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NIH Sexual Harassment Report: Restorative Justice Essential; Agency Ponders Changes

By Theresa Defino

Faced with a host of recommendations from his highest-ranking advisory committee,^[1] NIH Director Francis Collins said the agency would be announcing new, standard operating procedures (SOPs) for how it will respond when an institution or individual informs NIH of situations involving sexual and other forms of harassment.^[2]

After the Dec. 12 meeting of the Advisory Committee to the Director (ACD), Collins outlined some actions that NIH might take to thwart sexual harassment in science within a year. But he said others—such as mandating institutions provide sexual harassment training—will have to wait, as they may necessitate statutory changes.

But institutions could immediately put in place strategies directed at them that are contained in a report by the Working Group on Changing the Culture to End Sexual Harassment, which presented final recommendations to the ACD along with a 66-page report.

“Changing the culture to end sexual harassment requires efforts at every level of the research enterprise. Therefore, the Working Group developed recommendations for NIH, NIH-funded institutions, and scientific and professional societies,” members explained.

Among the recommendations for NIH-funded institutions are that they adopt programs for “restorative justice” that could include paying for attorneys and therapists for individuals affected by sexual harassment.

NIH Reveals Disciplinary Actions

Before hearing the recommendations, ACD members received an update on NIH’s handling of misconduct allegations both internally and among grantees during this calendar year. No data were presented to indicate the exact nature of the actions taken, and there appears to be an absence of formal actions when allegations were of a sexual nature.

According to Carrie Wolinetz, a co-chair of the working group, NIH associate director for science policy and acting chief of staff to the NIH director, in 2018, NIH reviewed 232 allegations of misconduct, of which 43 were “of a sexual nature.” NIH took formal disciplinary action against 53 staff for misconduct of a nonsexual nature. “Informal disciplinary action” was taken against 26 staff “for misconduct of a sexual nature,” she said.

From January to November of this year, the number of allegations grew to 271, of which 68 were of a sexual nature. Wolinetz reported that NIH took “formal disciplinary action against 63 staff for misconduct of a nonsexual nature” and “informal disciplinary action against 26 for misconduct of a sexual nature.” No details, such as the types of misconduct committed nor examples of formal versus informal actions, were provided.

ACD members officially accepted all of the working group’s recommendations as presented, although some had questions about the practicality of some proposed changes, then handed them to Collins to address. With the receipt of the recommendations, NIH, Collins said, is “at a critical juncture.” Speaking during the ACD meeting,

Collins said he was “quite favorable about the remarkable work that’s been done here.”

NIH does seem inclined to follow the recommendation from the working group that it not be disbanded, but, in Collins’ words, be “kept alive to watch over as we go forward and hold us accountable and continue to give us advice.”

Within a year, NIH will “be able to create new incentives and funding opportunities to help those individuals who’ve experienced disruption of research projects, including related to sexual harassment,” Collins said at the meeting. The agency “took to heart” comments that NIH needs to move quickly to provide “restorative justice” to targets of harassment, he added.

During the meeting, Collins also said NIH had already “established and will soon publicize clear SOPs for what institutions need to do when something goes awry and what steps we will take when we’re notified by an individual or a grantee institution.”

However, the statement issued after the meeting referred only to SOPs regarding “steps NIH takes when a grantee institution or an individual at a grantee institution notifies NIH.”

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