



Stories Behind the Statistics: Impact of NIH Grant Terminations on Population Scientists

Between February and June 2025, [NIH has terminated 35 active grants](#)—totaling more than \$44 million in unliquidated funding—for which a Population Association of America (PAA) member served as Principal Investigator. These cuts are more than just numbers. Behind each cancelled grant is a scientist whose career has been impacted—and more crucially, research with the potential to improve American’s health and save lives now hangs in the balance. The human cost is real. These are some of their stories.



Allison’s Story

Allison is a PhD student in the final year of her epidemiology doctoral training at the University of Minnesota. Besides being a first-generation college student, Allison has a four-year-old son.

A diversity supplement award made by the National Institute of Child Health and Human Development (NICHD) to her Population Center at the University was supporting her dissertation research on state and county level factors driving firearm-related mortality among children and adolescents, particularly Black rural youth.

In May 2025, NIH terminated the second year of the diversity supplement, stating that “it is the policy of NIH not to prioritize research programs related to DEI” (diversity, equity, and inclusion). The terminated portion of the grant, \$50,325, equates to the loss of one year of tuition and fees supporting Allison’s doctoral training. Losing her training support may force Allison to pause her research to secure income and health insurance for herself and her son who has asthma.

A June 2025 court ruling found her grant termination to be unlawful, but the Department of Justice appealed the ruling. It is unclear when and if this and similar grants will be reinstated. It is unprecedented that researchers such as Alison are enduring this type of uncertainty and tumult, and that research examining the leading cause of death in children and adolescents in the United States is being disrupted.



