The President  
The White House  
Washington, D.C. 20500  

Dear Mr. President:

We are writing regarding the effect of the recently announced federal hiring freeze on our nation’s leadership in biomedical research. We are deeply concerned that the hiring freeze announced by the January 23, 2017 Presidential Memorandum (Memorandum) and the plan to reduce the size of the Federal government workforce through attrition now places the NIH’s workforce and their support of its mission in jeopardy. Harming NIH’s ability to carry out its mission will have a long lasting impact on our nation’s health and medical innovation capabilities.

The National Institutes of Health (NIH) is the world’s premier biomedical research institution. NIH employs some of the world’s leading scientific experts of today, as well as many that will become the leading experts of tomorrow. The hiring freeze could weaken the NIH Intramural Research Program (IRP), which has led to important discoveries such as the ability of fluoride to prevent tooth decay and the creation of vaccines against hepatitis and human papillomavirus (HPV).1 The NIH Intramural Research Program (IRP) employs more than 1,200 principal investigators who conduct basic, translational, and clinical research on NIH campuses.2 Thousands of other scientists and technicians support those principal investigators in advancing scientific knowledge to improve human health.

The hiring freeze could hinder this important work. NIH scientists may have to delay or stop research projects due to their inability to replace departing or retiring staff. Additionally, as laboratory space becomes available through the retirement of principal investigators, NIH may not be able to hire new principal investigators or expand the work of existing principal investigators to use the vacant laboratory space.

Expanding the hiring freeze to achieve a forced reduction in the size of the federal workforce through attrition could lead to additional dire consequences. Relying on attrition

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2 Id.
could force principal investigators to shut down their labs due to the lack of staff rather than the lack of promising research inquiry. Furthermore, shuffling existing staff is unlikely to solve this problem because it would force one principal investigator to cannibalize the laboratory staff of another.

The hiring freeze also could weaken the NIH Extramural Research Program that plays an important role in spurring medical innovation in this country. For example, last year, NIH-funded extramural researchers decoded the structure of the Zika virus and identified experimental vaccines that may one day prevent the spread of this virus. In fiscal year 2015, NIH spent approximately 81 percent of its budget to support more than 300,000 research positions at over 2,300 institutions as part of the extramural program. NIH generally provides such funding through grants, contracts, and cooperative agreements administered by approximately 700 NIH grant management and support staff. Those staff members are responsible for managing the entire funding cycle including application, review, funding, and award oversight. Reductions in this staffing could slow down this award cycle and result in NIH-funded extramural researchers needlessly closing their labs temporarily or permanently due to their inability to obtain new NIH awards in a timely manner.

The hiring freeze may also limit the success of recent efforts to increase NIH-supported research, including through the bipartisan 21st Century Cures Act. As you know, that legislation created the NIH Innovation Account to provide $4.8 billion in new funding to the NIH over the next ten years. Congress, patients, and the advocacy community hope this investment spurs breakthroughs that lead to the development of new cures and treatments. The hiring freeze may limit the success that NIH is able to achieve with this investment because it could prevent NIH from supporting the most promising scientific inquiries due to the arbitrary restriction on hiring employees to expand intramural research efforts. The hiring freeze might also limit the success of the 21st Century Cures Act because NIH may not have the personnel needed to award this funding and allow new research projects to begin as quickly as funding is made available from the NIH Innovation Account. Such a result could extinguish the hope of millions of patients and families who are waiting for scientific breakthroughs for their conditions.

The hiring freeze could harm NIH’s ability to support the development of the next generation of biomedical researchers. Our worldwide leadership position on biomedical research is not guaranteed. We will remain a leader only if we are able to inspire, recruit, train, and

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4 National Institutes of Health, About the Office of Extramural Research (OER) at NIH (https://grants.nih.gov/aboutoer/intro2oer.htm).


6 Id.
support individuals to pursue biomedical research careers. NIH plays an important role in this effort by sponsoring various training programs.

The NIH Summer Internship Program (SIP) provides full-time biomedical research experience to approximately 1,100 high school, college, graduate, and professional students each summer.\(^7\) SIP interns participate in biomedical research as well as career and professional development experiences that push them to become leaders in the biomedical research community.\(^8\) We know such experiences matter in students choosing to pursue academic training and careers in scientific disciplines. The federal hiring freeze places SIP and the critical experience it would provide to approximately 1,100 students this summer and countless numbers in the future at risk. We are concerned that this could have long lasting repercussions on ability to build the biomedical workforce of the future.

