

October 14, 2011

Francis S. Collins, M.D., Ph.D.
Director, National Institutes of Health
One Center Drive, Building One, Room 126
Bethesda, Maryland 20892-0148

Dear Dr. Collins:

I would like to applaud you for the energy and vision that you are bringing to the National Institutes of Health as its current Director. Actualization of the core values of the NIH to ensure health equity for all citizens will require the strength of character to move beyond the traditions of your institution. One area that the NIH has been too silent on is the need to improve the health and well-being of lesbian, gay, bisexual and transgender persons (LGBT).

Despite a growing concentration of well-trained LGBT health researchers, structural and policy barriers continue to stymie efforts to identify and address key determinants of health disparities. My research community remains profoundly impacted by the policies established during the “witch hunts” of 2003¹ that disadvantaged LGBT-related research. My mentors have been impacted, I know researchers who literally left the field, and as a clinical psychologist and behavioral health researcher, I have been personally impacted by the lingering effects of these policies. For example, I have been asked by a program officer at NIH to change the title of a research proposal that was under-consideration for funding to conceal the fact that LGBT persons were the focus of the project. I have also received grant reviews that included homophobic and discriminatory language. In addition, I have had proposals rejected outright because LGBT persons were not viewed as representing a disparities population. Eventually, like almost all of my fellow LGBT health researchers, I learned to avoid applying for a funding announcement until I had some clear signal that LGBT disparities were an acceptable topic under that mechanism. I am pleased to now be funded for an R01 from NIDA, but I must emphasize, *every single one* of the hurdles mentioned above limits both the field of successful researchers as well as the quantity of competitive proposals you receive.

In order to counter this historic legacy of discrimination, we need a strong message from you. We need a message to researchers, project officers, and reviewers that LGBT disparity research is a clear priority of the National Institutes of Health. This strong response on your part will help to build upon the recommendations put forth by the Institute of Medicine’s Report on LGBT Health.



I am a member of the Steering Committee for the Network for LGBT Health Equity. We have prepared a briefing sheet on strategies to convey such a message, *LGBT Cultural Competency in Funding*.² It was recently delivered to Secretary Sebelius and I am attaching it here. I urge you to consider implementing the strategies laid out in this sheet. Changing the climate at NIH will be profound, it will allow researchers to overcome some of the most challenging health disparity questions of our time.

I would like to thank you in advance for your openness to the needs and concerns of the LGBT communities. Please feel free to contact myself or Dr. Scout, the Director of the Network for LGBT Health Equity, to discuss this issue further. We look forward to your response.

Sincerely,

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1. KRISTOF ND. No Time to Get Squeamish. *New York Times*. May 9, 2003.

2. Scout. LGBT Cultural Competency in Funding. Policy Brief by the Network for LGBT Health Equity at The Fenway Institute. September 19, 2011. Downloaded from <http://www.lgbttobacco.org/files/LGBTculturalCompetencyinFundingWhitePaper.pdf>