UCSF Department of Medicine
ZUCKERBERG
SAN FRANCISCO GENERAL

Resiliency in Research: Leaning into Our Values and Strength in Community

This has been a tumultuous year for our federally funded research faculty, particularly those of us working in research areas newly under-appreciated or undervalued and those whose work has a funded component outside the United States. Nevertheless, our faculty have shown inspiring resilience, leaning into both our shared values and strength in community, and finding a way forward. This issue highlights three of their stories.

'Focus on Moving Forward' Dr. Anita Hargrave-Bouagnon

"Through my clinical work and personal experiences, I have seen the profound impact that trauma has on health and engagement with the health care system," said Anita Hargrave-Bouagnon, MD, MAS, Assistant Professor in the ZSFG Division of General Internal Medicine.

Her research includes studying women veterans, and how PTSD and military sexual trauma affect outcomes related to cancer and cardiovascular disease. She also investigates the relationship between homelessness and intimate partner violence, and how clinicians can effectively communicate and build relationships with patients who have experienced trauma.

Dr. Anita Hargrave-Bouagnon

In January, the Trump administration issued executive orders banning policies that support diversity, equity and inclusion and address health inequities. At that time, Dr. Hargrave-Bouagnon was writing a K08 grant application to the National Cancer Institute. It focused on developing and testing a trauma-informed tobacco cessation intervention for women who receive care in safety net settings.

"There was a lot of talk about what words would implicate the executive orders and cause your research to be flagged," said Dr. Hargrave-Bouagnon. "I wondered if I should use the term 'non-male' instead of 'female.' I didn't end up doing that, but I went through word by word and chose wording that would be more likely to pass through a review, while keeping my science rigorous. It was helpful to get feedback from as many diverse perspectives as possible."

Her grant application underwent peer review and scored in the first percentile, but its fate has not yet been decided. "I'm learning to celebrate any accomplishment in the face of uncertainty, and to be proud of my work no matter the outcome," said Dr. Hargrave-Bouagnon.

She also had a multiyear grant whose renewal notice – usually a routine matter – was delayed for three months. "There was a period when we didn't know if it would ever be renewed," said Dr. Hargrave-Bouagnon. "That was difficult. Most of my salary, and all my research and analyses, depended on using that grant. I worried whether I would keep my job. I had to stop doing analyses and going to conferences because I couldn't pay for them. My program directors, mentorship team, division, and department leadership were all very supportive, and I'm extremely grateful." The grant has since been renewed.

Dr. Hargrave-Bouagnon submitted another grant application to the National Institute on Minority Health and Health Disparities (NIMHD) which was based on a National Institutes of Health (NIH)-wide strategic plan for research on the health of women. Although the grant was supposed to start in August 2025, no funding decisions have yet been announced. "The silence is deafening," she said.

As an early-career investigator, the current funding environment is especially challenging. "This transition from a K award to an R01 can be a tenuous, vulnerable time in a researcher's path," said Dr. Hargrave-Bouagnon. "It can be hard to get an R01, especially if your area of research is not aligned with the new executive orders. It's always been important to write as many grants as you can, but that's heightened now. I'm trying to write as many grants to as many different federal and non-federal sources as possible. That's challenging, because I also need to do my research, and there's not enough time in the day."

Several learnings have helped her navigate this uncertain time. "I have tried to get informed, attending every possible lecture, town hall, seminar, and lunch forum to understand how this rapidly changing sociopolitical climate impacts science and research," said Dr. Hargrave-Bouagnon. "I've also tried to learn from previous crises. I've asked people how they've navigated previous dramatic changes in funding landscapes. I've read a lot about other countries that have undergone similar political changes, trying to gain a greater historical context. Similar patterns have been seen across the world, and it helps me understand how research can stay constant through the rise and fall of different political movements."

She has also proactively connected with colleagues and supporters. "I met with peers and leadership at UCSF to share how my research was impacted, and brainstormed with them about how we could be creative moving forward together," said Dr. Hargrave-Bouagnon. "I also remember something my dad always told me, which is to not lose sight of the forest for the trees. Don't get so fixated on a particular executive order that you lose sight of your overall goals. Stay grounded, keep your vision lifted, and focus on moving forward."

While she is well aware of the challenges, Dr. Hargrave-Bouagnon draws strength from community. "There is a very real threat to science and academic freedom," she said. "It's important to come together to think strategically, maintain our core values, and innovate to address health equity. This is a crucial moment in time that we should learn a lot from."

From Global to Local Health
Dr. Gabriel Chamie


Dr. Gabriel Chamie

As a college student in the mid-1990s, Gabriel Chamie, MD, MPH, spent a summer shadowing an HIV provider in New York soon after antiretroviral drugs were approved by the U.S. Food and Drug Administration. "The effects were transformative, and inspired me to pursue a career in infectious diseases," said Dr. Chamie, now Professor in the Division of HIV, Infectious Diseases and Global Medicine.

