May 6, 2005 ICOC Meeting Minutes

Fresno Convention & Entertainment Center
Exhibit Hall
2nd Floor, Diamond Room
848 M Street
Fresno, CA

OPEN SESSION

Roll Call

David Baltimore **Surrogate: Dr. Paul Jennings**	Present
Robert Birgeneau **Surrogate: Dr. Robert Price**	Present
Keith L. Black	Present
Susan V. Bryant	Present
Michael A. Friedman	Absent
Michael Goldberg	Present
Brian E. Henderson **Surrogate: Dr. Francis Markland**	Present
Edward W. Holmes	Present
David A. Kessler	Present
Robert Klein	Present
Sherry Lansing	Present
Gerald S. Levey	Present
Ted W. Love	Present
Richard A. Murphy	Present
Tina S. Nova	Present
Ed Penhoet	Present
Philip A. Pizzo	Present
Claire Pomeroy	Present
Phyllis Preciado	Present
Francisco J. Prieto	Present
John C. Reed **Surrogate: Jeanne Fontana**	Present
Joan Samuelson	Present
David Serrano Sewell	Present
Jeff Sheehy	Present
Jonathon Shestack	Absent
Oswald Steward	Present
Leon J. Thal	Present
Gayle Wilson	Absent
Janet S. Wright	Present

Agenda Item # 5

Chairman's Report

Chairman Klein provided an update on the strides and progress being made in the legislative arena and briefly touched on the litigation front. Provided for review by the ICOC were letters to Senator Ortiz, regarding her SCA 13 and expressing concern about its contents, have been sent by organizations including California Healthcare Institute, university heads from Cal Tech, Stanford, the UC System and USC, as well as the Association of American Universities.

Agenda Item #6
President's Report

Zach Hall reported on new staff hired at the CIRM, including Dr. Arlene Chiu as Director of Scientific Program and Review and Dr. Connie Atwell as a consultant to work on the grants programs. Scientific activities have picked up, with Dr. Hall and Dr. Mary Maxon attending meetings at various institutions. Meetings have also taken place with representatives from the UK, Singapore, Scotland and Sweden, with Chairman Klein and Ed Penhoet participating as well.

Dr. Hall and Dr. Maxon have driven development of the Training Grant Program and Training Grant RFA, discussed below in this report. They have also laid the groundwork for grants management planning.

There have been discussions on Intellectual Property as well, including meetings with the California Council on Science and Technology Intellectual Property Study Group, of which ICOC members Susan Bryant and Michael Goldberg are members. This study group plans to complete a report on IP policy for stem cell research in July 2005.

Agenda Item #8
Consideration of Working Group issues and policies including but not limited to Conflict of Interest Policy for Facilities Working Group, Meeting Policy for Standards Working Group and having Patient Advocate members serve as Working Group Chairs, Co-Chairs or Vice-Chairs.

Zach Hall presented on these issues, providing an update of work done and opening up for further discussion and vote the issue of Working Group Chairs, Co-Chairs and Vice-Chairs.

Meeting Policy for Standards Working Group

The ICOC started a discussion at 4/7 meeting on the following:

- Whether to have open, closed or a mixture
- More workable version of Bagley-Keene

We have engaged attorney Ken Taymor, working pro-bono, with Dr. Maxon and Christina Olsson to come up with a suggested policy

Mr. Taymor has developed a summary of the workings of the Working Group, provided in the materials for this meeting. We're working on this topic and will report back at a future ICOC meeting. We will agendize this, possibly for the June 6 ICOC meeting.

Working Group Chairs

We recommend for the Grants Working Group that the Chair is a scientist and the Vice-Chair is a Patient Advocate.

Board discussion

Question/Dr. Pomeroy: how are you proposing Chair and Vice Chair get chosen and for how long would they serve?

Answer/Dr. Hall: the Subcommittee has a suggestion for Chair, this will come up in Dr. Holmes' report.

Dr. Preciado: we need to figure out process for reaching out to Co-Chair.

Dr. Hall: we're not leaving it open, we just need to figure out from which group it should be drawn.

- Chair from scientist candidates
- Vice-Chair: patient advocate – if this is accepted – to do this – then need to decide how to determine Co-Chair

Dr. Holmes: good suggestion, Zach. Our Subcommittee can bring back suggestion

Ms. Lansing: at Subcommittee level, we've had a lot of discussion on whether chair would be scientist or patient advoCate. We decided Chair should be scientist and advocate would be vice, and subcommittee would vote on who should be Chair and Vice-Chair. Then bring it to ICOC for approval.

Ms. Samuelson: the issue of strategic planning for overall grant portfolio is most important thing we'll address. I think it's important we do it before we get into grant review.

Chairman Klein: we will develop a strategic plan. We're waiting for the hire of the permanent President so that person can participate in planning with the board. We do want this policy level discussion to happen.

Dr. Kessler: where do you think strategic planning should be done? Grants? Separate group to bring back to ICOC? Entire ICOC?

Dr. Hall: I have a suggestion, will get to that in one moment.
This is not meant to be final word. I thought it was a good suggestion from Jeff Sheehy. Leadership help in doing this would be useful.

Chairman Klein: limit decision down to just discussing whether we have a Chair and Vice-Chair.

Dr. Pizzo: we're agreeing there is a Chair and Vice-Chair. Not conceptual issue.

Dr. Hall: right – not committing to that at this point.

Ms. Samuelson: the title is an important question. Different governing structure for other committee…I don't think this is one we should move quickly through.

Dr. Preciado: Chair/Co-Chair title - we need to discuss.

Ms. Samuelson: it's the roles – how they work with the Working Group.

Dr. Preciado: so if we say we'll have a Chair and Vice-Chair for Grants WORKING GROUP, is that OK?

Chairman Klein: to get into substantive review is an important topic. WE CAN AGENDIZE THIS after your subcommittee has had a chance to develop this for us.

Ms. Samuelson: which of course makes sense

Chairman Klein: we want to adopt a plan to share leadership publicly, then agendize discussion of roles for a future meeting. Titles and concept of shared leadership is important first step.

Mr. Sheehy: I commend Dr. Hall for his hard work developing this and bringing us close to a compromise here. Will discussion of role take place in Grants Working Group Search Subcommittee?

Dr. Hall: I'm going to suggest that ICOC consider taking out of the Grants Review the issues of criteria, etc. and put it in subcommittee of ICOC and deal with publicly BECAUSE we are beginning a new process and there will be a lot to discuss about it.

Dr. Pizzo: agree, we should bring it back to the ICOC. Grant review is what we're really about.

Motion

- **Ms. Lansing:** Motion to approve that there be a Chair from the sciences comm., a VC from the advoCate community, the functions of the VC to be determined by a committee to be outlined and brought back to overall board.

- **Dr. Pizzo:** second

Dr. Penhoet: we're talking about Chair and Vice from AMONG the Working Group, correct?

Ms. Lansing: yes – thank you for the clarification.

Vote

- All in favor
- No opposition
- Motion Carries

Standards Working Group Recommendation

Dr. Hall: we recommend Co-Chairs from among the WORKING GROUP, representing 2 of the 3 groups on the WORKING GROUP

Dr. Pomeroy: the recommendation is that proposal would be defined by Working Group, just like with Grants WORKING GROUP search subcommittee How would it all get defined? Will the Search Subcommittee take that on?

Dr. Kessler: prepared to recommend Co-Chairs today, interim. Need clarity on what that interim period would be. Also need to ask: Working Group should make recommendation after that Interim Period, to ICOC?

We'll propose member of disease advoCate community and someone with background in medical ethics.

