

**PROTECT  
FEDERALLY-FUNDED  
DRUG RESEARCH:  
AN ADVOCACY  
TOOLKIT FOR  
RESEARCHERS**

**DRUG  
POLICY  
ALLIANCE.**

**JULY 2025**

## INTRODUCTION

People from all walks of life are deeply concerned about addiction, overdose, and the impact of fentanyl. Families across the United States — whether from cities, suburbs, or rural communities — desperately want to protect their loved ones and keep them alive. The public broadly agrees that access to treatment, the overdose reversal medication naloxone, and other health services are critical for saving lives and offering a path to recovery. Research has led the way in helping us track important trends, identify effective interventions, and evaluate the impact of funding and policy decisions.

**But millions of dollars dedicated to studying and implementing these health solutions are at risk or have already been cut.** The current administration is slashing funding for the National Institutes of Health (NIH), the world's largest funder of medical research and the funding source for [85% of drug research](#) worldwide. As of June 23, 2025, an estimated [2,683 NIH grants](#) have been terminated, totaling [\\$9 billion](#). Over 10 percent of these grants are drug-related. These grants were funded and appropriated by Congress, and their termination by the current Administration is unlawful. Congress has a responsibility to reinstate these lifesaving research grants and ensure adequate NIH funding in the next Appropriations cycle.

**THE NIH BUDGET IS LESS THAN 1% OF THE TOTAL FEDERAL BUDGET — THE COST TO TAXPAYERS IS MINIMAL, BUT THE PAYOFF IS TREMENDOUS.**

**When it comes to ending the overdose crisis, government-funded research has been a critical component of finding solutions to curb overdoses, lower infectious disease rates, and prevent and treat substance use disorders.** Federally-funded researchers discovered medications for opioid use disorder, which reduce overdose risk by 50%. They also studied how to effectively distribute naloxone so that it has the most impact in decreasing

overdose deaths. Research helped us understand the importance of peer-run services in maintaining recovery. And these studies have helped us improve health and cost outcomes. With overdose deaths finally beginning to decline, now is the time to build on this progress and safeguard funding for research that drives lifesaving innovations and public health solutions.

**NIH research funding helps stimulate the economy.** Every dollar invested in the NIH in FY2024 generated [\\$2.56](#) in new economic activity. NIH research also supports over [407,000 jobs](#) across the country. Over the last decade, NIH research funding has generated more than [\\$787 billion](#) in new economic activity in red and blue states alike and in both rural and urban communities across the nation.

**The NIH has historically received bipartisan support.** This is because policymakers from both sides of the aisle understand that in order to stop the devastation of conditions like cancer, Alzheimer's, and substance use disorder, we need our brightest scientists working to find solutions.

As a researcher, academic, or student, **your voice matters!** At DPA, we have heard from dozens of researchers who want to get involved and fight back but do not know where to start. Based on their input, we made a toolkit to give you ideas of how you can make your voice heard. **This toolkit highlights stories of the vital, lifesaving studies of drug researchers whose funding has been cut and offers guidance to researchers on how they can fight back against funding cuts.**

This toolkit reflects public information and guidance as of June 23, 2025. NIH grant terminations and funding loss amounts were estimated by Grant Watch, a database which compiles grant terminations reported by the federal government and crowdsourced data. Funding and policy priorities continue to evolve, so take care to adjust your tactics and messaging as necessary.

**For clarity around the latest changes, contact [drae@drugpolicy.org](mailto:drae@drugpolicy.org)**

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## REAL-WORLD IMPACT OF RESEARCH FUNDING CUTS: FOUR STORIES OF LOST FUNDING

**Name of researcher:** Josh Barocas, MD

**Grant purpose:** Improving the health of people experiencing homelessness

**Funding amount:** \$2 million over 4 years

**Impact of funding loss:** This grant aimed to improve the health of people experiencing homelessness and decrease racial/ethnic health disparities in HIV, overdose, and life expectancy. The study planned to simulate and compare HIV and substance use service programs to understand which would have the greatest impact for individuals and communities. This termination impacted others as well — community partners across several cities and collaborators at five institutions have lost funding.

