Megan Columbus: Welcome to the "Open Mike" presentation. My name is Megan Columbus. I will be the moderator for this session. I am the Director of Communications and Outreach for NIH's Office of Extramural Research. I am here today with Dr. Mike Lauer, who is not only the Director of the Office of Extramural Research, he is also the NIH Deputy Director for Extramural Research. Thank you for joining us, Mike. Today, we will be asking Mike anything. And so, feel free to put in your questions into the chat box. Mike, I have a few questions, but do you want to get us started with a few opening comments?

Michael Lauer: Yeah, thank you very much, Megan. So before we have the virtual seminars, we had regional seminars. We had these events twice a year. Typically, we would get about 800 to 900 people to come. These were in person events. Some of you may remember we used to do in person events. A number of years ago, we came up with this idea of having a session that we would call Open MiKe. Open Mike is named after our blog, which is called Open Mike. And I really liked it because it required absolutely no preparation. So from my point of view, this was the absolute perfect kind of session to do. The idea is that you could ask any questions that you want about any topic. I may or may not answer depending on whether or not I know the answer. But one of the interesting things we experienced is that each session is different. The question .. . we used to do these twice in one day. We would have one session at maybe 10:00 in the morning and another session at 4:00 in the afternoon and the themes might be completely different depending upon who were the people in the room. With that, again, I want to thank you for coming to our virtual seminar. We hope you're enjoying it so far and Megan, let's get started.

Megan Columbus: Well, here's a timely question, Mike, how do you think the different mechanism used to fund COVID research went? Did some mechanisms work better than others? For example, the OTA mechanism used to fund [Indistinct] versus R01? How do you think the different mechanisms used to fund COVID research went? Did some mechanisms work better than others?

Michael Lauer: Yeah, that's a great question. So some mechanisms worked very well. So we had .. . just to keep in mind, we can fund projects through grants, cooperative agreements, which are a kind of grant, contracts and what we call other transaction authority, or OT. OT means that it's not a grant, it's not a contract, it's an OT. It's a different kind of an award. It's a kind of mechanism that Congress has given us the authority to use. Some of it worked really well. So for example, there were networks already in place, both through cooperative agreements, as well as through contracts, and those trial networks could be used to rapidly set up clinical trials. So some of the therapeutic trials got started up very quickly. The vaccine trials were operationalized very quickly. Those worked quite well. We've also had different kinds of mechanisms for supporting our testing program that's called RADx. That has worked well. It has led to new .. . a number of successful projects, including community projects, technology projects, dissemination projects. There have been some mechanisms that have not worked well. So for example, we were hoping to get a community trials network involved in COVID. This was a trials network that was focusing on various kinds of chronic diseases. That didn't pan out. And the reason is is because the people who were involved in that in in that particular network were not used to dealing with acute respiratory illness trials. There were attempts to get trials going on convalescent plasma and that went in a very frustratingly slow way. It took a long time before we finally got a definitive answer on those. And then another concern that I've heard which I think is legitimate is that we have to get things up and running very quickly. So much of what we funded was through supplements. This, of course, helps people who already have NIH grant awards, but for people who are not in the system, they were not able to respond quite as quickly. And we absolutely heard that and this was one of the balances that we had to deal with.

Megan Columbus: Great. So, in how many ways has COVID-19 changed the face of extramural research?

Michael Lauer: Okay, that's a good one. All right. In some respects, in every way you could possibly imagine. And in other respects, not at all. All right. So let's think about this. One of course is the .. . well, one way in which the face has changed is the way we're doing our outreach. We're doing our outreach using virtual technologies. I have to tell you when this all first started, we were just terrified what we were going to do. We were isolated and so forth. Ironically, our ability .. . in some respects, our outreach has reached levels like we have never seen before. I'll just speak personally, my own volume and intensity of outreach events has increased dramatically. I am speaking with many, many groups previously I never would have spoken with because I just simply didn't have the time or the wherewithal to travel. But now that I don't have to worry about that, I'm able to participate in a number of those kinds of events. Another of course is that the kinds of research that we're funding, the COVID research has been totally different. It's been, no pun intended, literally warp speed and in some cases, much more so, a much greater use of OT. So for example, for our Community Engagement Alliance Network, that's funded by OT, the Recover Project, which is the look at long COVID, that's funded by OT. So we've had a number of ways in that. Now in other respects, absolutely not at all. So for example, peer review just continued almost without a glitch. We were already doing a fair proportion of our peer review virtually before the pandemic started and we switched to 100 percent virtual and we have continued to do that. And I'm not going to say it's going perfectly, but it's actually gone remarkably well. We are now processing more applications than we ever have. We have more applications coming in, we have more awards going out. So I would say it's a mix. In some respects, we've seen dramatic changes and also as I talked about in the plenary, a number of stresses. In other respects, we're doing just as what we were doing before except perhaps at a higher degree of intensity.

