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BEFORE THE
SCIENTIFIC AND MEDICAL FACILITIES
WORKING GROUP
OF THE INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
TO THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT

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PUBLIC MEETING

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DATE: May 31, 2007
TIME: 3:19 p.m.
LOCATION: Miyako Hotel
1625 Post Street
Sakura A Room
San Francisco, CA 94115

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REPORTED BY: Peter D. Torreano, CSR, CRR
Certified Shorthand Reporter
License Number C-7623

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1 San Francisco, California

May 31, 2007

2 P R O C E E D I N G S

3 VICE CHAIRMAN SERRANO SEWELL: Hello. My
4 name is David Serrano-Sewell. I'm vice chair of the
5 Facilities Working Group for the Independent Citizen's
6 Oversight Committee. I'm going to call this meeting
7 to order. Ms. Becker, if you would please call roll.

8 MR. KELLER: I'll be calling the roll.

9 VICE CHAIRMAN SERRANO SEWELL: Thank you,
10 Rick.

11 MR. KELLER: Marcy Feit?

12 Deborah Hysen?

13 MS. HYSEN: Here.

14 MR. KELLER: Ed Kashian? Robert Klein?
15 Stuart Laff?

16 MR. LAFF: Here.

17 VICE CHAIRMAN SERRANO SEWELL: Sherry
18 Lansing? David Lichtenger?

19 Joan Samuelson?

20 MS. SAMUELSON: Here.

21 MR. KELLER: David Serrano Sewell?

22 VICE CHAIRMAN SERRANO SEWELL: Here.

23 MR. KELLER: Jeff Sheehy?

24 MR. SHEEHY: Here.

25 MR. KELLER: Janet Wright?

1 DR. WRIGHT (Telephonically): Here.

2 VICE CHAIRMAN SERRANO SEWELL: Hello, Janet?
3 Do we have a quorum?

4 VICE CHAIRMAN SERRANO SEWELL: Bob Klein is
5 en route.

6 MS. PACHTER: He's en route, but we need
7 eight for a quorum.

8 VICE CHAIRMAN SERRANO SEWELL: If there's no
9 objection, then I'll just proceed with the calendar
10 and we won't take any action. And then when Mr. Klein
11 is here -- he should be here in about ten minutes --
12 we'll have a quorum.

13 We have the newest member of our Facilities
14 Working Group and that is Stuart Laff. We are
15 fortunate enough to --

16 DR. WRIGHT: This is Janet. I can't hear.

17 VICE CHAIRMAN SERRANO SEWELL: Oh. Sorry,
18 Janet.

19 DR. WRIGHT: That's better.

20 VICE CHAIRMAN SERRANO SEWELL: What I just
21 said is we're one short from quorum. When Bob arrives
22 we will have one more, which is eight, and until such
23 time we'll just proceed with the meeting and we won't
24 take any action. Then when Bob is here we can take
25 some official action. There was no objection from the

1 committee members or, from what I could tell, the
2 public.

3 DR. WRIGHT: Great.

4 MR. KELLER: Mr. Chairman?

5 VICE CHAIRMAN SERRANO SEWELL: Yes?

6 MR. KELLER: The quorum requires 65 percent
7 of the eleven members which is eight. So one more
8 would give you seven and if you for the purpose of
9 conducting business I believe that we have access to
10 David Lichtenger by telephone, but only for a very
11 brief time. So that would be the time to pass on the
12 facilities grant administration policy.

13 VICE CHAIRMAN SERRANO SEWELL: Thank you,
14 Mr. Keller, for that.

15 So moving on. Our newest member, Stuart
16 Laff, a respected member of the real estate community,
17 someone who lives in Los Angeles. We were fortunate
18 enough to recruit him to serve on this Working Group.
19 He has spoken with our chairman David Lichtenger and
20 others on this Working Group. The ICOC at our last
21 meeting ratified our recommendation to have him come
22 serve on this committee.

23 So welcome, Stuart, and thank you for
24 joining.

25 MR. LAFF: Thank you.

1 VICE CHAIRMAN SERRANO SEWELL: And if you
2 wouldn't mind saying a few words and some introductory
3 comments about yourself, that would be greatly
4 appreciated.

5 MR. LAFF: I started my facility career with
6 Atlantic Richfield and I was responsible for the
7 relocation from five cities into Los Angeles where I
8 ultimately took over all of the facilities
9 responsibility for Atlantic Richfield, which included
10 architecture, engineering, and construction and
11 operation services.

12 I then went into -- started my own firm,
13 Programming and Planning, which I did for about seven
14 years and then went to First Interstate and I was head
15 of facilities worldwide for First Interstate. And we
16 again had architecture, engineering, construction and
17 operations.

18 When Wells Fargo merged with First Interstate
19 I went over to Deloitte & Touche and started a real
20 estate consulting practice. I then moved that
21 practice to DMJN H&N, which is a very large
22 architectural, engineering and consulting firm.

23 VICE CHAIRMAN SERRANO SEWELL: All right.
24 Thank you.

25 This next item for consideration will be on

1 item number 7, public informational meeting regarding
2 further facilities request for applications.

3 MR. KELLER: I'm sorry, Mr. Chairman, but
4 item, I believe, 4 on your agenda update I think. I
5 sent you the folder. If I didn't, I apologize.

6 VICE CHAIRMAN SERRANO SEWELL: Oh, that's
7 right.

8 MR. KELLER: That general counsel Tamar
9 Pachter is going to give an orientation.

10 VICE CHAIRMAN SERRANO SEWELL: Thank you.

11 MS. PACHTER: Thank you, Mr. Chairman. Good
12 afternoon.

13 My name is Tamar Pachter and I've been the
14 general counsel of CIRM for almost two months. And
15 the acting president asked me to do a quick little
16 facilities orientation, Facilities Working Group
17 orientation, and you're going to be the guinea pig for
18 the other Working Group.

19 So what I'm going to try to do is whip
20 through some slides quickly and, if you have
21 questions, jump in or I'd be happy to take questions
22 at the end.

23 Just to give you a little bit of my
24 background, I've been practicing law for 20 years both
25 in public and private practice, state and federal.

1 And before joining CIRM I was at the Attorney
2 General's Office and I represented CIRM in the
3 constitutional litigation that just resolved in favor
4 of the agency and Prop 71.

5 On behalf of CIRM the first thing I want to
6 do is thank you for your service in helping us
7 jump-start stem cell research here in California and
8 really for the world. We are now the largest funder
9 of stem cell research in the country and I think maybe
10 in the world.

11 This is going to give you a little
12 introduction to both CIRM and the Facilities Working
13 Group.

14 To give you a sense where we're going to go,
15 I'm going to give you a sense of the overall structure
16 and functions of CIRM including the ICOC, the staff at
17 the Institute and Working Groups; an overview of the
18 Facilities Working Group functions, structure,
19 governance and what happens with your records; and a
20 very quick overview of the whole grant process so you
21 can see where you fit in.

22 The California Institute for Regenerative
23 Medicine was created in November 2004 with the
24 adoption of Prop 71. Its purpose is to fund grants
25 and loans for stem cell research and research

1 facilities in the hope of finding cures for diseases
2 and injuries that afflict Californians.

3 CIRM has three parts. It is the Institute,
4 the ICOC, which is the governing board, and the
5 Working Groups. Those are the three structural parts
6 of CIRM.

7 The ICOC governs CIRM. It's a 29-member body
8 appointed by elected officials and chancellors of UC
9 and it includes patient advocates, university
10 officials and business executives. The members of the
11 ICOC receive no salary for their service. They are
12 all volunteers. And the ICOC, one of its functions is
13 to appoint the president of CIRM.

14 CIRM's staff is headed by the president and
15 the staff is limited to 50 full-time equivalents.
16 Currently we're at 22 and at the board meeting next
17 week the acting president is going to present a budget
18 for basically doubling the size of the staff over the
19 next year.

20 As a result of the resolution of the
21 litigation we have a greater ability to fill out our
22 staff and we're here to accomplish the work.

23 The staff at CIRM serves at the pleasure of
24 the president and is exempt from civil service. They
25 are mostly scientific staff, but also we have on staff

1 financial expertise, administrative expertise and
2 legal expertise.

3 The ICOC makes all the funding decisions,
4 develops strategic research and financial plans, sets
5 the research standards, sets IP policy, issues public
6 reports and commissions the annual audit, adopts
7 policies governing CIRM and the Working Groups,
8 selects the Working Group members and adopts
9 administrative regulations. The job of CIRM staff is
10 to support that work.

11 The president and the staff have both support
12 functions and independent functions. Support
13 functions, among them are to support the Working
14 Groups by helping to recruit Working Group members and
15 support the development of the recommendations of the
16 Working Groups to the ICOC, and to support the ICOC's
17 process of acting on the recommendations submitted by
18 the Working Groups and to implement its decisions.

19 Among the independent functions of the
20 Institute are grant review, funding, administration,
21 management and compliance, everything that happens
22 after the ICOC approves grants for funding. We're
23 also responsible for the budget of the Institute and
24 cost control and for management of IP agreements and
25 all other contracts of the Institute.

1 So the staff supports the ICOC and the
2 Working Groups as a whole as entities, and within the
3 policy mandates set by the ICOC as a whole. Our
4 administrative staff is very limited and will remain
5 limited because we are limited by statute to 50
6 full-time equivalents and the majority of that is
7 devoted to scientific staff.

8 So there are three Working Groups that
9 support the work of CIRM. The Grants Working Group.
10 They have much much fancier names actually in the
11 statute. The Scientific and Medical Research Funding
12 Working Group, which we refer to shortly as the grants
13 Working Group. The Scientific and Medical
14 Accountability Standards Working Group, the Standards
15 Working Group. And you are the Scientific and Medical
16 Research Facilities Working Group which we refer to
17 shortly as the Facilities Working Group.

18 All these Working Groups have some common
19 functional attributes. The membership is appointed by
20 the ICOC and the criteria for your appointment is set
21 in the statute. You're required to have four meetings
22 a year. CIRM staff coordinates and has a designated
23 liaison to each Working Group. Here that liaison is
24 Rick Keller.

25 And each Working Group has a chair and a vice

1 chair who work with the staff and with the ICOC chair
2 to prepare for the meetings.

3 And there are also some common restrictions
4 on the Working Groups. The Working Groups are
5 advisory bodies, not decision-making bodies. Your
6 function is to make recommendations to the ICOC which
7 is the decision-making authority.

8 The Working Group recommendations must be
9 reached by a majority and there is a provision in the
10 law for a minority report. You are governed by a
11 conflict of interest policy that's been adopted by the
12 ICOC. And your records are generally not subject to
13 the Public Records Act and I want to talk a little bit
14 more about that later.

15 The purpose of the Facilities Working Group
16 is to make recommendations regarding the building of
17 facilities and capital equipment. Under Prop 71 CIRM
18 can award up to 10 percent of the bond proceeds of \$3
19 billion, net of costs, for grants to built facilities
20 for stem cell research. And the idea is that these
21 will be built in the first five years of funding
22 because they are providing NIH free space.

23 The ICOC can award less than this 10 percent
24 of the bond proceeds, but it can award more.

25 The Facilities Working Group has eleven

1 members, four real estate specialists who are
2 appointed by the ICOC, six members of the grants
3 Working Group, who are patient advocates who are also
4 ICOC members, and the ICOC chair.

5 Welcome, Bob. Welcome back from Canada.

6 There are also provisions for alternate and
7 ad hoc members, all of whom must be appointed directly
8 by the ICOC.

9 The functions of the Facilities Working Group
10 are to make recommendations to the ICOC on criteria,
11 requirements and standards for facilities grants; to
12 make recommendations on the actual award of grants and
13 loans for facilities and equipment; and to make
14 recommendations on oversight procedures to insure
15 grantee compliance with the terms of the grants.

16 So we've got the before-grant, grant, and
17 after-grant responsibilities.

18 With regard to the recommendations for
19 criteria, requirements, and standards, Proposition 71
20 includes some minimum criteria. And these include:
21 Milestones and timetables for achieve them; priority
22 for applications that will provide facilities
23 available for research no more than two years after
24 the grant award; eligibility only for non-profits
25 located in California; compliance with reimbursable

1 building cost standards, competitive building leasing
2 standards, capital equipment costs standards, and
3 reimbursement standards; and compliance with
4 prevailing wage laws.

5 So whenever you're considering recommending
6 criteria these are the minimum that the statute
7 requires.

8 Finally, the statute also requires that
9 awards must be made on a competitive basis and tells
10 us that what this means is at a minimum applicants
11 must pledge 20 percent in matching funds and priority
12 given to those who provide in excess of that minimum.

13 And what do I do now? Is it okay?

14 And capital equipment costs must be allocated
15 when the applicant can recover costs from other users.

16 A little bit about governance of the
17 Facilities Working Group. The rules for governance
18 come from Prop 71, which we've talked a little bit
19 about, bylaws that were adopted by the ICOC and a
20 conflict of interest policy that was adopted by the
21 ICOC.

22 I'm not going to go over all the bylaws. I
23 wanted to hit some highlights for you. Hopefully all
24 of you have a copy of the Facilities Working Group
25 bylaws. They provide for a chair from among the real

1 estate specialists who is responsible for chairing the
2 technical review of applications; a vice chair, from
3 among the patient advocates, who chairs the
4 programmatic reviews. So on the Facilities Working
5 Group David Lichtenger is the chair from among the
6 real estate specialists and David Serrano Sewell is
7 the vice chair.

8 Your business is conducted in open session.
9 A quorum is 65 percent of the members eligible to
10 vote. So it will take eight to do business. And the
11 bylaws also require that members of the Facilities
12 Working Group may not communicate with any applicant
13 about an application to CIRM. This is probably one of
14 the most significant restrictions in the bylaws.

15 I'd like to talk a little bit about public
16 meetings because many people who are doing the Working
17 Groups don't have a lot of experience with trying to
18 do business in public, and it is challenging. It
19 requires a fair amount of preparation that the chair
20 and vice chair do in advance with staff so that we can
21 move through the business at hand.

22 And part of what we're trying to do here is
23 build public confidence in what it is that we're
24 doing. And so that preparation is very important and
25 moving to the business at hand is very important.

1 Often as today we need to do something in
2 order that the ICOC can act on it at its next
3 meeting. And so we as staff try to prepare you and
4 prepare ourselves to move through the business at hand
5 and be able to answer any questions that arise.

6 MR. KLEIN: Tamar, before you pass over a
7 prior point, you said no applicant can communicate
8 with a member of the Facilities Working Group. It's
9 very important to point out that was adopted based on
10 once the application is filed. So if we're in the
11 back of the room and at a break and someone asks a
12 question, that's not an issue. No applications have
13 been filed for the major facilities that we're trying
14 to get definitions of today. It applies once an
15 application has been filed.

16 MS. PACHTER: I wanted to talk a little bit
17 about the Facilities Working Group conflict of
18 interest policy. This is a policy adopted by the
19 ICOC. It applies only to the non-ICOC members of the
20 Facilities Working Group because there's a separate
21 document that controls conflicts of interest for ICOC
22 versus the Working Group.

23 It addresses financial, professional and
24 personal conflicts of interest. These are often
25 difficult areas and if any of the real estate

1 specialists ever have any questions regarding how the
2 conflict of interest policy might apply to them I
3 encourage you to call me anytime. We're happy to
4 provide that support.

5 Conflicts of interest are -- with respect to
6 the Facilities Working Group, the disclosures are made
7 just to the agency and they are audited by CIRM staff
8 and they are also subject to audit by the Bureau of
9 State Audits.

10 If a conflict exists, if you have a conflict
11 with any application under consideration, you are
12 restricted from participating in any way in the
13 discussion or decision of the Facilities Working Group
14 either in the meeting or outside of it.

15 I also wanted to talk a little bit about the
16 records of the Facilities Working Group. They are
17 generally not subject to the Public Records Act as are
18 most of the records that CIRM has. Actually, in a
19 sense they are.

20 CIRM's records are subject to the Public
21 Records Act, but generally the Facilities Working
22 Group records are not. There are a couple of
23 exceptions in proximity to one itself. The Facilities
24 Working Group records are published to the extent they
25 are forwarded to the ICOC as part of the Facilities

1 Working Group recommendations because that becomes
2 part of the ICOC's decision-making process.

3 And there are also exceptions made by the
4 ICOC about certain records that it chooses to make
5 public. For instance, it chose to make the
6 applications that we recently considered on the shared
7 labs public.

