustive list of all agency priorities. This document is intended to clarify specific issues that currently require additional guidance. NIH continues to support projects across the full spectrum of biomedical research topics. Through an executive order on Gold-Standard Science and the Make America Healthy Again Commission Report, the President has directed the NIH to close critical research gaps and guide efforts to better combat chronic disease in America and improve the health of all Americans through gold-standard science. To meet these requirements and fulfill our mission, NIH is prioritizing research in the following areas:

Training future biomedical scientists:

NIH training programs should focus on training future physicians and scientists to lead American preeminence in biomedical research in the 21st century. Programs should allow trainees to design and conduct the highest quality scientific studies. Importantly, these programs should be based on merit, follow civil rights law, and not discriminate against anyone. NIH and the institutions we support must also uphold safe, equal, and healthy working and learning conditions conducive to high-quality research and free inquiry.

Replication and reproducibility:

Replicable, reproducible, and generalizable research must serve as the basis for truth in biomedical science. The "publish or perish" culture favors the promotion of only favorable results, and replication work is little valued or rewarded. NIH is prioritizing research that produces robust, reproducible results. We are exploring various mechanisms to support scientists focused on replication work, to publish negative findings, and to elevate replication research.

Real-World Data Platform:

NIH is establishing a robust and secure national infrastructure to integrate and link data from various real-world sources consistent with a deep respect for individual privacy rights. This new Real-World Data Platform will provide advanced computational analysis resources for investigators across numerous research areas, including neurodevelopmental disorders and chronic diseases.

Artificial intelligence:

Artificial intelligence breakthroughs provide exciting new possibilities for science and medicine, but require careful, rigorous research to fulfill their promise. The NIH will develop an AI Strategic Plan to enhance transparency in AI models, develop replication standards for AI use in research, and expedite the research, development, and translation of AI discoveries to benefit patients. The plan will consider strategic architecture, high-impact AI use cases, new opportunities to use AI for agency operations, and best practices for validating AI in healthcare delivery.

Nutrition:

NIH will champion initiatives rigorously exploring the role of poor diets in causing common chronic conditions and the identification of healthy diets that can prevent and better manage these conditions. We will prioritize projects focusing on the role of maternal and infant dietary exposures on health outcomes across the lifespan. NIH will also work to initiate long-term studies to understand the impacts of certain foods and diets on obesity and insulin resistance in children.

Furthering our understanding of autism:

NIH is supporting initiatives to understand the etiology and the treatment and care needs of the broad spectrum of people with autism. The new autism data science initiative will support investigators in identifying and addressing data gaps in scientific understanding of the etiology of autism and commonly co-occurring conditions. Activities supported will include creating new data resources and integrating existing data resources into state-of-the-art analyses on autism etiology. The program aims to develop knowledge to improve health outcomes for people on the autism spectrum.

Alternative testing models:

NIH is establishing the Office of Research Innovation, Validation, and Application under the Division of Program Coordination, Planning, and Strategic Initiatives, to develop, validate, and scale the use of human-biology-based new approach methodologies (NAMs) to complement animal models and enhance investigations. This office will coordinate with NIH institutes, centers, and offices to explore and prioritize ways to reduce our reliance on animal testing to advance technologies that improve translation to humans. Accordingly, all new funding opportunities that include support for animal models will also incorporate language on the consideration of NAMs. The office will serve as a hub for interagency collaboration and expand funding opportunities and infrastructure for non-animal approaches.

Promoting research focused on scientifically valid, measurable health outcomes:

NIH will continue to support research that advances the health of all Americans, regardless of their age, race, ethnicity, sex, sexual orientation, or other characteristics. To conduct meaningful biomedical research, scientists must consider both individual and external factors that influence health outcomes, guided by the needs of the specific research question. Some relevant personal characteristics may include demographic indicators such as race and sex, while some contextual factors, like environmental exposures and socioeconomic conditions (e.g., poverty), may also be scientifically significant. Any distinctions made in study design must be directly relevant to the health outcomes under investigation. NIH will support scientifically rigorous research that considers these factors when they are scientifically justified and aligned with the study's objectives.

In contrast to research that considers race or ethnicity when scientifically justified (described in the paragraph above), research based on ideologies that promote differential treatment of people based on race or ethnicity, rely on poorly defined concepts or on unfalsifiable theories, does not follow the principles of gold-standard science. Such studies divert

resources away from projects that advance the health and longevity of all Americans, including minority populations. The NIH will always prioritize gold-standard science.

Investigators must employ specific and measurable concepts in health disparities research. For example, redlining and housing discrimination are clearly defined practices that can measurably impact the health of minority populations. The NIH will support scientifically rigorous research programs that explore such causes as one reason among many for poor health outcomes for Americans.

