Ericka Boone: Good afternoon, everyone. My name is Ericka Boone. I want to thank you all for joining us today for the first of several after-hours NIH virtual seminars on program panel funding sessions for this week. Today's panel session, for which I'm serving as your moderator, the focus will be the NIH UNITE Initiative which was established to identify and address structural racism within the NIH supported and greater scientific community. This session is live and is being recorded. For your convenience I will include a link to the slides in the chatbox so that you can access the slides as you're following along during our conversation. Please be advised that if attendees want to chat amongst themselves, please submit your chats within the chatbox. However, if attendees would like to ask questions of the panelists, there's a Q and A box that's available during this session. Please submit your questions again in the Q and A if you would like for your questions to be answered. However, due to the number of individuals participating today, we probably won't get to answer all of your questions, but we'll do our very best. Before I introduce our panelists, I'd like to describe the format for today's panel discussion. After our panelist introductions, we'll have a brief presentation regarding UNITE efforts from Dr. Marie Bernard. And then afterwards, we will conclude the session with a Q and A where the panelists will be able to answer some of the questions that you ask. Again, please use the Q and A. So, now that we all understand more about the format, I'd like to take a moment to introduce our panelists. Our first panelist is Dr. Marie Bernard. She serves as the NIH Chief Officer for Scientific Workforce Diversity. Next is Dr. Alfred Johnson. He serves as the NIH Deputy Director for Management. And, bringing up the rear, he's last, but certainly not least, is Dr. Jon Lorsch, and he serves as a Director of the National Institute on General Medical Sciences. So, I'd like to welcome each of you. And, Dr. Bernard, I believe that it's now time for you to share your screen, so please go ahead and do so. We're going to hear next from Dr. Marie Bernard.