8 And, finally, I'd like to give a little
9 overview of the grant process so you have a sense of
10 where you fit in. The facilities -- and this is at a
11 very high level. There's some point I get into this,
12 but this will give you an overview.

13 So the Facilities Working Group will
14 recommend criteria, requirements, and standards for
15 facilities RFA to the ICOC. The ICOC will consider
16 that recommendation and approve it with any changes.

17 Based on those approved criteria the CIRM
18 president and staff will present to the ICOC for
19 discussion a concept plan for a facilities RFA. And
20 after that discussion at an ICOC meeting CIRM staff
21 drafts and issues a facilities RFA based both on the
22 approved criteria and the discussion at the ICOC
23 meeting.

24 Institutions then submit applications to CIRM
25 in response to the RFA. The staff reviews those

1 applications according to the RFA and the approved
2 criteria, submits those staff analysis to the
3 Facilities Working Group and schedules a Facilities
4 Working Group meeting for review of the applications.

5 Before the meeting the members of the
6 Facilities Working Group are confidentially reviewing
7 the applications and, again according to the criteria
8 and the RFA, and then meets publicly to discuss and
9 vote on its recommendations.

10 The chair and David Lichtenger conducts the
11 technical review and once the technical review is
12 complete the vice chair David Serrano Sewell conducts
13 the programmatic review.

14 At the same time the Facilities Working Group
15 is conducting its review the Grants Working Group is
16 conducting a parallel review of the science to be
17 conducted at the proposed facility. And what happened
18 with the shared labs is there was a part 1 of the
19 application which was the scientific submission that
20 the Grants Working Group considered and part 2 which
21 was before the Facilities Working Group.

22 CIRRM staff then drafts summaries of the
23 Facilities Working Group recommendations and the
24 Grants Working Group recommendations separately.
25 There are two separate summaries for the ICOC's

1 consideration. And the summaries for the Facilities
2 Working Group and the Grants Working Group are
3 publicly posted in advance of the ICOC's meeting.

4 The ICOC then meets publicly to consider the
5 Facilities Working Group and Grants Working Group
6 recommendation and votes to approve the applications
7 for funding. It can make changes in the
8 recommendations. It can fund applications that
9 neither of the Grants Working Groups recommended or
10 funded. That discretion is entirely up to the ICOC.
11 And we're going to go through that process for the
12 first time this Monday and Tuesday in LA at the ICOC
13 meeting. We'll be considering the first facilities
14 grant. So that's going to be an interesting process.

15 Once the ICOC votes and determines what
16 applications it has approved for funding, that's just
17 the beginning of the process as far as CIRM is
18 concerned. Staff then conducts an administrative
19 review of applications that are approved for funding
20 to insure that all the criteria for funding have been
21 met.

22 On successful completion of that
23 administrative review, the CIRM president issues a
24 notice of grant award. That is to be signed by the
25 president and sent to the applicant and then returned

1 to CIRM.

2 And it's only after we receive that, the
3 signed notice of grant award, that CIRM authorizes the
4 controller to issue warrants for initial grant
5 funding, and that will usually be the first year of
6 grant funding.

7 After the funding goes out CIRM scientific
8 and grants management staff monitors the grantees
9 through a grant administration process that includes
10 annual reports, cost review, project review and
11 compliance review, through the life of the grant.

12 CIRM staff has authority to withhold funds
13 for failure of compliance of the terms of the grant
14 and it makes regular reports to the ICOC on the status
15 of grant applications.

16 So I've blown through that. Are there any
17 questions?

18 VICE CHAIRMAN SERRANO SEWELL: Members of the
19 committee, are there any question for Ms. Pachter?

20 Tamar, thank you. In conclusion?

21 MS. PACHTER: In conclusion you can see that
22 you're a very important part of the overall grant
23 process in making recommendations for the ICOC for
24 both pre-grant, grant approval and for grant
25 oversight. And thank you very much for your service.

1 VICE CHAIRMAN SERRANO SEWELL: Thank you,
2 Ms. Pachter, for that summary. It was greatly
3 appreciated and it's helpful even getting a
4 refresher. We've known it for a couple of years and
5 there's always something new we can learn.

6 In talking with Mr. Keller I think what next
7 we will do is we have some coordination issues with
8 David Lichtenger. So we want to move next to the
9 facilities grants administration policy.

10 Is that correct?

11 MR. KELLER: That's correct.

12 VICE CHAIRMAN SERRANO SEWELL: So we will
13 move now to that action item.

14 MR. KELLER: David, are you on the line?

15 MR. LICHTENGER (Telephonically): I am.

16 MR. KELLER: Okay, David. Welcome.

17 With that I think we should put on record to
18 establish that a quorum has been established relative
19 to those telephonic and those present.

20 On your agenda for action is consideration of
21 the draft facilities grant administration policy. We
22 refer to this as the facilities GAP. This amends the
23 current policy by expanding on existing policy that
24 would apply to the shared research and stem cell
25 techniques course awards or RFA 07-01.

1 If you received a copy of the draft at your
2 meeting on May 2nd, that document has been revised in
3 response to comments from the Working Group and
4 further refinement of the technical nature prepared by
5 staff.

6 The three major changes between the May 2nd
7 version of the document and the document that you have
8 now before you consists of three major changes. We
9 relocated the section concerning requirements for
10 California suppliers to the general provisions section
11 rather than having it duplicated under construction
12 requirements and equipment requirements.

13 Secondly, the requirement for grantees to
14 submit a progress report to CIRM has been changed to
15 the quarterly rather than semiannually as it was felt
16 more timely.

17 Thirdly, the definition of "non-profit" and
18 "not for profit" as used by CIRM has been clarified in
19 the glossary section.

20 So with those minor, relatively minor changes
21 and editing and wordsmithing we believe the document
22 before you is appropriate and, if you have any
23 questions, I'd be glad to answer them.

24 VICE CHAIRMAN SERRANO SEWELL: Bob?

25 MR. KLEIN: Under the "Equity Match," page 5,

1 D as in David, subsection 2, subpart 2 in parens. It
2 says: "The source of funds for the construction or
3 equipment identified as matching."

4 When it asked for documentation I would take
5 it that if a research institution says that they are
6 going to supply the funds for the cells that that
7 would include the fact that they could, if they got a
8 donor, they could later substitute the donor's funds
9 for the funds that the institution was putting up, but
10 they at least need to be an identified term source of
11 funds that we could depend on. Is that correct?

12 MR. KELLER: I believe that the provision
13 that you're reading from is in response to the fact
14 that CIRM grant funds cannot be used as matching
15 funds. So if they have another grant or -- from
16 another source when we want to make sure that we have
17 the trail to the actual source of funds for the match
18 and because of that provision in Prop 71 that says it
19 has to be other than grant funds.

20 MR. KLEIN: Yeah. I'm understanding that.

21 Lori, could you also comment on this
22 section?

23 MS. HOFFMAN: Bob, you're correct. So, in
24 fact, as long as it's not other grant funds, yes, an
25 institution can substitute donor funds for campus

1 discretionary funds.

2 MR. KLEIN: So they could initially or
3 because of the timing commit that they would put up
4 the funds and then the donor funds that replace their
5 funds, we just need a firm source of funding.

6 MS. HOFFMAN: That's correct.

7 MR. KLEIN: Okay. And that's probably good
8 in the major facilities grants to indicate that
9 substitution can also occur.

10 VICE CHAIRMAN SERRANO SEWELL: Jeff?

11 MR. SHEEHY: So where does this fit? Is this
12 going to be put in --

13 MR. KELLER: This governs -- this governs the
14 shared research laboratory grants that we'll be
15 considering -- the ICOC will be considering next
16 week. Before the large facilities grants go out or
17 the RFA is issued we intend to make further revisions
18 that would respond to information that's garnered from
19 the information sessions that we're upholding in the
20 next three weeks and other aspects so that we would
21 basically indicate that this is for the shared labs
22 only.

23 MR. SHEEHY: So this is for the shared labs
24 only and this isn't going to the Administrative Law
25 Code? Because I think the other GAP is in the

1 Administrative Law Code; right?

2 MR. KELLER: Yes, it is. It went to Office
3 of Administrative Law.

4 MR. SHEEHY: So this is almost like a one
5 off?

6 MR. KELLER: This would be an amendment to
7 that.

8 MR. SHEEHY: Just to be clear. So like our
9 other GAP it will go through the Administrative Law
10 Code process. However, this particular GAP is only
11 for this one grant; right?

12 MR. KELLER: Yes.

13 MR. SHEEHY: That's all. Just trying to
14 understand.

15 VICE CHAIRMAN SERRANO SEWELL: Bob?

16 MR. KLEIN: Lori, maybe you could remind us
17 in terms of sourcing of our funds for these grants.
18 How much is budgeted to come out of our facilities
19 set-aside funds versus our research category funds
20 from the \$48 million that is budgeted for this program
21 including facilities and the courses?

22 MS. HOFFMAN: Of the \$48.5 million that is
23 budgeted for this particular RFA -- so this is the
24 shared research lab RFA that we're talking about --
25 \$16.25 million were budgeted, but we can go, in fact,

1 up to \$19 million which was the agreement that we made
2 with the Department of Finance based on not to exceed
3 10 percent of our current funding, which is the \$150
4 million of general fund loan as well as the \$45
5 million for the bank.

6 MR. KLEIN: So the balance of the 48 and a
7 half million is really coming out of our research
8 funding resources?

9 MS. HOFFMAN: That's correct.

10 MR. KLEIN: Okay.

11 VICE CHAIRMAN SERRANO SEWELL: Janet or
12 David, do you have any questions?

13 MR. LICHTENGER: No.

14 DR. WRIGHT: I was going to move that we
15 adopt this so we can get to a point for discussion.

16 MR. LICHTENGER: I'll second that.

17 VICE CHAIRMAN SERRANO SEWELL: There's a
18 motion and a second. Any further discussion from the
19 Working Group? Bob?

20 If there's nothing further to add, we'll take
21 a vote. All those in -- oh. Public comment. I'm
22 sorry.

23 Are there members of the public that wish to
24 comment on this item?

25 Seeing no members of the public that wish to

1 comment, we'll then take a vote. All those in favor
2 please say aye.

3 All those opposed?

4 Abstentions?

5 Motion carries.

6 MR. KELLER: Thank you, Mr. Chairman.

7 MR. LICHTENGER: Thank you.

8 VICE CHAIRMAN SERRANO SEWELL: Thank you.

9 What's our next item?

10 MR. KELLER: Thank you, David.

11 MR. LICHTENGER: Bye-bye.

12 DR. WRIGHT: Thank you, David.

13 VICE CHAIRMAN SERRANO SEWELL: Our next item
14 is item 7 on my agenda that is the public information
15 meeting regarding future facilities request for
16 applications. This Working Group at its last
17 meeting -- or excuse me.

18 Anyways, we had requested the ICOC, the body
19 to which we report to, if we could hold some
20 informational hearings to gather information in
21 designing this facilities RFA, this \$222 million RFA.
22 Everybody agreed. And so that's the first of what will
23 be four informational meetings.

24 The staff has assembled a group of persons
25 that can speak with us today and share some of their

1 thoughts. Mr. Keller will have some introductory
2 comments and then introduce each one of the speakers.

3 MR. KELLER: Well, I think the first thing I
4 just want to mention is that as a backdrop to the
5 public comments, we have here on display the mission
6 of CIRM and we've included that in your packets today
7 and made them available for those attending this from
8 the public because I think the first issue is that we
9 want to solicit information about how CIRM should move
10 forward on their facilities grants in the context of
11 the stated mission and our values.

12 In looking at the values, we have established
13 that there are many of these that have very specific
14 applicability to facilities. So, for instance,
15 obviously accountability, collaboration, excellence,
16 innovation all have -- and certainly urgency all have
17 direct application to the business associated with
18 CIRM funding of facilities grants.

19 We've actually added two additional values
20 that we think -- that really pertain to facilities and
21 that is the fact that we have responsibility to judge
22 kind of the functionality or applicability of design
23 to meet specific programmatic objectives.

24 And so we've put these values as the backdrop
25 with the idea that we would now solicit comment on

1 what are some of the specific needs within the
2 research community and within the group of -- that is
3 in a position to respond and partner with CIRM in
4 meeting our objectives. And so with that I'll ask if
5 there's any questions or I'll ask the first speaker to
6 come forward.

7 MR. KLEIN: Thank you. Thank you, Rick.

8 My understanding of where we're trying to go
9 here in terms of the outcome of this hearing and
10 building through the other hearings is to drill down
11 and get real good hard answers on what are the
12 policies, what are the rules and what are the
13 definitions.

14 And we've talked in our last hearing about a
15 lot of those policy issues and rules and definitions,
16 but if we can as an outcome produce a core set of
17 those policies, rules and definitions that we really
18 need to focus in on consistently, and on each hearing
19 we'll add some from the staff, we'll add some from the
20 public that are additionally identified.

21 So hopefully over the period of these
22 hearings we'll fill in the detail and everyone out of
23 this hearing that read these transcripts as well as
24 the staff reports that summarize them will have a
25 solid idea of how these are going to be judged and how

1 policies are balanced when we talk about a policy for
2 urgency.

3 We've got core values of collaboration and
4 innovation. So the Center For Excellence which is the
5 collaboration of several institutions, how does that
6 weigh. But when we get to definitions, the initiative
7 says two years after award.

8 Well, we just went through a presentation
9 where "award" is defined as when the president signs
10 the certificate of award, if that's -- if that's
11 correct and my understanding. So it's two years from
12 that date, is that what the critical path charts that
13 are submitted in these applications need to show.

14 So with that level of specificity I think
15 hopefully we'll keep our eye on the ball and it's
16 going to be a useful outcome to this process.

17 VICE CHAIRMAN SERRANO SEWELL: Are there any
18 other initial comments from members of the Working
19 Group? If not, Rick, you can introduce the first
20 speaker.

21 MR. KELLER: First, I'd like to introduce the
22 first speaker, Dr. Jeff Bluestone from the University
23 of California at San Francisco.

24 The format today will be that we're allowing
25 a ten-minute presentation with the idea that there

1 will be opportunity for brief question and answers
2 from the Working Group at the conclusion of the
3 presentation. I'll be the timekeeper on the ten
4 minutes and with one minute to go I'll indicate to the
5 speaker that it's one minute, go. Thank you.

6 DR. BLUESTONE: Just kick me.

7 Well, I want to first -- my name is Jeff
8 Bluestone. I want to thank the committee for a chance
9 to speak to you today.

10 I come to you today as a representative of
11 the research faculty at UCSF, but as importantly I
12 speak to you as a hopeful user of the extraordinarily
13 promising technology and research that's being done by
14 CIRM, its grantees and the community.

15 As director of the UCSF Diabetes Center and
16 an immunology researcher I'm involved in diabetes
17 research and research in multiple autoimmune
18 diseases. So the opportunity for stem cells and stem
19 cell research to affect the diseases I care about is
20 enormous. I see every day the ravages of these
21 diseases and the need for replacement therapies to
22 treat the tissue destruction that results from these
23 chronic ailments.

24 But on a personal level I'm also here because
25 like many of you I've been affected personally by this

1 disease. My father, a long-time diabetic, has lost
2 limbs, partial eyesight, and most recently lost his
3 kidney function which had to be replaced by one of my
4 own kidneys. And so I care a lot about what you are
5 doing and I greatly applaud your effort.

6 So the next few minutes I hope to share some
7 of UCSF's and my perspectives on the facilities
8 investing plans for the CIRM and how I think they
9 might best serve the mission and strategic plan for
10 the CIRM, the values that have been listed up above,
11 and the stem cell research both supported by the CIRM
12 and the community at large.

13 I'd like to position this discussion in terms
14 of the age-old questions why, what, where, when and
15 who.

16 Let's start with why. Why do we need these
17 facilities? Well, the last three years since Prop 71
18 was passed it's shown an enormous growth both in the
19 interest and in the training of stem cell
20 researchers. The chance to exploit this growing
21 community depends on first-rate specially designed
22 facilities to bring together basic scientists,
23 translational researchers that are currently spread
24 out within our own campuses in little nooks and
25 crannies around our campuses.

1 We'd like to recruit more junior faculty,
2 people who see a future in stem cell research now that
3 the funding has been passed, but there's no room for
4 them in many of our institutions.

5 As a scientist it's important to be able to
6 walk down the hall to see a colleague. It's important
7 to have a diverse community of students and research
8 fellows that can work with each other to bring
9 knowledge and technology to bear on a particular
10 problem. This is a major interdisciplinary program
11 that can't be tucked away or scattered across our
12 campuses, but must be placed in dedicated contiguous
13 space.