Megan Columbus: So, I have some questions that are related to this, and it has to do with the ways that we are trying to support the community. And I know one of those policies was post-submission preliminary data and allowing people to update that after application submission and before the review. For how long do you think NIH will continue to allow those post-submission preliminary data updates?

Michael Lauer: So I don't know the answer to that. Part of the reason why we're able to allow a number of leniencies such as the post-submission data was because we're operating under a state of emergency. We are still operating under a state of emergency. Officially, the US is in a state of emergency related to the pandemic. We are looking into whether we can continue that long-term. It's actually worked out remarkably well. We've seen .. . I don't remember the exact proportion, but a large proportion of applicants have taken advantage of that. And our peer review staff are telling us that it's working okay, that it's not causing a dramatic increase in burden to them or to reviewers. I think one of the reasons why it is working is that even though we do allow for delay submission of preliminary data, it still has to come in more than 30 days before the review so that reviewers have adequate time to look at the new materials that are being submitted. I wouldn't be surprised if we continue this long-term, but this is not a promise. We'll have to see.

Megan Columbus: What about the support? People are showing concerns in this questions about the more junior investigators, the female investigators who have had childcare responsibilities and the impact of COVID on those people. Can you talk about the ways that we've been trying to support them?

Michael Lauer: Yeah, so the first is we very much do appreciate that and our data. Again, thank you very much for filling out the survey. Our data do bear that out. One thing that we have done, I mentioned this during the plenary are the childcare allowances. This was actually something that we were working on even before COVID started. But we were working on a childcare allowances for fellowship and now for trainee awards. Those have been well received. A second is extension of early stage investigator eligibility. Right now, an early stage investigator is defined as somebody who's within 10 years of their terminal degree or completing their clinical training. We do allow extensions, and the most common reason for an extension is childbirth. And a couple of years ago, one of the steps that we took because childbirth is by far in the way the most common reason, we handle that in a streamlined administrative way. We've seen a dramatic increase in the number of our ESI extensions, both for childbirth, as well as in general. Since COVID started, we've increased the number from 500 to 1,000, so that's another step that we are taking. We have recently issued a series of awards. This was a prize competition for institutions that are taking steps to enhance gender diversity and gender inclusiveness. This was announced by the Office of Research in Women's Health in October and I'm sorry, Megan, I don't remember the exact name of this program, but this was something that we've also done as part of helping institutions to enhance their own efforts to nurture women faculty. So there are a number of steps that we are taking, but we do understand that women .. . particularly women with younger children who are under an unusual degree of stress and we're doing the best we can to try to address that.

Megan Columbus: Okay, so here's a different topic. With COP26 currently taking place, it's great to see a priority action item in the HHS Climate Action Plan about developing HHS climate resilient grant policies, including connecting sustainability and research operations to grant funding, such as energy, water, efficiency, enhancing research equipment, space utilization, et cetera. Has OER begun to discuss actions that can be taken to align with an HSS climate action priority?

Michael Lauer: So thank you for asking. This is a great question. And I will readily admit that this is not something I've thought a great deal about. We do have, I believe, Megan, we have an NIEHS booth here at the virtual seminar. I know there's been a lot of discussion about climate change and climate change related research because I've heard a lot about it during meetings, but this is not something that we in OER have spent a great deal of time on. Thank you for bringing it to our attention.

