

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
SCIENCE SUBCOMMITTEE OF THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: JANUARY 13, 2026  
4 P.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2026-1

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**BETH C. DRAIN, CA CSR NO. 7152**

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**I N D E X**

<b>ITEM DESCRIPTION</b>	<b>PAGE NO.</b>
<b>OPEN SESSION</b>	
1. CALL TO ORDER	3
2. ROLL CALL	3
3. CIRM MESSAGING ELEVATOR PITCH & FAQ	4
4. PUBLIC COMMENT	NONE
5. ADJOURNMENT	47

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CHAIRWOMAN DURON: THANK YOU VERY MUCH.  
HELLO, EVERYBODY. FELIZ ANO NUEVO. HAPPY NEW YEAR  
TO ALL OF YOU AS WE KICK OFF THE FIRST  
COMMUNICATIONS SUBCOMMITTEE OF THE YEAR 2026. OH,  
MY GOD. WE'RE IN 2026. SO I HOPE YOU AND ANY  
MEMBERS OF THE PUBLIC WHO HAVE JOINED US ARE HAVING  
OR HAVE HAD LOVELY AND RESTFUL HOLIDAY SINCE WE'RE  
GOING TO HAVE A LOT OF WORK THIS YEAR.

SO WE WANT TO HEAR FROM -- OH, NO. LET'S  
GO TO SCOTT. HE'S GOING TO DO OUR CHECK-IN.

MR. TOCHER: SURE. YOU BET. I'LL TAKE  
THE ROLL CALL.

KIM BARRETT.

DR. BARRETT: PRESENT.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: HERE.

MR. TOCHER: LEONDRA CLARK-HARVEY. YSABEL  
DURON.

CHAIRWOMAN DURON: HERE.

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1 MR. TOCHER: ELENA FLOWERS.

2 DR. FLOWERS: PRESENT.

3 MR. TOCHER: VITO IMBASCIANI.

4 CHAIRMAN IMBASCIANI: HERE.

5 MR. TOCHER: PAT LEVITT.

6 DR. LEVITT: PRESENT.

7 MR. TOCHER: LINDA MALKAS.

8 DR. MALKAS: HERE.

9 MR. TOCHER: CHRIS MIASKOWSKI.

10 DR. MIASKOWSKI: PRESENT.

11 MR. TOCHER: YAEL WYTE.

12 MS. WYTE: HERE.

13 MR. TOCHER: THANK YOU. BACK TO YOU,

14 YSABEL.

15 CHAIRWOMAN DURON: GREAT. THANKS,  
16 EVERYBODY, FOR JOINING US. I'M GOING TO HAND IT  
17 RIGHT OVER TO AMY AS SHE SHARES UPDATES ON THE  
18 COMMUNICATIONS PLAN, AND WE'LL SEE WHERE WE GO FROM  
19 THERE. AMY.

20 MS. ADAMS: GREAT. THANK YOU, YSABEL.  
21 THANK YOU, SUBCOMMITTEE MEMBERS, CIRM TEAM, AND  
22 MEMBERS OF THE PUBLIC LISTENING IN. YOU CAN NOW  
23 WATCH ME TRY TO FIGURE OUT HOW TO SHARE MY SCREEN.  
24 OKAY. SO I'VE DONE THAT. I'M GOING TO PUT IT IN  
25 PRESENTATION MODE SO YOU DON'T GET A SNEAK PREVIEW.

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1 OKAY.

2 TODAY I'M GOING TO TALK TO YOU ABOUT A  
3 COMMUNICATIONS TOOLKIT I'VE DEVELOPED TO HELP PEOPLE  
4 TALK ABOUT CIRM. FOR THOSE OF YOU WHO MEMORIZED IN  
5 FULL THE STRATEGY THAT I PRESENTED AT THE LAST  
6 MEETING, DEVELOPING THIS TOOLKIT AND TRAINING PEOPLE  
7 ON HOW TO USE IT WERE SPECIFICALLY CALLED OUT AS  
8 TACTICS FOR TELLING CIRM'S STORY.

9 AS ALWAYS, WE START WITH CIRM'S MISSION OF  
10 TRANSFORMATIVE TREATMENTS AND THE SCIENTISTS,  
11 STUDENTS, AND PATIENTS WHO ARE TOP OF MIND IN ALL OF  
12 OUR ACTIVITIES. AND MANY OF THESE PEOPLE WILL  
13 FEATURE HEAVILY IN TODAY'S TALK.

14 AND A REMINDER TO ALL OF YOU ABOUT THE  
15 COMMUNICATIONS AND OUTREACH TEAM MISSION WHICH  
16 DEFINES OUR ROLE IN HELPING CIRM ACHIEVE ITS  
17 MISSION.

18 TODAY I'M GOING TO START WITH A QUICK  
19 RECAP OF MEETINGS THAT HAVE LED UP TO THE TOOLKIT  
20 I'LL PRESENT TODAY. THEN I'LL TALK ABOUT NEW  
21 MESSAGING, AN ELEVATOR PITCH AND FAQ, AND THEN NEXT  
22 STEPS FOR ROLLING OUT THIS MATERIAL. SO LET'S START  
23 WITH A RECAP.

24 AT THE JUNE BOARD MEETING, WHICH WAS MY  
25 FIRST PRESENTATION, I TOLD YOU THAT I'VE BEEN

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1 HEARING PEOPLE EXPRESS CONCERNS THAT MORE PEOPLE IN  
2 CALIFORNIA DIDN'T KNOW ABOUT CIRM. I TOLD YOU I  
3 THOUGHT PART OF THE ISSUE WAS THE WORDS WE USE:  
4 AGENCY, REGENERATIVE MEDICINE, INSTITUTE, STEM CELL,  
5 GENE THERAPY. THESE WORDS ARE COMPLEX AND SOME  
6 SOUND DOWNRIGHT BUREAUCRATIC AND SCIENTIFIC.

7 I TOLD YOU THAT COMING AFTER AN ELECTION  
8 CYCLE -- OKAY. THIS WAS A FEW MONTHS AGO, RIGHT.  
9 WE'RE TERRIFYINGLY A WAYS OUT FROM THAT. BUT  
10 ANYWAY, I TOLD YOU AT THAT TIME COMING AFTER AN  
11 ELECTION CYCLE, IN WHICH PEOPLE ACROSS THE SPECTRUM  
12 CALLED HEALTH AND MEDICINE TOP PRIORITIES, THERE'S  
13 NO REASON FOR CIRM'S MESSAGING NOT TO RESONATE MORE  
14 BROADLY.

15 AT THE SAME MEETING I TOLD YOU THAT  
16 ANOTHER PROBLEM IS THAT PEOPLE WITHIN CIRM HAVE VERY  
17 DIFFERENT WAYS OF DESCRIBING THE ORGANIZATION. OUR  
18 MESSAGE CAN'T SPREAD IF IT'S MADE UP OF MANY  
19 DIFFERENT SUBMESSAGES. I TOLD YOU THAT I WANTED TO  
20 HELP PEOPLE IN CIRM SING THE SAME SONG. WE MIGHT  
21 SING DIFFERENT VERSIONS OF THE SONGS FOR DIFFERENT  
22 AUDIENCES, BUT THE SONG SHOULD BE IDENTIFIABLY THE  
23 SAME AND MEMORABLE JUST LIKE A SONG.

24 AT THE SEPTEMBER MEETING OF THIS  
25 SUBCOMMITTEE, I DESCRIBED A RECENT RETREAT WITH MY

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1 TEAM IN WHICH WE THOUGHT ABOUT OUR CORE AUDIENCES  
2 AND WHAT WE WANT THEM TO DO BECAUSE IT'S NOT ENOUGH  
3 TO KNOW ABOUT CIRM IF WE DON'T KNOW WHAT WE WANT  
4 PEOPLE TO DO WITH THAT INFORMATION. I TOLD YOU THAT  
5 I WANTED THE PEOPLE OF CALIFORNIA TO SUPPORT CIRM  
6 AND UNDERSTAND THE VALUE OF GOVERNMENT FUNDING OF  
7 RESEARCH. WE WANT PATIENTS AND PATIENT ADVOCATES TO  
8 PARTICIPATE IN CLINICAL TRIALS AND BE ADVOCATE FOR  
9 CIRM. WE WANT LAWMAKERS TO SUPPORT CIRM AND OUR  
10 POLICY PROPOSALS. AND WE WANT SCIENTISTS TO APPLY  
11 FOR FUNDING AND BE ADVOCATES FOR CIRM.

12 WE'RE FOLLOWING A THINK/FEEL/DO APPROACH  
13 BECAUSE PEOPLE DO THINGS BASED ON OUR EMOTIONS. SO  
14 WE THOUGHT ABOUT WHAT EMOTIONS PEOPLE NEED TO FEEL  
15 IN ORDER TO DO THESE THINGS AND THEN WHAT PEOPLE  
16 NEED TO KNOW IN ORDER TO FEEL THOSE EMOTIONS. IN  
17 THIS SLIDE I'M TRYING TO BE TRUE TO THE ORIGINAL. I  
18 TOLD YOU THAT I THOUGHT PEOPLE NEEDED TO FEEL HOPE,  
19 PRIDE, CONFIDENCE, TRUST, AND EXCITEMENT. YSABEL  
20 ADDED AWE TO THAT LIST, AND IT'S BEEN IN EVERY SLIDE  
21 SINCE THIS ONE.

22 I TOLD YOU THAT MY TEAM WOULD BE PRODUCING  
23 EMOTIONALLY RESONANT CONTENT, PUTTING THAT ON  
24 CHANNELS INTENDED TO REACH THOSE TARGET AUDIENCES IN  
25 AN EFFORT TO ELICIT THESE EMOTIONS AND GENERATE

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1 ACTION.

2 AND THEN AT THE LAST SUBCOMMITTEE MEETING,  
3 I PRESENTED OUR STRATEGY WHICH IS SUMMARIZED HERE,  
4 AND THIS IS HOW YOU ARE GOING TO SEE IT GOING  
5 FORWARD.

6 AND AT THE FOLLOWING FULL BOARD MEETING,  
7 J.T. PRESENTED A NEW VERSION OF THE CIRM STORY,  
8 WHICH IS THE FIRST PART OF THIS STRATEGY. YOU WILL  
9 REMEMBER THAT THE STORY IS PATIENT FOCUSED, FILLED  
10 WITH HOPE, AND IS VISUALLY STRIKING. IT ALSO, SEGUE  
11 TO TODAY'S PRESENTATION, IT HIT ALL FOUR OF CIRM'S  
12 KEY MESSAGES WHICH I'M GOING TO TALK ABOUT NEXT.

13 SO LET'S TALK ABOUT OUR MESSAGING. BEFORE  
14 WE DIVE INTO THAT, I WANT TO TALK A BIT ABOUT WHAT  
15 IS IN THIS COMMUNICATIONS TOOLKIT I'M TALKING ABOUT.  
16 THERE'S A NARRATIVE AND DECK THAT YOU SAW AT THE  
17 LAST MEETING. THOSE MATERIALS WILL BE AVAILABLE TO  
18 EVERYONE AS PART OF THIS TOOLKIT. IN ADDITION,  
19 THERE'S THE MESSAGING WE'LL TALK ABOUT NOW. THERE'S  
20 AN ELEVATOR PITCH AND SOME FAQ'S THAT I'LL TALK  
21 ABOUT LATER IN THIS MEETING. THE TOOLKIT WILL ALSO  
22 INCLUDE A PATIENT AND STUDENT STORY COMPENDIUM,  
23 WHICH I'LL TOUCH ON BRIEFLY TODAY, AS WELL AS SOME  
24 PROOF POINTS SO WE'RE ALL USING THE SAME NUMBERS AND  
25 EXAMPLES.