14 Thirdly, we need to provide core resources
15 and core services for stem cell research whether it be
16 imaging, sorting, cell tracking, human cell culture.
17 All of these core facilities need to be co-localized
18 where the scientists, students, post docs can walk and
19 do the research they need.

20 And as importantly we need to keep these
21 facilities secure and fire walled from the federal
22 funding that challenges all of us in getting this work
23 done.

24 What type of facilities should we create?
25 There's a tendency to create very large structures

1 that might be located one in the north or one in the
2 south or one in Central California. However, I think
3 proximity to an epicenter of research enterprise is
4 vital. Thus, the facilities should be located at
5 academic institutions because it's essential that the
6 stem cell research be carried out in a scientific and
7 vibrant environment.

8 The facilities need to be -- need not be one
9 size fits all. There should be larger facilities that
10 can exploit the scientific communities within small
11 regional areas like a university or within a city
12 while emerging programs should be supported with
13 dedicated space that will catalyze breakthroughs and
14 drive discoveries.

15 So the large programs should have dedicated
16 facilities for stem cell research and the smaller
17 programs isolated areas that can be used for similar
18 programs, similar research efforts.

19 Where should the facilities be built? I've
20 already mentioned I believe they need to be built
21 within a research academic institution, but these
22 institutions must be selected first and foremost on
23 excellent scientific environment to foster not only
24 the basic research but the translational research and
25 as importantly to the institutions that have active

1 collaborations with industry who will partner on many
2 of these research efforts.

3 There needs to be excellent science outside
4 stem cell research. There's a tremendous value in
5 collaboration, but that collaboration needs to be in
6 local institutions where scientists across multiple
7 fields can work together. There needs to be a strong
8 translational research effort around where the
9 facilities are built so that clinicians and clinician
10 researchers can take the discoveries made in the
11 laboratories directly from the bedside -- from the
12 bench to the bedside and then to the community.

13 As I mentioned, the collaborations with
14 industry are best done when the industries are located
15 close to the sites of these facilities so that
16 investigators from the academic centers can work hand
17 in hand with industry representatives so that these
18 therapies can be transitioned as necessary.

19 When should the facilities be built? Well,
20 as Bob Klein already said, as fast as possible. The
21 term "urgency" has been used. With all the CIRM and
22 institutional investment that has already been laid on
23 the table here, the fact that institutions around the
24 state have started to create and build programs that
25 CIRM has started to fund many of the training and seed

1 grant efforts, the lack of space has now become
2 limiting -- the rate limiting step and the sooner we
3 can get space to do this research, the better.

4 But we need to know that this isn't like
5 building a grocery store or a bowling alley. The
6 federal and state regulations that have been imposed
7 pose unique challenges on rapid building. So unlike a
8 freestanding private enterprise building facilities
9 for effective stem cell research will take a concerted
10 effort by state, local and federal agencies to work
11 together effectively to get these done. So speed is
12 important, but process is critical.

13 And, finally, who should have these
14 facilities, the ones that are described above? Well,
15 I think there should be four major criteria that
16 should be used to drive the process. First and
17 foremost is the scientific excellence and facilities
18 excellence. We need the best scientists; we need the
19 best facilities.

20 I've already mentioned urgency. I'll mention
21 it again.

22 The third is leverage. How do we take these
23 buildings and leverage them for our whole research
24 community to make sure that what we grow out of these
25 facilities really takes on a larger purpose.

1 And, finally, collaboration. The CIRM should
2 issue an RFA as soon as possible that calls for
3 facilities dedicated to stem cell research and then
4 allocate the funds for facilities at institutions that
5 have a history and predicted future of excellent stem
6 cell science and a community of outstanding scientists
7 from other disciplines and active industry
8 corroboration.

9 The facilities must work effectively between
10 large and small institutions within small geographical
11 areas to maximize research translation and the
12 interface of academia and industry. The ICOC has a
13 track record and commitment for funding the best
14 science. This shouldn't change.

15 So, in conclusion, the ICOC and CIRM have
16 made extraordinary contributions to the community
17 already based on perseverance and commitment. The
18 commitment to training programs, seed grants and
19 comprehensive grants has already left their mark on
20 the state and research enterprises.

21 The effective use of resources to build
22 facilities that will support the wealth of excellent
23 scientists in their training and research endeavors is
24 essential to allow stem cell research in California to
25 realize its full potential.

1 As I said in my Prop 71 ad three years ago, I
2 want to be able to continue looking in the eyes of
3 every seven-year-old boy and girl just diagnosed with
4 type 1 diabetes and tell them we're doing everything
5 we can to treat and cure this disease and the many
6 others that affect friends and families. Your help
7 will be another great step in helping me live up to my
8 commitment.

9 Thank you.

10 VICE CHAIRMAN SERRANO SEWELL: Thank you,
11 Dr. Bluestone.

12 Do members of the committee have comments or
13 questions on the doctor's presentation?

14 Jeff?

15 MR. SHEEHY: I actually have a whole series.
16 So I apologize.

17 Thank you for your presentation.

18 VICE CHAIRMAN SERRANO SEWELL: That's always
19 when the first speaker comes along.

20 MR. SHEEHY: You mentioned core facilities.
21 Which core? I mean, so what we're really trying to do
22 is draft an RFA. So really we're trying to go into a
23 certain level of detail. What should be components?
24 You're talking about core facilities that should be
25 part of what we asked for in the facilities

1 application.

2 DR. BLUESTONE: So first and foremost we need
3 to have a facility to house, store and grow the cells
4 that we care most about which are the embryonic stem
5 cells, and this is vital and central to any facility
6 that needs to be built. But we also need the ability
7 not just to house them and store them but to grow
8 them, to modify them and to test them first in animal
9 models in some cases but certainly in a variety of
10 test systems.

11 The second thing I think we need in core is
12 imaging, finding out where these cells go and how
13 these cells go is going to be critical and having
14 imaging facilities that can both be used for small
15 animal studies on up to human analyses is going to be
16 critical. So I think imaging is another core that's
17 going to be essential.

18 And distribution facilities. There are not
19 going to be an unlimited number of these facilities
20 around the state and it's going to be critical that
21 whomever is blessed with getting these facilities has
22 a responsibility as they develop these embryonic stem
23 cells not just to store them but to actively
24 distribute them around the state. So having the
25 infrastructure to be able to do that is critical.

1 The other cores that one will need are going
2 to be standard cores that I think exist in many
3 facilities we have now, but have to have a dedicated
4 person and dedicated equipment. These are sorting
5 facilities so that we can isolate rare cells among
6 mixed populations to be able to grow them, expand them
7 and then differentiate them.

8 It will be biochemical cores that allow us to
9 understand the infinite mechanism by which these cells
10 work. And a molecular biology core that will allow us
11 to put genes in, take genes out and to understand the
12 basic functioning cells through genetic engineering
13 and molecular biology.

14 So those are some of the cores that I think
15 will be essential.

16 MR. SHEEHY: So if we were to do a major
17 facility, because we're talking about all different
18 sizes, you would probably expect they would have all
19 of these cores at a minimum?

20 DR. BLUESTONE: Absolutely.

21 MR. SHEEHY: Great. Now, in terms of your
22 still evaluating something that we said on the cores,
23 do you think those need to be GMP facilities? Would
24 that be a requirement that we should put into this?
25 How important is that at this stage?

1 DR. BLUESTONE: I think it's very important
2 that GMP facilities be available for translating this
3 research into a clinical state. I don't know that GMP
4 facilities have to necessarily be localized at the
5 site. A lot of the things that I talk about as being
6 core to the success of these facilities has to do with
7 the interaction of science and the ability to do this
8 cutting edge research.

9 Once a cell is in production and will require
10 GMP facilities that's something that can be
11 outsourced. It certainly would benefit to have a GMP
12 facility on a campus or in the city that it can be
13 used, but it doesn't necessarily have to be within the
14 building.

15 DR. WRIGHT: This is Janet. I have a
16 question whenever there's an opportunity.

17 VICE CHAIRMAN SERRANO SEWELL: Janet, Jeff
18 has got a few more questions and then I'll go to Bob
19 and then we'll go to you.

20 DR. WRIGHT: Great.

21 MR. SHEEHY: You mentioned the translational
22 opportunities and I think this comes up in
23 collaboration, too. I'm trying to get -- because, you
24 know, this is translational -- it's always -- it's one
25 of the most confusing words in science. It means a

1 lot, but it's also very hard to really pin down when
2 you're trying to really tease that out in terms of
3 realities. Is that really a question of geography?
4 Because you talk about relationships between industry
5 and an academic research center. Is that like -- for
6 instance, just using because we're talking about UCSF
7 because the Bay Area, it's relatively easy to
8 imagine.

9 Is that a geographical consideration? How do
10 we kind of maximize that impulse when we come up with
11 this RFA?

12 DR. BLUESTONE: Let me speak from
13 experience. I'm actually a PhD scientist. Yet I
14 oversee tens of multi-million dollar clinical trials
15 networked in this country. And what I've learned as a
16 PhD is that the best and most effective way to move
17 discoveries in the laboratory -- I've cured a lot of
18 mice in my days -- into things that will affect people
19 is to have clinicians and clinical researchers very
20 close by to be able to come to lab meetings, to be
21 able to come into the lab and look down the scope, be
22 able to interact day to day with the PhDs.

23 It's very hard to do it all, but if you have
24 PhDs very close to the clinical researchers you can
25 very rapidly transmit knowledge, information and

1 material as needed. So I think proximity
2 geographically is very important.

3 I think the same thing can be true for
4 industry. The closer you are to the people that are
5 going to take what these discoveries are and
6 productionize them, move them into a drug that can be
7 put into people, the closer you are, the easier it is
8 to get everybody on the same page.

9 MR. SHEEHY: And I try to be -- I'm just
10 trying to be really pragmatic. Is there a way that we
11 can ask for that in this RFA? Because that's really
12 our goal here is to draft an RFA.

13 Do you see where I'm going?

14 DR. BLUESTONE: Sure. And I think the best
15 way to ask for it is to ask for evidence of it, to ask
16 institutions to demonstrate that they've successfully
17 been able to merge the basic and clinical research
18 efforts successfully in moving things from animal
19 studies into human disease settings, to ask
20 institutions to demonstrate collaborations with
21 industry where they've moved products and discoveries
22 that they've had in the lab into a production area.

23 VICE CHAIRMAN SERRANO SEWELL: Bob?

24 MR. SHEEHY: I was just going to say thank
25 you. This was extremely helpful.

1 MR. KLEIN: Sure. There's a fundamental
2 question here in that we certainly have this focus or
3 priority of needing these facilities to accommodate
4 and provide sanctuary for embryonic stem cell
5 research. On the other hand, many of the researchers
6 that are doing this research, they also may even be
7 working with amniotic cells or fetal cells.

8 So since we're after -- we're attached to a
9 mission that is patient driven and outcomes driven
10 we've got to follow the best science. We know that
11 the NIH is going to have a deficiency that is highly
12 likely in its funding across all areas of stem cell
13 research in the next few years in particular because
14 of the huge deficits the country is now going through.

15 So how do we deal with the issue of
16 addressing who's going to be using this space?
17 Because I assume that even though we have some
18 significant research interest in the embryonic stem
19 cell area we're going to have some complementary
20 research being done in these other areas of stem cell
21 research where there's a lot of crossover.

22 In fact, there's some research going on at
23 UCLA with adult stem cells that involves a gene
24 modification where to scale it up they're going to
25 need embryonic stem cell research. So there's a

1 synergistic relationship. So how do we express our
2 priorities and yet have it broad enough to accommodate
3 the spectrum of researchers that can really lead us to
4 the best science in the best areas?

5 DR. BLUESTONE: Yeah. I certainly agree that
6 science is driven by a combination of hypothesis and
7 creativity and serendipity and you would hate to shut
8 off doors or pathways just like Prop 71 was all about,
9 not shutting one door on science.

10 So I think the important thing is to ask
11 institutions to demonstrate an ability to both
12 facilitate and take advantage of the potential
13 interactions and collaborations, to show how, for
14 instance, pilot projects or other projects might be
15 introduced into the armamentarium of an institute so
16 that individuals working in one field will be
17 encouraged to work in embryonic stem cells, to show
18 and demonstrate it through everything from journal
19 clubs in laboratory meetings as well as co-publication
20 that people are moving the science back and forth
21 between these different disciplines.

22 Because it's not just which ones are going to
23 work. I mean, that's a major issue. But it's also
24 about how one will inform the other. The kinds of
25 genes that we're going to learn about in one cell type

1 will invariably affect how another cell type and in
2 one type of cell and other types of cells. So I think
3 institutions that can demonstrate that they have
4 effective programs and plans for making sure that
5 scientists don't operate in silos and independent, but
6 there's various science which is so essential whether
7 it be immunology or stem cell or adult stem cell
8 research; that it's actually the kind of work that's
9 being discussed in a collaborative, integrative way.
10 And that's the way you'll bring the most to bear on
11 the problem.

12 MR. KLEIN: We're actually going to be asking
13 for an expression of their priority to accommodate
14 embryonic stem cell research so we know that there's a
15 sanctuary for that, but then asking them to identify
16 what portions of space they really in a synergistic
17 way be dedicated to other disciplines that interrelate
18 in or other areas in relation to that.

19 DR. BLUESTONE: And how those other areas are
20 going to feed into the central core mission of the
21 CIRM. Because they have those split out. They won't
22 be useful unless there's a clear plan on how those
23 advances will be communicated into the central
24 mission.

25 VICE CHAIRMAN SERRANO SEWELL: Janet, did you

1 have a comment or question?

2 DR. WRIGHT: And it changed a couple of times
3 because Jeff actually got to my question about
4 industry. I'm going to go and pose the -- I believe
5 they have been touched on a bit.

6 Dr. Bluestone, we really appreciate this
7 advice and guidance. What obviously we want to do
8 is try -- by issuing the RFA we want to drive the
9 kinds of collaborations we were just talking about as
10 well as -- and not so much institutions and
11 researchers, clinicians, but with industry.

12 So others -- I understand that by asking for
13 evidence of the central partnerships in the past we
14 signal that that's what we're looking for, but can we
15 give very specific other ways that we might incent or
16 encourage those kind of collaborations other than just
17 saying that's what we're looking for? Not just based
18 on you their past but how can we help drive folks
19 towards doing this even to a greater degree?

20 DR. BLUESTONE: Yeah. So I know that -- I
21 think I believe that there's some clear statements
22 about the funding going to non-profits. So the money
23 will be going to institutions that are set up as
24 non-profits, but I think when you talk about
25 partnerships in the past and I think in this case you

1 talked about even money that's coming in as matching
2 funds, there's no reason why the institutions can't
3 demonstrate both an experience and an opportunity for
4 collaboration with industry by demonstrating economic
5 interactions as well as just scientific ones.

6 It seems to me that if industry is going to
7 benefit most from this that it should contribute to
8 this enterprise as well, and how you facilitate that
9 without funding industry is to make sure that industry
10 is putting up some resource or resource in kind,
11 perhaps equipment, perhaps project partnerships or
12 whatever and really show a demonstration that the
13 industry is on this, too.

14 Because I think if the industry invests in
15 some way into these -- these overarching facilities,
16 the larger facilities that are housed here, that it
17 will end up fostering good partnerships and good
18 relationships.

19 So I guess the bottom line is I think money
20 talks.

21 VICE CHAIRMAN SERRANO SEWELL: Deborah?

22 MS. HYSEN: Yes, I have two. The first one.
23 The series of grants that we looked at really ran the
24 gamut from fully fleshed out details to conceptual.
25 And as a scientist I was wondering what role do you

1 play with the facility folks in the development of
2 these grant applications in terms of putting together
3 your wish list, if you will, and how do you get to
4 convey to them your needs?

5 DR. BLUESTONE: I think just like your group
6 is stitching -- composed of individuals from all
7 sides, the patient advocates, the scientists and the
8 real estate experts, the same thing has to be done in
9 the institutions that are developing these things.

10 Simple things like how do the scientists bump
11 into each other, the design of the facility makes that
12 happen. Can you see down the hallway? Can you walk
13 from lab to lab easily? Can you have shared spaces,
14 common spaces, common equipment areas that facilitate
15 interactions?