Megan Columbus: Right. So for those who don't know, NIEHS is our National Institute of Environmental Health Sciences, but we do have stuff from there who can talk to you about that. I see some recurring questions both here and at the booth, Mike, about program officials being increasingly difficult to get in contact with. And so the question is, as NIH has increased the number of individual grants it's funds, have we also been increasing the number of POs managing those funded grants?

Michael Lauer: Thank you. That's a great question. So we .. . here's a little inside baseball. So back in 2017, we had a hiring freeze. That often happens when a new administration takes over. Usually, those hiring freezes are fairly brief. This particular hiring freeze went on a while. It went on fire an atypically long period of time. Maybe a year or even more than that. And so this has effected our extramural staff. We saw a substantial decline in our extramural staff because people were retiring and normal attrition. Now, I'm happy to say that over the last couple of years, there has been a substantial increase in hiring. And so yes, we have been hiring more extramural staff. So more program staff, more review staff. We have to do that exactly as you say, because we're seeing more activity. We're seeing more applications, more programs. I'm sorry to hear that you're having difficulty reaching some of our staff. One of our goals is to be as responsive as we possibly can. And maybe we still are playing a little bit of catch up from when it happened in times past.

Megan Columbus: Switching topics again. This is a good question. How do you suggest that faculty prepare for ARPA-H? They're worried that the rules will come out and the turnaround time for proposal ideas will be very short, especially if funding is approved close to the end of the fiscal year.

Michael Lauer: Yeah, so ARPA-H .. . the whole idea of ARPA-H is that it's going to be something which is fundamentally different from the way the rest of the NIH works. Now, ARPA-H is named in part after DARPA. DARPA is the defense .. . it's a defense research organization. And they work in a very different way than a typical granting organization. So for example, they do fund grants, but not very many. Most of what they fund is through contracts. And some of these contracts are put together in a very rapid way, or through OT. Now, OT, other transaction authority, other transaction authority is kind of different in that sometimes these awards are given out very quickly. We do not have a typical form of peer review. Their terms may be highly flexible, including, for example, stopping an award very quickly if it turns out that it's not working out well. We anticipate that in some respects, the phenotype may be a bit different. So those faculty who aren't already engaged in entrepreneurial activities or startups or heavy in translational research, they might find ARPA-H to be exactly what they're looking for and a way to get their work funded in a much more nimble and flexible way. But the honest answer is we don't really know because we don't know exactly what ARPA-H is going to look like. It hasn't yet gone through our Congress. And even when it does get set up, it's not like we're going to turn on a light switch and all of a sudden we have ARPA-H. It's going to evolve over a period of at least a few years.

Megan Columbus: Switching topics yet again. A couple different questions merged into one. Do you know the proportion of NIH funding that goes to support international institutions? And how are we encouraging international collaboration and partnerships.

Michael Lauer: So there are a couple of ways of thinking about that. One are awards that are going directly to international institutions. So that means that there's a primary .. . the primary recipient is an institution outside of the United States. That is a very small proportion of our awards. It's in the low single percentage amount. And the country .. . I believe the country that has the highest number as you might expect is Canada. But there, of course, are awards going literally all over the world, but it's a very small proportion. Now then a bigger proportion are what we might call sub-awards. So this is where the primary award goes to an institution that's based here in the United States, but they setup a consortium or a set of collaborations with international groups. This is most of what we're funding internationally, so these involve for example our various clinical research networks, our clinical trials that involve international sites. Many of them are in developing countries. We have at NIH something which is called World Report. So if you type into Google "NIH world report," it will pop up. And this presents comprehensive data on both primary awards to international sources, international recipients, as well as collaborations through sub-awards through fiscal year 2020. So it's a little bit behind. We don't have the 2021 data in there yet. But it is rich with data and you can learn more about what's happening on the international front. We care very deeply about international collaboration. We have a center, the Fogarty Center, which is specifically focused on global research. And we also have developed a number of collaborative programs with foreign country. So for example, we have a collaborative program with the National Natural Science Foundation of China, whereby we fund investigators here in the US, they fund investigators in China, but these investigators are working together on a joint project. We have set up similar arrangements with some European countries. But in any case, we've greatly valued international collaboration, and I think you'll see when you look at that world report that there's quite a bit going on, although the fast majority of our funds are going to American investigators.

