

NATIONAL INSTITUTES OF HEALTH

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ADVISORY COMMITTEE TO THE DIRECTOR

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WORKING GROUP ON DIVERSITY IN THE
BIOMEDICAL RESEARCH WORKFORCE

+ + + + +

PUBLIC MEETING

+ + + + +

TUESDAY
FEBRUARY 14, 2012

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The Working Group met in Room 6C6, Building 31, at the National Institutes of Health campus, at 10:00 a.m., Reed Tuckson, Co-Chair, presiding.

MEMBERS PRESENT:

- REED TUCKSON, Co-Chair
- JOHN RUFFIN, Co-Chair
- LAWRENCE TABAK, Co-Chair
- ANN BONHAM
- JORDAN COHEN
- JOSE FLOREZ
- GARY GIBBONS
- RENEE JENKINS
- M. ROY WILSON
- CLYDE YANCY

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ALSO PRESENT:

LCDR KAREN HO CHAVES, White House Initiative
on Asian American and Pacific Islanders
GLORIMAR MALDONADO, White House Initiative on
Educational Excellence for Hispanics
WILLIAM MENDOZA, White House Initiative on
American Indian and Alaska Native
Education
JOHN SILVANUS WILSON, JR., White House
Initiative on Historically Black
Colleges and Universities

PUBLIC COMMENTERS:

DALE DIRKS, AMHPS
MARCELA GAITAN, National Alliance for Hispanic
Health
ERNEST MARQUEZ, President, SACNAS Board of
Directors
ALIKA MAUNAKEA, NHLBI
EVANGELINA MONTOYA, National Association of
Hispanic Nurses
MICHELLE QUINTEROS DE CZIFRA, Hispanic-Serving
Health Profession Schools
ALBERTO ROCA, MinorityPostDoc.org
(via webinar)

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1 P-R-O-C-E-E-D-I-N-G-S

2 10:03 a.m.

3 CO-CHAIR TUCKSON: Good morning.

4 We are pleased on behalf of the Working Group
5 to welcome all of you who have joined us in
6 person as well as those who are on by webcast.

7 And we've just started the webcast as well.

8 This is the Advisory Committee to
9 the Director's Working Group on Diversity in
10 Biomedical Research Workforce. And this
11 public meeting is very important to the
12 committee's deliberations. I think we would
13 all share a common understanding that America
14 needs all of its talent, all of its expertise
15 being deployed to address vexing issues of
16 national importance. None of the problems in
17 front of the nation could be more important
18 than the health and survival of its citizens,
19 especially in a nation that is increasingly
20 heterogeneic, filled with a rich panoply of
21 diverse cultures, peoples, traditions.

22 There is no question also that the

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1 destruction of spirit or incentive by
2 individuals who feel that processes are not
3 fair or appropriate or people do not get a
4 fair chance to grow and advance and to develop
5 their talents is also a tragedy. And so the
6 issues that have brought the director of NIH
7 to his great credit to have convened this
8 Working Group are extremely important.

9 The Working Group is in the
10 process, in the middle of a deliberate process
11 of data review and analysis. That work
12 continues to go forward. The Working Group is
13 also in the midst of a structured process of
14 hypothesis formulation and hypothesis testing.

15 That work is ongoing. And so as we and our
16 committee are continuing to understand the
17 problem, its size, dimensions and causality
18 and as we begin to think about appropriate
19 interventions that are pertinent to the
20 problem as defined this hearing today will go
21 a long way towards helping us to think more
22 carefully, more precisely about that. So you

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1 are giving us input at just the right moment.

2 I do want to caution that those of
3 you who may want us on the committee to
4 declare where we are or what we think or what
5 our recommendations are, that would be
6 terribly premature and disrespectful of the
7 very purposes of this public hearing. This
8 public hearing is designed to give us ideas,
9 guidance, perspectives, judgment, wisdom,
10 thoughts that will permit us to do a better
11 job of formulating our understanding and the
12 interventions that would necessarily follow.
13 So we really appreciate your being here, we
14 appreciate your being here at this moment in
15 the committee's life.

16 With that let me turn to my two co-
17 chairs and first, Larry Tabak, and see what
18 opening comments that Larry might have.

19 CO-CHAIR TABAK: Thank you, Reed,
20 and good morning everybody. I'd like to first
21 thank Reed for his leadership of this group
22 and John Ruffin for his leadership and to the

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1 members of our committee a subset of whom have
2 been able to travel here to be with us today.

3 And I want to thank all of our guests in
4 advance.

5 Today is a day where we need to
6 listen and learn, and we are looking forward
7 to your comments and to the dialogue. And
8 with that I will turn it to Dr. John Ruffin.

9 CO-CHAIR RUFFIN: Thank you, Larry,
10 and also thank you, Reed, and thank all of you
11 for being here today. I too am excited to
12 hear and to listen, and particularly the
13 groups that are going to be testifying before
14 us today, and I have a specific reason for
15 saying that.

16 Many of you know that as a young
17 institute at the National Institutes of Health
18 we've experienced the value of committee
19 input. Many of you know that as we moved from
20 an office to a center and then later on to an
21 institute many of the programs that we have
22 implemented and all three of those areas were

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1 the result of community input. We actually
2 traveled around the country and we asked one
3 question as we grew, and that question was
4 what is it that we should be doing that we're
5 not doing.

6 The signal here as it relates to
7 the issue that we're going to be discussing
8 today is that clearly there is something that
9 we should be doing that we're not doing, and
10 the value of the input that you will give us
11 today will help us to take the advice that you
12 would give to us and hopefully translate that
13 advice into something that will change the
14 atmosphere and will change the landscape. So,
15 I want to thank you for being here and for
16 giving us your time and your effort and to
17 make the kind of recommendations hopefully
18 that we can use here at the National
19 Institutes of Health. So thank you very much
20 for being here.

21 CO-CHAIR TUCKSON: And let me also
22 acknowledge that we do, as Larry indicated,

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1 have really a significant segment of the
2 Working Group here today. And so let me just
3 note with appreciation Gary Gibbons, Jose
4 Florez, Ann Bonham, Jordan Cohen, Renee
5 Jenkins, Roy Wilson are all here -- oh, and
6 Clyde Yancy, Clyde Yancy with coat is here as
7 well. Clyde, thank you. So we really do have
8 a significant segment of the committee.

9 As we get started and allow our
10 first speaker, John Wilson, to start to make
11 his way to the podium I do want to mention to
12 everyone that this is being videocast and so
13 that everything that is being said is in the
14 public record being broadcast to a number of
15 people. And there are also a number of folk
16 here who are taking copious notes, recording
17 everything that is being said. And so with
18 that I am very pleased on behalf of the
19 committee to welcome John Wilson, the
20 executive director of the White House
21 Initiative on Historically Black Colleges and
22 Universities. John, thank you so much for

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1 joining.

2 DR. J. WILSON: Thank you for
3 inviting me here. Good morning, everyone.

4 CO-CHAIR TUCKSON: Good morning.

5 DR. J. WILSON: I want to thank Dr.
6 Tuckson and Drs. Tabak and Ruffin and the
7 entire Working Group for this invitation. I'm
8 pleased to be here to share with you some
9 ideas that will I think move us far along on
10 the path we need to be on to get better
11 results in the area of biomedical research.

12 What I'd like to do with the half
13 hour that's been allotted to me, I may not use
14 it all but I understand I have a half an hour
15 and then that will be followed by Q&A for 15
16 minutes. I'd like to walk you through just
17 four areas, really five, to give you a sense
18 of what I believe and what we believe at the
19 White House Initiative on HBCUs would be a
20 great response to the challenges we have
21 before us at this point. I should say that I
22 am pleased that my counterparts at the White

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1 House, the other White House Initiatives, will
2 follow me today in making presentations and
3 advisories to you.

4 First, I'd like to just share with
5 you an overview of what we do at the White
6 House Initiative so you'll know exactly what
7 context this is in for us. I want you to know
8 that this, being at this meeting and having
9 this dialogue, and Dr. Tabak and I, we've had
10 some discussions before now. We had a very
11 important meeting in December that I think has
12 led to our presence here today. But this is
13 the kind of thing that is right in our
14 wheelhouse because it touches on all that is
15 at the core of our executive order.

16 Our executive order, this is a kind
17 of illustration of it, and I have handouts of
18 my slides here at the table in case any of you
19 miss that. But we're about, our executive
20 order boils down to four things. First and
21 foremost is capital enlargement here on the
22 right. And that positions us to work with the

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1 federal agencies and the private sector and do
2 a number of other things. Strategy
3 development, being here is about strategy
4 development as well. Campus enrichment. If
5 we do the right things and you follow our
6 advice to some degree we're going to enrich
7 some HBCU campuses. And then overall
8 perception enhancement there. You can ask me
9 anything about those four circles but that
10 essentially summarizes the mandate that we've
11 been given by President Barack Obama to
12 improve the lot of HBCUs.

13 What I want to do is give you a
14 kind of sense of what all of that means in
15 your context, in the context of the NIH
16 challenge. So, in outlining that I want to
17 move now to outline some of the key problems
18 and challenges. And I will do that the next
19 slide.

20 We understand that just sort of as
21 a baseline challenge African-Americans are
22 underrepresented in the biomedical research

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1 workforce, all right? Now, my language would
2 be a little different if I knew my counterpart
3 initiatives were not going to present after
4 me. I'm focused on African-Americans and
5 HBCUs with my presentation today. So that is
6 a baseline problem that we need to address.

7 Second, I want to make a
8 distinction made by a friend of mine some
9 years back when I was working at MIT and we
10 were saying we were about diversity. He said
11 no, it's not about diversity, it's about
12 pluralism. He said the challenge is to get
13 beyond seeing these issues and the issues we
14 have in focus today as merely a quantitative
15 problem. We must address the qualitative
16 aspects as well and that evokes the question
17 where can we have better relationships. I
18 want to come back to that.

19 Another angle and what I want to
20 share with you, these are angles on the
21 problems that we need to address and the
22 challenges that we have before us.

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1 Institutional infrastructure. That's a
2 challenge area, particularly where it comes to
3 considering what HBCUs can do to help address
4 the baseline problem. Many HBCUs are without
5 the kind of state of the art academic and
6 research scaffolding required to produce a
7 large supply of competitive biomedical and
8 STEM talent, and yet many actually are very
9 productive in this area. And that suggests to
10 us that there are some that are ripe for a big
11 investment, just based on what they're able to
12 do in spite of some of the limitations that
13 they have.

14 And here I have in mind some of the
15 HBCUs that have already been productive and
16 you know about them all. I'm not coming here
17 today heavy with data because I've done a
18 little homework and know that you all, I have
19 some of the data you already have so I'm not
20 going to walk you through what you already
21 know. I'm going to interpret from that and
22 use that as a foundation. So, we already know

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1 that Hampton and Howard University and
2 Morehouse and Spelman and Xavier and Tougaloo,
3 Jackson, places like that are producing in
4 spite of some of the limitations.

5 Yet and still there are limitations
6 and as a consequence because there are
7 challenges with the institutional
8 infrastructure then you get some challenges
9 with the individual infrastructure. That is
10 to say, consequently many HBCU students may be
11 at a competitive disadvantage relative to
12 their peers from undergraduate environments
13 with better scaffolding. So you have what
14 we're dealing with as a challenge is what
15 Shirley Malcolm calls "cumulative
16 disadvantage." We are well aware of that and
17 we are not ignoring that.

18 Another challenge area is what I
19 call the long shadow of bias, all right? The
20 long shadow of bias. While bias has
21 apparently limited the success rate of
22 African-American applicants that's bad enough,

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1 but the perceptions of bias are apparently
2 limiting African-American applications and
3 engagement. We know that there are some
4 professors who believe I don't have a chance
5 so I'm not even going to apply. The
6 perception of bias has held some back and they
7 don't engage. That's an important issue and
8 we want to direct your attention to it, and
9 that suggests that there is a need for repair.

10 And I'll come back to that theme.

11 And then finally as a baseline or a
12 kind of fundamental challenge we have a
13 challenge as a nation and we already know that
14 HBCU and African-American excellence are
15 essential to reaching our national goals. And
16 our educational pipeline is far more diverse
17 than our current workforce.

18 We know that to become number one
19 you all know about the 2020 goal, to be number
20 one in the world again by 2020 in the most
21 educated and competitive and diverse workforce
22 in the world. We need about 8 million more

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1 graduates. We know that 2 million of them
2 need to be African-American and we know that
3 167,000 more above our current base and pace
4 need to come from HBCUs.

5 And that's the extra work we want
6 HBCUs to do. They are figured in, all right?

7 They are hard-wired into the way we think
8 about our national goals. And I think NIH
9 needs to do the same thing. That is, hard-
10 wire in to the way you think about these
11 challenges HBCUs and African-American
12 excellence in general.

13 Now, let me move from that. So
14 that evokes a question and the question is how
15 best to shift NIH toward a more proactive mode
16 in the face of these and related challenges.
17 That's the question we think that is
18 compelling for you to consider as we outline
19 this advisory.

20 Now, let me tell you a little bit
21 about our context again as platform for making
22 some recommendations to you. You might ask

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1 and you might wonder what informs our thinking
2 in terms of our thinking about what's behind
3 what we're going to say today.

4 We are a White House Initiative.
5 We are housed in the Department of Education
6 and we are part of the larger strategy that is
7 going on in the Department of Education. I
8 work very closely with Martha Kanter who is
9 the higher ed architect for the Department and
10 very closely with Arne, Arne -- Secretary
11 Duncan, excuse me.

12 What we have in the Department is
13 called a Race to the Top. You've heard about
14 it. We decided, the Department looked at the
15 condition of K-12 education in America and
16 decided to invest about \$4.35 billion as one
17 investment node into a competitive grant
18 program decided to encourage and reward
19 applicants, which happened to be states in
20 that case, that are creating the conditions
21 for education, innovation and reform.

22 So, we've made an investment to

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1 create better conditions for a surge in
2 productivity and excellence in K-12 education.

3 That informs the White House Initiative on
4 HBCUS' thinking about what we want to share
5 with you today, an emphasis on creating
6 conditions. And there are four kind of nodes.

7 One is called a turnaround model and
8 another's called a transformation model.
9 Those are very important but we don't have
10 time to get into those today.

11 Another thing that informs our
12 thinking is what we refer to, our competitive
13 preferences. We built into the Race to the
14 Top some competitive preferences. We said to
15 the states that those states that pay
16 attention to certain issues will get an edge
17 in terms of being named winners. In our view
18 in that context we believe that if NIH makes a
19 special targeted effort to address African-
20 American underrepresentation, for instance, in
21 the biomedical research workforce they could
22 name that as a competitive preference and then

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1 you begin to see some work.

2 And then there are other ways to do
3 this. Partnerships, there are natural
4 biomedical nodes that you might consider, but
5 a competitive preference for those things.

6 Many people, if you were to ask if
7 a Department of Education initiative is going
8 to be national what percentage of the African-
9 Americans would you have to reach to call it
10 successful. And many people would naturally
11 think if you're reaching a percentage of
12 African-Americans that's roughly in accord
13 with the percentage of African-Americans in
14 the country, i.e., 13 percent or so, you're
15 successful. Because of those competitive
16 preferences with the Race to the Top we're
17 reaching 40 percent of the African-American K-
18 12 population in the country. We wouldn't be
19 able to do that without that move.

20 Drawing on expertise, that informs
21 our thinking about what I'll say to you today.

22 We're doing that at the heart of what we do

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1 in the Department and everything we do. I
2 won't spend a lot of time on that.

3 Thinking within and beyond the
4 standard vehicles of engagement and
5 cultivation. That is to say, when you think
6 about the way in which HHS or NIH or any of
7 the federal agencies and offices do outreach
8 to higher ed you think in terms of the
9 conventional: fellowships, scholarships,
10 internships. We think in those terms too but
11 we also think beyond those terms and I'm going
12 to say a little bit about that. That could be
13 referred to as the infrastructure or the
14 scaffolding in higher ed.

15 And then finally, using incentives
16 to democratize productivity. That is to say,
17 we had a competition. And I believe a
18 competition not only engages a lot of people
19 but it heightens visibility, energy and a
20 convergence of resources.

21 All right, now with all that as
22 backdrop the question is what if we bring that

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1 thinking to this challenge that NIH has? What
2 if we applied some of those principles. And
3 that's where I want to go next with just two
4 more slides, three more slides.

5 What I am, what we are suggesting
6 is that NIH make a big investment, kind of a
7 race to the biomedical top. Not a race to the
8 top, but a race to the biomedical top. We
9 figure it should be somewhere on the order of
10 at least half a billion dollars a year -- I'm
11 sorry, half a billion dollars over five years
12 and it should be a competitive grant program
13 designed to attract proposals from real or
14 potential biomedical hot spots for generating
15 far more young biomedical talent.

16 For instance, and this is just an
17 idea I'll trot out, five winning sites may get
18 \$20 million annually for five years. All have
19 to bridge to the private sector. The top two
20 get a three-year renewal. Maybe it should be
21 half a billion, \$500 million over five years,
22 \$100 million a year. Maybe it should be

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1 double that. Something. It needs to be a big
2 investment and this obviously is drawn from
3 what we have done.

4 Also invite proposed improvements
5 to the institutional scaffolding and
6 infrastructure since we already know that
7 infrastructure is an issue in some of the
8 areas that are ripe for investment based on
9 their productivity now. And that's where I
10 cited the particular HBCUs.

11 Let me go to some benefits of doing
12 this. This approach suggests that the ideas,
13 the creative and innovative thinking comes to
14 NIH and not necessarily from NIH. There's a
15 tendency to want to think about what is the
16 best thing we could do, what is the best.
17 Let's ask them to come up with the ideas and
18 propose them in a competitive context with
19 some competitive preference for those that
20 deal with the baseline problem, the
21 underrepresentation issue.

22 Another benefit: it empowers an

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1 applicant-driven shift in focus to addressing
2 the infrastructure. A lot of HBCUs I talk to
3 say that NIH, HHS, they don't give the kind of
4 money we actually need to do a better job.
5 Well, get them to propose what they actually
6 need and let's hear from them.

7 Another benefit: it will
8 necessarily avoid the HBCU as stepchild
9 syndrome. That is to say in a lot of
10 partnerships that get formed you have the big
11 Georgia Tech or MIT or some other big
12 university throwing in an HBCU to increase
13 their chances. And I'm not -- let's say
14 University X or Y, I'm not drawing on evidence
15 there necessarily about MIT or Georgia Tech.
16 And the HBCU ends up being the stepchild or
17 the afterthought and no real change occurs
18 there. If they are proposing they're not
19 going to propose a relationship that will have
20 them in that position. And a clear
21 opportunity to shift student and faculty
22 lifestyles.

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1 One of the problems is a lot of
2 HBCU faculty are just teaching too much,
3 they're overloaded. So there's no room in
4 their lives and schedules to do the real work
5 that needs to be done and a lot of the HBCU
6 students are on too much work-study and non-
7 work study trying to -- so we need to shift
8 out of those lifestyles. And you can do that
9 with more support in the scholarship and
10 purchase of faculty time, those areas.

11 Another benefit is it clearly moves
12 NIH to a more proactive stance and the
13 important point to make is even the losers
14 win. That is to say, those states that
15 proposed in Race to the Top got involved in a
16 process that absorbed them all, engaged them
17 all. And they ended up putting proposals on
18 the table that captured a very compelling
19 transformation effort in those states. And
20 even if they didn't win they were sitting
21 there with a body of ideas that were game for
22 investment by others, and then they planned to

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1 resubmit later on and that is exactly what
2 happened. So you build excitement about these
3 things and even the losers win.

4 Now, that is kind of what we would
5 advise NIH to do looking out. But we would be
6 remiss if we did not touch on what NIH could
7 do internally to get at these issues. And I
8 want to begin by sharing with you an analogy.

9 And let me watch my time here. Okay, 10
10 minutes to go.

11 I started my career at MIT and MIT
12 in 1983 or -4, before I got there, had done an
13 alumni survey. And it was a general alumni
14 survey. And there was a professor at MIT who
15 took a look at the survey results and who
16 determined that -- who noticed that the
17 responses from African-American alumni seemed
18 to be more negative than the other responses.

19 So they identified a problem. And MIT had
20 the option of saying whatever but they didn't.

21 They decided to take a hard look at that and
22 try to understand it and try to understand

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1 what that meant for MIT institutionally.

2 So, I was just coming out of grad
3 school down the street at Harvard and they
4 hired me for -- to do some research. I had
5 just finished my dissertation. They said we
6 want you to do some research. We want you to
7 do a black alumni survey. We want you to do a
8 deeper dive into this problem because we want
9 to understand what it is and what that means
10 for us internally. So therefore, I did a
11 black alumni survey, wrote a report on it and
12 that move in and of itself created a different
13 kind of context at MIT.

14 First and foremost it convinced a
15 lot more people in that MIT community that we
16 really have a problem because some were not
17 convinced on the first round, first take. And
18 that in and of itself created ownership of the
19 problem by more people and had more people
20 wondering, okay, what can I do in my area to
21 address that. So that's just an analogy.

22 So therefore, what it means in this

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1 context is NIH might want to take a deeper
2 look at potential bias in a kind of self-
3 examination mode, all right? Because it may
4 be the case that not everybody at NIH is
5 convinced that this is a problem. So you
6 might want to take a deeper look just to get
7 people to understand this is a problem. This
8 is a problem that might create more ownership.

9 Your option on what to do, we have some
10 ideas, we can talk about that, but -- your
11 option on what to do, but a deeper look is the
12 point here.

13 You might examine NIH for
14 structural impediments that are consistent
15 with the bias findings. Any noteworthy
16 patterns in the distribution of training
17 funds. How can we get more HBCUs or MSI
18 faculty on review committees? Should we
19 reexamine the resubmission policy for any
20 disproportionate impact on HBCUs or MSIs?
21 Those are examples of the kind of self-
22 examination you might consider, a tighter

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1 embrace of strengthening capacity.

2 When we set up the Race to the Top
3 and decided we were going to focus on
4 turnaround situations and underperforming
5 schools and either shut them down or do
6 something it made looking at the previously
7 ignored areas pretty cool, I'll just put it
8 that way. That is to say that there's a
9 tendency in federal grant-making to be about
10 validation. You can also use grant-making to
11 be about transformation, that's the point.
12 And I list some examples of that.

13 And then committing to an ongoing
14 dialogue with the stakeholders, the people who
15 are actually out there in the biomedical
16 trenches training the future workforce with an
17 emphasis on training African-Americans and
18 other minorities. That's where some tighter
19 relationships may be available for NIH.

