



February 24, 2020

Alex M. Azar II
Secretary
U.S. Department of Health and Human Services

Francis Collins, M.D., Ph.D.
Director
National Institutes of Health

Via e-mail: Secretary@HHS.gov, execsec1@od.nih.gov

Dear Secretary Azar and Dr. Collins,

Good morning. I hope this letter finds you well. On behalf of People for the Ethical Treatment of Animals (PETA) and our more than 6.5 million members and supporters worldwide, I am writing to share several serious ethical and scientific concerns about a series of experiments being conducted on primates by Elisabeth A. Murray in the National Institute of Mental Health's Intramural Research Program (NIMH IRP). Murray has received tens of millions of taxpayer dollars—more than \$36 million in just the past 13 years—to carry out these experiments on dozens of monkeys without any tangible benefits to humans.

Through a Freedom of Information Act (FOIA) request, PETA has obtained disturbing videos of monkeys being subjected to deliberately terrifying experiments conducted under NIH Project Number 1ZIAMH002887, "[Neural Substrates of Reward Processing and Emotion](#)." Monkeys in this laboratory are placed in frightening, stress-inducing situations so that experimenters can measure their defensive, submissive, and aggressive behavioral responses. Prior to these cruel procedures, the monkeys undergo invasive surgical procedures, sometimes repeatedly, in which experimenters inject toxins into their brains—creating lesions and causing permanent damage to various brain regions.

The purported aim of these experiments is to investigate which regions of the brain are critical to typical and atypical human emotional reactivity, behavioral flexibility, and value updating. However, as explained in the review below, these experiments have little relevance to normal human behavior or human neuropsychiatric illness. **We hope that after reviewing our ethical and scientific concerns about these experiments, you will seriously reconsider NIH's continued support of them and close this laboratory.**

Monkey Experiments Cannot Provide Meaningful Data for Humans

As you already know, holding highly intelligent, social, sensitive primates captive in laboratories, performing invasive surgical procedures, and subjecting them to stressful, painful, and fear-inducing experiments causes extreme long-

PEOPLE FOR
THE ETHICAL
TREATMENT
OF ANIMALS

Washington, D.C.
1536 16th St. N.W.
Washington, DC 20036
202-483-PETA

Los Angeles
2154 W. Sunset Blvd.
Los Angeles, CA 90026
323-644-PETA

Norfolk
501 Front St.
Norfolk, VA 23510
757-622-PETA

Berkeley
2855 Telegraph Ave.
Ste. 301
Berkeley, CA 94705
510-763-PETA

Info@peta.org
PETA.org

Affiliates:

- PETA Asia
- PETA India
- PETA France
- PETA Australia
- PETA Germany
- PETA Netherlands
- PETA Foundation (U.K.)

term psychological and physical harm. Primates in laboratories exhibit signs of extreme distress, including pacing, rocking, head-twisting, biting their own flesh, pulling out their own hair, and engaging in other forms of severe self-mutilation.^{1,2,3,4} They also display a wide variety of aberrant immune system abnormalities, including increased stress-related hormones, dysregulation of the hypothalamic-pituitary-adrenal axis, and immune system depression.⁵ This stress-induced immune dysfunction results in significant health consequences, including increased vulnerability to infection,⁶ chronic autoimmune disease,⁷ delayed wound healing and recovery from surgery,⁸ and accelerated aging.⁹ This is unacceptable not only ethically but also scientifically—the myriad behavioral and physiological abnormalities induced by the acute and chronic stress of laboratory life render all data from these experiments unreliable. Moreover, humans differ from other primates in gene expression and protein function,¹⁰ immune system functioning,^{11,12} neurodevelopment,^{13,14} and neuroanatomy,^{15,16} further limiting the applicability and translatability of the data obtained.

Murray's Experiments Are Flawed

In addition to the numerous confounding factors introduced by the negative effects of captivity and the critical species differences between humans and monkeys, Murray's experiments are rife with design flaws that render them meaningless.

The monkeys subjected to lesions in this laboratory are of a variety of ages at the time the lesions are inflicted and the time of testing, their rearing histories and genotypes vary, they may be male or female, and their previous exposure to the behavioral tasks also varies. These are all critical factors known to influence typical and atypical human emotional, social, and cognitive behavior. Additionally, the monkeys used in these experiments are forced to live alone or in pairs in an impoverished environment lacking in normal social, cognitive, or emotional stimulation, which is known to have a negative effect on primates' social, emotional, and cognitive functioning—precisely the types that Murray is purporting to study.

