Addressing Sexual Harassment in Biomedical Science

Elyse Sullivan: Welcome, folks. We're going to give everybody a minute to join the meeting and get settled and then we will get going. So thank you for coming. I can see the attendee numbers ticking up. So we really appreciate you guys coming out today, and we'll get started just in one moment. All right. Welcome, everybody. So you are attending the Addressing Sexual Harassment in Biomedical Science session here at the virtual seminar. My name is Elyse Sullivan, and I will be moderating today's session. So as you're getting settled in, I just wanted to note a couple of housekeeping items. At the bottom of your Zoom window you should see a button that says Q and A. This is where we want you to input questions as they come to you throughout the presentation. So go ahead and put those questions in when they come to you. We are going to hold questions until we go through a few things with the panel. We're going to get to as many questions as we can. So go ahead and start using that Q and A box whenever you have any questions. I do have one ground rule. We're not going to be talking about specific cases or names. So please refrain from inputting any of that type of information since we're in a group setting. I did want to let you know that closed captioning is available for this session. I can put the link in the chat box for anyone who didn't already locate that back in the auditorium area where you entered. We also are happy to have interpreters with us. A final note, this session will be recorded, and we'll make that available along with the slide deck used in this presentation within a couple of days. All right. With that, I am happy to introduce our panelists. We've got Dr. Mike Lauer who's our deputy director for extramural research at NIH. We have Michelle Bulls who is the director of the office of policy for extramural research administration, also known as OPERA, and we have Paula Goodwin who's our program administration officer within the office of extramural research at NIH. So how we think we want to do this today is I'll ask ... I have some questions that I would like to ask our panelists to get us started, but then we really would like to start taking questions from you all. So just to set the stage a little bit, we're all probably aware that concerns about sexual harassment have really been getting increasing attention in recent years, and so much so that Francis Collins who is the director of NIH along with our own Mike Lauer and other NIH leaders issued a statement this last February in which they say that, "We are so sorry that it has taken us so long to acknowledge and address the climate and culture that has caused such harm. Sexually harassment in the sciences is morally indefensible. It's unacceptable, and it presents a major obstacle that is keeping women from achieving their rightful place in science. We are determined to be part of the solution. We can and will take action if there are concerns that sexual harassment is affecting NIH-funded research." So, Paula, you've been working really closely with Mike as a champion and as a spokesperson for this topic for NIH. Can you tell us a little bit about what lead up to NIH making such a strong statement?

Paula Goodwin: Thanks, Elyse. So I'd just like to start off by saying sexual harassment is not a new problem. So many of us have experienced it personally or we know people who have been the targets of sexual harassment. Sexual harassment in science is particularly detrimental. First, it presents barriers, unacceptable barriers that prevents the targets from fully participating in science and from achieving their greatest potential. It also robs society and the entire scientific enterprise of diverse and critical talent. So anyone can be a target of sexual harassment, but what we do know is that it is disproportionately encountered by women, and we believe that that may be a reason that women are leaving science. When we think about, look at in academia, about 50 percent of assistant professors are female. Yet, when we look at leadership positions, they are underrepresented. So the extended problem with sexual harassment in science among women was documented in a report by the National Academy of Science, and what they found that 20 to 50 percent of female students in science, engineering and medicine reported that they had experienced sexual harassment and usually at the hands of faculty and staff. More than 50 percent of female faculty also said that they too had experienced harassment. We know that harassment is more likely to take place in workplaces where there are more men in leadership positions than women, and that's the case in academia which is the NIH funds academia. So as the largest funder of biomedical research in the world, NIH bears a great responsibility to take action to put an end to this behavior.

Michael S. Lauer: So if I can extend on what Paula has been saying, we've taken a number of steps, and maybe during the course of the conversation we can go into these in a bit more detail. One, of course, is that NIH itself is a large organization. We have 40,000 staff who work at NIH, and so we've developed our own internal processes to deal with harassment within our own shop. We conducted a survey of our staff which yielded some rather disturbing results, and we're using that to help us, and then, of course, on the extramural side, we have also taken a number of steps. Last year we convened a working group of the advisory committee to the director. They put out a report last December about changing culture to end sexual harassment, and the whole idea is that we should be ... We should stop being part of the problem and become more a part of the solution.

