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May 19, 2020

Francis S. Collins, M.D., Ph.D.  
Director  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Dr. Collins:

On behalf of the American Psychiatric Association (APA), the medical specialty society representing 38,800 psychiatrists, we would like to applaud NIH on its response to the COVID-19 pandemic and helping to shed light on its mental health impact. As you know, we are facing what we hope will be a once-in-a-lifetime disruption to the biomedical research enterprise, and in particular to brain science. Most institutions have closed their neuroscience and clinical mental health research laboratories, except for work that can be done virtually or with minimal human contact. We thank all of you, and the NIH Director's office, for taking rapid policy action to ensure that critical personnel and studies can be sustained during this difficult time.

Although we are far from past the SARS-CoV-2 pandemic, we recognize the need to begin planning for post-pandemic recovery. Some labs in relatively unaffected areas are able to move quickly towards a partial restart. Others are facing months of continued inability to gather new data. This burden will fall most heavily on labs headed by early-stage PIs and trainees on mentored awards; they are the least likely to have a large store of prior data that could be re-analyzed or otherwise used to survive "data famine". This will be doubly true for investigators from groups that have been shown to be underrepresented in science. This includes individuals from underrepresented racial and ethnic groups, individuals with disabilities, and individuals from disadvantaged backgrounds as well as some candidates seeking to re-enter research. Other vulnerable populations include clinician-researchers who are facing both lab management challenges and increased demands for patient care, and researchers who may have personal health issues that are limiting their ability to fully engage with in-person activities. If not managed, the burden on these groups could hollow out our workforce pipeline.

As your Institutes prepare to respond to the next wave of challenges, and particularly as you plan for how to deploy resources to assist a restart, APA would like to offer the following suggestions for prioritizing those limited resources:

1. **Protect the most vulnerable investigators.** To the degree that administrative supplements or similar funds become available to “make up for lost time”, they should be prioritized to labs with the highest need. We suggest, at a minimum, prioritizing supplements to labs that meet any of the following criteria:
  - a. K-series awards, particularly those near the end of the project period or a transition, such as the K99 to R00 switch
  - b. The contact PI holds only one R01-equivalent grant
  - c. The contact PI currently qualifies as an Early Stage Investigator, or qualified as such during the competing review of the present award
  - d. The award was not in its final year when the Public Health Emergency began (with the exception, as noted above, of career development awards or awards specifically targeting young investigators).
2. **Support inclusion and diversity in science.** Prioritize support for groups that have been shown to be underrepresented in science or working at institutions that promote diversity of the scientific workforce, e.g. Historically Black Colleges and Universities. It might also be helpful to consider the target population for human subjects’ research, e.g. to prioritize awards that support studies of the mental health of more vulnerable communities.
3. **Be flexible with pay lines at the Council stage.** A related challenge is that some investigators will not be able to gather anticipated Preliminary Data for submissions that still need to happen on a fixed timeline. As your Councils consider new awards in the coming year, we suggest considering whether factors that could particularly disadvantage young/vulnerable investigators may have been too-strongly weighted during peer review.
4. **Minimize disruption to new awards.** In an extreme case, NIH could extend administrative supplements to many existing awards, by dramatically cutting new award budgets. We believe this would be inconsistent with planning for the future and could reduce overall Innovation. While some cuts may be necessary, we advocate for minimizing them (e.g., to no more than 20% of the requested budget).
5. **Consider specific support targeting re-entry and recovery.** An ongoing challenge for the biomedical workforce is the need to support re-entry, e.g. for investigators who were forced to leave the lab due to caregiving needs, clinical deployment, or personal illness. Just as you have created rapid response mechanisms for research on the nervous system effects of SARS-CoV-2, we suggest creating similar opportunities to support institutions that may have innovative new ideas for re-entry (beyond the traditional mentored training grant).

Thank you for your time and attention.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with a stylized flourish underneath.

Saul M. Levin, M.D., M.P.A., FRCP-E, FRPsych  
CEO and Medical Director