20 So then, with my final slide let me
21 just move to some recommendations. We advise
22 that you see this first and foremost and

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1 fundamentally as a trust issue. And we advise
2 that the bold move that we're suggesting is a
3 significant gesture to deal with the trust
4 issue that we believe is alive and well. As I
5 said, further to determine the extent of the
6 problem, create more and better ownership of
7 the problem or the challenges inside of NIH,
8 that's very important.

9 Another real important is to
10 connect your thinking and remedies to our
11 national goals. This is about America. As
12 Dr. Tuckson said as he opened this is about
13 America, it really is, and all of America.

14 We have a sense of urgency because
15 of what is going on in the world. India has
16 1.2 billion people. Half are under the age of
17 25, a third are under the age of 14. They are
18 building a thousand universities and 25,000
19 community colleges and they will have a STEM
20 focus. America now has 20 million in higher
21 education. They're looking to have 40 million
22 by 2020 with a STEM emphasis. This is about

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1 America, what we're talking about. China also
2 is looking to have 40 million in higher
3 education by 2020 with a STEM emphasis. We
4 need to educate all of America. This is about
5 America.

6 The recommendation, obviously, do
7 something bold. Do something bold in this
8 area. Well-funded, multi-year competitive
9 race to the biomedical top. Do something
10 transformative and sustainable. That's what
11 we have in mind with this advice.

12 And then of course remain vigilant.
13 This problem did not -- this challenge did
14 not form quickly and you won't solve it
15 quickly and that's the sense in which I said 5
16 years, maybe 10 years, maybe even longer. It
17 needs to be an investment. We in the
18 Department of Education understand that we
19 cannot solve the problems of the K-12 system
20 in one or even two terms under Barack Obama.
21 This has to be a long-term effort. We're
22 hoping to have enough traction while we're at

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1 it in this administration that it will clearly
2 have to be sustained by subsequent
3 administrations because it is about America.
4 Okay?

5 With that I think, yes, I'm at 27
6 minutes, that's not bad. Thank you very much.

7 We can move to Q&A if you have questions.

8 CO-CHAIR TUCKSON: Well first of
9 all, thank you for a very relevant and cogent
10 presentation. We certainly appreciate
11 specificity in the recommendations and you are
12 to be commended for that.

13 To my colleagues, the floor's open
14 for your questions. Jose and then Ann.

15 MEMBER FLOREZ: I agree, it was a
16 very helpful presentation, very informative,
17 and thank you for your very practical
18 suggestions. I just wanted to ask whether you
19 envision the particular initiative with this
20 big financial punch behind it to be limited to
21 historically black colleges and universities
22 or would you envision a parallel expansion to

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1 institutions that are not historically black
2 but that show the same level of commitment to
3 improve their infrastructure and support
4 training of underrepresented minorities?

5 DR. J. WILSON: Yes. As I said on
6 one of my slides the competitive preferences
7 are not limiting. That is to say if MIT or
8 Caltech think they can do this better wouldn't
9 it be wonderful to have institutions that you
10 don't think of -- and I'm not saying that
11 about MIT, but to have excitement built around
12 this. Anybody can propose, sure. So we're
13 not limiting the proposal. I'm not even sure
14 we can do that legally, so.

15 So, I think anybody can propose but
16 I think it's also the case that we need to
17 look at what's working now and make a
18 determination which I think we can make now
19 that if we invest in some of the places that
20 are already about this we might get a faster,
21 bigger surge. That's all I'm suggesting.

22 There are already some biomedical

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1 nodes in the HBCU world that I think are
2 clearly worthy of investment. But they have
3 to come out of the competition.

4 CO-CHAIR TUCKSON: Ann, then Roy.

5 MEMBER BONHAM: I'd like to also
6 thank you so much. Do you have any specific
7 thoughts on a national strategy for training
8 so that using your model of competitive grants
9 for training and workforce capacity -- do you
10 have any thoughts on building network across
11 the nation so that its shared ownership and
12 shared funding, public-private, the federal
13 government, do you have any thoughts on that?

14 DR. J. WILSON: I believe this
15 effort in and of itself would be fundamentally
16 shared. A lot of what we're doing in the
17 Department we are very engaged with Lumina,
18 Google, Microsoft. The corporate and the
19 foundation community, millions and dollars
20 into our efforts. That's exactly the benefit
21 of a highly visible competition. It'll build
22 excitement, it'll build engagement, it'll

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1 build investment from the private sector as
2 well. And it'll create, I think, and
3 stimulate proposals from some unusual
4 suspects, and that's why it's -- we favor it
5 as an approach.

6 CO-CHAIR TUCKSON: Roy?

7 MEMBER R. WILSON: A very thought-
8 provoking presentation, thank you. For those
9 institutions that are the winners of this
10 biomedical sweepstake can you expand a little
11 bit on the bridging to the private sector
12 comment that you made?

13 DR. J. WILSON: The bulk of my
14 career at MIT, 16 years, 12 were in fund-
15 raising. So I have some instincts about that
16 and obviously an awareness of the
17 philanthropic sector. A lot of what I've
18 learned about in this position, heading up the
19 White House Initiative on HBCUs, is that a lot
20 of people in the philanthropic sector are
21 waiting for some game-changing ideas.

22 There is much that is stale in the

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1 way in which we engage the philanthropic
2 sector, the same old same old, right? And
3 they hear violins when a lot of come and ask.
4 What they want to hear is trumpets.

5 And so, just based on our
6 experience in the Department of Education
7 we've been wildly successful in getting the
8 private sector to co-invest. In my office
9 alone I believe we've gotten more private
10 support, I'm pretty sure it's more than all
11 the private support that has come in to or
12 through the White House Initiative combined in
13 these few years. We've just engaged them in a
14 different way with a different kind of
15 thinking and psychology about what it means to
16 transform and to change, and they have
17 embraced this as if they've been waiting for
18 it for a long time.

19 So, I can go deeper with you but I
20 want to stay at the 30,000-foot level because
21 that's the level I think about when I think
22 about what has just happened in the Department

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1 and what is happening now in the Department
2 and the White House.

3 MEMBER R. WILSON: Thank you, very
4 helpful.

5 CO-CHAIR TUCKSON: Renee and then
6 Jordan.

7 MEMBER JENKINS: So as part of this
8 competitive process -- thank you very much for
9 that input -- is there a study of the process
10 and outcome in terms of obviously when people
11 compete their expectation is success but I'm
12 sure there are different levels of success in
13 terms of the competitors. Has there been from
14 the point of view of the Department of
15 Education any process that sort of studied
16 this in order to understand more about what
17 leads to the strongest impact?

18 DR. J. WILSON: That's a great
19 question. It might be too soon to answer it.

20 I know that we are set up to gather
21 information like that and are gathering it,
22 but I'm not sure any conclusions have yet been

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1 drawn.

2 We do have some ideas. We know
3 that some of this investment is clearly
4 working. I mean, if anything, if nothing else
5 it has changed morale in a great number of
6 places, a great number of venues. Morale has
7 changed. As I said, there's excitement. The
8 states, because of the competitive
9 preferences, had to engage communities they
10 had never engaged before.

11 And you had people thinking we can
12 be part of something great and get federal
13 investment in it and they've never even had
14 that question before. It never occurred to
15 them that they could be part of what's going
16 on in a more general sense. So there was a
17 convergence and an excitement built up. And
18 we know that there is in terms of how we know,
19 already know we've impacted some districts and
20 some schools things are changing. Persistency
21 is changing. There's been investment in
22 leadership of those schools, physical and

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1 human infrastructure and things are changing.

2 Too soon to go micro on what the changes are
3 but we have confidence in the way that it's
4 been set up and the evaluation mechanism and
5 framework up front, we're going to have that.

6 And we think the results will be good.

7 CO-CHAIR TUCKSON: Jordan?

8 MEMBER COHEN: Well, let me add my
9 thanks for the presentation and also
10 enthusiasm about the recommendation. But I
11 wanted to, you may not be able to comment on
12 this but I'm just mindful of the budgetary
13 realities that we're facing at the moment.
14 The President's budget just was released
15 yesterday and the NIH is at best flat in terms
16 of its outlook at least in terms of the
17 President's budget.

18 So I'm just wondering, the
19 initiative that you're suggesting at least as
20 far as I can understand it is virtually
21 identical to the Race to the Top, it just has
22 the focus on biomedical research and on STEM

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1 kinds of educational opportunities.

2 I'm wondering which department has
3 the better chance of garnering half a billion
4 dollars that you're looking for here, whether
5 either the Department of Education might take
6 this or some kind of collaborative effort
7 between? I'm just worried about how to find
8 the budgetary support for what is obviously a
9 very exciting and bold idea, and whether or
10 not our suggesting it would be whistling into
11 a very stiff wind.

12 DR. J. WILSON: Good question.
13 Everybody's aware of the context. But this is
14 a STEM administration. It's an education
15 President but the emphasis has been on STEM.
16 Two quick responses. Number one, been in a
17 series of meetings at the White House to take
18 a look at STEM across government. OMB folks
19 are at this table. And the question is we
20 have a number of agencies investing in STEM
21 and they're doing a little here, a little
22 there. What if we make everybody aware of

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1 what's going on in STEM across government and
2 seek to do some economies of scale, do some
3 larger scale investments in STEM combining,
4 you know, using multiple agency approach. So
5 there is a -- I say that to say there's
6 already underway a sense and a sensibility
7 about how do we change the game. That's just
8 general.

9 The other response I have to that,
10 you know, money's tight. According to our
11 analysis HBCUs get roughly \$225 million a year
12 from NIH and that's 1 percent of the money
13 that NIH invests in higher education in
14 general. One percent. Priced the way I have
15 this here the increment would be -- if you did
16 another 1 percent in HBCUs alone that would
17 equate to another \$225 million. So I'm
18 talking about \$100 million a year. So while
19 that would be a 50 percent increase in funding
20 to HBCUs by NIH alone it would be a much
21 smaller increase, half a percent in what
22 you're doing in higher ed.

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1 I go back to the internal
2 examination slide. If this is as important to
3 you as I think it should be and as I think it
4 is, I think you figure it out. I think you
5 meet the challenge, you figure it out with
6 help from this administration and this White
7 House saying it's a priority and a partnership
8 with Education sounds worth exploring.

9 CO-CHAIR TUCKSON: Gary?

10 MEMBER GIBBONS: You raised an
11 interesting point just there and I just want
12 to dovetail off of that comment. You said the
13 1 percent and this may be a doubling, if you
14 will, of that investment. One of the things I
15 think may be helpful to this process relates
16 to your comment about the approach in which
17 you talked about empowering the applicant
18 community to be the source of ideas and
19 innovation which I thought was rather telling.

20 And I'm wondering how much of that infers a
21 bit of a critique on our current models. And
22 it would seem to me that your consortium might

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1 be helpful to the work of this group in
2 providing some evaluation or assessment of
3 NIH's existing investments, that 1 percent,
4 whether there's a misalignment with what is
5 needed relative to what is being provided and
6 how that might more effectively be leveraged
7 to really create synergy with this doubling
8 that you're talking about. Because it
9 obviously wouldn't make a lot of sense to
10 double if we're going down the wrong path with
11 the first 1 percent. So I think your group is
12 well-positioned to provide feedback about
13 that, particularly as we then think about
14 future investments in this tight sort of
15 context.

16 The other point or comment would be
17 to -- it goes back to Ann's point. I think it
18 might be helpful to this Working Group. You
19 mentioned some targets of African-Americans.
20 I'm sure it would be relevant to the rest of
21 the contributors to this session about our
22 targets for STEM African-Americans trained.

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1 And perhaps it's my ignorance, but I think it
2 would be helpful to know what is the strategic
3 plan for HBCUs as a consortium to hit that
4 target, to produce those things that as you
5 pointed out are a matter of global
6 competitiveness in some sense. So what are
7 these organizations already strategically
8 planning such that if they got this 1 percent
9 it would enable them to reach those targets.
10 I think having that information would be
11 helpful to our work at least from my
12 perspective.

13 And finally, the other one goes
14 back to Roy's question about the private
15 sector. And maybe this is just a point of
16 clarification. The term was used "bridging"
17 and sort of the second five years. And I
18 guess I was very excited about your concept
19 that I would hope that they would be part of
20 the original application, that to me,
21 particularly if we're going to get this, the
22 quantity you're talking about, that to get the

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1 leveraging of the private sector from day one
2 in those applications would be a critical part
3 of making this economically feasible in terms
4 of pulling it off even if that's in kind as
5 you point out. Some of those corporations I
6 think would have an infrastructure that these
7 institutions would benefit tremendously from
8 and could be formed as partnerships right from
9 the beginning. So you might want to clarify
10 when do you see the private sector getting
11 engaged in this process.

12 DR. J. WILSON: That's great and
13 there's a challenge in those questions because
14 I've got to remember that detail. Let me
15 start with the third point. Engage the
16 private sector right away. I mean, we would
17 know how to do that. That's, I mean engage
18 the private sector right away, let them know
19 it's coming, involve them, get their input.
20 You know, a lot of times all of them need time
21 to build things into their grant-making cycle.
22 So we would do the initial investment and

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1 then you get private sector investment coming
2 along but we'd be talking to them immediately.

3 So there's no ambiguity about that because
4 that's the only way you can get anything
5 that's worth having from them scaled the way
6 it ought to be scaled to get at this problem.

7 The other issues with respect to
8 HBCUs and what is happening inside of HBCUs,
9 I'm going to kind of combine that with the
10 first issue that you asked about, and that is
11 to say the suggestion that NIH needs to think
12 anew about the way it gives out money, what
13 it's for and how it is being received out
14 there in the field.

15 The reason why I'm suggesting on
16 some level a fundamental overhaul, a
17 fundamental rethink of the way we do business
18 here is because I've been talking to them.
19 I've been having these conversations. I mean,
20 in preparation for this. I talk, Shirley
21 Malcolm, Shirley McBay, me and people in my
22 office. Raynard Kington. A number of people

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1 who are out there who know this well -- J.K.
2 Haynes -- who know this area well. Willie
3 Pearson, I could go on. But these are the
4 people NIH should be talking to on a regular
5 basis, people in the trenches. And I just
6 named people who happen to have a passion for
7 HBCUs.

8 I know there are some who happen to
9 have a passion for the other MSI sectors.
10 Talk to them, engage them, get them on an
11 advisory board. Bring them in once or twice a
12 year. Get a data dump. Get some ideas.
13 Understand how they're receiving the way we're
14 set up and what they think of it, and get
15 their advice on how things can be better.
16 That's what we do in the course of our
17 business.

18 I will tell you I can't, you know,
19 list what some HBCUs are talking about now in
20 terms of consortia but if we do something like
21 this I know a number of the conversations I've
22 had with people will cause them to converge

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1 with others. And again, I think the
2 excitement meter would go way right and things
3 will begin to happen. So, we can talk at
4 length about any of those issues but that's
5 just my initial answer to that.

6 CO-CHAIR TUCKSON: Let me just, as
7 we close out this section just dovetail on
8 some of the things that my colleagues have
9 said.

10 The committee is at this moment in
11 its deliberations trying to determine the
12 appropriate emphasis for looking at the
13 pipeline versus looking at what happens once
14 an R01 comes to the campus. We're still
15 working with that. I'm not going to
16 telegraph, you know, where we are, where we're
17 going to come down on it. But clearly we do
18 understand this issue in a larger context.

19 It would be useful, I think, to us
20 if we could get from you as a deliverable of
21 your presentation a pretty specific assessment
22 of the -- what do we know and what don't we

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1 know on preparing physicians, young people of
2 color to take a career in the sciences and
3 STEM. Is there a clear road map? I mean, do
4 we know this?

5 You know, I'll say personally, I've
6 been, and it frightens me when I think about
7 it. I have been in this particular game since
8 1970, employed trying to get more African-
9 American students to go into the sciences,
10 since 1970. I would be very interested in how
11 firm is our knowledge about what works and
12 what doesn't work in trying to make this
13 happen. We've got lots of -- if you're going
14 to -- because I think you're right about the
15 private sector.

16 But I think the private sector does
17 worry, and you hit it in your presentation,
18 around same old, same old. We've been there,
19 done that, tried it. It's like dropping money
20 into a black hole. The results are it's a
21 black hole. Nothing's happened.

22 And so I think we would, I would

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1 love it if we could as a committee reference
2 you and your work and if you could point us to
3 others so that we don't reinvent the wheel and
4 we don't spend a lot of time and energy
5 talking about oh, well. But be able to say
6 here is the body of evidence around that
7 pipeline. This is what's known and these are
8 the things that need to occur. And we could
9 reference it. It would sure save us (a) time
10 but (b) enhance our credibility because we're
11 new to -- this isn't our area of expertise and
12 we really can't reinvent it. So I would urge
13 you very much to do that.

14 DR. J. WILSON: Can I make a
15 comment about that?

16 CO-CHAIR TUCKSON: Please.

17 DR. J. WILSON: I accept that
18 challenge but I also want to connect it to
19 something that Gary said. I think, you know,
20 the thing that we will naturally do is to take
21 that question to the various people, the names
22 that I mentioned, and then some, you know,

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1 triple that, quadruple that. There's no
2 reason why this Working Group can't have them
3 around the table and do a deep dive with them
4 on that very question because --

5 CO-CHAIR TUCKSON: I hate to
6 interrupt you but just where I'm coming at.
7 If you have sat down in a room with the
8 various government agencies that you
9 described, OMB and all those other players, in
10 a room there is a body of expertise and
11 knowledge and you have the capacity,
12 especially if you're talking to the private
13 sector. And one thing that we, I would at
14 least note that when this President gets his
15 people together that it's about competence.
16 It's about people that know their game.

17 My point is is I know that you guys
18 would not be approaching private sector folk
19 to spend their money if you didn't have a
20 pretty good sense of what the road map was,
21 what were the ingredients of success, this is
22 a program that works, this is one that

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1 doesn't. So all I'm just asking is however
2 you get there, I mean, I just want what you've
3 got. And I know what you've got is good. And
4 if it ain't good you'll get it good quick.

5 (Laughter)

6 CO-CHAIR TUCKSON: So my point
7 really is if you could deliver that to us we
8 would certainly appreciate it because we would
9 like, I think, and I can't speak for the
10 committee, but as one member to convey that
11 enthusiasm. But more than anything else to
12 convey that sense of competence, that we know
13 what to do. And we can then reference that
14 into our report and leave us to focus on the
15 things that may be more relevant to work that
16 hasn't been done and that people are not
17 massaging perhaps as much as some of the other
18 work downstream -- upstream. Clyde, were you
19 trying to get in?

20 All right, so anyway, that's just a
21 tangible deliverable. I think it will be very
22 important and I think we will also take,

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1 obviously, a good look at your other
2 recommendations. I think clearly you've
3 certainly foreshadowed our interest in things
4 like the resubmission process and we are
5 certainly interested in that. I think the
6 challenge that we just got into around the 1
7 percent and how is it spent. I think we
8 really do need to sort of understand that and
9 I think that is where we will be looking from
10 the, you know, to you all in terms of the
11 HBCUs and how do you sort of assess that.

12 I would also say though that since
13 you opened the door on it, the flip side is
14 also true which is how well do the HBCUs use
15 the 1 percent. It goes both ways.

16 DR. J. WILSON: It does.

17 CO-CHAIR TUCKSON: And I think
18 there's got to be a certain level of honesty
19 about this. Is the 1 percent being used well
20 and is it given the right way and is it being
21 used the right way. And I think it's the time
22 for just clarity without finger-pointing,

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1 without blame, just a matter of saying look,
2 let's just be honest. We've got to re-
3 engineer this. And I think the more that the
4 HBCU community can deliver back to us a way of
5 thinking about that I think would be useful.

6 DR. J. WILSON: Just one quick
7 comment. You have to believe, Reed, that we
8 have -- we have looked at that. And we know
9 it well. It is a challenge area. But I would
10 separate the actual biomedical brainpower, the
11 faculty members, from the administrative
12 elements around them which is pretty much
13 where a lot of that challenge is, that they
14 are frustrated by the administrative
15 infrastructure, so maybe we could zero in on
16 that. But I will -- point well taken.

17 CO-CHAIR TUCKSON: And again, thank
18 you. Well listen, you have done a great job.

19 Quite frankly I'm leaving your conversation
20 with us greatly relieved because I think that
21 you -- if you can submit those things that we
22 need, just give us back that, you're going to

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1 make it a lot easier for us to focus in on the
2 things that people have not. Because we can
3 have confidence that you're going to help
4 clarify that upstream work for us. Thank you
5 very, very much.

6 DR. J. WILSON: Thank you.

7 (Applause)

8 CO-CHAIR TUCKSON: Well, I'm really
9 pleased that Glorimar Maldonado who is the
10 chief of staff of the White House Initiative
11 on Educational Excellence for Hispanics has
12 been able to join us. And I think you're
13 going to speak from the table.

14 Well, welcome. You missed our
15 general introductions but who you have around
16 the table are a considerable elite corps from
17 the Advisory Committee to the Director's
18 Working Group on Diversity in the Biomedical
19 Research Workforce. We are, as we've
20 indicated in the introduction, in a very
21 important moment in our formulation of
22 hypothesis, examination of data and thinking

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1 through then where we go. So you couldn't
2 have come at a better time and we're really
3 interested in your perspectives.

4 MS. MALDONADO: Thank you for
5 having me. Just to kind of give you a little
6 bit of background about our office and me.
7 I've been the chief of staff since 2007 so
8 I've been with the office about five years or
9 so. And I'm career so I carry with me a
10 little bit of that institutional knowledge
11 from administration to administration.

12 Historically our initiative has not
13 been involved in workforce development and
14 diversity and inclusion issues. The good news
15 is that with our new executive order that was
16 signed a few years back we do have a component
17 of that kind of built in. And so that is kind
18 of helping to focus our work and drive our
19 work and partner with the right groups and the
20 right organizations so that we can come to
21 some resolution and really see results.

22 One of the things that I want to

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1 really emphasize is the nature of our work
2 really does -- it's not focused strictly on
3 HSIs. We have a huge, we basically cover the
4 entire education spectrum from, you know,
5 cradle to career. So, and STEM and HSIs,
6 that's just a portion of what we do. So I
7 think we're unique from some of the other
8 initiatives in that regard.

9 Since 2009 our office has really
10 been focused on engaging the community. What
11 we did was we went out. We looked at the
12 numbers first of all from the Census, the most
13 recent Census data that we had at the time.
14 We looked at the communities that had the
15 highest numbers of Latinos living in them and
16 we focused our efforts on going to those
17 communities, setting up what we call community
18 conversations. And they were very, they were
19 very informal conversations.