The justification given for carrying out these cruel experiments on primates is that destroying specific brain regions in these animals will inform us about human neuropsychiatric groups with atypical functioning in these neural regions. However, individuals with most neuropsychiatric ailments do not suffer from the type of brain damage being inflicted on primates in Murray's laboratory. Rather, most neuropsychiatric conditions involve atypical neurotransmitter functioning, hormonal regulation, and/or subtle structural and functional brain abnormalities.

Murray's studies can inform us only about the effects of very precise lesions on unhealthy, overstressed, asocial, and emotionally and cognitively stunted primates—information that doesn't seem valuable enough to warrant this cruelty or the expense of millions of taxpayer dollars.

Humane, Effective, Non-Animal Methods

In vivo imaging in humans who are at risk for developing or are already living with various neuropsychiatric disorders,^{17,18} postmortem analysis of brain tissue from patients,^{19,20,21,22} and large-scale epidemiological studies^{23,24} are helping researchers understand the neurobiological underpinnings^{25,26} of a variety of human neuropsychiatric illnesses. More specifically, researchers have already been studying the roles of specific brain regions for emotional regulation,^{27,28} behavioral flexibility,^{29,30,31} and value updating^{32,33} in humans extensively for decades. This includes studying patients with naturally occurring focal lesions,^{34,35,36} using neuroimaging to localize regions of the brain involved in these functions,^{37,38,39} using transcranial magnetic

stimulation to study the effects of temporarily disabling regions of the brain,⁴⁰ and studying brain structure and function in neuropsychiatric patient groups that exhibit difficulties with these types of behavior.^{41,42,43}

These studies have successfully revealed the precise roles of different brain regions and neurotransmitters in behavioral flexibility and emotional regulation and are allowing researchers to unravel the effects of age, gender, and experience on these sorts of behaviors and to understand complex genetic and environmental factors that contribute to neuropsychiatric illness.⁴⁴ These critical findings are not obtainable from Murray's experiments on primates.

Given the wealth of humane research methods and data available, it is both alarming and disheartening to see these cruel, crude, and costly experiments continue to be funded and conducted in the NIMH IRP.

Conclusion

As you no doubt know, data from animal experiments consistently fail to provide accurate information about human behavior and physiology and rarely, if ever, translate into usable human treatments or cures.^{45,46,47,48,49,50,51,52} Artificially inducing lesions in severely stressed captive primates and forcing them to perform hopelessly confusing, oversimplified, and repetitious behavioral tasks cannot and does not faithfully simulate the complex and variable etiology, symptomatology, and treatment responsiveness found in human neuropsychiatric patients. We strongly urge you to stop supporting these cruel and worthless experiments and instead to fund more clinically relevant, human-based research.

I look forward to receiving a response from your office about the concerns outlined above.

Thank you for your consideration.

Sincerely,



Katherine V. Roe, Ph.D.
Research Associate
Laboratory Investigations Department
People for the Ethical Treatment of Animals
501 Front St., Norfolk, VA 23510
KatherineR@peta.org
240-893-7292

¹Novak, M. A. (2003). Self-injurious behavior in rhesus monkeys: new insights into its etiology, physiology, and treatment. *American Journal of Primatology*, 59(1), 3-19.

²Lutz, C., Well, A., & Novak, M. (2003). Stereotypic and self-injurious behavior in rhesus macaques: a survey and retrospective analysis of environment and early experience. *American Journal of Primatology*, 60(1), 1-15.