In addition to caring for patients, he also investigates new ways to prevent and treat HIV and tuberculosis (TB), particularly in East Africa. Because heavy alcohol use is a risk factor for acquiring and transmitting HIV and TB, he and his collaborators are studying interventions to increase testing and treatment of these diseases at alcohol-serving venues in rural Uganda and Kenya. They are also piloting behavioral economics strategies, such as monetary incentives, to promote repeat HIV testing among high-risk patients. Dr. Chamie partners with Harsha Thirumurthy, PhD, an economist at the University of Pennsylvania's School of Medicine, and many collaborators in East Africa.

In May 2025, the National Institutes of Health (NIH) prohibited American scientists from subcontracting with overseas research partners. Instead, the NIH is creating a funding pathway called a Type 3 supplement, in which the federal government directly awards money to foreign research institutions. Dr. Chamie and his collaborators have applied for this new funding mechanism. One grant received approval after a three-month pause; another application is still pending, which is delaying non-competitive renewal of that multiyear grant.

"We were ready to launch a trial that would include 30,000 to 40,000 participants, but paused it as we await our third year of funding," said Dr. Chamie. "It takes years to build trust with community leaders and key populations. After participants have consented to be part of a clinical trial, this pause can undermine that trust and have a huge impact. Also, we've spent years training research staff, including highly skilled doctors, nurses, psychologists, research assistants and lab technicians. If funding is suddenly cut off, our partners have to lay off staff, who then need to look for other jobs. Even if the funding comes through, we need to rehire and retrain staff."

Funding interruptions also impact the science. "We have schedules that are intentionally timed with a specific cadence," said Dr. Chamie. "One


Dr. Gabriel Chamie with the Infectious Diseases Research Collaboration team in Mbarara, Uganda, September 2023

The Clear Lab team with Dr. Neeta Thakur

trial counsels people with heavy alcohol use who have started HIV prevention medications, testing whether that reduces risk of acquiring HIV. With this pause, we've had delayed measurements and intervention delivery. That creates apples-to-oranges comparisons and can undermine the scientific rigor of our findings."

While his research funding is paused, Dr. Chamie and his colleagues have been in close contact with the NIH to ensure they have all the required information to set up the international grant structure. He has also mentored trainees and junior faculty in conducting secondary analyses of existing data. "We're doing our best to remain productive, because there's certainly a lot of work to be done with previously collected data," he said. In addition, he is strategizing about how to diversify funding opportunities.

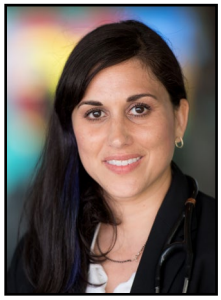
Some taxpayers may question the value of funding international health research. "COVID clearly demonstrated that disease occurring anywhere can affect us all, and TB and HIV are no different," said Dr. Chamie. "We can learn things in rural East Africa that are immediately applicable to rural areas in the United States, such as training lay people to become community health workers to extend the reach of the health system. Another example is lessons learned about offering universal HIV screening, a tool we rapidly applied during the COVID pandemic when we rapidly set up community health campaigns in the Mission District."

International research can be a cost-effective way to conduct research. "If you study diseases like new HIV infections or new TB cases in a higher prevalence setting, you can more quickly enroll a clinical trial and get answers in a reasonable amount of time," said Dr. Chamie. "It would take years and much more money to do a study like that in an American setting. These studies can help answer critical questions that affect the U.S., such as the large TB outbreak in Kansas earlier this year. The real benefits in science are when you have open dialogue and share lessons across borders. That improves health for everyone."

Through this difficult time, Dr. Chamie is inspired by his patients, his dedicated colleagues, the support of family and friends, and the potential of science to prevent and treat disease. "Even though there have been disruptions in international health research, we are seeing funding coming through, and that's a good sign," he said. "We have wonderful, competent collaborations with other countries, which I'm hopeful will remain strong. We have a responsibility to be advocates. There is strength in numbers, and the more we work together, the more effective we are likely to be."

Justice for Science
Dr. Neeta Thakur

In addition to caring for patients with asthma, COPD, and other lung diseases, Neeta Thakur, MD, MPH, works to identify and address contributing structural factors. Those include air pollution, wildfire smoke, and public policies that disproportionately expose low-income people and communities of color to these hazards.



Dr. Neeta Thakur

Dr. Thakur, Professor in the ZSFG Division of Pulmonary and Critical Care Medicine, and her collaborators received a multiyear grant from the Environmental Protection Agency (EPA) to better understand the health impacts of wildfire smoke and extreme heat, particularly on people living in low-income housing such as single-room occupancy (SRO) hotel rooms.

"In April, we received a termination notice saying that [our grant] no longer aligned with the Administration's policies and priorities," said Dr. Thakur. "I pursued an appeal, but didn't have a lot of hope that the grant would be reinstated, since the federal government was actively dismantling the EPA and rolling back regulations."