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1 ATTACHED TO THE MEETING AGENDA IS A  
2 MESSAGING DOCUMENT. I ENCOURAGE YOU TO READ IT  
3 THROUGH, AND I'M HAPPY TO TAKE QUESTIONS ON ANYTHING  
4 IN THAT DOCUMENT. IN LIGHT OF MY EARLIER COMMENTS  
5 ABOUT THE WORDS CIRM USES, I MADE A WORD CLOUD OF  
6 THE WORDS IN THE NEW MESSAGING. WHAT YOU'LL SEE IS  
7 THAT THE UPDATED LANGUAGE INCLUDES SOME NEW WORDS  
8 SUCH AS THERAPIES, CURES, ACCESS, MEDICINE,  
9 RESEARCH, AND MANY OTHERS. THE LANGUAGE IS STARTING  
10 TO SOUND MORE APPROACHABLE AND HOPEFULLY  
11 UNDERSTANDABLE.

12 THIS MESSAGING DOESN'T NECESSARILY SAY  
13 ANYTHING NEW. WE'RE THE SAME ORGANIZATION WITH THE  
14 SAME MISSION, BUT IT HELPS US TALK ABOUT THE  
15 ORGANIZATION IN THE WAY THAT MIGHT HELP GENERATE  
16 SOME OF THOSE EMOTIONS I WAS TALKING ABOUT EARLIER.

17 I'M GOING TO PAUSE AND GIVE VITO A CHANCE  
18 TO DRINK WATER BECAUSE HE'S TRYING TO COUGH VERY  
19 QUIETLY. I JUST WANT TO GIVE HIM A MINUTE. ARE YOU  
20 GOOD, VITO?

21 CHAIRMAN IMBASCIANI: I'M NOT SURE.

22 MS. ADAMS: OKAY. SO I WON'T GO THROUGH  
23 THE MESSAGING DOCUMENT IN FULL, BUT PLEASE DO READ  
24 IT, AND I'M HAPPY TO TAKE QUESTIONS ON ANY PARTS OF  
25 THAT DOCUMENT EVEN IF I DON'T TALK ABOUT THEM TODAY.

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1 FOR NOW I WANT TO GO THROUGH A FEW SECTIONS THAT I  
2 THINK ARE PARTICULARLY IMPORTANT, ESPECIALLY THESE  
3 FOUR KEY MESSAGES. I'M ALSO GOING TO TALK ABOUT HOW  
4 WE ALL USE THESE KEY MESSAGES IN TALKING ABOUT CIRM.

5 THE FOUR KEY MESSAGES COME DOWN TO THE  
6 FOLLOWING. OUR FUNDING FOCUSES ON CURES OR  
7 THERAPIES SINCE I KNOW THESE WORDS MEAN DIFFERENT  
8 THINGS TO DIFFERENT PEOPLE. WE WORK TO MAKE SURE  
9 CALIFORNIANS ACROSS THE ENTIRE STATE CAN ACCESS OUR  
10 CLINICAL TRIALS AND EVENTUAL THERAPIES. WE BRING  
11 ADDITIONAL EDUCATIONAL AND ECONOMIC BENEFITS TO THE  
12 STATE, AND WE'RE ADVANCING ALL OF THIS TO BENEFIT  
13 CALIFORNIANS. IF YOU MANAGE TO WORK SOME  
14 COMBINATION OF THESE WORDS INTO YOUR CONVERSATIONS,  
15 YOU ARE SQUARELY ON MESSAGE.

16 ONE ADVANTAGE TO THESE FOUR KEY MESSAGES  
17 IS THAT THEY HAPPEN TO BE TRUE, WHICH, I MEAN LET'S  
18 BE HONEST ABOUT SOME ORGANIZATIONS AND WHAT THEY SAY  
19 ABOUT THEMSELVES. EVERYONE ON THIS BOARD SERVES ON  
20 SUBCOMMITTEES AND TASK FORCES FOCUSED ON SOME ASPECT  
21 OF THESE FOUR KEY MESSAGES, AND EVERYONE IN CIRM  
22 WORKS TOWARDS THESE SAME THINGS.

23 THE MESSAGING DOCUMENT INCLUDES SOME  
24 TALKING POINTS TO HELP YOU ADDRESS THESE KEY  
25 MESSAGES IN CONVERSATIONS AND PRESENTATIONS FOR

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1 DIFFERENT AUDIENCES.

2 THE DOCUMENT ALSO INCLUDES THESE PHRASES.

3 THE HEART OF OUR WORK ARE FOUR SIMPLE TRUTHS.

4 BEHIND EVERY NUMBER IS A NAME. BEHIND EVERY

5 DISEASE, CONDITION, OR INJURY IS A PERSON. WE HAVE

6 THE POWER TO CREATE CURES THAT CHANGE LIVES. ALL

7 THIS BECAUSE CALIFORNIANS CHOSE TO INVEST IN

8 WORLD-CLASS SCIENCE.

9 OBVIOUSLY THESE DON'T EXACTLY ROLL OFF THE

10 TONGUE IN CONVERSATION, BUT THEY'RE CONCEPTS THAT

11 WILL CERTAINLY GUIDE THE WORK OF ME AND MY TEAM, AND

12 THEY CAN ALSO FACTOR INTO HOW EVERYONE TALKS ABOUT

13 CIRM. DON'T TALK ABOUT OUR NUMBERS WITHOUT TALKING

14 ABOUT THE PATIENTS WHO NEED THE OUTCOME OF OUR WORK.

15 DON'T TALK ABOUT DISEASE AREAS OUR WORK TOUCHES ON

16 WITHOUT TALKING ABOUT THE PEOPLE LIVING WITH THOSE

17 CONDITIONS. ALWAYS FOCUS ON HOW YOUR WORK AND

18 CIRM'S ACTIVITIES WILL DELIVER CURES AND BENEFIT

19 CALIFORNIANS ACROSS THE STATE. REMIND PEOPLE THAT

20 CALIFORNIA IS INVESTING IN THIS WORK AT A TIME

21 OTHERS ARE BACKING AWAY.

22 CHAIRWOMAN DURON: AMY.

23 MS. ADAMS: YES.

24 CHAIRWOMAN DURON: COULD YOU BACK UP ONE?

25 I WANT TO ASK IT NOW BECAUSE I'LL FORGET IT TO SOME

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1 EXTENT LATER. ON NO. 3, WE HAVE BEEN CONSTANTLY  
2 UNDER CRITICISM BECAUSE SUPPOSEDLY WE HAVEN'T REALLY  
3 PRODUCED A CURE THAT IS ACCESSIBLE. AND I'M  
4 WONDERING IF THIS COMES UP IN ANY INSTANCE WHEN  
5 WE'RE TALKING TO THE PUBLIC HOW WE CAN TURN THAT  
6 INTO A POSITIVE INSTEAD OF HEARING THE NEGATIVE  
7 ABOUT, WELL, YOU GUYS HAVE SPENT ALL THIS MONEY AND  
8 YOU HAVEN'T COME UP WITH ANY THAT I CAN AFFORD, SO  
9 ON, BECAUSE THEY'VE HEARD IT FROM SOMEPLACE ELSE.  
10 RIGHT?

11 MS. ADAMS: YEAH.

12 CHAIRWOMAN DURON: WE NEED SOME MESSAGES  
13 TO TURN THAT CONTINUAL CHALLENGE INTO A POSITIVE,  
14 THE AWE OF IT ALL, BUT I REALLY THINK WE DO NEED TO  
15 HAVE TO HAVE SOME REAL SMART ANSWERS TO THAT.

16 MS. ADAMS: SO, YSABEL, IN THE DOCUMENT  
17 CONTAINED -- SO I CALL IT THE ELEVATOR PITCH AND  
18 FAQ -- ONE OF THE FAQ'S IS ESSENTIALLY 20 YEARS, NO  
19 CURES? WHY? AND I WOULD ENCOURAGE YOU TO READ  
20 THAT, AND ACTUALLY I WOULD LOVE YOUR FEEDBACK ON IT.  
21 THOSE FAQ'S THAT I WROTE ARE STARTER ANSWERS. I  
22 DON'T PROVIDE THE FULL CONVERSATION, BUT I PROVIDE A  
23 FULL FIRST COUPLE SENTENCES TO HELP YOU START  
24 ANSWERING THAT. I WOULD ACTUALLY -- I WOULD LOVE IT  
25 IF YOU WOULD READ THAT AND GIVE ME SOME FEEDBACK ON

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1 WHETHER YOU THINK IT ADDRESSES YOUR CONCERNS OR IF I  
2 SHOULD KEEP WORKING ON IT. I WOULD LOVE YOUR  
3 FEEDBACK.

4 CHAIRWOMAN DURON: WELL, I WOULD ASK  
5 EVERYBODY TO GIVE YOU A STORY OR TWO OR AN IDEA OR  
6 TWO THAT WORKS WITH THAT SO THAT WE HAVE -- WE DO  
7 HAVE SOME REAL GOOD ANSWERS THAT BOTH TOUCH THE HEAD  
8 AND THE HEART.

9 MS. ADAMS: YEAH.

10 CHAIRWOMAN DURON: OUR RESEARCH SCIENTISTS  
11 HAVE SOME GREAT TOUCH-THE-HEAD STORIES. WE GOT TO  
12 PUT THE HEART BEHIND THEM TOO.

13 MS. ADAMS: WE DO HAVE SOME GOOD PATIENT  
14 STORIES. I'M GETTING AHEAD OF MYSELF. SO THIS IS  
15 NOT IN THE FAQ ANSWER, BUT I CAN PUT IT IN. WE HAVE  
16 GREAT PATIENT STORIES ABOUT CERTAINLY SCID BABIES.  
17 THEY WERE CURED. NOT EVERYONE WHO PARTICIPATES IN A  
18 CLINICAL TRIAL SEES POSITIVE OUTCOMES, BUT THERE ARE  
19 SOME. SO I THINK WE ALSO HAVE SOME REAL EXAMPLES  
20 THAT WE CAN POINT TO WITH FABULOUS PHOTOS AND GOOD  
21 ANECDOTES AND QUOTES FROM SOME REAL PATIENTS. SO  
22 THAT'S ANOTHER THING THAT I CAN PUT INTO THAT  
23 DOCUMENT.

24 WE HAVE SOME OTHER QUESTIONS THAT I WANT  
25 TO TAKE. CHRIS, I THINK YOU PUT YOUR HAND UP FIRST.

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1 DR. MIASKOWSKI: YEAH. AMY, COULD YOU  
2 TALK A LITTLE BIT MORE ABOUT THE FIRST BULLET? I  
3 DON'T UNDERSTAND THE INTENT.

4 MS. ADAMS: OH, ABSOLUTELY. WE AT CIRM,  
5 AND CERTAINLY IN PORTIONS OF THE MESSAGING DOCUMENT  
6 IF YOU LOOK THROUGH IT, WE USE A LOT OF NUMBERS.  
7 HOW MANY PEOPLE HAVE PARTICIPATED IN CLINICAL TRIALS  
8 AND HOW MANY GRANTS HAVE BEEN GIVEN OUT AND HOW MUCH  
9 MONEY HAVE WE SPENT AND HOW MANY RESEARCHERS HAVE  
10 GOTTEN GRANTS. THERE'S NUMBER, NUMBER, NUMBER, LOTS  
11 OF GOOD NUMBERS, AND THEY'RE GREAT AND VERY USEFUL  
12 IN CONVERSATION. AND THIS IS A WAY OF REMINDING US  
13 THAT IT'S NOT ENOUGH TO SAY 4300 PEOPLE HAVE  
14 PARTICIPATED IN CLINICAL TRIALS. WE NEED TO ALWAYS  
15 TRY TO REMEMBER TO PUT SOME PEOPLE BEHIND THAT  
16 BECAUSE THESE ARE REAL PEOPLE WHO TOOK REAL RISKS  
17 AND WERE REALLY INCREDIBLY BRAVE, AND THEY DESERVE  
18 TO BE HONORED IN THE WAY WE TALK ABOUT THIS.