20 We basically sent out general
21 invitations to the folks that we knew and
22 encouraged them to kind of spread the wealth

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1 and invite their folks to the table as well
2 because we really wanted to hear from them.
3 We felt that it would help us craft our
4 executive order but also we needed to know
5 where the gaps were in the information. And
6 so, and the feedback that we received was
7 tremendous.

8 Number one, people didn't know who
9 the heck we were. If they did know who our
10 office was they were very disappointed in some
11 of the outcomes. They kind of felt that we
12 were a dog and pony show basically, just kind
13 of a label without any kind of action behind
14 it.

15 And then there was -- the majority
16 of the feedback we received was just folks
17 saying we don't know what's available to us,
18 especially in the K-12 arena which kind of,
19 you know, going on travel with my directors,
20 just kind of I'll be honest with you, just
21 shocked me. You know, given that we live in a
22 very technical age not everybody is plugged

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1 into the internet, not everybody's receiving
2 what they need to receive. So they felt like
3 there was a huge knowledge gap.

4 So we came back, we crafted our
5 executive order and that in turn helped us to
6 focus the work of our President's Advisory
7 Commission which we actually finally just kind
8 of cemented. We've got two more spots left to
9 fill in a 30-member commission but the 28
10 folks that we do have we determined they
11 should represent all aspects from the
12 philanthropic sector to the federal to STEM to
13 academia. So we have a really broad view of
14 the education pipeline and we really needed to
15 get those voices, like Dr. Wilson was saying,
16 you know, engaging the philanthropic arena.

17 There's money out there. I know
18 that the federal budget is really, really
19 tight, you know, but our -- we felt like our
20 mission was to kind of think creatively and
21 think outside the box and think outside of the
22 arena of money and how we could really kind of

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1 just creatively work to build a better,
2 stronger infrastructures, work to engage
3 communities. It's not always about money
4 although money does play a part in that.

5 So right now what we're doing is
6 again engaging communities. The communities
7 that we had gone to in 2009 issued invitations
8 to us to come back again except this time they
9 had already begun creating stronger education
10 pipelines in their cities and in their states.

11 And you know, thanks to the Race to the Top
12 that kind of just bolstered the excitement, it
13 bolstered what they felt they needed to do and
14 what -- and it helped them gear their ask for
15 the Agency so they could come back to the
16 table and say we need X, Y and Z, we need you
17 to provide this, this is what's missing. And
18 so, you know, we're able to foster a more
19 collaborative environment with the community.

20 So, now we're actually back out
21 there but this time we're bringing
22 representatives from other federal agencies

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1 with us to kind of explain what's being done
2 from every agency perspective for the Latino
3 community. And that's really, we're
4 overwhelmed with the positive responses.

5 So for us, again, a key, key issue
6 is community engagement. You know, early
7 learning is a huge issue for the Latino
8 community. You know, less than half of the
9 children who are of early learning age, pre-K
10 age, are enrolled in early learning programs.

11 Part of that is just that Latino families
12 either don't know about the programs or we're
13 kind of very close-knit so we want to raise
14 our own, but there are resources to enable us
15 to do that and do it well. And that's kind of
16 the basic building block, right? It's in
17 math, if you don't know addition and
18 subtraction you can't move on to the bigger
19 stuff. So, the early learning is key for us.

20 Starting to introduce the sciences, starting
21 to introduce fun activities at that age we've
22 found kind of carries through all the way to

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1 the college and career level.

2 So we are actually, we're working
3 to partner with organizations that have strong
4 ties to the community but also have the STEM
5 aspect. So we partner with Great Minds in
6 STEM, with HENAAC, with Society of Hispanic
7 Professional Engineers. They've already got
8 their programs established. We can only do so
9 much from D.C. so our job is to connect them
10 to folks they may not have connections to,
11 making sure that we disseminate information to
12 the communities whether it's going into
13 schools, whether it's going to colleges,
14 whether it's making sure students have or
15 parents or faculty have what they need to do
16 their jobs well. So that's kind of what we
17 see as like key for us.

18 Another issue that we're dealing
19 with is the trust issue like Dr. Wilson said.

20 You know, the feedback in 2009 was quite
21 poor. So part of it is a PR issue. We're
22 trying to get that buy-in from the community,

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1 help them to understand that we're here to
2 help them. You know, really to put it
3 bluntly, we are your tax dollars at work so we
4 want to make sure that you're getting the
5 biggest bang for your buck. How can we do
6 that?

7 And then we really allow ourselves
8 to be held accountable for outcomes. So if
9 they say we need this from you we want to make
10 sure that we provide that. And that's part of
11 my job as chief of staff, logistics, making
12 sure that my directors have what they need,
13 tying folks together, setting up the meetings,
14 doing whatever we have to do to get the job
15 done.

16 And then another issue I think that
17 we found is something else that Dr. Wilson
18 raised is you have to be willing to probe
19 further. Part of a problem that we're
20 experiencing at the Department of Ed regarding
21 HSIs is that, and this actually just came up
22 Friday and yesterday, everybody requests a

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1 master HSI list. They want to know what the
2 Hispanic-Serving Institutions look like, who
3 they are, where they are, how much funding
4 they're getting, et cetera. So this is where
5 it gets a little complicated and this is what
6 we're working on on our end with our policy
7 folks.

8 HSI's self-identify basically. They
9 apply for grants through the Department of
10 Education to improve their infrastructure,
11 whatever it is they want to do, but they have
12 to meet very strict criteria. So the grantee
13 lists that are produced only have about 70 to
14 80 official HSI's. Those are the institutions
15 that have passed the accreditation process
16 through the Department of Education. They are
17 considered HSI's. There are more than if you
18 go on to HACU's website, the Hispanic
19 Association of Colleges and Universities, or
20 you go to Excelencia in Education's website
21 more than 300 HSI's that have self-identified.

22 So the question we always get is

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1 why the disparity. And our answer is exactly
2 what I'm telling you. The list provided by
3 the Department of Education is a grantee list.

4 Those are the institutions receiving federal
5 funding. They have met the criteria and, you
6 know, we're more than happy to provide that
7 list. Our office recognized that disparity
8 from the beginning. So we work with both
9 lists.

10 We've actually kind of created an
11 unofficial master list that we work from
12 because we felt that it was necessary to
13 really engage those particular 350 or so
14 universities. We do it through listserv
15 messaging. We do it by visiting the campuses.

16 We do it by recruiting interns from their
17 institutions. You know, we do it in a very
18 different way than other folks, but that's
19 just -- it works for us. And we've actually
20 been able to see our employment numbers rise
21 just a fraction of a percent because of that
22 kind of outreach. So, again, the probing

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1 further, the disparity with the HSIs I think
2 is just, it's a huge issue I think that's
3 going to, I'll be honest with you, that may
4 impede what you're trying to do. So how can
5 we overcome that issue.

6 And my proposal, our proposal as an
7 office is just to use, just to reach out to
8 all of the self-identified emerging HSIs and
9 the self-identified HSIs. You know, they all,
10 they're all hungry for information, they just
11 don't know where to get it. You know, a lot
12 of the faculty at the HSIs aren't necessarily
13 informed as to the resources that are
14 available for their students. They know a
15 little bit, they don't know enough and that's
16 what we keep hearing from the field. So I
17 would encourage you to kind of look at that.

18 And then definitely remaining
19 vigilant. I really agree with what Dr. Wilson
20 said. It's not a short-term goal, it's not a
21 short-term process. I know that, you know, in
22 the coming years as a career person I'm going

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1 to hear the same things but I'm also going to
2 see progress even if it's incremental. And I
3 think that's what the Department and that's
4 what our office is looking at. We're looking
5 at some kind of progress in workforce
6 diversity. You know, we want to make sure
7 that we can kind of show folks that even
8 though it takes a minute to get to point A or
9 B you can get there. It's working but we just
10 need to kind of give it a minute. So the 5-
11 year, the 10-year, you know, race to the
12 biomedical top time line is doable. It makes
13 sense, you know, but like I said, it's not
14 going to happen overnight.

15 So, as far as recommendations go I
16 would definitely, if you're not already, you
17 know, engage those organizations in the Latino
18 community that have, that are STEM-focused,
19 like the SHPEs, like you know the Great Minds
20 in STEM. They're hungry. They're constantly
21 coming to us for connections. They're
22 constantly wanting to partner with the federal

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1 government to get their message out there.

2 They've got, Great Minds in STEM
3 has a great program called Viva Technology and
4 they go to high schools and they set up
5 basically a one- or a two-day kind of
6 technology fair and they do science projects
7 and they have competitions and you can earn
8 kind of like Monopoly money and you can get
9 prizes. The whole idea is to make science and
10 make learning fun. And if you can pair the
11 sciences with fun that's half of your battle
12 right there. And I think Viva Technology is a
13 great way to do that.

14 So, we encourage, you know, high
15 schools. We connect them with Viva
16 Technology, with Great Minds in STEM. We
17 encourage them to be a part of that. We've
18 attended and participated in several of them.

19 You know, I mean it's fun.

20 So, and then you know, just
21 continue to probe further but the trust issue
22 is huge. Getting folks to the table,

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1 listening to what they have to say, making at
2 least the Latino community feel heard is a
3 huge thing. Even if it involves, you know,
4 and I would love to see -- what we employ with
5 our office is an open space process. I don't
6 know if many of you are aware of what that
7 entails, but when we have our meetings, you
8 know, we might have one or two speakers come
9 and kind of talk for maybe 10 minutes, give an
10 overview, give an introduction. And then we
11 have folks break out into their small groups
12 and really get to the heart of the matter.

13 So for example, we just had a
14 summit a couple of months ago in Miami and our
15 commission chair is the president of Miami-
16 Dade College. So we had him come and make a
17 few opening remarks, great. And then we asked
18 the community, everybody who had gathered
19 together, to break out into small group
20 sessions with the caveat that they were the
21 ones who were going to drive the agenda for
22 the afternoon. So they, you know, so if Dr.

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1 Wilson wanted to talk about STEM initiatives
2 at the high school level he would stand up
3 literally and say, "I want to talk about STEM
4 initiatives at the high school level. I'm
5 going to be in this room at 2 o'clock.
6 Anybody who wants to join me can join me."
7 Folks would join him and the conversation took
8 as long as the conversation took, but it was a
9 way to kind of cross-pollinate. So you had
10 folks from the university level, folks from
11 the community, from the philanthropic, from
12 the business, everybody with an interest in
13 that topic exchanging ideas and information so
14 that they could -- onus was on the community
15 really. I mean, you can only do so much from
16 here.

17 So, now from what I understand
18 they've developed a P20 plan for the Miami-
19 Dade area and we're working with Dr. Padron
20 and a couple of other key stakeholders in the
21 Miami area to help them kind of focus their
22 efforts and get them to where they need to be.

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1 So, the idea is you engage the community but
2 the work, the bulk of the work is going to
3 come from the community. They know their
4 folks, they know what their HSIs need or don't
5 need and so they can kind of drive the
6 vehicle. We're just kind of there to provide
7 some advice and some guidance, so.

8 But yes, so I mean that's basically
9 what our office does. Like I said, the HSI
10 issue, you know, we have several members on
11 our President's Advisory Commission that come
12 from HSIs. We have one member who's a
13 researcher with AT&T Research Labs in New
14 Jersey. You know, she's very focused on the
15 STEM issues for Latinos and so that's one of
16 the reasons why we invited her to be a part of
17 our commission.

18 The commission just cemented their
19 2012 strategic plan in which STEM was a huge
20 part of it. So we just had a conference call
21 two weeks ago to kind of hash through what the
22 priorities were for 2012 because the

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1 commission really, they have a greater overall
2 perspective of the cradle to career. And so
3 we're working with them to kind of create
4 opportunities for those, for better outcomes.

5 But that's it, that's basically the
6 overview of what we do and what our office does
7 as far as the tie-in to HSIs. So, I'll open
8 it up to questions.

9 CO-CHAIR TUCKSON: Thank you very
10 much and thanks for coming, we appreciate it.

11 Colleagues? Yes, Clyde.

12 MEMBER YANCY: Thanks, Reed. I
13 really would like to applaud both presenters
14 from the White House so far this morning for
15 bringing your messages to this group that
16 helps facilitate us.

17 As I put my own thoughts together I
18 am very quickly taken back to the original
19 premise of the construct of this committee and
20 try to understand how we can first of all
21 identify more scientifically relevant projects
22 that allow us to fundamentally change the

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1 scientific and biomedical landscape, and to
2 hopefully see more of those projects coming
3 forward with the broader representation.

4 I start with that preamble because
5 I expected to hear from the White House that
6 we would have efforts that would cast a broad
7 net, that we would be inclusive, that we would
8 attempt to re-engineer culture, that we would
9 attempt to raise all boats if you will. But
10 my concern is that that is a low yield
11 direction.

12 And if we take the strategy of
13 being willing to think differently, being bold
14 as you put forward I think that Reed began to
15 get to where I think I'm going. And that is
16 an incredible amount of transparency right
17 now. And I applaud Ms. Maldonado for getting
18 closer to that point. What are the number of
19 Hispanic Service Institutions that really have
20 the academic scaffolding to generate the
21 product? We can invest a lot of money in
22 those institutions other than the 70 or so and

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1 get very little return.

2 And so I think the important
3 statements right now are what are the metrics
4 to identify the candidate institutions, HBCU
5 and Hispanic Service Institutions, what are
6 the attributes that define those metrics. And
7 it has to go beyond passion and will. It has
8 to be what's already there. I would much
9 rather see us make an investment in nascent
10 institutions that already have found a way to
11 have some traction in this space and rev up
12 what's already there than to do a complete new
13 construction in a cultural environment that
14 hasn't been receptive to STEM in the past.

15 And then I think we have to follow
16 through with very careful, as Renee got to
17 earlier, productivity measurements. Point
18 being is that I think right now we haven't
19 heard the big idea. We haven't heard the
20 specifics. I really want to know what are the
21 targeted institutions that really have not
22 just the faculty capital because a lot of that

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1 exists, but have the administrative and
2 infrastructure capital so that the yield, the
3 efficiency of our investments, Reed, would be
4 higher, the rate of return on our investments
5 would be higher. It may be a difficult
6 decision to make but I'd rather support one-
7 fourth, one-fifth, one-eighth of HBCUs if I
8 know that their product will be two-, three-,
9 four-, sixfold out of the others, and the same
10 analogy for the Hispanic institutions. So in
11 my mind set what we've heard is just the
12 introduction.

13 I think the next level of
14 information here ought to be very transparent.

15 Here are the lists of institutions, these are
16 the mentors, these are the facilities, this is
17 the history of the investigators that have
18 come from those institutions. These are the
19 places where we can target seed funds and
20 expect them to have a synergistic response to
21 receiving those funds, not to have an
22 initiative response. So that would be my

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1 thought about what I've heard so far.

2 CO-CHAIR TUCKSON: Roy?

3 MEMBER R. WILSON: Thank you very
4 much for your presentation. Unlike HBCUs
5 which are congressionally designated one of
6 the problems with HSIs is the, and you've
7 touched on this, is the definition is somewhat
8 nebulous. And in fact, I used to work at an
9 HSI many years ago and my recollection at that
10 time was it was based mainly on how many
11 Hispanic-serving students you served which
12 creates some legal problems when you try to
13 target that group of institutions for federal
14 programs as you're aware.

15 I was intrigued though by your
16 comment that there was a federal designation
17 of 70 or so HSIs and was wondering if you can
18 expand on that a little bit and whether the
19 use of that definition of HSIs gets around
20 some of the legal constraints of HSIs in
21 general.

22 MS. MALDONADO: In order to be

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1 considered an HSI by the U.S. Department of
2 Education they have to meet four criteria.
3 One of them is that they have to be a not-for-
4 profit university or a college. They have to
5 have two-year programs leading to a degree.
6 They also have to have 25 percent full-time
7 students that are Hispanic. I think, we were
8 just discussing this the other day. I think
9 the number used to be 50 percent like many
10 moons ago but that's since changed. Actually,
11 sorry, it's just three criteria. So once they
12 meet those three criteria then they are
13 eligible to apply for accreditation status by
14 the Department meaning they can be designated
15 an HSI.

16 Once they have passed that
17 particular test then they can begin applying
18 for federal funding. So what we consider HSIs
19 is strictly those who are actually receiving
20 funding. And I can, I don't recall the exact
21 website but it is on ed.gov by grant year.
22 You can see who the institutions are and

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1 basically what they are doing with the money
2 that they've received. So, I'll be honest,
3 it's brought a lot of issues to the table for
4 us.

5 MEMBER FLOREZ: Can I just have a
6 very quick follow-up to clarify.

7 CO-CHAIR TUCKSON: Please.

8 MEMBER FLOREZ: So, do all HSIs
9 that meet those three criteria receive federal
10 funding, or is there a subset that meet the
11 criteria and do not receive federal funding?

12 MS. MALDONADO: Well, if they meet
13 the criteria and they apply for federal
14 funding and are given the federal funding then
15 they are considered an HSI grantee by the
16 Department of Education. They can, you know,
17 pass that criteria and be considered an HSI by
18 the Department of Ed, just not an HSI grantee.

19 MEMBER FLOREZ: So how many of
20 those are there who pass the criteria and do
21 not receive funds?

22 MS. MALDONADO: That I don't know

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1 offhand to be honest with you.

2 MEMBER COHEN: This is a question
3 actually for both Dr. Wilson and Ms.
4 Maldonado. As Dr. Tuckson pointed out and I
5 think we all recognize, the pipeline issues
6 are critically important. I think unless we
7 can solve the pipeline issues much else that
8 we do is going to be much less effective. So
9 I really applaud both of your efforts and the
10 suggestion that you've made. But as you know
11 the committee was formed to look at the issues
12 of what is inhibiting those who have been
13 through the pipeline, who've gotten through
14 the pipeline from getting their fair share of,
15 or their proportionate share of the grants
16 that the NIH is.

17 I wonder if you have any notions or
18 ideas for us about what we can do to foster
19 the success rate of those that have been able
20 to surmount the barriers that are there and
21 are in a position to enjoy the benefits of NIH
22 awards and other federal programs, where there

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1 are some things that you've thought of in your
2 context that could help us think through how
3 we can address that particular part of our
4 charge which is a big reason for our existence
5 in the first place.

6 DR. J. WILSON: I think to -- two
7 responses. One, to draw them out. As I said,
8 I think there's a trust issue here and a lot
9 of them are there and have low expectations or
10 are very pessimistic about engaging NIH, HHS
11 or federal in general. And what I would
12 suggest is what I have suggested. That is to
13 say, set up a competition that would be a
14 great magnet, set it up in a way that you
15 would be taken very seriously and draw them
16 out. Magnetize them. Draw them out.

17 The other point I want to make
18 though on the matter of the pipeline. I'll
19 give you two bits of data. We have, as I
20 said, the 2020 goal, and the 2020 goal
21 requires 8 million more Americans in general,
22 2 million more African-American college

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1 graduates, 167,000 extra from HBCUs over and
2 above our current pace. That means HBCUs
3 graduate 35,500 per year now and we need to
4 move to over 57,000 per year in order to reach
5 the pace we need to be at to reach the 2020
6 goal or to do our part.

7 We know right now that we can find
8 those 167,000, graduate them and then some
9 through retention alone. We don't have to
10 admit another new student, it's retention.

11 The same is true for STEM. If you
12 look at the PCAS report one of the most
13 striking bits of data coming out of that is
14 only 40 percent of those who enter college
15 intending to major in STEM finish in STEM. If
16 you move that to 50 percent it says we need 1
17 million more STEM graduates. If you move to
18 that to 50 percent instead of 40 percent,
19 that's three quarters of the goal right there,
20 okay?

21 So the pipeline is an issue and we
22 tend to think of it in terms of getting a lot

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1 more in college, but if we do right by those
2 we already have in college we're going to meet
3 a lot of our goals right now. So there's
4 something that we need to invest in on the
5 campuses right now.

6 CO-CHAIR TUCKSON: Gary and then
7 Jose. Oh, did you want to comment on that?

8 MS. MALDONADO: No, the only thing,
9 other additional thing I could think of would
10 be, you know, IT assist. I know our agency
11 provides a lot of it, especially for folks
12 applying for HSI status. And just that little
13 bit I think kind of addresses the trust issue
14 part as well is that if they see a federal
15 agency or representatives of a federal agency
16 willing to kind of go that extra step to
17 provide them with whatever assistance they
18 need to work it through. You know, and you
19 would think obviously folks with advanced
20 degrees would kind of just, it would be
21 intuitive or they would figure it out on their
22 own but that's not necessarily the case.

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1 If they've been rejected, if their
2 application has been rejected once they may
3 not want to apply again. Why would they?
4 What did they do wrong? What happened? So,
5 going through an IT assist process I think
6 would help to either reintroduce grant
7 applications that have not gone through or
8 kind of help to circumvent the rejection part
9 of it and just kind of be a little more
10 proactive.

11 CO-CHAIR TUCKSON: Gary?

12 MEMBER GIBBONS: This is actually
13 more of a naive question on my part. I think
14 Dr. Wilson alluded to at least a component of
15 the pipeline that I think Jordie was
16 referencing in terms of the PhDs and sort of
17 what happens beyond that. I really appreciate
18 that point about the 40 to 50 percent at the
19 undergraduate level. I'm curious about that
20 next sort of transition point and I'm aware of
21 some data that I think you mentioned that if
22 you put the HBCUs, particularly Morehouse,

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1 Spelman, number those together that they
2 constitute a major proportion of those who
3 then get a PhD later on. Do we have similar
4 data for the HSIs in terms of generating
5 future PhDs who are Hispanic who then may be
6 applicants to NIH?

7 MS. MALDONADO: I know the
8 percentage of those with advanced degrees are
9 4 percent which is very low, but I don't know
10 as far as like the next step what that
11 percentage would be or what the issues would
12 be to reach the next step.

13 MEMBER GIBBONS: Yes, what I'm
14 getting at is the sources. Literally what is
15 generating even that 4 percent because I think
16 around the table we've been discussing perhaps
17 empowering and investing in those that are
18 already affected at some level. And so if we
19 can identify those best practices and models
20 of those institutions that have a track record
21 already and knowing that track record it might
22 be helpful and then turning to them for their

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1 best ideas about how to enable them to
2 increase even further.