Marie Bernard: Well, good morning or good afternoon, everyone. I am happy to start this session with a brief overview of the NIH UNITE Initiative, which is the point of this session. This is something that was started in 2020 as a result of the events that occurred that brought into sharp relief the ongoing reality of racial injustice in the United States, and the responsibility that we all hold to address the issue. There were a series of intense institute and Center Director meetings starting in June of 2020, that led to the identification of initial issues. And, consultations with internal groups and external groups, one group called 8CRE, Eight Concepts for Racial Equity, is a self-assembled group who brought some really significant data forward to leadership that demonstrated that what was being seen in terms of disproportionate morbidity and mortality for communities of color as a result of COVID-19. And, what was seen as a result of the video taped murder of George Floyd was not just issues outside of NIH, but they existing within NIH as well, and was reaffirmed by our senior African American and Black scientists, and consultation with Anti-Harassment Steering Committee and a lot of candid discussions that led to a shared commitment that we needed to address structural racism, that we're at a tipping point that we could not let pass. This led to, after a lot of planning, the development of an initiative that we call UNITE. It represents five interacting workstreams. It was actually launched internally a year ago now, in October 2020. It was unveiled to the general public in February of 2021, and UNITE stands for the five interacting work groups: looking at Understanding stakeholder experiences through listening and learning; New research on health disparities, minority health and health equity; Improving the internal NIH culture and structure so that we can role model what we would expect and hope for the external scientific world; being Transparent, communicating, and being accountable for all that we're doing; and focusing on the External research ecosystem. We said on February 26th, and then recounted our accomplishments on June 11th at an advisory committee to the director meeting, that we would publicly commit to identifying and correcting any NIH policies or practices that may of helped to perpetuate structural racism. And as stated by Francis Collins, NIH Director, on that Friday, February 26th, and as published on the Ending Structural Racism website the following Monday, March 1st, it was stated that, "To those individuals in the biomedical research enterprise who have endured disadvantages due to structural racism, we are truly sorry. NIH is committed to instituting new ways to support diversity, equity, and inclusion, and identifying and dismantling any policies and practices at our agency that may harm our workforce and our science." We also committed at that time to aggressively implement approaches to address what's known as the Ginther Gap and enforce portfolio diversity. What's the Ginther Gap? It's a persistent disadvantage in receipt of R01 equivalent grants by investigators who are African American and Black as compared to other groups. It was found by Donna Ginther and colleagues and published in "Science" in 2011. It led to the establishment of the role that I currently service and the Chief Officer for Scientific Workforce Diversity. Dr. Hannah Valentine, the first COSWD began looking at these data when she arrived in 2013. It was interim report in 2018 and in my role in 2020, we looked again at the data, saw there's a trend that shows that things are getting better. There are more African American and Black applicants in 2020 as opposed to 2013. More Hispanic and Latino applicants, but you can barely see Alaska .. . American Indian, Alaska Native, Native Hawaiian, Pacific Islanders. And between 2013 and 2020, we're seeing an increase in success rates for R01 type grants, although there's still a persistent gap and the numbers are very small. So, we are committed and determined to make sure that those numbers go up and that the gaps go away. We also said that we'd launch a multi-phase, tiered, integrated Common Fund Initiative that focused on transformative health disparities research. And sure enough, a month later the FOAs were published and just last month 11 awards were announced, six for transformative health to address health disparities and advance health equity, and then five to .. . At that same topic at minority serving institutions, and there will be an opportunity for an additional competition for the minority serving institutions RFA, this fiscal year. We also said that we would ensure a robust NIH-wide commitment to, a then in development, the National Institute of Minority Health and Health Disparities RFA focused on structural racism and discrimination, and its impact on health. And to that end, that solicitation was published less than a month after the unveiling of UNITE, and I understand it was a very robust response to the August 24th solicitation date. And as a bonus, the NIH-wide brain initiative published for the first time, a funding opportunity announcement that takes in to consideration plans to enhance diverse perspectives as part of the scoring. The hope is that this will allow scientists who are developing their applications to think about diversifying their teams, and that it will lead to more diverse perspectives at the table as ideas are being generated and implemented. There are already several other funding opportunity announcements that are using the same sort of language. We also said that we would develop a sustainable process to systematically gather and make public the demographics of our internal and external workforce adhering the principle that sunshine is the best disinfectant. And to that end, the Office of Extramural Research has already published in their databook additional data by race, ethnicity, and disability status for funded investigators. This is added to the data that was already there with regards to gender and career stage. And, we are being very transparent and we have data published about our own internal workforce, by race, ethnicity, and by job categorization. Going forward, on June 11th, we said we were going to do a number of things. Among those we showed gratitude for President Biden's proposal to increase funding to the National Student Minority Health Disparities, the the Nursing Institute, the Heart, Lung, and Blood Institute, and the Fogarty International Center. These are four institutes and centers that have lower than average success rates for R01 type grants, and yet this proportionately high numbers of applicants from underrepresented groups who often are focusing on health disparities, minority health, and health equity research. We're currently in a continuing resolution, but hopefully we will see the funds proposed by President Biden allocated. We said that we would continue to listen and learn from a wide variety of stakeholders, including those who are not frequently engaged and those listening sessions are being watched right now. We said that we would develop actionable data dashboards that track and provide digitalizations of our own internal workforce, and our investments and helps disparities, minority health, and health equity research, and those are soon to be forthcoming. We're encouraging institutes and centers to develop their own funding opportunity announcements that focus on health disparities, minority health, and health equity topics. And, we said that we were going to develop programs to spur institutional culture change in support of inclusivity and equity. Building upon programs such as the NIH FIRST Initiative, Faculty Institutional Recruitment for Sustainable Transformation. This is a funding opportunity announcement that was actually released in December of 2020, a little bit before UNITE was publicly unveiled, but it's very much in keeping with the whole intent of UNITE. It's intended to create cultures of inclusive excellence at academic and research institutions outside of NIH. Looking at hiring faculty and cohorts providing them extra mentoring and professional development. Looking at the institutional level to making sure that institution-wide there are any problems with bias, faculty equity, need for better work/life balance, more mentoring is being addressed. And, it has a coordinating center that's going to be evaluated. This is funded from the NIH Common Fund, almost $250 million over the next 9 years, and the first group of awardees was recently announced. As you can see, there's a mixture of what you might consider a high resource institution, a low resource institutions. There's a partnership between Tuskegee University and University of Alabama at Birmingham, and Morehouse School of Medicine is serving as the coordinating and evaluation center. So, that's at a very high level some of the things that are happening with NIH UNITE. I always like to close with this quote from the Reverend Dr. Martin Luther King, a letter from the Birmingham Jail, where he states that "Injustice anywhere is a threat to justice everywhere. We're caught in an inescapable network of mutuality tied in a single garment of destiny. What effects one directly, effects all indirectly." The point being that this is focused on ending structural racism, but what we're doing is stepping back and looking systematically at all of our systems, and policies, and procedures, and we anticipate that the changes that will be coming about as a result of this is going to be beneficial to all, whether you see yourself as being a racial ethnic minority or not. If you'd like more information about this I would encourage you to take a look at the June 10th Cell Commentary that came from the leaders of each of those five workstreams. These are the 80 plus volunteers who are working on the NIH UNITE Initiative. The only fully paid, full-time people are Marzjah Esther, who's Program Support, and Victoria Rucker who is the Program Manager, and this is co-led by Dr. Alfred Johnson Dr. Larry Tabak, Principal Director, and myself, Dr. Jon Lorsch, NIGMS Director, co-leads the E Committee. And, I will stop at that point so that we can address questions.