Megan Columbus: Thank you, Mike. Initiatives to increase further levels of diversity within PIs, for example, LBGT faculty. Can you talk a little bit about those?

Michael Lauer: So there's a tremendous amount going on in diversity. Back in 2012, I think it was, we set up an NIH called the Office of Scientific Workforce Diversity. This was an office within the Office of the Director, explicitly dedicated towards workforce diversity, both on the extramural front, as well as on the intramural front. The founding director of that office was Dr. Hannah Valentine. She recently left and went back to Stanford. And now I'm very happy to say that my colleague, Dr. Marie Bernard, the former Deputy Director of the National Institute on Aging, is the current director. There is a tremendous amount going on. And just as an example of some recent efforts, there's a program called FIRST. I don't remember what it stands for. But this is a program where we're funding institutions to develop inclusive and diverse environments, both well resourced institutions as well as less well resourced institutions. We announced our first set of awardees just a few weeks ago and we will continue this program and we anticipate having more competition down the line. And the idea of this is to bring in cohorts of .. . diverse cohorts of investigators who by virtue of not being alone and working together will support each other and hopefully help each other eventually go forward to successful careers. One that was noted before, we have funded programs in communities. So for example, the RADx-UP, which is testing in communities that have been underrepresented in biomedical research and also are experiencing disparities to a greater degree. The SEAL Initiative, which is an OTA on Community Engagement Alliance also related to COVID research. There are other programs like Diversity Supplements, National Research Mentoring Network, the K99/R00 MOSAIC program, which is specifically designed to enhance the diversity of the workforce among people who are transitioning to independent careers. There's a huge amount which is going on and much of it is available on our various websites.

Megan Columbus: Switching topics yet again. Once OSTP provides guidance for the implementation of NSPM-33 regarding R&D national security policy, how does NIH plan to roll out the implementation process? Will there be an opportunity for feedback from the extramural community to discuss any concerns regarding administrative burden?

Michael Lauer: Great question. So this is something that I actually do know a fair amount about. We are co-chairs, along with the National Science Foundation with OSTP on that NSPM-33 implementation effort. A while back, Dr. Eric Lander, the director of OSTP issued a blog. He said that we were going to have a guidance document. So the guidance document tells us where we're headed. That guidance document should hopefully be coming out within the next few weeks and I can say that a lot of progress has been made. There has been quite a bit of input. We had a round table .. . that's not the right word. We had a forum which was hosted by OSTP and NSF in which we got a tremendous amount of input. That was back in October. There's also a National Academies roundtable, which is a way in which different stakeholders can be brought together. We've been actively involved with that. So we've been working very closely in particular with NSF on developing harmonized procedures and forms. The thinking then is that whatever NIH and NSF agree upon, most other agencies in the government will accept of course according to their own authorities. And this work has been progressing along quite nicely. I think once that guidance document comes out, a key part of the guidance document will be how the implementation will happen. But we anticipate that that implementation will .. . yes, we will be of course consulting with the community, but we anticipate that will hopefully move along fairly smoothly.

Megan Columbus: And you touched on this a little bit, but can you comment about the high burden the other support documentation is requiring both by institutions outside NIH and within NIH, frankly? Has there been any discussion about administrative burden that these forms require?