3 CO-CHAIR TUCKSON: Jose?

4 MEMBER FLOREZ: So as was mentioned
5 already, our charge for the STEM from the
6 finding that at the time of R01 applications
7 there seems to be a disparity that we don't
8 understand that is by ethnicity. Now, the
9 focus from the previous presentations is
10 obviously on education from K onwards and I
11 think, you know, as Dr. Tuckson mentioned, the
12 committee is deliberating as to the scope of
13 what the NIH can do along the pipeline issues.

14 But many of the people to whom the
15 R01 disparity applies to are junior faculty.
16 And so I think, and this is probably different
17 for HSIs than it is for HBCUs, what do we know
18 about the ethnic composition, the Hispanic
19 representation of faculty at HSIs? And you
20 know, that is both needed in terms of their
21 ability to succeed and their ability to
22 provide mentorship and role models, et cetera.

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1 So I don't think there is necessarily a
2 connection between Latino ethnicity and
3 faculty representation at HSIs.

4 MS. MALDONADO: No, and that's a
5 good question. I mean, to be honest with you
6 I think it goes back to the disparity in the
7 list. The only way that we can know is to go
8 back to our grantees and to request that
9 information or to kind of bring them to the
10 table to discuss. Because, you know, you're
11 working from that master 350 list because it's
12 unofficial we have no way of knowing. So I
13 mean, I can actually bring that back to the
14 table at the Department of Ed.

15 MEMBER FLOREZ: All right. I think
16 that will be essential. If we are going to
17 make a recommendation on NIH investing to
18 advance faculty it has to include that sort of
19 information.

20 MS. MALDONADO: Okay.

21 MEMBER R. WILSON: So I think in
22 response partly to both Gary and Jose, you

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1 know, part of the problem is what you're going
2 to use as the denominator for HSIs because the
3 heterogeneity is vast in HSIs. You have a lot
4 of two-year schools and all the way up to
5 research institutions that are HSIs. And so
6 if you take the entire set of self-designated
7 HSIs then you're going to get one set of
8 numbers versus if you take a more equivalent
9 set of HSIs, more equivalent to HBCUs and you
10 get a whole different kind of picture. I
11 think you have to define what your denominator
12 is. And that's part of the problem I think
13 with HSIs is that unlike HBCUs which everybody
14 knows what they are it's a little more
15 nebulous.

16 MEMBER YANCY: I would add though
17 that I think we can narrow this down to a
18 numerator question because as far as I'm
19 concerned I want to fast-track with those that
20 are already moving forward. The denominator
21 tells me the landscape and how many other
22 institutions need some help, but for the near

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1 term I think the numerator problem is exactly
2 where we need to go.

3 CO-CHAIR TUCKSON: Let me ask a
4 broader question of both of you. There's a
5 really important -- I think that this -- and
6 first of all, one of the real things that
7 keeps popping up here is this notion of can we
8 identify winners. Everybody can't do
9 everything. You know, if you look at the
10 entire university and college environment
11 everybody's going to struggle across the
12 board, across America. I mean this is just
13 tough times. If you look at all of the
14 medical centers in the country every medical
15 center cannot be, you know, the premier
16 genetic center in the universe. I mean,
17 there's going to be -- you can't do everything
18 and be the premier primary care person and the
19 premier and the premier. There's going to be
20 some segmentation in the marketplace
21 ultimately around expertise. I think this
22 idea of having some thought that, you know,

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1 how does this committee try to formulate a
2 solution that doesn't just -- is not a peanut
3 butter spread solution. Just dump money
4 generically into a pot and hope that it takes
5 root and that the soil is firm and there's
6 somebody to water it and there's a gardener.
7 You know, at some point you just keep spinning
8 your wheel as opposed to.

9 I think, John, I don't want to
10 over-read your presentation but again,
11 something was in your presentation that sort
12 of comes out of a sense of competence. It's
13 being able to find the people that are on it
14 and that are good, and then be able to direct
15 resources into that which is, of course, scary
16 because then somebody's going to be angry
17 because they didn't -- everybody didn't get
18 everything.

19 That being said, John, I'm just
20 curious, both you and Gloria, how do you look
21 at -- where in the White House Initiatives on
22 these things do you -- or do you look at it

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1 beyond HBCUs, beyond Hispanic to just looking
2 at people of color who may not be in HBCUs,
3 who may be in majority institutions. I mean,
4 is the strategy, it's so complicated that you
5 need to lock it into segments or, you know, in
6 your case, John, do you look at this beyond
7 support only for HBCUs. Or is there somebody
8 else that looks at it from the point of view
9 of people of color who may be at majority
10 institutions and how does that process work.
11 And similarly, Glorimar, for you.

12 DR. J. WILSON: Well, a couple of
13 responses. One is, you know, I serve under an
14 executive order so I don't have that much
15 liberty to go beyond what it says I have to
16 fulfill and it is focused on HBCUs. That
17 being said it's already been announced, coming
18 down the pike is a different executive order
19 that is going to encompass everything related
20 to African-American education in this country
21 that's not HBCUs. As Glorimar said, the
22 Hispanic initiative is the entire educational

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1 pipeline. The same is true for the Tribal
2 Initiative, the same is true for AAPI, Asian-
3 American/Pacific Islander although they are
4 well beyond education. We are the narrowest
5 and so that's why another effort is needed.

6 With respect to the other part of
7 your question on quality and where and how we
8 focus in choosing winners, HBCUs enroll 10
9 percent of the African-Americans in higher
10 education and we graduate 28 percent of the
11 African-Americans who get STEM degrees. That
12 data point alone suggests that the HBCUs where
13 STEM is concerned is getting something right.

14 Now, is that true for all HBCUs? No, it's
15 not true, and there's a subset of HBCUs that
16 really drive those numbers.

17 As I said in my presentation what I
18 think you'd be well-served by is identifying
19 the biomedical hot spots and the winners are
20 the winners. And I wouldn't worry a whole lot
21 about the others. The winners are the
22 winners. We're going to invest for success in

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1 certain places.

2 And I just wanted to make one final
3 point on that. We have been willing to take
4 the heat in my initiative. We have recognized
5 that, you know, we may have a limited time
6 here and either we're going to be a speed boat
7 or a battleship. Now, we can, we have
8 several, a number of initiatives and a number
9 of them involve some support from the private
10 sector. Now, we can spend a lot of time
11 democratizing the selection process and waste
12 about a year and a half choosing where we're
13 going to plant this or that initiative, or we
14 can say, look. We're in the concept proof
15 stage, we know where certain -- where things
16 are working on certain campuses. We're going
17 to select you as the initiative. We're going
18 to select you, prove the concept that this
19 kind of initiative works and then we'll
20 democratize and figure out how we're going to
21 bring it out. You just have to be bold enough
22 to make some tough decisions and move forward.

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1 CO-CHAIR TUCKSON: John, I would
2 then, very specifically to the committee's
3 report. This is an extraordinary statement
4 that you are making and one that gives great
5 cover. What I'd like staff to do is to share
6 with John the transcript of this meeting, give
7 you an opportunity to modify if need be or
8 just make sure it's as precise as possible.
9 Because if the committee, and I'm, again, you
10 notice 13 cautions about not getting in front
11 of the committee. The chairman is not getting
12 in front of the committee I'm going to tell
13 you right now.

14 If we were to make a recommendation
15 that comes out of this hearing that suggests
16 that one of the strategies might be to focus
17 in on those who have a great track record of
18 doing and going forward and that we want to do
19 everything we can to stimulate success where
20 success has already been demonstrated, I don't
21 want -- we do need cover. Because the thing I
22 don't want to do is to have the committee get

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1 caught up in politics of some group coming
2 back and saying how dare they, who do they
3 think they are and now we've made friends
4 enemies when we were trying to do right.

5 So, I think if you could help us
6 navigate that, John. I mean you are political
7 people, we're not. So, I would just
8 appreciate your helping us offline and then
9 we'll be able to get --

10 DR. J. WILSON: Let me just say I'm
11 not terribly political either which explains
12 why I just made the statement that I made.

13 (Laughter)

14 CO-CHAIR TUCKSON: Listen, we're
15 all experienced people and we know that you
16 need to be able to speak frankly and talk
17 about it. However, you proceed with caution.

18 CO-CHAIR RUFFIN: John, I don't
19 think you need to do much guessing. I know
20 for the years that I've been at NIH which now
21 is a little over 20 years every year I've been
22 involved in putting these reports together,

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1 for each one of the initiatives the -- on
2 HBCUs or whether it's HSIs, the tribal
3 colleges, Asian-Pacific Islanders, each year
4 reports have been generated. And those
5 numbers, for example, many of the numbers that
6 you quoted when you say 1 percent, or less
7 than 1 percent, those numbers are compared
8 with non-HBCUs, non-minority serving
9 institutions.

10 Filtered into all of that data, and
11 that data is collected at each one of the
12 agencies as you know, for us, for HRSA, for
13 SAMHSA, all of it then submitted to HHS and
14 then all of that information is then submitted
15 to the White House. In that data that is
16 submitted to you is the denominators that
17 we're talking about. You would know the
18 institutions there because their numbers
19 there, and those numbers have been there for
20 years and years and years, we just have not
21 sift the numbers.

22 So, I don't think that you

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1 necessarily have to make a political decision.

2 I think the data would support the decision
3 that you would ultimately make.

4 CO-CHAIR TUCKSON: Glorimar, the
5 same thing would be to the extent that you
6 were, you know, could sort of help us to think
7 about targeting resources to places that, you
8 know, back to sort of Roy Wilson's sort of
9 point, if we could sort of target places that
10 -- and how do we start to think about that.
11 And again, is that a recommendation that would
12 make sense given the dynamic. You keep coming
13 back to this notion of trust and that's what I
14 worry so much about. Jordan, do you have a
15 comment?

16 MEMBER COHEN: I guess, the thing
17 that's in my head is the legality of making
18 this kind of targeted recommendation. We're
19 just going to have to examine that.

20 CO-CHAIR TUCKSON: So that's going
21 to be important. The other thing, John, and
22 I'll get you to comment, is this retention

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1 issue that you raised which is so key here,
2 and I think that's a big part of what we're
3 discussing right now. But the retention issue
4 was also a point for your STEM prep pipeline
5 issues. And that's one of the things that I
6 would be very curious about if in fact you all
7 have data in terms of your all's thinking at
8 the Department of Education. This comes down
9 to, what I'm getting to here more is the
10 pedagogy of how these programs work.

11 Do we know whether or not programs
12 that touch a child, I'm talking about young
13 people now in the pipeline area. If you touch
14 them once is that sufficient? Touch them
15 three times, touch eight times? I mean, what
16 is the understanding of -- and from a
17 pedagogical point of view of how these
18 programs work of best practices? So that if
19 you can get a kid at seventh grade and you can
20 touch him can you keep him. At the end of the
21 day if you touch him only once at seventh
22 grade and they get a little experience and

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1 then that's it then they wind up lost by
2 twelfth. So, I think if there is any
3 technical knowledge coming out of the
4 Department and one of the things that I think
5 I'm sort of curious as we sort of expand your
6 assignment, whatever you're willing to take on
7 --

8 (Laughter)

9 CO-CHAIR TUCKSON: -- is you give
10 the impression that you all in this initiative
11 are not ghettoized within the Department of
12 Education, that you can draw upon and muster
13 upon the full resources of the Department of
14 Education. And if that is true I think we
15 need to understand what is known about the
16 pedagogy of these kinds of programs and is
17 viewed upon by the experts in American
18 education as opposed to these little
19 ghettoized programs off to the side that
20 nobody looks at, nobody knows whether they
21 work or not. So, this retention issue I think
22 is very, very, very important. You wanted to

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1 make a comment finally on this?

2 DR. J. WILSON: Yes. We are -- we
3 are wired into the core of the Department. We
4 are not marginalized in any way. We have a
5 great Secretary of Education who is aware of
6 and sensitive to all the issues that we have.

7 So I think, and one testament to that is our
8 offices were all moved into Ed headquarters
9 from some satellite places and we're all
10 clustered. So, we're enjoying being a
11 priority for this administration, I'll say
12 that.

13 The other thing I'll say, just as a
14 corrective or a clarification. The White
15 House Initiatives do not give out money so we
16 don't have the issue you have. When I talk
17 about choosing winners I'm talking about our
18 work with the private sector. They make the
19 selection but we're working with them on what
20 is a good investment. So we do have
21 information on what's a good investment and we
22 do have data on how many touches, you know,

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1 one or two great teachers make a big
2 difference.

3 CO-CHAIR TUCKSON: It comes back to
4 this whole notion of if we are going to make a
5 difference, and again, I'm still -- everything
6 I'm doing is trying to look in my mind at what
7 kind of recommendations might we make. If
8 you're going to make a recommendation for the
9 private sector to be involved and that's
10 something let's say that we decide to do, you
11 have got to be able to be credible in doing
12 that, to be able to give the private sector
13 confidence that their money gets spent well.
14 So you have to believe that you can say there
15 is ample and clear evidence that programs like
16 blah blah blah are the things that work, they
17 do return on investment, they produce value,
18 they have a track record, here are the
19 ingredients.

20 Therefore, the committee might well
21 consider saying these are the kinds of things
22 that ought to be thought about as we put that

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1 pipeline stuff to rest. We may never get that
2 specific but it would be useful for our
3 deliberation if there was specificity.
4 Similarly, we might be able to say that the
5 committee may well deliberate around the
6 notion that there ought to be some targeted
7 dollars at winners who have demonstrated such-
8 and-so-and-so. We may want to make that
9 recommendation. We may not, we may for
10 whatever reason, but the more information we
11 have from experts as we formulate that,
12 because we don't have a lot of time to go in
13 our room and deliberate this part of it. We
14 need to sort of give us as much as you can so
15 we can be efficient. Ann?

16 MEMBER BONHAM: Just building on
17 what Reed just said, I'd like to expand the
18 conversation a little bit in thinking about
19 bold. Because one of the things that we have
20 heard from some institutions is that the
21 definition of using your term the potential
22 biomedical hot spots, the definition of that

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1 may not be the boldest definition. And so we
2 look at historically who looks good and who
3 can partner effectively. And so we are
4 probably taking that forward, would build
5 further innovation in that group.

6 But are we missing the innovation
7 that would come from the unusual suspects by
8 looking historically at those institutions and
9 those partnerships that have been so
10 successful? So are we adding institutional
11 bias on institutional bias? And have you
12 considered that in your Race to the Top?

13 DR. J. WILSON: I have considered
14 it in the Race to the Top idea but I have not
15 considered it as exhaustively as you will
16 consider it when you think about these things.

17 I will say this. The reason why it's
18 important to point out that the competitive
19 preferences do not cordon off the competition
20 in any way is because you need to have room
21 for anybody out there to apply, whether the
22 usual suspects or the unusual suspects.

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1 Frankly, there is some instinct I
2 think that we can all bring to who's doing a
3 good job and who's not, some database
4 framework, whatever. But I think the reason
5 why a competition is good is because you are
6 able to hear from institutions or clusters of
7 institutions speak in their own terms about
8 why they're doing a good job and what
9 constitutes that, and then you make a
10 judgment.

11 And to me that's better than
12 outlining some criteria and expecting people
13 to come to it. You have a tougher job because
14 you're going to be comparing different
15 perspectives on excellence, but that's a great
16 problem to have.

17 CO-CHAIR TUCKSON: All right.
18 Well, I think we are -- we need to break for
19 lunch and let -- first of all, Glorimar, did
20 you have any -- you've been terrific and
21 you've opened up a whole -- look what you've
22 done here. It's been terrific. Did you have

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1 any last comments that you wanted to make?

2 MS. MALDONADO: No, I think, you
3 know, I can see the issues about making a
4 judgment, I really can. You know, we are a
5 highly political office, that's not a lie. We
6 do have career people that we work with and,
7 you know, as far as the spectrum is concerned
8 we cover cradle to career but we do, like Dr.
9 Wilson said, we are kind of at the heart of
10 the Agency as far as priorities are concerned.

11 And so we are able to tap into a lot of
12 resources and information that I guess maybe
13 other smaller offices wouldn't be able to.

14 And the great thing about this, I
15 think this administration as far as how they
16 have placed our initiatives, there's a lot of
17 cross-pollination. You know, a lot of
18 students, you know, self-identify as biracial,
19 multiracial, whatever. So we have to be able
20 to communicate. We have to be able to share
21 information. And I think that not just as far
22 as -- not just segmenting the HSI and the HBCU

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1 but just considering the entire MSI spectrum I
2 think is key and just coming to the table.

3 But the issue of making judgments.

4 Historically our office has made investments,
5 not financial but in other ways to the folks
6 that have been proactive and have come to us.

7 You know, they're seeking anything that we
8 can give them to help them become stronger to
9 create better infrastructures. And that's who
10 we typically invest in. But I think kind of
11 casting the net a little bit wider. Maybe
12 folks are shy about coming to the table, the
13 trust issue again. You know, there are other
14 people out there that are doing great work,
15 other institutions that are doing great work
16 that aren't accepting federal funding as an
17 HSI that we could tap into.

18 And I think that as far as like
19 this discussion I'm going to be bringing a lot
20 to the Department. I think there's a lot of
21 tweaking that we can do on our end to help you
22 with your recommendations.

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1 CO-CHAIR TUCKSON: That's a great
2 way --

3 MEMBER YANCY: Reed, it strikes me,
4 listening to the last several discussions. If
5 you weave together Ann's point of view and
6 John's point of view and the responses from
7 Gloria and Dr. Wilson, what we're seeking may
8 not actually be yet crystallized. And it
9 could be that part of our big idea is to build
10 the filters. We can get the crude oil from
11 the White House but if what we're looking for
12 are these deliverables on output that may be
13 part of the engineering we have to do.
14 Because if there really were answers to these
15 questions somebody would have said hey, these
16 are the 18 institutions that have their game
17 together and can make this work. It could be
18 that that's what we need to do is to work with
19 you to come up with the filters to understand
20 how to identify that so we don't build bias
21 upon bias and so we do maximize our yield.

22 CO-CHAIR TUCKSON: So I think

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1 that's a great way to sort of conclude it in
2 the sense of this is a dialogue that's opened
3 up. You know, the committee is on a fast
4 track but we can certainly work with you
5 offline. And maybe it is by -- if we can do
6 something that helps push the ball down the
7 field a little more by asking the right
8 questions or making the recommendations that
9 call for you to be able to do more maybe that
10 will help you to go faster by putting some
11 energy, some focus into your work. And that
12 might be a service that we can provide. So I
13 think Clyde is right on it.

14 Glorimar and John, thank you, we
15 cannot thank you enough for taking the time to
16 come here. Thank you very much.

17 (Applause)

18 CO-CHAIR TUCKSON: As far as lunch
19 is concerned. Comment? The cafeteria is
20 somewhere, where? Down on the first floor.
21 What I'd tell you, that's the way it is. For
22 those that are on the webcast we intend to be

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1 back at 12:30 exactly and we will hear from
2 Karen who is here. And so we will start again
3 precisely at 12:30 Eastern Standard Time.
4 Thirty-two minutes, so we've got to hurry.

5 (Whereupon, the foregoing matter
6 went off the record at 11:58 a.m. and resumed
7 at 12:42 p.m.)

8 CO-CHAIR TUCKSON: All right, we're
9 back in session. Thank you, everyone, for
10 returning, especially the committee which we
11 don't take for granted.

12 (Laughter)

13 CO-CHAIR TUCKSON: Clyde. We now
14 have the really exciting opportunity to hear
15 from Karen Chaves who is presenting on the
16 White House Initiative on Asian Americans and
17 Pacific Islanders. Karen, thank you.

18 LT. CMDR. CHAVES: Good afternoon,
19 everyone. Thanks for coming back from lunch.

20 I am -- let me first introduce
21 myself. I'm Karen Ho Chaves. I am from the
22 White House Initiative on Asian Americans and

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1 Pacific Islanders. I'm actually a detail from
2 HHS. My home agency is the Agency for
3 Healthcare Research and Quality. I'm actually
4 a health policy advisor there.

5 The initiative actually works on
6 several areas. We focus on healthy
7 communities, economic and community
8 development, and educational opportunities as
9 well as civil rights and immigrants' rights.
10 So those are the areas that we focus on. So
11 we're much broader than education as Dr.
12 Wilson pointed out this morning. And our
13 colleagues are, many of us are details from
14 these agencies.

15 In the past two years the
16 initiative has been working on this. We've
17 really focused on community engagement and we
18 see our role as really facilitating federal
19 agencies and communities to work together and
20 to really bring more awareness about federal
21 programs that are available and the resources
22 that are available to the communities. So

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1 that's our role and we hope that we will be
2 able to help you with your goals here at the
3 work group.

4 So, as I told you earlier my
5 background is actually in public health. So I
6 work together with my colleagues to talk about
7 some of the recommendations that we have for
8 you today. And there's three main
9 recommendations that I'm going to talk about
10 both about the educational pipeline but also
11 about some research infrastructure.

12 First is the recommendation to
13 target efforts to reach overlooked and
14 underserved Asian American and Pacific
15 Islander subgroups. The second is to support
16 post-secondary institutions who serve Asian
17 Americans and Pacific Islanders, and third is
18 to provide opportunities for research that is
19 relevant to our communities. And I'll expand
20 on those.

21 Targeting -- to better target
22 efforts to increase workforce diversity we

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1 must have better data and the discussion this
2 morning talked about evidence and building
3 that evidence behind your recommendations.
4 And data is something that, as many of you are
5 aware, we struggle with for our AAPI
6 communities because of course what you can't
7 count or observe or measure you won't see the
8 problem clearly. And so for Asian Americans
9 and Pacific Islanders the challenge is that
10 our communities are often lumped together as
11 one single group. And it's really, it's one
12 of the things that we talk about and work on a
13 lot with our federal agency partners is
14 disaggregating data.

15 Consider that our community is very
16 heterogeneous, very diverse. We have about 48
17 ethnicities, we speak over 300 different
18 languages. We have very different histories,
19 very different cultures and we are -- Asian
20 Americans and Pacific Islanders live in a
21 broad spectrum of socioeconomic status. You
22 know, many are highly skilled, educated, have

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1 educated backgrounds, but many are also
2 underprivileged, live below poverty level,
3 face housing crises day to day, are on food
4 stamps, have disabilities, et cetera. So,
5 when you use one number to categorize and
6 represent our communities you really
7 overshadow the significant differences that we
8 really need to be aware of to make adequate
9 policy recommendations and targeted programs.