**Name of researcher:** Patrick Kelly, MPH, Brown University

**Grant purpose:** Understanding and addressing the health impacts of xylazine

**Funding amount:** \$146,922 over 3 years

**Impact of funding loss:** The grant focused on xylazine, a veterinary sedative increasingly found in the fentanyl supply. Xylazine increases overdose risk, contributes to severe skin wounds, and causes other health harms. Designated by the White House as an “emerging threat to the U.S.” in 2023, xylazine is an adulterant that merits urgent research so that we can better understand and address its health impacts. This grant would have contributed to the progress we have made at reducing drug-related harms, including overdose. Additionally, because this was a training grant for pre-doctoral students, this termination stifles the professional development of a young, promising researcher.

**Name of researcher:** Jessica Merlin, MD, PhD, MBA, University of Pittsburgh

**Grant purpose:** Training a workforce in substance use and pain

**Funding amount:** \$4 million over 4 years

**Impact of funding loss:** Substance use and chronic pain are very common conditions and commonly co-occur. Despite the prevalence of drug use and chronic pain, there are few programs at the intersection of substance use and chronic pain and even fewer remote postdoctoral fellowship options. This grant was intended to provide personalized and rigorous training to postdoctoral fellows who plan careers at this intersection. The elimination of this grant has directly led to job loss for several early-career researchers, meaning that there are now reduced training opportunities in an area that impacts millions of individuals and families in the United States.

**Name of researcher:** Elana Rosenthal, MD and Jessica Magidson, PhD, University of Maryland

**Grant purpose:** Improving HIV outcomes

**Funding amount:** \$3 million over 5 years

**Impact of funding loss:** This grant studied novel, cost-effective interventions for HIV treatment and prevention. It aimed to evaluate the effectiveness, implementation, and economic viability of a peer-delivered behavioral intervention to improve retention in long acting injectable (LAI) HIV treatment and prevention among a group of Black, substance-using individuals living with or at high risk for HIV. Over 50 participants had already been recruited to initiate long-acting injectable HIV treatment or prevention (PrEP). The trial was terminated after Year 1, with all participants still active in the trial. They may not have initiated the lifesaving treatment without this funding. Now, these participants will lose out on additional behavioral support interventions and face potential disruptions to their clinical care, putting them at greater risk for developing resistance to common HIV medication options and other poor health outcomes.

You can continue to [submit information](#) about your grant termination(s) for DPA's awareness. We will not share any part of your survey response without contacting you first.

**For clarity around the latest changes, contact [drae@drugpolicy.org](mailto:drae@drugpolicy.org)**

# MESSAGING GUIDE FOR RESEARCHERS FACING FUNDING CUTS

This guidance reflects the Drug Policy Alliance's current approach to communicating with policymakers and media, though messaging can shift depending on context (e.g., issue, geographic location, audience). For more in-depth support for researchers around messaging, media, and knowledge translation, contact [drae@drugpolicy.org](mailto:drae@drugpolicy.org).

## Top-Line Messaging for Speaking to Policymakers and Media About Research Funding Cuts

### Value: Speak to shared values and concerns.

People are concerned about the overdose crisis and community safety. Start by validating these concerns and confirming you also share them. Many policymakers and reporters have personal connections to this crisis or have constituents who care about public health and safety. People are coming to this issue with lots of emotions, so you should try to connect with them on a human level.

Example: "We are all concerned about the health and wellbeing of neighbors who are visibly struggling. As a researcher, I am committed to studying issues the public cares about so that we can implement the best solutions to improve community safety and reduce overdose, public suffering like homelessness, and drug-related harms."

Example: "Families across the United States — whether from cities, suburbs, or rural communities — desperately want to protect their loved ones and keep them alive. Research funded by the government helps us find the solutions that will help end our overdose crisis."

**Problem: Explain how cuts to research will harm our communities.** Be specific and solution-oriented. Do not just say that research is important — explain why and give examples where possible. Share how your research would address the public's concerns and improve community health, safety, and cost savings.