Michael Lauer: So there has been. There's also a great deal of administrative burden when those forms are not filled out correctly. So let me just give you some examples of that. We've had cases for example where an institution has submitted a grant to the NIH and they have submitted the exact same grant to another agency of the US government, so for example, the Department of Defense. And what they put on the other support form is that there's no overlap between the two .. . between those two proposals. Then it turns out it's the exact same proposal and both proposals get funded, which essentially now means that the US government is funding the same project twice. We're engaging in duplicative funding. Now we got into trouble for this appropriately back in 2012 when the GAO called us on it. And by called us, I don't mean NIH, I mean government agencies at large, for not having adequate mechanisms in place to prevent this kind of thing from happening. So now once that actually happens and we've engaged in duplicative funding, we have now orders of magnitude greater administrative burden because we have to undo the damage that has been caused by this. So I think it's important .. . let's keep in mind why this other support form exists. It exists because the US government is engaged in a highly competitive environment. We were only able to fund 20 percent of our grants, so we should not be funding proposals that are already being funded by somebody else, whether it's inside the US or outside the US. We should not be funding investigators to do more than 12 months of work per year, and we should not be paying for the same thing twice. We want to avoid scientific overlap, commitment overlap, and budgetary overlap. All right. Now having said all that, I do hear the concerns about the administrative burden and about ways in which we can do this .. . ways in which we can do this right. We are working on making this a web-based application so that it will be easier to fill out. Another thing that we're looking at is combining the other support work with various platforms such as platforms such as ORCID is one that I've heard recommended. It's a platform in which a person can keep all of their information at the same time and it populates automatically. We're looking at generating for example DOIs on grants so that that way a funded grant would automatically get fed into something like this. Some of you maybe familiar with our My Bibliography and SciENcv platforms. So eventually, we'd like to get to a point where filling out an other support form will be fairly easy, where it could be done almost in an automated way, just like you were preparing a CV for a tenure committee. And then what you'd have to do is check it to make sure that it's correct and that it's complete. Obviously, it's a lot less work to check something that's already there than to create something from scratch. So yes, we are very much aware of this and we're hoping that we can leverage the technology that we have and the IT world that we have so we can eventually make this actually a lot easier than it is right now.

Megan Columbus: We're getting a plea to make ARPA-H programs easier at NIH than they are at other agencies. So that's just a comment out there.

Michael Lauer: Okay.

Megan Columbus: We have some questions about blinded peer review and whether we're going to be doing more of that.

Michael Lauer: Yeah, so there was a .. . this is an interesting question about whether or not blinding peer review might have a positive effect on possible biases of peer reviewers. The CSR, the Center for Scientific Review, conducted what we refer to as the anonymization study. This was a formal study in which many applications, I think it was 1600, I don't remember the exact number, but a large number of applications were anonymized so that way the reviewers, at least theoretically, did not know who was submitting these applications. There were some subtle effects. We did find that there were some groups where scores did improve a little bit, other groups their scores did not improve at all. The main results of the anonymization study have been posted as a preprint. And I believe that that paper is headed towards publication. I know it's being reviewed somewhere. I'm not 100 percent sure whether it's been published yet, but it is publicly available through the preprint. It was a massive amount of work. And the interesting thing is that even with the massive amount of work, one of the things that we wanted to look at was whether or not reviewers were adequately blinded. Did they actually know who the investigators were. So we asked them to guess who the investigators were. And they found that in a substantial number of cases, they were actually able to guess who the investigators were. It was far from 100 percent, so the thing is it was enormous amount of work to do this and it's not entirely clear that the blinding was all that successful. So this is one of these issues that is perhaps great in theory, but once you actually put it in practice, it doesn't work quite so well.

Megan Columbus: Thank you. How are PIs being held accountable for their mentoring practices? For example, PIs that actively hold back people in their labs or keep them from attending conferences to not lose capable hands. Mostly post docs since grad students usually have the protection from the grad student office, or PIs with too many trainings such that they cannot provide meaningful truly engaged mentoring. Do you have any comments on that?

Michael Lauer: Yeah, so that's a tough one. And there's only so much that we can do. It's important to recognize that we give grants to institutions, we do not give grants to individuals scientists. And so, institutions are ultimately responsible for the conduct of the work. Now in the most extreme cases where there's actual exploitative behavior, we have been involved in some of those, where there has been harassment or discriminatory harassment or the creation of an outright hostile work environment. We have been informed about those through our mailbox, through our web forum. And in some cases, we've had some rather frank conversations with institutions about the need for work environments to be safe and conducive to high quality work. By the way, that's something that is in our term and condition of award, which is that we expect that our work will be conducted in an environment which is safe and conducive to high quality research. So if we see that that's not happening, that's potentially a violation of term and conditions of awards. We've had some cases where institutions have brought in external consultants or coaches to help improve the environment within a laboratory. Now the question also gets into something more structural, which is for example, people having to do longer post docs or having difficulty becoming independent because they're being held back, that's a lot tricker. I think part of the way we're trying to deal with this is by giving out more awards to early career investigators so that early career investigators can get their own independent efforts going at a sooner time than they otherwise might. That's a really tough one and there's only so much that we can do.