However, broad or subjective claims—such as attributing worse health outcomes in a particular population to poorly measured factors like systemic racism—should not be presented as established background facts without clearly defining measurable variables that are part of the research question.

Relatedly, research involving participant volunteers should be based on appropriate population descriptors and categories that use precise language to define participant attributes, comparator group attributes, and to whom the study findings apply. Research based on overly broad and scientifically imprecise goals is of low value and off-mission.

Shifting to solution-oriented approaches in health disparities research:

NIH has invested substantially in health disparities research, focusing mainly on identifying and documenting worse health outcomes for minority populations. The field has made significant progress in mapping the breadth and depth of differences in health outcomes across populations, but this research has not always translated into measurable improved health for minority populations.

Going forward, the NIH will prioritize research that goes beyond measuring health disparities to focusing on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes.

Improving oversight of NIH funds going to foreign research institutions:

The NIH will continue to support research collaborations with institutions and scientists outside the U.S. Many critical breakthroughs that improve the health of Americans have resulted from global partnerships, so foreign scientific research collaborations often have clear scientific value. However, we must take action to ensure better oversight of our funding abroad.

All NIH institutes, centers, and offices should consider whether there is a scientific justification for conducting a research program at a foreign site rather than a domestic one. The NIH should prefer the latter over the former when scientifically justified. We should also consider whether each project involving foreign collaboration will likely lead to better health for Americans, since American taxpayers fund NIH research.

We must also assess risks to national security, biosecurity, and waste, abuse, or fraud at foreign sites where NIH has substandard or no oversight. To address this goal, we have established a new award structure for foreign collaboration. Foreign institutions receiving funds for work on a funded project will henceforth be considered independent awards linked to the parent project. This system will allow the NIH to directly track funds awarded to all foreign

components receiving NIH funding and hold all institutions receiving NIH funding to grant terms and conditions regardless of where they are in the world.

Ensuring evidence-based health care for children and teenagers identifying as transgender:

The state of the scientific literature regarding optimal care and support approaches for children and teenagers identifying as transgender and those diagnosed with gender dysphoria is described in the recent HHS review of treatment for pediatric gender dysphoria. In accordance with these data, there are clearly more promising avenues of research that can be taken to improve the health of these populations than to conduct studies that involve the use of puberty suppression, hormone therapy, or surgical intervention to treat gender dysphoria, gender identity disorder, or gender incongruence in minors. By contrast, research that aims to identify and treat the harms these therapies and procedures have potentially caused to minors diagnosed with gender dysphoria, gender identity disorder, or gender incongruence, and how to best address the needs of these individuals so that they may live long, healthy lives is more promising.

Implementing advances in HIV/AIDS research:

Ending the HIV epidemic in the United States remains a key priority. For more than 40 years, NIH support has enabled significant advances in antiretroviral therapies, transforming the landscape of care and prevention approaches. Recent breakthroughs in simpler-to-take treatments and long-acting prophylactics, and many other recent breakthroughs, provide us with the technological tools needed to finally win this long battle. To take advantage of this opportunity, the NIH will support implementation science and other research directions to improve the uptake of and access to existing medical and behavioral interventions that can significantly limit and eventually eradicate HIV infection from the United States. Research on HIV/AIDS prevention, treatment, and cure will continue as needed to support this goal.

Guidance for internal review:

Effective immediately, relevant NIH personnel (including but not limited to directors of extramural research, program officers, directors of intramural research, and intramural investigators) must conduct an individualized review of all current and planned research activities, including:

- Contract solicitations and funding opportunity announcements
- Applications for new (Type 1) and competing renewal (Type 2) awards
- Active grants and contracts
- Cooperative agreements and other transactions
- Intramural research and research training programs

Please identify all research or training programs that do not align with these agency priorities described in this memo and indicate where there are gaps in your portfolio. This individualized review should follow the NIH's normal process of identifying research opportunities that meet the NIH's mission to advance the health and longevity of all of the American people. Please continue to adhere to the NIH Grants Policy Statement. Programs and projects determined not to

align with agency priorities may be restricted, paused, not renewed, or terminated (in whole or part) consistent with the law. Where possible, ICs are encouraged to renegotiate programs and projects to ensure their compliance with agency priorities. These actions must comply with all applicable laws, regulations, court orders, and required notice procedures. Please consult with the Office of the Director and the Office of the General Counsel before taking any actions on existing grants, contracts, and agreements to ensure that all actions comply with all current laws and court orders. The legal landscape changes daily, and we will continue to offer guidance, so please reach out to us at any time.

Please ensure the directives in this memo are implemented without delay.