10 So, let me use educational status
11 as an example because we typically see at the
12 national level that Asian American students
13 are doing well in math and science. But did
14 you know that the percentage of Cambodian,
15 Laotian and Hmong adults who don't have a high
16 school diploma is actually quite high. You
17 know, 34 percent to almost 40 percent of
18 adults in these subgroups don't have a high
19 school diploma. And also looking at higher
20 education, about almost half of our Asian
21 American/Pacific Islander students are
22 actually enrolled in community colleges. Not

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1 just -- and so this is looking beyond what we
2 see in the four-year institutions or the Ivy
3 League schools. Almost half of them are in
4 secondary community colleges.

5 And some more statistics. You
6 know, we know that students in community
7 colleges are at higher risks because they're
8 underprepared usually for college work, they
9 came from underperforming schools, or -- and
10 many of them are the first in their families
11 to attend college. Many of them work full-
12 time.

13 Some other statistics about these
14 community college students who don't earn a
15 degree, and we talked about retention earlier.

16 This is also a significant problem for us in
17 the Asian American/Pacific Islander
18 communities. Looking at just Southeast Asians
19 and breaking it down by subgroups you see a
20 range from 33 percent to 47.5 percent of
21 Southeast Asian students do not complete their
22 college degree. And looking at Pacific

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1 Islanders that's even higher. Guamanians,
2 native Hawaiians, Tongans, Samoans students,
3 almost half and more than half of these
4 college students don't complete their degree
5 program.

6 So, what we're really talking about
7 is encouraging NIH to really strengthen these
8 partnerships with the secondary and community
9 college institutions looking at strengthening
10 training programs, mentoring and really target
11 efforts towards institutions who serve a
12 significant number of minority students as was
13 talked about this morning, and really help
14 unlock their potential and create that bridge
15 to better training programs.

16 The second one is, our second
17 recommendation is really about the Asian
18 American and Native American/Pacific Islander-
19 serving institutions, and we call them
20 AANAPISIs. These are very similar to HSIs.
21 It's authorized by the College Cost Reduction
22 and Access Act in 2007. It's a competitive

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1 grant process. So, you need to meet certain
2 criteria to be designated, but you have to go
3 through the grant process to actually get
4 funds. And you know, a lot of these
5 institutions carry really important programs
6 for our students. It's not only academic
7 achievement programs but also English
8 language-learning programs, freshman
9 transition programs, bridge programs, college
10 transfer programs. These are very, very
11 important to support these students. And
12 based on 2011 numbers we know that only 15 of
13 the 52 designated institutions, AANAPISI
14 institutions, have received funding. So this
15 is something that the initiative is working
16 very hard on.

17 I think compared to HSIs we're
18 still in early development because many of the
19 institutions actually didn't realize that they
20 could apply for funding as an AANAPISI
21 institution. And there's a lot of confusion
22 about whether an institution that's an HSI can

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1 also be AANAPISI. So that's something that
2 we're working very hard to promote and bring
3 awareness and provide some technical
4 assistance to these institutions and our
5 community partners. But that's something for
6 I think you to be aware of when you're
7 thinking about pipeline issues.

8 In the last recommendation I really
9 wanted to bring it back to the research
10 infrastructure that NIH has built and have
11 done really well in a lot of ways. One of the
12 criticisms of research that we hear from our
13 communities and our experts is that in the
14 past researchers would come in and do their
15 research, get their data, get their
16 information, publish but then never bring it
17 back to the community. And so there was
18 really no accountability in the past. And
19 what has, I think NIH has done well is really
20 implement the approach, the community-based
21 participatory approach, and I think can
22 strengthen this throughout all of the research

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1 that the institutes do.

2 And this is really talking about
3 engaging with the community, trading community
4 members for research assistance, partner with
5 community organizations and community leaders
6 in developing their research agenda. And
7 really ensuring that the research is relevant
8 and meets the needs of populations that we're
9 targeting.

10 And so, community-based
11 participatory research is definitely something
12 that our experts are very excited about to
13 expand and grow. Translational science
14 research is also -- has a lot of potential to
15 do better-targeted research, really translate
16 that institutional knowledge into practice.

17 And also, to consider other
18 research methods, public health research,
19 health services research and also ethnographic
20 research we feel is really important to really
21 look at digging deeper. Not just making
22 observations but really looking at solutions

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1 that will serve the needs of the populations
2 that we're looking at. And as you know, what
3 we learn is that change is local. And so that
4 really as an institution NIH can really
5 collaborate and develop solutions from the
6 ground up at the community level.

7 So, I have some examples of some
8 projects that our experts have really pointed
9 to and are very enthusiastic about and really
10 want to encourage NIH to really -- and this
11 Working Group to really see how we can
12 strengthen and expand on such programs as the
13 Community Engaged Partnership Training which
14 really draws on the community and experts in
15 the field for more training. And also
16 National Cancer Institute has really done a
17 lot of work on addressing health disparities,
18 cancer disparities by partnering with
19 community organizations and funding these vast
20 community networks focusing on Asian Americans
21 and also another one focusing on Pacific
22 Islanders, and really doing that work together

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1 with the community in promoting cancer
2 awareness, research and training.

3 Another example that was mentioned
4 was also NCI's Center to Reduce Cancer Health
5 Disparities in Hawaii the Imi Hale, which is
6 another example about community engagement and
7 really training community members to be
8 researchers.

9 The last example I wanted to
10 mention is actually from AHRQ. It's the
11 Community Health Applied Research Network,
12 CHARN, and it's part of the Patient-Centered
13 Outcomes Research Institute. And it's really
14 a unique nationwide network of community
15 health centers applying community-based
16 participatory research and looking at
17 comparisons of healthcare methods that work
18 best for specific patients and being able to
19 do that comparative effectiveness research
20 together with the community.

21 So, that is the three
22 recommendations that I have, you know, to

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1 better target using the right definitions for
2 our communities, to really look at community
3 colleges, secondary institutions serving AAPIs
4 and then also the research opportunities
5 really focusing on community-based
6 participatory research as a way to increase
7 the workforce diversity. When you bring in
8 different and encourage investigators to
9 really bring in different experts into their
10 teams you really bring in a diverse
11 perspective as well.

12 The last thing that I want to talk
13 about actually is a note from one of our
14 commissioners, Dr. Tung Nguyen from UCSF. And
15 you know, when I mentioned to him that I was
16 going to speak here today he really wanted to
17 make sure that I relay some concerns that he
18 has about the study, the Ginther study, and
19 also the subsequent article that came out in
20 Science magazine about the findings. Because
21 I think one of the things that we, when, you
22 know, reading the study are really concerned

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1 about is also the proportion of Asian
2 scientists who are foreign-born.

3 And just, if you'll excuse me I'm
4 going to read from his notes here. There's no
5 question that the study shows a highly
6 persuasive argument for a disparities for
7 black researchers, but there's also evidence
8 here of a problem for Asian American
9 researchers as well. Although 16.2 percent of
10 applications in the study were by Asian
11 investigators, 87 percent of those Asian
12 investigators were non-citizens. At the very
13 least this should raise the question whether
14 or not U.S.-born Asians are adequately
15 represented in the research workforce.

16 And also to note, you know, in one
17 of my slides earlier 69 percent of our
18 community members are foreign-born and in
19 looking at college student enrollment, a
20 significant number of foreign-born students
21 are also Asian. And so this represents I
22 think a significant proportion of the science

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1 workforce.

2 If we include non-citizens in the
3 application pool as proof that there's no
4 shortage of Asian investigators there remains
5 a glass ceiling for Asian investigators
6 because it seems to be taken without question
7 that non-citizens are not as qualified or well
8 trained by extrapolating from the fact that
9 they're not eligible for pre- and postdoctoral
10 training programs associated with the higher
11 probability of funding.

12 Another concern about the study
13 that is used here is that so few Asians were
14 in the category that there may not be adequate
15 power to actually detect a significant
16 difference. And that's something that we face
17 a lot in our studies. And I think it, you
18 know, is relevant here too. So we just wanted
19 to point that out as a potential form of bias
20 as well. So, thank you very much for your
21 time and I'm happy to answer any questions.

22 CO-CHAIR TUCKSON: Well, thank you

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1 very much. I think you've opened up an
2 important new line of inquiry here. We have
3 been focusing so far on the issues regarding
4 the scientists. You're saying, I think if I
5 understand your point here it is let's also
6 start thinking about the priorities associated
7 with the research itself.

8 LT. CMDR. CHAVES: Right.

9 CO-CHAIR TUCKSON: If you look at
10 the research priorities, i.e., research that
11 is relevant to solving the problems of a
12 particular community by the very nature of the
13 investigation it demands a certain kind of
14 researcher.

15 LT. CMDR. CHAVES: Exactly.

16 CO-CHAIR TUCKSON: And so it's
17 almost like if you had a Venn diagram and you
18 overlaid it, which is a whole 'nother avenue
19 which we have not even gotten to yet. So, but
20 let's see what's on the minds of the committee
21 members. Roy?

22 MEMBER R. WILSON: Thank you very

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1 much. I was curious as to the definition of
2 AANAPISI in terms of the institutions that
3 qualify for that because as you've already
4 mentioned Asian Americans are a very, very
5 diverse heterogenic group with some very high-
6 achieving subgroups such as the Japanese and
7 Koreans and the Chinese and then those that
8 are not as educationally accomplished such as
9 the Hmongs that you mentioned. And so if it's
10 just the percentage of Asians in these
11 institutions I think I would have some
12 concerns with that as opposed to percentage of
13 certain types of Asian subpopulations.

14 LT. CMDR. CHAVES: Yes. Well, I'm
15 not completely familiar with this but I know
16 that it's not only the proportion of students
17 who are Asian American/Pacific Islanders but
18 it's also the proportion of students who meet
19 the poverty thresholds, that it has to be a
20 certain proportion who are also on, you know,
21 federal student aid programs, family income as
22 well. So we're not just talking about their

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1 race/ethnicity, but also their socioeconomic
2 status which I think brings a lot of bearing
3 to what the risks are for academic achievement
4 as well.

5 CO-CHAIR TUCKSON: Other questions?
6 Comments? Jose?

7 MEMBER FLOREZ: Maybe one comment
8 you mentioned, that it was very disturbing
9 that out of the 16 percent of Asian applicants
10 87 percent were foreign-born and what's
11 happening to the U.S.-born Asians in
12 biomedicine. I think one key point to
13 remember is that this Ginther paper only
14 addressed PhD scientists and it could very
15 well be, maybe, it's a hypothesis, that U.S.-
16 born Asians are more going to graduate school
17 -- professional school rather than graduate
18 school whereas it's a lot easier for a foreign
19 PhD to come to this country than it is for a
20 foreign MD. So, I think, you know, it could
21 be a question for alarm but maybe a little
22 more complete information might assuage some

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1 of those fears. Just a comment.

2 LT. CMDR. CHAVES: Right, thank
3 you.

4 CO-CHAIR TUCKSON: Jordan?

5 MEMBER COHEN: Well, I guess this
6 also relates to this issue of the
7 heterogeneity. My guess is that the vast
8 majority of those Asians who were captured in
9 the Ginther paper are at this upper end, the
10 Chinese, the Japanese, those that have come
11 from traditionally higher academically
12 achieving groups. So that still leaves open
13 the question, back to the pipeline issue, what
14 do we do about all of the other ethnic groups
15 within this broad category that require some
16 kind of attention in terms of their academic
17 preparation so that they can get into the
18 pipeline.

19 CO-CHAIR TUCKSON: Before we get to
20 Clyde I just wonder also does it open up this
21 notion of if we were to look at the data, if
22 you think about bias by name and/or other sort

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1 of biases that filter, and yet if you've kind
2 of got this bifurcation with U.S.-born versus
3 foreign-born what would -- so, you take -- I
4 mean, you can sort of do it as its own
5 internal experiment. You take out the bias
6 thing by name and so forth and so on. Then it
7 sort of says well, what would that be like.
8 Is this just purely a numbers game or is it an
9 institution of affiliation. So in other
10 words, at least it takes out one variable that
11 may be interesting to take a look at. Clyde?

12 MEMBER YANCY: Back to the pipeline
13 issue. I was struck in one of your opening
14 graphics when you showed the very low percent
15 of institutions serving these targeted
16 populations who received federally supported
17 assistance. Was there a consistent theme
18 regarding why so many of the institutions were
19 not eligible?

20 LT. CMDR. CHAVES: One of the
21 things we realized was the information that's
22 available about AANAPISIS was really confusing

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1 and it was what the Department of Education's
2 website was providing. And it really took a
3 change in the language, I think one paragraph
4 of making more clear that these are the
5 institutions, or these are the requirements.
6 And as I mentioned before, the confusion about
7 whether an HSI can also be an AANAPISI
8 definitely held back a lot of institutions
9 from even applying. So, that was something,
10 it seemed like a small problem but it was a
11 significant problem in the information that
12 was actually being disseminated.

13 MEMBER FLOREZ: It's also another
14 comment more than a question. And I think
15 your presentation and the great diversity and
16 heterogeneity among Asians as has already been
17 mentioned also applies to Latinos. And in
18 terms of our committee's work it's interesting
19 that here you have a mechanism by which you
20 don't only identify ethnicity but also
21 socioeconomic status as a way to make
22 decisions. And, you know, even in the Latino

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1 community Cuban-Americans are not
2 underrepresented in medicine. Most people
3 from European Spain versus you know, say,
4 Mexican-Americans, Puerto Ricans, and the
5 Asian community the same thing. So, I don't
6 know what we need to do about increasing the
7 granularity instead of these very crude NIH-
8 based definitions of ethnicity or race to make
9 sure that we target the right populations.
10 And the Ginther paper cannot do it because
11 that data doesn't exist.

12 CO-CHAIR TUCKSON: Good point.
13 Others? Yes, Gary?

14 MEMBER GIBBONS: Again I was also
15 struck by your comment about the heterogeneity
16 and the retention rate issue in terms of leaks
17 in pipelines. And I was wondering has this,
18 again, community of educational institutions
19 developed any best practice models to
20 influence that very high attrition rate
21 amongst some of the other?

22 LT. CMDR. CHAVES: That's a really

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1 good question and I'll bring that back to my
2 colleagues who work on AANAPISI initiative and
3 ask that question. Because I think that would
4 be very informative for us as well as this
5 group. Thank you.

6 CO-CHAIR TUCKSON: Any other
7 queries? The letter that you wrote, that you
8 read, could we have that introduced into the
9 material for this meeting?

10 LT. CMDR. CHAVES: Yes, yes.

11 CO-CHAIR TUCKSON: That would be
12 terrific. So I guess I'm just sort of still
13 struggling with, you know, I think we're going
14 to have as a committee to grapple with this
15 issue of this broad heterogeneity issue both
16 of the Latino community and for the Asian-
17 Pacific Islander community. Because you can
18 really go far afield trying to sort of --
19 special initiatives for every sub-segment.
20 How does this work? How do we come to
21 understand it? I think it's just something
22 we're going to have to grapple with and not

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1 just leave it there hanging as a dangling
2 participle.

3 But I think also this notion of,
4 which I really do want to -- I'm intrigued by
5 this idea of the Venn diagram between
6 prioritization of research and therefore what
7 does that mean for researchers. If you're
8 going to go after some of these tough
9 challenges, and some of this gets at trying to
10 understand better the research priorities for
11 NIH vis-a-vis AHRQ versus CDC. Where, you
12 know, if you sort of think about basic science
13 as basic science and, you know, you sort of
14 start to get to that, but the kind of research
15 that was brought up here is much more, it's
16 still NIH is engaged but it's very much
17 community-specific research. That opens up,
18 you know, a whole 'nother kind of deal. If
19 those are high priority issues in the NIH
20 research agenda it starts to tell you
21 something about the nature of the people who
22 ought to be applying and with appropriate

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1 background be successful. Because those
2 initiatives cannot be successful by definition
3 almost if you're not some connectivity to that
4 community. That doesn't say, and I want to be
5 very careful, is to suggest that a non-Asian
6 researcher could not work intimately in the
7 Asian environment, that certainly cannot be
8 true, but there certainly is a higher
9 predilection that you're going to have that be
10 the case.

11 All right. Thank you very much and
12 we really appreciate your involvement. We're
13 going to modify our agenda a little bit and
14 start to take public comment. William Mendoza
15 is not yet here to talk to us about some of
16 the issues from the perspective of the
17 American Indian and Alaskan Native community
18 and so I'm going to ask our public folk who
19 are around if they would be kind enough to
20 augment or modify their schedule.

21 So let me just sort of see if by
22 some chance. I haven't seen -- Marc Nivet is

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1 not here yet, right? Marc, I don't see Marc.
2 Okay. Dr. Alika Maunakea if I've done
3 anything near justice to a beautiful name. Is
4 he here? You're here. Sir, would you like to
5 present? Come right here. No, we want you at
6 the desk right there. We want to make sure we
7 hear every word. And I really appreciate --
8 first of all, if you could help me to say your
9 name properly.

10 DR. MAUNAKEA: You did a great job.

11 CO-CHAIR TUCKSON: Oh, great. Well
12 listen, thank you. You are, I know, an NHLBI
13 postdoctoral fellow and we really appreciate
14 your taking the time. If you'll just push
15 that button right there and thank you for
16 giving us your comments.

17 DR. MAUNAKEA: Thank you for
18 allowing me to be here. Again, my name is
19 Alika Maunakea. I'm a postdoctoral researcher
20 at NHLBI and I'm here as an example of a
21 person that's in the pipeline. I come from a
22 native Hawaiian community in Wai'anae, Oahu,

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1 which is the most dense population of native
2 Hawaiians on Earth. It's what was mentioned
3 earlier, in addition to underrepresentation of
4 native Hawaiians in the workforce in
5 biomedical research, part of that is due to
6 socioeconomic status and Wai'anae is no
7 exception. It's a rural poor area with --
8 that's underrepresented and a large part has -
9 - suffering from under-education.

10 I come to you as an example of
11 NIH's success in outreach and recruitment and
12 training. I was part of the undergraduate
13 scholarship program at the NIH that was
14 started in the Office of the Director about 10
15 or 12 years ago. And in part of that training
16 really helped me be educated in college on the
17 mainland which was somewhat otherwise
18 impossible for me with a family of my size in
19 a very rural neighborhood. But it allowed me
20 to continue my education in research and
21 allowed me to come back to the NIH where I
22 pursued a postdoctoral degree in what my

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1 postdoctoral research is in. And I think it's
2 very -- one of the great programs about the
3 UGSP was having a mentorship that was cross-
4 cultural and it wasn't restricted in
5 particular to any particular research focus
6 but was catered toward the interest of the
7 student. So that was very helpful.

8 But one question and comment I had
9 to the committee is that oftentimes in my
10 training, like I said I didn't have a mentor
11 in my early career when -- in our community
12 because we're not really well represented in
13 the U.S. in terms of having physicians and
14 other medical practitioners and biomedical
15 researchers in our community to, you know,
16 have sort of a model. So, that was a
17 difficult thing. But having the UGSP, the
18 program that I was in identified mentors that
19 allowed me to continue my training. But I
20 think that part of the resistance or
21 hesitation that people in my community felt
22 towards research and towards science was that

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1 it's something that is not seen, it's not --
2 we don't know about it because we don't see it
3 every day on a day-to-day basis and it's not
4 as valued as you might think. I mean, we're
5 suffering from other very practical things
6 that we have to address first before we can
7 step beyond higher education.

8 And so, one thing I'd like to bring
9 up to the table is that in order to get
10 effective training opportunities and
11 recruitment and retention in the pipeline I
12 think it also has to be -- I think something
13 that's very necessary to be considered is the
14 culture of that community. And when I go back
15 to Hawaii eventually one of the things I'd
16 like to put forward is an effort towards
17 outreach and integrating programs that are
18 present at the University of Hawaii and other
19 organizations that work with the communities
20 to engage the youth in culturally relevant
21 opportunities for them to seek science
22 education and training. In that sense that

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1 would help to retain the youth, make them
2 relevant -- make these opportunities relevant
3 to their communities and their culture. That
4 would allow for retention, recruitment --
5 recruitment, retention and returning the
6 pipeline back to bringing up the community and
7 building up the community. And so that's
8 something that I'd like the committee to
9 consider in their recommendations.

10 CO-CHAIR TUCKSON: Well, thank you
11 very much. Could you just give us a little
12 more insight? What undergraduate, if you
13 don't mind, undergraduate school did you go?

14 DR. MAUNAKEA: I went to Creighton
15 University which is in Omaha, Nebraska. And
16 from Hawaii that's like a big change.

17 (Laughter)

18 CO-CHAIR TUCKSON: One of our
19 committee members is formerly. Now, when you
20 were there, so this mentorship. Did you apply
21 -- so did you apply at all? When did you
22 first get your first NIH support?

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1 DR. MAUNAKEA: My first NIH support
2 was in the undergrad.

3 CO-CHAIR TUCKSON: At Creighton.

4 DR. MAUNAKEA: At Creighton
5 University.

6 CO-CHAIR TUCKSON: And so did you
7 have a mentor there who helped you?

8 DR. MAUNAKEA: Yes. So that was
9 another thing I should bring up. I mean, I
10 think of myself as very fortunate in the sense
11 that I had the right training at the high
12 school level to pursue a career in science. I
13 was attracted immediately by -- and I think it
14 was mentioned by a few members of the
15 committee here that it just takes a few great
16 teachers to get you started on your path. And
17 at an early age if you get the right teacher
18 that energizes you and really influences your
19 career choices.

20 I was able to then apply to
21 Creighton University, get in and identify with
22 a mentor that trained me in science and

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1 continued my education in research and bench
2 work, actually. And so from there I became
3 aware of the undergraduate scholarship program
4 and applied and she was a help.

5 CO-CHAIR TUCKSON: So what I want
6 to zone in on is beyond the pipeline issue
7 here, which is important. You've been very
8 articulate. I just want to now zero in on
9 this notion of the support your institution
10 gave you. I don't know whether you are fully
11 aware because a lot of times when you're an
12 undergraduate student you don't have
13 visibility as to what your teachers are doing
14 in terms of how they are connecting with NIH.

15 DR. MAUNAKEA: Right.

16 CO-CHAIR TUCKSON: But do you have
17 any visibility to that? Do you have any sense
18 of what your institution did for you to give
19 you a fair shake at an NIH support?

20 DR. MAUNAKEA: I found that
21 information on my own, actually, on
22 FastWeb.com. I was motivated by the fact that

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1 I needed to get a scholarship in order to
2 maintain my position at the university.
3 Otherwise, I would have to go back home at the
4 state college and continue my training there.

5 So, I had searched on my own for a program
6 that I thought was relevant and I was eligible
7 for and I applied with a mentor that I
8 identified earlier during my first year at
9 Creighton University, so.

