



# Grassroots efforts to end structural racism throughout the US National Institutes of Health

**To the Editor** — Racial inequities, rooted in US societal structures, cause disparities in every national system. While COVID-19 exposed disparities in the US healthcare system, biases within the US justice system gained national attention following the killing of Ahmaud Arbery and police killings of Breonna Taylor and George Floyd. In particular, George Floyd's death provoked a global reckoning on issues of systemic racism and injustice, leading to protests in more than 60 countries<sup>1</sup>. In the United States, Black men face an almost 1 in 1,000 chance of being killed by police over their life course. This rate is the highest nationally for any group and is 2.5 times higher than for White men<sup>2</sup>. Apart from police violence, Black people in the United States experience higher rates of illness and mortality across a wide range of health conditions compared to their White counterparts<sup>3</sup>. Internationally, marginalized racial and ethnic groups have worse health outcomes than majority racial or ethnic groups<sup>4</sup>. Accordingly, the American Medical Association, American Public Health Association and Center for Disease Control and Prevention have all declared racism a public health crisis, risk and threat, respectively<sup>5</sup>.

Joining the global chorus speaking out against anti-Black racism, several self-assembled Black employee groups at the National Institutes of Health (NIH), the US medical research agency, became involved to address ongoing workplace racial inequities. Inspired by calls for reform in the film industry and law enforcement, this assembly outlined the links between structural racism within the NIH and deficiencies in recruitment, promotion, retention and inclusiveness. Further, this assembly of Black NIH staff illustrated ways in which structural racism within the NIH, the nation's leading biomedical research agency, was hindering its overall mission to enhance health.

Dozens of hours of dialogue and deliberation in late night and weekend meetings led to the crafting of an open letter to the NIH Director, Dr. Francis Collins, proposing eight changes to advance racial equity<sup>6</sup> (Table 1). The proposal became known as the 'Eight Changes for Racial Equity', or '8CRE' (pronounced 'acre'), in a nod to the unmet promises of 40 acres and a mule to freed slaves after the Civil War.

**Table 1 | The eight changes for racial equity (8ACRE)**

Publicly and explicitly identify diversity, inclusion and anti-racism as top NIH priorities
Track and publicly report NIH workforce diversity data annually
Improve representation of Black, Indigenous and Latin American staff at NIH
Implement an annual workplace climate survey that includes questions specifically addressing the experience of perceived race-based discrimination and publicly report all alleged cases and findings of racial bias or discrimination
Develop required anti-racism and anti-discrimination training for all NIH employees (with special emphasis on leadership and HR roles)
Require all leadership to be active participants in NIH diversity and inclusion initiatives (for example, workforce recruitment, retention and promotion efforts) and link success metrics to awards, recognition and annual performance evaluations
Implement a wage equity plan
Rebrand the NIH 'Harassment Doesn't Work Here' initiative as 'Racism, Discrimination and Harassment Don't Work Here' and expand course offerings

Apprehension loomed at meetings. Asking for racial equity could result in retaliation, and even job loss. Another fear was that being associated with the open letter might harm long-term career opportunities and aspirations. Despite these concerns, 8CRE supporters encouraged each other to engage trusted top NIH officials in support of the open letter and advocate on their behalf. On 22 July 2020, the group sent their letter to Dr Collins anonymously. Eight days after submission, Dr Collins responded. He noted the letter as meaningful and valuable, and that he had shared it with NIH leadership to help drive NIH's commitment to enact tangible change against structural racism at the agency. Additionally, Dr Collins agreed to meet with 8CRE supporters to discuss recommendations and collaborate on how best to address the public health consequences of systemic racism.

8CRE supporters subsequently launched a coordinated effort to garner additional grassroots support for the open letter, following in the footsteps of their colleagues at the US Agency for International Development and the US Centers for Disease Control and Prevention (CDC)<sup>7,8</sup>. Through an online platform, 8CRE provided an opportunity for NIH employees and allies to sign in support of the letter and share their personal (and later anonymized) experiences of racism at the NIH. To date, the 8CRE open letter has more than 500 signatories who have shared more than 100 stories of racism or bias at the NIH.