19 CHAIRWOMAN DURON: THANKS.

20 MS. ADAMS: YEAH. YAEL, YOUR HAND WAS UP  
21 AND NOW IT'S DOWN. DID YOU HAVE A QUESTION?

22 MS. WYTE: I WAS GOING TO SAY I HAVE READ  
23 THROUGH YOUR FAQ'S AND YOUR SUGGESTIONS, AND I  
24 THOUGHT THAT YOU DID A GREAT JOB IN PUTTING IT ALL  
25 OUT THERE. COMPLIMENTING YOU.

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1 MS. ADAMS: WELL, I MEAN, THANK YOU. I'M  
2 GLAD I CALLED ON YOU.

3 CHAIRWOMAN DURON: SO, AMY, I WANTED TO  
4 FOLLOW CHRIS. BEHIND EVERY NUMBER IS A NAME. AND  
5 ONE OF THE THINGS THAT ALL OF THE BEAUTIFUL WORK  
6 YOU'VE DONE, WHAT I FIND, QUITE FRANKLY, THAT'S  
7 MISSING ARE THE NAMES, COMMUNITIES BEHIND THOSE  
8 NUMBERS WHERE I CAN'T POINT TO SPECIFIC IMPACTS IN  
9 THE LATINO COMMUNITY OR IN THE BLACK COMMUNITY.  
10 WELL, I KNOW WE'VE DONE AT LEAST SOME AMAZING WORK  
11 ON SICKLE CELL. BUT I NEED PERSONALIZED STORIES  
12 THAT I CAN POINT TO IF I'M IN THAT COMMUNITY.

13 AND I'M WONDERING -- I'M SORRY I DIDN'T  
14 GET THROUGH ALL OF THE FAQ'S. I DID LOOK AT ALL OF  
15 YOUR MEDIA. BUT I THINK I FEEL WE COULD TALK ABOUT  
16 ALL THE RESIDENTS OF CALIFORNIA. WE NEED TO POINT  
17 AT PEOPLE AND SAY, "WE SEE YOU. WE KNOW YOU. WE  
18 HEAR YOU. AND HERE'S HOW THIS IS HELPING YOU AND  
19 WHY YOUR DOLLAR COUNTS."

20 SO I'M WONDERING IF WE CAN'T DO A LITTLE  
21 MORE DRILL-DOWN ON SOME OF THIS TO MAKE SURE THAT  
22 PEOPLE HAVE THAT KIND OF INFORMATION. I DON'T CARE  
23 IF IT'S CHRIS TALKING, BUT SHE MIGHT BE IN THE  
24 MIDDLE OF A LARGE LATINO COMMUNITY AND WANTS TO TELL  
25 THEM WHY THIS IS IMPORTANT TO THEM. SHE'S GOT SOME

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1 DATA BACK HERE THAT WILL HELP HER TELL THAT STORY  
2 BETTER. SO I'M JUST -- THAT'S THE FEELING I GET  
3 READING ALL OF THIS. I'M MISSING THAT DIVERSITY.

4 MS. ADAMS: YSABEL, I THINK YOU'RE EXACTLY  
5 RIGHT. AT THIS POINT WE DON'T DO THAT. THAT'S  
6 SOMETHING I WOULD HOPE TO BE ABLE TO DO A BETTER JOB  
7 OF MAYBE AFTER WE DO THE WORK THAT PAT'S REALLY BEEN  
8 ENCOURAGING, GOING OUT AND DOING SOME TOWNHALLS AND  
9 SURVEYS.

10 I PERSONALLY DON'T -- FOR SOME OF THEM  
11 IT'S OBVIOUS. WE KNOW WHICH COMMUNITIES BENEFIT  
12 FROM SOME OF THESE, BUT NOT ALL OF THEM. I  
13 PERSONALLY DON'T HAVE THAT KNOWLEDGE. SO IT'S  
14 SOMETHING THAT I WOULD LIKE TO GAIN. I THINK THE  
15 BOARD MEMBERS CAN REALLY HELP ME WITH THAT. I THINK  
16 THESE SURVEYS CAN REALLY HELP ME.

17 YSABEL, IF I DON'T GET TO THIS, AND I'LL  
18 TRY TO REMEMBER, THERE IS A PLACE IN THIS  
19 PRESENTATION WHERE I WANTED -- I WAS THINKING OF YOU  
20 WHEN I PUT THIS IN THERE WHERE I THINK WE CAN START  
21 BUILDING ON THAT. WE DON'T DO IT NOW, BUT I THINK  
22 WE CAN GET BETTER AT IT. SO IF YOU DON'T FEEL LIKE  
23 I HAVEN'T ADDRESSED THIS, CALL ME OUT AT THE END,  
24 BUT I'M GOING TO TRY TO REMEMBER.

25 CHAIRWOMAN DURON: OKAY.

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1 MS. ADAMS: LET ME KEEP GOING AND WE'LL  
2 SEE IF WE CAN GET TO THAT.

3 OKAY. THE LAST PAGE OF THAT MESSAGING  
4 DOCUMENT DESCRIBES HOW WE'RE PUTTING OUR MISSION IN  
5 MOTION BY WHICH I MEAN THE STRATEGIC ALLOCATION  
6 FRAMEWORK THAT GUIDES OUR FUNDING PROGRAMS. THE  
7 SAF, HOW WE AFFECTIONATELY KNOW THE STRATEGIC  
8 ALLOCATION FRAMEWORK, IS HOW WE'RE GOING TO MAKE  
9 GOOD ON THE PROMISES IN OUR KEY MESSAGES. IT IS  
10 DEEPLY CONSIDERED AND THOUGHTFULLY OUTLINED, WHICH  
11 IS TO SAY THAT IT IS A LOT TO TAKE IN. AND THAT'S  
12 MADE IT HARD FOR US TO TALK ABOUT IN WAYS THAT  
13 REALLY EXPLAIN ITS IMPORTANCE TO THE PEOPLE OF  
14 CALIFORNIA.

15 SO THIS SECTION OF THE MESSAGING BREAKS  
16 THE SIX PRIMARY GOALS OF THE SAF INTO A  
17 BITE/SNACK/MEAL APPROACH. SO BASICALLY IT COMES  
18 DOWN TO THIS. IF YOU DON'T HAVE MUCH TIME OR AREN'T  
19 SURE OF A PERSON'S APPETITE TO LEARN ABOUT THE SAF,  
20 GIVE THEM A BITE. SO HERE'S A BITE SIZE VERSION OF  
21 GOAL 1. IT'S VERY HIGH LEVEL. THE FIRST STEP  
22 TOWARDS A CURE, FINDING THE TARGET. OR IN MORE  
23 COLLOQUIAL TERMS, YOU HAVE TO KNOW WHAT YOU'RE GOING  
24 AFTER IF YOU'RE GOING TO FIND A CURE OR THERAPY.  
25 THIS IS VERY HIGH LEVEL. IT'S NOT A LOT OF DETAIL.

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1 IF A PERSON SEEMS INTERESTED, PERHAPS THEY  
2 WANT A SNACK, WHICH YOU CAN ALSO SEE HERE, WHICH I'M  
3 NOT GOING TO READ, BUT YOU CAN LOOK AT. AND IF  
4 SOMEONE WANTS MORE DETAIL, WELL, WE HAVE AN ENTIRE  
5 MEAL AND THEN SOME ON OUR WEBSITE AND IN OTHER  
6 MATERIALS. THIS SLIDE JUST SHOWS THE  
7 BITE/SNACK/MEAL APPROACH FOR GOAL 1, BUT YOU CAN SEE  
8 ALL OF THE GOALS IN THE DOCUMENT.

9 THE GOAL OF THIS SECTION IS TO HELP ALL OF  
10 US TALK ABOUT HOW WE'RE GOING TO ENACT OUR MISSION  
11 IN LANGUAGE THAT'S SUITABLE FOR MANY DIFFERENT  
12 AUDIENCES AND IN SIZES THAT ARE APPROPRIATE FOR MANY  
13 DIFFERENT CONVERSATION LENGTHS.

14 OKAY. MOVING ON. I SAID THAT THE TOOLKIT  
15 INCLUDES AN ELEVATOR PITCH AND FAQ. THAT DOCUMENT  
16 IS ATTACHED TO THE BOARD AGENDA, BUT I'M JUST GOING  
17 TO EXPLAIN PORTIONS OF IT HERE. AS WITH THE  
18 MESSAGING, THE ELEVATOR PITCH AND FAQ'S ARE NOT  
19 INTENDED TO BE PRESCRIPTIVE. THEY'RE INTENDED TO  
20 HELP GUIDE YOU IN STARTING CONVERSATIONS ABOUT CIRM.  
21 THEY'LL GET YOU THROUGH AN ELEVATOR RIDE TO MAYBE  
22 FLOOR FOUR AND POSSIBLY THROUGH A FEW INITIAL  
23 QUESTIONS. THEN YOU'RE ON YOUR OWN.

24 WHEN I FIRST TOLD THE BOARD THAT I WANTED  
25 TO DEVELOP A CONSISTENT WAY OF DESCRIBING CIRM, I

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1 GOT EXTENSIVE FEEDBACK FROM PEOPLE ON THE BOARD AND  
2 ON CIRM STAFF WITH IDEAS ABOUT WHAT SHOULD BE IN  
3 THAT DESCRIPTION. YOU WILL LIKELY NOT BE SURPRISED  
4 TO KNOW THAT WHAT WAS IN THESE VARIOUS DESCRIPTIONS  
5 PEOPLE TOLD ME, THEY VARIED A LOT BY WHO SUGGESTED  
6 THEM. WHAT'S CLEAR IS THAT WE ALL TALK TO DIFFERENT  
7 AUDIENCES, AND I NEED NOT A SINGLE DESCRIPTION BUT A  
8 SET OF DESCRIPTIONS. AND THAT'S WHAT I'M GOING TO  
9 SHOW YOU TODAY AND WHAT THE ELEVATOR PITCH DOCUMENT  
10 LAYS OUT.

11 OKAY. SO THE FIRST -- THIS IS JUST A  
12 BASELINE DESCRIPTION FOR AN UNKNOWN AUDIENCE. CIRM  
13 IS A CALIFORNIA AGENCY AND IT FUNDS RESEARCH  
14 INTENDED TO PRODUCE THERAPIES OR CURES, WHICHEVER  
15 WORD YOU'RE COMFORTABLE WITH, FOR PEOPLE WITH  
16 INCURABLE DISEASES. AND I'VE HIGHLIGHTED THE WORDS  
17 IN THE SENTENCE THAT REALLY TOUCH ON SOME OF OUR KEY  
18 MESSAGES.