-
- ³Gottlieb, D. H., Capitanio, J. P., & McCowan, B. (2013). Risk factors for stereotypic behavior and self-biting in rhesus macaques (*Macaca mulatta*): animal's history, current environment, and personality. *American Journal of Primatology*, 75(10), 995-1008.
- ⁴Lutz, C. K., Coleman, K., Worlein, J., & Novak, M. A. (2013). Hair loss and hair-pulling in rhesus macaques (*Macaca mulatta*). *Journal of the American Association for Laboratory Animal Science*, 52(4), 454-457.
- ⁵Novak, M. A., Hamel, A. F., Kelly, B. J., Dettmer, A. M., & Meyer, J. S. (2013). Stress, the HPA axis, and nonhuman primate well-being: a review. *Applied Animal Behaviour Science*, 143(2-4), 135-149.
- ⁶Avitsur, R., Levy, S., Goren, N., & Grinshpahet, R. (2015). Early adversity, immunity and infectious disease. *Stress*, 18(3), 289-296.
- ⁷Sharif, K., Watad, A., Krosser, A., Coplan, L., Amital, H., Afek, A., & Shoenfeld, Y. (2019). Psychological stress and the kaleidoscope of autoimmune diseases. In Carlo Perricone & Yehuda Shoenfeld (Eds.), *Mosaic of autoimmunity* (pp. 323-331). Academic Press.
- ⁸Godbout, J. P., & Glaser, R. (2006). Stress-induced immune dysregulation: implications for wound healing, infectious disease and cancer. *Journal of Neuroimmune Pharmacology*, 1(4), 421-427.
- ⁹Flynn, M. G., Markofski, M. M., & Carrillo, A. E. (2019). Elevated inflammatory status and increased risk of chronic disease in chronological aging: inflamm-aging or inflamm-inactivity? *Aging and Disease*, 10(1), 147-156.
- ¹⁰Bailey, J. (2014). Monkey-based research on human disease: the implications of genetic differences. *Alternatives to Laboratory Animals*, 42(5), 287-317.
- ¹¹Neubert, R., Stahlmann, R., Korte, M., van Loveren, H., Vos, J. G., Golor, G., ... & Neubert, D. (1993). Effects of small doses of dioxins on the immune system of marmosets and rats. *Annals of the New York Academy of Sciences*, 685(1), 662-686.
- ¹²Kametani, Y., Shiina, T., Suzuki, R., Sasaki, E., & Habu, S. (2018). Comparative immunity of antigen recognition, differentiation, and other functional molecules: similarities and differences among common marmosets, humans, and mice. *Experimental Animals*, 67(3), 301-312.
- ¹³Charvet, C. J., & Finlay, B. L. (2018). Comparing adult hippocampal neurogenesis across species: translating time to predict the tempo in humans. *Frontiers in Neuroscience*, 12, 706.
- ¹⁴Sakai, T., Komaki, Y., Hata, J., Okahara, J., Okahara, N., Inoue, T., ... & Okano, H. (2017). Elucidation of developmental patterns of marmoset corpus callosum through a comparative MRI in marmosets, chimpanzees, and humans. *Neuroscience Research*, 122, 25-34.
- ¹⁵Fukushima, M., Ichinohe, N., & Okano, H. (2019). Neuroanatomy of the marmoset. In R. P. Marini, L. M. Wachtman, S. D. Tardif, K. Mansfield, & J. G. Fox (Eds.), *The common marmoset in captivity and biomedical research* (pp. 43-62). Academic Press.
- ¹⁶Charvet, C. J., Palani, A., Kabaria, P., & Takahashi, E. (2019). Evolution of brain connections: integrating diffusion MR tractography with gene expression highlights increased corticocortical projections in primates. *Cerebral Cortex*, 29(12), 5150-5165.
- ¹⁷Nakamura, M., Nestor, P. G., Levitt, J. J., Cohen, A. S., Kawashima, T., Shenton, M. E., & McCarley, R. W. (2008). Orbitofrontal volume deficit in schizophrenia and thought disorder. *Brain*, 131(1), 180-195.
- ¹⁸Hahn, A., Stein, P., Windischberger, C., Weissenbacher, A., Spindelegger, C., Moser, E., ... & Lanzenberger, R. (2011). Reduced resting-state functional connectivity between amygdala and orbitofrontal cortex in social anxiety disorder. *Neuroimage*, 56(3), 881-889.
- ¹⁹Morrison, F. G., Miller, M. W., Wolf, E. J., Logue, M. W., Maniates, H., Kwasnik, D., ... & Huber, B.R. (2019). Reduced interleukin 1A gene expression in the dorsolateral prefrontal cortex of individuals with PTSD and depression. *Neuroscience Letters*, 692, 204-209.
- ²⁰Wright, C., Shin, J. H., Rajpurohit, A., Williams, C., Jaffe, A., Brandon, N., ... & Weinberger, D. (2019). Characterization of miRNA isoform expression in schizophrenia using postmortem human brain tissue. *European Neuropsychopharmacology*, 29(Suppl. 3), S720.
- ²¹Edmonson, C., Ziats, M. N., & Rennert, O. M. (2014). Altered glial marker expression in autistic post-mortem prefrontal cortex and cerebellum. *Molecular Autism*, 5(1), 3.
- ²²Martins-de-Souza, D., Guest, P. C., Harris, L. W., Vanattou-Saifoudine, N., Webster, M. J., Rahmoune, H., & Bahn, S. (2012). Identification of proteomic signatures associated with depression and psychotic depression in post-mortem brains from major depression patients. *Translational Psychiatry*, 2(3), e87.
- ²³Spinrad, T. L., Eisenberg, N., Cumberland, A., Fabes, R. A., Valiente, C., Shepard, S. A., ... & Guthrie, I. K. (2006). Relation of emotion-related regulation to children's social competence: a longitudinal study. *Emotion*, 6(3), 498-510.
- ²⁴Silk, J. S., Price, R. B., Rosen, D., Ryan, N. D., Forbes, E. E., Siegle, G. J., ... & Ladouceur, C. D. (2019). A longitudinal follow-up study examining adolescent depressive symptoms as a function of prior anxiety treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(3), 359-367.