NIH also plays an important role in the development of our future biomedical leadership through employing more than 4,000 Postdoctoral Fellows.\(^9\) These recent doctoral degree recipients work in NIH laboratories and projects for a defined period to enhance their research skills and training before launching academic research careers or careers in industry. Because of the design of these training experiences, there is constant movement of Fellows, some leaving to launch their careers at the end of their experience while others joining NIH to start their training experience. In fact, there are 69 Postdoctoral positions available at NIH at this time.\(^10\) Prohibiting NIH from hiring new Postdoctoral Fellows could prevent approximately 4,000 doctorally-trained individuals from receiving the type of training often needed to compete for biomedical research positions and could force some of them to use their scientific education to pursue careers away from the bench.

Given the uncertainty associated with the effect of the Memorandum on the National Institutes of Health, we respectfully request answers to the following:

1. Have you asked for projections on how the hiring freeze on civilian Federal employees will affect NIH’s ability to fulfill its mission?

2. Have you asked the Office of Management and Budget (OMB) to consider the effect of the hiring freeze on maintaining NIH’s preeminence as the world’s premiere biomedical research institution?


\(^8\) *Id.*


3. The Memorandum allows agencies to “exempt from the hiring freeze any positions that it deems necessary to meet national security or public safety responsibilities.” Are any positions at NIH, including within the IRP, SIP, Postdoctoral Fellowship Program, or grants management staff, eligible for this exemption due to the harmful affect that reducing intramural research and scientific training programs at NIH can have on human health?

4. The 2017 HHS Hiring Freeze Exemptions Memorandum (HHS memo) issued by Colleen Barros, Acting Deputy Secretary of the Department of Health and Human Services, established that positions related to ‘patient care and health related research’ will be exempt from the hiring freeze. Are any positions at NIH, including within the IRP, SIP, Postdoctoral Fellowship Program, or grants management staff, eligible for this exemption?

5. The HHS memo established that HHS has fellowship and training programs similar to the “time limited positions in support of fellowship or professional/industry exchange programs” exempted from the hiring freeze by Part 3(j) of the Federal Hiring Freeze Guidance (Guidance) issued by Mark Sandy, Acting Director of OMB and Kathleen McGettigan, Acting Director of the Office of Personnel Management (OPM) on January 31, 2017. The HHS memo provided that exemptions for such programs would be available but require “advance submission of approval with a description of the program, as it relates to the critical mission requirements and number of participants anticipated not exceeding the previous FY 2016 program size.” Does NIH’s SIP or Postdoctoral Fellowship Program qualify for this exemption?

6. The Guidance established “[a]ppointments made under the Pathways Internship and Presidential Management Fellows (PMF) Program” as an exemption to the hiring freeze. Those programs focus on providing a short-term work experience in the Federal government in hopes of recruiting participants for careers in the Federal government. Since NIH’s SIP and Postdoctoral Fellowship Program focus on providing a short-term

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12 Department of Health and Human Services, *2017 HHS Hiring Freeze Exemptions* (Feb. 6, 2017).


work experience in hopes of recruiting or propelling individuals to pursue careers in biomedical research, will you ask OMB to create an exemption for these programs?

7. The Guidance established that the OPM “may grant additional exemptions from the hiring freeze for critical situations.” Since reducing intramural research and training programs at NIH can have a chilling effect on the nation’s health and medical innovation capabilities, would any positions within NIH’s IRP, SIP, or Postdoctoral Fellowship Program qualify for this exemption for “critical situations?”

8. Each summer, NIH starts a large class of trainees in the Postdoctoral Fellowship Program and interns in the SIP due to the ending of the school year. How will the hiring freeze affect NIH’s ability to do so this summer?

We urge you to consider carefully how instituting a federal hiring freeze and a reduction in the federal workforce through attrition affects NIH and our future leadership in biomedical research.

Thank you for your prompt attention to this matter. If you should have any questions regarding this request, please contact Waverly Gordon on the Energy and Commerce Committee staff at (202) 225-3641.

Sincerely,

Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce

Gene Green
Ranking Member
Subcommittee on Health

Diana DeGette
Ranking Member
Subcommittee on Oversight and Investigations

15 *Id.*