Ericka Boone: Well, Dr. Bernard, thank you so much for that comprehensive overview of the NIH UNITE Initiative. So, now we want to bring our other panelist in to the conversation, and there were several questions that were submitted, but I'd like to start off with one question that I have myself, and I'd like for you to more so describe to our attendees, can each of you describe your role within the NIH UNITE Initiative? You kind of led off on that one, Dr. Bernard, and I'd like for you all to expand on that just a little bit. So, Dr. Bernard, can you go first?

Marie Bernard: So, I am very privileged to co-lead this with Dr. Johnson and Dr. Tabak. Our job is is to make sure that overall the five committees that make up UNITE have the resources that they need, they have the support that they need, that they have the direction that everyone is talking to everyone else, and that whatever outcomes from this big think tank get directed in the proper places so that the stakeholder offices that have to implement these things are at the table and we can move forward in an efficient fashion. Dr. Johnson, do you agree with that description?

Alfred Johnson: Oh, absolutely. I think when you have a group of energetic individuals like we do in the UNITE Initiative, it's really just providing them with what they need to continue to move forward. Lots of idea, lots of talks about things that we can do, and our job is to try to make sure we're trying to help them with whatever they need to get the job done because this is a huge effort and it will take a lot of resources, a lot of people, and a lot of time. And, our job is to just .. . I don't want to call us, we're not coaches. We may be more like a general manager, but really they're all doing the work and we're just trying to figure out how to let them do it the best way they can.

Ericka Boone: Dr. Lorsch?

Jon Lorsch: Thank you very much, and thanks, everyone, for joining. So, I, as, Marie said, am the co-chair of the E Committee, along with Ericka Boone, who is right here, moderating this session, and Anna Ordonez from the National Institute of Mental Health, and we are focusing on how to improve diversity, equity, and inclusion in the extramural research ecosystem, and we have been working for the last year looking at the literature, understanding the evidence, and now we are developing, or have developed a number of plans that we will be hoping to move in to implementation in the coming 6 months or so. So, stay tuned, there will be a variety of programs and probably policy changes and procedural changes coming to support these important efforts in the extramural system.

Ericka Boone: We've had some .. .

Alfred Johnson: [Indistinct]

Ericka Boone: I'm sorry. Go ahead, Dr. Johnson.