-
- ²⁵Rutland, J. W., Brown, S., Verma, G., Feldman, R. E., Sharma, H., Markowitz, M., ... & Balchandani, P. (2019). Hippocampal subfield-specific connectivity findings in major depressive disorder: A 7 Tesla diffusion MRI study. *Journal of Psychiatric Research, 111*, 186-192.
- ²⁶Maggioni, E., Delvecchio, G., Grottaroli, M., Garzitto, M., Piccin, S., Bonivento, C., ... & Brambilla, P. (2019). Common and different neural markers in major depression and anxiety disorders: a pilot structural magnetic resonance imaging study. *Psychiatry Research: Neuroimaging, 290*, 42-50.
- ²⁷Golkar, A., Lonsdorf, T. B., Olsson, A., Lindstrom, K. M., Berrebi, J., Fransson, P., ... & Öhman, A. (2012). Distinct contributions of the dorsolateral prefrontal and orbitofrontal cortex during emotion regulation. *PLOS One, 7*(11), e48107.
- ²⁸Fellows, L. K., & Farah, M. J. (2003). Ventromedial frontal cortex mediates affective shifting in humans: evidence from a reversal learning paradigm. *Brain, 126*(8), 1830-1837.
- ²⁹Tsuchida, A., Doll, B. B., & Fellows, L. K. (2010). Beyond reversal: a critical role for human orbitofrontal cortex in flexible learning from probabilistic feedback. *Journal of Neuroscience, 30*(50), 16868-16875.
- ³⁰Kringelbach, M. L., & Rolls, E. T. (2003). Neural correlates of rapid reversal learning in a simple model of human social interaction. *Neuroimage, 20*(2), 1371-1383.
- ³¹Milad, M. R., Quinn, B. T., Pitman, R. K., Orr, S. P., Fischl, B., & Rauch, S. L. (2005). Thickness of ventromedial prefrontal cortex in humans is correlated with extinction memory. *Proceedings of the National Academy of Sciences, 102*(30), 10706-10711.
- ³²Howard, J. D., & Kahnt, T. (2018). Identity prediction errors in the human midbrain update reward-identity expectations in the orbitofrontal cortex. *Nature Communications, 9*(1), 1611.
- ³³Gottfried, J. A., O'Doherty, J., & Dolan, R. J. (2003). Encoding predictive reward value in human amygdala and orbitofrontal cortex. *Science, 301*(5636), 1104-1107.
- ³⁴Berlin, H. A., Rolls, E. T., & Kischka, U. (2004). Impulsivity, time perception, emotion and reinforcement sensitivity in patients with orbitofrontal cortex lesions. *Brain, 127*(5), 1108-1126.
- ³⁵Angrilli, A., Bianchin, M., Radaelli, S., Bertagnoni, G., & Pertile, M. (2008). Reduced startle reflex and aversive noise perception in patients with orbitofrontal cortex lesions. *Neuropsychologia, 46*(4), 1179-1184.
- ³⁶Noonan, M. P., Chau, B. K., Rushworth, M. F. S., & Fellows, L. K. (2017). Contrasting effects of medial and lateral orbitofrontal cortex lesions on credit assignment and decision-making in humans. *Journal of Neuroscience, 37*(29), 7023-7035.
- ³⁷Ghahremani, D. G., Monterosso, J., Jentsch, J. D., Bilder, R. M., & Poldrack, R. A. (2010). Neural components underlying behavioral flexibility in human reversal learning. *Cerebral Cortex, 20*(8), 1843-1852.
- ³⁸Hauser, T. U., Iannaccone, R., Walitza, S., Brandeis, D., & Brem, S. (2015). Cognitive flexibility in adolescence: neural and behavioral mechanisms of reward prediction error processing in adaptive decision making during development. *Neuroimage, 104*, 347-354.