16 The successful buildings in science, and I've
17 been involved in building a couple of them, the
18 successful buildings are ones that have people bumping
19 into each other. It's kinetic energy that exists when
20 people are walking down a hall.

21 So if an institution hasn't spent a lot of
22 time thinking about that, thinking not just about the
23 bricks and the mortar and, you know, will it stand up
24 in an earthquake in San Francisco and LA, but, rather,
25 things about how the scientists day to day are going

1 to function in an aggressively interactive way, then
2 they really haven't done their homework.

3 MS. HYSEN: The second question is and it
4 goes back to institutions. What has been your
5 experience in a university setting with building a
6 large medical building and then having the industry
7 gravitate toward you? Because we may be looking at
8 areas where there is no industry and the very notion
9 that a populated area might receive subsequent funding
10 from us might drive industry there, and I was
11 wondering if you have any experience when you've built
12 facilities that industry has come to you.

13 DR. BLUESTONE: Yeah. This would be speaking
14 beyond my expertise, but I think if you look at what's
15 been going on at Mission Bay, which is the new UCSF
16 campus, and the companies that have directly located
17 right near UCSF to just be around that research, it's
18 quite significant and it's growing.

19 So I think these high level academic research
20 enterprises do attract. Look at Route 128 in Boston
21 or look at the Genentech in the Bay Area, San Diego.
22 It's very clear that good science is the place that
23 venture capitalists want to be near, that companies
24 want to be near because you can communicate, you can
25 collaborate and you get your work force.

1 VICE CHAIRMAN SERRANO SEWELL: Thank you,
2 Dr. Bluestone.

3 MR. SHEEHY: I had one more question and I'm
4 sorry and not to keep you on the hot seat for too
5 long.

6 DR. BLUESTONE: I enjoy this.

7 MR. SHEEHY: But this has been so helpful
8 because you've really given us very concrete things
9 that we can include to help us make decisions. And
10 one of the things that you said that came up I had not
11 thought about before, but in talking about the match I
12 thought it was very interesting that you brought up
13 the idea of industry contribution.

14 It might be -- you know, we're going to
15 get -- when we get the match from an institution it's
16 going to be -- it can be anything. Right? They come
17 through. So in weighing the value of a contribution
18 from an institution are there certain things that you
19 as a researcher would prefer that the institutions put
20 on the table as opposed to other things?

21 I don't want to get you in trouble.

22 DR. BLUESTONE: I'm probably already in
23 trouble.

24 MR. SHEEHY: We do know there's going to be
25 cash. Right? And it seems like that one thing that

1 we ought to value more highly than other things, one
2 of your previous comments might be if they had gotten
3 a collaboration contribution from an industry partner
4 that showed interest from industry in participating in
5 the development of the science.

6 Are there other things like that or other
7 things specific to an -- you know, that are more from
8 a researching point of view that we should look for
9 when we're weighing these matches? Because this might
10 actually be a very critical piece of our -- you know,
11 how we evaluate these grants when we decide one is
12 better than the other. Because it's really going to
13 be the matches that we're going to have a
14 qualitative as well as a -- we ought to look at the
15 raw number, but if there's a quality thing we can put
16 it in there, too. That would be extremely helpful.

17 DR. BLUESTONE: Are you talking about
18 specifically with industry or in general?

19 MR. SHEEHY: Just in general. Because we
20 already require 20 percent and so we're going to have
21 a little bit of wobble. Some institution will give 30
22 and another might give 35, but within that 20 or 30 or
23 35 percent that they match it seems like an industry
24 piece of that would be more valuable than just the
25 straight -- you know, than a donor match, for

1 instance, because it reflects a certain direction to
2 what the facility -- you know, towards the
3 translational aspect of the facility.

4 Are there other things that they might put on
5 the table in terms of a match that we should value
6 more highly all things being equal?

7 DR. BLUESTONE: It gives me an opportunity to
8 kind of raise a concern that I've had that -- that in
9 general that if the only thing that drives this is
10 money, if the only thing that drives who we elect as
11 President in a race is the most money, if the only
12 thing that drives who gets these buildings is who's
13 got the biggest donor in their pocket, I think we will
14 have lost something.

15 As the University of Chicago Gary Becker
16 who's got the Nobel Prize, what he was able to do as
17 an economics professor was determine how do you value
18 things that are not easy economically to value. And
19 the things that I think that needs to be valued in
20 this besides the straight cash and the match are
21 what -- what -- what added value you get because you
22 have a training program, for instance, that's going to
23 be near or at that facility that's going to train the
24 next generation so you can amplify it.

25 The partnerships with industry I talk about

1 don't have to be cash. They can be industry working
2 together by providing, you know, manpower. It can be
3 providing in-kind equipment. It can be providing
4 cutting edge opportunities to do things you can't
5 otherwise do.

6 The other things that count as much as money,
7 I think, are the academic excellence of an
8 institution. Because, you know, the creativity
9 doesn't always come by -- you can't buy it. It has to
10 be there.

11 So I would hope that the committee would use
12 the match as a way to encourage partnership in all
13 those fronts, not just with money but also
14 programmatic partnerships, evidence that they can, in
15 fact, partner with clinicians, clinical researchers,
16 industry, the educational arm because all of those are
17 going to be as important to the success of the
18 building as whether you get \$20 or \$150 million from a
19 donor.

20 MS. SAMUELSON: I have another comment.

21 VICE CHAIRMAN SERRANO SEWELL: Sure.

22 MS. SAMUELSON: Dr. Bluestone, in thinking
23 about -- you mentioned funding the small geographic
24 areas.

25 DR. WRIGHT: Can you speak up a little?

1 MS. SAMUELSON: Sorry, Janet. You mentioned
2 funding in small geographic areas and I'm assuming
3 that you're saying "if we build it, they will come" or
4 is it that actually geographically we need a
5 geographic spread of these facilities for some other
6 reason other than it will -- that spread will -- will
7 encourage -- would-be scientists or scientists who
8 would go to this field to get into that.

9 What is that about? And here's the other
10 reason for it: Because it seems to me we want this
11 proximity of the great minds in many disciplines to
12 come together and -- and move the science and the
13 results as fast as possible.

14 And it isn't necessarily clear to me that we
15 have to do it in some community that doesn't have
16 those resources right now. Because I don't care if my
17 cure comes from one city or another obviously.
18 Right?

19 DR. BLUESTONE: So -- so I'm not -- at the
20 risk of sounding opinionated, I'm not a gigantic fan
21 here of allocating based solely on some kind of a need
22 for affirmative action. I think what you want to do
23 is you want to get what you need done and you've got
24 to find the right places to do it. But I think you
25 need to keep track of the fact that, just as I said

1 earlier, you can't figure out which cell type is
2 necessarily going to get the cure, so serendipity
3 plays a part, I also don't think there are only three
4 places in the world that can do this.

5 Creative innovative small places should have
6 some seedability to try to do it. Now, how that's
7 done geographically is not of concern here. It's if
8 there's at least a small pocket of scientific
9 excellence to build from.

10 When I referred to geographical proximity
11 very parochially what I was saying is is that one of
12 the things that can be great is, if you're in an
13 academic institution that has a community hospital
14 nearby, that has perhaps another institute nearby,
15 that's got an engineering school nearby, that that
16 facility will not just benefit because of the
17 scientific excellence at the institution itself, but
18 the geographical proximity of other institutions and
19 other entities that can mix and match in applying
20 that.

21 VICE CHAIRMAN SERRANO SEWELL: Thank you,
22 Dr. Bluestone.

23 DR. BLUESTONE: I'm sorry.

24 VICE CHAIRMAN SERRANO SEWELL: I appreciate
25 it.

1 Can you introduce the next speaker,
2 Mr. Keller.

3 MR. KELLER: I'd now like to invite to the
4 podium Dr. Irving Weissman from Stanford University
5 who's the director of the Stanford Institute of Stem
6 Cell Biology and Regenerative Medicine.

7 DR. WEISSMAN: Thank you and thank you for
8 having me. Jennifer Corey is going to hand out a much
9 longer version of my presentation than I hope takes
10 here simply because I know I can't cover all the
11 points in the depth that you desire because of the
12 very brief time. We're starting the beginning of the
13 clock now.

14 So I am Irv Weissman. I am Director of the
15 Institute of Stem Cell Biology and Regenerative
16 Medicine and also Director of the Comprehensive Cancer
17 Center. And I am the entity the Peter principle was
18 invented for.

19 I have been a stem cell scientist since the
20 mid 1970s. We were fortunate enough to be the ones
21 who developed the general method to isolate stem cells
22 from tissues, blood-forming in mouse and man,
23 brain-forming in man, muscle in mouse and so on.

24 We also -- in order to translate our research
25 I have formed companies, cofounded companies,

1 SyStemix, to take advantage of the ability to develop
2 a mouse that had a human blood-forming in an immune
3 system both to test HIV, authenticate HIV taken from
4 patients as the causative agent of AIDS and also
5 eventually to isolate the human blood-forming stem
6 cell. And that mouse model alone was sufficient for
7 the FDA to allow us to do over 60 patients to give
8 them back cancer free blood-forming stem cells after
9 they had been treated with an otherwise lethal dose of
10 chemotherapy and radiotherapy.

11 I've also cofounded a company, Stem Cells
12 Inc., to take to the clinic human brain stem cells
13 which we were lucky enough to isolate, three patients
14 with a fatal pediatric neuro-degenerative disease now
15 have those first human brain stem cell transplants in
16 them.

17 That means -- not that I'm saying we're
18 great. I'm just saying I have a lot of experience in
19 trying to understand how a mouse experiment can be
20 taken as fast as possible to humans and to know how to
21 deal with the FDA and how to deal with your own
22 institution, and, unfortunately or fortunately, why
23 you have to form a company and maintain your own
24 vision in that company to make sure it happens.

25 I was also head of the National Academy of

1 Sciences panel which looked at both human reproductive
2 cloning, but much more importantly, the ability to
3 make patient-specific pluripotent embryonic live stem
4 cell lines by nuclear transfer or by other means and
5 pushed through the notion that these were not just for
6 the commercial enterprise of therapeutic cloning cells
7 from you for you, but also to get patients who have
8 genetic diseases, many of which you know, where for
9 the first time you can have a cell line that makes
10 every cell type in the body and then try to translate
11 the idea that now that we know the genes that have
12 gone wrong which cells are effective.

13 Because I can tell you we don't know in
14 Parkinson's or Lou Gehrig's or Alzheimers, just to
15 make an example, whether it is the neurons that have
16 an intrinsic genetic defect of the genes that we are
17 know that are involved or the supportive cells or the
18 cells that project to it.

19 We don't know any of that and we won't know
20 it until we can get human pluripotent stem cell lines
21 that have the authentic disease and make it. So I'm
22 going to be -- I'll try to move on a little bit.

23 I just want to say that we only have one goal
24 and you only have one goal, and that's to advance --
25 build the facilities that advance stem cell research

1 so that we can understand, understand and treat human
2 diseases.

3 You will be beset by all kinds of political
4 and geographic and other issues. There will be issues
5 of equality, but there's only one goal that you and
6 the NIH should have, I think, and that is to advance
7 medical science for the therapy of humans. All of us,
8 of course, have been affected by the diseases and me
9 and my family are just like them.

10 I want to remind you that stem cell research,
11 as Bob Klein alluded to, is not just embryonic stem
12 cell research. There are at least four kinds of stem
13 cells that are important to understand, adult
14 tissue-specific stem cells that regenerate our tissues
15 and our body all the time, and it isn't until you do
16 rigorous approaches to those stem cells that you find
17 out that a blood-forming stem cell can regenerate the
18 blood but nothing else no matter what you see in the
19 papers, no matter what clinical trials you see.

20 A blood-forming stem cell makes blood. A
21 brain-forming stem cell makes brain. A muscle-forming
22 stem cell makes muscle.

23 Now, each of those stem cells have been
24 isolated by actually my lab or my associates and we've
25 been doing it for twenty years. It's slow. That's

1 why we wanted to be able to do human embryonic stem
2 cell research where you have the beginning and the end
3 of the process in a dish. You've got pluripotent
4 stem cells, either patient specific or from the in
5 vitro fertilization clinic. You've got heart cells.
6 You've got brain cells.

7 Somewhere in between will be the stem cell.
8 That's why we're doing it in my lab and that's why
9 we're doing it at Stanford. We want to get those
10 cells up, understand their properties, be able to
11 understand how you can use them to treat and
12 regenerate tissues. Of course, there are many other
13 objectives to embryonic stem cell research or this
14 nuclear transfer.

15 The one that was probably most unexpected and
16 which we also have been deeply involved in is finding
17 that cancers which derive from our own tissues have
18 cells that have the properties that are similar to
19 stem cells. There are in every cancer that we've
20 looked at, cancer or leukemia or lymphoma or myeloma
21 stem cells. They are rare cells within the tissue.
22 They are the only cells in the cancer that has the
23 property that normal stem cells have. When they
24 divide they make at least one more copy of themselves,
25 self-renewal.

1 The center of understanding self-renewal
2 starting with embryonic stem cells or adult stem cells
3 or cancer stem cell leads us to the fact that we use
4 the same genetic pathways for self-renewal. It's not
5 one pathway unfortunately. It's many pathways. But
6 what we learn in embryonic stem cells applies to
7 cancer stem cells and vice versa.

8 That's why you need to think about supporting
9 at least some comprehensive stem cell facilities
10 rather than a trick pony here and a trick pony there.
11 I didn't mean to denigrate. I just want to let you
12 know how I feel in case it hasn't happened.

13 So how do you pick? How do you pick the
14 right places to put your investment in? Well, in my
15 very long career of judging science there's only one
16 thing when people have been out there doing science
17 for seven years or more. It's track record.

18 Now, anybody can read our paper and see our
19 hypothesis and make it sound better than we can even
20 though they never did a thing in that field. Just to
21 give you an example, when you go to buy a new car.
22 You look in *Consumer Reports* for the reliability and
23 the performance or do you read the ads or the TV?

24 You've got to go on track record. You will
25 be fooled or people will try to fool you that are at

1 the leading edge of the field because they have other
2 motivations to get into the field. That's not to say
3 it would be exclusive as a field, but it means that we
4 need and you need to be very careful that you find a
5 rigorous successful scientist and people who know how
6 to move things from the bench to the clinic.

7 Now, every stem cell that we've isolated,
8 every cancer stem cell that we've isolated, we've
9 proven what they are by putting them into the same
10 organ of the immunodeficient mice. This is what Mike
11 McCune and I started twenty years ago. That is, when
12 we found a blood-forming stem cell it regenerated the
13 blood-forming system of the tissues of the human in
14 that mouse. When we got the brain-forming stem cells
15 it regenerated the brain function or at least the
16 brain cells and their migration.

17 And I'm only out of jail because Sam
18 Brownback did not successfully pass the bill to send
19 me to jail for doing those experiments, but we
20 wouldn't have then treated those three kids with
21 Batten's disease if we hadn't been able to show
22 efficacy and safety first in a mouse model.

23 And why am I saying this to you? Because a
24 huge component of facilities is a large
25 barrier-sustained immunodeficient mouse facility. It

1 is absolutely required to have a stem cell facility
2 and behind the barrier --

3 One minute? Okay. I'm going to really --

4 VICE CHAIRMAN SERRANO SEWELL: You have a
5 couple more minutes.

6 DR. WEISSMAN: Thank you.

7 Behind the barrier you have to have the
8 imaging because not only will you isolate, say, a
9 human islet precursor cell, you want to know where
10 does it go and how does it function without killing
11 every mouse that you put it into. You want to have
12 non-invasive imaging. That's a whole new field. You
13 want to be able look is the breast cancer cell growing
14 in the breast of the mouse and did my treatment stop
15 its growth.

16 So you need, also, of course, I'll just say
17 in passing compliance, oversight, QA, QC, all of the
18 things that make a cancer center go. We have a
19 comprehensive cancer center and that will make this
20 go.

21 Now, at Stanford we have invested -- we have
22 a facility off the main campus site about four miles
23 away so that we could get people going way before --
24 actually, way before Prop 71 was passed. We have been
25 building and spending and raising money, and I have an

1 agreement, which I hope you will help me enforce, with
2 the university that all the money that we raise to
3 renovate and lease that facility the university will
4 pay back as part of its matching to build a new
5 building which is right in the middle of campus.

6 That is the Stanford Institutes of Medicine.
7 We will have both stem cell facilities of all four
8 kinds of stem cells. We will have up to eight new
9 hires or total hires in that area. We'll have up to
10 eight hires in the cancer stem cell area.