10 CO-CHAIR TUCKSON: Who was your
11 mentor?

12 DR. MAUNAKEA: My mentor was Nancy
13 Hanson. She was an investigator in
14 microbiology.

15 CO-CHAIR TUCKSON: So, again, back
16 to it. So, Nancy Hanson helped you to get
17 your proposal done.

18 DR. MAUNAKEA: Yes.

19 CO-CHAIR TUCKSON: And I assume --

20 DR. MAUNAKEA: And apply for the
21 NIH scholarship.

22 CO-CHAIR TUCKSON: And was right

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1 there with you every step along the way.

2 DR. MAUNAKEA: Yes.

3 CO-CHAIR TUCKSON: Okay. And then
4 once you got that part done what was -- how
5 did you wind up?

6 DR. MAUNAKEA: Well, the amazing
7 thing about the undergraduate scholarship
8 program is it allowed you to go to NIH during
9 a summer every summer of the scholarship
10 program and in that sense get additional
11 training from other mentors, other
12 investigators that were working at the NIH.
13 And that allowed you to, you know, take on
14 additional studies in different fields and
15 training in different areas. And that allowed
16 me to return my expertise and my trained
17 skills back to the university where I
18 continued the studies. So it really was sort
19 of a collaborative process from the university
20 and the NIH.

21 CO-CHAIR TUCKSON: Good. Gary?

22 MEMBER GIBBONS: At the risk of

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1 getting too personal but you kind of made
2 yourself sort of an exemplar, and a very
3 notable one. I'm just curious, you said some
4 very interesting things about going back I
5 guess to Oahu.

6 DR. MAUNAKEA: Yes.

7 MEMBER GIBBONS: And you're a
8 postdoctoral fellow at NIH. I guess you've
9 been here a few rounds. What are your
10 aspirations and career goals now that you've
11 left Creighton? What are you finding in terms
12 of role models and mentors to take these next
13 steps?

14 DR. MAUNAKEA: Well, I just want to
15 mention I graduated with a PhD at UCSF so
16 after Creighton I received my degree there and
17 came back to work as a postdoc at NIH because
18 I really do like it here. But in addition to
19 that I felt that it's a place where I can get
20 training that I needed in order to address
21 health disparity problems in Hawaii. And so
22 that's my long-term goal is to go back to my

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1 community where I know a lot of native
2 Hawaiian populations and personally it is
3 personal to me because my family are affected
4 as well with health problems that can be
5 prevented and can be solved without having,
6 you know -- with the right pipeline available,
7 with the right education and with the right
8 resources.

9 And again, it has to be, community
10 has to be engaged from a culturally relevant
11 perspective. And so I bring that perspective
12 to them with an integration of the knowledge
13 that I've gained through my training on the
14 mainland.

15 MEMBER GIBBONS: And if I can just
16 follow, so at this point in your transition
17 are you thinking about a faculty position as a
18 means of engaging this community?

19 DR. MAUNAKEA: Yes. Well, and sort
20 of a personal goal is obviously I'd like to
21 continue my career in academia so I could see
22 myself becoming a faculty member at the

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1 university level there. And through that I'd
2 like to help to create mentorship programs and
3 educational programs that are again culturally
4 relevant, but bridge -- but through that means
5 of outreach and recruitment be able to educate
6 the population there and help them to
7 understand that there's a lot of value in
8 medicine, in research and training.

9 And a lot of it actually I came to
10 realize during my training here is not just
11 relevant but was essential to our culture at
12 the time. It's just a different perspective.

13 And so I'd like to return that perspective
14 back to Hawaii to continue that education and
15 to help out with developing programs, not only
16 educational programs but again, also research
17 programs that are geared towards addressing
18 problems of -- diseases of health disparity.

19 MEMBER GIBBONS: And if I could
20 just probe one step further because we heard a
21 presentation actually of some very nice
22 examples from NCI and others of NIH-funded

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1 programs, some of which are in Hawaii and that
2 I believe, the ones I know of actually there's
3 an NHLBI-funded one reaching out to Pacific
4 Islanders and so forth. So, part of what's
5 being proposed here is that NIH-funded
6 programs that are engaged in outreach that is
7 community-focused, that relates to health
8 disparities to those communities is one of
9 those future platforms. And I guess I'm
10 trying to see how someone exactly like you
11 would plug into that as a career opportunity
12 and whether you think you have the support and
13 mechanisms to do that, to fulfill what you
14 want to do. Do you have that sense?

15 DR. MAUNAKEA: I do, I do, I have
16 that sense right now. I'm working on that,
17 engaging the current academic environment
18 there and trying to understand how the
19 community can be involved in this process.
20 But at the same time it's not just one person
21 going back. Obviously it's a big problem on
22 two fronts, the education front as well as

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1 addressing these health disparities. So, I'm
2 lucky in the sense that the Hawaiian community
3 is now well aware of this and they are
4 prioritizing this to try to address the
5 problems at both levels, the education and the
6 science.

7 CO-CHAIR TUCKSON: We're going to
8 be real precise. That was great, Gary. Thank
9 you so much. Jose and Clyde and we'll just be
10 right, boom.

11 MEMBER BONHAM: So, you know, thank
12 you for really the very helpful comments. So
13 we're hearing some themes throughout all these
14 presentations. One is community engagement,
15 culturally relevant research to the needs of
16 the community, using community-based
17 participatory research or community-engaged
18 research. Grabbing the youth because they
19 care about research that affects their
20 communities. And I know that that wasn't our
21 initial charge but I think as we listen it
22 really kind of comes down to a pipeline that

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1 can do culturally relevant research in the
2 communities and is that where the innovation
3 is in terms of identifying those bright spots
4 that Clyde was alluding to earlier?

5 So I think, you know, I'm struck by
6 hearing this over and over and over again
7 where the priority is engaging the community,
8 listening from the community, making the
9 research relevant to the community and not
10 relevant to the study section. So, this is I
11 think becoming crystal clear about one of the
12 things that we need to focus on.

13 MEMBER FLOREZ: So, if I got it
14 right from your presentation you plan to go
15 back eventually because you have an interest
16 in health care disparities and a big desire to
17 help your community.

18 So, the question is if you didn't
19 have either one, so say for example you were
20 working on a molecular biology of receptors
21 and it had nothing to do with health care
22 disparities, genetics or something, and you

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1 didn't have the motivation that you wanted to
2 go back to the community and be that kind of a
3 role model what incentive would there be in
4 Hawaii for a mainland-trained scientist from
5 Hawaii to go back? And if none, what
6 incentive should there be for that person to
7 go back and be visible among your community?

8 DR. MAUNAKEA: That's a great
9 question. I don't think I've ever thought
10 about that. I think possibly the reason I've
11 never thought about having a lack of incentive
12 to return to your community to help develop
13 programs that would benefit the community is
14 because it's part of my culture. And I bring
15 along two individuals with me that can
16 identify with that. It's something that
17 Hawaiians value most is not the individual
18 really at the basis of our culture but it's
19 the community.

20 And it's through that interaction
21 with the community that we basically value the
22 most. I don't know if anybody's been to

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1 Hawaii. If you have ever been you probably
2 realize that it's a very different type of
3 culture than the rest of the U.S. and partly
4 the reason for that is Hawaiians have a very
5 unique history. And we do have a very, we've
6 been there for thousands of years and we've
7 developed a culture that is a very supportive
8 for the community. It's not individual-
9 centric, it's, again, it's community-based.
10 And so we understand and identify very well
11 with community-based participatory research.

12 And it's something that I think
13 should have been looked at carefully before
14 individual investigators have gone into
15 communities to study and try to identify
16 health disparities because what that caused
17 was a lot of negative stigmas in the community
18 with science and research. And so that
19 prevented many people to go into it because
20 families were negatively impacted by those
21 experiences, early experiences with
22 investigators trying to address these problems

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1 with great intentions but not the right way.
2 Again, it was not culturally relevant, or not
3 considering the community's needs.

4 CO-CHAIR TUCKSON: Okay, thank you.
5 Clyde? Last one.

6 MEMBER YANCY: First I want to
7 congratulate you for your success because it
8 really is noteworthy that you've had the
9 journey that you've experienced and have
10 reached a point where you can actually
11 contemplate going back to your home community
12 to really focus on the area of sharp concern
13 that you have. But in the process of doing
14 this you have crossed a divide and you've gone
15 from being the targeted to the target. So now
16 you become a de facto mentor because of the
17 success you've had.

18 The specific discussion I'd like to
19 have with you just for a brief minute is
20 whether or not within the construct of this
21 campus, this NIH you have been able to tap
22 into specific resources to guide you, to coach

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1 you, to teach you how to be a mentor. It's
2 not an intuitive skill. There's only one Reed
3 Tuckson. Everybody else has to think about it
4 and work at it.

5 (Laughter)

6 MEMBER YANCY: But in all candor I
7 really am curious. Because when we think
8 about what can the NIH do now, if we just
9 capture a handful of scientists like you who
10 are culturally sensitive and go back into
11 their community and we now equip you and
12 others with the curriculum to be a mentor and
13 to be a leader I think that's a big, big step
14 in addressing our issue. So is there
15 something you've tapped into or somebody's
16 coattails you've held onto here on this campus
17 that can benefit this process?

18 DR. MAUNAKEA: You're asking for
19 specific individuals? Or?

20 MEMBER YANCY: But you've just
21 answered the question. Because it means
22 basically we don't have -- and it's okay. It

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1 gives us a target. We don't have an
2 infrastructure within the NIH to take someone
3 like you who has been successful and give you
4 the additional coaching to let you take your
5 experience to those that come beyond. So
6 that's helpful.

7 MEMBER JENKINS: I thought you were
8 going to go the place -- it seems like the
9 study we're looking at is how do you get to be
10 an independent researcher. And we are taking
11 it to that step. And the question sort of
12 that we're all weighting is how do we get
13 someone like you to be an independent
14 researcher, having your own lab, having your
15 own R01. Do you see yourself on that
16 trajectory and if you see yourself on that
17 what is going to, you know, help you be
18 successful on that trajectory? Do you see
19 yourself going in that direction?

20 DR. MAUNAKEA: I do, yes.

21 MEMBER JENKINS: Okay.

22 CO-CHAIR TUCKSON: Roy, last one.

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1 MEMBER R. WILSON: So I'm
2 struggling with something that Ann mentioned
3 about community participatory research and so
4 forth. I know Nancy Hanson, I recruited her,
5 and so I know the kind of research that she
6 does. She's a very classical microbiologist.
7 She does not do health disparity research.
8 And, but yet she was very influential in your
9 career development.

10 I guess the way to phrase my
11 question is to what extent do you think the
12 classical laboratory training that you might
13 have received from her, how does that -- how
14 do you think that compares in terms of your
15 preparation versus if you had gone -- if
16 Creighton had a more culturally relevant
17 health disparity research focus that you could
18 have plugged into? You understand the
19 question I'm getting at? Because I think that
20 there is, there's a balance here and I don't
21 want to move too far away from the classical
22 training that then you can then take to do the

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1 kind of research that you want to do. And I'm
2 just trying to get a sense of do you have some
3 sense of the value of one versus the other?

4 DR. MAUNAKEA: I think having had
5 the second one if it were more geared towards
6 my culture, that type of training would have
7 accelerated my progress I think. But it was
8 difficult obviously to find that. It's not
9 available now. It's not available in Hawaii.

10 The training that I received, I
11 basically focused on trying to get the best
12 education I could and try to excel in my
13 understanding of basic science research. And
14 it didn't matter whether it was microbiology
15 which I studied in her lab or cancer genetics
16 which I study here at NIH. There was, the
17 training that I received you get scientific
18 methodologies, you understand the whole
19 process of working in the lab and
20 understanding how to ask questions and how to
21 answer them using molecular biology
22 techniques, for example. But it would have

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1 been I think more enriching for me had I gone
2 through a research training program that was
3 culturally based.

4 CO-CHAIR TUCKSON: So, just to let
5 you go, let me just make sure I got -- I don't
6 want to lose Renee's point here as well. So,
7 and also Clyde. So we're being clear that
8 you're not -- and it's okay, I mean you're not
9 doing anything wrong.

10 (Laughter)

11 CO-CHAIR TUCKSON: Well, you know.
12 The scary thing, he comes in saying hey, I
13 heard you said that such and so and so, and
14 then you get in trouble when you go back to,
15 you know, on the campus again. But you're not
16 experiencing, no one's actually reaching out
17 saying hey, by the way, you want to be a
18 mentor? There's a -- we're going to help you
19 to be a good mentor to people downstream.
20 There's no sort of structure that allows you
21 to capture that so that's fine.

22 And the second thing is though, if

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1 you go back to Renee's point in terms of do
2 you feel this -- you are a positive-minded
3 person and you're a winner and you're a self-
4 motivated person. Is there any sense that
5 there is a support system for you to become an
6 independent researcher? I'm still not sure.
7 I mean, do you get the sense that you've got
8 what you need as somebody coming from outside
9 of the traditional NIH family. Is this a
10 welcoming environment that helps you to get
11 where you want to go or is there something
12 about the environment that is unwelcoming?

13 DR. MAUNAKEA: Yes and no. It's
14 generally a welcoming community and it's --
15 especially if you're interested in the science
16 and interested in the research you get a lot
17 of the training and expertise and
18 collaborations right away. I think that's
19 great. The problem is that when you're in a
20 small community in Hawaii it's simply not
21 really valued as, you know, a career path.

22 But it's not something that I feel

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1 that was a major impact for me while working
2 here at the NIH. I thought if anything it
3 would be -- it would have been more valuable
4 to me had I had a mentor, for instance, who
5 had already gone through the pipeline from
6 Hawaii and it would have been a lot easier for
7 me to navigate. I mean, I had to find a lot
8 of things on my own here and I really had to
9 speak the language everybody else speaks and
10 identify with programs that other people have,
11 you know, applied for. The training was sort
12 of not geared specifically to me but I had to
13 find my own way.

14 CO-CHAIR TUCKSON: Got it. Now,
15 this is absolutely, Ruffin, the last question.

16 (Laughter)

17 CO-CHAIR RUFFIN: Mine is not
18 really a question. What comes to my mind,
19 actually, when I meet individuals like you and
20 I hear the success story is that, and I think
21 what a lot of these questions are sort of
22 centered around is how do we make the

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1 situation that you're expressing not the
2 exception but to a great extent the rule. In
3 other words, I'm sure that there are other
4 native Hawaiians in your community who you've
5 met and interacted with but somehow or another
6 it didn't fall into their hands as well as it
7 did yours. And so for those who are not
8 there, who didn't make it, the question is to
9 create a situation that makes it more the rule
10 than the exception, and how -- and programs
11 that would lend itself to that. That's one of
12 the key.

13 CO-CHAIR TUCKSON: Well listen,
14 you've done great time damage here.

15 (Laughter)

16 CO-CHAIR TUCKSON: You've been
17 overly wonderful. Thank you very much.

18 DR. MAUNAKEA: Thank you.

19 CO-CHAIR TUCKSON: Thank you so
20 much. It takes heart to get up here and do
21 this, so, especially with this tough crowd.

22 Marcela, are you here yet?

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1 Marcela, come to the table please. Marcela,
2 you need to know, is a senior policy advisor
3 for the National Alliance for Hispanic Health,
4 or so I'm told.

5 MS. GAITAN: Everyone, thank you
6 for this wonderful opportunity. I have three
7 pages but I'm not going to read everything so
8 don't panic. I just want to reiterate some of
9 the points that have already been made
10 throughout the meeting.

11 So, again, my name is Marcela
12 Gaitan. I work for the National Alliance for
13 Hispanic Health. We're a non-profit
14 organization. We're a public health
15 organization based here in Washington, D.C.
16 and we work with a network of community-based
17 organizations around the country that provide
18 services to Hispanic communities. We also
19 have a network of -- as part of the network
20 there is also a group of Hispanic -- I mean
21 health professionals that provide services in
22 different communities. So we represent all

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1 Hispanic groups. We do not take funds from
2 alcohol and tobacco companies and we are
3 committed to community-based solutions.

4 Our interest in accepting the
5 invitation to come and provide some comments,
6 we are definitely interested in addressing the
7 issues of retention of Hispanics throughout
8 their biomedical careers, the different
9 stages. And also to increase the proportion
10 of Hispanic health professionals that are
11 working at the community level in addressing
12 the health disparities that we are, you know,
13 all familiar with.

14 I just want to address a couple of
15 things. For example, we know that the NIH you
16 know is trying to increase diversity and
17 unfortunately we still see the numbers very
18 low in terms of the Hispanics that are here at
19 the NIH. We only see about 3.2 percent
20 amount, 3.2 percent among the tenure-track
21 investigators, 3 percent among the senior
22 investigators and then 2.9 percent among the

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1 lab or the branch chiefs here at the NIH. So
2 we see there is definitely -- we need to do a
3 lot of work there.

4 Also, based on this study that, you
5 know, based on this committee we saw that if
6 you look at the scientific merit of a lot of
7 the investigators that provide R01 grant
8 applications they are very similar to the ones
9 that are, you know, from white non-Hispanics.

10 But then we don't see the same amount of
11 grants that are given to the Hispanic
12 investigators. So you know, we need to also
13 look into that too.

14 So I have a couple of suggestions
15 based on that. One would be to look at the
16 NIH review process, you know, to understand
17 the bias that might be a part of the process
18 that does not award more R01 grants to
19 Hispanic investigators. This would include,
20 for example, look at the panel members'
21 diversity, the variety of fields and
22 biomedical disciplines, geographic and perhaps

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1 institutional distribution too, to maybe look
2 into that too.

3 Another thing will be, you know,
4 not only provide incentives and increase the
5 number of R01 grants that go to established
6 researchers, but also bringing investigators
7 from other, more junior investigators from
8 racial and ethnic populations also into the
9 program. And then look into the issue of
10 resubmission that was also pointed out in the
11 study, that Hispanics didn't, you know, very
12 low numbers tend to resubmit grants that
13 already have been submitted once. So maybe
14 that's one area that definitely needs to be
15 addressed in terms of maybe providing more
16 support to those investigators that perhaps
17 didn't get accepted the first time, but maybe
18 doing some technical assistance or more
19 training, some mentorship there. That might
20 help them to perhaps when they resubmit the
21 grant they get the application accepted.

22 In going, again, addressing the

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1 area of the community-based participatory
2 research as the NIMHD -- I'm used to saying
3 NCMHD but now it's NIMHD they have Health
4 Disparities Strategic Plan places an emphasis
5 on community-based participatory research to
6 address the health needs of racial and ethnic
7 populations. In that area we definitely agree
8 that there should be a review of the level of
9 the finding that supports the R01 grants that
10 actually address specific partnerships with
11 community-based organizations, investigators
12 and community-based organizations.

13 For example, we like to point out
14 the SOL study, the Study of Latinos being
15 carried out now by the NHLBI where they
16 actually, they are the same level. The
17 research institutions work at the same level
18 with the community-based organizations while
19 they conduct the different protocols of the
20 study. And then, you know, maximize the
21 resources such as the Loan Repayment Program
22 and the Extramural Training Programs by

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1 stepping up recruitment of Hispanic scientists
2 at the different levels.

3 And then one more thing will be the
4 definitely, you know, we don't get tired of
5 re-emphasizing that we need to build a more
6 diverse biomedical pipeline and then looking
7 at mechanisms that tailor research support to
8 the early career investigators, looking into
9 mentorship, leadership and skills training,
10 research training and professional development
11 in biomedical research.

12 And then also looking at the, you
13 know, the Alliance was very pleased when the
14 NHLBI study was implemented, started to be
15 implemented because it was the first
16 epidemiological study that actually looked at
17 the health of Hispanics. And we're looking at
18 the different subgroups of Hispanics, not just
19 only Hispanics in general but the fact that
20 it's based in four different areas in the
21 country we're also getting a lot more
22 information of how, for example, Hispanics

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1 tend to be younger than non-Hispanic whites
2 for example.

3 So one thing that will be, this is
4 an opportunity for the NIH to be able to use
5 this data that is coming out of this study.
6 You know, each institution can definitely
7 address some parts of it using the data, but
8 also maybe trying to recruit investigators,
9 Hispanic investigators that can work with this
10 type of data, that can look more at the area
11 of disparities based on this data. So this is
12 a great opportunity for the NIH.

13 And the last thing is that the
14 Alliance has a program now that we're trying
15 to support Hispanic students to go into the
16 STEM fields. So we actually are giving
17 scholarship funds to the students and we also
18 help them to get internships in the summer and
19 we provide financial support. And we actually
20 are following throughout the four years of
21 their programs. So right now we have 30
22 students in the program and they are amazing

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1 students. They are mainly from three cities,
2 Los Angeles, California, Brownsville, Texas
3 and Elizabeth, New Jersey.

4 And I have worked with the NIH and
5 institutes, I worked with the Office of
6 Intramural Training and Education, the
7 National Institute of Biomedical Imaging and
8 Bioengineering, the National Heart, Lung and
9 Blood Institute, and especially with the
10 Office of Communications and Public Liaison.

11 So I'm bringing the students that we have
12 currently funding through the NIH every year.

13 We help to introduce them to the different
14 investigators and then they have actually been
15 able to start opening opportunities for them
16 for internships.

17 So this is, you know, this is
18 students, some of them never even travel
19 across the country. I mean, the first time
20 they got on a plane from L.A. to Washington,
21 or even from Brownsville to Washington, for
22 them it's an amazing -- and knowing that there

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1 are Nobel prize winners here. So for them
2 it's like wow, you know, they come here and
3 they're like "I can be doing this." And these
4 are like very, very accomplished students.

5 So I definitely would like to
6 continue this relationship because this is
7 what will definitely improve our efforts to
8 increase diversity but also to address the
9 health disparities issues. And that's it.
10 Thank you.

11 CO-CHAIR TUCKSON: Well, thank you
12 very much. And first let's just also thank
13 you for the work that you do every day because
14 that's important stuff and not often applauded
15 enough.

16 I think you've also just sort of
17 been validating -- it's amazing. I think your
18 suggestions are very validating of where we
19 are. First, if I just rehearse what Ann said,
20 yet another person is talking to us about the
21 importance of the relevance of research to
22 meet targeted priority problems in American

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1 life. And I think we just keep hearing that
2 over and over again, and so that's very
3 useful.

4 I would also say that your comments
5 around things we should be looking at
6 specifically such as potential for bias in the
7 research process and so forth, each of those
8 things that you've indicated are things that
9 are on our portfolio that we're exploring.
10 Again, not signaling any conclusion by the
11 committee but we are certainly looking at
12 those things in an active way. So I can just
13 say that you've, you know, you're validating
14 our interest in a couple of key things and
15 everything on your list is on our list which
16 is just terrific. So thank you for that.