19 THIS DESCRIPTION WOULD BE SUITABLE FOR A  
20 SITUATION WHERE YOU HAVE NO IDEA WHO THIS PERSON IS.  
21 AND I'M GOING TO SHOW YOU -- THIS IS AN ACTUAL  
22 SCRIPT THAT I USE WHEN I -- WHEN SOMEONE ASKS ME  
23 WHERE I WORK AND WHO THEY ARE. CIRM IS A CALIFORNIA  
24 AGENCY THAT FUNDS RESEARCH INTENDED TO PRODUCE  
25 THERAPIES FOR PEOPLE WITH INCURABLE DISEASES AS

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1 ABOVE. YOU MIGHT REMEMBER IN 2004 THERE WAS A  
2 PROPOSITION TO FUND STEM CELL RESEARCH IN THE STATE.  
3 THAT'S HOW WE WERE CREATED. IN 2020 ANOTHER  
4 PROPOSITION EXTENDED OUR FUNDING TO INCLUDE GENE  
5 THERAPY AND A FOCUS ON NEUROLOGICAL DISEASES. WE  
6 FUND SCIENCE FROM RESEARCH BREAKTHROUGHS, THROUGH  
7 CLINICAL TRIALS, WE TRAIN STUDENTS TO WORK IN  
8 REGENERATIVE MEDICINE, AND MAKE SURE CALIFORNIANS  
9 ALL OVER THE STATE CAN ACCESS OUR CLINICAL TRIALS.

10 OKAY. THIS IS JUST WHAT I SAY. I'M OLD.  
11 I TALK MOSTLY TO OLD PEOPLE SO I USE THE PROP 71  
12 EXAMPLE BECAUSE THEY REMEMBER IT. I LEAVE THAT OUT.  
13 SO THE OTHER DAY I WAS TALKING TO A KID'S DAUGHTER  
14 WHO JUST GRADUATED FROM COLLEGE AND SHE WANTED TO  
15 KNOW WHERE I WORKED. AND I USED THIS ON HER, BUT I  
16 DIDN'T USE PROP 71 BECAUSE THE KID'S LIKE 21, BUT I  
17 DID TALK ABOUT PROP 14. I THOUGHT MAYBE SHE WOULD  
18 HAVE HEARD OF IT. MY POINT -- OKAY.

19 AND HERE I HIGHLIGHT. THIS IS A LITTLE  
20 DESCRIPTION I WROTE THAT WORKS FOR ME AND I THINK IT  
21 MIGHT WORK FOR OTHER PEOPLE, IT HAPPENS TO HIT ON  
22 ALL FOUR OF OUR KEY MESSAGES.

23 SO NO MATTER WHAT PEOPLE COME BACK TO ME  
24 WITH IN TERMS OF QUESTIONS, THEY'RE GOING TO BE  
25 QUESTIONS THAT ALLOW ME TO STATE OUR MESSAGE AND

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1 KEEP TALKING ABOUT THINGS THAT ARE IMPORTANT TO  
2 CIRM.

3 OKAY. SO I'M GOING TO TALK THROUGH A FEW  
4 VARIATIONS ON THIS. SO LET'S SAY I'M TALKING TO  
5 SOMEONE WHO I THINK MIGHT BE A SCIENTIFIC AUDIENCE,  
6 BUT I'M NOT -- I'M NOT REALLY SURE. SO I'M GOING TO  
7 GO LIGHT. MAYBE I'LL ADD CIRM IS A CALIFORNIA  
8 AGENCY THAT FUNDS STEM CELL AND GENE THERAPY  
9 RESEARCH INTENDED TO PRODUCE THERAPIES. I DON'T USE  
10 THAT IN MY GENERAL DESCRIPTION BECAUSE I'M NOT SURE  
11 IF PEOPLE KNOW THOSE WORDS, BUT I MIGHT USE THOSE  
12 WORDS IF I'M TALKING TO SOMEONE WITH A BIOLOGY  
13 BACKGROUND.

14 HERE, TRY THIS ONE. THIS IS IF I'M AT A  
15 SCIENTIFIC -- SAY I'M A SCIENCE OFFICER AND I'M AT A  
16 SCIENTIFIC CONFERENCE. THEY PROBABLY KNOW CELL AND  
17 GENE THERAPY, AND I CAN PROBABLY SAY DISCOVERY  
18 RESEARCH THROUGH CLINICAL TRIALS, WHICH IS AN  
19 IMPORTANT PART OF WHAT WE DO AND COULD START AN  
20 INTERESTING CONVERSATION IN THAT SETTING.

21 I WANTED TO ADD SOMETHING HERE. THIS  
22 ISN'T IN MY SCRIPT, BUT I'M GOING TO CALL OUT MARIA.  
23 I DON'T KNOW IF MARIA HAD READ THIS PRESENTATION IN  
24 ADVANCE OR THE MESSAGING DOCUMENT, BUT THE OTHER DAY  
25 SHE WAS ON A CALL WITH A REPORTER. AND THAT

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1 REPORTER WAS INTERESTED IN OUR CCCE'S. SO MARIA WAS  
2 ON THE CALL TO TALK ABOUT ACCESS. AND SHE DELIVERED  
3 A VERSION OF THIS SENTENCE THAT WAS SOMETHING LIKE  
4 CIRM IS A CALIFORNIA AGENCY THAT FUNDS RESEARCH  
5 INTENDED TO PRODUCE THERAPIES AND MAKE THOSE  
6 THERAPIES ACCESSIBLE TO PEOPLE IN CALIFORNIA WHO CAN  
7 BENEFIT FROM THEM. I THOUGHT IT WAS A GREAT WAY OF  
8 USING THE SENTENCE THAT WAS CONTEXTUALIZED FOR THE  
9 AUDIENCE AND INVITED QUESTIONS THAT WERE ON TOPIC  
10 FOR WHAT SHE WAS THERE TO TALK ABOUT.

11 I WAS CLAPPING QUIETLY, MARIA.

12 OKAY. SO WE TALKED ABOUT SOME PORTIONS OF  
13 THE TOOLKIT. WE'RE GOING TO TALK ABOUT NEXT STEPS.  
14 OKAY. MY TEAM IS IN THE PROCESS OF COMPILING WHAT  
15 I'M CALLING A PATIENT AND STUDENT STORY COMPENDIUM.  
16 THIS WILL BE A SERIES OF SLIDES YOU CAN USE TO TALK  
17 ABOUT PATIENT STORIES, DISEASE PROGRAMS, OR OUR  
18 STUDENTS. THE MATERIAL WILL BE IN THE TOOLKIT TO  
19 HELP YOU EASILY INSERT PATIENT AND STUDENT STORIES  
20 INTO PRESENTATIONS. OKAY. YSABEL, I'M REMEMBERING.  
21 THIS IS WHERE I WANTED TO COME BACK TO YOU.

22 SO IN THIS COMPENDIUM WHAT I WOULD LIKE TO  
23 HAVE AND WHAT I THINK WOULD BE HELPFUL TO PEOPLE IS  
24 AS PART OF THE INFORMATION, HERE'S THE DISEASE,  
25 LINKS TO TRIAL INFORMATION, LINKS TO PRETTY

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1 PICTURES, INFORMATION ABOUT THE PATIENT SHOWN, BUT  
2 ALSO SOME INFORMATION ABOUT PREVALENCE OF THIS  
3 DISEASE IN CALIFORNIA, IN PARTICULAR TARGET  
4 POPULATIONS FOR WHOM THIS DISEASE MIGHT BE RELEVANT.  
5 SO IF YOU'RE TALKING TO THIS POPULATION, YOU MIGHT  
6 WANT TO INSERT THIS SLIDE. IT'S NOT EXACTLY WHAT  
7 YOU'RE ASKING FOR, BUT I THINK IT'S A STEP AND IT'S  
8 SOMETHING I'M HOPING WE CAN BUILD OUT.

9 CHAIRWOMAN DURON: JUST DON'T USE THE WORD  
10 "TARGET."

11 MS. ADAMS: DON'T USE THE WORD "TARGET"?  
12 IN TERMS OF, LIKE, TARGET POPULATIONS? OKAY. GOOD.

13 CHAIRWOMAN DURON: PARTICULARLY IN THIS  
14 POLITICAL ATMOSPHERE WE'RE LIVING IN NOW. GOT TO BE  
15 VERY SENSITIVE WITH THAT WORD. YOU ARE THE TARGETED  
16 POPULATION FOR THIS DISEASE. WHAT DOES THAT MEAN?

17 MS. ADAMS: OH. OH, YSABEL, THAT IS  
18 REALLY HELPFUL. THANK YOU FOR THAT. I DIDN'T -- I  
19 WOULDN'T HAVE THOUGHT ABOUT IT. I DIDN'T KNOW.  
20 AREN'T THESE HORRIBLE TIMES WE'RE LIVING IN?

21 OKAY. YAEL, YOU'VE GOT YOUR HAND UP.

22 MS. WYTE: JUST ANOTHER SMALL DETAIL TO  
23 THINK ABOUT. I LOVE, YSABEL, THE WORD "TARGET," BUT  
24 ALSO THE PICTURE. IF WE'RE GOING TO BE GOING TO A  
25 LATINO POPULATION, THE PICTURE OF THIS LOVELY FAMILY

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1 MAYBE COULD NOT BE WHITE.

2 MS. ADAMS: YEAH. YEAH. SO WE DO IN SOME  
3 CASES. FOR DISEASES THAT ARE FOR SOME POPULATIONS,  
4 WE'VE GOT ETHNICITIES THAT WOULD BE APPROPRIATE FOR  
5 THOSE AUDIENCES. WE DON'T IN EVERY CASE.

6 MS. WYTE: SURE. BUT WHEN IT'S  
7 OBVIOUS -- WHEN IT'S AVAILABLE I THINK HAVING AN  
8 APPROPRIATE PICTURE THAT LOOKS LIKE YOU AND HAVING  
9 LIKE A STOCK INDEX CARD OF TEN, FIVE, TEN TIPS,  
10 HOWEVER MUCH TIME YOU HAVE, FOR THIS SPECIFIC  
11 POPULATION. I THINK IF WE'RE DOING THE RESEARCH  
12 ANYWAY AND PREPARING FOR A PRESENTATION, THEN MAYBE  
13 WE CAN ALSO HAVE THAT AS THIS IMPACTS THIS COMMUNITY  
14 IN THIS WAY.

15 CHAIRWOMAN DURON: AND THERE AGAIN, TO  
16 THAT POINT, AMY, WHEN YOU'RE SAYING, "OH, THIS IS A  
17 DISEASE THAT IS IN YOUR COMMUNITY," THAT COULD BE  
18 TAKEN AS VERY NEGATIVE. "OH, WHAT DID WE DO? OR  
19 WHY US? OR WHAT DOES THAT MEAN? ARE WE GOING TO  
20 GET TARGETED?" SO ONCE AGAIN, LANGUAGE, DEPENDING  
21 ON WHO YOU'RE TALKING TO AND WHAT YOU'RE SAYING AND  
22 HOW YOU ARE TRYING TO GET THEM TO HEAR THAT MESSAGE  
23 IS REALLY CRITICAL. AND THERE'S WHERE I THINK SOME  
24 OF THAT ONE LIVED EXPERIENCE OF THE PRESENTER, BUT  
25 SECOND OF ALL THE AWARENESS OF THAT COMMUNITY AND

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1 HOW YOU WOULD BE SPEAKING TO THEM AND BEING VERY  
2 SENSITIVE TO HOW THEY MIGHT HEAR WHAT YOU'RE ABOUT  
3 TO SAY. AND THEN BEING ABLE TO COME BACK AND SAY,  
4 "YOU KNOW, THERE'S A GREAT CONCERN ABOUT THIS  
5 PARTICULAR DISEASE THAT WE'RE FINDING MORE OF IN  
6 THIS COMMUNITY. AND WE THINK, ONE, WE NEED YOU TO  
7 ENGAGE WITH US SO THAT WE CAN FIND THOSE CURES, SO  
8 THAT WE CAN FIND OUT MORE ABOUT IT SO WE CAN BRING  
9 IN THE NECESSARY TARGETED -- NECESSARY GENE THERAPY  
10 OR THE NECESSARY" -- I, QUITE FRANKLY, DO NOT LIKE  
11 TO SAY THE WORD "CURES" TO COMMUNITIES WHO ARE  
12 VERY -- WHO FIND IT HARD JUST TO GET IN THE DOOR OF  
13 A CLINIC. THE CURE, EVEN WHEN I TALK ABOUT CANCER,  
14 DIMINISH RISK, TRY TO FIND OUT WHAT THE PROBLEM IS  
15 AND WORK TOWARDS REMOVING IT OR CURING IT, BUT TO  
16 SORT OF SAY WE'RE GOING TO CURE THIS, THAT'S A BIG  
17 PROMISE THAT WE DON'T KNOW THAT WE CAN -- LOOK HOW  
18 LONG IT'S TAKEN, RIGHT, TO FIND CURES THAT WE'VE  
19 BEEN PAYING FOR FOR HOW MANY YEARS NOW.