11 We will have in addition to that probably the
12 most important thing I can say to you are what we
13 already established at our offsite facility, and those
14 are hotel benches we call them where a clinician who
15 treats a patient with that disease or isolates the
16 cancer from the patient, who knows the disease, that
17 physician and his or her fellow join with us on a
18 bench.

19 And those are not benches owned by any
20 particular scientist. They are benches for
21 collaboration. I don't think collaboration works when
22 it's at a distance. It has to work next door to each
23 other. As Jeff Bluestone said, it's really how you
24 meet with the people.

25 We'll have all the kind of facilities and

1 training that we've already outlined. We have
2 something else at Stanford which has enabled a rapid
3 advancement of our subject, and that is we have a
4 bioengineering department that's right there in the
5 medical school and buildings will be right next to
6 it.

7 I know. Thank you.

8 And there are scientists like Steve Quake
9 developed microfluidic machines so that we can analyze
10 not a million cells to see how a particular gene got
11 turned on and off, but one to 500 cells within
12 nanoliter volumes.

13 I can't emphasize how important it is that's
14 in the center of a campus that's got physics,
15 engineering, chemistry, medicine and medical
16 treatment.

17 So I'll just end by saying we're fully
18 equipped and desire to move forward like many of you
19 and we hope that this moves forward fast. We do, by
20 the way, have raised all of our matched funds already
21 and more than a 20 percent match.

22 VICE CHAIRMAN SERRANO SEWELL: Thank you,
23 Doctor. I know that some of you have some questions
24 or comments. Does anybody want to lead them off?

25 Joan?

1 MS. SAMUELSON: Yeah. Is there anything that
2 we could add to our grant portfolio that would create
3 the incentives for folks to work with at Stanford?

4 Here's what I'm getting at: Without
5 prejudging our evaluation process, the Stanfords of
6 this world are going to be competitive. There may be
7 great ideas at places in remote locations without the
8 full gamut of sophisticated scientists and across many
9 disciplines.

10 How can we increase the likelihood that great
11 ideas at those places or commitment to working in this
12 field at those places would be advanced by coming and
13 collaborating with Stanford?

14 DR. WEISSMAN: So there's two ways that I can
15 think of, the first one we've already established.
16 Those benches, those collaborative benches are not
17 limited to Stanford.

18 MS. SAMUELSON: Right.

19 DR. WEISSMAN: So people will apply who are
20 CIRM-funded at different places to come and use the
21 CIRM-funded benches with us and, if our steering
22 committee thinks it's good science and if there is a
23 collaborator there, it will happen.

24 Second, and it's really critical, you better
25 have a couple of meetings a year where all the fellows

1 within the facility as well as the lab chiefs meet and
2 discuss and have a pure scientific meeting and have it
3 over a couple days or three days so that people can
4 talk about the new advances.

5 Now, I hate going to all these meetings that
6 I do and I hate all the fundraising as well. But I'll
7 tell you that even though I go to maybe six or eight
8 stem cell meetings here that everybody is new on the
9 thing, I always learn something new. This is a field
10 that's moving incredibly fast. When we put on the
11 very first stem cell meeting -- we did it in Taos, New
12 Mexico about what? 15, 20 years ago -- we barely had
13 100 people. Now you have five, six thousand people
14 applying to come to these meetings.

15 This is a moving field and it's moving around
16 the world and, if we want to make sure we're at the
17 head of it, we'll do not only our facilities and our
18 grant programs but have at least two meetings a year.

19 MS. SAMUELSON: And speaking of around the
20 world, what is the role of the scientists outside the
21 borders of California in those meetings or in other
22 collaborations?

23 DR. WEISSMAN: Of course, they come up with
24 great ideas and great research. Yamanaka from Japan
25 has pointed a way that now has been repeated by Rudy

1 Jaenisch and others that you might be able to --
2 certainly my labs can do nuclear transfer to get
3 patient-specific or individual-specific genomes in a
4 pluripotent stem cell line without any eggs.

5 Now, that would be a blessing if we didn't
6 have to think about eggs and donors of eggs. It's not
7 there yet that we're safe to say let's not do the
8 eggs, but that came from a scientist thinking of a
9 different way to do it in Japan, fully collaborative.
10 He visited us three weeks ago to see how we were
11 setting up our stem cell center so they could at least
12 try to copy the organization of the stem cell center
13 that takes it from science to medicine.

14 VICE CHAIRMAN SERRANO SEWELL: Jeff, did you
15 have any questions or comments?

16 MR. SHEEHY: Yeah, I had a couple of
17 questions.

18 The first one I may not -- it may be answered
19 by Bob before I can get it to you, but I was intrigued
20 by your talk about -- I'm wondering if personnel can
21 be a match, does it have to be cash, buildings, and
22 what you might think of that.

23 If, for instance, you were to hire several
24 superstars and say that they are going to work at this
25 building, is that a measurable match? That actually

1 might have more value in the larger scheme of things
2 than cash. I mean, I'd rather have this gentleman
3 from Japan decide to come work at Stanford and
4 contribute to our effort than have a major --

5 DR. WEISSMAN: If you will help me find him
6 and get him.

7 MR. SHEEHY: But just as general thing is
8 that -- is that -- is that a -- as a match -- you
9 know, because we're going to have in-kind matches of
10 equipment. You know, we're going to have in-kind
11 matches of bricks and mortar, to do personnel, you
12 know, commitment to hiring new scientists.

13 MR. KLEIN: Well, I mean, just as a pragmatic
14 information related to that, if we're going to reach
15 the number of facilities suggested in our strategic
16 plan, from a pragmatic viewpoint there's going to need
17 to be 100 percent or more matches by another -- a
18 number of institutions.

19 But once they get to the 100 percent match,
20 you know, they could be the tipping point to have
21 these great recruit commitments or dollars for these
22 tremendous recruiting objectives set aside or reserved
23 or committed by the institution. That's something we
24 could discuss and hopefully get Dr. Chiu to comment on
25 at some point, but it certainly creates a way to

1 competitively draw out the ability of our great
2 institutions to recruit the best talent to California.

3 VICE CHAIRMAN SERRANO SEWELL: Maybe you
4 could ask him. Did you have a question?

5 MR. KLEIN: But I would suggest, A, we've got
6 to get to 100 percent of the matches on a lot of it
7 and even go better than just to cover with our dollars
8 the number of facilities being built. But once we get
9 there as a deciding factor between different critical
10 donations or the size of our commitments, it might be
11 a tipping point kind of a decision. It's just -- it's
12 up to the committee and the board, but it's a very
13 interesting idea.

14 MR. SHEEHY: Because it seems like our
15 rate-limiting thing may be four years out, that every
16 scientist that can get a grant has got a grant in
17 California.

18 DR. WEISSMAN: That would be wonderful. For
19 those of us living off the NIH and watching our grants
20 go one by one, it's -- it would be wonderful.

21 I'm not sure because I have no authority or
22 knowledge about whether that would be considered a
23 match, but I never thought that going out to the
24 public and raising money for our effort would be as
25 valuable as it has.

1 We have partners now, people who are fully
2 invested and every time I want to go raise money I
3 have a couple donors that want to go with me to
4 demonstrate to the next donor that they can help raise
5 money. This is -- even though, of course, they are
6 high net worth donors who are very philanthropic they
7 have an infection -- an infectious way of presenting
8 why they decided to invest so much money in something
9 that's not going to make a product, but it's going to
10 help people.

11 It's very important to go through this
12 process and they now understand clearly why we have
13 such a high standard for the quality of the scientist
14 that come in. Because you put money into second rate
15 people, it's going to be second rate stuff that comes
16 out. I hate to say it, but you have to be rigorous,
17 you have to be straightforward, and you have to
18 examine the qualities and the accomplishments of the
19 people that are applying for the money.

20 VICE CHAIRMAN SERRANO SEWELL: Joan, is there
21 a follow-up question?

22 DR. WRIGHT: I actually have one here when we
23 have time to do it.

24 VICE CHAIRMAN SERRANO SEWELL: Sure.

25 MR. SHEEHY: And I think you are uniquely

1 placed to answer this question if there is a good
2 answer. If there's some aspect that we can put into
3 this facilities grant that would actually facilitate
4 the development of new companies by researchers
5 within -- is there some aspect that we might throw
6 in? Because that might be one way to accelerate
7 translation.

8 DR. WEISSMAN: Yeah. In a way I think you
9 have already, but let me just try to make it clear.

10 As somebody -- I'll take off my Stanford
11 hat -- who's been involved in trying to start and
12 sustain companies that have such a long lead time
13 before a product that believe in the venture
14 capital -- the venture capital industry is not
15 interested in funding.

16 So, as you probably know, venture capitalists
17 are more like investment bankers. They say give me
18 something that's in a phase 3 FDA trial for starters.
19 Well, you know, that's about seven, eight years of
20 work to get there.

21 So the most important thing you could do is
22 to help universities and non-profit institutions at
23 the beginning to take their work through a phase 1
24 trial if they have an approvable trial from their
25 work.

1 That's the yes and no for that. You may
2 decide that you want to provide incentives to industry
3 to come work with us, but I've got to tell you. I've
4 started companies, I'm still at Stanford, and every
5 day I have to think about the conflict of interest and
6 talk about it with my dean and with our conflict of
7 interest officers. I'm very worried about the
8 conflict situation.

9 So I think it's important for you to set up
10 guidelines that are equally careful to make sure that
11 we're not financing a personal profit for an
12 investigator at an institution as a guideline, but
13 what you're doing is trying to move it as fast as
14 possible to the clinical trial phase.

15 MS. SAMUELSON: Does Janet want to go?

16 VICE CHAIRMAN SERRANO SEWELL: Yeah. I was
17 going to -- unless you had a follow-up question, Jeff,
18 I was going to go to Janet, Bob and Joan.

19 Janet?

20 DR. WRIGHT: Okay. Dr. Weissman, this is so
21 helpful and I'm kind of pulling threads from things
22 that Dr. Bluestone said and with you. I'd like to
23 hear your thoughts about this.

24 Dr. Bluestone talked about the importance of
25 designing the facilities to encourage scientists to

1 bump into one another and share their thoughts,
2 Dr. Hall's water cooler science context. And you
3 mentioned how critical it is for scientists to meet
4 periodically, to get together, perhaps against their
5 natures, and share things because this is a young
6 science moving so quickly.

7 Then when Jeff talked about having personnel
8 as matching, I'm wondering if we need to emphasize in
9 the facilities RFA the importance of systematic
10 connectivity, if you will, a mechanism by which
11 scientists will be not coerced but intended to get
12 together systematically and it's built into the way
13 RFAs work or the ways their grant would be awarded.
14 I'm wondering what your thoughts are about that.

15 DR. WEISSMAN: Sure. So I've been sitting
16 with the Stanford architects, oh, now about eight
17 months. And the architects all come in with these
18 beautiful facilities that they've designed in the
19 architect's mind that will promote interactions.

20 And we have -- I won't mention their names --
21 two relatively new buildings at Stanford that are just
22 spectacularly beautiful, huge open space, no wall
23 between the lab, supposed to promote interactions.
24 And my fellows that are in those places say, "It's too
25 distracting. It's too noisy. I can't even go and

1 talk to somebody or do my own work."

2 Another favorite plan of architects -- I'm
3 not against architects. Please don't take anything
4 personally -- is they like to say, well, we can save a
5 lot of money if we put all the offices over here and
6 all the labs over here. And so they remove the one
7 person who needs to be in the lab every day, the
8 person who's the leader of the lab.

9 And they think they are going to talk to the
10 other people in the other offices, but we're all just
11 shuffling paper. The only good thing that happens to
12 us is when we're shuffling paper, when somebody in
13 your lab bursts in because it's right there and says
14 "I've got a surprising result."

15 So please don't let the architects have free
16 rein. Ask scientists what it's like to work in a
17 facility and try to advance the science.

18 Now, I said the "don't" part. The "do" part
19 is interaction centers, you know, a place where you go
20 have coffee. If you're -- if you have a cell sorter
21 suite, a place where you can sit out there while your
22 cells are being sorted and talk to the other people
23 who are doing the experiments.

24 DR. WRIGHT: This is the scientific
25 laundromat idea.

1 DR. WEISSMAN: Yes. And that's the right way
2 to do it.

3 DR. WRIGHT: And what about having matching
4 funds or what are qualified as matching the IT or
5 whatever is necessary to create a network of
6 scientists that will then communicate over this
7 network in ways other than their biannual meeting or
8 quarterly meeting?

9 DR. WEISSMAN: Well, you hit on a very
10 important point and that is IT. How can you have a
11 common IT system that the clinicians in the hospital
12 use and the scientists use so they can share data?
13 How can it be when you have a new machine that sorts
14 cells or analyzes cells or follows intravital imaging
15 that it's going to be common?

16 I think it is important that you pay
17 attention to it and I think every lab person has to
18 have at least a computer at a level that they can
19 interact. I think you have to have streaming videos
20 of the seminars that you had to miss because you were
21 at the bench.

22 So all of these sorts of things help a lot.

23 VICE CHAIRMAN SERRANO SEWELL: Bob, did you
24 have any questions?

25 MR. KLEIN: Yes, I did.

1 DR. WRIGHT: Thank you, Dr. Weissman.

2 MR. KLEIN: On your page 9 of your extended
3 comment you say on facilities -- this is on point 11
4 in the bold: "Thus, facilities that bring together
5 leading investigators in the fields of stem cell
6 biology, bioengineering and cell imaging would
7 naturally result in productive collaborations that
8 would advance the goals of CIRM. Those interactions
9 may occur between universities or within a single
10 university or group."

11 And this is a very similar comment that Jeff
12 got out of Dr. Bluestone earlier, and there is in the
13 major facilities -- because we in our strategic plan
14 have identified within the major facility categories
15 the largest characterized facility as truly being a
16 major center and then there is an intermediate center
17 and eventually smaller centers.

18 The key here is -- is I'm taking your
19 comments and Dr. Bluestone's comments that we have a
20 high degree of interdisciplinary demand for knowledge
21 and in broad teams that need to be available within
22 the institutional structure for these major
23 facilities, major centers.

24 And so if you bring together in quotes
25 "center of excellence," that means it's been talked

1 about publicly bringing together three or four
2 institutions in a center of excellence, they can
3 aggregate all of these areas of specialization. And
4 there are some institutions that because they've reach
5 critical mass both in the number of investigators and
6 then the two of them in one institution, they reach
7 critical mass as well without aggregating with other
8 institutions.

9 So where I'm going with this is I think to
10 the point Jeff made earlier is that in our major
11 centers within our grant category should we be
12 requiring all of the cores that Dr. Bluestone
13 articulated and other cores to get the real
14 interdisciplinary capacity at one site to get the
15 greatest productivity potential.

16 DR. WEISSMAN: I think you should require the
17 grant applicant to outline what would be the best.
18 I'll give you an example. I mean, I wanted to have
19 every imaging possible for our facility and brought in
20 our imaging expert Sam Gambhir who has built an MRI
21 facility, magnetic resonance imaging for animals, and
22 it's spectacular.

23 And it costs probably 6 or 8 million bucks
24 and it has huge magnets that have to be shielded from
25 the rest of us. He said bring your mice over to this

1 facility. But what you could duplicate is positron
2 emission tomography or fluorescence analysis or
3 intravital microscopy which you can stick a probe in
4 and watch the living organism and the cell go
5 through. There are a lot of those that are possible.

6 But I think you're going to learn a lot about
7 the value of the people who are applying by what they
8 say. Just don't prohibit. Right? Say come in with
9 your most innovative ideas of how you're going to make
10 it interact, but show us how to do it.

11 If you legislate it from the top, then
12 everybody, of course, will have it in whether they
13 need it or not.

14 MR. KLEIN: So if I can just finish it,
15 imaging is critical. Let everyone figure out what
16 their imaging solution is, but the other point that
17 Dr. Bluestone made with Jeff was proximity is
18 critical, where in their applications. We should
19 probably ask them in their advocacy to explain the
20 complementary resources they have that are proximate
21 enough to really be of value.

22 DR. WEISSMAN: Absolutely. So that has to be
23 there. You have to have at least mockups of plans, if
24 not real plans, of how you're going to do it.

25 And I want to say again this concept of 30

1 benches per floor at least in our facility that are
2 collaborative benches will overcome much of the
3 problem that people might say, "Well, you know,
4 there's this university and this non-profit and this
5 non-profit. Why don't we built a great facility in
6 between all of them but where nobody is close to their
7 own home?"