17 Any quick comments from our
18 colleagues? I think we really appreciate that
19 we're -- I think we're in common cause with
20 you and so it's probably self-evident. Thank
21 you very much for that, that was very good.

22 I notice that William Mendoza is

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1 here. If I could just squeeze another five
2 minutes in real quick. I know that Dale Dirks
3 has to probably go away and so Dale, I
4 promised to get you in as quickly as possible.

5 Since we'll be a little behind the 2 o'clock
6 time after Mr. Mendoza's presentation I'm
7 going to jump you in real quick.

8 Dale Dirks has long been the person
9 who is day to day behind the scenes behind one
10 of the most important organizations in
11 minority health and that's the Association of
12 Minority Health Professions Schools (AMHPS).
13 And so Mr. Dirks, I know you are pitching in
14 for an emergency basis for somebody who was
15 originally scheduled and we thank you for
16 doing it.

17 MR. DIRKS: Thank you, Dr. Tuckson.

18 Can you hear me okay? How's that? I'm Dale
19 Dirks and I think many of you know me as the
20 Washington representative of the Association
21 of Minority Health Professions Schools. And
22 the Association of Minority Health Professions

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1 Schools is the 12 historically black medical,
2 dental, pharmacy and veterinary schools in the
3 country, better known as AMHPS.

4 It seems like you never get enough
5 paper when you come to any of these meetings
6 so I'm going to hand out a proposal to all the
7 committee members. And I'm here really
8 representing Dr. Donald Wilson who is the
9 president of the Association of Academic
10 Minority Physicians and also the dean emeritus
11 of the University of Maryland School of
12 Medicine and Dr. Louis Sullivan who is the
13 president emeritus of Morehouse School of
14 Medicine and of course the former HHS
15 Secretary. Neither Dr. Wilson or Dr. Sullivan
16 could attend today because of the short notice
17 of the hearing but have asked me to submit
18 this statement on their behalf.

19 We are all aware of the striking
20 health disparities and burden and health
21 outcomes that exist in this country for some
22 racial and ethnic minorities and poor whites

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1 when compared to the majority population. We
2 also know that there is a long-existing
3 deficiency of minorities, especially African-
4 Americans, Latinos and Native Americans in our
5 biomedical research -- health and research
6 workforce.

7 You have already heard such
8 presentations today. What may not fully be
9 appreciated is how directly and substantially
10 our ability as a country to compete on the
11 world stage in science, health and research
12 over the next decades is dependent on our
13 ability and willingness to address these
14 problems.

15 In November of 1993 the Chronicle
16 of Higher Education described a report from
17 the NIH Division of Research Grants titled
18 Minorities in the NIH Extramural Grant
19 Programs Fiscal Years 1982 through 1991. The
20 report showed that African-American
21 investigators received only 0.4 percent of NIH
22 R01 grant dollars as compared with 90 percent

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1 of NIH R01 grant dollars going to white
2 investigators.

3 Unfortunately nearly 20 years later
4 this disappointing trend has not been altered
5 substantially. The report by Ginther, et al,
6 in Science in August of 2011 shows that the
7 success rate of African-American investigators
8 in receiving R01 grant support was 16 percent
9 compared to 29 percent for white
10 investigators.

11 So, to try to respond to this and
12 try to be responsive to this committee both
13 Dr. Wilson and Dr. Sullivan submitted a
14 proposal to the NIH director and that proposal
15 is before you now. And both Dr. Sullivan and
16 Dr. Wilson asked me to put this in front of
17 you and ask for an opportunity in spite of the
18 fact that they weren't able to be here today
19 to follow up with both this committee and the
20 NIH director to present this proposal to him.

21 So thank you very much for
22 listening. I'm not here really to comment on

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1 the substance of the proposal but to ask for
2 an opportunity for Dr. Wilson and Dr. Sullivan
3 to follow up.

4 CO-CHAIR TUCKSON: Well, first of
5 all, I really -- we obviously really
6 appreciate your being here to put this in
7 front of us so forcefully and directly.
8 Obviously any such proposal from two people
9 with the gravitas of those two will be paid
10 attention to. And we have it in front of us.

11 We will study this and I'm sure we will be in
12 touch with them to follow up in short order.
13 So, thank you. You've achieved your goal and
14 I appreciate it. Would you let them know that
15 we appreciated them taking the time to
16 document this, put it in writing and have you
17 present it in front of us?

18 MR. DIRKS: Okay. Thank you, Dr.
19 Tuckson.

20 CO-CHAIR TUCKSON: Thank you so
21 much. We really appreciate it, Mr. Dirks.

22 Mr. Mendoza, William Mendoza is

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1 here and we are very glad. As I mentioned,
2 Mr. Mendoza is the -- is from the White House
3 Initiative on American Indian and Alaskan
4 Native Education.

5 Mr. Mendoza, we have benefitted
6 from two of your colleagues that have preceded
7 you, both White House Initiatives on
8 Historically Black Colleges and Universities
9 and then on Educational Excellence for
10 Hispanics, and actually a third because we
11 also had the Asian American and Pacific
12 Islanders. Karen Chaves is still with us.
13 And so we are very interested in your thoughts
14 and ideas for us to consider and thanks for
15 taking the time to get here.

16 MR. MENDOZA: Thank you so much and
17 my apologies to the Working Group for my
18 tardiness. We've been entertaining today an
19 exodus if you will of Indian stakeholders and
20 tribal leaders who have joined us in
21 Washington, D.C. to express their concerns for
22 education and some of the excitement that are

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1 going around, you know, Congress and of course
2 the administration and everything that we're
3 doing to work to impact the critical situation
4 that we're in for American Indian and Alaskan
5 Native students.

6 And really our role and as is the
7 other initiatives' role is to be the voice
8 for, you know, these demographics and the
9 particular uniqueness that they bring to the
10 contributions of all manners of areas, and
11 especially how it pertains to the unique
12 contributions that they're able to make. And
13 it's with that, you know, I want to be brief
14 and conscientious of your agenda and so I'll
15 summarize in point.

16 We'd like to continue this dialogue
17 as well, and especially because this is a new
18 trend that we are taking, a paradigm shift if
19 you will in terms of the initiative. We were
20 formerly the White House Initiative on Tribal
21 Colleges and Universities of which there are
22 36 in this country. And that mission only

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1 allowed us to reach 30,000 students. And now
2 with the extension of this initiative and
3 building on the successes that this has been
4 able to have for tribal colleges and
5 universities of which I stress are still
6 emerging and still are a critical part of us
7 impacting this population.

8 We are now expanding that to
9 include what we believe to be an estimated 1.5
10 million students. And that 1.5 million
11 students is certainly a core interest to when
12 we're talking about the achievement gap, when
13 we're talking about all of the indicators that
14 minority people across the country experience
15 because we're not even on the map in that
16 respect. When you talk about all of the
17 indicators and all of the measures of student
18 progress and student outcomes we have trouble
19 even landing on that map. And further things
20 are complicated whenever we're placed in that
21 other category which Asian American Pacific
22 Islanders, it mixes the issue and doesn't

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1 disaggregate in a way that is problematic for
2 us in being able to systematically and
3 strategically address these concerns.

4 So what I'm talking about is an
5 upwards from anywhere from 50 percent to 73
6 percent dropout rates concerning our students.

7 Some of the lowest life expectations in this
8 country dealing with critical areas of
9 impoverishment from 60 percent to 85 percent
10 on my home reservation where I hail from, the
11 Pine Ridge Indian Reservation in which the
12 state of South Dakota houses 5 of our top 10
13 and I believe 6 of the top 11 poorest
14 countries in the United States. And by and
15 large it impacts rural communities, so there's
16 also a lot of rural dynamics here.

17 And our tribal colleges and
18 universities have been our mainstay and have
19 been an emergence of a new education system
20 that places tribal people in the driver's seat
21 for their education. And so the work with NIH
22 is critical to that and the support that they

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1 receive in these emerging institutions is
2 going to define on how we're better able to
3 address those needs and those concerns and act
4 on them in a positive way.

5 So it's with that that I direct
6 your attention to tribal leadership and why we
7 are unique. We share a lot of parallels in
8 terms of the struggles with other minorities
9 and other struggling populations in this
10 country. But we also have a sacred
11 relationship with the United States
12 Government, a federal relationship, and how
13 you utilize that, it amounts to a trust
14 responsibility, a legal doctrine that's rooted
15 in treaties and executive orders and rooted in
16 the Constitution even. And treaties as the
17 highest law of this land is a relationship
18 that we hold dear to our added value and
19 contribution to this country and of course how
20 we've been able to maintain our unique self-
21 governance and our own self-determination in
22 terms of how history has impacted us adversely

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1 and positively.

2 So there's a vested interest in
3 this work and there's also a vested interest
4 in maintaining the relationships that are in
5 place. And so I ask you to consider that as
6 you're making your determinations as to
7 regards for how this impacts systems because
8 when you're talking about systems you're
9 talking about governments, you're talking
10 about the restoration and revitalization of
11 unique languages, histories and cultures, and
12 the Federal Government has a responsibility in
13 that. And so we want to work with you on ways
14 that can best identify how to approach that in
15 our communities and we especially want to
16 involve the fact that we need to be -- help
17 guiding those conversations and discussions.

18 Because we have ran headlong into
19 conflict with western European civilization
20 and their intents for who we should be and
21 should not be, and we need to bridge that
22 somewhere. And I think our educational

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1 institutions through tribal education agencies
2 which is an emerging system of education
3 agencies at the tribal level and tribal
4 colleges and universities we can dramatically
5 shape the partnerships that need to be in
6 place for this.

7 So I want to point your attention
8 to the fact that 25 percent around thereabouts
9 are biological and life sciences degrees at
10 tribal colleges and universities. These are
11 two-year institutions predominantly and you
12 know, they are emerging. They are only 40
13 years young and tribal colleges and
14 universities like our community colleges, when
15 our students enter these institutions their
16 experiences in four-year universities and
17 beyond dramatically change because tribal
18 colleges and universities are working to
19 structure their curricula to meet this unique
20 language, culture and history need of our
21 students and so that they can walk in both of
22 these worlds in a way that they're comfortable

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1 with and that they would ideally like to. So,
2 in regards to those 5,000 students, you know,
3 this is critical.

4 Partnerships with tribal colleges
5 and universities, and then we're also working
6 with the initiative in this expanded approach
7 to be looking at Native American-serving non-
8 tribally controlled institutions. And as we
9 look from early learning to career we're also
10 identifying, you know, the different K-12
11 schools that are not only on reservations but
12 in suburb and in rural areas that have Indian
13 student enrollment in them and how are those
14 institutions meeting the unique needs of those
15 students.

16 This is the very premise of
17 teaching and learning. We are looking for
18 differentiation. That is the approach that we
19 want. We know that that works for our
20 students. When they see themselves in these
21 institutions, when they see others like them
22 in these institutions they thrive. That

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1 experience is meaningful to them and so that's
2 what we're working towards and we need your
3 help.

4 Namely, we're looking for
5 assistance in terms of these institutions and
6 how we can do curriculum enhancement of
7 existing programs. Our development of new
8 STEM programs that create a pipeline from
9 these institutions. We're talking about
10 needs-based, 23 states around the country that
11 have high enrollments of American Indian
12 Alaskan Natives, largely west of the Missouri.

13 And so as you're considering your changes,
14 your programmatic recommendations, you know,
15 we ask you to think about the Great Plains,
16 the Southwest, the Northwest, Alaska and the
17 Central Plains because predominantly these are
18 where American Indian populations reside.

19 We also want to expand our degree
20 offerings in restructuring STEM curricular
21 courses in terms of better integrating them
22 with the laboratories and to maximize student-

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1 led research. This is where we really see our
2 students engaging with their communities and
3 looking at the problems that they have and how
4 much that means especially for American Indian
5 and Alaskan Natives, knowing all of these
6 disparities.

7 Second -- my third point is faculty
8 development. Opportunities for exchange
9 programs, meaningful experiences for
10 sabbatical, professional development, special
11 seminars, releases for time for STEM
12 curriculum reform and academic enhancement.
13 And so it's really getting at the capacity of
14 our professorship for them to provide a
15 quality experience. And this is across the
16 board. And to diversify that experience and
17 that decision is best left up to the
18 collaboration of tribal leaders.

19 And so we're trying to put the
20 mechanisms in place to ask them what are their
21 needs. We have tremendous health disparities,
22 we have tremendous issues related to you know

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1 minerals and resource development on
2 reservations. And all those areas are just,
3 you know, tremendously powerful can be
4 informed by tribal governments. And so we'd
5 like to recommend opportunities for them to be
6 engaging with you. All agencies under the
7 President's memorandum regarding Executive
8 Order 13175 mandates tribal consultation in
9 regards to policies that impact Indian people.

10 And so we encourage you to embrace that, to
11 seek help where you do not have understanding
12 in that in terms of NIH and to move forward
13 with ensuring that you're consulting with
14 decisions that you're making that impact
15 tribes.

16 Also, undergraduate training and
17 research experiences, development of
18 partnerships with other academic institutions,
19 industrial laboratories and research centers,
20 namely internships, the technological
21 infrastructure that can bring these and
22 localize them to communities is critical for

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1 us.

2 As I mentioned, we live in rural
3 Indian country and the success of tribal
4 colleges and universities is that they've come
5 to our populations. They've started in the
6 communities. Our students did not have to
7 leave their communities and their homes and
8 any rural community, 70 to 75 percent of their
9 students are staying home and the trend holds
10 the same for American Indian/Alaskan Natives.

11 They're invested in their communities and so
12 we need to have those resources reach them in
13 as many ways as possible and we need that
14 infrastructure help to make that possible for
15 them.

16 So I guess with that I'd certainly
17 be glad to entertain any questions and I also
18 want to point to our authorizing Executive
19 Order 13592. And I will be making this
20 available to the work group. And it
21 specifically refers to increasing the number
22 and percentage of students who are engaging in

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1 STEM curricula.

2 As agencies utilize our authorizing
3 executive orders we ask you to do the same in
4 this respect. And so there are numerous areas
5 there where you can point to and you can
6 leverage why this is a priority for Indian
7 country, why this is a priority for the
8 President and as we move forward with our co-
9 chairs of this initiative. The Secretary of
10 Education and the Secretary of Interior, they
11 have expressed their commitment to these
12 issues and we want to help. And thank you for
13 the time, for having me here, and my apologies
14 again for denting your time.

15 CO-CHAIR TUCKSON: Oh no, no, no,
16 you've done -- you have no need to apologize.

17 We're very comfortable with where you are in
18 this agenda. Let me ask you just as my
19 colleagues start to engage you, so what we've
20 been sort of chatting about here is our
21 challenge is -- let me say again, the
22 committee is in the midst of formulation. We

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1 have not come -- this is why you're here is to
2 help us to think about our challenge. So
3 we're very careful, this is a very fluid
4 process and we're just in the middle of it.

5 That being said our primary
6 directive is on trying to get understanding
7 around senior-level scientists trying to get
8 R01 grants here at NIH. However, we cannot
9 possibly look at this issue and not be
10 attentive to pipeline sort of issues. But
11 we're not going to at the end of the day be
12 the world's experts on pipeline. Therefore,
13 what I'm getting at and wondering is will you
14 be able to give us the best possible current
15 moment thinking on the pipeline
16 recommendations and issues for your community
17 so that we don't have to invent it? Is it
18 possible that we will be able to reference
19 your work, your collection of work. Failing
20 that, if you're still in a developmental mode
21 for pulling all that together under the
22 leadership of two great Secretaries of the

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1 Interior and of Education, calling for --
2 giving us some suggestions as to how that
3 worked in terms of developing what is
4 excellence, what is working, what is the
5 strategic plan for that pipeline development.

6 If there's something else that
7 needs to be called for and giving us some
8 suggestions as to what we might refer to. So
9 you could almost imagine the potential,
10 potential that the committee would be able to
11 say we are impressed by such and such that is
12 happening in the pipeline development work as
13 led by the White House's Initiative such and
14 so and so, and think that that is worth
15 supporting and getting more attention, and the
16 people at NIH need to pay attention to it and
17 so forth and so on.

18 So, I guess I'm sort of just asking
19 if you would think about that and if you could
20 submit back to us -- you've given us the
21 suggestions, it's just a matter of if you
22 could sort of give us as much as you can on

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1 exactly where the state of the art is on the
2 development of that pipeline so that we don't
3 have to try to become experts on the pipeline
4 ourselves. With that let me ask my colleagues
5 to -- and we'll go Jose and then Jordan.

6 MEMBER FLOREZ: So, I just wanted
7 to follow up on that because it's not just
8 needing your own opinion or the current level
9 of interest in the pipeline but the -- let's
10 see, how to phrase this. So, a lot of our
11 work stems from the Ginther paper. The
12 Ginther paper noticed the discrepancy in the
13 award of R01 applications to African-American
14 scientists after you correct for everything
15 you could correct for and even to Asians and
16 Hispanics without correcting for some of those
17 things.

18 When I presented the results of the
19 Ginther paper in Boston to an NHGRI there was
20 a Native American participant who said what
21 about our community and the Ginther paper said
22 nothing about Native Americans because there

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1 was only 41 applications total. So, we have
2 imbalance of the body of knowledge that is
3 motivating our work for all the other
4 communities that we don't have for yours
5 because of lack of information.

6 So, being able to fill in that gap
7 with whatever is available in a, you know,
8 sort of scientific evidence-based way that
9 says these are the statistics for our
10 community in biomedical science, NIH
11 intramurally and extramurally and this is what
12 we have will help us put it all together and
13 make sure that you're not neglected because of
14 lack of data.

15 MR. MENDOZA: I appreciate both of
16 those points and those observations, you know,
17 of the absence of this. And that is something
18 that we're working to identify ourselves and
19 we hope to provide you through the appropriate
20 ways, you know, as much specificity around
21 that as we can because that's a critical point
22 for us. Knowing the absence, we need to

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1 engage with not only tribal colleges and
2 universities, Native American-serving non-
3 tribally controlled institutions, and the
4 unique roles that they play.

5 And there's a degree of
6 sophistication in relation to researchers from
7 the jump from tribal colleges and universities
8 to Native American-serving institutions. And
9 so we think that that conversation can be
10 better informed and there lie the pipeline.

11 CO-CHAIR TUCKSON: And Jordie wants
12 to get in. Just to reiterate, even the
13 absence of knowing what to do is important by
14 defining it, and then calling for things that
15 will help fill that gap. So in other words, I
16 just would hope that our request isn't
17 intimidating in the sense of where there is
18 not an answer to Jose's question then that
19 becomes its own recommendation to try to go
20 after that. And we would be able to, you
21 know, again, I'm not trying to write the
22 report here but to have language that would

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1 sort of say we were concerned that there is no
2 blah blah blah answer, therefore we knew -- we
3 suggested you go to this step to get that such
4 that then the next steps can then derive. So,
5 it's just clarifying it with as much
6 specificity as possible. Jordie?

7 MEMBER COHEN: Well, first of all
8 let me thank you for your presentation. It
9 was very informative and certainly I learned a
10 lot from it. And my question is really a
11 relatively small subset of this issue of
12 pipeline. And it may be out of my ignorance,
13 I just don't know. Do the tribal colleges and
14 universities, are any of them graduate degree-
15 granting institutions?

16 MR. MENDOZA: We have a couple.
17 Yes, we have a couple that have graduate
18 degree programs. Some of them do have
19 partnerships with other institutions and so
20 that is an emerging area. So, about 11 to 12
21 programs are graduate degree. But in terms of
22 just isolated universities it's really two or

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1 three.

2 MEMBER COHEN: Right. Well, I
3 mean, it seems to me that that is at least a
4 nidus where we could think about how we might
5 be able to support the infrastructure of those
6 institutions that already have at least the
7 beginnings of infrastructure that could
8 support future development of biomedical
9 investigators which is what our interest is.
10 So, information about that in particular I
11 think would be very helpful.

12 MR. MENDOZA: Okay.

13 CO-CHAIR TUCKSON: Ruffin.

14 CO-CHAIR RUFFIN: I would like to
15 make two comments. One is that as you know
16 and you touched on it in your report the
17 Secretary has developed a tribal consultation
18 policy. So this could help in terms of
19 filling the gap. And as you also know the
20 Secretary asked each agency to either adopt
21 the policy that had been developed by HHS or
22 agencies had the option of developing their

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1 own policies. As it relates to NIH and a
2 number of other agencies we developed or
3 adopted the Secretary's consultation policy
4 and applied that policy to every institute and
5 center at the National Institutes of Health.
6 And so it would seem to me that in relation to
7 the question that was asked about the gap it
8 would seem to me that we might want to look at
9 -- visit that policy to see if there's
10 something missing in that policy that might
11 help to address the issues that have been
12 raised here.

13 And my second point has to do with
14 something that I'm very excited about and very
15 impressed with which might get closer to the
16 Ginther paper and the issue that we have been
17 charged to address. And that is that we have
18 a robust, and when I say "we" I mean the
19 National Institutes of Health in general has a
20 very robust loan repayment program. And
21 through that program a number of Native
22 Americans have had their loans repaid and are

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1 in that educational pipeline. The success of
2 those individuals in that pipeline has to be
3 of concern to all of us, to say nothing about
4 the investment that they have made but also
5 the investment now that the Agency has made in
6 wanting those individuals to succeed. So if
7 there are things that we should be doing for
8 those successful individuals that we're not
9 doing to make sure that those individuals
10 remain successful those are the kinds of
11 issues that I think would be very helpful to
12 our committee.

13 CO-CHAIR TUCKSON: Ann and then
14 Renee.

15 MEMBER BONHAM: Thank you, Mr.
16 Mendoza, for your thoughtful presentation. I
17 want to follow up on what John said by way of
18 declaring, I do come from Oklahoma so I do
19 understand that concept, beyond the concept of
20 tribal consultation and a federal relationship
21 with the government. I also understand that
22 for the American Indians what's

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1 extraordinarily important is this walking in
2 both communities concept.

3 And that if you could make
4 recommendations to help us understand the
5 importance of that in retention of American
6 Indians in science, that they are always
7 walking in both worlds and that I think that
8 with the American Indians even more than most
9 is so critically important because it is sort
10 of embedded in your mind constantly. So if we
11 can imagine, if you can help us imagine
12 mentors, cross-cultural mentors that allow
13 those students to walk in the world and be
14 part of the scientific community that can be
15 very helpful to us.