20 SO HONESTLY TO ME THE WORDS ARE ALSO VERY  
21 CRITICAL DEPENDING ON WHICH COMMUNITY YOU'RE TALKING  
22 TO.

23 MS. ADAMS: SO, YSABEL, YOU'RE BRINGING UP  
24 A GREAT POINT, AND ACTUALLY YOU'RE TEEING UP -- I'LL  
25 BRING -- PUT MARGUERITE ON THE SPOT NOW. SO I'VE

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1 BEEN HAVING SOME CONVERSATIONS WITH SEVERAL PEOPLE  
2 BOTH ON THE BOARD AND WITHIN CIRM ABOUT THE WORD  
3 "CURE" BUT OTHER WORDS. I THINK PEOPLE ARE TAKING  
4 WORDS VERY SERIOUSLY AND COMING TO ME AND TALKING TO  
5 ME ABOUT WORDS WHICH I LOVE TO TALK TO PEOPLE ABOUT  
6 WORDS. ONE THING THAT WOULD BE UNBELIEVABLY HELPFUL  
7 TO ME, AND I'M SPEAKING TO THE BOARD NOW, BUT I'M  
8 ALSO SPEAKING TO ANYONE AT CIRM LISTENING IN BECAUSE  
9 I KNOW THERE ARE MANY PEOPLE, WITHIN THE MESSAGING  
10 DOCUMENT I HAVE WAYS OF TALKING ABOUT EACH KEY  
11 MESSAGE FOR THE DIFFERENT AUDIENCES. AND, YSABEL,  
12 LET'S BE HONEST. THE AUDIENCES I TALK ABOUT ARE  
13 INCREDIBLY BROAD RIGHT NOW. OVER TIME WE WANT TO  
14 NARROW THAT OBVIOUSLY. AND I'VE ALREADY TALKED TO  
15 SOME OF THE SCIENCE FOLKS, AND THEY'VE HELPED ME  
16 REFINE SOME OF THE LANGUAGE WE USE.

17 THERE'S A, I THINK, PAGE 3, 2 OR 3 OF THAT  
18 DOCUMENT, WE HAVE THE FOUR KEY MESSAGES AND THEN  
19 COLUMNS FOR EACH KEY AUDIENCE. AND THEY'VE REALLY  
20 HELPED ME THINK ABOUT ALL OF THE WORDS WITHIN THE  
21 SCIENCE COLUMN. AND I LOVE HOW THINKING ABOUT THE  
22 WORDS WITHIN -- CERTAINLY FOR THIS GROUP I THINK  
23 THERE'S PEOPLE WHO CAN HELP ME WITH THE PATIENT  
24 ADVOCACY COLUMN. AND THIS IS GOING TO BE GENERIC.  
25 IT'S NOT AUDIENCE SPECIFIC, BUT I DO THINK WE WANT

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1 TO HELP PEOPLE HAVE WORDS THAT ARE REALLY CAREFULLY  
2 THOUGHT THROUGH.

3 MARGUERITE, I KNOW YOU AND I HAVE HAD SOME  
4 CONVERSATIONS. DID YOU WANT TO JUMP IN HERE OR DO  
5 YOU WANT TO WAIT TILL THE END?

6 MS. CASILLAS: YEAH. I'M FINE TO JUMP IN.  
7 YEAH. THIS IS A GREAT CONVERSATION I THINK. WHAT I  
8 REACHED OUT TO AMY WITH YESTERDAY WAS AROUND THAT  
9 WORD "CURES." FROM A DISABILITIES STUDIES  
10 PERSPECTIVE, IT CAN BE A BIT CONTROVERSIAL, WHICH  
11 MAY SEEM STRANGE, BUT THERE ARE PLENTY OF PEOPLE  
12 WITH DISABILITIES WHO AREN'T LOOKING FOR A CURE AND  
13 WHO THINK THAT THE FOCUS ON A CURE KIND OF SETS THEM  
14 UP AS IN OPPOSITION TO PEOPLE WHO ARE NORMAL. AND  
15 SO IT DEVALUES THEM.

16 THAT'S NOT BY ANY MEANS IN THE ENTIRE  
17 DISABILITY COMMUNITY. CERTAINLY PEOPLE WHO HAVE  
18 CHRONIC ILLNESSES OR PROGRESSIVE CONDITIONS THAT  
19 MIGHT BE FACING DEATH, THEY CERTAINLY ARE NOT  
20 AGAINST A CURE. BUT I JUST POINTED IT OUT THAT FOR  
21 SOME FOLKS IT RINGS A LITTLE WRONG AND THEY FEEL  
22 LIKE MONEY SHOULD BE SPENT ON CHANGING SOCIETY TO  
23 SUPPORT PEOPLE WITH DISABILITIES BETTER.

24 AND THEN I ALSO WENT BACK AND I LOOKED A  
25 LITTLE BIT MORE CLOSELY OR JUST REFRESHED ON THE MS

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1 SOCIETY -- I CAN'T REMEMBER WHAT THEY CALL IT --  
2 IT'S NOT THE MISSION, BUT IT'S THE FRAMEWORK FOR HOW  
3 THEY'RE DRIVING FORWARD ON RESEARCH. AND THEY'VE  
4 ACTUALLY BROUGHT EVERYONE TOGETHER AROUND THE WORLD.  
5 SO LIKE ALL THE SOCIETIES ALL OVER THE WORLD HAVE  
6 COME TOGETHER ON THIS. AND THEY DO USE THE WORD  
7 "CURE," BUT THEY ALSO ARE FOCUSED ON RESTORING  
8 BECAUSE, EVEN IF YOU CURE PEOPLE WHO DON'T HAVE IT  
9 YET, WHAT ABOUT THE PEOPLE WHO DO HAVE IT AND WHO  
10 HAVE LOST FUNCTIONALITY? THAT CURE IS NOT  
11 NECESSARILY GOING TO HELP THEM.

12 SO IT'S STOPPING MS, IT'S RESTORING  
13 FUNCTION, AND THEN ENDING MS, LIKE, STOPPING IT FROM  
14 HAPPENING IN THE FIRST PLACE.

15 SO IT'S JUST COMPLICATED IS WHAT I WOULD  
16 SAY. AND I WOULD PERSONALLY BE MORE COMFORTABLE  
17 WITH THE THERAPIES LANGUAGE. AND I FEEL LIKE THE  
18 PIECE HERE TOO THAT I THINK IS ALWAYS SO INTERESTING  
19 IS JUST I FEEL LIKE WE ARE DOING SUCH -- WE. WHAT  
20 WE'RE DOING WITH OUR RESEARCHERS AND EDUCATORS AND  
21 OTHER FOLKS, ADMINISTRATORS, ARE DOING IS SO  
22 INNOVATIVE IN TERMS OF -- AND I THINK THAT SPEAKS TO  
23 THAT PIECE SOMEWHERE IN ONE OF THESE SLIDES ABOUT  
24 REALLY POSITIONING CALIFORNIA AT THE FOREFRONT OF  
25 SCIENCE RESEARCH, EDUCATION, SUPPORT, ACCESSIBILITY,

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1 ALL OF THAT. SO...

2 CHAIRWOMAN DURON: KIM'S GOT HER HAND UP.

3 MS. ADAMS: KIM, GO.

4 DR. BARRETT: YEAH. THANKS SO MUCH, AMY.  
5 I'M REALLY EXCITED BY THIS. I ALSO WANTED TO WEIGH  
6 IN ON THE CURES THING. I AM MINDFUL OF EVERYTHING  
7 THAT'S BEEN SAID, AND I'M PARTICULARLY PERSUADED BY  
8 MARGUERITE'S COMMENTS ABOUT HOW THAT LANDS WITH THE  
9 DISABILITY COMMUNITY. AND SCIENTISTS ARE ALWAYS A  
10 LITTLE HESITANT TO USE THE WORD "CURE." BUT I DO  
11 THINK THAT THAT IS ONE OF OUR UNIQUE SELLING POINTS,  
12 THAT THERE ARE CONDITIONS WHERE WE HAVE THE HOPE OF  
13 A LASTING CURE. AND WE DON'T WANT TO GIVE UP ON  
14 THAT COMPLETELY BECAUSE OTHERWISE WE'RE NOT JUST  
15 TALKING ABOUT CONTROLLING SYMPTOMS. WE'RE TALKING  
16 ABOUT CHANGING THE NATURAL HISTORY OF A DISEASE  
17 STATE. AND WE NEED TO HOLD ONTO THAT AT LEAST IN  
18 SOME WAY AND USE IT JUDICIOUSLY.

19 CHAIRWOMAN DURON: AND, KIM, I MEAN I WILL  
20 ADD THAT I ABSOLUTELY AGREE WITH THAT, BUT IT IS  
21 BEING SENSITIVE TO THE SPECIFIC AUDIENCE WHERE  
22 HEARING THAT CAN CAUSE -- AND THEREFORE -- AND  
23 THAT'S WHY, AS MUCH AS WE HAVE A TOOLKIT, AS MUCH AS  
24 WE HAVE SOME BASIC LANGUAGE, HERE'S AN IDEA FOR YOU,  
25 THAT WHEN YOU WALK INTO A ROOM, YOU HAVE TO SEE THAT

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1 AND MAKE SOME DECISIONS TOO ABOUT WHO YOU'RE TALKING  
2 TO. ALL THE TOOLKITS IN THE WORLD MIGHT NOT SAVE  
3 YOU.

4 AND I THINK THAT THAT'S WHY IT BECOMES  
5 IMPORTANT FOR US TO HAVE THIS CONVERSATION AND BE  
6 SENSITIVE TO THESE VARIOUS AUDIENCES SO THAT WHEN WE  
7 WALK IN A ROOM AND SUDDENLY WE ARE FACED WITH A  
8 NUMBER OF THOSE DISABLED IN THE ROOM TO BE VERY  
9 SENSITIVE TO THAT WHOLE ISSUE.

10 SO I ABSOLUTELY AGREE. I MEAN WE'RE  
11 TRYING TO ALSO SELL HOPE. THAT'S WHAT CURES MEANS,  
12 RIGHT? IT'S THAT HOPE AND THAT AWE. SO I DON'T SAY  
13 WE DON'T. I JUST SAY WE NEED TO BE REALLY  
14 EMPATHETIC AND SENSITIVE DEPENDING ON THE AUDIENCE  
15 WHO'S IN THE ROOM.

16 MS. ADAMS: I HAVE, I THINK, TWO SLIDES  
17 LEFT. COULD I DO THOSE AND THEN LET'S TAKE THE  
18 SLIDES DOWN SO WE CAN ALL SEE EACH OTHER BECAUSE I  
19 THINK THIS IS A REALLY RICH CONVERSATION. AND IT  
20 WOULD BE NICER IF WE COULD HAVE IT WHILE WE COULD  
21 SEE EACH OTHER INSTEAD OF ONE AT A TIME. SO I WILL  
22 VERY QUICKLY GO THROUGH THE NEXT COUPLE AND THEN  
23 LET'S CONTINUE THIS CONVERSATION.