Elyse Sullivan: And so, Paula, if I could ask, so what does it really look like for NIH to be part of the solution?

Paula Goodwin: So a few years ago, we established what we call the NIH grantee harassment webform. So this allows anyone, institutions, targets of sexual harassment, bystanders to inform NIH of allegations of sexual harassment or sexual harassment or any form of harassment that is affecting NIH-funded research. So we were really serious about wanting to hear about sexual harassment. So we set up this as a direct way where, like I said, anyone could inform us, and you could do so anonymously. So over those couple of years since we established the webform, we've received over 200 reports of alleged sexual harassment and other forms of harassment. So as we were made aware of these cases, we've been able to take action in decreasing the numbers of those cases. So there are have been disciplinary actions taken against university faculty by the institutions. They include some have lost their jobs. Some have been removed as principal investigators in the NIH grants. Others have been prevented from taking part in the NIH peer review process. We've also over the last couple years sort of assessed what we're doing to identify a gap that are present, and we've implemented policies to address those gaps or close those gaps that allow for what we call the passive harasser phenomenon, and that's where scientists who have been found or guilty of sexual harassment who quietly move from one institution to another, and it's sort of quiet and masked, and they go on to carry on business as usual. So we've put policies and requirements into place, and we hope that those actions and also what we've done in terms of establishing the webform will help us to bring greater attention to sexual harassment in science, and we hope that this leads to big cultural changes that will have real and far-reaching affects on science. So we're serious about this. We're not saying it's someone else's problem. We're taking action, and we're putting in policies in place to make sure that we can remediate the problem.

Elyse Sullivan: So, Michelle, as head of grants policy for NIH, could you describe these policies and requirements for awarding institutions that NIH has put in place?

Michelle Bulls: Yeah, I think as Paula has nicely described, what we've done is we have outlined and reiterated the importance of providing a safe and healthy work environment. That is outlined in our public policy requirement. It takes the full force and effect of law, and it also is attached to the NIH appropriation funding. So when an institution does not comply with those required public policies, we ask for explanations for that, and so Paula nicely outlined how we have our e-mail and our webform and anonymous areas where we can obtain this kind of information, but more importantly, we specifically require our institutions ... not expect but require our institutions to develop and implement policies that foster a harassment-free workplace. We also want them to maintain clear and unambiguous professional codes of conduct so the employees feel very safe and protected while they are performing and working on NIH-funded research. We also ask for the institutions to provide training and helping our recipients in understanding what those internal policies are and how they apply to each employee. Additionally, what we've also asked in our new policies as Paula and Mike alluded to the changes. It's not really a change but more of a clarification and an expectation that when a recipient is restricting access to a campus or lab space or when they're restricting the ability for researchers to interact with students or other employees or when an institutional official places an employee on administrative lead where they cannot perform their duties, that's a change in key personnel, and NIH needs to be notified. We need to be notified of the changes that impact our funding. We also issued additional clarification to make sure that as recipients are changing institutions or changing principal investigators or researchers, if those changes are a direct result or harassment or bullying, we want to know about that, and we want for the institutions to tell us. That if in fact when these changes are made, if there are concerns relating to bullying and harassment, they are to alert us to this information, and then we use that information to make very important decisions about funding and about whether or not we as NIH agree that the changes of institutions and changes of key personnel is appropriate.

Paula Goodwin: Yeah, and I'd like to just reiterate that NIH is very serious about sexual harassment in science. So we are continually assessing what we're doing and developing these requirements to address these gaps, and some of the things that Michelle pointed out will help put an end to that passive harassive phenomenon. So it will require that these harassers are unmasked and we are aware that they're moving along [Indistinct]. So we're really serious about that.

Elyse Sullivan: Wonderful. I think it will be useful to talk about how NIH handles the allegations that it receives, and so I think we do have some visuals. Can we actually get those slides to move? Perfect.