Ms. Samuelson: that's a different proposal…Dr. Hall's proposal wouldn't address it…I think it's important to have someone from the ICOC serving as Co-Chair of Standards WORKING GROUP. If rotates between all 3 groups on WORKING GROUP, won't always have patient advoCate.

Chairman Klein: will one at all times always be a Patient Advocate?

Dr. Hall: I left that open. No recommendation on terms or rotation. Just that 2 of the 3 groups gets represented at all times.

If it's an ICOC member, would be Patient Advocate. You Can add that to it if you'd like. I didn't intend it one way or the other.

Ms. Samuelson: I think it makes it consistent with the Search Subcommittees recommendation.

Dr. Kessler: yes, that is consistent with what we'll recommend today.

Dr. Prieto: question is how does Working Group report back to ICOC.

Dr. Hall: these won't be subcommittees, will be advisory groups to the ICOC.

Dr. Prieto: how would it be brought back to us then?

Chairman Klein: we need the advice of counsel to get structure right. These are truly advisory committees.

Dr. Hall: 2 co-chairs would bring documetns developed by Working Groups to ICOC, present it and ICOC would vote on it.They're not subcommittees which report back to the ICOC on a regular basis.

Chairman Klein: is the subcommittee recommending one be a patient advocate at all times?

Dr. Kessler: we are recommending two candidates, but did not discuss which groups should be represented when. We did discuss having member of ICOC be Co-Chair so Can report back.

Ms. Lansing: are we saying Co-Chair for all Working Groups will always be a Patient Advocate. I've sat on a lot of subcommittees, not as chair or vice chair, and always felt like I had equal voice. Does it matter so much if it's always a patient advocate? I think it's enough just to say there will be 2 co-chairs, and it will get voted on each time.

Chairman Klein: I suggest that we just decide today on the Co-Chair issue

Mr. Sheehy: there is principal involved here.

Motion

- **Ms. Lansing**: Move we adopt interim Co-Chair of Patient Advocate and Ethicist
- **Dr. Pizzo**: Second

Board Comment

Dr. Preciado: need to keep discussing this. Is we as patient advocates have difficulty getting heard, what about the public? Patient Advocates need to have leadership position.

Chairman Klein: in this case, they will be co-chairs, but your fundamental point is heard.

Dr. Pomeroy: clarifying motion…sometimes interim recs become permanebnt just by virtue of inertia. How do you feel about this being permanent?

Mr. Sheehy: I'd be fine with it being permanent

Dr. Hall: we're talking about a person, should be interim, but with regard to the policy, that would be permanent.

Mr. Sheehy: I'll restate the motion: as a matter of policy, Co-Chairs for Standards Working Group, and one come from one of 2 groups – scientists and ethicists – and the other one come from Patient Advocates.

Dr. Levey: there've been 3 motions. It is getting confusing. Let's vote on it and let staff work these things out. We can have staff work out details but let's vote on whatever it is we're voting on.

Motion

- The actual Motion is **Mr. Sheehy's** motion.
- Second to Sheehy's motion: **Ms. Lansing**

Vote

- All in favor
- No opposition
- Motion Carries

AGENDA ITEM#12
Consideration of status report from Standards Working Group Search Subcommittee, including but not limited to consideration of appointment of members (ICOC Patient Advocates, Scientists, and Medical Ethicists) to the Standards Working Group.

Dr. Kessler: I don't think it's a conflict to have members of this Working Groupto apply for grants.

Chairman Klein: let me reemphasize: the Grant Working Group is completely covered by Ethics Standards – they are either ICOC members, or are from out of state so can't apply for CIRM grants —the scientists. Our ethics standards are seamless. The Standards Working Group doesn't have any funding decisions.

Dr. Pomeroy: I speak in support of Dr. Kessler's recommendation.

Dr. Pizzo: I agree with your analysis. What discussion took place among the Subcommittee about having people from inside California on Standards Working Group?

Dr. Kessler: perhaps Jeff Sheehy can respond

Mr. Sheehy: I felt it important for some members to be from California because we're talking about ethics and standards to be used with in the state of California. Setting up rules.

Dr. Levey: reviewers are going to be from out of state; when you deal with ethicists, often they don't agree. If ethics Working Group makes a misstep and 2 or 3 are from California, we open ourselves to criticism. ICOC – it's our job to do something about it. I advise principal be same across all Working Groups – not from CA – just in case of misstep.

Mr. Serrano-Sewell: we discussed this at Subcommittee level, whether to have exclusively non-Californians or have some Californians. Some Californians serving on this particular Working Group is important. We all know why it should be ALL non-Californians on Grants Working Group. It's not transferable to this Working Group or the Facilities Working Group. If one members makes a misstep, we will know about it and have to discuss it.

Chairman Klein: this is not a new concept, having Californians on the Working Group.

Dr. Bryant: for Facilities, it will be real estate people. Not asking for people from institutions likely to be receiving support. It's different than Grants and Standards.

Dr. Thal: we discussed this at Subcommittee. If people from specific institutions are on Working Group, can recuse themselves.

Dr. Pizzo: continue to have same concern…appreciate there has been robust dialogue at subcommittee level. We need to do everything we can to create a bright light between what we're doing in California and everywhere else. I don't think we should have Californians on Standards..just like Grants.

Dr. Kessler: ICOC members are overall from California; advocates are from California. Jeff's point is that in the end, we're looking for best qualified people.

Dr. Pizzo: if no Californians then issue of whether they can apply for grants becomes moot. I think we should vote as an ICOC on whether to have Californians on Standards Working Group as a matter of policy.

Mr. Serrano-Sewell: we didn't give this guidance re. no Californians. We've come up with a great slate. CIRM staff and the Subcommittee worked very hard.

Dr. Kessler: this California/Non-California issue was presented in a report from the Standards Subcommittee, setting it out as a framework and it was adopted by the ICOC. The specific issue on whether to accept funds was not included but we did make it clear we would have both Californians and non-Californians.

Chairman Klein: there was a motion on this before from Subcommittee report, but your point is important Dr. Pizzo. Is there a motion…

Dr. Kessler: we're just asking for this to be discussed today because there are people on the slate who want to know the answer before they'd agree to this.

When we vote on this slate, we need to recognize we have 2 members for whom this is very important. The question is, do we accept slate with Californians?

Dr. Black: any conceivable way serving on this Standards Working Group that they could influence grants given?

Dr. Kessler: I do not think so.

Dr. Black: the benefit of having best individuals, including some from California, is the way to go.

Mr. Sheehy: I think we should separate whether or not they can apply for grants from the Californians/no Californians issue. I don't want to lose something vital by casting too wide a net.

We've already decided to have Californians on this Working Group. The question is: can Working Group members apply for grants?

Dr. Pizzo: the greatest degree of public transparency is the goal. We want to say we had all checks and balances managed. Only option I may have is to vote against the slate.

Dr. Kessler: It would be my presumption…if we're going to set the ethical standards here…you'd want Californians. Why discriminate against them? Funds is a separate issue, but to discriminate against Californians for the Working Group to develop standards for CA, I don't understand.

Dr. Pizzo: whether they'll have a bias…need greatest degree of protection. Don't disgree with subcommittee. Perception of the community

Dr. Murphy: Californians on Working Group will be in a priviledged position relative to colleagues in California. I would rather vote on California/non-California, and then vote on slate.

Chairman Klein: any vote on standard comes to this full board – ICOC. This is where final decision is. We can be balanced by ICOC balance.

Dr. Steward: with regard to the concern about Californians being on this Working Group, wouldn't same thing apply to disease advocates. If there is some remote possibility of conflict of interest, it would exist for patient advocates too.

Dr. Levey: if we are going to function like a board, should vote on principal before voting on members. We don't want to send a bad message. Recommend board vote on the principal.