24 OKAY. SO I SAID WE WOULD HAVE PROOF  
25 POINTS FOR YOU TO USE. THESE ARE THE NUMBERS, LOTS

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1 OF NUMBERS. SO DEPENDING ON WHO YOU'RE TALKING TO,  
2 WHAT YOU MIGHT WANT TO SAY ABOUT CIRM, I WANT TO  
3 MAKE SURE WE ALL HAVE ACCESS TO CONSISTENT, ACCURATE  
4 NUMBERS SO THEY CAN ALL BE TALKING ABOUT THE  
5 ORGANIZATION IN THE SAME WAY. SO THIS IS A SLIDE  
6 THAT WILL BE KIND IN THIS MASTER DECK AND WILL BE  
7 UPDATED YEARLY.

8 AND THEN FINALLY THE ROLLOUT. SO ALL OF  
9 THESE MATERIALS ARE GOING TO BE AVAILABLE TO ANYONE  
10 AND EVERYONE WHO WANTS TO TALK ABOUT CIRM. I'M  
11 GOING TO START HOLDING TRAININGS FOR THE TEAM AND  
12 BOARD MEMBERS IF YOU WANT TO ATTEND. AND THEN I  
13 WILL BE TAKING FEEDBACK THROUGHOUT THE YEAR. I'LL  
14 PROBABLY UPDATE THIS YEARLY OR SO BASED ON THAT  
15 FEEDBACK.

16 AND THEN THE FAQ'S. FOR THOSE OF YOU WHO  
17 HAVE LOOKED AT THE FAQ DOCUMENT, IT'S PRETTY LIGHT.  
18 IT WAS SORT OF THE TOP QUESTIONS I GET ASKED THOUGH  
19 WE CAN ADD TO THAT OVER TIME. WE CAN -- THE PROBLEM  
20 WITH AN FAQ DOCUMENT IS EITHER YOU MAKE IT ALL  
21 INCLUSIVE AND NO ONE CAN USE IT OR IT'S TOO LIGHT  
22 AND IT'S NOT HELPFUL. SO I'M TRYING TO WALK A  
23 BALANCE HERE, BUT I TAKE FEEDBACK.

24 AND WITH THAT, THANK YOU. MY PREPARED  
25 REMARKS, MY PREPARED REMARKS WERE I WASN'T

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1 ANTICIPATING THAT WE WOULD ALREADY HAVE HAD SUCH A  
2 ROBUST CONVERSATION GOING. I'M INTERESTED, IN  
3 ADDITION TO THE CONVERSATION WE'RE HAVING, I'M  
4 INTERESTED IN FEEDBACK FROM BOARD MEMBERS ON HOW YOU  
5 CURRENTLY GET INFORMATION ABOUT OPPORTUNITIES TO  
6 TALK ABOUT CIRM AND HOW YOU WOULD LIKE TO GET  
7 INFORMATION ABOUT HOW TO TALK ABOUT CIRM BECAUSE --

8 (INTERRUPTION IN PROCEEDINGS.)

9 MS. ADAMS: ALL RIGHT. I'M GOING TO CARRY  
10 ON BECAUSE I'M A PROFESSIONAL. WHAT I WAS SAYING IS  
11 THAT I WOULD LIKE FEEDBACK FROM THE BOARD ON HOW WE  
12 CAN BE -- HOW CAN WE DO A BETTER JOB OF HELPING YOU  
13 GET OUT THERE TO TALK ABOUT CIRM IN ADDITION TO THIS  
14 OTHER CONVERSATION WE'RE HAVING WHICH I THINK IS  
15 INCREDIBLY ROBUST.

16 CHAIRWOMAN DURON: I THINK, AMY, A POINT  
17 THAT I FEEL IS ALWAYS MISSING, WE TALK ABOUT THE  
18 SCIENCE, WE TALK ABOUT THE STUDENTS, WE TALK ABOUT  
19 THE PATIENTS, WE TALK ABOUT IN SOME WAYS PATIENTS  
20 AND FAMILIES IMPACTED. WE DON'T TALK ABOUT THE  
21 COMMUNITY. IN OTHER WORDS, WE'RE NOT REMINDING --  
22 WE'RE NOT SAYING TO THE COMMUNITY THAT WE RECOGNIZE  
23 YOUR VALUE TO US BECAUSE YOU'RE THE ONES THAT ARE  
24 PAYING FOR THIS. WE TALK ABOUT -- LIKE YOU WERE  
25 TALKING ABOUT PROPOSITION, WAS IT, 71. I WOULD HAVE

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1 TOLD THAT STUDENT, "HEY, CALIFORNIA TAXPAYERS ARE  
2 PAYING FOR THIS." I WOULDN'T NEED TO TALK ABOUT A  
3 PROPOSITION OR ANYTHING ELSE OR EVEN THE  
4 LEGISLATURE. BUT CALIFORNIANS ARE PAYING FOR THIS,  
5 AND ALL OF YOU HAVE AN INVESTMENT IN THE WORK THAT  
6 WE'RE DOING.

7 AND IT'S REMINDING THE COMMUNITIES THAT  
8 THEY HAVE A VALUE, THAT THEY ARE VALUABLE TO US  
9 BECAUSE THEY ARE HELPING US MAKE THESE POTENTIAL --  
10 THIS HOPE BECOME A CURE. I'M TRYING -- I WANT A  
11 BROADER COMMUNITY TO EMBRACE THE IDEA OF WHAT THIS  
12 WORK IS ABOUT AND WHY IT HAS TO HAPPEN AND WHY THEY  
13 HAVE TO CARE ABOUT IT. SO I MISSED THAT POINT  
14 THROUGHOUT, AND I THINK WE NEED TO BRING IT CLOSER  
15 TO HOME OR POUND THAT WAY. I'M ALWAYS SAYING THIS  
16 IS PAID FOR BY CALIFORNIA TAXPAYERS.

17 MS. ADAMS: I THINK THAT'S A GREAT POINT.  
18 I'LL FIND SOME PLACES TO WEAVE THAT IN. Yael.

19 MS. WYTE: THIS MAY BE BEYOND OUR SCOPE,  
20 BUT I'M WONDERING IF, WHEN WE'RE EXPLAINING WHAT  
21 CIRM DOES, WHAT WE STAND FOR, AND BEING CAREFUL  
22 ABOUT OUR -- CAREFUL AND SENSITIVE ABOUT OUR  
23 LANGUAGE AND OUR IMAGES, IMAGING, I'M WONDERING IF  
24 THERE IS ALSO A PLACE TO INCLUDE, LIKE, WHY IT'S  
25 SAFE FOR YOU TO BE INTERESTED OR WHY IT'S SAFE FOR

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1 YOU TO PARTICIPATE IN A CLINICAL TRIAL OR IN  
2 POTENTIAL RESEARCH THAT WE'RE GOING TO BE FUNDING  
3 BECAUSE THERE IS A LOT OF FEAR AND MISINFORMATION,  
4 ESPECIALLY IN COMMUNITIES OF DISPARITY.

5 AGAIN, IT MIGHT BE TOO MUCH FOR CIRM TO  
6 TAKE ON AND OUT OF OUR WHEELHOUSE, BUT JUST THROWING  
7 THAT OUT THERE AS SOMETHING THAT WE SHOULD JUST --  
8 TO CONSIDER.

9 MS. ADAMS: YEAH. THERE WAS A POINT IN  
10 TIME WHERE WE HAD MATERIAL ON THE CIRM WEBPAGE ABOUT  
11 STAGES OF CLINICAL TRIALS AND REGULATIONS AND ALL  
12 THAT STUFF. AND THAT WAS WAY, WAY, WAY BACK IN THE  
13 DAY. THAT'S COME DOWN IN PART BECAUSE OF THE EFFORT  
14 OF MAINTENANCE, ACCURACY OF THAT CONTENT. BUT I  
15 THINK WE HAVE HAD CONVERSATIONS INTERNALLY ABOUT  
16 WHAT DO WE NEED TO BE TELLING PEOPLE, WHAT'S NOT OUR  
17 RESPONSIBILITY BECAUSE I THINK YOU'RE RIGHT, THAT  
18 PEOPLE REALLY DON'T KNOW THE STAGES OF CLINICAL  
19 TRIALS. THEY DON'T KNOW WHAT THE REGULATIONS ARE.

20 WE'RE ALSO IN AN ERA -- WE HAD A  
21 CONVERSATION NOT LONG AGO. WE ARE IN A BIT OF AN  
22 ERA WHERE HOW DO WE TALK ABOUT WHAT'S SAFE AND WHAT  
23 ISN'T SAFE. IS THE FDA STAMP OF APPROVAL ALWAYS AN  
24 INDICATION THAT YOU SHOULD FEEL COMFORTABLE IN A  
25 CLINICAL TRIAL? I DON'T KNOW. THAT IS NOT FOR ME

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1 TO DECIDE THAT. THAT IS NOT MY JOB, BUT I THINK  
2 IT'S SOMETHING THAT'S IMPORTANT TO THINK ABOUT AND  
3 TALK ABOUT.

4 MS. WYTE: YEAH. AND IT WILL BE REVIEWED  
5 WHEN YOU ENTER THAT, BUT I THINK JUST IF WE HAVE AN  
6 OPPORTUNITY TO SPEAK IN FRONT OF PEOPLE AND EXPLAIN  
7 WHAT WE DO, I THINK IT'S ALSO HELPFUL TO SAY THIS  
8 IS -- THERE'S PROTOCOLS IN PLACE, AND THIS IS A SAFE  
9 THING FOR YOU TO EXPLORE.

10 MS. ADAMS: YEAH. PAT.

11 DR. LEVITT: YEAH. THANKS. SO THE  
12 PACKAGES ARE GREAT. I MEAN I THINK THEY'RE GOING TO  
13 BE REALLY HELPFUL, AND YOU IDENTIFIED SOME REALLY  
14 KEY AREAS THAT WILL, I THINK, IMPROVE COMMUNICATION  
15 A LOT.

16 AS PEOPLE WERE TALKING, I WAS THINKING  
17 ABOUT HOW I TALK ABOUT WHAT I DO. AND IF YOU THINK  
18 ABOUT THE DISEASE AND DISORDER LIST THAT WE SEE AS  
19 BOARD MEMBERS, FEW, IF ANY, OF THEM FALL UNDER THE  
20 CURE DOMAIN OF DEFINITION. I DON'T -- IN MY  
21 CONVERSATIONS WITH COMMUNITIES AND FAMILIES FOR A  
22 LONG TIME, SINCE I'M OLD, IT IS ABOUT IS THERE A  
23 TREATMENT OR INTERVENTION THAT'S GOING TO IMPROVE  
24 THE LIFE, THE QUALITY OF LIFE OF THE PATIENT AND  
25 THEIR FAMILIES. AND WE'RE NOT CURING BLINDNESS FOR

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1 MOST OF WHAT WE'RE FUNDING. WE'RE PROVIDING SIGHT  
2 AT SOME LEVEL THAT YOU WOULDN'T DEFINE AS A CURE.  
3 YOU WOULD DEFINE IT AS A SUBSTANTIAL IMPROVEMENT,  
4 AND THAT RESONATES.