Megan Columbus: And we did actually just put out a new website on supporting safe and respectful workplaces. And that's an important website for people to know about.

Michael Lauer: Yes. Megan and Megan's team played a major role in helping put that together. It is an extension or I would say an elevation over the website we previously had that focused primarily on sexual harassment. There's a lot there and would strongly advise you to go take a look at it.

Megan Columbus: That's the way that people would let us know if they are feeling harassed or discrimination in their institution. "I would appreciate hearing Dr. Lauer's thoughts about the ways in which ongoing initiatives on data security and data sharing are aligned and in which ways they conflict?"

Michael Lauer: Yeah, okay, so let's see. So data sharing is perhaps a little bit easier to talk about because this is something that we strongly encourage. And in fact, we're going to come pretty close to mandating it through our data management and sharing plan. Now data security is an interesting one. Obviously data security within NIH, including the security of the data that you send to us throughout eRA is something that we care very deeply about. And we spend, I would venture to say here at NIH, millions if not tens of millions of dollars, probably tens of millions of dollars every year on security. In fact, it may actually be even more than that of NIH funds are going to protecting the security of our data. And that includes the data of our researchers, as well as the data of our extramural administrative work. That's the data which is in eRA. This is something that is extraordinarily important to us. Now data security, there are of course federal laws that govern cybersecurity, there are state laws that govern cybersecurity. We do not directly get involved in cybersecurity programs at individual institutions except to say that institutions do have to follow all applicable, both state and local laws .. . federal, state and local laws as it applies to cyber.

Megan Columbus: It seems like some folks are having some challenges getting FFRs through in time, which delays their ability to request carryforward for those who don't expanded authorities. Is this being addressed?

Michael Lauer: Yes. We do know about this and it has to do with the flows by which FFRs go through. There was a change in exactly how that was done a while back and this has led to a backlog. We are very much aware of this and we have a team that's working on it to get this unstuck.

Megan Columbus: Different question. NIGMS this summer, that's the General Medical Sciences Institute, announced guidance for review of investigators with substantial research support. Is it expected that other institutes may follow suit?

Michael Lauer: So all institutes right now .. . or I should say most institutes right now have something that which we call SCR, Special Council Review, which means that if somebody has more than a certain amount of funding, that particular grant requires some additional discussion or additional review at council before a decision can be made to fund it. Now, that is correct. NIGMS is the one that is probably taking this to the most stringent level. And part of the reason is that they have been very open in their strategic thinking that their goal is to fund as many scientists as they possibly can. So NIGMS is one of the leaders in funding early career investigators. They, compared to their size and their overall budget, I believe they very well may be the top IC in the proportion of early career investigators that they fund. If they're not the number one institute, they're among the top two or three. That's not an accident, that's because they want to fund as many scientists as they possibly can. And part of the way they do that is that if any one particular scientist is getting more than a certain amount of support, that has to go through some very stringent thinking before a decision is made to fund an additional grant.

Megan Columbus: All right. Do you think that there will be an increased focus in the role of a facilitator administrator in team science grants? Meaning the NIH will look for trained professions to serve in these roles, like evaluators instead of it being an afterthought for PIs.

Michael Lauer: That's a great question. I have to admit it's not something that I have thought about and will take that back.

Megan Columbus: Just a question. You referred to a link to the support of women that came out in October that you mentioned. How would somebody go about finding that? Do you know? Would they search for?

Michael Lauer: I'm sorry, could you help me, Megan? What was I talking about?

Megan Columbus: You were talking about COVID and I believe you were talking about a conference maybe that happened in .. .

Michael Lauer: Oh, yeah, yeah, yeah. No, I know exactly what that is. So yeah, Office of Research on Women's Health, ORWH, funded a program to fund institutions. So it was to give awards to institutions that were developing programs for enhanced gender diversity and inclusivity. I would say .. . I know exactly what we're talking about now. I would say look at ORWH, the Office of Research on Women's Health, and that's probably where you'll find it. And I think that award has been .. . maybe somebody has already put it into the chatbox. I think those were announced, but I'm not 100 percent sure. If they weren't announced, they're going to be announced real soon. I did give a presentation at the ACD, the Advisor Community to the Director last June an update on our efforts to deal with harassment and the implementation of the ACD working group report. And in that .. . that presentation is available on the ACD website. And in that presentation, there is a slide that is specifically dedicated to this program.