Alfred Johnson: Yeah. I was going to say, I guess what Maria and I did not mention though, after Jon was speaking I realized, we also our part of the leadership for the I Committee which is focused on the Internal Workforce, or me being within the Office of the Direct Office of Management. There's a huge workforce within our NIH environment that we're looking after, and having to make sure that we're doing things within our own efforts here at the NIH, that we are addressing entirely within UNITE. We have to make sure that we are looking internally, as well as externally, as Jon just mentioned.

Ericka Boone: Well, there are a couple of eagle eyes that are attending our session because there are a couple of people that pointed out, "Wait a minute, I thought that Dr. Bernard was at NIA." And, they also pointed out that Dr. Lorsch is an IC Director. So with that in mind, how about I ask the question about how your work within the UNITE Initiative informs your duties and responsibilities at your institute and center and vice versa, Dr. Bernard and Dr. Lorsch?

Marie Bernard: Let me start by saying that, yes, we're a good part of the launch of UNITE. I was Deputy Director at the National Institute on Aging, acting Chief Officer of the Scientific Workforce Diversity, and Co-chair of UNITE, so it was a lot of fun, and having that IC perspective, as we call it, institute and center perspective was very, very informative as we were beginning to formulate things, and yet having the opportunity to be the Chief Officer for Scientific Workforce Diversity, or COSWD, or a much broader view of things than my otherwise in the case as IC representative. So, it has been a great mixture of experiences. I was very honored to be have been selected as the COSWD at the end of May, so I stepped away as my role as the Deputy at NIA and have been just focusing on serving as the Chief Officer for Scientific Workforce Diversity and Co-lead of UNITE. But, yes, all of that prior experience being within an institute was very informative and continues to inform how I see the prism of the UNITE Initiative, as well as the prism of the COSWD.

Jon Lorsch: So, NIGMS has had a commitment for years, decades, long before I came here, to diversity within the biomedical research workforce. We have the largest portfolio of training workforce development, diversity, and capacity building grants at NIH. And so, I hope that much of what we have done is being leveraged, though I'll let Dr. Boone address that, leverage, in the UNITE E Committee. But certainly, the discussions we've had in the UNITE E Committee have also informed new programs at NIGMS and ways that we can synergize our programs with things that we're planning for the UNITE Initiative. One example that goes back before the UNITE Initiative is that thinking at NIGMS about GRE scores when someone asked about GRE scores, and the biases that are inherent in these kinds of standardized tests led NIH to drop the requirement and training grants of providing average GRE scores of applicants and admitted students. So, that's something that happened before, but those kinds of discussions that have been happening within the ICs for years are now kind of coalescing to discussions in the E Committee.

Ericka Boone: Thank you for that, and there's a follow-up for this one, Dr. Lorsch, that the scope for UNITE Committee E is so large, where would a group like that start?

Jon Lorsch: I think, Ericka, I will agree that that was certainly a major challenge in getting this effort off the ground. We started with breaking in to four different groups. The groups are focused on pathways, training pathways and how to enhance the progression through the training pathways of students from underrepresented groups. That's one group. There's another group that's focusing on the culture in academia and academic institutions and how to improve the culture to promote diversity, equity, and inclusion. There's another group that's focusing on NIH's policies and procedures and how they can either be barriers to or would help enhance efforts of diversity, equity, and inclusion in the extramural community, and then Ericka is leading a group that is focusing on minority serving institutions and how to build capacity in those institutions as well. And so, each of these groups have spent a number of months studying the literature, looking for what we know as barriers and what there's evidence for and solutions to those barriers. We then take that information and developed it in to proposals and now, as I said, we're working to begin implementation of those proposals which you should, I hope, in the next 6 months be hearing more about.

Ericka Boone: There's been so much effort and so much energy that's been placed in to the UNITE Initiative overall, and as you pointed out. Dr. Bernard, there's over 80 individuals that have been devoting their time and their effort because this initiative really means something to them in order to be able to really make inroads and impact with regards to structural racism and clearing a pathway for individuals who are trying to pursue research as an overall career. Now, we do have another question that's kind of focused more so on internal at NIH. Why would the UNITE Initiative be important for an institution like NIH, Dr. Johnson and Dr. Bernard?