Michelle Bulls: So I think for NIH, we have ... OER receives the allegations centrally via the harassment mailbox and webform here. Institutions are encouraged to use the mailbox to contact OER with the questions or concerns that arise from harassment at your institution, and then, of course, again, reiterating the fact that we want to provide an opportunity for employees to have a very safe and healthy work environment, and that's the institution's responsibility. So here under the how NIH handles allegations, we have a list here, and I'm not sure if, Mike or Paula, if you guys want to go into how this looks and talk about that or ...

Michael S. Lauer: Certainly. I'd be happy to. So I think the key point here ... This is a high level description of a very rich process by which we receive allegations of potential problems. We conduct an initial assessment, and then we have a variety of actions that we can take that Michelle alluded to, and one of the points to make here is that there are a variety of different kinds of problems that we see, classic research misconduct which is falsification, fabrication and plagiarism, possible grant fraud, inappropriate or improper foreign influence, a peer review integrity violation, and sexual harassment is right there. So the way that we in our office and the office of extramural research approach sexual harassment is just like the others. Now, of course, there are differences because there are specific rules and regulations that apply to these different types of problems, but the main point we want to make here is that we treat sexual harassment with the same degree of seriousness as we treat these other problems such as research misconduct or a violation of peer review integrity.

Elyse Sullivan: And so can we talk a little bit about the possible consequences that NIH can impose if findings of harassment are found on NIH-funded projects?

Michael S. Lauer: So there are a number of things that we can do. Perhaps one of the most important ... And if you'll look at the bottom of the slide here, it says actions to consider. So one is that we contact the institution, and by contacting the institution, that usually means is that we contact the vice president for research or the equivalent, and we say, "There's a problem" or "We think there's a problem, and let's talk about it," and the reason is is because this potentially affects compliance with our policy on a safe work environment which is something that the institution is responsible for. So that then can lead to a conversation that can then lead to a variety of consequences. The institution itself may take actions because of the behavior of their employee. We may remove the person from the peer review service. We may refer the person to another one of our sister agencies regarding a potential problem. I also want to take this opportunity to point out that while many institutions have taken this very seriously, and when they've discovered problems, they have taken actions that are commensurate with the degree of the offense. We're also seeing a pattern that is a bit concerning which is that we'll see an institution that will make a finding of harassment or misconduct, and they'll impose some kind of an action or a sanction. They might take the person off the faculty or say that the person is no longer allowed to supervise graduate students or young investors or the person is not allowed to be alone with anybody, but nonetheless, despite the fact that they take those all actions, they say it's perfectly fine for the person to continue as a principal investigator on an NIH award. So in other words, they're not allowed to supervise graduate students or they're not allowed to come to the lab unaccompanied, but it's perfectly okay for them to function as a steward of federal monies. Dr. Carrie Wolinetz who co-chaired that working group that I mentioned earlier talked about this at our ACD meeting last June, and this doesn't make sense. If somebody has done something that is so serious that they're not allowed to supervise students or go to a laboratory without a chaperone, then it doesn't quite make sense to us why it's perfectly okay for them to continue to function as a PI on a grant.

Elyse Sullivan: So I think it would be useful, Mike, to go ... to talk a little bit about what NIH is doing sort of internally in our own house, and I think that some folks in the external community might be able to take some of those resources and tips and really utilize those. So can you talk a little bit about what we're doing at home?

Michael S. Lauer: Sure. So one thing we did was we formed a trans NIH committee on sexual harassment and violence in the workplace. I'm actually a member of this committee, and we developed a variety of policies which are now in place. So we have a policy for personal relationships in the workplace. We have a policy for harassment and misconduct and how these would be handled, and, of course, this is different from what happens in extramural because here we're talking about our employees. So because they are our employees, there are certain things that we can do that we can't do on the extramural side. So one of the key things is that we handle these complaints centrally. We have an office which is called Civil takes these allegations centrally, and they then will deal with them. Now, one common way that they'll deal with them is they'll bring in a third-party investigator. So it's a contractor who's not part of the NIH to do an objective assessment of what's been going on. They will then conduct an investigation and make a finding. They may make a finding that there is no finding, that everything is okay. They may make a finding of harassment or misconduct and then working with the Civil office will make a recommendation about a kind of action that can be taken, and these actions can range from relatively minor sanctions like training and counseling all the way to termination in and in between, but one of the key points is about the way we manage our operations in-house is that we do it centrally. We do not allow the individual institutes and centers to conduct their own investigations and make their own decisions because they're obviously conflicted. By handling it in a central way, we're hoping that we can be more forceful as well as more consistent and coherent in the way we do our work.