5 SO THAT'S ONE THING I WANTED TO SAY IS  
6 THAT THERE IS, LIKE, THIS LITTERED HISTORY IN  
7 SCIENCE OF LEADERS OF SCIENTIFIC SOCIETIES AND  
8 OTHERS AND LEADERS OF UNIVERSITIES GOING IN FRONT OF  
9 CONGRESS AND TALKING ABOUT GIVE US MORE MONEY AND  
10 WE'LL CURE THIS IN TEN YEARS. I CAN CITE MULTIPLE  
11 EXAMPLES OF THAT. AND SO I THINK IT IS SKATING ON  
12 ICE, BUT IT'S SKATING ON THIN ICE, I THINK. AND IT  
13 DOESN'T APPLY TO MANY OF THE DISEASES AND DISORDERS  
14 FOR WHICH WE FUND RESEARCH.

15 SO IMPROVING THE LIVES AND WELL-BEING OF  
16 INDIVIDUALS WHO ARE DIAGNOSED WITH A DISEASE OR  
17 DISORDER IS LOOKED AT AS A REAL GRAY PROMISE. AND  
18 PEOPLE GET VERY ENTHUSIASTIC ABOUT THAT BECAUSE  
19 THEY'RE CARING FOR INDIVIDUALS WHO ARE STRUGGLING,  
20 AND THAT'S WHAT THEY WANT TO HEAR ABOUT.

21 THE SECOND THING ABOUT COMMUNITIES I JUST  
22 WANTED TO MENTION IS THAT IT COULD BE A REAL BENEFIT  
23 TO ENGAGE WITH COMMUNITIES IN A WAY IN WHICH  
24 COMMUNITIES, PARTICULARLY THOSE WHO ARE LEADERS IN  
25 COMMUNITIES, RECOGNIZE WHAT CIRM IS DOING, WHY IT'S

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1 SO VALUABLE TO THEIR SPECIFIC COMMUNITY. AND THOSE  
2 INDIVIDUALS HAVE FAR GREATER REACH THAN WE WILL EVER  
3 HAVE WITHIN COMMUNITIES.

4 SO WHATEVER WE CAN DO TO BE IN FRONT OF  
5 AUDIENCES IN WHICH WE HAVE LEADERS OF COMMUNITIES  
6 PRESENT TO TALK ABOUT CIRM AND TO DETERMINE HOW IT  
7 DOES OR DOES NOT RESONATE WITH THOSE INDIVIDUALS  
8 BECAUSE NO AMOUNT OF COMMUNICATION PROCESSES WE'RE  
9 GOING TO HAVE ARE GOING TO REACH COMMUNITIES  
10 BROADLY. BUT, FOR EXAMPLE, YSABEL IS A LEADER  
11 WITHIN THE LATINO COMMUNITY, AND YOUR VOICE PEOPLE  
12 PAY ATTENTION TO IN TERMS OF WHY THIS IS SO  
13 IMPORTANT. AND THERE ARE OTHER EXAMPLES OF THAT.

14 SO I THINK ATTENTION TO COMMUNITIES GIVES  
15 US A MULTIPLYING FACTOR IN TERMS OF TOUCHING MORE  
16 FAMILIES AND MORE INDIVIDUALS WITHIN THOSE  
17 COMMUNITIES. THAT'S IT.

18 MS. ADAMS: THAT'S A GREAT POINT. GEORGE,  
19 YOU'RE UP NEXT.

20 DR. BLUMENTHAL: THANK YOU. FIRST OF ALL,  
21 I REALLY LOVE WHAT YOU'VE PUT OUT. I FEEL LIKE THIS  
22 IS A PACKAGE THAT WE REALLY CAN WORK WITH AND CAN  
23 USE TO OUR ADVANTAGES. SO THANK YOU SO MUCH FOR  
24 DOING THIS, AND I LOOK FORWARD TO SEEING FURTHER  
25 ITERATIONS.

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1 A COUPLE OF POINTS ABOUT SORT OF THE  
2 COUNTRY CONTEXT OF THIS COMMUNICATION. ONE IS I  
3 THINK IT MAY BE REALLY IMPORTANT THESE DAYS TO  
4 DISTINGUISH WHAT CIRM IS DOING FROM WHAT NIH IS  
5 DOING BECAUSE I THINK WE LIVE IN A WORLD WHERE TRUST  
6 IN NIH IS ERODING. WHEREAS, WE CAN SAY THAT WE'RE  
7 MOTIVATED ENTIRELY BY SCIENCE IN WHAT WE'RE DOING.  
8 SO I THINK IT'S IMPORTANT AT SOME POINT TO BE ABLE  
9 TO MAKE THAT DISTINCTION.

10 ANOTHER CONTEXTUAL THING THAT I THINK IS  
11 IMPORTANT IS THE ISSUE OF AFFORDABILITY. WE'VE BEEN  
12 DOING A LOT ON AFFORDABILITY, ON MAKING THESE  
13 CURES -- I'M SORRY -- THESE TREATMENTS AVAILABLE TO  
14 A BROAD SWATH OF OUR POPULATION. AND I THINK IT'S  
15 IMPORTANT TO EMPHASIZE OUR SENSITIVITY TO THE ISSUES  
16 OF AFFORDABILITY.

17 MS. ADAMS: GREAT. THANK YOU. SPEAKING  
18 OF AFFORDABILITY, WE HAVE MARIA UP NEXT.

19 VICE CHAIR BONNEVILLE: THAT WAS NOT WHAT  
20 I WAS GOING TO TALK ABOUT, BUT I'M HAPPY TO TOUCH ON  
21 THAT. BUT WHAT I WAS GOING TO MENTION IS SOMETHING  
22 TO AMPLIFY WHAT PAT WAS SAYING. WHEN WE STARTED ON  
23 THE OUTREACH FOR THE COMMUNITY CARE CENTERS AND WE  
24 WENT TO THE DIFFERENT PARTS IN CALIFORNIA THAT WE  
25 VISITED, WHAT WE HEARD OVER AND OVER AGAIN WAS THAT

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1 YOU NEEDED THE TRUSTED LEADERS IN THE COMMUNITY TO  
2 COME IN AND BE THE MESSENGERS FOR THE COMMUNITIES,  
3 FOR WHAT WE WERE DOING THERE, FOR REGENERATIVE  
4 MEDICINE AS A WHOLE, JUST EVERYTHING.

5 AND WE ESPECIALLY HEARD THAT -- WE HEARD  
6 IT EVERYWHERE. BUT WHEN WE WERE IN FRESNO, IT  
7 REALLY -- THERE WERE MEMBERS OF THE COMMUNITY THAT  
8 CAME IN AND SAID LIKE, "I'M THE TRUSTED MESSENGER IN  
9 MY COMMUNITY AND I KNOW WHO TO GO TO, I KNOW -- AND  
10 I KNOW WHO TO TALK TO ABOUT WHAT AND HOW IMPORTANT  
11 IT IS TO THEM."

12 AND I THINK THAT'S PART OF THE WORK THAT  
13 YOU SEE IN THE COMMUNITY CARE CENTERS BY INCLUDING  
14 CBO'S AS PART OF THAT ENTIRE PROGRAM AND THEN MOVING  
15 FORWARD THE CBO EXPANSION PROGRAM, WHICH WILL COME  
16 TO THE BOARD LATER THIS YEAR, AND DOING THE DUE  
17 DILIGENCE THAT WE NEEDED TO DO. WHAT ARE THE  
18 POCKETS THAT WE'RE MISSING IN CALIFORNIA, AND HOW  
19 CAN WE BRING CBO'S FROM THOSE AREAS TO THE TABLE?  
20 SO THAT'S DEFINITELY -- WE KNOW IT, WE HEAR IT, AND  
21 I KNOW WE'RE WORKING ON THAT. SO THANK YOU.

22 MS. ADAMS: YEAH. I MEAN I THINK YOU  
23 NAILED IT, MARIA, IN A RESPONSE TO SOME OF THESE  
24 OTHER COMMENTS, THAT IT IS ABSOLUTELY TRUE THAT WE  
25 NEED THE MULTIPLIER EFFECT OF REACHING THESE

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1 COMMUNITY LEADERS IS ENORMOUS. AND I THINK THE  
2 CBO'S ASSOCIATED WITH THE CCCE'S IS A FANTASTIC  
3 OPPORTUNITY TO REACH THOSE PEOPLE. WE'RE NOT DOING  
4 MUCH OF THAT YET, BUT I THINK WE SHOULD AND I LOOK  
5 FORWARD TO REPORTING BACK ON THAT.

6 CHAIRWOMAN DURON: CAN I PICK THAT UP,  
7 AMY, BECAUSE I GOT AN INVITE FROM ADITI TO GO TALK  
8 TO THE OAKLAND ROTARY. AND I SAID, UM, BECAUSE --  
9 AND SO I'M LOOKING AT A PICTURE OF THE OAKLAND  
10 ROTARY BECAUSE I WANTED TO KNOW WHO ARE THEY AND HOW  
11 TO PREPARE HOW I WOULD ADDRESS THEM. AND I WAS  
12 SEEING IT'S A VERY DIVERSE AND VERY LARGE ROTARY.  
13 AND SO TO MARIA'S POINT, WITHIN THAT ROTARY ARE  
14 PEOPLE WHO REPRESENT COMMUNITIES AND WHO REPRESENT  
15 CBO'S WHO DO WORK IN THEIR COMMUNITY. AND GOING  
16 THROUGH THEM AND MESSAGING TO THEM IN THAT KIND OF A  
17 SPEECH, WE WANT TO GET THE WORD OUT. YOU KNOW HOW  
18 TO HELP US GET IT OUT. CAN I GET SOME OF YOU PEOPLE  
19 TO COME AND TALK TO ME AFTERWARDS AND GIVE ME YOUR  
20 CONTACT INFORMATION SO THAT I CAN SHARE WITH OUR  
21 COMMS TEAM AND WE CAN COME BACK TO YOU SPECIFICALLY  
22 AND YOU CAN HELP US CONNECT WITH YOUR COMMUNITY.  
23 THAT HELPS, AS WE SAID, IN THAT MAGNIFICATION  
24 PROCESS. WE GET IT DONE IN ONE ROOM, BUT WE'RE  
25 ALREADY ENLARGING OUR AUDIENCE AND HOPEFULLY OUR

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1 DIVERSE AUDIENCES WHEN WE DO TAKE ADVANTAGE OF  
2 SOMETHING.

3 I WOULD LOVE IT IF WE HAD -- LOOKS LIKE  
4 500 PEOPLE IN THE OAKLAND ROTARY. I'D LOVE IT IF  
5 THERE WAS 500 PEOPLE IN THE ROOM. WE COULD REALLY  
6 EXPAND OUR MESSAGE. BUT THAT'S AN IDEA ABOUT HOW  
7 YOU DO IT. YOU TAKE ADVANTAGE OF WHO'S IN THE ROOM,  
8 AND THEN YOU CHALLENGE THEM TO COME AND HELP YOU DO  
9 THE WORK ON HOW TO GET THE MESSAGE OUT INSTEAD OF ME  
10 HAVING TO GO TO ONE, TWO, THREE, FOUR, FIVE, TEN  
11 CBO'S INDEPENDENTLY, BUT REALLY KNOW WHERE TO TURN  
12 MY ATTENTION.

13 MS. ADAMS: I'M THRILLED THAT YOU'RE DOING  
14 THAT PRESENTATION. YSABEL, I'LL MENTION, ADITI  
15 REMINDS ME, I WAS GOING TO START THIS PRESENTATION  
16 BY INTRODUCING MY TEAM. AND INSTEAD STARTED BY  
17 ANXIOUSLY JUMPING INTO MY PRESENTATION. SO IF WE  
18 COULD TAKE A MINUTE, I WANT TO SAY THAT ADITI DESAI,  
19 CAN YOU WAVE. OKAY. AND THEN KATIE SHARIFY, CAN  
20 YOU GIVE A LITTLE WAVE.

