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*Director, National Institutes of Health*

On behalf of the National Institutes of Health (NIH), I am transmitting the Congressional Justification of the NIH request for the fiscal year (FY) 2025 budget. This request for a total program level of \$50.1 billion that will support NIH's mission to turn biomedical research discoveries into better health for all. This budget request encompasses investments in foundational research, which lay the groundwork for future health advances, as well as efforts to prevent disease and develop cures. Also included are NIH efforts to support and maintain a robust, talented, and diverse workforce of researchers at all career stages.

After being confirmed on a bipartisan basis by the U.S. Senate, I was honored to begin working as the 17<sup>th</sup> Director of NIH on November 9, 2023. On behalf of NIH, I extend my heartfelt gratitude to Dr. Lawrence Tabak for serving as Acting Director of NIH since December 2021 when Dr.

Francis Collins stepped down as head of the agency.

From recent advances in gene therapies for sickle cell disease to new vaccines to protect against respiratory syncytial virus to exciting initiatives advancing artificial intelligence for health, NIH research has made significant contributions to improving the health of people in the United States and around the world. But we still have work to do: Families across the country are grappling with new cancer diagnoses, facing high rates of maternal mortality, struggling with ill health from Long COVID, losing loved ones to the opioid overdose crisis, and struggling to manage chronic diseases, among many other challenges. According to a 2021 consensus study from the National Academies of Sciences, Engineering, and Medicine, the United States is experiencing rising mortality rates among working-age adults. Biomedical research remains crucial to reversing this trend.

We will continue to foster research that is responsive to new and ongoing health issues. Importantly, NIH research occurs not only in the laboratory and the clinic but also in communities across the country. To tackle the most persistent and complex problems, and to restore trust in science and the value it brings to society, we need to bring more members of the public into the research enterprise as our partners in discovery. Income, age, race, ethnicity, geographic location, and disability status should not be barriers to participating in research or to benefitting from research advances.

Traditional clinical research networks primarily exist in academic medical centers and aim to recruit people with specific conditions. However, many people, especially those in rural and other underserved areas, do not have access to these types of trials and often do not benefit from the resulting knowledge. We envision connecting our research to communities of all types through the primary care setting. By meeting people where they already receive care and supporting efforts from those providing medical care, NIH could leverage the use of electronic health records infrastructure to gather data and conduct research securely. My hope is to integrate basic research with public health and clinical care data, and, crucially, more rapidly



disseminate evidence to guide patient and provider decisions, tracking progress for outcomes that matter to the people we serve.

As we look ahead, advanced scientific methods and new data analytics and technologies are unlocking possibilities to harness data in ways that achieve faster and more definitive results. As the growing rush of information comes in, we must work to convert that information to knowledge and connect what we learn to everyday life and clinical practice. For example, with advances in artificial intelligence, we can identify patterns in large, complex datasets and can evaluate the likely outcomes of different courses of treatment. We aim to harness the National Library of Medicine as a focal point to support multidisciplinary data sharing and use for biomedical research. By democratizing access to data and analytic tools, researchers and clinicians outside major medical centers could benefit from and contribute to knowledge generation more easily.

I believe in the power of science to bring us answers and of the research community to channel new knowledge in ways that transform lives. However, our efforts will only succeed if our programs are inclusive and participants diverse—across geography, demographics, and socioeconomics.

Our goal is to link the laboratory to the clinic and to communities that encompass the diversity of our country, and make sure that the information we collect is used safely and ethically to improve health for all people. This work will build on existing programs, structures, and technology at NIH. If we integrate crucial, fundamental knowledge with clinical practice and our everyday lives, I know we can find solutions to the health challenges facing our communities. After all, a guiding principle at NIH is that our work is not finished when we deliver scientific discoveries; our work is finished when all people are living long and healthy lives.

Monica M. Bertagnolli, M.D.

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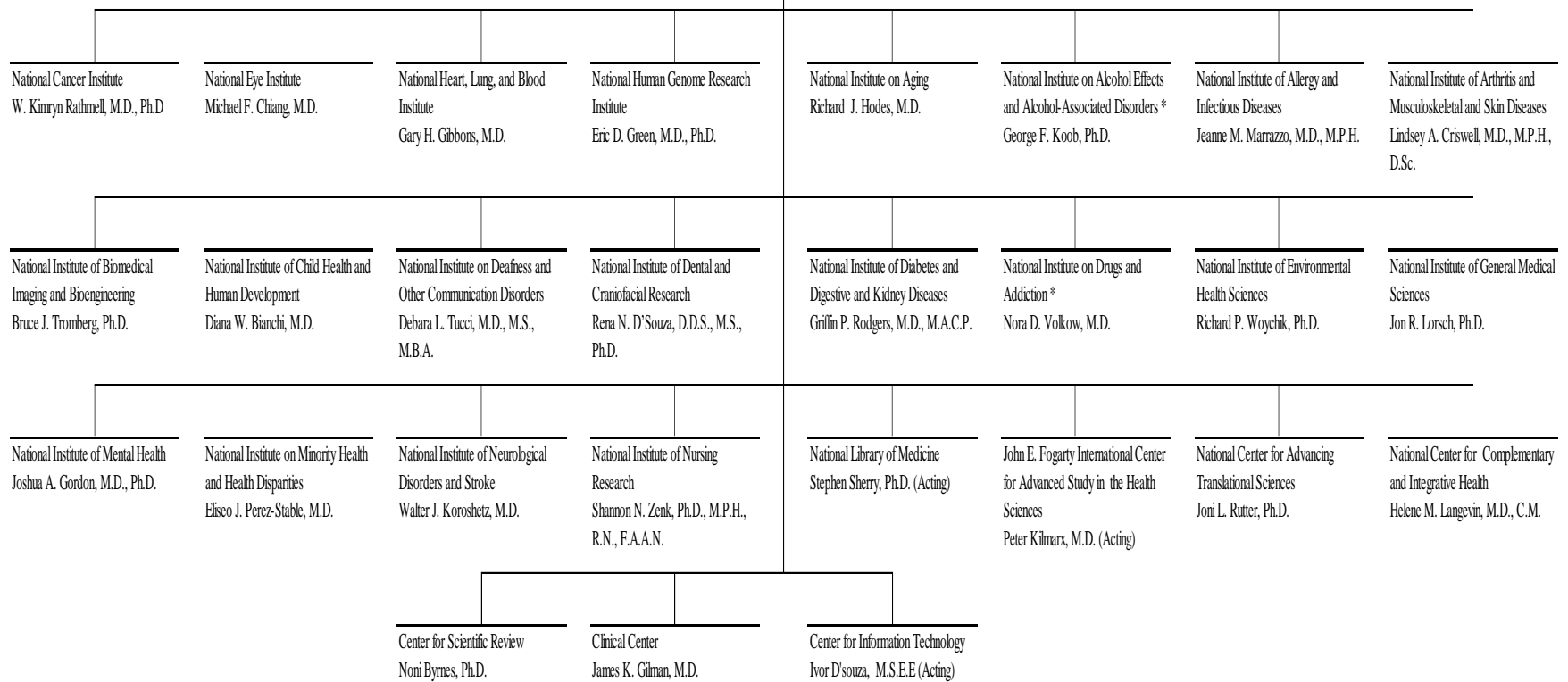
1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
2. Detail in this document may not sum to the subtotals and totals due to rounding.



ORGANIZATION CHART

National Institutes of Health

Office of the Director  
 Director: Monica M. Bertagnoli, M.D.  
 Principal Deputy Director: Lawrence Tabak, D.D.S., Ph.D



\*The FY 2025 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.