

September 29, 2022

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RE: National Institutes of Health's Request for Information on Strategic Plan for Research on the Health of Women

The American Society for Biochemistry and Molecular Biology (ASBMB) is an international nonprofit scientific and educational organization that represents more than 10,000 students, researchers, educators and industry professionals. The ASBMB strongly advocates for strengthening the science, technology, engineering and mathematics (STEM) workforce, supporting sustainable funding for the American research enterprise, and ensuring diversity, equity and inclusion in STEM.

On July 22, the National Institute of Health's (NIH) Office of Research on Women's Health (ORWH) released [a request for information](#) seeking feedback on modifying "[The Trans-NIH Strategic Plan for Women's Health Research](#)" for 2019–2023. The ASBMB has several suggestions for improving the section titled "Strategic Goal 4: Training and Careers." All of our suggestions relate to re-entry and reintegration supplement awards for survivors of sexual violence and harassment.

Women in STEM experience sexual harassment at alarmingly high rates. A [2018 National Academies report](#) found that more than half of women in the academic workplace have experienced sexual harassment — a rate second only to the military. A [2019 survey](#) found that almost a quarter of women STEM professionals who experienced sexual harassment or gender bias ultimately resigned from their positions. To retain women in STEM and ensure gender equity, survivors need avenues to leave dangerous or hostile work environments without jeopardizing their careers.

For years, NIH re-entry and reintegration awards have helped women return to academic science after a critical life events, such as birth. Currently, 24 of the NIH institutes, centers and offices (ICs) participate in the program, which has been highly successful: [The vast majority](#) of awardees end up securing academic science positions.

Until recently, however, women who have experienced sexual violence and harassment have not been explicitly eligible for the awards. In addition, although they are now eligible, many survivors are not aware of this fact and end up leaving science when they might not have to. Increasing visibility of the program — and survivors' eligibility — will ensure more women to take advantage of these awards, thereby increasing the retention of them. Another major concern is that the ICs do not all use the same application information and criteria. The inconsistent information results in confusion not only among applicants but also among NIH staff. Even worse: Inconsistent criteria mean survivors are treated

inequitably. The lack of visibility of the awards and inconsistent administration of them lead to the loss of valuable talent and prevent full inclusion of survivors in the scientific research enterprise.

We urge ORWH to update the funding announcement for re-entry and reintegration supplements with the following changes:

1. Require all institutes to allow re-entry and reintegration supplements to be used for all research awards, research project grants, training, centers, and capacity-building programs.

NIH should require all institutes to allow re-entry and re-integration supplements for all parent research, training, centers and capacity-building awards. Most ICs offer supplements, but some do not and others need to expand their use.

For example, the [National Institute of General Medical Sciences](#) does not offer them for the [Support of Competitive Research](#) (SCORE) and [Institutional Development Award](#) (IDeA) programs. Both of these programs expand research capacity at underserved institutions and institutions that serve historically underserved populations. Excluding these programs from eligibility worsens the [inequities underrepresented scientists are already facing](#).

2. Use uniform language.

All ICs that issue the award should use the same language for application information, eligibility and requirements. We recommend that ORWH ensure all ICs have up-to-date information.

The current funding opportunity announcement includes language making survivors of sexual discrimination and harassment eligible. However, five ICs ([National Institute of Arthritis and Musculoskeletal and Skin Diseases](#), [National Institute of Biomedical Imaging and Bioengineering](#), [National Institute of Dental and Craniofacial Research](#), [National Institute of Environmental Health Sciences](#) and [National Library of Medicine](#)) have announcements for previous re-entry supplements (biomedical and behavioral) and no information regarding the present funding announcement.

3. Increase visibility of the program.

Investigators and trainees who have left the biomedical workforce should be able to easily find announcements for these awards.

Many ICs group re-entry and re-integration supplements with diversity supplements. [Diversity supplements](#) are intended to support research experiences for individuals from diverse backgrounds with the goal of enhancing diversity in the research workforce, whereas [re-entry and re-integration supplements](#) are intended to support investigators and trainees who experienced career interruptions due to extenuating circumstances. Grouping diversity supplements with re-entry and re-integration awards takes away from the intended use of each program. Notices and information regarding re-entry and re-integration supplements need to be separate from diversity supplements.

4. Require a mentorship plan for each award.

NIH should require a mentorship plan for pre-doctoral and postdoctoral trainees seeking to re-integrate into the field.

A mentorship plan will give more support and stability for trainees who've had time away. Moreover, [“mentoring helps students to develop coping mechanisms to handle stress, uncertainty and unknowns that are an integral part of a scientific career.”](#) which aligns with the NIH Chief Officer for Scientific Workforce Diversity [Strategic Plan](#) goal to “act on the evidence by advancing integrated, institution-wide systems to address bias, equity, mentoring, and work–life issues.”