8 Instead of that have the bench concept so
9 people from one place can come and work in the other
10 place for a while or have their fellows spend a year
11 in the lab doing it.

12 VICE CHAIRMAN SERRANO SEWELL: Doctor, we
13 have time for one more question, but I wanted to first
14 ask Stuart or Joan if they had a question or a
15 comment.

16 Stuart, do you have a question or a comment?

17 MR. LAFF: I more have a comment. As I was
18 sitting here listening to both you and Dr. Bluestone,
19 this is the way facilities are built in every
20 discipline. The Rand Corporation in the '40s decided
21 they were going to design their building by the number
22 of chance encounters that were going to occur, and
23 they absolutely did that.

24 They built a new building and now they have
25 these breakout areas where these people can now get

1 together and have a cup of coffee or whatever they are
2 doing and that's how they encounter. So it's pretty
3 interesting to hear you say that.

4 VICE CHAIRMAN SERRANO SEWELL: Joan?

5 MS. SAMUELSON: Given that this is about
6 funding facilities as opposed to grants and in terms
7 of trying to keep the incentives to have the group
8 pushing towards their results all the time, if you're
9 gone for whatever reason, you move to Hawaii or get
10 hit by a bus, whatever, what can we do with the
11 funding of these facilities that will best insure that
12 over the life of this enterprise until these things
13 are cured the -- the same passion will remain there
14 when we don't have the opportunity to continue in an
15 RFA to ask for it?

16 DR. WEISSMAN: Well, all facilities have a
17 natural life span. So that's one way unfortunately.

18 MS. SAMUELSON: I think we're too impatient
19 to wait.

20 DR. WEISSMAN: Yes, I know. And I'm pretty
21 impatient, too, to get it going.

22 I think that you'll find that I'm not the
23 only one who's very passionate about translational
24 medicine with stem cells at Stanford. I have a whole
25 cohort of people and some of them actually can

1 administer things where I can't.

2 So I'm not worried about that. I think you
3 could put into a plan that they have to nominate a
4 successor to be the head of the facility or something
5 like that and then you get to look at it, but it's not
6 going to take back the facility. It might take --
7 well, there is an interesting issue.

8 A lot of the elements of a facility have
9 ongoing warrant costs to keep the machines going. And
10 so you might have some ongoing expenses that are built
11 into the facility's application.

12 MS. SAMUELSON: And we might then build in
13 some authority on our part to be, in essence, a
14 collaborator, a partner in that building's
15 enterprise?

16 DR. WEISSMAN: I'm not going to say anything
17 that's going to get me in trouble with Stanford. This
18 is all my personal opinion, by the way.

19 VICE CHAIRMAN SERRANO SEWELL: Thank you,
20 Dr. Weissman. I think we've gone through that. I
21 appreciate your comments.

22 MR. KELLER: I very much appreciate the fact
23 that we had the written testimony as well and thank
24 him for that.

25 Our next speaker is Dr. Lily Mirels from

1 University of California Berkeley, Special Assistant
2 to Stem Cell Initiative from the Office of the Vice
3 Chancellor for Research.

4 DR. MIRELS: Hello. Thank you very much for
5 the Facilities Working Group and to CIRM for
6 organizing this meeting. We greatly appreciate the
7 opportunity to express our opinions an how CIRM can
8 most effectively and efficiently support stem cell
9 research.

10 Obviously I can't compete with Dr. Bluestone
11 or Weissman in my expertise of stem cell research, but
12 I encourage you from the perspective of someone with
13 my background of working as an administrator not to
14 forget the vital contributions of basic science to the
15 success of this enterprise.

16 First certainly we want to have facilities
17 where translation discoveries can take place. It's
18 very important, but we have to be sure that we know
19 what to translate. We need to have the basic
20 discoveries that will bring, ultimately bring the
21 successful cures.

22 Because we're a university without a medical
23 school, we see our opportunities to contribute CIRM's
24 goal of "turning into stem cells into cures" in these
25 ways.

1 We'll build on our strengths in molecular,
2 structural and developmental biology to understand the
3 fundamental mechanisms of stem cell self-renewal and
4 differentiation. And to this end we've just
5 established a collaboration with a Canadian mouse
6 regulome project to work out gene regulatory networks
7 in a mouse and human embryonic stem cell
8 differentiation.

9 We'll also build on our strengths in
10 bioengineering to develop clinically useful products
11 such as chemically synthesized extracellular supports
12 for human stem cell differentiation. And we'll also
13 continue to strengthen our collaboration with
14 Children's Hospital and Research Center at Oakland to
15 together contribute to the development of enhanced
16 cures based on cord blood stem cells.

17 Now, how will Berkeley, how will this
18 facility -- facilities RFA help working to achieve
19 these goals? Well, Berkeley hopes to achieve our
20 goals by providing improved facilities for stem cell
21 researchers are who currently on campus, by recruitment
22 of additional stem cell scientists and by creating an
23 environment in which highly accomplished faculty
24 members who have not to date worked on stem cell
25 projects will be encouraged and to do so.

1 Facilities are crucial to this plan. Rather
2 than establishing an isolated stem cell research
3 facility, Berkeley has chosen to consolidate human
4 embryonic stem cell research on campus, within
5 multi-disciplinary communities of scientists. One
6 such focus of stem cell research is the
7 bioengineering/tissue engineering group, which you're
8 familiar with in Stanley Hall because this was the
9 subject of our previous shared research laboratory
10 proposal.

11 The cornerstone of the campus's expanding
12 stem cell biology program is a planned 200,000 square
13 foot Li Ka-Shing Building. It will house a community
14 of researchers in basic stem cell biology and gene
15 expression, neurodegenerative diseases, cancer
16 biology, computational biology and infectious disease,
17 as well as bioethics and law, and stem cell center
18 administrative offices.

19 But on this building it will be a mixed use
20 building. So we will have one floor that will be
21 dedicated entirely to human embryonic stem cell
22 research and additionally one wing or the equivalent
23 to one half of the cancer and neurobiology source will
24 house stem cell researchers in this field.

25 And we think that this is a really great

1 approach because we're bringing in -- this will
2 address, the Li Ka-Shing facility will address the
3 campus's most pressing need, which is it will provide
4 a greatly expanded capacity for human embryonic stem
5 cell culture. This is necessary for derivation of new
6 lines and growth of large volumes of cultured cells
7 necessary for biochemical purification, and structural
8 analysis. The facility will also provide much-needed
9 space for recruitment of additional stem cell
10 researchers.

11 And we really feel that it's particularly
12 important to allow collaboration of these three
13 different groups, our newly recruited scientists, our
14 current stem cell scientists, and also scientists who
15 are esteemed scientists in other fields whose work
16 could easily be adapted or a new project started with
17 the collaboration of their neighbors who are working
18 on stem cell research.

19 You know, we have some examples of that now
20 in bioengineering like Steve Connolly who is an expert
21 in imaging and is now starting a project to track at
22 very high resolution small numbers of human embryonic
23 stem cells placed into living organisms and is
24 starting to model them but eventually they will be
25 produced for people.

1 And this is really because there is this
2 connection with the bioengineering work and stem cell
3 research currently at Berkeley and their
4 conversations. We need to really applaud the idea of
5 having a facility which brings together researchers in
6 a way that they can interact, but it perhaps does
7 create some complications.

8 You know, as an administrator I have some
9 very simple, very sort of small issues relative to the
10 large big picture of things that we've been talking
11 about earlier in this discussion. And that is just in
12 considering the suitability of our particular building
13 for responding to a future -- a future RFA we have
14 just simple simple questions.

15 For example, the building that's being newly
16 constructed construction is starting in January 2008
17 and much of it is going to be done with donated
18 funds. So the question -- one question is just a
19 simple question when -- as the RFA is crafted.

20 What construction -- what aspects of the
21 construction project actually have as a match. So,
22 for example, it could be the foundation or the
23 external core or the roof, could these be half of the
24 donor contribution to that, is that calculated as part
25 of the match? Or is that something for architectural

1 design or to fit out stem cell lab laboratories
2 themselves?

3 Another example is both cancer cells. Our
4 cancer floor and our neurobiology floor that will be
5 one of two things. So half the space will be
6 dedicated to cancer stem cells or to neural stem
7 cells.

8 Now, would that count? You would count a
9 wing that's dedicated to stem cell research as being
10 part of a stem cell facility or is it disqualified
11 because it's on a more general floor.

12 And so finally we believe that CIRM can best
13 serve the goal of promoting stem cell research
14 procurement by allowing institutions maximum
15 flexibility in responding to their common needs and
16 the opportunity to convince the Working Groups that
17 these facilities are worthy of subsidies this way.

18 And I guess would I make a plug for the small
19 highly motivated research group. I mean, these very
20 large facilities that we're discussing are, of course,
21 vital and provide an important role that we shouldn't
22 forget of the importance of small motivated research
23 groups making the initial discovery that will lead to
24 the breakthrough that result in a cure.

25 Thank you.

1 VICE CHAIRMAN SERRANO SEWELL: Any comments
2 or questions from members of the committee?

3 Deborah?

4 MS. HYSEN: When we looked at the smaller lab
5 grant applications we had criteria and weighted it
6 based upon our initial assessment of the reports for
7 that criteria. As we go forward with these larger
8 facilities we're going to have to be having that same
9 conversation to see if that same weighting might
10 apply.

11 My question to you because it -- I looked at
12 one of the criteria and that was the ability to
13 deliver on the project. And the background for that
14 criteria is what is the history of the project team,
15 what have they done before, was it on time, on budget,
16 et cetera.

17 And I didn't get the sense in our review that
18 we could tease that out. We couldn't really have a
19 sense of that and as we go forward that's still going
20 to be important to us because we want to know from an
21 urgency standpoint that the team can deliver. And I
22 was wondering from your perspective how do you think
23 you can prove, if not Berkeley, per se, but how can an
24 applicant improve or tell us more specifically how
25 they can deliver their project in the time frames that

1 we would require?

2 DR. MIRELS: Well, to be honest I think my
3 colleague Tom Ventresco could give a better answer
4 than I to that. So I would ask that you --

5 MS. HYSEN: I think that's important because
6 the criteria covers that on a couple of the criteria.
7 So there's the ability, there's a timeline and that
8 was just for -- I don't think -- maybe speaking for
9 myself, but I don't think we got a really good sense
10 from what we did receive that we can assess that
11 properly.

12 DR. MIRELS: Might I invite Mr. Ventresco to
13 speak?

14 VICE CHAIRMAN SERRANO SEWELL: Please.

15 MR. VENTRESCO: Good afternoon. I'm Tom
16 Ventresco, Director of Space Management and Capital
17 Programs at Berkeley.

18 You're asking an interesting question. It's
19 always challenging for those of us on a campus that
20 are charged with building new facilities how to keep
21 our projects on time and on budget. At Berkeley we've
22 had a similar experience as many other campuses have.
23 In an academic environment there's always somewhat of
24 a moving target in terms of what the scope of a
25 project is.

1 In recent years we've implemented new
2 processes to help control those types of factors that
3 lead projects to go over budget and go over schedule.
4 And I guess you would be right to ask for us to -- ask
5 the applicants to indicate what kind of track record
6 they have in delivering projects on budget and on
7 schedule within the scope that they've identified in
8 the project.

9 Beyond that --

10 MS. HYSEN: What if we were to say describe
11 to us your processes to deliver these projects within
12 a certain time frame?

13 For instance, I have expectations from the UC
14 standpoint, and I know Berkeley is not here to speak
15 for everyone, but they have the design build authority
16 and they might leverage something like that to
17 accelerate the construction process. And in looking
18 at some of the submittals, for instance, I don't think
19 that they leverage that.

20 And so one of the things that I was curious
21 about is should we say what specific processes do you
22 plan to use this time, what is your specific approach
23 or plans to use at this time to give us the assurance
24 that you have an accelerated path. Because we were
25 saying eight months, nine months, seven months and I

1 don't think any of us got a real sense that that was,
2 you know, a real schedule.

3 MR. VENTRESCO: Well, I don't want to speak
4 for the other sister campuses in the system. Each one
5 has their own set of processes they need to go
6 through, but we do have flexibility to how we approach
7 our projects. I can say at Berkeley we have and
8 particularly for our stem -- our project that we're
9 proposing for stem cell research a building that is
10 already well under design.

11 We're planning on start doing construction on
12 the basic building within the next eight months and
13 then we're talking -- our plan is to implement
14 internal completion of the building in various
15 phases. And one of those phases would be, as Lily
16 pointed out, completion of a floor for stem cell,
17 partial floors for cancer -- excuse me, cancer
18 research and neurobiology, neuroscience.

19 Part of those -- each phase could proceed
20 independently according to our plan, but the other
21 campuses may have, you know, their own approach to
22 that and I think you should ask the applicants to just
23 explain what their proposal is.

24 VICE CHAIRMAN SERRANO SEWELL: Bob?

25 MR. KLEIN: Yes, there's several interesting

1 points that have been brought up by this special
2 presentation. One of them is, as I understand your
3 point, you're going to finish different components of
4 this 200,000 feet in different sequences. And it
5 would seem to me that we're most interested in when
6 our portion is finished.

7 So the fact that you choose to defer in
8 finishing other portions shouldn't be of much
9 importance to us so that we should be very focused on
10 the critical path we ask for or, you know, when are we
11 going to get some temporary certificates of occupancy
12 on our portions because you may not be able to get a
13 permit certificate of occupancy until the whole
14 building is finished. So when are you going to get a
15 temporary certificate of occupancy on our portion to
16 get effective use of that space?

17 The other point is that you're going into
18 construction in January, I mean, probably obviously in
19 part to try to meet our two-year completion timetable
20 because if you're in construction when we make our
21 award really if we don't give you as much money you
22 won't commit as much space to stem cell research
23 because you won't have as much money for that use.
24 But we're going to need to think about when costs
25 start counting.

1 All of those costs are going to be audited
2 anyway, but we certainly don't want to penalize people
3 that are downstream and are taking a risk to get
4 early -- early delivery.

5 But I had a question actually for your
6 original speaker which was what other disciplines are
7 in this 200,000 square feet? You named some, but I
8 didn't catch all of the specialized contributing
9 sectors that create the synergy.

10 DR. MIRELS: Well, I guess I could actually
11 answer that, but there will be four floors of research
12 science. So there's infectious disease. One floor
13 that's purely dedicated to human embryonic stem cell
14 research. Then there's a neurobiology floor which
15 will have neural stem cells. And, also, the final
16 floor will be cancer research again with half of the
17 space dedicated to cancer stem cells.

18 And, in addition, there's a computational
19 biology component and there are also on the ground
20 floor, you know, unrelated to the CIRM-specific
21 project but related to our university's mission of
22 teaching there are lecture halls teaching and teaching
23 laboratories on the ground floor. And then underneath
24 the animal facility and an emerging facility for use
25 of the researchers in the building.

1 MR. KLEIN: So you really have six floors?

2 DR. MIRELS: Right. Four with --

3 MR. KLEIN: Some below grade, for vivarium
4 and imaging you have below grade facilities.

5 VICE CHAIRMAN SERRANO SEWELL: Jeff?

6 MR. SHEEHY: Yes. I had several questions.
7 Is it even rational to consider putting out an RFA
8 that would include Stanford, UCSF and you as potential
9 applicants? They seem to be dramatic -- what you're
10 describing has absolutely no comparison to what the
11 two previous speakers were describing.

12 VICE CHAIRMAN SERRANO SEWELL: Is that a
13 rhetorical question?

14 MR. SHEEHY: I'm just asking as an
15 applicant --

16 VICE CHAIRMAN SERRANO SEWELL: The presenters
17 are here at the request of the Institute --

18 MR. SHEEHY: No. But I'm just asking a
19 question.

20 VICE CHAIRMAN SERRANO SEWELL: Let me
21 finish. The presenters are here at the request of the
22 Institute and staff to come and sort of give a
23 thumbnail sketch and presentation to ask some general
24 questions. I'm not sure if this is the right forum to
25 get into your particular question.

1 We can amongst yourselves. I think that's
2 entirely appropriate, but to throw that question at
3 the presenter at this moment at this time would be
4 taking them by surprise. Unless you -- if you're
5 comfortable with answering it.