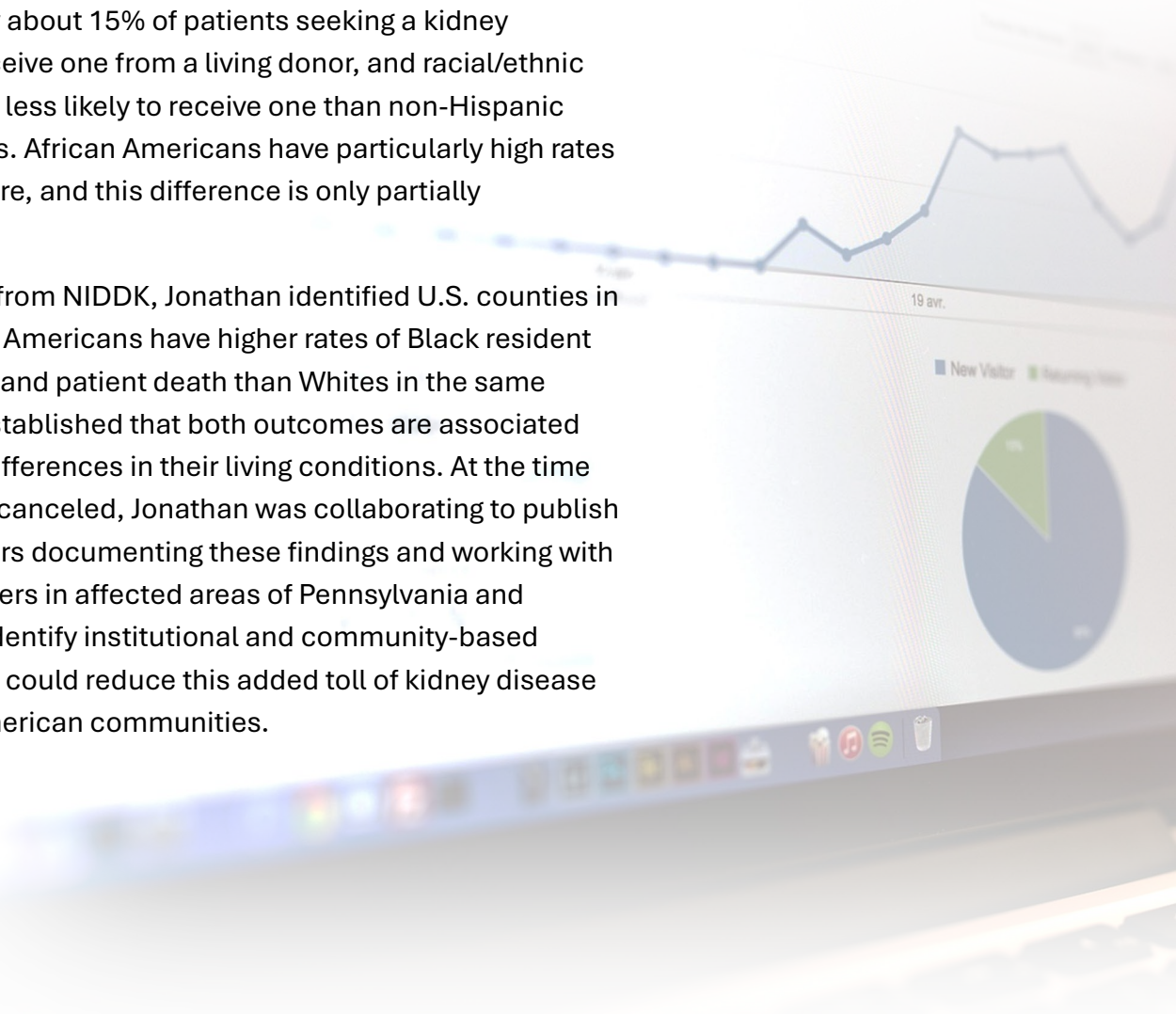
Jonathan's Story

Jonathan, a mid-career scientist at Pennsylvania State University, has established a successful research career studying the social factors influencing disparities in kidney disease.

In 2022, Jonathan received a competitive grant from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to study the social and economic causes of racial and ethnic disparities in kidney failure, treatments, and related mortality. Specifically, the project examined how the role of racial and ethnic differences in living conditions among residents of the same county was associated with disparities in kidney failure. The award was terminated in May 2025 as being related to DEI.

According to the Health Resources and Services Administration, more than 100,000 Americans are awaiting an organ transplant and about 70 percent of them are waiting for a kidney. Only about 15% of patients seeking a kidney transplant receive one from a living donor, and racial/ethnic minorities are less likely to receive one than non-Hispanic White patients. African Americans have particularly high rates of kidney failure, and this difference is only partially understood.

With support from NIDDK, Jonathan identified U.S. counties in which African Americans have higher rates of Black resident kidney failure and patient death than Whites in the same county and established that both outcomes are associated with county differences in their living conditions. At the time his grant was canceled, Jonathan was collaborating to publish multiple papers documenting these findings and working with key stakeholders in affected areas of Pennsylvania and Maryland to identify institutional and community-based solutions that could reduce this added toll of kidney disease on African American communities.





William's Story

William, a senior investigator at the University of California-Berkeley, has successfully competed for NIH funding over the course of his career. He has studied the health impact of economic policies that support vulnerable populations, to understand how to disrupt vicious circles of poverty and ill health. In 2021 he was excited to be part of a team that was awarded a 5-year grant from the NIH Office of the Director to conduct a randomized trial among low-income emerging adults ages 18-24 in high poverty Black communities, to rigorously study the health impacts of providing income support during this key life stage that determines education, work, family, and health trajectories.

In March, NIH notified the team that the project was being cancelled effective immediately, because it “no longer effectuates agency priorities.” Furthermore, the termination notice made the specious claim that, “research programs based primarily on artificial and non-scientific categories, including amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our knowledge of living systems, provide low returns on investment, and ultimately do not enhance health, lengthen life, or reduce illness.” This is despite the fact that the grant had been awarded in a highly competitive process after extensive scientific review based on its potential for advancing science. It was terminated 4 months before the randomized trial was due to end, making it impossible to study the health effects of the intervention. Years of NIH investment in planning and conducting this intervention were wasted, undermined by this politicized termination decision made by non-scientists.