Example: "Most people in the United States support a public health approach to drugs that will better address our collective concerns. In recent months, we have made progress in reducing overdose deaths by expanding health and overdose prevention interventions. Some of these lifesaving approaches were invented or studied by government-funded researchers. For example, researchers created naloxone, a medication that reverses fentanyl and other opioid overdoses. Naloxone has saved countless lives. But too many are still dying. Cutting funding for similar research will block the discovery of future lifesaving medications. And it will also impact current efforts to distribute naloxone in the communities that have some of the highest overdose rates."

Example: "Through my research, we work to save lives and improve community health and safety. This grant was designed to help us better understand the health impact of drug contaminants like xylazine. Our government should not end research that will inform efforts to reduce drug-related overdose, wounds, and infectious diseases."

**Action: Make a specific ask.** Ask the policymaker to fight back against cuts to research grants.

Example: "We urge you to oppose the termination of research grants like mine, which examine ways to save lives amidst our country's overdose crisis. These grants were funded and appropriated by Congress, and their termination by the current Administration is unlawful. Congress has a responsibility to reinstate these lifesaving research grants and ensure adequate NIH funding in the next Appropriations cycle."

Example: "Help restore research that helps save lives and funds research trainees who will be the next generation of scientists."

Example: "We must protect funding for this research that developed effective overdose prevention strategies and kept people alive."

## ADDITIONAL TIPS

- **Speak in plain language.** Many researchers are trained to offer nuance and use specific scientific terms. Speak clearly and slowly, avoid acronyms, and explain terms. For example, instead of saying “I study MOUD,” say “I study medications to treat opioid use disorder, which can cut the risk of overdose by 50% and stave off withdrawal!”
- **Gauge where your audience is and tailor the message.** Knowing where your audience is will inform how to steer your conversation. For example, if a policymaker is especially concerned about community safety, explain how your research could help inform public safety interventions. In other words, meet people where they are at!
- **Know where the Member of Congress stands on harm reduction.** The Trump Administration has indicated that they are not supportive of “harm reduction,” and Members of Congress and their staff may put up a wall when they hear terms like “harm reduction.” They also may not fully understand what harm reduction encompasses. Shifting your messaging to focus on specific interventions can help Congressional staff move past the politicization of drug policy and refocus on your research and its community impact. It is also important to note that some interventions, like naloxone and fentanyl test strips, have bipartisan support and can be highlighted for Congressional staff across the aisle. But other harm reduction services, like syringe service programs and overdose prevention centers, are highly controversial and partisan in Congress.

Example: “Our research examines whether interventions like naloxone and fentanyl test strip distribution can improve community health and safety and reduce overdose risk!”

When discussing interventions beyond these, such as syringe service programs, it can be helpful to describe the intervention and return to shared values, such as public health, personal safety, and community well-being:

Example: “Our research examines whether interventions that reduce infectious disease risk and improve overall health outcomes can support long-term community health and safety!”

- **Stick to the script.** Identify two or three short, simple takeaways you want to get across and keep coming back to them. People — whether policymakers, media, or the general public — will likely only remember your main points and not all of the complexities of your argument.
- **Share personal stories.** If applicable, share a personal story about why you do this work or why your research is so important. If you do not have a personal story, you may be able to use stories from your research. For example, you might say, “When I interview people in recovery for this project, they tell me how important it is to have peer workers to help them navigate health and social services and maintain stability.”
- **Redirect.** If asked something problematic, bring it back to the top-line messages above. For example, you might say, “That is an interesting question, but what is important to remember here is that syringe service programs provide connections to a wide range of services...”
- **Express gratitude.** No matter where your audience is, thank them for their concern about improving health and science and their willingness to listen to you. Offer yourself as a resource for any questions or desired information.
- **Follow up with additional resources.** After a meeting, send any relevant information, studies, or news stories you mentioned. Consider connecting the person to other researchers or people impacted by funding cuts or cancellations.