Motion

Dr. Levey: I propose motion to not have Californians on Standards Working Group.

Dr. Bryant: modify that to say shouldn't be from potential grantee receiving institution.

Ms. Samuelson: constant controversy about decisions Working Group will make, advisory to ICOC, but will have a fair amount of autonomy. Will have a lot to do. Won't always be subject to ICOC review as they go along.

Dr. Price: question for advocates of this resolution: personal interests of members of the committee will somehow interfere -- we understand that with Grants, but please provide a hypothetical on how someone on Standards Working Group would benefit themselves or their institution?

Dr. Holmes: setting standards for ethical issues could possibly be done in a way that would benefit ones institution. Not saying how I'll vote, but could happen.

Mr. Harrison: the board has not adopted by-laws. Robert's Rules requires 2/3 vote to overturn action

Restatement of motion: any paid or voluntary involvement with potential grantee institution, CAN'T be on Standards Working Gorup. From Dr. Levey.

Roll Call Vote:

- 9 Yes
- 17 No
- 1 abstention

Motion did not pass.

ACTION ITEM: agendize for 5/23: whether or not standards working group members can apply for/receive cirm grants.

Presentation and Discussion of Candidates

Voice vote for all candidates except Dr. Taylor and Dr. Lo.

Then ask if recusal necessary for Taylor and Lo, who are from UCSF. Once they recuse themselves, we'll do a voice vote on Dr. Taylor and Dr. Lo.

Dr. Pizzo: commend David and Subcommittee for bringing forth great panel.

Dr. Wright: outstanding list; thrilled Willerson would be part of it. Taylor – reproductive, right?

Dr. Kessler: right.

Ms. Lansing: This is an extraordinary list. It speaks extraoridnarily well of the committee and the Initiative that to many people want to serve on this. These people are of the highest standards.

Motion

- Ms. Lansing moves to approve slate minus Dr. Lo and Dr. Taylor, to be done separately.
- Second: Dr. Holmes

Vote

- All in favor
- No opposition
- Motion Carries

Chairman Klein: why is a world class slate prepared to come to CA for this? Entire country and world appreciates this initiative. A world class slate of best and brightest will serve the people of CA – best way in nation to advance this science – SCR – to help with critical illnesses, etc.

Motion

- Ms. Lansing moves to approve Dr. Lo and Dr. Taylor, to be done separately so Mr. Sheehy and Dr. Kessler may abstain.
- Second: Dr. Holmes

Vote

- All those voting in favor; Sheey and Kessler recuse themselves
- No opposition
- Motion Carries

Motion

- Dr. Wright moves to approve the slate of Patient Advocate members.
- Second: Michael Goldberg

Vote

- All those voting vote in favor; Patient Advocates on slate recusing themselves from this vote
- No opposition
- Motion Carries

Interim Co-Chairs for Standards Working Group

Recommendation is to have a Co-Chair from Disease Advocates from ICOC and Co-Chair from among ethicists and scientists on slate.

Subcommittee is recommending:

- Co-Chair: Sherry Lansing
- Co-Chair be Harriet Rabb.

Motion

- **Dr. Holmes** moves the board approve Sherry Lansing and Harriet Rabb as Interim Co-Chairs for the Standards Working Group.

- **Dr. Pizzo** seconds

Vote

- All in favor; Sherry Lansing recusing herself from this vote.
- No opposition
- Motion Carries

Dr. Wright: subcommittee have alternates?

Dr. Kessler: we discussed the issue, and want to go back and do further work, we will be back.

5 minute break

Chairman Klein: I would like to commend Pam Fobbs, who has agreed to chair a diversity advisory council. The group is drawing together ideas about how we can serve diversity, and these will eventually come to the Board, likely with a Subcommittee assigned to look at them and work them out, bringing them back to the Board for dicussion as we go forward.

The first meeting was a work session here last night, attended by some of the Board members along with Zach Hall, Arlene Chiu and I, as well as other staff members.

Pam Fobbs, an attorney, and her husband Denard Fobbs, a physician and past chair of the Golden West Medical Association for minority doctoros in California were both here last night. Lorraine Takahashi was here representing the Community Medical Foundation and the UCSF Fresno campus. Randall Pham was here from the California Medical Association/Ethnic Physician Sectoin. Julie Molena from the Califnornia Health Collaborate and Malik Bozz was here to speak on diversity in biologicial genetic materials. Arthur Fleming, a retired surgeon and Califnornia Medical Aossication Ethnic Physicians section chair spoke, along with Barbary Young, past Board chair of Leadership America and retired executive for the California State University System.

We appreciate all their contributions and Pam Fobbs' leadership in helping us explore these issues, an important subject we will continue to focus on.

AGENDA ITEM #13
Consideration of status report from Grants Working Group Search Subcommittee, including but not limited to consideration of appointment of members (ICOC Patient Advocates and Scientists) to the Grants Working Group.

Dr. Holmes: subcommittee can stay in existence to deal with more issues.

Ms. Lansing: we have to stay in place. Names will constantly come in, Working Gorup stature will grow, we'll need to add more people as some leave the Working Group, etc. Subcommittee must in some form continue to exist.

Dr. Preciado: agree with Sherry – we must look down the road.

Dr. Holmes: I think Subcommittee would agree to stay in service.

Dr. Levey: Working Group has to be well stocked…this Working Group will work very hard. Sheer numberof proposals they will get will be quite challenging to say the least. 15 people faced with the numbers is amazing.

Motion

- Ms. Wilson: Motion to approve Patient Advocate members of Grants Working Group.
- Second: Dr. Pizzo
- Each of these people recused selves from voice vote. They include:

  Sherry Lansing
  Phyllis Preciado
  Joan Samuelson
  David Serrano-Sewell
  Jeff Sheehy
  Janet Wright

(Jon Shestack was NOT PRESENT AT THIS 5/6 MEETING, so did not vote or recuse)

Vote

- All in favor; Patient Advocate members recusing themselves
- No opposition
- Motion Carries

Dr. Hall presents list for Scientists, Alternates and Ad-Hocs.

Dr. Holmes recommends we approve this slate.

Motion

- **Dr. Pizzo** moves the board approve slate.
- Second: **Dr. Love**

Board Comments

Dr. Preciado: commend subcommittee on outstanding slate. New field of science and research. Pool not as great as in other area. Want to make sure we're making effort to be inclusive of other ethnicities.

Dr. Holmes: agree – must enhance diversity as much as we can.

Dr. Pomeroy: in terms of another type of diversity: only one of the 15 is from industry. Prop 71 emphasized importance of translational research and industry representation. Was this taken into consideration? What outreach was done to reach industry Candidates?

Dr. Holmes: there was an attempt to get as many nominees as we could. We did discuss this as a subcommittee, need for industry rep, and we're pleased to have one. We had one other outstanding industry Candidate as well, would have made it to Working Group, but there was a conflict of interest. Point is good: many outstanding scientists in industry. We need to make an effort to get them on the Working Group.

Dr. Holmes: ongoing opportunity. To encourage more reps from industry.

Dr. Bryant: congrats on women Candidates – good number of them and they are outstanding.

Ms. Lansing: we did discuss diversity and industry – were mindful of that. What came first was scientific credentials of the Candidate. That's the way decision that was made.

Dr. Preciado: did you reach out to Hispanic Medical Org, etc. African American organizations?

Dr. Holmes: we reached out to a number of scientific organizations.

Ms. Samuelson: clarification: look at wide breadth of decisions being made…patients ask if we're going to try and cure what they have…tall order for all of us.

David Serrano-Sewell: congrats on hard work of subcommittee and staff. 15 outstanding individuals. Observation: MS is not platformed on this list. There are neuro experts, but 400K Americans have MS and 50K Californians.