Elyse Sullivan: Let's see. Do you want to talk a little bit about the survey tool that we recently made public and released the results because I think that might be really useful for folks?

Michael S. Lauer: Yeah. Thanks, Elyse. So we did conduct a survey of our staff. We did this last year, and we strongly encouraged staff to fill it out. What we found was that one in five or it was actually more than one in five, actually. I think it was more like 27 percent of people said that they had experienced harassment within the past 12 months. The question that was asked was have you experienced gender harassment, sexual harassment, sexual coercion sometime within ... unwanted sexual attention sometime within the past 12 months, and yeah, overall it was one in five said yes. It was quite alarming, not surprisingly, more commonly among women than men, more common among trainees so people who would be more likely to be lower in the hierarchy and therefore in a more vulnerable position. Unfortunately these findings while they were quite concerning are also consistent with what has been observed elsewhere. Paula had mentioned that various other studies have found that between 20 and 50 percent of women had experienced sexual harassment either at some point in their careers or within let's say the past year or two. So we're not immune to this. We've got this problem as well. The survey instrument is something that we plan to make available to others. So that if institutions would like to use the survey instrument, they can. That means that potentially they could compare their data to ours. The other thing is, we're planning to redo our survey. We'll probably do it sometime next year. This will give us an opportunity to see whether or not the various measures that we have taken might have had an impact.

Elyse Sullivan: Wonderful. So I did want to plug some of the resources, again, that we have. Mike, are you able to bring us to the last slide that just shows our ... Yep, this one. So we had mentioned the webform and our e-mail hotline, and this is our link to our website where we've got lots of resources including the survey tool. Please take down this website. Please take down this information. We've got sections for finding help. We've got the policy information. We've got resources, and a quick Google search of just NIH grantee harassment will absolutely get you to this page. So I guess is there anything else from the panelists before we open it up to our audience questions?

Paula Goodwin: Sure. I'd just like to end with what I started with that sexual harassment is not a new issue. It's a pervasive problem. It's particularly pervasive in those environments where there are more men in leadership like in academia, like in science. So we hope that our stance ... NIH's stance on the issue and the policies and actions that we've taken will send a strong message that harassment will not be tolerated and that there are serious consequences at stake.

Elyse Sullivan: Yeah, and it's clear that at NIH we want to be part of solution, but we also can't do it alone. We need to be partners with you all at the institutions and in the community, and I think that that's ... I think that if we all kind of take it seriously, I think we can really move the needle. So I'm going to go to some of your questions from the Q and A box and keep them coming. We'll get to as many as we can. Let's see. So I think this first one we may have covered in the talk, but it's what can be done about NIH-funded PIs who are known to harass students and post-docs? They're everywhere, and nobody does anything about it, and we know it's happening.

Michael S. Lauer: All right. Well, that is the question, actually, and what I would say is that unfortunately the question is well founded, and for a long time that was absolutely true. I do think that the culture is changing, maybe not as fast as we might like it to. I'll tell you a quick story which is that we were dealing with a case at a particular university, and I happen to be on the phone with the vice president for research at that university, and he said something interesting. He said, "You know, since Francis Collins has been outspoken about this, and your working group put out the report, and you've created this e-mail, and you've created the webform, public statements. There's something interesting going on here which is that we're getting a lot more complaints, and this is a good thing that we're getting more complaints, and we think the reason that we're getting more complaints is because there is a sense that they're not being ignored anymore. That the agencies and the institutions are trying to pay attention to them." Now, I'm going to also say we're not there yet. There's a lot of work that still needs to be done, but I do think that as, Elyse, as you said, we are starting to move the needle.