One of her research partners connected her with law professor Claudia Polsky, founding director of the UC Berkeley Environmental Law Clinic. Ms. Polsky invited Dr. Thakur to participate in a class action lawsuit that ultimately included six UC faculty members whose grants from the EPA, National Science Foundation (NSF), and the National Endowment for the Humanities (NEH) had been terminated. In June, U.S. District Court Judge Rita Lin ruled in Thakur v. Trump that the plaintiffs' grants had been wrongly terminated, and issued a preliminary injunction ordering that funding be restored.

"What was amazing was that the ruling didn't just cover the named plaintiffs, but rather every investigator across the UC system with grants from these three agencies," said Dr. Thakur. Although the federal government challenged that ruling, it was upheld by the U.S. Court of Appeals for the Ninth Circuit.

In August, when the Trump administration accused UCLA of antisemitism and suspended hundreds of federal grants to UCLA researchers, the judge ruled that action violated the Thakur v. Trump preliminary injunction; all NSF grants to UCLA were reinstated. In a September hearing, a judge agreed to expand that injunction to include grants from the National Institutes of Health (NIH), Department of Defense, and Department of Transportation. "Being part of the action to reduce harm to science has been a large source of optimism and hope," said Dr. Thakur.

However, Dr. Thakur's EPA grant was not her only jeopardized funding. She lost three diversity supplements which provided salary support for research team members and a junior faculty member. Dr. Thakur was also told that two of her NIH grants had been flagged as being at high risk of termination. She was advised to not spend any more grant money until she received a continuation notice of award. "It was tough, potentially losing support for team members with specific identities that are being attacked by our government, as well as being unable to access grant funding," she said.

Rather than laying off and then rehiring staff, Dr. Thakur used discretionary funds to help pay for team members' continued research efforts. She left several open positions unfilled. Her team also paused all community-facing work; now that the EPA funding has been restored, her team is ramping back up. "We've had to rekindle relationships, rebuild trust, and ensure we can guarantee follow-through if we get terminated again," she said.

Through these many challenges, the biggest source of resilience was Dr. Thakur's team. "Everyone asked, 'How can we support you? How can we help write grants?'" she said. "Not feeling alone helped me get through this."

Together they also developed a Plan B for their annual Youth Participatory Action Research (YPAR) program, an intensive, full-time program which trains teens in Richmond, Calif., every summer to conduct community-based research. "My colleague connected us with a UC Berkeley program that had funding to support career pathway programs," said Dr. Thakur. "We were able to pivot and offer a high-yield, 'light' version to members of our Youth Council who had gone through YPAR before. They did powerful work that was incorporated into that research study. It was re-energizing and a source of hope to be able to offer that program."

Dr. Thakur and her colleagues redoubled their grantwriting efforts, partnered with other academic groups and nonprofits on research proposals, and sought alternate funding sources – including state and private grants. "Banding together reduced the stress and offered a new avenue for collaboration and novel ideas," she said.

Fortunately, all of Dr. Thakur's funding has been restored, for now. Another class action lawsuit, American Public Health Association v. National Institutes of Health, resulted in a preliminary injunction to stop terminating NIH grants and reinstate diversity supplements. In August, she also received a continuation notice for the grant she feared would be terminated.

Through this time of uncertainty, Dr. Thakur's passion for research to improve the health of vulnerable populations has remained undiminished. "When I was writing a recent grant, I thought, 'It would be so cool if this got funded – it would be a great project and have a huge impact!'" she said. "As demoralized as I have sometimes felt, to still feel excited about doing science made me realize we can make it through this."

"Drs. Hargrave-Bouagnon, Chamie, and Thakur exemplify the values and strength that define our research community. We leverage the power of science to help the most vulnerable among us, and our passion for that shared mission – as well as the support we give to each other – provides the strength and resilience to navigate turbulent times." said Peter Hunt MD , ZSFG DOM Associate Chief for Research.

-Elizabeth Chur

Editors: Neil Powe, Leonard Telesca, Ali Cunningham

SPOTLIGHT

Congratulations

- Neal Benowitz, MD, Division of Cardiology, has conducted research over the past 15 years with the California Thirdhand Smoke Consortium which led to Governor Newsom signing a bill, AB455, to mandate thirdhand smoke assessments in real estate transactions
- Triveni DeFries, MD, MPH, Division of Internal Medicine, has been selected to join Cohort 25 of the California Health Care Foundation Health Care Leadership Program
- Binh An Phan, MD, has been awarded the Bridges Curriculum Award for Inspirational Teaching

We would like to congratulate our Academy of Medical Educator Award Recipients!

- Uchenna Nwosu, MD, Division of Nephrology and Jamie Yao, MD, Division of Hospital Medicine have received the Excellence in Teaching Awards, while Neeta Thakur, MD, Division of Pulmonary and Critical Care Medicine, has received the Excellence in Mentoring Award.

Upcoming Events

- Worlds AIDS Day; ZSFG and the Ongoing Fight Against HIV - December 1, 2025, 3:30-5:00 PM, Carr Auditorium, Bldg. 3, ZSFG
- Promoting Research in Social Media and Health (PRISM) - December 3, 2025, 8:30 AM-4:30 PM, UCSF Mission Bay Conference Center