Chairman Klein: nobody on this board represents ALS…finding best scientists represents the state and the nation well.

Dr. Pomeroy: concept of terms: what are we approving these people for?

Chairman Klein: initiative calls for 6 years. Subcommittee discussed given demands, individuals may turn over in 2 or 3 or 4 years. Natural rotation will develop. Tremendous obligation and service comes from being on these Working Groups.

Dr. Pomeroy: Dr. Hall said staggered terms…please clarify. Staggered by natural selection?

Dr. Hall: haven't really looked at that but don't want all to turn over at once. Several people said they can serve for a year or two, but not for 6 years. We will do this by the seat of our pants and work out those terms and see how it works.

Chairman Klein: so natural selection.

Public Comment

Pam Fobbs: Thank you to those of you who were at our diversity seminar last night. We all grew up in America. We live in a race conscious society. So the appearance of fairness and fairness, in fact, are two different things. We applaud your efforts to create diversity in all areas of the California Institute for Regenerative Medcine. We as a Diversity Council will address diversity on Working Groups, CIRM staff, etc. We encourage the CIRM to take steps to include individuals from ethnically diverse backgrounds.

Vote on 15 Scientific Members

- All in favor
- No opposition
- Motion Carries

Chairman Klein: The quality of expertise on this slate of Grant Reviewers is a demonstration of nation's validation and support of CA's Initiative. Scientists from around the world prepared to come to CA because of the significance of this initiative for the world in relieving pain and suffering across the world.

Dr. Hall presents backgrounds of alternates and ad-hocs.

Board Discussion:

Ms. Samuelson: question: what is diff between alternate and ad-hoc? Names alternates in a different order from way they are listed…is order significant?

Dr. Hall: Alternate: willingness to serve has been expresses. Ad Hocs: have said they'd be happy to help but don't have time to be regular member. Alternates available for ad hoc purposes as well. Order mentioned: Dr. Wise Young is first alternate. They were listed alphabetically. Also: one more name to list. Dr. Fiona Watt/PhD from UK.

Ms. Lansing: subcommittee is recommending alternates to fill in case any of 15 drop out, agreed to do that. Recommending ad hocs as special reference people. We will continue to evolve the lists and we'll always as ICOC for approval of Ad Hocs. But Working Group can go to Ad Hocs other than these for help as well.

Motion

- Motion: **Dr. Pizzo**
- Second: **Dr. Prieto**

Vote

- All in favor
- No opposition
- Motion carries

Dr. Holmes: interim Chair: need someone to serve in this interim role. Subcommittee asked if Dr. Orkin would be willing to serve in this role. We'd like to recommend him for this.

The Subcommittee recommends we appoint Dr. Stuart Orkin as interim chair.

Board Discussion

Mr. Sheehy: Jonathan expressed concern re. moving forward with chair at this point. I remember we asked Zach to ask, but didn't think the subcommittee was planning to make a recommendation.

Dr. Pizzo: this is a way to continue organizing process going forward. Spectacular group. Any one could serve as Chair. But…Orkin has chaired a number of major committees nationally, could help us get it launched. We will also be looking for a Vice-chair.

Dr. Holmes: we'll come back to Vice-Chair

Ms. Samuelson: raises foundational Q's re. Grant Funding Process. People immersed in NIH process say "don't just do it the way we're doing it. Do it very differently. If we just set up NIH model, this goes against wisdom of those people. Foundation needs to be set before we begin putting process together piecemeal.

Chairman Klein: agree – strategic plan is priority.

Dr. Pizzo: recommend we have Joan serve as Interim Vice-Chair.

Dr. Hall to comment on conversation with Orkin: Leon Thal spoke eloquently at subcommittee meeting re. taking position of chair is a task and a chore you take as community responsibility. It's not a position of honor. It's a LOT of work. Vote: makes no difference – have no particular power. That said, it is important – needs somebody who commands respect of committee, is fair, can conduct contentious discussions evenhandedly. Orkin commands enormous respect. Asked Orkin if he was available. Condition of his taking it: that he only do it for some period of time. He agreed to help us get started. I suggested 9 months was appropriate time.

Dr. Prieto: interim can become permanent by inertia. Can board determine what Interim means?

Chairman Klein: need to go through RFP process…pick an amount of time, then come back to board.

Dr. Prieto: fine with one year.

Motion

- **Mr. Sheehy**: motion Orkin be Chair and Joan be vice-chair on interim basis for period of no longer than one year.
- **Dr. Wright:** Second
- **Dr. Steward:** friendly amendment: with possibility of re-appointment.
- **Chairman Klein**: motion carries no prejudice regarding reappointment.
- **Dr. Murphy:** mistake if ICOC gets too involved in operations. We do need to have confidence in those running institute to run the Institute.
- Vote: to cover all appointments of Chairs and Vice-Chairs.

Vote

- All in favor
- No opposition
- Motion Carries

Public Comment

Dr. Ruth Avila: want to point out RFP – points allotted for location of most researchers located – San Francisco won over Sacramento, but can give more to Sacramento there. COL – people relocate to Sacramento because of COL.

Chairman Klein: SpencerStuart, Presidential Search, told us concentration of medical jobs is essential to getting best and brightest. People have voted for either San Diego or San Francisco…with their feet. And Los Angeles. Great number of biomedical jobs in these areas. Important when recruiting people from outside areas, will come to area where can find another job if job they come for doesn't work.

Ms. Soto/UCD grad, graduate student at Fresno State. 2 point systems with site selection. Cities questioned. Was supposed to be used to narrow down. RFP points done by combo of staff/DGS and subcommittee. SF got lowest # of points when done just by subcommittee. Having site in Sac will give voice of central valley, Northern California and Southern California. Biotech industry: Sacramento is growing in this area. Believe biotech industry will be developed by time CIRM is fully running. Primate Research Center and Vet School not available in San Francisco or San Diego.

David Winicoff/UCBerkeley: says CIRM should be in Sacramento.

Chairman Klein: great to see all the excitement behind plan to reduce human suffering. Cities along with their great charitable and civic groups have marshaled resources in unprecedented way. We are greatly indebted to their leaders and civic partners. I can tell you who will win today: patients will win today. Parents, children, etc. Medical researchers will win today. Get Bob's script. Taxpayers will win today.

Media will move to room 211 after Site Announcement. Mayors and groups from cities will move there as well.

AGENDA ITEM #7
Consideration of Site Search Subcommittee's recommendation for permanent site for California Institute for Regenerative Medicine.

Chairman Klein: 2 procedural items:

1. City of San Diego have submitted a letter. Important for all members of ICOC to vote. San Diego proposal had Salk in it. If taken out, would not change scoring. Doesn't change any scoring to date. In order for Dr. Murphy to vote, if no objection from Board, recommend Salk conference facilities be removed from San Diego bid. Any objections? Seeing none, Chair will make that ruling.

2. **David Serrano-Sewell:** I am employed in City Attorney's office in San Francisco. I was not involved in City's bid. I must disclose this but there is no conflict. I can vote.

Chairman Klein: counsel has determined no conflict with Mr. Sheehy or Dr. Kessler either.

Dr. Pomeroy: UCD Graduate School of Management included conference room. I wasn't involved in decision. Counsel advised it's not a financial interest – doesn't involve unit for which I work.

Mr. Barnes: begin presentation with describe process.

Mr. Barnes: thanks to DGS. Their participation was important. Institute still a stage agency and as such must follow procedures for something like this. DGS ensured results arrived at in objective manner. Process and procedures designed for success of CIRM. GET WALTERS DOC FOR REST OF NOTES.

Consideration of criteria not included in original bids could result in a challenge. Also, any change in points must be carefully considered or could result in challenge.