Alfred Johnson: Well, you know you want to be the change that you want to see. And, if we are not looking at what we're doing here at the NIH first, we're doing ourselves a disservice. And so, we want to be that example. We need to shine the light internally to and identify any issues we have internally correct them so that the extramural community can see that, and then make those type changes there as well. And so, I am the first person that would say, "Hey, if I'm going to tell you to do something, it's not going to be something I wouldn't do." And so, I think NIH is taking that same approach. We're going to make changes that we don't want to tell you to do something that we wouldn't do, so that's why we're looking at our data, looking at our diversity, see what we can improve our policies before telling the extramural community, "You need to do this." If we haven't done it, why should we tell them to do it?

Ericka Boone: Dr. Bernard?

Marie Bernard: And, I would add to that that from the standpoint of you as an external researcher, it's going to be to your advantage for us to have paid attention to this. Not only from a role modeling perspective, but from the perspective of making sure that there are a diverse group of individuals who are thinking about the science and thinking about what sorts of funding opportunity announcements should be developed, and we're the focus of the solicitation should be going forward, and how things should be managed in terms of training programs, et cetera. So, having those diverse perspective and those diverse individuals involved in the enterprise as a whole will translate into better science, better creativity, innovation, and benefits to you as individuals who would like to be supported by the NIH.

Ericka Boone: So, someone in the chat actually pointed out, how do you see UNITE informing the decision process and helping to improve racial equity at NIH supported institutions? I guess that can go to any of you, Dr. Bernard, Dr. Johnson. Dr. Lorsch, maybe that one is more so up your alley.

Jon Lorsch: Can you .. . the decision process for funding grants?

Ericka Boone: Mm-hmm.

Jon Lorsch: And, how can that be leveraged to enhance diversity, equity, and inclusion? I think that's a very important question, and within, I'll just speak for NIGMS, we take what we call holistic approach to making funding decisions. So, the outcome of peer review, the score, is one of the factors that we look at to ensure that there is merit in the points of the science, but we look at many other factors as well. We look at how much funding the investigator has to make sure that additional funding would be worth it and to prioritize funding for investigators who don't have, maybe, any other funding. So, what we call an at-risk investigator. We look at things such as, "Is the scientific area underrepresented itself and therefore unique or do we have a lot of it already in the portfolio?" We look at whether the institutions are places that are not well represented in our portfolio or the regions are not well represented in our portfolio, so we look at a variety of different factors to ensure the diversity and breadth of our portfolio and I think that's really the principle that we're hoping to, in different ways, rid throughout the NIH in terms of making funding decisions.

Ericka Boone: Thank you for that answer, Dr. Lorsch. That really kind of answered a couple of questions that were, in the chat, that were tangentially related to the question that you just answered, so thank you very much for that. So, I have another question, and it states that there are individuals that are somewhat supportive of the UNITE Initiative and then there are others who kind of don't believe that the efforts will be sustaining. So, how should NIH or how should we as colleagues, as well, engage with those individuals that may be on fence with regards to whether this initiative is actually really real. Or, those people who are saying, "This is just business as usual?" And, that can be for anyone of you. Let's start with Dr. Bernard.

Marie Bernard: Well, I would say to those people who don't think that there is going to be anything that comes from the UNITE Initiative to just look at what has happened already. The fact I had a really well funded investigator say to me, "Marie, I'm just amazed that you're even talking about racism. I couldn't submit applications for NIH funding that mentioned that word and expect to get funded. I had to use other words to describe it." So, the fact that we're having the conversations , the fact that we are looking very carefully at funding for health disparities, minority health, and health equity research, that we're looking at those institutes that are relatively less funded and have a disproportionate number of underrepresented scientists applying to them, the fact that Dr. Lorsch and Dr. Boone are working very, very diligently at what needs to be done for the extramural ecosystem, the fact that we are putting that sunshine on what's going on demographically for who's funded and who's within our own workforce. Look at our actions, rather than our words. I think that you'll see that there's a lot that's being done and there will be more coming forward. I've only been at NIH for 13 years, but I hear from people who've been here 20, 30, 40 years, they've never seen this sort of momentum, and I think that that, that says something. Dr. Johnson, I see you shaking your head.