Elyse Sullivan: There's a few questions about exactly how and when to inform NIH. So should a ... Can and should a researcher directly get in touch with NIH if their own institution is actually not doing anything about the case?

Michael S. Lauer: Paula, you want to do that one?

Paula Goodwin: Sure. Like I said before, our webform, the NIH grantee harassment webform, anyone can report there. So it's not just the institutions. If you're the target of the harassment, if you're a bystander, you can report directly to NIH. So we do our due diligence in following up with the institution. So it helps that there is a report with the institution that they can actually reference, but we encourage everyone that you have a direct line either through the e-mail or through the webform to report to us. You don't have to wait until your university asks. You can tell us directly.

Elyse Sullivan: Great. Let's see. There's a couple questions about actually defining sexual harassment. So we're talking about sex-based discrimination. What's within the scope I guess that NIH would want to be reported?

Michael S. Lauer: Michelle, you want to do that one?

Michelle Bulls: So I thought you were going to kick that one to Paula.

Paula Goodwin: We do have resources that Elyse showed at the end, the website. We do have sort of the formal definitions of sexual harassment, but our webform, we also take anything that happens that's going to have a negative impact on NIH-funded research in ensuring a safe environment. So we have allegations about gender discrimination, bullying, harassment so in all forms. Sexual harassment seems to be the major one that we receive reports on, but we're interested in any actions that happen that's going to have an impact and prevent, again, someone from fully participating in NIH-funded research and in science. So I would encourage you to visit that website and find out the official definitions of sexual harassment, but anything that would cause an unsafe environment, we want to hear about it.

Elyse Sullivan: And it looks like we have a few comments letting us know that maybe some more clarification on our website could be helpful if we're asking to report all kinds of unsafe work environmental impacts that are not just sexual harassment, and I think that that is sort of the scope. It's really under this unsafe work environment. So I think those comments are good feedback for us. So we can take those into account with our website. Let's see. Let's see. So now we're talking about sort of the backlash and backlash for actually coming forward and reporting. So for example, if a post-doc reports their PI, they're at risk for losing their funding. Coming forward and making a report can have detrimental consequences, especially for younger scientists in their careers. Do we have any advice or anything that we can sort of speak to that phenomenon.

Michael S. Lauer: So we do remind. Sometimes when we contact institutions and we are very aware about the fear, the very real fear that complainers might have. We will remind institutional leaders that retaliation is not a good thing, and that might be one of the most important messages that needs to be sent to the respondent quickly is that whatever you do, do not retaliate because that's only going to make things a lot worse. We understand that there is often a great deal of fear. Sometimes what we have seen is that we'll get multiple complaints about the same person or a group of people will come in and tell us about a problem, and that's helpful. Also, I just want to point out that you may have all heard about whistle-blower laws. The whistle-blower laws apply to employees within the federal government, and so there's only so much that we can do, and I know that that's not entirely satisfying, but we do take retaliation seriously, and we'll take it as far as we possibly can.

Elyse Sullivan: So we got a question. So if we disclose harassment by someone who's a key personnel on an awarded grant, I guess when ... I guess we're talking about the time frame of when NIH will reach out to talk about sort of actions there. Do we have a ... I guess what is the turn around time, and what is our NIH process for when we receive notification about some of our key personnel?

Michelle Bulls: So for NIH, the response time, the requirement we have in place is that we need to respond as soon as possible, but the policy statement says that we have up to 30 days to respond to any kind of inquiry, but what we also try to do is have internal discussions, very thoughtful internal discussions to determine next steps, the best next possible steps interacting with the IC and determining whether or not this is the first offense, second offense, however that looks, and then once we have an understanding, we will reach out. Typically, Mike will reach out and talk to the officials at the institution to engage in some discussion, always trying to protect the anonymity of the individuals. So we're not giving detailed information but reaching out and trying to determine what the next steps are or should be as the information unfolds, but we do try to get back to direct the inquiry and make sure that we talk to our recipients as soon as possible and well within the 30-day requirement for responding to inquiries.

Elyse Sullivan: So, Paula, I think you mentioned this a little bit, but what are the types of outcomes I guess not speaking about cases individually, but what are some of the actions that NIH has taken or institutions have taken based on being reported to NIH?