Thanks to members of Site Search Subcommittee. Opportunity to participate in extremely interesting procurement.

Board Questions/Comments

Dr. Nova: thanks for overview; thanks to the Subcommittee for all their hard work. Please provide more comment on point system and also weight for phase 1 and phase 2, and adding together to make total point system.

Mr. Barnes: point system developed by DGS and CIRM Staff. At that point, we hadn't seen any of the bids. Had clear info. From Site Subcommittee meetings and RFP doc they approved – about which items were considered more important than others. Arrived at points based on summation of all points.

Chairman Klein: preceding the step just described, in allocation of points, Came from records of description of committee – was prelim allocation. Walter and Bob worked on it with DGS, went to one person form each region – Dr. Murphy, Pomeroy, Lansing and Bob to OK.

All 3 Candidates today providing 10 years free rent, so no conflict here.

Ted Love: many of us haven't been involved in process with Government selecting site. Put in context for us, i.e. rigor, etc.? And guidance on your sense of integrity with how this was carried out?

Mr. Barnes: I have participated in many major procurements. This was larger and more significant than most. Process becomes extremely important. Decisions were made as objectively as possible. I feel personally very comfortable with integrity of process, personally and people involved and the Site Subcommittee members themselves really attempted to try and arrive at an objective decisions.

Dr. Holmes: applaud subcommittee and recommendations. Have Q: having difficulty when Subcommittee is recommending – what IS recommending? Is one half Government officials recommending? Looking at criteria, Site Subcommittee criteria from site visits are much more to the point of what the needs of the CIRM are. Would like to hear from members of the subcommittee…process seems topsy turvy.

Mr. Sheehy: troubles me that we would assault an objective process when we didn't with Grants and Standards Working Gorup votes.

Dr. Holmes: putting a lot of confidence in subcommittee recommendation. Just like we did with Grants. I have more confidence in the subcommittee.

Mr. Sheehy: members of the committee are not experts in finding sites for Government agencies. The experts are the Government officials.

Mr. Serrano-Sewell: process was objective, done with integrity, Dr. Holmes never asked questions before

Dr. Penhoet: clarify: discrepancy between 2 sets of scores is they score different things. We looked at different things in second round. We didn't want to score on things already scored. Didn't want to override scores, wanted to supplement them.

Dr. Bryant comes down to: what is relative weighting on 2 sets of scores?

Dr. Preciado: I'm getting confused by this. When I participated in the site visits, it became clear to me what my preference was based on point systems we were given. We're being asked to recommend based on point systems what our #1 and #2 recommendations are based on points. I'm not sure I can recommend San Francisco as #1 and Sacramento as #2 based on points.

Chairman Klein: Dr. Preciado, you were absent at subcommittee meeting when we voted on final point process – adding together, etc.

Dr. Pomeroy: went on all site visits and attended all subcommittee meetings. Throughout process, we emphasized that points were merely a guide and decision was with ICOC. Not everyone will agree with scoring system. I would hope we can move on to city presentations and listening carefully to what they have to say.

Dr. Prieto will board be able to comment after presentations?

Dr. Murphy: principals subcommittee followed; #1 was decision would be made by ICOC. What we did was tee up process for ICOC to make final decision. We're providing guidance to committee. Reason committee allowed 2 scorers to be combined is because we felt they were NOT binding, were guiding, and would be presented together, and also separately. This is why we invited cities to present today. We need ICOC to see presentations to make decisions.

Chairman Klein: recognize that both urban and suburban philosophies both have credence. Both can be Class A sites. Board needs to see presentations to make decision.

Dr. Black: clarification: after presentations, will we vote on recommendations of subcommittee or on sites themselves.

Chairman Klein: will vote on San Francisco, if doesn't pass, will vote on Sacramento, then San Diego.

Dr. Kessler: agreed upon decision scenario was what?

Ms. Lansing: all we decided in a blind way was the points, before any bids were open. Then proposals were scored. Then we developed Site Visit points, did those visits and scored them. All we want you to use these points for is a guide.

Chairman Klein:

Dr. Fontana: on behalf of John Reed not here…want to bring up position statement from him. ICOC job is to consider role for CIRM. Will it serve as admin. Org, robotic, printing checks, etc. Current state agencies do a competent job but aren't providing National leadership on SCR. If desire is that CIRM emerges as cutting edge org, seen as thought leader nationally and internationally, MUST be situated in academic site.

Mr. Serrano Sewell: did site selection subcommittee decide that the city with the highest number of points would be the one Subcommittee recommends.

Chairman Klein: subcommittee that I chair I believe did make that decision.

Ms. Lansing: the way I understood it: there was a point system, we'd bring that back to ICOC. They were so close, we're bringing back 3, not just 2. The reason people are here to present is that the ICOC is to use this as a guideline, see the presentations and then vote with our consciences.

Dr. Pizzo: if we're going to vote San Francisco, then Sacramento then San Diego, it would be on slate already agreed upon. We're here to support the CIRM which will provide support throughout state of California. While site is important, it's not as important as WHERE THE FUNDS GO. We have to make sure we, like ICOC, are deciding ahead of time…let's decide what's best to allow research to go forward.

Question from Public: wouldn't it be more appropriate for city of their choice?

Chairman Klein: they will…we'll go with recommendation

CITY PRESENTATIONS

SAN FRANCISCO

Brook Byers: if want CIRM to be successful, must have it in a place where it will thrive.

Paul Berg: San Francisco Bay Area biomedical research and industry are preeminent anywhere in world. For that reason, think CIRM should be there. Recombinant. DNA work occurred at Stanford and UCSF. Attribute great biotech industry in United States to this.

30 years ago, ESCR pioneered at UCSF.

San Francisco Bay Area preeminent – UCSF, Stanford, UCB – regarded as best in the world.

Stanford: Board committed to Stem Cell Research. Stem Cell biology dept.

Bill Rutter: founder of Chiron with Ed Penhoet. Before that at UCSF faculty, chair of department discovering Recombinant DNA.

3 points: 1. unusual program we're focusing on – stem cells. Have been known and studied in other animals for years. We know little with regard to humans. Remarkable that at same time we need studies multi diciop – have situations in which precursor cells, pluriopten cells, exist in cord blood and are being used today. Parallel work in fundamental biology. No place in the world where collaboration between basic science and clinical science is better than in the Bay Area.

Steve Burrell: biotech industry started here in 60s and 70s. Leads world financial center and business…ahead of any other proposal.

San Francisco hub of largest biomedical comm. In world. International status of San Francisco – huge competitive advantage for CIRM. You're not just trying to make a name in California. We're #1 ranked city in US 12 years running. People want to come to San Francisco. More International flights than San Diego or Sacramento by far.

Class A space that will be built out by preeminent firm.

SACRAMENTO

Mayor Heather Fargo. Followed by Chancellor of UCD and Senator Deborah Ortiz.

Mayor Fargo: Sacramento is where public comes to be heard.

Sacramento welcomes opportunity to help you embark on CIRM's work. Important to be in a place that will nurture you and where you can grow and flourish.

Building is in premier location, near old town, on Sacramento River waterfront. 7 blocks from State Capitol.

Sacramento is a city known for quality of life.

Cost of living is half that of San Francisco. Rent and home prices are affordable.

Sacramento has less traffic congestion than most large cities in state. Low crime rate. Proximity to legislature.

Chancellor Vanderhoef: here to support Sacramento proposal. UCD = life sciences powerhouse. Most sciences intensive of partnered with Genentech and state agencies. We award more BS and grauated degrees in biological sciences that any university in the nation. Primate research center, one of 8, only one on west coast.