Alfred Johnson: Yeah. So, I've been around NIH a little bit longer than that. I'm in the 30-something year category, and I can say over my time at the NIH this effort is quite different. We've had a lot of other efforts, those that were from the bottom up. They didn't work out so well. There have been ones that came from top down, that didn't go over so well. But this is different. This has bottom up type, top down, inside out, got people from all walks helping in this effort, and I think that's what was different. Identifying there's specific things that we can do, things that we can then show that we made differences, and I think that will be what sustains us as we go forward because we are going to produce things that people will say, "They are making a difference." And if you're on the fence, you're going to decide, "Hey, I want to be part of that," and that's what we want to happen.

Ericka Boone: What do you think?

Jon Lorsch: One thing that I would just add to that is that what makes me particularly optimistic is that we're not seeing just one initiative launched. If we had seen, "Okay, the solution to the problem of structural racism is this one common fund initiative and then we're done," that should of worried us, but we're seeing many, many different things happening already, being proposed, getting ready to roll out, and that's what it's going to take. It's not going to be one thing that's going to move this forward and make the problem better. It's going to be multiple things and that's what we're seeing.

Ericka Boone: So, how will NIH evaluate the progress of the initiative? So, how will we know that we've made any inroads. Any of our panelists can take that one.

Marie Bernard: I'll start, because that was the question that was asked when we rolled this out to the advisory committee, to the director, on February 26th, and I wasn't very popular when I said this, but this is a marathon, maybe even a ultra marathon. We're trying to reverse things that have been in place for years and decades. But the mile markers along the way are these advisory committees to the director meetings every June and December at which we say, "This is what we anticipate doing over the next X number of months," and that path forward gets clearer and clearer as these five interacting working streams are better able to refine what they are doing. And, I think that the real measure of it will be when we can stand back and look at an investigator's demographics and not predict the likelihood that they're going to be successful in getting R01 type funding from NIH. When we are able to step back and look and not see that if you're focusing on health disparities, minority health, or health equity research, that the likelihood of that being funded based upon IC is lower. So, those are the sorts of things that I think are going to be indicators that we've been successful. But I'd be really interested in what Drs. Johnson and Lorsch think.

Alfred Johnson: I think we will see there are a lot of ways that you can evaluate the UNITE effort, and I think that, as Marie pointed out, there are some specific identified things that you will see that will have changed. We may say, "Look at the NIH demographics of our workforce." Do we see a change there? I expect that we will over time. It's not going to be immediate, but there will be some measures, as she mentioned, milestones, earlier that we will see differences. I know in her opening she pointed out the get together. When we see changes there, well, we'll see. That's one thing that's out there, over time does that disparity go away? So, we'll be looking at a number of different things. And, at some point, I know the NIH folks, it's our mentality, at some point that we will do a formal evaluation and say, "Hey, what can we say about the UNITE effort? Was it successful or not?" And, I've got a good feeling that it will be.

Ericka Boone: So, Dr. Lorsch, I'm imagining that there are short-term .. .

Jon Lorsch: Exactly.

Ericka Boone: .. . as well as long-term outcomes. We don't want people to think that 20 years down the road that's what we're looking for.

Jon Lorsch: Right.

Ericka Boone: But, that's now what we're looking for. Did you want to elaborate a little bit more?

Jon Lorsch: Well, you said it right, Ericka, exactly. But, we're building into, the E Committee's work, both short, medium, and long-term evaluation metrics, things that can be measured, and ultimately as Alfred said, the longer term ones you want to see changes in the demographics of the workforce that reflect society at large.