# GUIDANCE ON CONGRESSIONAL OUTREACH

## EMAIL TEMPLATE FOR OUTREACH TO DEMOCRATS

Dear [STAFFER'S FIRST NAME],

I hope this finds you well. My name is [NAME], and I am a [IF APPLICABLE, STATE THAT YOU ARE A CONSTITUENT] and a [POSITION] at [ACADEMIC OR PROFESSIONAL AFFILIATION]. [IF YOU ARE AFFILIATED WITH AN INSTITUTION, BRIEFLY DESCRIBE THE MISSION OF THE AFFILIATION]. **On behalf of [YOURSELF AND/OR PROFESSIONAL AFFILIATION], I am reaching out today to express our concerns about the recent termination of our research grant [ENTER GRANT DETAILS HERE], along with the 2,600 other NIH grants that have been revoked by the Trump Administration.**

The current administration is slashing funding for the National Institutes of Health (NIH), the world's largest funder of medical research and the funding source for [85% of drug research](#) worldwide. Families across the United States — whether in cities, suburbs, or rural communities — desperately want to protect their loved ones and keep them alive. Government-funded research plays a critical role in discovering solutions to end the overdose crisis.

Most Americans support a public health approach to drug policy that addresses our collective concerns. In recent months, we have made progress in reducing overdose deaths by expanding health and harm reduction interventions. Some of these lifesaving strategies were developed or studied by government-funded researchers.

For example, researchers created naloxone, a medication that reverses fentanyl and other opioid overdoses. Naloxone has saved countless lives, yet far too many people continue to die. Cutting funding for this research would jeopardize the development of future lifesaving interventions and undermine our ability to deploy existing tools effectively.

Through my research, we also work to save lives and improve community health and safety. This grant was designed to help us better understand [DESCRIPTION OF RESEARCH PROJECT]. Our government should not eliminate research that informs efforts to [INTENDED IMPACT (e.g., reduce drug-related overdoses, wounds, and infectious diseases)].

[IF APPLICABLE, SHARE A PERSONAL STORY ABOUT WHY YOU DO THIS WORK OR WHY YOUR RESEARCH IS IMPORTANT. CONSIDER ALSO USING STORIES FROM YOUR RESEARCH.]

**We urge your official to oppose the termination of research grants like mine, which examine ways to continue saving lives amidst our country's overdose crisis. These grants were funded and appropriated by Congress, and their termination by the Trump Administration is unlawful. Congress has a responsibility to reinstate these vital research grants and ensure adequate NIH funding in the next Appropriations cycle to support lifesaving research. With overdose deaths finally beginning to decline, now is the time to build on this progress and safeguard funding for research that drives lifesaving innovations and public health solutions.**

My colleague [NAME AND TITLE] and I would be happy to meet with you to discuss our concerns further.

Thank you so much for your dedication to this issue,

[NAME]

[TITLE]

[AFFILIATION]

## EMAIL TEMPLATE FOR OUTREACH TO REPUBLICANS

Dear [STAFFER'S FIRST NAME],

I hope this finds you well. My name is [NAME], and I am [IF APPLICABLE, STATE THAT YOU ARE A CONSTITUENT] and a [POSITION] at [ACADEMIC OR PROFESSIONAL AFFILIATION]. [IF YOU ARE AFFILIATED WITH AN INSTITUTION, BRIEFLY DESCRIBE THE MISSION OF THE AFFILIATION]. **On behalf of [YOURSELF AND/OR PROFESSIONAL AFFILIATION], I am reaching out today to express our concerns about the recent termination of our research grant [ENTER GRANT DETAILS HERE], along with the 2,600 other NIH grants that have been cut in recent months.**

The National Institutes of Health (NIH) is the world's largest funder of medical research and the funding source for [85% of drug research](#) worldwide. Families across the United States — whether in cities, suburbs, or rural communities — desperately want to protect their loved ones and keep them alive. Government-funded research plays a critical role in discovering solutions to end the overdose crisis.

Most Americans support a public health approach to drug policy that addresses our collective concerns. In recent months, we have made progress in reducing overdose deaths by expanding health and overdose prevention interventions. Some of these lifesaving strategies were developed or studied by government-funded researchers.

For example, researchers created naloxone, a medication that reverses fentanyl and other opioid overdoses. Naloxone has saved countless lives, yet far too many people continue to die. Cutting funding for this research would jeopardize the development of future lifesaving interventions and undermine our ability to deploy existing tools effectively.