Life Sciences faculty already working with Stem Cells and we're rapidly expanding in this area. Success in attracting and retaining these people is due to quality of science, life and COL.

MIND Institute: good example of univeristy, community and legislature working together. We do this well.

Site: same building with UCD bus school. Proximity of 2 units – Business school and science center of UCD – is vastly helpful.

Confident no other city offers the potential Sacramento offers. Each city has much to offer, but none offers the potential for growth.

Senator Ortiz: Thank you to ICOC members for time thus far. Sacramento represents est and finest of state of California – convergence of medicine, science and voice of people of California.

In halls of legislature where we debated these things and bills get signed – on SCR. Handled contentious discussions on this issue, prevailed. Haven't passed one piece of limiting legislature.

SAN DIEGO

Julie Meir Right: Introduced Duane Roth

Mr. Roth: This is what you told us was important. 40 years ago, Ravel had vision to put UCSD there and he did. Salk asked for land after that. Rest is history. Now 18 biomed institutions located there. 200 biotech co's immediately around this center. Large pharmaceutical companies have moved research into this area.

Considered multiple places to put CIRM. Told EDC: any place you want as long as it's in Torry Pines, right in center of cluster. Only scientific research happens in the area. No retail, etc. Walking distance to biomedical research facilities, hotels. Employees that will work at CIRM already work in the zip codes we rep. 18 insitutes in area deal with grants. You will recruit from these places.

NIH Funding: San Diego = #1 in CA.

Most important thing: get this institute up and running. Readiness teams: help CIRM get going, interview and orient employees.

SAIC Headquarters in San Diego – manage $3 billion in contracts for US health. Offered free services for CIRM to figure out what it will do.

We've been lobbying since lobbying wasn't popular. Lobbied and with Kessler helped with FDA reform. Defending scientific innovation.

If Conflict of Interest bill passed in Sacramento many of ICOC would have to resign. I think that's a shame.

Public Comments

SAN DIEGO

Joe Panetta/BIOCOM: San Diego community will welcome you with open arms.

Mr. Hunt/Parkinson's rep for patients and families: consider how you Can make patients win faster.

Dani Grady/Breast Cancer Survivor: keep this focused on the patients. In San Diego, we work together – scientists and patients. I know the San Diego people on the ICOC – I'm not rich, just spokesperson, can get into their offices to see them. We work together.

Malin Burnham: real estate guy, Burnham Institute. For 20 years, chief cheerleader. 100 full time people working in Stem Cell Research NOW! What's best for your staff is what you should be thinking of. Don't need a score card to make this decision. Put at epicenter at strongest, deepest, closest knit biotech community in the world.

SACRAMENTO

Representative for Tsokoupoulos family: Urge you to locate at the seat of Government You're a state agency We want you there. Combine with robust facilitie of UC.

Chuck Gardner/founder of UCD M.I.N.D Institute: most successful public/private partnerships in country. TODAY announced discovery in Autism. Being able to see legislator in matter of minutes not hours is important. Because we're in Sacramento, legislators leave us alone.

Joanne Freisner/Post Doc as UCDavis, UC Berkeley undergrad: UCD atmosphere is friendly and open and community based. Feeling of collegiality and respect.

Phil Coelho/Chair of Thermogenesis: CIRM mainly needs to befriend elected officials and public to move on Prop. 71 long term vision. It's likely San Diego and Bay area will receive greatest shares of Prop. 71 money. But awards should be announced elsewhere, specifically in Sacramento.

Jose Perez: latino community in California is huge. 33+ percent. Does ICOC look like that? Where's the population located? It's actually in Bay area. Put CIRM in Sacramento, most diverse community.

Judy Fern: quote from Zach from 3/9.

Sacramento Chamber of Commerce: have largest employers included in Sacramento, i.e. Intel, Wells Fargo, etc.UCD Business comm. Offers to host.

Matt Jacobs/lawyer/Sac: something of a presumption that all government agencies should be in Sacramento. Efficiences from centralized government. Any agency not Headquarter's in Sacramento has specific construction or statutory reason for not being there.

Assembly Member Dave Jones: no better place for administrative Headquarters than Sacramento. Access to decision makers – drive health policy for next decade or more. Can do that in Sacramento.

SAN FRANCISCO

HIV community representative: We believe we can provide in San Francisco many things the CIRM needs. Consult on ethical and bioethical issues on which you work.

Don Reed: must still defend Stem Cell Research. What better place than San Francisco.

Michael Shuppenhauer: IVF PhD worked with city of San Jose. Locating institute in Bay Area is best solution for state. Ron Gonzalez puts vote behind San Francisco.

Nathan Amon/rep of org of CEOs of largest employers in SF. San Francisco is the International city – global city – you need. 84 consulates.

Lee Blitch/SF Chamber President: 75 member board voted 100% for Prop 71. Citizens of San Francisco voted overwhelmingly for Prop 71. Please use data matrix like you will when do grants.

Rabbi Martin Weiner/Interfaith Council: organization brings together people of various religious faiths to develop understanding. Religious institution. Of Bay Area and city would extend warm and sincere welcome to staff, scientists, etc.

Richard Kiwata/Global Bio: non-stop flight access to Asia, Europe, etc. Japan and Osaka. Singapore, Sydney and San Francisco: 3 best places to work in the world.

Dennis Conahan/SF – letter from 16 mayors, business leaders etc.2600 hotel room vs. San Diego's 50 hotel rooms. 500K of free furniture plus SFO.

Gloria Reed: My name is Gloria Reed. My son Roman Reed is a quadriplegic. San Francisco is offering $18 million for research. The next highest is $12,000. I'm a hispanic from San Francisco.

Board Comments/Questions

Dr. Prieto scoring system…I put my vote behind Sacramento. We're a public agency, no need to hide from that. Good quality science requires autonomy but also public confidence. Have to feel that we invite them in.

Ms. Lansing: all 3 cities are extraordinary. We have a high class problem. Question – point of clarification: are we allowed to take free hotel rooms and conference centers. I heard a lot of varying things about the building…tell me about it w/ pictures or words.

Mayor Gavin Newsom: space looks toward the Bay. Transportation right near by.

Ms. Lansing: building described as having a safeway on bottom.Multi-use building.

McDonald's being torn down for hotel. Safeway is down the block. It's above Border's. CIRM would be on one large floor with 28000 square feet. Have ability to move to a new space 5 blocks away at no cost – Alexandria. This could be done when other building

was completed. We like options and flex in SF. World class area. Other building will be complete in 18 months, would give you top floor, would be for biotech, lifesci, etc.

Dr. Thal: what is relationship between biotech sector and this building?

Mayor Newsom: Mission Bay is full of biotech, Gladstone Inst. Right near by. Building Alexandria for biotech. Alexandria is largest holder/developer of biotech real estate in US.

Dr. Murphy: I raised issue on appearance of building…it is multi-use. Thought was: is this the architecture that we want for a world class site? What are the retail businesses in the building?

Jessie Blout: Border's, Starbuck's, Amici's Pizza, Wells Fargo. Safeway at other end of building. Separated by Courtyard.

Dr. Murphy: how long will it take to build that out? Do you have biotech clients to fill it? Fully committed to being built? When will lot be filled?

Mr. Blout: first building will be up in 18 months. The rest in no less than 2 years.

Dr. Levey: all proposals are great. CIRM can't lose. Any substance to fact Government agency has to be in Sacramento? How disruptive will this be to move this elsewhere?

Chairman Klein: we do have a lot of business in Sacramento, lots of finance work going, staff in place. We need to accept disruption and move to whatever site board decides on. Important to realize there is a relationship with IP issues, Financial issues. Legislative audits, a lot of things that make it important to have access to Sacramento. As long as we know we can quickly access it any day of the week, day or night, be responsive. There is no law regarding being located in Sacramento.

