Comments from the Infectious Diseases Society of America on Proposed NIAID Reorganization

September 18, 2026

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 13,000 infectious diseases physicians, scientists and public health professionals dedicated to the prevention, diagnosis and treatment of infectious diseases, we are pleased to provide comments on the proposed National Institute of Allergy and Infectious Diseases (NIAID) reorganization.

We understand and appreciate the desire to streamline NIAID operations and increase efficiency with limited resources. Periodic review of operations is important to ensure effective use of resources. Such reviews need to be done with significant and meaningful community engagement from researchers, clinicians, patients and other affected parties to ensure a clear understanding of existing work and impacts before making changes. The current effort has allowed an exceedingly short time for review and provided limited information, which makes it difficult for stakeholders to offer adequate feedback.

The Division of Clinical Research has done extraordinary work and has been essential in driving scientific progress and fostering interagency collaboration. Notable examples are the 2014 and 2018 Ebola outbreaks and the mpox outbreak. This capability must not be lost due to reorganization.

As part of the reorganization, the Office of the Clinical Director (OCD) would move to the Office of the Director. Recognizing there have been limited details released about this change, IDSA provides the following recommendations.

- Before proceeding with any restructuring, NIAID should conduct an external review of existing operations and their impacts, make public the findings of that review, share a more detailed restructuring plan based upon those findings with clear justifications for each proposed change, conduct stakeholder feedback sessions, provide a written public comment opportunity with a 90-day notice and meaningfully respond to all public comments.
- This change, if implemented, should not increase political interference in scientific decision-making. As IDSA has previously expressed, placing grant decisions in the hands of political appointees instead of scientific experts and prioritizing political alignment over scientific merit and patient need will cause significant upheaval in medical research. Biomedical discoveries take an average of 10 to 15 years from initial laboratory discovery to being available for patient use, and political priorities typically change with every new president — if not more frequently.
- Regardless of where the OCD is located in the agency, scientific autonomy and clinical expertise must guide grantmaking decisions.

- NIAID staff reductions have depleted the internal expertise needed to develop and implement a successful transition plan. Undertaking a major reorganization at this time is likely to exacerbate ongoing challenges that have already significantly delayed the grantmaking process.
- It appears this reorganization would simply enlarge the Office of the Director. It does not appear to create functional units that improve collaboration and reduce real or perceived duplication of efforts.

Thank you for the opportunity to comment. Please contact Eli Briggs, IDSA director of public policy, at ebriggs@idsociety.org with any questions.