

**Congress of the United States**  
**Washington, DC 20515**

October 22, 2021

The Honorable Joseph R. Biden  
President of the United States  
The White House  
1600 Pennsylvania Ave. NW  
Washington, DC 20500

Dear President Biden,

As the Co-Chairs of the Congressional Caucus on Black Women and Girls (CBWG), we write **urging you to appoint a Black woman to succeed Dr. Francis S. Collins as the Director of the National Institutes of Health (NIH)**. Based on Dr. Collins' recommendation that a woman be appointed as his successor; your own call to find someone to meet and exceed Dr. Collins' leadership<sup>1</sup>; and the importance of positioning the NIH to successfully address today's most pressing health issues and advance an equitable, robust research agenda, it is crucial that this appointee is committed to advancing basic and clinical science that addresses health disparities and inequities, and ensures that NIH prioritizes perpetually funding a racially diverse pool of researchers. To this end, the new Director should not only have extensive experience with the NIH funding process, and a history of working with researchers of color at various career stages, but they must have a deep understanding and conviction of how social and political conditions act as significant predictors of individual health behaviors, choices, and outcomes. Having this caliber of representation at the highest level of leadership at the NIH will help to close the gap around racial health inequities and combat structural biases in the health system continuum, from research to grant funding to the health sciences workforce pipeline.

Black women have made significant, lifesaving contributions to the field of medical research in the United States, often at the risk of their own well-being. Black women have a trailblazing history of providing advancements to research in medicine. They have veritably put their lives on the line at the behest of scientific advancement, from the performance of vaginal surgeries on the bodies of Black female slaves without the administration of anesthesia to perfect gynecological techniques—many of which are still touted today—to the stealing of Henrietta Lacks' cells, without consent to drive forward modern medical innovation. Contemporarily, the precedent of NIH leadership with Black women at the helm is nothing short of indomitable. For instance, the legacy of Dr. Vivian W. Pinn, whose career spanned more than 40 years including as Associate Director of NIH for Women's Health Research from 1994 until her retirement in 2011, speaks not to the exceptionalism of Black women in science, but to the necessity of their meaningful leadership at pivotal moments in our nation's history.

This is a pivotal moment.

The NIH Director plays a substantial role in shaping the agency's research, planning, and activities across twenty-seven Institutes and Centers to combat major health threats, such as mental illness, infectious diseases, and cancers. To that end, the incoming NIH Director must be equipped and committed to address longstanding and persistent health challenges that unduly burden communities of color due to the nation's history of systemic racism and social risk factors. These factors disproportionately impact Black women and girls. Heart disease, diabetes, breast cancer, cervical cancer, fibroids, maternal mortality, and severe mental illnesses are all health conditions of which Black women suffer higher rates of dilapidation and mortality than their non-Hispanic white counterparts. And across the board, Black and American Indian or Alaska Native (AIAN) individuals continue to fare the worst in most examined measures of health status, including physical and mental health status; birth risks; infant mortality rates; maternal mortality and morbidity; and HIV and AIDS diagnosis and death rates. The continuing disparities in diagnosis, treatment, and access for Black women during the ongoing COVID-19 pandemic only further accentuates the urgent need for a Black woman with this deep knowledge and commitment to working from an equity lens to lead this critical federal agency in the years ahead. COVID-19 also highlighted the need for intersectionally diverse representation in clinical trials by race/ethnicity and gender. Under new leadership, the NIH should prioritize accountability for ensuring that interdisciplinary clinical trials have clear, measurable, and meaningful diversity and equity goals.

In addition to addressing today's most pressing health issues, the NIH is an essential conduit for scientific knowledge building. Through grant programs, the NIH annually invests more than \$32 billion in research designed to enhance life, and reduce illness and disability. Although the NIH is the largest public funder of biomedical research in the world, research has found that its' resources are not equitably distributed, particularly by race<sup>ii</sup> and gender<sup>iii</sup>. An analysis of NIH grant success revealed that grant applications submitted to the NIH in the US by African-American or Black Principal Investigators (PIs) are less likely to be funded than applications submitted by white PIs<sup>iv</sup>. The study also found that a key driver of this inequity includes grant reviewer biases and structural biases embedded in scoring systems. We urge you to appoint an NIH Director who can pull from her extensive experience in applying for research funding; from her commitment to working with researchers of color; and from her valid, lived experiences and first hand understanding of the barriers emphasized in the aforementioned study. NIH should consider this unique time when Dr. Collins is moving on not to mourn the ending of his stellar leadership era, but to leverage this opportunity to empower the nation by taking a major step to address the systemic inequities that hinder our country's ability to advance the most cutting-edge research by hiring a Black woman to lead the NIH.

A Black woman who is deeply experienced in researching diseases and disorders in historically marginalized and minoritized communities. A Black woman who is committed to leading from an equity standpoint. This is the person most qualified to spearhead the next phase of NIH initiatives as we move swiftly addressing the unprecedented needs of the 21<sup>st</sup> century. In moving beyond just diversity and inclusion and towards equity-centered solutions, the Congressional Caucus on Black Women and Girls asks that you devise a panel of equity-focused public health professionals, who are women of color, to assist in identifying an appropriate candidate for this

position. There is a strong cadre of Black women, including Dr. Vivian Pinn, with whom we highly suggest you consider consulting on a strategic panel to select the next NIH Director:

- Dr. Mary Bassett, Health Commissioner of New York City;
- Dr. Cara V. James, President of Grant Makers in Health;
- Dr. Aletha Maybank, Vice President, American Medical Association (AMA), Chief Health Equity Officer, AMA Center for Health Equity;
- Dr. Joia Crear-Perry, Founder and President, National Birth Equity Collaborative;
- Dr. Marsha Lillie-Blanton, The George Washington University Milken School of Public Health;
- Dr. Laurie Zephyrin, Vice President for Advancing Health Equity, Commonwealth Fund

Mr. President, we strongly urge you to appoint a Black woman to take up the mantle of the NIH, build on the work started under Dr. Collins' leadership, and carry out your Administration's directive to pursue health equity.

Sincerely,

Co-Chairs of the Congressional Caucus on Black Women and Girls



Bonnie Watson Coleman  
Member of Congress



Robin L. Kelly  
Member of Congress



Yvette D. Clarke  
Member of Congress

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<sup>i</sup> Owormohle, S. and Megan Wilson. 2021. "[Biden's new health challenge: Find another Francis Collins - POLITICO](#)" *Politico*. Accessed on 20 October 2021.

<sup>ii</sup> Ginther D.K., W.T. Schaffer, J. Schnell, B. et al. 2011. "Race, ethnicity, and NIH research awards." *Science*. 333:1015–1019.

<sup>iii</sup> Magua W., X. Zhu, A. Bhattacharya, et al. 2017. "Are female applicants disadvantaged in national institutes of health peer review? Combining algorithmic text mining and qualitative methods to detect evaluative differences in R01 Reviewers' Critiques." *Journal of Women's Health*. 26: 560–570.

<sup>iv</sup> Mervis, Jeffrey. 2019. "[Study identifies a key reason black scientist are less likely to receive NIH funding](#)". *Science*. Accessed on 21 October 2021.