Through my research, we also work to save lives and improve community health and safety. This grant was designed to help us better understand [DESCRIPTION OF RESEARCH PROJECT]. Our government should not eliminate research that informs efforts to [INTENDED IMPACT (e.g., reduce drug-related overdoses, wounds, and infectious diseases)].

[IF APPLICABLE, SHARE A PERSONAL STORY ABOUT WHY YOU DO THIS WORK OR WHY YOUR RESEARCH IS IMPORTANT. CONSIDER ALSO USING STORIES FROM YOUR RESEARCH.]

**We urge your boss to oppose the termination of research grants like mine, which examine ways to continue saving lives amidst our country's overdose crisis. These grants were funded and appropriated by Congress, and their sudden termination is unlawful. Congress has a responsibility to reinstate these vital research grants and ensure adequate NIH funding in the next Appropriations cycle to support lifesaving research. With overdose deaths finally beginning to decline, now is the time to build on this progress and safeguard funding for research that drives lifesaving innovations and public health solutions.**

My colleague [NAME AND TITLE] and I would be happy to meet with you to discuss our concerns further.

Thank you so much for your dedication to this issue,

[NAME]

[TITLE]

[AFFILIATION]

## WHO TO CONTACT:

This contact list was last updated on June 23, 2025. Please note that staff turnover may occur. We recommend using [LegiStorm](#) to find the most up-to-date contact information for Congressional staff.

The Drug Policy Alliance recommends prioritizing outreach to the committees below. The ones with asterisks next to them are those we determined to be highest priority.

**\*House Appropriations Committee**, which oversees NIH funding

- Senior Advisor to the Chairman (Majority – Republican): Joshua Grogis (joshua.grogis@mail.house.gov)
- Policy Director (Majority – Republican): Matt Diller (matt.diller@mail.house.gov)
- General Counsel (Minority – Democrat): Raquel Spencer (raquel.spencer@mail.house.gov)
- Staff Director (Minority – Democrat): Christopher Bigelow (chris.bigelow@mail.house.gov)

**\*Senate Appropriations Committee**, which oversees NIH funding

- Senior Counsel (Majority – Republican): Mike Wakefield (mike\_wakefield@appro.senate.gov)
- Senior Advisor (Majority – Republican): Tim Rieser (Tim\_Rieser@appro.senate.gov)
- Deputy Staff Director (Majority – Republican): John Righter (john\_righter@appro.senate.gov)
- Deputy Staff Director (Minority – Democrat): Matthew Giroux (matthew\_giroux@appro.senate.gov)
- Professional Staff Member (Minority – Democrat): Jesse Tolleson (jesse\_tolleson@appro.senate.gov)

**\*House Energy and Commerce Committee**, which oversees public health-related issues

- Senior Counsel (Majority – Republican): Mary Martin (mary.martin@mail.house.gov)
- Counsel (Majority – Republican): Peter Kielty (peter.kielty@mail.house.gov)
- Chief Counsel (Minority – Democrat): Waverly Gordon (waverly.gordon@mail.house.gov)
- Chief Counsel (Minority – Democrat): Constance O'Connor (constance.oconnor@mail.house.gov)

**\*Senate Health, Education, Labor, and Pensions Committee**

- Senior Counsel (Majority – Republican): Sarah Mysiewicz (sarah\_mysiewicz@help.senate.gov)
- Senior Counsel (Majority – Republican): Zain Rizvi (zain\_rizvi@help.senate.gov)
- Deputy Health Policy Director (Minority – Democrat): Jane Bigham (jane\_bigham@help.senate.gov)
- Senior Health Policy Advisor (Minority – Democrat): Michaela Brown (michaela\_brown@help.senate.gov)
- Senior Health Policy Advisor (Minority – Democrat): Thomas Eagen (thomas\_eagen@help.senate.gov)
- Senior Health Policy Advisor (Minority – Democrat): Nimit Jindal (nimit\_jindal@help.senate.gov)
- Health Policy Director (Minority – Democrat): Sophie Kasimow (sophie\_kasimow@help.senate.gov)

**\*Your Representative and Senator**, which can be found [on this website](#).

To find the contact information for your Representative and/or Senator's Legislative Director, you can:

1. Google the Member's name and "Legislative Director" (e.g. "Representative Chuck Edwards Legislative Director")
2. Once you find the Legislative Director's name, you can Google their name and email address (e.g. "John Smith Representative Chuck Edwards email address")
  - Tip: Their most up-to-date email will likely follow this format: their full name separated by a period in the House and an underscore in the Senate, followed by @house.gov or @senate.gov. (Example: john.smith@house.gov or john\_smith@senate.gov)
3. If you have difficulty with these steps, you can call their DC office and request the email address of their Legislative Director and the staff responsible for the Member of Congress's health portfolio. The phone number is often listed on their website.