Ericka Boone: Sustained changes, not just a change over a couple of years.

Jon Lorsch: Absolutely.

Ericka Boone: But, sustained changes. All right. I see that we're winding down to some of our last questions. And, one of the questions pinpointed, or it mentioned Dr. Collins, and saying that he's leaving, how do you keep the momentum in an Initiative such as this when the top leadership is leaving the organization? So, we'll start with Dr. Bernard.

Marie Bernard; So, the thing that is beautiful in my mind about being able to be involved with this UNITE Initiative, being able to be the Chief Officer of Scientific Workforce Diversity, is that it's almost like the stars and the moon are aligned. All of the NIH leadership is committed to this. As mentioned, there is bottom up, top down support, and we have an executive leadership, the Presidential Branch .. . We're part of the Executive Branch, that has all of these Executive Orders that are having us to focus in this direction. Dr. Collins set the vision for this, he got us started, and we're going to really miss him, but I think there is so much momentum going on here that this is not going to be something that's going to stop. It's something that's going to keep going, just as Dr. Lorsch talked about, there's so many things that we know are just about ready to be released to the public. So, it's something that's continuing to grow and blossom and it's not going to lose momentum, I think. Dr. Johnson, what do you think?

Alfred Johnson: I think that someone we heard in another conversation say, "UNITE is a bit of a catalyst." Catalysts don't burn out, they just get reused. And so, I think what we are doing here is Dr. Collins got us started, but the UNITE effort itself with all the different components of it, is a catalyst that will be spreading throughout the NIH and the biomedical research community to make this go forward, and I think because of the goodness that will be coming out of it, others will join on and it will build as we go forward. And so, I'm not so much worried. Dr. Collins is great, he's been fantastic for the NIH and for this initiative, but I think he would himself say, he would want it to be successful even without him. And so, I think that's what we plan to do here and I think with all the 85 plus members that we have, and, as you know, we already talking about renewing some .. . bringing on some new members. I think we're well on our way to doing a great job and keeping this going for a long time despite .. . And, I think what will happen is new leadership will come, things will be going so well that they will want to be part of this too, and they will be supportive.

Ericka Boone: How do you sustain something like this at the IC level, Dr. Lorsch?

Jon Lorsch: I think there's definitely a strong importance to leadership buying in, but not just one person, right? We have to have multiple people, and here we have Marie and Alfred, top leaders of the NIH who are completely behind us, and then that should cascade throughout the institution, and likewise the institute. And so, I think there is strong support at all levels of NIH for this, and so it's not going to be about one person as wonderful as Francis has been, and with as wonderful as he is, I think that this will continue because so many people are invested in it.

Ericka Boone: [Indistinct] want to lose the effort.

Jon Lorsch: Alfred is an enzymologist. I loved your .. . It brought a warmth to my heart.

Alfred Johnson: [Indistinct]

Ericka Boone: I was going to poke fun at him about that, but I decided not to.

Jon Lorsch: [Indistinct]

Alfred Johnson: Hey, molecular biology [Indistinct], what can I say?

Ericka Boone: I was going to poke fun at you about that one, but I decided to skip that one, so thank you, Jon, for bringing that one back around. All right. So, how do you see the UNITE Initiative evolving? So, there's been a lot of catalytic activity in its first year, what should this look like continued? As we kind of addressed this one before, but overall what do you think this should look like? Will there be a needs to?

Maria Bernard: So, that's a great question. I'm jumping in. I think that's a great question, and it really is going to depend upon the rate at which change occurs. But I personally think that there will be a role for a steering committee of this group, of this type, of very thoughtful people who are looking at things that have been generated as a result of the thoughts from this group and thinking about what are the next additional things that need to be done. So, it's conceivable that there will be a UNITE group 10 years from now, but they'll be focusing on very different things and may perhaps function in a different fashion. It really depends upon the rate of which change occurs and what else needs to be done. Again, I'll divert it to Drs. Johnson and Lorsch for their thoughts about that.