Megan Columbus: All right. Thank you. TARN received a T90/R90 training grant award, but with COVID, recruiting and retaining foreign trainees is extremely challenging with limited travel and lengthy user processes. How is NIH addressing the current challenges involved with recruiting and processing international trainees and investigators?

Michael Lauer: I know that has been .. . I don't know very much about that. I know that has been an issue for our intramural program. And this is not unique to NIH, this is something which is more general. One is the travel restrictions writ large, as well as issues in the processing of visas. And I'm sorry, I don't know about the details on those particular programs, but that's something that we should learn a bit more about.

Megan Columbus: An easy question, do you expect study sections to remain virtual in the future?

Michael Lauer: That's a great question. So we are going to be virtual I believe through at least the spring. Now part of the reason is to plan travel and hotel space, both host reviewers as well as conference room space, that's something that has to be done many months, 6 months in advance. So I don't think that we would start making serious planning about doing any in person meetings until we see that this pandemic is either over or has reached a low level and stable plateau. I think it's fair to say that we will probably be continuing to do the majority of our review meetings in a virtual setting. There has been discussion, for example, about a 2/1 arrangement where let's say a study section that meets three times a year, twice during the year the meeting would be virtual, once a year the meeting would be in person. The in person meeting would enable the kind of networking and informal conversations that a number of people miss. I wouldn't be surprised if we go to that. We for sure are not going to be going to a state where studies sections are routinely meeting in person three times a year. I think the likelihood of that is exceedingly, exceedingly low.

Megan Columbus: We have a number of folks who are interested in sustainability issues. And so, one of them asked, this is from Fiona, I know that there's an interest in maintaining commitments to sustainability at NIH. Would you consider integrating sustainability into the grant application processes? It could be a major incentive for research institutions to make sustainability a priority.

Michael Lauer: So that's a great question. In part, we already do that through some of our infrastructure programs. You remember I mentioned that one chunk of our research budget goes to research centers, like the CTSAs and the cancer centers. These infrastructure programs are designed to do exactly that. In addition, some of our clinical research networks, the idea there is that we don't a situation where each individual study is a one-off, but rather we have something that is more stable over time. It is something that we are constantly thinking about, and here's the tension. On the one hand, we do want to fund a stable, sustainable infrastructure. On the other hand, we want to avoid the development of stale entitlement programs. So those are two extremes. One extreme is everything is one-off, every project is a one-off, that doesn't work. And the other extreme is where everything is within programs that basically consider themselves to be permanent. We want to have something in between and finding that exact sweet spot, I think, is one of those tensions that will never completely resolve.

Megan Columbus: And we probably have one minute left.

Michael Lauer: Okay.

Megan Columbus: Is there any support .. . so last question here .. . is there any support for helping non-traditional institutions such as community-based organizations or foreign institutions to be able to navigate getting setup in eRA commons. And I think they're really concerned about being a compliance with the Commons ID rules, right?

Michael Lauer: Yeah. We're sensitive to that, to the Commons ID rules and how the Commons ID rules might adversely effect certain groups such as community organization. Also people who work in small businesses, very different kinds of units. So we are sensitive to that and we are going to make sure that that does not become a major problem. The reason why we are moving towards at least strongly encouraging, if not outright requiring people to give us their Commons IDs is we want to avoid conflicts of interest in peer review, where people are reviewing each other's grants. In some cases, inadvertently and I'm sorry to say in some cases deliberately. So that's what we're trying to do is to try to prevent that. But we do understand that that may create some difficulties that we very much want to avoid.

Megan Columbus: All right. With that, I'm afraid that we're at time. Hey, Mike, I really appreciate how open you've been and how you took whatever we threw at you. I thank everybody for their questions, their great questions. And if you have more questions, Mike will be staffing the exhibit hall. There are lots of NIH experts. I noticed that some of the questions that we didn't get to are really grants policy questions and I encourage you to go to the grants policy compliance booths to get answers for those. Thank you so much.

Michael Lauer: Outstanding. Thank you. Take care.

Megan Columbus: Bye.