Dr. Steward: difference between RFP and site visit points. It was implied ICOC might not agree with RFP points, but would with subcommittee points. Did the team agree with the rankings in the RFP points.

Dr. Penhoet: there seems to be some misunderstanding re. motion made and voted on by Dr. Friedman. Subcommittee agreed to generate 2 rankings and then make recommendation to ICOC based on numerical scores. That said, it's not binding. Came today with recommendation.

Dr. Preciado: we agreed to take points forward, but this was true in light of fact we wanted to hold discussion.

Dr. Kessler: UCSF has leased hundreds of square feet right next to the San Francisco site.

Chairman Klein: all 3 sites represent Gold Standard for different reasons. San Francisco – great work environment. San Diego for suburban location on biomedical Campus. Sacramento is combo – Gold Standard building next to Old Sacramento. We have great site locations.

Dr. Pizzo: summary is helpful but we can spend a lot of time on discussion. These are opinions. Can we call the question?

Dr. Pomeroy: challenge with scores: each site had some #1 rankings and some #3 rankings. It's hard to determine average. Congratulate all 3 cities – fantastic proposals. Let's remember the importance of what we're doing. This IS to be an admin HQ. From my perspective, this Institute will be our face to the public – how message will get out about SCR, do have to work closelyl with Legislative and Government agencies. All comes together most effectively in a place like Sacramento.

Dr. Murphy: all 3 sites are excellent. Sacramento and San Francisco fine business sites, good for management and admin.of grants. We have opportunity to do something diff, create place where sci's want to come, make it a vibrant place. San Diego site is in nice rural area, lovely setting, highest concentration of science.

Chairman Klein: scientific funding Headquarters with administrative support. If we're going to bring best minds of the nation and world together, need conference space. When staff goes out to conferences, will see 40-50 speeches in 2 days. Need to be able to bring resources of the world – this is to lead the world, to lead the nation, deeply respect the difference in vision, each one has it's great merits.

Ms. Wilson: San Diego has been able to host huge conferences. It's not just San Francisco that can do that.

Chairman Klein: we have limited budget. Have more free conference space and hotel rooms in San Francisco.

Dr. Black: 3 great proposals from world class cities. Subcommittee did great job. I propose each member vote individually for the city of his/her choice, rather than an up-or-down vote for one city at a time
Chairman Klein: I would like to accept that proposal. We could go through and see how many votes there are for each city, if that is acceptable to the committee, and then we'd vote between the top two. Is that something that sounds acceptable?

Dr. Steward: need to base our votes on objectivity. Have to base it on that, not personal choices. I have a recommendation. The fundamental decision we need to make is whether or not we think it's important to be centered in a place with lots of biomecial research going on. We need to decide whether that's important or not.

Motion

- **Dr. Black** moves that board members vote individually for the city of choice
- Second: **Dr. Pizzo**

Vote

- All in favor
- No opposition
- Motion Carries

Roll Call Vote – All 3 Cities

- 13 for San Francisco
- 11 for San Diego
- 3 for Sacramento

Chairman Klein: we need to choose between the top two votes at this point. We will do a roll call between the top two, and thos are San Francisco and San Diego.

Roll Call Vote – San Francisco vs. San Diego

- 16 for San Francisco
- 11 for San Diego

The Count

Mr. Harrison: San Francisco has 16 votes, San Diego has 11.

Chairman Klein: I am inspired by the commitments of the othe cities that are here in as finalists in the competition. I would like to thank Emeryville. I would like to have Emeryville make a statement at this time.

We have phenomenal qualities in each of these cities and in each of these cities' applicaitons. I would like to commend the delegation from each of these cities for their tremendous contribution. Let's focus for a moment on the Emeryville speaker.

EMERYVILLE COMMENTS

Mr. Sears: I brought a letter from the Mayor of the City of Emeryville, which I will paraphrase in the name of not taking too much time.

We're thrilled you are currently headquartered in Emeryville. The City of Emeryville wants to extend whatever capabilities they have to continue to make the transition period fruitful for you. We're thrilled you've been there in our 1.2 square mile city. We're thrilled you will be nearby.

Mr. Barlow: Your current lease in our building allows for 7 months of free rent, 3 months of discounted rent and one month of full rent. In a gesture of good will, to your organization and to the Department of General Services, we'd like to amend your least to give you a full period of free rent right through January 31. It's been an honor to serve as your first landlord. We look forward to a long relationship. Good luck.

Applause.

Motion

- **Dr. Pomeroy:** Motion to thank City of Emeryville

- Second: **Dr. Preciado**

Vote

- All in favor
- No opposition
- Motion Carries

AGENDA ITEM #12/Training Grant Program and RFA.
Impetus for this – with grants we send out, will require infrastructure. We need to train researchers – post docs, grad students – in stem cell biology. Need to facilitate where appropriate getting basic scientists together with… See Zach's slides for more details.

Dr. Hall: We are asking ICOC to approve this program and authorize up to $15.3 million per year for 3 years for this program.

We are asking the ICOC to charge CIRM staff with shaping RFA within guidelines presented, or agreed upon, with adjustments in the specific financial parameters as necessary to achieve the goals set by the ICOC.

Board Comments

Dr. Preciado: excited to see this going forward. Concern about traning $ going to Central Valley – we don't have a medical school. We do have hospitals, a UCSF hospital.

Dr. Hall: you have UCSF and Children's here. Reasonable to have a grant from UC San Diego, pre doc/post doc clinical, or Burnham for post-doc, Children's Hospital Los Angeles for Keck…

Dr. Preciado: we don't even have that…Fresno/Central Valley doesn't have the pull that San Francisco, Sacramento and San Diego have. Can't compete unless we make a movement to having this. Must reach out to UCSF Fresno, need to be inclusive of potential for this research going out out here.

Chairman Klein: isn't there Stem Cell Research going on at UC Merced?

Dr. Hall: for training: we have great trainees, need someone to train them.

Dr. Preciado: solution has to go beyond what's been done in the past.

Dr. Price: would combine insitututions? Lots of granting now is multi-institutional.

Dr. Hall: we want each Institution to have its own program.

Chairman Klein: Dr. Hall, please talk re. plans to get information on exactly what they will doing to increase diversity.

Dr. Hall: it's in the RFA – asked to say what it's plans are for increasing diversity in this field. Want to bring relevant students into this program, best way to marshall diverse scientific talents.

Ms. Samuelson: something re.

Dr. Bryant: maybe people should have the option to go in with multi-institution proposals, because one of the things we want to do is foster collaboration. Shouldn't eliminate that as a possibility.

Dr. Hall: that's more complicated solution because of way funds flow, various interdependencies, categories get complicated. Seems much more complicated to do it that way. Send it to 18 institutions.

Dr. Markland: as I understand RFA, several institutions can apply together if affiliated?

Dr. Hall: in your case, we expect to get grant apps from several institutions.

Dr. Steward: one thing not present here is individual fellowship program. Think about ways to address diversity. Envision faculty member at Central Valley University wanting to develop expertise in Stem Cell research.

Dr. Hall: trying to get a plain, vanilla program going. We'll need scientists and techniCal people to work in the labs. Several institutions have programs at Jr. or City Colleges, very high minority populations. A lot of them may not want a PhD, but turn them loose in the lab and get them started and they're fantastic. Program could help produce lab technicians. Work requires delicate lab skills.

Dr. Thal: make it at least competitive with NIH.

Dr. Hall: we asked 100 Universities's what they pay clinical fellows. This is in line with that. I'd love to chat with you (THAL) about that before we send it out.

