

Congress of the United States

Washington, DC 20515

February 25, 2025

Matthew J. Memoli, M.D., M.S.
Acting Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Dear Acting Director Memoli,

We write to express deep concern regarding the suspension of National Institutes of Health (NIH) programs for adolescent HIV research, prevention, and care. Specifically, your interpretations of the Trump Administration's Executive Order 14151, "Ending Radical And Wasteful Government DEI Programs And Preferencing," and Executive Order 14168, "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," have targeted a study to examine ways to prevent HIV infections in transgender youth of color. Neglecting high-incidence populations undermines progress in HIV prevention and ignores the fundamental reality that HIV/AIDS is a public health crisis requiring a comprehensive approach.

A recent [Washington Post article](#) reported that the NIH halted a large-scale study examining ways to prevent HIV infections in transgender youth of color.¹ This study is under the NIH-funded Adolescent Medicine Trials Network for HIV Interventions (ATN), which is charged with leading programs for adolescent HIV research and prevention.² Specifically targeted by these orders is ATN's Legal, Economic, and Affirming Peer Support (LEAP) program which works to improve HIV prevention and care among youth who are transgender or gender-nonconforming. Established in 2001, ATN has received bipartisan support across multiple administrations, and has enrolled more than 30,000 young people to date.³ As of February 24, 2025, the ATN website is down, preventing public access to information about ATN's programs and services.⁴

In 2019, under the Trump Administration's leadership, the U.S. Department of Health and Human Services launched the cross-agency Ending the HIV Epidemic in the U.S. (EHE) initiative with the goal of reducing new HIV infections in the United States by 75 percent by 2025 and at least 90 percent by 2030.⁵ In order to accomplish this goal, the approach is to: diagnose, treat, prevent, and respond. According to the Centers for Disease Control and Prevention's 2024 *HIV Surveillance Supplemental*

¹ Nirappil, F. (2025, February 4). Trans health, research programs ordered to stop by Trump administration. Washington Post. https://www.washingtonpost.com/health/2025/02/04/trump-order-transgender-health-research-programs/?utm_content=controlcontrol_alqo_20250124default_similar_articles4&utm_campaign=wp_for_you&utm_medium=email&utm_source=newsletter

² University of Michigan. (2024, April 10). Researchers evaluating program aimed at HIV prevention and care for trans youth of color. University of Michigan, School of Public Health. <https://sph.umich.edu/news/2024posts/researchers-evaluating-program-aimed-at-hiv-prevention-and-care-for-trans-youth-of-color.html>

³ ATN. (2024, May 23). Our History. ATN. <https://web.archive.org/web/20240523100250/https://www.atnconnect.org/our-history/>

⁴ ATN. (n.d.). ATN Connect. Retrieved February 24, 2025, from <https://www.atnconnect.org/>

⁵ HIV.gov. (2019). EHE Overview. HIV.gov. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

Report, HIV infections among youth under the age of 24 declined 30 percent between 2018 and 2022.⁶ Despite this positive trend, in 2022, gay and bisexual men made up 71 percent of estimated new HIV infections, while Black/African American and Hispanic/Latino individuals accounted for about 70 percent of estimated new infections, demonstrating a need for continued federal investment in HIV/AIDS education, prevention, and care.⁷ The NIH needs to continue work in high-incidence populations to address these clear disparities in transmission rates based on gender, sexuality, and racial background. It would be short-sighted and ill-advised to end programming for work that demonstrates its positive impact.

Ceasing current research and programs is dangerous to the health and wellbeing of the patients involved in ongoing studies and clinical trials. Efforts to better understand the impacts of HIV and AIDS on vulnerable populations fulfill the NIH's mission and work toward the goal of the first Trump Administration's EHE initiative. Ending these programs could have dangerous public health consequences if this necessary research is halted.

We respectfully request answers to the following questions:

1. How many research projects on HIV/AIDS prevention and care have been frozen as a result of your interpretation of the Trump Administration's Executive Orders 14151 and 14168?
2. In addition to the LEAP program, what projects specifically addressing HIV/AIDS disparities in high-incidence populations (such as Black/African American and Hispanic/Latino populations, and gay, bisexual, and other men who report male-to-male sexual contact) have been paused or cancelled?
3. How many people, specifically NIH employees, researchers, and program participants, involved with NIH's HIV/AIDS research projects are impacted by their cancellation?
4. How do you plan to address HIV/AIDS prevention, care, and research while complying with these executive orders?

Sincerely,



BONNIE WATSON COLEMAN
Member of Congress



ROBIN KELLY
Member of Congress

⁶ CDC. (2024). HIV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022. <https://stacks.cdc.gov/view/cdc/156513>

⁷ HIV.gov. (2025, February 14). U.S. Statistics. HIV.gov. Retrieved February 18, 2025, from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>; CDC. (2024, October 7). Fast Facts: HIV and Gay and Bisexual Men. CDC. Retrieved February 19, 2025, from <https://www.cdc.gov/hiv/data-research/facts-stats/gay-bisexual-men.html>