- ³⁹Kehagia, A. A., Murray, G. K., & Robbins, T. W. (2010). Learning and cognitive flexibility: frontostriatal function and monoaminergic modulation. *Current Opinion in Neurobiology, 20*(2), 199-204.
- ⁴⁰Howard, J. D., Reynolds, R., Smith, D. E., Voss, J. L., Schoenbaum, G., & Kahnt, T. (2020). Targeted stimulation of human orbitofrontal networks disrupts outcome-guided behavior. *Current Biology, 30*(3), 490-498.e4.
- ⁴¹Meyer-Lindenberg, A., Hariri, A. R., Munoz, K. E., Mervis, C. B., Mattay, V. S., Morris, C. A., & Berman, K. F. (2005). Neural correlates of genetically abnormal social cognition in Williams syndrome. *Nature Neuroscience, 8*(8), 991-993.
- ⁴²Meador-Woodruff, J. H., Haroutunian, V., Powchik, P., Davidson, M., Davis, K. L., & Watson, S. J. (1997). Dopamine receptor transcript expression in striatum and prefrontal and occipital cortex: focal abnormalities in orbitofrontal cortex in schizophrenia. *Archives of General Psychiatry, 54*(12), 1089-1095.
- ⁴³Passamonti, L., Fairchild, G., Fornito, A., Goodyer, I. M., Nimmo-Smith, I., Hagan, C. C., & Calder, A. J. (2012). Abnormal anatomical connectivity between the amygdala and orbitofrontal cortex in conduct disorder. *PLOS One, 7*(11), e48789.
- ⁴⁴Dunn, A. R., O'Connell, K. M. S., & Kaczorowski, C. C. (2019). Gene-by-environment interactions in Alzheimer's disease and Parkinson's disease. *Neuroscience & Biobehavioral Reviews, 103*, 73-80.
- ⁴⁵Dawson, T. M., Golde, T. E., & Lagier-Tourenne, C. (2018). Animal models of neurodegenerative diseases. *Nature Neuroscience, 21*(10), 1370-1379.
- ⁴⁶Mak, I. W., Evaniew, N., & Ghert, M. (2014). Lost in translation: animal models and clinical trials in cancer treatment. *American Journal of Translational Research, 6*(2), 114-118.
- ⁴⁷Petrov, D., Mansfield, C., Moussy, A., & Hermine, O. (2017). ALS clinical trials review: 20 years of failure. Are we any closer to registering a new treatment? *Frontiers in Aging Neuroscience, 9*, 68.
- ⁴⁸Cummings, J. L., Morstorf, T., & Zhong, K. (2014). Alzheimer's disease drug-development pipeline: few candidates, frequent failures. *Alzheimer's Research & Therapy, 6*(4), 37.

⁴⁹Dyson, A., & Singer, M. (2009). Animal models of sepsis: why does preclinical efficacy fail to translate to the clinical setting? *Critical Care Medicine*, 37(1 Suppl.), S30-S37.

⁵⁰Yezierski, R. P., & Hansson, P. (2018). Inflammatory and neuropathic pain from bench to bedside: what went wrong? *The Journal of Pain*, 19(6), 571-588.

⁵¹Pistollato, F., Ohayon, E. L., Lam, A., Langley, G. R., Novak, T. J., Pamies, D., ... & Chandrasekera, P. C. (2016). Alzheimer disease research in the 21st century: past and current failures, new perspectives and funding priorities. *Oncotarget*, 7(26), 38999-39016.

⁵²Roep, B. O., Atkinson, M., & von Herrath, M. (2004). Satisfaction (not) guaranteed: re-evaluating the use of animal models of type 1 diabetes. *Nature Reviews Immunology*, 4(12), 989-997.