Paula Goodwin: Yeah, I think Michelle probably could speak to that more from the grant's policy side and what actions that NIH is taking. So, Michelle?

Michelle Bulls: Yeah, happy to help. So one of the things that we talked about earlier is determining whether or not we need to change the principal investigator or if it's a co-PI or a key personnel, those are well within our rights to do. We talked a lot about the fact that if there's a scenario where the individual is not allowed to carry out their official duties, be in the lab or even be allowed on campus, those are things where we say okay, there's this time frame by which 90 days, there's a replacement PI that needs to kick in, but more importantly, depending on how the case comes in and what we have determined and consulted with one another internally, there may be a need for a replacement PI to happen. So we do contact the institutions and state that there really does need to be a replacement PI, and then the other more egregious-type cases is where there's a change of institution. The grant is made to the recipient and not to the individuals, and we have heard Mike say that over and over again, but we've also seen that in the Grants Policy Statement for decades, and so what we need to understand is if there's a need to change the institution because the individual is going to another location to continue to do whatever that is, we have the right as NIH to say this is not in the best interest of our research and our science and our funded research, and we can require that the institution provide us with a replacement PI, and then there have been times where we have bilaterally terminated awards because we cannot identify or come to an agreement with the institution. The institutions, though, really have been, like Mike said, really good about considering the discussion that he's having with them, and so often times they will say maybe that this is not an opportunity for us to ... depending on the outcome allow the change of institution and they offer the bilateral termination. So there are a plethora of options available, and what we try to do is be very careful and thoughtful about how we move forward depending on the nature of the circumstances. One different variable can change the whole outcome.

Elyse Sullivan: It sounds like the majority of institutions have been relatively cooperative. We have a question of what does NIH do when an institution is trying to cover up or not disclose that some wrongdoing is going on?

Michael S. Lauer: Well, this is not good, and we've had some rather stunning cases, and I think this is where the anonymous webform and the e-mail but perhaps more the anonymous webform has really helped. So we have had cases where we'll get an anonymous report that will say, "Dr. So-and-so was found to have violated the institution's sexual misconduct policy and was put on leave last year and is not allowed to come to the laboratory, and we don't think NIH has been informed." So the first thing we'll do is we'll scratch our heads and say, "Oh, really?" And we'll look in our files and we'll ask the program staff, and nope, nobody knows anything, and then we will contact the institution and say, "So like what's the story here? You had an obligation to inform us about this, and the fact that you didn't inform us about this says a lot about your culture of compliance, your sense of responsibility." We've had some very uncomfortable conversations with some institutions. It is not good when we find out about these things in this kind of way because then it goes beyond just the problem with that particular laboratory. Now it becomes an institutional issue. It is really not good when we read about it in the newspaper. This has happened. We read the newspaper like anybody else, and we have had conversations that go, "Did you see XYZ on the front page of your favorite newspaper? Did we know about this? No, we didn't know about this," and then we have to contact the institution about that. It is really much, much better if we hear directly from the institutions, and they self-disclose to us, and this has happened, and I get the feeling ... I don't have data at my fingertips, but, Paula and Michelle, I'm getting the feeling this is happening more often. We have had a number of cases recently where we'll get outreach from institutional leaders saying, "We need to talk to you, and here's what happened, and this is what we found, and this is what we're doing, and is that okay?" And perhaps the most important thing is that we found out from the institution and not from somebody else because that indicates ... That's the kind of culture that we're all aspiring to.

Elyse Sullivan: I think that is actually all of the questions that have come in. So I want to take this moment to thank all of our panelists and thank all of our attendees and remind you that for folks who have missed a part of this presentation, there will be a recording. I will make the slides available, and please go to our website. Please do utilize that webform and do let us know, okay?

Michael S. Lauer: Great. So I just want to wrap up by also saying thank you to Elyse for moderating this session, and thank you Paula and Michelle for ... I think we've had a really good conversation here, and thank you, all for coming to our virtual seminar. This is an extraordinarily important and serious problem, and we look forward to working with you and your colleagues and your institutions to make this a thing for the past.