6 DR. MIRELS: No. I feel that -- I can give
7 my opinion.

8 VICE CHAIRMAN SERRANO SEWELL: Absolutely. I
9 don't want to stop you.

10 DR. MIRELS: I think that if the intent of
11 the RFA is to create a translation facility, then it
12 should be an RFA for a translation-only facility or a
13 facility that's sort of bench-to-bedside facility, a
14 comprehensive facility with all of these starting from
15 basic science to -- to translational aspects.

16 I think that's really your choice as -- as --
17 you know, the CIRM as a whole and the Facilities
18 Working Group specifically because if you feel that
19 it's easier to assess people's proposals by doing
20 such, that's reasonable. Or conversely I think it's
21 also possible to say that the goal of the RFA or RFAs
22 is to generate capacity to do top-notch human
23 embryonic stem cell research and other forms of stem
24 cell research in the State of California.

25 And we're open to the proposals of all comers

1 and I think so long as the RFA is broadly worded
2 enough such that it's clear what is or is not
3 considered responsive to the RFA, that would work as
4 well.

5 VICE CHAIRMAN SERRANO SEWELL: Does that
6 answer your question?

7 MR. SHEEHY: It does. I just -- I think
8 that's more of a policy question for us that I've been
9 posing, but I -- I'd also -- you know, so if you did
10 not get funding from us, would you really build it
11 smaller?

12 DR. MIRELS: Would we build it smaller?

13 MR. SHEEHY: Like your stem cell floors. Are
14 those dependent on our funding? If we didn't fund
15 you, what would happen to those floors?

16 DR. MIRELS: Well, that's a good question, of
17 course, I can't answer alone. I think that the
18 university has a strong commitment to stem cell
19 research and it's certainly true that we wouldn't do
20 zero, but it might set the timing, for example,
21 because we might need to secure funding and we're --
22 some of the floors -- the infectious disease floor
23 would be funded by the State of California.

24 So that's, you know, really not related to
25 this, but the order in which the rest of the building

1 is completed depends on the needs of the university.
2 And so if we're able in some way to -- to -- to get
3 funding for other aspects of the building more quickly
4 than for the stem cell research center, it would have
5 to be put on hold and it would take us a little more
6 slowly.

7 MR. VENTRESCO: Our intent is to have the
8 most flexible design of the building to be able to
9 respond to various research initiatives that are out
10 there and in a very timely way.

11 So if stem cell research doesn't
12 materialize, CIRM funding doesn't materialize with
13 Berkeley, our researcher would, of course, seek other
14 sources of funding to develop and then may be able to
15 research. But, again, this building is built around
16 basic science and instruction in those areas, the
17 disciplines that we've mentioned, and it's a -- it's
18 our intent to fill it out as the funding develops.

19 MR. SHEEHY: I just -- I mean, is it an
20 anticipation of facilities funding that's driving this
21 or anticipation of research funding?

22 Because research funding could put -- I mean,
23 if you were getting research grants you would
24 obviously want -- and you have been getting research
25 grants. You would obviously want -- if you didn't

1 build out the space, you would probably -- you know, I
2 can see in my mind centers of excellence, a great
3 gigantic multi-disciplinary thing.

4 When you're talking about a major facility
5 being a wing or a floor in an existing building and,
6 you know, especially when we try to define what part
7 of that is a match and what is not a match, it just
8 seems to me really complex. But it seems to me that
9 the institutions are going to make these more related
10 to being able to really forcefully compete for
11 research grants.

12 And the facilities grant would be great if
13 you got it, but I don't -- I'm not -- I'm trying to
14 figure out how materially that's going to approach
15 your planning. Because if you don't build the
16 research facilities, if you don't go ahead with your
17 plan, you're not going to be able to compete for the
18 research grants.

19 MR. LAFF: You don't have any place to
20 research.

21 MR. VENTRESCO: That's correct. We
22 definitely need the facilities to accomplish the
23 research.

24 VICE CHAIRMAN SERRANO SEWELL: Bob, did you
25 have a closing question?

1 MR. KLEIN: Yeah. Well, in terms of Jeff's
2 comment, clearly we could come up with a policy that
3 we want a certain portion of our funds to go
4 into facilities that have the total breadth with
5 clinical facilities there or adjacent to it and a
6 great deal of -- of biotech interface to make sure we
7 are really pushing the translational edge and we can
8 fund other institutions we believe really can break
9 through on those basic science issues who, by the way,
10 might also be able to show a record of working with
11 biotech in translational applications without the
12 clinical presence.

13 So that might be an important presentation
14 for them to make of what their history has been that
15 they are getting to translational medicine without a
16 clinical component. But the -- so if you have nine
17 different facilities of different sizes, a basic
18 science focus or two or three basic science-focused
19 facilities might be a very important choice to fill
20 out the whole breadth of what you need to address.

21 MR. SHEEHY: You know, I think I asked the
22 other two speakers, they would say why would you build
23 those nine, why don't you build the two to five true
24 centers of excellence that are multi-disciplinary.
25 And these others would come along getting funded

1 largely by their research grants and by their related
2 research grants. So they have their own more organic
3 flight path.

4 MR. KLEIN: Well, just from a funding
5 viewpoint one of the -- it's a chicken and egg issue,
6 which is that if you've got to have the research space
7 to be able to generate the grant proposals and if
8 there's no other funding source out there for the
9 research space, you are rate limited by space so you
10 can never get the volume of research grants generated
11 that would then drive it.

12 And, by the way, if we get research grants
13 from a facility that we've funded the space for, we
14 don't pay for the space component in the -- in the
15 overhead markup.

16 MR. SHEEHY: You know, we're talking about an
17 institute -- I mean, not to --

18 VICE CHAIRMAN SERRANO SEWELL: It's a broader
19 policy question for this Facilities Working Group to
20 consider in their next meeting. Thank you to the both
21 of you.

22 DR. MIRELS: Thank you.

23 VICE CHAIRMAN SERRANO SEWELL: I greatly
24 appreciate it.

25 We want to hear now from the public. We'll

1 have a public comment now, but actually before that I
2 want to take a two-minute break. Public comment on
3 CIRM questions and issues will take up to three
4 minutes per speaker. So we stand in recess for two
5 minutes.

6 (Recess taken.)

7 VICE CHAIRMAN SERRANO SEWELL: We're
8 reconvening the meeting of the Facilities Working
9 Group.

10 At this time the Working Group would be
11 interested in hearing testimony or comments from the
12 public on what's just transpired and any other thing
13 you'd like to opine on. We'll generally grant each
14 person up to three minutes and people usually respect
15 that. So we'll start with the first speaker. If you
16 would please identify yourself before you start.

17 MR. REED: Don Reed, member of the public.

18 Two points. First, on the interaction issue,
19 the University of California Irvine biology
20 department, they made a decision when building it to
21 try for limited walls and the scientists seemed to
22 like it. The interaction is encouraged and it's easy
23 to find out what everybody else is doing.

24 But as a teacher I once taught at a school
25 which had no walls between the classrooms. It's an

1 Americanized school and there was so much
2 communication going on between the students there was
3 basically chaos. So I would go for a balance.

4 Secondly, to my layman's ear it sounded like
5 there were three different approaches, if I understood
6 you correctly. UCSD seemed to be more focused on
7 embryonic. Stanford is more translational, which at
8 this point would probably mean more adult stem cell
9 research. Although Dr. Rene Pera joined them, it
10 still seems more adult. And Berkeley seemed more
11 basic.

12 I think each one of these is valid and to
13 be -- I would hope that we would have all three to
14 move forward. My personal preference is for Prop 71's
15 initial goal to fund that which cannot be or is not
16 likely to be funded on the federal level. So I would
17 hope for the more basic and the more embryonic, but I
18 think a balance of all three is valid.

19 Thank you.

20 VICE CHAIRMAN SERRANO SEWELL: Thank you,
21 Don.

22 Any other member? Please.

23 MR. MARTIN: I'm David Martin. I'm from
24 Children's Hospital Oakland Research Institute and I
25 would just like to make a simple point in relation to

1 one of your core values, which is diversity, and I
2 quote: "Empowering all Californians to contribute
3 their ideas and insights to increase chances for
4 success."

5 So we've heard a fair amount this afternoon
6 about -- that would tend to suggest that the best
7 strategy is to focus the resources on to what sounds
8 like a very small number of spots.

9 So I would like to simply assert that it is
10 likely that there are many much smaller institutions
11 within California who could contribute if they were
12 given the resources. And so I have a simple point to
13 make in relation to the facilities grants, which is
14 that if you want to give those institutions the chance
15 to -- to build a facility and to contribute that you
16 need to think about ways to make it easier for them to
17 respond to the RFA.

18 And the -- one of the most important points I
19 think is time, that you need to give them time to
20 develop a plan in response to an RFA because many
21 smaller institutions will not have the resources to do
22 all of that planning and development before you
23 produce your RFA.

24 And that's what I have to say.

25 VICE CHAIRMAN SERRANO SEWELL: Thank you.

1 MR. MARTIN: Questions?

2 MS. SAMUELSON: Yeah, I have one. Could you
3 say a little bit more about why that diversity is
4 important? I don't mean, you know, global good will.
5 I mean practically speaking. Because I have an
6 instinct that this is a real important point you're
7 making.

8 MR. MARTIN: Well, I've been at large
9 institutions and I have been at small institutions.
10 So I happen to be at a rather small research institute
11 at the moment. But what I understand very well is
12 that the large institutions do not have a monopoly on
13 the intelligent and productive scientists. So there
14 will be many very good people at small places, but
15 they do not have the infrastructure of administration
16 to draw on if they want to build a new lab very soon.

17 So I think that if you -- if you -- I have
18 always assumed that one of the intentions of CIRM was
19 to draw people into stem cell research, to give people
20 who might not otherwise do the things you want them to
21 do the opportunity to do it. And presumably these
22 facilities grants could be used as a tool to do that.

23 And it's more likely that, as opposed to some
24 of these very comprehensive approaches that you've
25 heard about this afternoon, the smaller institutions

1 will have more focused goals. But that does not mean
2 that those things could not be very important
3 contributors to the goals of CIRM.

4 VICE CHAIRMAN SERRANO SEWELL: Okay. Point
5 well taken.

6 MR. KLEIN: I'd like just to say in reference
7 to that, within the breadth of what we can consider in
8 this RFA is that if -- for those who want to make
9 small facility application, if they follow the
10 suggestion of the speaker and made an advocacy of why
11 they have a specialized area of expertise they can
12 contribute, because they may have absolute cornered
13 the specific area of expertise that is a critical link
14 in developing therapies in some disease area or
15 actually be closer to translational medicine in some
16 specific disease area where they can make a convincing
17 case of -- of a commanding expertise to deliver, I
18 would certainly as one individual be open to looking
19 at small grant to address that opportunity.

20 MS. HYSEN: Can I say something?

21 VICE CHAIRMAN SERRANO SEWELL: Certainly.

22 MS. HYSEN: Yeah. I think that that's the
23 value of having the scientific group and the
24 facilities group because from the facilities side we
25 tend to look at it based on real estate criteria. And

1 the qualitative piece is how the real estate that you
2 build translates into the programs that are performed
3 in there and ultimately the cures that come out of
4 that.

5 And we saw that our review from a facilities
6 standpoint may be different than the scientists review
7 of the same information. And I think that that's the
8 balance because I -- we'd all be remiss if we didn't
9 understand that there is something going on in that
10 facility that we as real estate experts don't really
11 understand.

12 And so I really appreciate the scientific
13 piece balancing out what is -- at least from my
14 standpoint a more critical analysis about the
15 investment of the building and how that investment
16 translates into satisfying the occupant's needs and
17 goals.

18 VICE CHAIRMAN SERRANO SEWELL: Thank you.

19 Ma'am?

20 MS. HEINECKE: I'm Trudi Heinecke. I'm with
21 the University of California Office of the President
22 and have been doing capital and facilities planning
23 for about 30 years particularly thinking about how you
24 allocate scarce resources among competitors.

25 I think there is kind of a basic dilemma

1 here. I wanted to follow up on what this gentleman
2 said. Those institutions that have resources, that
3 have made stem cell research a priority, who are
4 investing in personnel and equipment and program and
5 need facilities to go to the next step have taken very
6 seriously this aspect of urgency in trying to deliver
7 within two years. And, therefore, most of the large
8 institutions are quite far along on their plans.

9 And yet you're talking about setting
10 criteria. They may have missed the boat because the
11 criteria haven't been available earlier. And yet you
12 have smaller institutions that don't have the
13 administrative structure to invest and so are waiting
14 to see can we find a niche somewhere.

15 And you may want to think about that.
16 Someone else talked about -- I guess it was the
17 gentleman from Stanford -- about not being
18 overprescriptive in the types of facilities that you
19 believe scientists need to do this work.

20 One of the issues and another way that you
21 might think about it is you're buying capacity.
22 Everybody wants CIRM to fund the capacity to do
23 excellent science. And so rather than trying to
24 define how you support that capacity in facilities in
25 terms of square feet, because every institution has a

1 different approach, you might think about some kind of
2 economy of scale or a critical mass in terms of
3 numbers of researchers or something like that, a
4 little different methodology that still gets you to an
5 allocation where you're saying, you know, we think
6 this facility will support 30 or 40 investigational
7 teams, how do we want to support that versus a smaller
8 facility which would support two or three teams,
9 something like that as opposed to focusing on kind of
10 the traditional ways of allocating money for
11 facilities.

12 I do feel the need to talk about the fact
13 that whereas in the shared research lab where you're
14 doing renovations having a single measure of cost per
15 square foot is relatively fair, but we have
16 institutions whose costs are going to vary simply
17 because of where they are located and if they have any
18 open land to build on.

19 You could try and build the same building at
20 UCSF and UC Riverside and it's always going to cost
21 more in UCSF simply because where it's located. It's
22 a very difficult site to build on. You have to have
23 your workers bussed in from parking off the campus and
24 so on. There are a lot of costs that are not under
25 the control of the institution per se.

1 That's not to say we can't do cost-effective
2 buildings, but I think you really need to recognize
3 the difference in costs geographically and for other
4 reasons. And, also, when an institution puts up
5 another building there are a lot of choices about
6 locations. Certainly in this instance people are
7 trying to locate buildings where they are close to --
8 close to other scientific resources and so on. But
9 there are other aspects of campus plans and
10 environmental review and regents policies and all
11 sorts of things that dictate the kind of building we
12 can do.

13 And so I just wanted to have some ability in
14 this process to recognize those differences.

15 VICE CHAIRMAN SERRANO SEWELL: Do you want to
16 make a comment, Bob?

17 MR. KLEIN: I would just like to point out
18 that in the locations, in the highly urbanized
19 locations with the high building cost, there might
20 also be a higher ability or greater ability to raise
21 matching funds.

22 MS. HEINECKE: Yes.

23 MR. KLEIN: And those matching funds may go a
24 long way to offsetting that cost disadvantage. In
25 addition, there can be policy decisions and

1 discussions we're probably going to have to have on
2 the issues that Jeff raised and issues like, you know,
3 maybe if we have a policy with a priority for
4 translational medicine that in a basic science
5 building maybe there's a 2 to 1 match, you know, or a
6 3 to 1 match.

7 I mean, what are we buying and how much value
8 we're getting and always making sure that the quality
9 of the science is excellent.

10 VICE CHAIRMAN SERRANO SEWELL: Thank you.

11 Are there any other members of the public
12 that wish to address the committee?

13 Seeing none, I want to thank everybody for
14 attending. I hope it was as educational for you as I
15 know it was for us.

16 Before I adjourn the meeting, though, if
17 you'll indulge me in just giving committee members two
18 minutes -- okay. A long two minutes, but it was a
19 break, but two minutes on talking about these -- not
20 going into detail these next three informational
21 meetings because that's already been set, if you will,
22 but, rather, Bob, at the beginning of the meeting you
23 said there was rules, procedures, definitions.

24 At some point this Working Group is going to
25 have to address those particular questions and they

1 need to be framed in such a way so the Working Group
2 is prepared to digest them, share them with the
3 public, share them with ourselves and have a really
4 intelligible discussion at that public session.

5 So I just want to spend a couple of times on
6 that. We've flagged a couple of interesting policy
7 issues I know we'll want to revisit before we make our
8 recommendation to the Working Group for the August
9 meeting. What I've always felt is it's important to
10 get as much of this stuff on the table now on the
11 earlier side so that when we have our last two
12 meetings there's enough time to have this discussion.

13 I hate to identify all the right issues and
14 then have no time to discuss it because we do want to
15 discuss it and do -- we will want to provide a
16 recommendation to the ICOC. So I just wanted to throw
17 that out there for just a couple of seconds because
18 we're wrapping this meeting up and it won't go much
19 past 6:00.