Dr. Bryant: we have 2 year masters program which essentially leads toward being a technician.

Dr. Pomeroy: concerned there is no faculty salary support included in this training grant. A couple key faculty, cost can be significant. Some must work in clinics to generate salary. For administrative leader to get some faculty salaries.

Dr. Hall: administrative stipend, $3500 per trainee. If you get big time into academic salaries, cut into trainee program.

Dr. Pomeroy: if someone needs to develop 30% of their time to this program, would need salary support.

Basic Sciences: have many people who need to generate their salaries.

Another issue: training for faculty. Should be linked to specific projects, will come along at later time.

Dr. Penhoet: back to original issue – fundamental proposal: for 3 levels of funding.

Ms. Samuelson: references to engineering, ethics and law. At some point we'd want to train the ICOC.

Dr. Hall: would be wonderful for ICOC members to participate in these courses. Skeptical about stipends.

Dr. Penhoet: $15.3 million/year for 3 types of grants.

Motion

- **Moved by Dr. Love** that the ICOC approve this program and the funds for it.
- Second: **Dr. Preciado**

Public Comment

Michael Schuppenhauer: training people was big issue. I think it's a waste of time to wait until PhD level to teach people how to work in a lab. Building a workforce needs to be done. Not just affecting central valley. Incorporate these points in the proposal.

Jessie Reynolds: center has some concern over Grants Working Group, we're happy won't be moving forward with grants until standards are in place. Encouraged by presence of component on the meaning of stem cell research as part of this training grant program. For future: recommend dedicated stream of funding toward this ethical stream, etc.

Chris Ganchoff: grad student at UCSF. Draft RFA looks great. Propose one change on page 5 with courses. RFA Calls for mandatory course with ethical, legal and social implications: at UCSF, we're on quarter systems. This is so complex, can't capture it in one 9 week quarter. Recommend it say required "courses".

Dr. Hall: we hope there will be courses. We hope each trainee we fund takes at least ONE course.

Central Valley resident: neurology Nurse Practitioner. I voted for Prop 71. Requesting the committee think about Central Valley when distributing funds for this program. We are workingn to have science and technology promoted in our high schools.

Dr. Pomeroy: Zach, Can members of the ICOC be key personnel or PI's on training grant?

Mr. Harrison: COI policy says no salary support

Vote

- All in favor
- No opposition
- Motion Carries

Dr. Prieto even given all the media attention to other matters, this is likely the most important item of the day.

Agreement from board. ***Applause.***

AGENDA ITEM #15:
Consideration of CIRM operating budget

Dr. Pomeroy: how does this impact the previous item? Availability of money…

Dr. Hall: if we have grants that are approved waiting on funds because of litigation, would be bad.

Chairman Klein: finance Committtee meeting on Monday. Support from legislators in Sacramento for bridge financing concept to make certain mandate of the public is carried out.

But for the litigation, we'd be doing a $200 million program instead of $1 million.

Dr. Murphy: how are we auditing ourselves? Have to be holier than the Pope when we report.

Mr. Barnes: all bills and reimbursement requests have to come through me or staff working with me.

Chairman Klein: every single bill is approved by Walter. We've worked with Controller's office to do a test audit of our system.

Chairman Klein: made a request we have refrigerator for staff. This was not approved under normal state processes for state to buy refrigerator. I bought staff a refrigerator.

Mr. Barnes: that's what other state agencies do as well…either boss buys it or staff pools together.

Ms. Samuelson: I'm going to express a bias here – my hope is that our staff will work such long hours because they're so driven and will work longer than what's normally required of state agency, and those kind of perks would be tiny investments in comparison with the return.

Chairman Klein: luckily all 3 proposals had microwaves and refrigerators included. Staff relaxed when they knew that at least they could eat their food and work until midnight. It is a very decicated staff. I'd like to take a moment to give them a hand of applause.

Applause.

AGENDA ITEM #14:

Consideration of Status report from Facilities Working Group Search Subcommittee including the possibility of a Case Study Model for facilities grants.

Chairman Klein: I have a summary. We really want proposals that reflect what we're asking for. There are very different facilities in different regions of the state.

Suggest we allow staff to send out request for letters of intent to various organizations around the state. This would help prevent scenario of organization making plan for $100 million facility applying for grant for $100 million when their plan is not along the lines of what we intend to fund. We need to work out Case studies.

Not one $ of bridge funding can go to Case studies, has to go to science.

Ms. Samuelson: what are the state of the restrictions requiring the separation of facilities?

ACTION ITEM: Staff and legal to gather and/or develop information on restrictions.

Chairman Klein: PROPOSAL: Can staff send out letters requesting LOIs, with potential models (from LOIs) to be brought to board at a future ICOC meeting?

Dr. Pomeroy: I endorse idea of Case studies, we're moving forward, exploring options, as soon as we get the money, etc.

Dr. Bryant: I think it's a good idea too. Also, on regulations: need to work out plan to reimburse for anything bought with NIH funding.

Chairman Klein: each institution on the board could help by letting us know how federal regulations affect their institutions.

Dr. Steward: most institutions want to develop preliminary data and are putting together guidelines for this. We should take advantage of this and not do our own because ours would seem too authoritative.

Motion

- **Dr. Pomeroy**: I would like to make a motion that we request staff prepare a request for LOI to be sent out – institutions sending in LOIs should include conceptual summaries of what they're planning.
- **Dr. Bryant**: Second

Dina Halme: LOI is to participate – conceptual summary of what case study would be, in 4 or 5 pages?

Chairman Klein: We will report/update on LOI and responses so far at upcoming ICOC meeting. Then at June meeting, we'd pick out different models, address which to pursue as case studies. Then case studies would go into the fall, through Facilities Working Group would come back with recommendations

Chairman Klein/Dr. Pomeroy: yes.

Dr. Murphy: would like to commend Bob and board – it's been a long day, and we handled the site vote well and are all still friends.

Chairman Klein: for the first time in history in state of California, got all the free rent, hotels, etc. Great compliment to this board. Cities, state and charitable donors have rallied behind us and Stem Cell Research.

Vote

- All in favor
- No opposition
- Motion Carries

Agenda Item #18:
Public comment. The Committee will accept public testimony on any matter under its jurisdiction that is not on the agenda, but the Committee cannot act on any such matter at this meeting.

John O'Rourke: PSP – Progressive Supra-Nuclear Palsy

I'm speaking for my wife who has been stricken with PSP. This is the disease Dudley Moore suffered with for several years and died of in 2002. Met his caretakers. He had been imprisoned in his own body by this disease PSP. When we lost Dudley, we lost our spokesperson – Parkinson's has MJF, doing a tremendous job.

Disease is multi-faceted. Most Doctors miss it, throw it into Parkinson's, don't know what to do with it. Wife falls, has double vision. NeurologiCal issue controlling her eye ball movement.

Now she can't speak. Hard to eat. No coordination. Motor movements of mouth are locking down. Can't swallow so well. Can't dress or bathe. Wheelchair bound.

Mind is clear as a bell. I know she thinks better than I do at times.

I had an MRI recently – being in that tunnel, can talk to people outside but can't do anything. That's what PSP is like. We're hopeful about stem cell research.

I want to draw awareness for PSP. Numbers are 1 in 100,000.

Know it's short. Don't know how long. No treatment. Don't know where it comes from.

Thank you to Phyllis Preciado, David Serrano Sewell and Michael Goldberg for responding to my letters, Amy Daly who I met earlier, and Melissa.

Dr. Preciado: educating community about Stem Cell Research. I know we've talked about agendizing this issue. I would like to agendize it for June, talk about Patient Education. I don't want to continue without addressing this issue.

General agreement from the board to address this at a future ICOC meeting.

Adjournment.