Approximately 97% of signatories are current NIH federal employees, contractors, research fellows or trainees, of which 36% chose to sign anonymously. Analysis of their stories revealed five themes: (1) racism, harassment and humiliation; (2) pay inequity and impaired career growth; (3) retaliation, silencing and ineffective reporting mechanisms; (4) lack of mentoring and support systems; and (5) negative impacts on mental health. These five themes helped 8CRE supporters craft practical first steps that NIH leadership could take toward achieving racial equity.

Six months following the first meeting between 8CRE supporters and NIH leadership, the NIH took initial steps towards addressing seven of the eight changes. Specifically, much of the work related to the eight changes is being implemented through the new NIH-wide UNITE Initiative. UNITE was publicly launched in February 2021 during a special meeting of the NIH Advisory Committee to the Director, to identify and address structural racism within the NIH workforce and the external scientific community<sup>9</sup>. UNITE leadership includes 8CRE supporters and consistently acknowledges the group as an internal advisory group to the NIH Director, which catalyzed its efforts. An intimate group of 8CRE supporters continue to meet quarterly with NIH leadership to ensure all racial equity efforts are completed with transparency, accountability and sustainability.

Supporters of 8CRE continue to meet on a monthly basis for fellowship with one another, to commiserate over shared frustrations, rejoice in successes and discuss strategies for implementation of the proposed eight changes and beyond. In continued efforts to engage the greater NIH community, 8CRE supporters engaged 19 NIH institutes and centers to promote the first ever NIH affiliated Juneteenth Virtual Celebration, which focused on wellness and amassed nearly 600 registrants and many social media posts. 8CRE supporters also seek to extend member efforts beyond the NIH, as social responsibility to their communities is a core element of the group's identity. Accordingly, 8CRE supporters have devoted hours volunteering at local public school systems by exposing students to careers in science, technology, engineering and math (STEM) and advocating for change in their history curriculum — addressing sentiments and consequences of US chattel slavery<sup>10</sup>. Additionally, 8CRE supporters regularly collaborate with other federal Black employee self-assembled groups seeking to create cultural change, such as the CDC Friends of the 7 Acts of Change. Jointly, they host Authentic Conversations, a monthly live web series aimed at inspiring STEM professionals and public health trainees with uplifting discussions amongst STEM experts. Through the 8CRE website and social media platforms, information focuses on how to support social justice causes both internal and external to the NIH<sup>6</sup>.

For others seeking to lead change within their institutions, 8CRE supporters recommend several aspects of their grassroots approach that contributed to their success. Conducting an environmental scan

to determine ongoing or planned efforts allowed the group to propose actions that addressed small and large organizational gaps. Directly engaging leadership with specific actions to address racial inequities catalyzed change, while continuing the dialogue through regular meetings promoted transparency, accountability and sustainability amongst all parties.

As a seemingly endless procession of racial injustices continue to occur across the nation, 8CRE supporters remain committed to uplifting members of their communities and relentlessly fighting for racial equity in the spaces that they occupy. □

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Published online: 7 February 2022  
<https://doi.org/10.1038/s41591-021-01646-6>

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## Acknowledgements

The authors sincerely thank the NIH Senior/Tenured Black Scientists and NIH leadership for their support, input and collaboration. We are also grateful for the support and solidarity of our CDC Friends of the 7 Acts of Change colleagues, who are tirelessly working on common goals towards racial equity in the biomedical enterprise. We acknowledge the leadership contributions of supporters of Eight Changes for Racial Equity: C. J. Smith, C. Fitzhugh, L. M. Rodriguez, K. Gibbs, I. Ofoha and J. Chinn, and the countless supporters of 8CRE who remain anonymous to protect their livelihood from backlash and retaliation.

## Author contributions

All authors contributed to the conceptual design, writing and revision of this manuscript.

## Competing interests

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the US National Institutes of Health.