20 Bob?

21 MR. KLEIN: Well, in the continuum of issues
22 needing to be addressed one of them that was addressed
23 today was, you know, what's matching funds. We have
24 heard that in our last facilities meeting.

25 VICE CHAIRMAN SERRANO SEWELL: The meeting

1 from day 1.

2 MR. KLEIN: It's important we get feedback
3 from these institutions immediately because the extent
4 that we give them a definition that's different from
5 what they are working on they need some lead time to
6 adjust. But, for example, in response to a question
7 that was raised does the foundation count, does the
8 roof count, from my perspective you spread those costs
9 over the whole building and, if we have a third of the
10 building, we have a third of those costs and they go
11 into the match.

12 But we need to discuss that and get that on
13 the table pretty soon at least in tentative language
14 knowing it has to be confirmed by the ICOC. But these
15 institutions need as quick a response as possible on
16 these kind of issues. And I would hope in the next
17 meeting we can try and inventory policy -- the high
18 priority policy issues, rules, and definitions that
19 need to be discussed and we systematically go through
20 them so at least there's some preliminary feedback
21 they get even though they are not going to be
22 definitive until our final meeting.

23 VICE CHAIRMAN SERRANO SEWELL: Lori and Rick,
24 does that seem reasonable? We've outlined a -- we've
25 sort of identified a draft agenda for our next three

1 meetings.

2 MR. KELLER: I think we had posed the four
3 questions with the idea of identifying some of the key
4 issues and within the last one we were talking about
5 the very specific areas of urgency, intervention and
6 so forth that are part of our values.

7 I think that's where we're going to find more
8 of the solutions, policy rules and definitions because
9 that's -- that's where you have to do the policy, we
10 have to understand how we make rules to implement that
11 policy, and they have to be defined sufficiently that
12 the applicants understand it with a lot of clarity.

13 VICE CHAIRMAN SERRANO SEWELL: Yeah.

14 MR. KLEIN: Well, I would suggest -- I mean,
15 you're talking about raising this at the fourth
16 meeting?

17 MR. KELLER: I'm saying that we're collecting
18 all this across these meetings and having -- yeah, at
19 the fourth meeting we would be in a position to give
20 you a --

21 MR. KLEIN: I don't think we make -- I don't
22 think we accomplish our purposes. I think -- just
23 speaking as one individual member, I think we
24 rigorously have to go through some of these
25 definitions, rules and policies up front. We can go

1 through them -- we're going to go through them again
2 in the final rule-making session, but unless we go
3 through them up front and get some of these issues on
4 the table we're not going to have the context for
5 further refining them as we go and we're going to end
6 up where we did on the shared lab space in not having
7 adequate tangible definitions, rules and policies.

8 MS. HOFFMAN: Mr. Klein, we certainly agree
9 with you, and the questions that Rick has just
10 outlined for you were posted on our web site, made
11 available to the public. As a matter of fact,
12 Dr. Weissman addressed each one of those questions in
13 his handout.

14 So I think that we are trying to get to those
15 answers. At the fifth meeting, the July 12th meeting,
16 hopefully that's where those Working Group members who
17 have not attended many of these meetings will have a
18 chance to refer to transcripts and then hopefully at
19 that time you can all have this exchange.

20 We will have, of course, synthesized all the
21 information, or perhaps at the end of each one of
22 these meetings you can spend some time and talk about
23 those definitions or policy issues that you would want
24 to explore in the next meeting.

25 VICE CHAIRMAN SERRANO SEWELL: All right.

1 That might be.

2 MR. KLEIN: Well, let me then in that
3 context --

4 VICE CHAIRMAN SERRANO SEWELL: Without losing
5 focus of what we're talking about.

6 MR. KLEIN: Mr. Chairman, in that context was
7 Lori's point about the end of this meeting. Is it
8 possible that a couple of other facilities meeting
9 members could at least give some, you know, feedback
10 about what is matching funds, does the roof count,
11 does the foundation count.

12 VICE CHAIRMAN SERRANO SEWELL: Yeah, sure.

13 MR. KLEIN: So at least there is some
14 feedback in the question that's been specifically
15 raised here.

16 VICE CHAIRMAN SERRANO SEWELL: Well, the 20
17 percent match question issue has been addressed from
18 day 1, I think since the initiative passed from what
19 I've heard anecdotally and just here. You know, "I
20 think it means this," "I think it means that," and I
21 know each one of us carry our own understanding of
22 what we think it means. So there might be a baseline
23 understanding sort of articulated here.

24 MR. KLEIN: At the least meeting we talked
25 about it being cash, but they are saying if they spend

1 the cash on the roof and foundation it seems like it
2 has to count because it's part of the whole --

3 VICE CHAIRMAN SERRANO SEWELL: Yeah. So are
4 you asking is it okay for the committee members to
5 provide their own -- a definition?

6 MR. KLEIN: As to their perspective on what
7 counts as matching. Do all elements of the building
8 and development processing including the architectural
9 plans count if donor dollars go to -- go to those
10 costs.

11 MS. HOFFMAN: I just would like for the
12 Working Group to consider that there should be a
13 definition for "match" and that we could also provide
14 a definition for "leverage" because I know leverage is
15 also very important.

16 VICE CHAIRMAN SERRANO SEWELL: Absolutely. I
17 don't think we need to go through that exercise right
18 now. I apologize.

19 MS. SAMUELSON: And it's just a little
20 early. I mean, I'm educable on that, but I'm not sure
21 I have an opinion on that. Well, I know I don't.

22 MR. KLEIN: Okay. Does anyone else have an
23 opinion?

24 MS. HYSEN: Well, I don't know about the
25 rules and regulations, but what I would like to gain

1 over the course of the next couple of hearings is a
2 sense of how we build our criteria and how we value
3 the criteria that we have to assess these applications
4 because I think that's so important.

5 You know, we had -- I don't remember the
6 criteria now, but did we actually give the weighting
7 in advance to the applicants of the criteria and how
8 they would be weighted?

9 MR. KELLER: No.

10 MS. HYSEN: So that's something I want to
11 know, does that make sense to give the weighting of
12 the criteria in advance and was our criteria
13 appropriate and was the weight that we assigned to
14 that criteria appropriate. So I would really like
15 from my perspective to look at that because following
16 some of the guidelines I probably weigh things
17 differently than, you know, we saw when we really
18 fleshed out what is the value of doing something
19 timely.

20 There are going to be buildings that are in
21 the process of being constructed right now and if
22 we -- if we assign a high weight to that, and maybe we
23 do, but if we assign a high weight to that, obviously
24 the buildings under construction will have a higher
25 value than the ones that haven't broken ground yet.

1 So those are the things I want to engage
2 interest in.

3 MR. KELLER: Our plan is, so you know it,
4 that the public information sessions will feed and
5 have the opportunity for people to comment on those.
6 In July when you meet and have a quorum and can act
7 we'll present options here's -- here is the set of
8 options that were discussed for, say, "match" or
9 "leverage" or "urgency."

10 And part of that discussion can be then how
11 do we put that in the context of a zero to 100 points
12 in the RFA. All that then becomes a recommendation of
13 this Working Group to the ICOC in terms of how they
14 finally approve the issuance of that RFA.

15 VICE CHAIRMAN SERRANO SEWELL: That makes
16 some sense.

17 MR. KLEIN: Yeah. The problem is unless we
18 have -- we can't do it all in one day. So unless we
19 schedule --

20 VICE CHAIRMAN SERRANO SEWELL: I hear what
21 Rick is saying on match. What I hear Rick saying is,
22 and correct me if I'm wrong, if misunderstood, but at
23 the July meeting we'll have a quorum and that means
24 the Working Group can officially take action. There
25 will be a lot of things we will probably need to name

1 because it will be one of our few meetings where we'll
2 have a quorum.

3 One of them will be to -- while I agree with
4 you, Bob, it can't be the first time we talk about
5 matching grants, but at that time we'll have to take
6 action on matching grants.

7 MR. KLEIN: I agree completely. The issue is
8 if we schedule in the next meeting a discussion on
9 matching grants and leverage, two critical items, then
10 we could start developing that and we'd get --

11 VICE CHAIRMAN SERRANO SEWELL: Begin that
12 dialogue.

13 MR. KLEIN: We begin the dialogue. The
14 public and the applicants could see where we're
15 going. They could present information in the interim
16 rather than waiting for the tail end for them to see
17 anything and then all of a sudden we -- we've sprung
18 on them an interpretation that they didn't really have
19 time period to make contribution to point out the
20 issues with.

21 VICE CHAIRMAN SERRANO SEWELL: Jeff, did you
22 want to make a comment?

23 MR. SHEEHY: Well, I did. First of all, the
24 specific point that was raised about -- you know,
25 proportionality of a match over a building, they kind

1 of get some larger point that I think we ought to
2 start to consider right now at least as part of our
3 consideration either multiple grant rounds or tiered
4 grant rounds. Because I do not accept as a match 30
5 percent of a building when I have 100 percent of the
6 building to compare it to.

7 That doesn't -- that doesn't really -- you
8 know, in some instances -- if we're talking about a
9 building that's going to be a shared facility for stem
10 cell research and that's competing with another shared
11 facility for stem cell research, the proportionality
12 makes sense.

13 But if you're talking about someone who is
14 willing to build a totally dedicated building to stem
15 cell research, then I would -- I would allow -- you
16 know, and they say, well, 100 percent of our design
17 costs are designing for stem cell research, so for 100
18 percent of that, that makes sense.

19 But I just get a little worried that we're
20 spending a lot of time developing criteria and talking
21 about grants when from the very first meeting that
22 we're talking apples and oranges when we're looking at
23 different institutions, and I don't know how we write
24 that grant. At a minimum we should be thinking about
25 a tiered grant because I do believe in diversity.

1 I think we should also start bringing up the
2 idea of multiple grant rounds because this is the
3 deficiency that the Grants Working Group has
4 identified. There have -- especially as we get to the
5 lower end. If we do decide to tier, and we are
6 interested in building a capacity, spreading a little
7 bit less money in a more -- in a less giant building
8 fashion among more institutions so that more
9 institutions can get their -- get into the game and
10 then letting them come -- you know, putting out an
11 RFA, letting people succeed, letting some people fail,
12 giving the people that succeed -- that failed a chance
13 to come back with an improved application so they get
14 another shot.

15 What I see is one big round. Well, if the
16 train -- well, the way the train is going is we're
17 going to spend all this \$220 million in one big round
18 and let the best win, and I don't know if we really in
19 terms of distributing this in the broadest possible
20 fashion to create as much new activity as we can, if
21 that's going to be successful.

22 VICE CHAIRMAN SERRANO SEWELL: Well, that
23 point was well taken. However, let me say that the
24 ICOC -- and I'm not speaking as a representative of
25 the ICOC, I'm not their spokesperson. I'm the chair.

1 But it's my understanding at the meeting the ICOC's
2 instructions to this Working Group and maybe we
3 learned that's just not feasible. However, the
4 expectation is that we will -- they granted as to the
5 authority to have these hearings.

6 We will come back with a single set of
7 recommendations for this \$222 million RFA. It's sort
8 of tiered, but that's where it ends. Their
9 expectation, and I don't think I'm misrepresenting the
10 ICOC, you know, based on the meeting we had in April
11 in Sacramento was, you know, urgency is important, we
12 need to move the ball forward. We don't want --
13 there's a need to -- for laboratory space. It's not
14 happened because it's unmet need and so, therefore, we
15 have to move with all great speed.

16 So anything that deters from that, I don't
17 know what kind of reaction it will have on the ICOC.

18 Bob, you have a better grip on that one.

19 MR. KLEIN: We have diverse opinions there.
20 But I think in terms of what Jeff is saying, we can
21 come back with one RFA with recommendations on tiers.
22 There's the centers of excellence and these are, you
23 know, a major facility, but not a center of
24 excellence. But these are small facility
25 recommendations, but they are compelling areas of

1 critical science that are -- that are therapeutic
2 advancement that can be addressed in small
3 facilities. But you could have one RFA and one pool
4 with different criteria for the different tiers that
5 we're talking about.

6 VICE CHAIRMAN SERRANO SEWELL: Would we leave
7 it -- we're getting way too far. Do we leave it up to
8 the institution to decide what tier they wanted to
9 apply?

10 MR. KLEIN: Yes.

11 MR. SHEEHY: I think a good example was the
12 training grants where, you know, in an institution
13 that was --

14 VICE CHAIRMAN SERRANO SEWELL: Yes.

15 MR. SHEEHY: Because every -- I just get
16 nervous about putting out an RFA that only a few
17 people can compete for. I think everybody who's
18 doing -- who wants to do stem cell research in
19 California should feel like that they can compete in
20 some aspect for this RFA unless we're going to do
21 multiple RFAs.

22 And so a tiered RFA would be -- we could
23 even, if necessary, go as low as to do a shared lab.
24 You know, we could go all the way from an expanded
25 shared lab to a small facility to centers of

1 excellence. I mean, but everybody should get a fair
2 shot of at least attempting to do stem cell research
3 in California.

4 VICE CHAIRMAN SERRANO SEWELL: One last
5 comment, and then Joan, and then we'll wrap it up.

6 MR. KLEIN: And, Jeff, in terms of your
7 point, on an apples-to-apples basis, if you've got two
8 floors of a 200,000 square foot facility and you've
9 got -- or -- and you've got 80,000 square feet. So
10 that 80,000 is -- you can -- if you proportionally
11 allocate the roof and the foundation, it's the same
12 construction cost as if you take an 80,000 square foot
13 building that's all stem cell research and you have a
14 real comparison on the square footage costs with the
15 roof and foundation.

16 So you're going to get comparability and as
17 long as you segregate out the area of the building
18 that we could benefit from and only have it share that
19 proportion of the structural system costs.

20 VICE CHAIRMAN SERRANO SEWELL: Thank you.

21 Joan?

22 MS. SAMUELSON: I'm thinking about something
23 that's a little bit different and it might be handled
24 with conditions or it maybe it's a separate RFA.

25 DR. WRIGHT: Joan, can you talk up just a

1 little bit?

2 MS. SAMUELSON: Sure. I'm thinking about the
3 testimony from UC Berkeley and from the Children's
4 Hospital of Oakland and our discussions after that.
5 I'm wondering if there may be some opportunities that
6 might be somewhat new. I know that medical history
7 is full of examples where wonderful papers were
8 published on a narrow scientific breakthrough that
9 became obviously important to some specific disease or
10 other -- curing it, treating it effectively, and it
11 wasn't known at the time and decades in some cases
12 went by when that information wasn't applied to
13 anything.

14 I mean, here's Children's of Hospital of
15 Oakland. It's right down the road from UC Berkeley.
16 And it seems very possible to me that there are
17 wonderful papers that are going to be published on
18 some narrow aspect of stem cell science that might be
19 enormously important to some disease that might be
20 being treated at Children's Hospital.

21 If we could have those folks in the context
22 of money for facilities of some sort one or both
23 places, you're creating an incentive to get those
24 minds together to think about it. Maybe that's pie in
25 the sky, but my experience with these heartbreaking

1 examples of delay suggests that there's an opportunity
2 there somewhere that could be worked on.

3 So I would certainly invite you folks and
4 anyone else who has a thought about it to send your
5 ideas along.

6 VICE CHAIRMAN SERRANO SEWELL: Thank you.

7 Janet, did you have any final comments? If
8 not, we'll close the meeting.

9 DR. WRIGHT: No. Thanks, Dave.

10 VICE CHAIRMAN SERRANO SEWELL: Thank you,
11 Janet.

12 And thank you, everyone else.

13 (Whereupon, the meeting was adjourned at
14 6:12 p.m. on May 31, 2007.)

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CERTIFICATE OF REPORTER

I, PETER TORREANO, a Certified Shorthand Reporter in and for the State of California, do hereby certify that the foregoing transcript of the proceedings before the Scientific and Medical Facilities Working Group of the Independent Citizens' Oversight Committee to the California Institute For Regenerative Medicine in the matter of its regular meeting on May 31, 2007 and held at the location indicated below

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was held as herein appears and that this is the original transcript thereof and that the statements that appear in this transcript were reported in stenotype by me and transcribed under my direction.

I certify that this transcript is a true and accurate record of the proceedings.

_____, 2007
DATE

PETER TORREANO, CSR 7623
Torreano Shorthand Reporting
2033 Gateway Place, Suite 500
San Jose, California 95110
(408) 573-3613