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### House Addiction, Treatment, and Recovery Caucus

- Congressman Tonko's (Democratic Co-Chair) Legislative Director: Emily Silverberg (emily.silverberg@mail.house.gov)
- Congressman Joyce's (Republican Co-Chair) Health Legislative Assistant: Ashley Roberts (ashley.roberts@mail.house.gov)

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### House Majority Leader Mike Johnson (Majority - Republican)

- Legislative Director: Tyler Fagan (tyler.fagan@mail.house.gov)

### House Minority Leader Hakeem Jeffries (Minority - Democrat)

- Legislative Director: Zack Lobel (zack.lobel@mail.house.gov)

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### Senate Majority Leader John Thune (Majority - Republican)

- Legislative Director: Adam Wek (adam\_wek@thune.senate.gov)
- Appropriations Legislative Assistant: Audrey Beck (audrey\_beck@thune.senate.gov)
- Health Legislative Assistant: Sarah Schmidt (sarah\_schmidt@thune.senate.gov)

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### Senate Minority Leader Chuck Schumer (Minority - Democrat)

- Legislative Director: Dylan Laslovich (Dylan\_Laslovich@schumer.senate.gov)
- Health Legislative Assistant: Claudia Brady (claudia\_brady@schumer.senate.gov)
- Health Legislative Assistant: Lizzy Burke (Lizzy\_Burke@schumer.senate.gov)

**Submit your story directly to the House Democrats on the Appropriations Committee:** As of June 23, 2025, the House Democrats on the Appropriations Committee are surveying the impact of the Trump Administration's cancellation of federal research awards. If your award was terminated on or after January 20, 2025, you can fill out [this brief survey](#).

# GUIDANCE ON NON-CONGRESSIONAL ADVOCACY

Some research grants have been successfully reinstated due to steadfast advocacy. Many researchers from across disciplines have graciously shared tactics and guidance. As researchers facing cuts well know, there is no single solution to getting funding reinstated. As time and capacity allow, try employing a [variety of tactics](#) and working with other researchers.

If exploring any of the pathways below, be mindful to follow [Executive Order](#) guidance and craft your messaging and/or grant in a way that will be best received by those with whom you are communicating. For more in-depth support for researchers around grantsmanship, contact [drae@drugpolicy.org](mailto:drae@drugpolicy.org).

While this toolkit will not offer an in-depth analysis on contesting grant decisions, the overview below can help spur ideas and connect you to additional resources.

## I. Many researchers have tried appealing their grant terminations or cancellations:

- The team leading litigation against National Institutes of Health (NIH) compiled a [guide on appeals](#) of NIH grant terminations. Learn more at [Grant Watch](#), which is tracking the termination of grants of scientific research agencies.
- Please note that, depending on the grant, you may need to appeal the termination decision before reapplying for the grant if it is within the same federal agency (e.g., the Department of Justice). Funding may not be reinstated if an appeal is not submitted first. Even if you missed the initial deadline provided by the agency, you are still encouraged to appeal.
- Program officers may also be able to offer guidance on appeals.
- If you have not already done so, connect with other researchers at your institution

or in your field who have faced funding cuts. Building coalitions can help you feel more supported and share resources and knowledge about appeals processes.

## 2. You may choose to work within your university structure to pursue litigation or to identify alternative funding sources:

- Consider speaking with your university's legal counsel to receive assistance in filing an individual appeal with the NIH. Or your university may be interested in filing an institutional appeal letter on behalf of multiple researchers/centers whose studies have been cut. Your university may also join other universities to file these appeals together.
- Your university or institution may have [bridge funds](#) to temporarily offset funding shortfalls or unanticipated cancellation.