Jon Lorsch: I agree.

Alfred Johnson: What I will say is what I would like to see happen, is that even though we are looking at UNITE as a NIH effort, I really want to see UNITE spread throughout the extramural community. I want to see it at all out universities, medical centers, so that this effort will just build. And then, if it builds like that, at some point we could get to a point where we could say, "Well, it's not really needed anymore. We are just going to continue to roll because everything is in .. . " Let me use another [Indistinct], we've become homeostatic. Things are exactly where they need to be. There's an equilibrium. We need to get there, but it will take a lot of effort to get there. We can't undo hundreds of years in a short period of time, 10 years will not be enough I don't think. But, I think we can get there.

Ericka Boone: Sustained effort. And, Dr. Lorsch?

Jon Lorsch: I can't say it better than Alfred and Marie just did, but I would just say vigilance will be required. I hope that we'll make a lot of progress over the next few years, but I think, as Alfred said, this is a problem that's hundreds of years in the making and we're going to need vigilance to keep moving forward, and not let up the efforts.

Ericka Boone: We've been getting a lot of positive messages within the Q and A, as well as within the chat, and a couple of them, "I'm very happy this is happening right now," and "My gratitude to each of you for your efforts individually and together. This is a great example for other institutions." So, as we close, I will ask each of you, why do you support UNITE? We'll start with Dr. Lorsch first because you're usually last answering.

Jon Lorsch: This is just so important. I can't understate how important this effort is. Hundreds of years of history have led us to these inequities that are really a scourge on our society and we don't control the entire society by any means, but we have an important piece of it and I think it is absolutely incumbent upon us to do everything we can to try to ameliorate these discrimination equities that have happened and continue to happen. And I will say just as a white man, one has to be very honest with one's self and be willing to be uncomfortable in the truths and the realities that are there. But then, use that to commit yourself to make this situation better in any way we can.

Ericka Boone: Dr. Bernard?

Marie Bernard: That's really well stated, Jon. Thank you. I would say that I am involved with this initiative because I believe in what we're trying to do, that I think that it's going to make a difference. There's a lot of talent out there and if we're going to continue to lead globally in doing scientific research, we need to take advantage of all of that talent. So, this is an initiative that's going to get us to the point that there is much greater equity and that is important. So, I'm really privileged to be able to be involved with this.

Ericka Boone: Dr. Johnson?

Alfred Johnson: There's a quote that says, "To whom much is given, much is required." And, when you get in to positions such as the one I'm in, coming from a historically Black college, and getting to this point and knowing what the journey is like, you want to make the journey better for others, and make the opportunities better for others. So, I think to me it's being able to give back, to give more, to help those who will come behind me to make this a better world. And so, that's why I think for the better world we need all our institutions to reflect our society in terms of workforce and in terms of diversity of thought, and so we need all of that to come together. And, I think because I've been given this opportunity to be in this position, I need to be able to give back to help others.

Ericka Boone: I appreciate that very much, and we're going to close out by reading a couple of the last comments that were submitted in the chat, which I think were really great. One is, "I look forward to the solutions that diverse populations will bring about in science, education, and life in general." And the last one, "Thank you for what you are doing. This effort is as important as any research that NIH is currently funding." So, thank you, Drs. Bernard, Dr. Lorsch, as well as Dr. Johnson, for joining me today and giving our listeners .. . our attendees, such an awesome presentation of the UNITE Initiative and I really appreciate it. I just really appreciated your authenticity with regards to to your approach to the Q and A session, and I'm sure with reading the chat feature that everyone else who attended today's session feels the exact same way. So, thank you, all, for attending today's session. This brings us all to a close. The slides for this session will be available in the resources section under V-fairs, and I think that they will be available beginning tomorrow. So, thank you, all, for joining us and please, please, please actively attend the other sessions that are a part of this year's NIH Virtual Seminar. Thank you so much and have a good night.