21 CHAIRWOMAN DURON: HI, KATIE.

22 MS. ADAMS: AND THEN CHRISTINA SMITH. A  
23 COUPLE OF MEETINGS YOU'VE HEARD ME DRONING ON  
24 BECAUSE I'VE BEEN TRYING TO LAUNCH A LOT OF THINGS.  
25 I'M HOPING IN THE FUTURE MEETINGS YOU'LL BE HEARING

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1 MORE FROM PEOPLE ON THE TEAM ABOUT THE WORK WE'RE  
2 DOING AND THE IMPACT WE'RE HAVING.

3 CHAIRWOMAN DURON: ANY OTHER QUESTIONS?  
4 ANY IDEAS? SOUNDS LIKE WE HAD A MUSCULAR  
5 CONVERSATION. OH, I HAVEN'T HEARD FROM LEONDRA. IS  
6 SHE THERE? DID SHE LEAVE US? OH, THERE YOU ARE.  
7 COME ON, LEONDRA. LOVE TO HEAR YOUR VOICE.

8 DR. CLARK-HARVEY: I SAID I'M HERE. NO.  
9 IT'S BEEN A GOOD CONVERSATION. I DO REALLY  
10 APPRECIATE THE DIFFERENT WAYS OF LOOKING AT FROM  
11 SMALL TO LARGE AUDIENCES AND SNAPSHOTS AND BITES AND  
12 MEALS AND ALL OF THOSE DIFFERENT ILLUSTRATIONS. I  
13 THINK THEY'RE VERY HELPFUL, AND I THINK IT'S GOOD  
14 WORK. SO...

15 CHAIRWOMAN DURON: THANK YOU.

16 DR. CLARK-HARVEY: THE ONLY OTHER THING  
17 THAT I WOULD ADD IS, AS WE THINK ABOUT COMMUNITIES  
18 WORKING TOGETHER, IS REALLY UTILIZING CULTURAL  
19 INFORMANTS. I THINK THAT'S WHAT FOLKS WERE KIND OF  
20 TALKING ABOUT, AND THAT'S THE TERMINOLOGY THAT I  
21 WOULD USE BECAUSE REALLY THOSE STAKEHOLDERS WHO HAVE  
22 BEEN IDENTIFIED AS LEADERS, TRUSTED LEADERS IN THE  
23 COMMUNITY.

24 MS. ADAMS: LEONDRA, CAN YOU REPEAT THAT?  
25 YOU SAID THAT THERE WAS A PHRASE THAT YOU WOULD USE

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1 AND I DIDN'T CATCH IT. CAN YOU SAY IT AGAIN?

2 DR. CLARK-HARVEY: CULTURAL INFORMANTS.

3 MS. ADAMS: CULTURAL INFORMANTS. OKAY.

4 THANK YOU.

5 CHAIRWOMAN DURON: AND I'M GOING TO PLAY  
6 DEVIL'S ADVOCATE. THESE DAYS INFORMANTS, I MEAN IT  
7 CAN DRIVE YOU CRAZY; BUT ONCE AGAIN, WHO AM I  
8 TALKING TO? WHO IS MY AUDIENCE? AND HOW WILL THEY  
9 TAKE WHAT I'M SAYING? I DON'T KNOW IF I EVER TOLD  
10 YOU THAT WHEN I WAS IN VEGAS FOR A JOURNALISM  
11 MEETING, I ACTUALLY WAS TALKING TO A YOUNG WOMAN WHO  
12 WORKED IN VEGAS. AND THIS WAS MAYBE THE YEAR AFTER  
13 THE COVID. AND SHE WAS, I WANT TO SAY, ECUADORAN.  
14 ANYWAY, I SAID TO HER, "SO DID YOU GET VACCINATED?"  
15 AND SHE SAID, "YES BECAUSE I HAD TO IN ORDER TO  
16 WORK."

17 SO WHAT I HEARD WAS A RESISTANCE TO THE  
18 WHOLE VACCINATION, BUT SHE DID IT IN ORDER TO  
19 SURVIVE; THAT IS, WORK. AND I SAID TO HER, "WELL,  
20 WHY ARE YOU SKEPTICAL?" AND SHE SAYS, "WELL, WE  
21 THINK IT'S THE GOVERNMENT THAT WANTS US NOT TO HAVE  
22 CHILDREN."

23 SO YOU CAN GENERALIZE ALL YOU WANT, BUT  
24 YOU HAVE TO KNOW AND HAVE A SENSE OF THE PEOPLE THAT  
25 YOU'RE GOING TO TALK TO AND HOW THEIR LIVED

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1 EXPERIENCE MIGHT BE DIFFERENT ENOUGH THAT YOU EVEN  
2 HAVE TO PAY ATTENTION TO THE WORDS YOU USE. SO WHEN  
3 I TALK TO DOCTORS, I DON'T NECESSARILY LIKE TO USE  
4 THE TERM "CULTURAL COMPETENCE" BECAUSE I THINK  
5 THEY'RE GOING TO PUSH BACK AND SAY, "WHAT? I'M NOT  
6 COMPETENT?" THEY MISSED THE CULTURAL. THEY'RE INTO  
7 THE COMPETENT.

8 AND SO I THINK IT'S JUST ME BEING VERY  
9 SENSITIVE THESE DAYS IN UTILIZING THE LANGUAGE  
10 BECAUSE IT IS IN AND OF ITSELF ONE WORD CAN BE VERY  
11 POWERFUL AND TURN PEOPLE OFF. AND WE'RE TRYING TO  
12 BE TRANSPARENT WHICH IS VERY CRITICAL IN THIS DAY  
13 AND AGE FOR PEOPLE TO ACCEPT THAT MESSAGE. BUT IF  
14 SOMETHING TURNS THEM OFF, THEY DON'T HEAR THE  
15 MESSAGE.

16 THAT'S WHY I'M, AMY, SO FOCUSED IN ON  
17 WORDS I HEAR RIGHT NOW.

18 DR. CLARK-HARVEY: I APPRECIATE THAT. LET  
19 ME CONTEXTUALIZE MY PHRASING. IT'S SOMETHING THAT'S  
20 OFTEN USED IN SOCIAL SCIENCE RESEARCH. APPRECIATE  
21 THAT IT MIGHT NOT COME ACROSS AS INTENDED, BUT ALSO  
22 YOUR TERM "CULTURAL COMPETENCY" IS A BIT -- THAT'S  
23 ALSO THERE'S A BIG ARGUMENT ABOUT THAT, RIGHT.  
24 CULTURAL SENSITIVITY IS WHAT WE'RE USING NOW. SO I  
25 THINK WHAT WE'RE ILLUSTRATING EVEN IN THIS

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1 CONVERSATION IS THAT WORDS ARE CHANGING, OUR LEXICON  
2 IS CHANGING ALL THE TIME, AND IT'S GREAT TO HAVE  
3 THESE CONVERSATIONS BECAUSE WE'RE INFORMING ONE  
4 ANOTHER AND HELPING EACH OTHER COME UP WITH WHAT'S  
5 BEST FOR CIRM TO USE AS THEY GO OUT THE COMMUNITY.  
6 SO THANKS, YSABEL, FOR STARTING THE DISCUSSION.

7 CHAIRWOMAN DURON: THANK YOU, EVERYBODY,  
8 FOR ENGAGING. IT WAS LOVELY.

9 AMY, THROWING IT BACK TO YOU IF YOU WANT  
10 TO WRAP UP. IN TERMS OF YOUR PRESENTATION, ARE YOU  
11 DONE?

12 MS. ADAMS: I'M GOING TO WRAP UP BY SAYING  
13 THANK YOU TO EVERYONE. THIS WAS A MUCH RICHER  
14 CONVERSATION THAN I WAS -- THESE ARE ALWAYS GOOD  
15 MEETINGS, BUT THIS IS RICHER THAN I HAD EVEN  
16 IMAGINED. SO THANK YOU, EVERYONE, FOR NERDING OUT  
17 ON WORDS WITH ME.

18 CHAIRWOMAN DURON: OKAY. WE HAVEN'T HEARD  
19 A PEEP FROM J.T.

20 DR. THOMAS: SO I JUST WANTED TO SAY TO  
21 AMY THAT, AGAIN, THESE PAST FEW DISCUSSIONS HAVE  
22 BEEN INDICATIVE OF THE NEW STRATEGIC DIRECTION THAT  
23 WE HAD HOPED TO BE EMPLOYING WHEN SHE CAME ABOARD.  
24 AND I THINK THE PROOF IS IN THE ROBUSTNESS OF THE  
25 DIALOGUE AND THE PARTICIPATION OF ALL MEMBERS OF THE

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1 SUBCOMMITTEE WHO ARE ON THE CALL, WHICH IS  
2 FANTASTIC. AND I THINK THAT TOGETHER AS A TEAM WITH  
3 AMY'S GUIDANCE AND COORDINATION WITH THE MEMBERS OF  
4 THE SUBCOMMITTEE AND THE BOARD THAT WE ARE GOING TO  
5 MAKE GREAT STRIDES IN GETTING COMMUNICATION OUT TO  
6 ALL STAKEHOLDERS THAT WE NEED TO.

7 AND SO I JUST WANT TO SHOUT OUT TO AMY AND  
8 THE TEAM FOR DOING A GREAT JOB. SO THANK YOU.

9 MS. ADAMS: THANK YOU. AND THANK YOU,  
10 HUGE THANK YOU TO THE TEAM. YOU GUYS HEAR FROM ME  
11 ALL THE TIME, BUT I'M JUST SITTING HERE MAKING  
12 NOISES ABOUT THE WORK MY TEAM HAS DONE. SO THANK  
13 YOU TO THE TEAM FOR ALL THEIR HARD WORK.

14 CHAIRWOMAN DURON: ABSOLUTELY. THANK YOU  
15 TO THE TEAM AND THANK YOU, AMY, FOR THAT. WE  
16 WATCHED THIS MEDIA PRESENTATION GROW IN THESE LAST  
17 NINE MONTHS, I THINK, SINCE WE GOT MOVING. AND SO  
18 WE REALLY APPRECIATE, OR WHENEVER IT WAS YOU CAME TO  
19 US, YOU MIGHT BE ABLE TO TELL US THE TIME, BUT THANK  
20 YOU VERY MUCH. WE APPRECIATE ALL THE WORK YOU PUT  
21 INTO THIS. NOW WHAT WE WANT ARE METRICS.

22 MS. ADAMS: YEAH. I KNOW. ALL RIGHT.  
23 STAY TUNED.

24 CHAIRWOMAN DURON: OKAY. SHALL WE CALL IT  
25 A DAY? OH, WAIT. IS THERE ANYBODY OUT IN PUBLIC

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1 WHO HAS -- WHO WANTS TO JOIN US? WE'VE ALREADY HAD  
2 OUR SHARE OF THE PUBLIC. NO, CLAUDETTE, NONE?

3 MS. MANDAC: NO HANDS RAISED.

4 CHAIRWOMAN DURON: OKAY. THANK YOU VERY  
5 MUCH. WELL THEN, END THE MEETING. THANK YOU VERY  
6 MUCH AND HOPE TO SEE -- OH, I GUESS THE TIME WILL BE  
7 AT OUR BOARD MEETING. IS THAT IT?

8 MR. TOCHER: ON THE 29TH.

9 CHAIRWOMAN DURON: THANK YOU. EVERYBODY  
10 HAVE A GOOD AFTERNOON.

11 (THE MEETING WAS THEN CONCLUDED AT 4:58 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE SCIENCE SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JANUARY 13, 2026, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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