Example: Harvard [filed a lawsuit](#) in federal court against the Trump administration over a funding freeze.

## 3. Professional associations may be helpful resources and well-equipped to advocate on behalf of members through advocacy or litigation:

- There is power in numbers. Professional associations, unions, and other groups often represent the interests of tens of thousands of people and have lobbyists and legal counsel who can exert power and influence on key issues. When these organizations come together on various issues, they are more likely to be heard.
- Get involved with your professional association (e.g., American Public Health Association) and find out whether they are participating in any advocacy or lawsuits relating to the funding cuts. You may be able to add your story to those of others who have been impacted and get involved in planned advocacy efforts.

- Join an interdisciplinary network of researchers, like the [Addiction Science Defense Network](#), to coordinate sign-on letters and other advocacy efforts on behalf of impacted and concerned academics.

Example: The American Public Health Association, along with other researchers and organizations, [filed a lawsuit](#) to challenge cancellations of NIH research grants.

Example: The American Association of University Professors (AAUP) and the American Federation of Teachers (AFT) [sued the Trump administration](#) for what they called a politically-motivated cancellation of federal public health research funding at Columbia University.

#### 4. Another impactful option is drafting or joining a *sign-on letter* with hundreds of like-minded concerned signatories to sound the alarm on funding cuts:

- While one voice may go unheard, it is hard to ignore when hundreds of people sign on to a letter to express their concern about an issue. Sign-on letters can be a good way to summarize key concerns, describe the harms and impacts of a policy choice, and offer a call to action to address the problem.
- Another benefit is that these sign-on letters are likely to get media coverage if they touch on a timely issue and have enough signatories.

Example: In May 2025, 325 drug researchers got a sign-on letter covered in [The New York Times](#), [CNN](#), [NPR](#), and [The Washington Post](#).

Example: Bethesda Declaration: In June 2025, over 300 NIH researchers and staff [published an open letter](#) criticizing NIH funding cuts and threats to science and academic freedom. The letter received widespread coverage, including stories in [The New York Times](#), [CNN](#), [NPR](#), and [The Washington Post](#).

#### 5. Alerting media about these cuts, participating in interviews, and writing articles can help strengthen the tactics above:

- First, consider whether it is helpful to amplify your story. Ask yourself:
  - Will media coverage bring unwanted attention to this already complicated issue?
  - Has a publication or journalist covered similar issues before? Has the coverage been positive or negative?
- Advocacy organizations in your region or field may already have connections with the press. They also may know which outlets might have the most impact. Consider reaching out to these organizations because they may be able to help get your story in front of the right audience.
- Sometimes, reporters may interview you on-the-record and include direct quotes. Other times, they may talk with you to gain more background context. Make sure you know if you will be quoted, and if you need, some reporters may allow you to remain anonymous.
- Publishing an op-ed allows you to explain the impact of funding losses in your own words and quickly spread information about your story. Think not just about what outlet may be interested in publishing your op-ed but also about where it could have the most impact (e.g., local, state, or national outlets). For in-depth guidance on drafting and pitching op-eds, visit the [OpEd Project](#).

Example: Dr. Cassandra Boness, a clinical psychologist and Assistant Professor at the University of New Mexico, [published an op-ed](#) in the Albuquerque Journal describing how federal funding cuts and policy rollbacks would impact addiction and treatment.

Example: Dr. Brittany Charlton, the founding director of the LGBTQ Health Center of Excellence at Harvard, [penned an op-ed](#) in STAT News on the impact of cuts to her LGBTQ+ health research.

## ADDITIONAL RESOURCES

[NIH Grant Terminations](#) in 2025 Tracker, compiled by Grant Watch

[Mapping the impact](#) of federal health research cuts, compiled by Stand Up for Science

[Resources](#) on Executives Orders and government memos, compiled by the College on Problems of Drug Dependence

[Database](#) of Executive Orders

[Trump administration actions](#) impacting science and health, tracked by STAT News

[The Anti-Autocracy Handbook](#): A Scholars' Guide to Navigating Democratic Backsliding

