

YSM Office of the Dean

February 9, 2025

To the YSM Community:

As you undoubtedly are aware, Friday night the NIH issued guidance <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-068.html> that, if enacted, will have a significant impact on our research mission and on scientific discovery and the development of new therapies in the United States. The guidance calls for a standard 15% indirect (facilities and administration) cost rate, significantly below our current rate, for all NIH grants going forward. Facilities and administration costs cover everything from the capital, maintenance, and utilities for laboratories, to the administrative staff who oversee regulatory and financial matters. Even with current indirect rates, for every dollar (including directs and indirect costs) that research intensive schools receive from the National Institutes of Health, the cost of performing the research has been estimated to be \$1.50.

Please know that leaders from Yale and universities across the United States are collaborating to respond to this guidance, exploring all avenues. In addition, as I have shared in our departmental and section town halls and in [my message](#) of January 23, Yale School of Medicine leaders are working behind the scenes to develop contingency plans that prioritize our core missions should we see these types of cuts. Some guiding principles behind these conversations include, “Prioritize support for people at the beginning of their careers,” and “Focus on reducing inefficiencies.” We are also developing criteria for bridge funding for individual investigators who might be affected by specific policies. We will be ready to communicate should we need to invoke any of these plans.

In the meantime, as a reminder, the Office of Research Administration is posting updates at: https://research.yale.edu/2025-federal-administration-transition?check_logged_in=1.

We must continue to get the word out about the groundbreaking work that you are doing—from identifying how the immune system recognizes pathogens, to developing the first

therapy to prevent the onset of Type 1 Diabetes in susceptible children, to using artificial intelligence to diagnose structural heart disease from a heart tracing, to developing new cancer therapies, to identifying rare diseases in children and developing novel cures—the list goes on and on.

Much is in flux. It is important that we not react until we have clarity on the implications of any new policies or guidelines. In many cases this requires interpretation by the courts. Chaos can be a strategy for distraction. We must continue to stay focused on our work.

Sincerely,

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