16 CO-CHAIR TUCKSON: Renee?

17 MEMBER JENKINS: I also join in
18 thanking you for your presentation. And I
19 wanted to ask, it seems as though you really
20 are working to get the pipeline moving
21 especially as it relates to STEM potential,
22 you know, advancement. And one area that John

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1 Wilson talked to us about that helped leverage
2 that for HBCU were private sector support.
3 Can you talk about whether -- how that works?

4 I know that there's this intricacy that
5 you've explained to us already around the
6 federal responsibility because of treaties and
7 the like, but what about private sector? Have
8 you had any ability to engage private sector?

9 MR. MENDOZA: Yes. So, namely from
10 the tribal college perspective they have, you
11 know, really led the way in this work, two
12 organizations, the American Indian College
13 Fund and American Indian Higher Education
14 Consortium. One is a subsidiary of the other.
15 AIHEC is the umbrella organization there.
16 American Indian College Fund, they really
17 charge the way in terms of private,
18 philanthropic non-profit in terms of how that
19 is being focused and impacting tribal colleges
20 and universities.

21 And so the initiative's role in
22 that has been largely absent. The history of

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1 the WHITCU Initiative parallels the history of
2 the American Indian Higher Education
3 Consortia. And so due in large part to the
4 limitations and constraints that the
5 initiative has definitely I would characterize
6 its challenges regarding, you know, how that -
7 - they're working together has been something
8 that we've been striving to improve. And so
9 their consolidation of that within AICF,
10 within AIHEC has led to tremendous benefits
11 for tribal colleges and universities.

12 Our particular concern with that is
13 of course how they're approaching that
14 strategically, addressing not only emerging
15 tribal colleges, you know, around the country
16 we have in upwards of 42 tribal colleges and
17 universities when we look at emerging
18 institutions that are trying to get to the
19 level of the 36. And so -- 42 total actually.

20 So you know, working with them is our next
21 step in identifying where we need to be
22 involved in that and how we can begin to

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1 develop a national network of partners that
2 you spoke of. That is an explicit call of the
3 executive order and we're going to be working
4 closely with TCUs and Native American-serving
5 non-tribally controlled institutions to find
6 out how are we approaching that in a
7 responsible way.

8 MEMBER FLOREZ: Just for
9 clarification, for my own education, I wasn't
10 clear the extent to which AANAPISI overlaps
11 with your community. It sounds like there is
12 tribal controlled colleges and universities
13 which fall under your jurisdiction and then,
14 but AANAPISI also addresses Native American
15 students.

16 MR. MENDOZA: Native Hawaiian, yes,
17 native Hawaiian students. And so for the most
18 part --

19 MEMBER FLOREZ: So the NA is for
20 Native Hawaiian?

21 MR. MENDOZA: Yes. My
22 understanding is their charge is Asian

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1 American Pacific Islanders and native
2 Hawaiians. And so where we kind of interact
3 with one another is native Hawaiian
4 institutions. And so there's numerous
5 programs at all agencies in which you see
6 involvement of American Indian which has a
7 specific legal definition, Alaskan Native and
8 native Hawaiian which is sometimes encompassed
9 in the definition of Native American. So you
10 know, we have to kind of utilize both of those
11 terms depending on the audience and the topic
12 at hand so that is --

13 MEMBER FLOREZ: So other than
14 native Hawaiians you see no AANAPISI money or
15 support or anything like that.

16 MR. MENDOZA: Yes, other than
17 native Hawaiians. So yes. But I preface that
18 with the fact that there are programs where
19 this gets really convoluted and we just make
20 sure that we work together when there's
21 anything of policy consideration and budgetary
22 consideration. Karen Ahuja and myself and her

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1 dedicated staff, you know, we work together to
2 make sure that we have -- are abreast of the
3 changes and the policy impacts as they relate
4 to those populations. Because at the end of
5 the day they are unique and different in their
6 own subtle ways.

7 CO-CHAIR TUCKSON: Could you give
8 just a quick thumbnail back to Jordan's
9 question around the tribal colleges and
10 universities in terms of their raison d'etre,
11 their purpose here?

12 One of the things that's come up a
13 couple of times today as we've discussed is,
14 you know, do all institutions need to be all
15 things to all people all the time in a
16 nutshell. Does every -- does a tribal
17 university or college especially, does it see
18 itself as trying to have a robust and vigorous
19 biomedical research capability or does it see
20 itself as training young people to be able to
21 be successful to jump to a major research
22 institution and survive in that environment?

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1 And the question becomes help us to sort of
2 see those missions. And then the thing that
3 we may have to follow up with you on depending
4 on your answer is how well the linkages are
5 between the tribal colleges and universities
6 and major research universities.

7 MR. MENDOZA: If I don't get to the
8 second point please remind me to talk about
9 paternalism. I just kind of say that in jest.
10 I'm glad he got it there.

11 To the first, localization of those
12 efforts in terms of anything STEM-related is
13 of critical importance to native communities.
14 By and large all of those fields, that has
15 been done without their voice involved and
16 typically is still the case. And so how we
17 are engaging in that and how are we making
18 contributions and impacting decisions at the
19 local level is really the charge of tribal
20 colleges and universities. But they also
21 recognize that our students play a critical
22 role in terms of national economic concerns

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1 and well-being and just the strive for what we
2 all know as the American dream, just safety
3 and happiness and well-being and understanding
4 of one another.

5 And so they recognize that, they
6 value that and they embrace that so we also
7 look to create ambassadorships of our own
8 efforts and to provide for mechanisms to
9 engage in our own interests across our
10 boundaries. And so it is situated in that
11 sovereign sense that we do have a homeland, we
12 have a land base that we are connected to and
13 we're in a state of crisis in regards to that
14 sovereign identity. Because from the tribal
15 standpoint 90 percent of our students are
16 engaged in education systems that they lack a
17 meaningful role in. Many of the principles
18 and understandings of that education system
19 they might agree with but they feel like they
20 have contributions to those education systems
21 as well.

22 And so that's especially the case

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1 with biomedical research and making sure that
2 that is impacting their communities in the way
3 that they know and understand their land bases
4 because for all intents and purposes the
5 exception of the case certainly being most of
6 the tribes in Oklahoma and there's other
7 examples around the country as I say that.
8 But these are retreat lands. These are still
9 our homelands and we know these lands
10 intimately and have known them for time
11 immemorial in our perspective. And so how we
12 are engaging with that.

13 We want to have conversations
14 around that, especially as we are invested in
15 the human existence of this. So, I know a lot
16 of this is broaching on the philosophical but
17 you spoke to the vision and the mission of
18 tribal colleges and universities, and so it's
19 at that community level that they're really
20 striving to work because that's the priority
21 for us now for the state of health and well-
22 being of our nations given that 90/10 dilemma

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1 that we're in, that crisis of us not being
2 able to engage the educational system in the
3 way that we want to and shaping it in the way
4 that we feel that we contribute.

5 Namely to the fact that we have
6 existed in this western hemisphere, you know,
7 in coexistence with over 565 different tribes
8 and 300 different languages in relative
9 harmony so to speak with embracing
10 sustainability, keeping check on our
11 technological aspects and how it defines our
12 existence beyond just the interests of
13 humanity but also all of creation.

14 CO-CHAIR TUCKSON: Very, very
15 useful. So let me just push a little further
16 down the road. This is great and it's also
17 consistent in some ways, significant ways,
18 with some of the vision for folks who have
19 come before you, especially as we've heard
20 from people who really are linking place with
21 science. And so that makes sense.

22 I continue to come back to where

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1 our -- and so we get that, and you've been
2 very articulate and it certainly carries the
3 day. The next step in that continuum for us
4 is that we've got to worry about excellence in
5 science. And having young investigators who
6 are prepared to compete at the highest level
7 in the world in a certain research field which
8 are overwhelmingly basic science and
9 translational science in addition to applied
10 science at the community level. And what I'm
11 trying to get to then is, and it may not be an
12 answer yet and so it's fine if it isn't, is
13 sort of a sense that is the role -- so the
14 role of the tribal college doing all the
15 things you've said but ultimately does it boil
16 down to is the White House Initiative trying
17 to build tribal colleges that compete in every
18 area including in science, technology,
19 engineering, math. Is it trying to compete as
20 the center for where people who live in that
21 environment in those lands go there, become
22 trained in excellence and then -- or is the

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1 focus is trying to, especially when it comes
2 to the sciences, with all the effort it takes
3 to get somebody prepared and all the money it
4 takes in terms of infrastructure, is the goal
5 to get young people to be prepared to go into
6 majority institutions to get that kind of
7 training, having been well prepared locally.
8 And I'm just trying to get a general sense.

9 Because if we call for resources
10 from NIH to pour into tribal colleges to
11 create science excellence that then become
12 feeder pathways back up to NIH, or is the goal
13 to create, is to call for pipeline development
14 in the community that then has young people
15 coming to other institutions and then moving
16 into NIH.

17 MR. MENDOZA: And I think such an
18 emphasis, I think the closer it is to tribal
19 colleges and university communities,
20 reservations, you know, the better it is. But
21 that needs to be -- tribal colleges and
22 universities will readily agree that there are

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1 capacity concerns, there are resource concerns
2 for them to be able to address the challenges
3 that they face even within their own
4 institutions not to mention the matriculation
5 to mainstream institutions where it is even
6 worse.

7 And so you know, the mechanisms
8 that would need to be in place I think would
9 be to just consider those support services
10 that would need to be in place not only if
11 something is localized to tribal colleges and
12 universities but also to especially consider
13 that because there may need to be something
14 different, something more. I don't know, but
15 that's why tribal colleges and universities
16 need to be informing that conversation,
17 knowing which students have relationships with
18 which universities and as a bulk that points
19 down towards the tribal colleges and
20 universities.

21 CO-CHAIR TUCKSON: Is there any
22 data on the success rate and/or barriers to

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1 prohibit that limit the migration from the
2 tribal college to state-based universities or
3 other universities in their environment? Do
4 we know anything about whether or not in
5 Oklahoma, for example, that there is an
6 initiative to move someone who has been well
7 trained locally in a tribal college that got
8 it there, motivated, they're turned on. Now
9 they want to go to the state university and
10 they apply to the science department at the
11 university. Are these folks getting in, not
12 getting in? Is there an initiative to deal
13 with that?

14 MR. MENDOZA: We know some of that
15 related to the STEM fields. There's been
16 studies done, particularly I'm thinking of
17 through the NSF work with their TCUP program.
18 I didn't have those ready for today but, you
19 know, I would not be surprised that they
20 parallel just the success rate and broader
21 efforts. Whenever students go to two-year
22 colleges or two-year tribal colleges and

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1 universities and they advance on to four-year
2 colleges they are at a minimum, the most
3 conservative studies that are out there, and I
4 can provide information regarding these broad
5 areas and anything I can find as to specific
6 biomedical areas. You know, they are at least
7 60 percent more likely to complete that
8 education at the undergraduate level. And
9 where we see them not doing that we see
10 dramatic differences.

11 So you know, that is a particular
12 concern to us and that's why we distinguish
13 between the mainstream college experience
14 where a student goes straight out of a
15 reservation public or Bureau of Indian
16 Education school and then they go onto a
17 mainstream institution. We are losing those
18 students to an unknown rate but as best as we
19 can tell at a 30 percent success rate.

20 CO-CHAIR TUCKSON: Well, Ruffin
21 will get the last one. Then we've got to go
22 back to public comment. But I would

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1 appreciate it if you could send us anything
2 that we can learn about the barriers in that
3 pipeline and where it falls off and what's
4 going on there.

5 Because I'm really trying to almost
6 just do a mental -- I'm just trying to trace a
7 young, an 8-year-old kid who gets religion
8 around science, you know, at home. Somehow or
9 another they get it. They go to the tribal
10 college. They get -- something happens there.

11 They're still fired up. They're ready to
12 roll. Then what happens? Where do they go?
13 What happens? Are they successful, not
14 successful and then sort of what the plan is.

15 That's really a big part of this whole deal
16 here. Ruffin, last one?

17 CO-CHAIR RUFFIN: The two programs
18 that you might want to look at just to address
19 the question that Dr. Tuckson is making. And
20 I'm sure you're familiar with the NARCH
21 program. And also Bridges to the Future
22 because both of those programs are based in

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1 the National Institute of General Medical
2 Sciences. And the Bridging to the Future
3 program as you know, many of those
4 institutions that are participating are two-
5 year colleges and the idea was to bridge those
6 programs, bridge those individuals who are in
7 those two-year schools to four-year colleges
8 and universities. Many of the tribal colleges
9 have participated in that program and is
10 involved in that program. So some of the data
11 that shows this would probably be in those two
12 programs.

13 CO-CHAIR TUCKSON: Mr. Mendoza,
14 thank you. You've really, really done a great
15 job and thanks for all the trouble it took to
16 get here on a busy day for you. Thank you.

17 MR. MENDOZA: No trouble at all.
18 Thank you all for listening to us today.
19 Thank you.

20 (Applause)

21 CO-CHAIR TUCKSON: Thank you. I
22 don't see Marc Nivet yet so we're going to go

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1 down and have Michelle Quinteros, the -- what
2 did you say? Czifra? Czifra. Of course it
3 is. And Michelle, you happen to be a program
4 manager despite being Hungarian last name for
5 Hispanic-Serving Health Professions Schools.

6 MS. QUINTEROS DE CZIFRA: Yes. My
7 family is Ecuadorian. I was born and raised
8 in L.A. But I married a Hungarian man, so. I
9 kept both last names.

10 So I do indeed work for Hispanic-
11 Serving Health Professions Schools. HSHPS or
12 as government agencies like to call us, HSHPS,
13 we are a member-based 501(c)(3). We are
14 composed of 26 schools of medicine and public
15 health. And our mission is to improve the
16 health of Hispanics through academic
17 development, research initiatives and
18 training.

19 And we accomplish our mission in
20 two ways, and we hope that these two ways can
21 actually help this Work Group to increase the
22 diversity in biomedical research workforce

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1 here at the NIH.

2 Our biggest program is our training
3 programs which are geared towards graduate
4 medical and public health students. Not only
5 are they geared for graduate students but also
6 doctorate students. The other activity that
7 we have are our faculty development workshops
8 which are geared towards doctorate students
9 and Hispanic junior faculty members.

10 Our training programs, we train
11 approximately 65 percent Hispanics in our
12 programs. Every summer we place anywhere from
13 40 to 80 students. The next ethnic group that
14 we train are Black Americans. They compose
15 about 13 percent of our students followed by
16 Asian Americans and white non-Hispanics. And
17 the reason why we include non-Hispanics in our
18 training programs is because we want to make
19 sure that all health professionals are better
20 able to serve the Hispanic community and
21 improve the health outcomes which touches base
22 on the comments that you were providing before

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1 that the students really need to feel that
2 connection within their community.

3 And so what we have found out
4 through our training programs is that the
5 students that are placed in government
6 agencies versus the students that are placed
7 within our own member institutions where they
8 are conducting research on the Hispanic
9 community are better prepared to complete
10 their master's program, are more inclined to
11 pursue a PhD, and come out of the 10-week or
12 6-month experience with submitting abstracts
13 and publications are more familiar with the
14 world of academia versus the students that
15 participate in our government programs which
16 do not seem to have that support system. They
17 are brought on and mentors expect them to work
18 on specific tasks that don't allow them to
19 grow and do not know how to mentor which is
20 something else that someone had brought up is
21 the people, the supervisors do not know how to
22 mentor this next generation of health

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1 professionals.

2 The second activity is the faculty
3 development which I mentioned previously which
4 is much more geared toward students that are
5 in their PhD program and Hispanic junior
6 faculty members. And through these faculty
7 development workshops, we've had two. One of
8 them was held at CDC in 2005 and one of them
9 was held at Stanford University School of
10 Medicine in 2010. For each workshop we had 40
11 participants and it was amazing that we had
12 quite a struggle just to recruit 40
13 participants despite the fact that all
14 expenses were paid for them to fly over to
15 California and Atlanta. We paid for hotel,
16 food, airfare and it was very hard just to
17 identify ethnically Hispanic faculty members.

18 So we, and because we have this
19 struggle when the students participate in our
20 training programs we try to make sure that we
21 give them the support that they need, the
22 introductions, the networking capabilities so

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1 that they are able to go out and pursue a PhD
2 and consider a faculty track, consider a
3 research track. So it's really trying to
4 expose these students to the resources that's
5 out there for them. And so, by really
6 bridging in the community component and trying
7 to give the students the support that they
8 need we hope and our goal is to increase the
9 number of Hispanics in the health professions
10 and by doing that improving the health of
11 Hispanics here in the U.S.

12 CO-CHAIR TUCKSON: Let me just make
13 sure I got it straight. How long, those 40 to
14 80 students, how long is the program? How
15 many times do you touch them? How long are
16 you touching them?

17 MS. QUINTEROS DE CZIFRA: They're
18 during the summer. We have 10-week and we
19 have 6-month programs. This year we are
20 trying to reach out to more medical and
21 nursing students so we have introduced four-
22 week programs and we'll see if they turn out

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1 to be as successful as we think they will be.

2 CO-CHAIR TUCKSON: So the six-
3 month, what does that mean, six months?

4 MS. QUINTEROS DE CZIFRA: For the
5 six-month programs we place students at CDC
6 and with one of our member institutions, UCSD
7 in San Diego where the students are onsite for
8 six months working on a research project. We
9 connect them with a mentor, so an experienced
10 researcher or faculty member at the
11 institution where they are working on research
12 as it relates to the Hispanic community. At
13 UCSD it's specific to HIV/AIDS along the U.S.-
14 Mexican border so the students are traveling
15 to Mexico and at CDC it just varies depending
16 on those students' interests.

17 CO-CHAIR TUCKSON: So the six
18 months, so let me make sure I got it. If you
19 -- what age group, what level of training are
20 the people that get the six-month experience?

21 MS. QUINTEROS DE CZIFRA: Late
22 twenties, early thirties.

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1 CO-CHAIR TUCKSON: And you actually
2 pay them to go there, put up their housing.

3 MS. QUINTEROS DE CZIFRA: Yes. We
4 give them a stipend. We sponsor their
5 housing. We coordinate all the logistics for
6 that, their airfare and we have a local travel
7 allowance.

8 CO-CHAIR TUCKSON: And this is
9 still new enough that you may not have the
10 data I assume, but what happens to them,
11 what's been the result? With that level of
12 intensity, six months at a great place like
13 UCSF, do they wind up -- what happens to them?

14 MS. QUINTEROS DE CZIFRA: The UCSD
15 program has been around since 2006 so we've
16 trained approximately 12 students. Of the 12,
17 all of them have remained at UCSD as research
18 fellows. All of them have submitted abstracts
19 for publication. For CDC most of them have
20 stayed at CDC as research fellows through the
21 ORISE program or the CDC fellowship research
22 program that they have, and most of them have

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1 submitted abstracts.

2 CO-CHAIR TUCKSON: Twelve. So we
3 could know how many of them got any grant at
4 all, any funding at all from NIH or?

5 MS. QUINTEROS DE CZIFRA: I don't
6 know off the top of my head. I do know one
7 student in particular that did receive NIH
8 funding, but I don't know in total how many of
9 them have.

10 CO-CHAIR TUCKSON: Questions?

11 MEMBER FLOREZ: So they're not
12 necessarily placed with Latino faculty
13 members. They're placed with faculty who are
14 doing research that is relevant to the Latino
15 community.

16 MS. QUINTEROS DE CZIFRA: Yes and
17 no. The majority of our students are placed
18 with Hispanic mentors because the statistics
19 have proven that if they have a Hispanic
20 mentor, they see that role model, they're more
21 likely to stay within that career path. So
22 yes, most of our students are paired with a

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1 Hispanic mentor within our member
2 institutions.

3 With government agencies it's much
4 harder to do that and therefore we ask that
5 the mentors are considerate and have worked
6 with Hispanic students in the past so that
7 they know where they're coming from, the
8 struggles that they've had to encounter, but
9 that the projects do focus on Hispanic health
10 issues.

11 So we're very fortunate that we
12 have been able to network here at the NIH for
13 the past couple of months. We're excited to
14 say that we will be placing two students here
15 this coming summer of which one of them will
16 be working with the Study of Latinos, the SOL
17 Project.

18 MEMBER FLOREZ: And -- I'm sorry.
19 So you have this great conference for 40
20 faculty members at great locations and somehow
21 you're not getting enough buy-in. You have to
22 do five years apart. So what kind of

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1 advertising and outreach was in place and what
2 are you doing to try to make it more
3 attractive? Or what do you think the issue
4 is?

5 MS. QUINTEROS DE CZIFRA: There's
6 two issues. One of them is the funding level.
7 Just to have the 40 participants it cost
8 approximately \$50,000. The other issue is
9 that there just aren't enough Hispanic faculty
10 members. So for example, there have been 4
11 percent -- of the total faculty members within
12 schools of medicine only 4 percent have
13 identified as Hispanic/Latino/Chicano. That
14 number has not changed in the past 20 years.
15 So what can we do to increase that number?
16 And by increasing that number we can have more
17 participants but it's very hard.

18 The other issue that I've seen
19 throughout the past four years that I've been
20 at HSHPS is that a lot of students are not
21 even thinking about a PhD. They don't know
22 what a faculty track is, they don't know what

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1 a research track is. So, part of what we try
2 to do with the training programs is to develop
3 a series of lectures where we introduce
4 students to different types of careers within
5 the health professions. And I'm happy to say
6 that last year I know a handful of students
7 that have considered a PhD and are going to be
8 submitting their applications soon.

9 MEMBER BONHAM: Thank you. Could
10 you, would it be possible for you to get the
11 data on those UCSD students? I know you have
12 the abstract data, but I'm wondering if
13 there's a way for you to provide us with some
14 data on the extent to which they've gotten
15 independent NIH funding or whatever. That
16 could be very helpful.

17 It seems like that your goal is to
18 focus considerable resources on a few and try
19 to shepherd them toward a successful career
20 rather than doing a broad outreach. Would
21 that be a fair assessment? I was thinking the
22 number of students through the UCSD program,

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1 it's been going since 2006, is that right?

2 MS. QUINTEROS DE CZIFRA: Yes.

3 MEMBER BONHAM: And then the more
4 recent CDC program.

5 MS. QUINTEROS DE CZIFRA: Correct.

6 So, our member institution programs are much
7 more focused on trying to keep students within
8 academia versus the government programs where
9 they try to keep the students within the
10 government agencies. So they are different
11 goals. The UCSD program, it's much more
12 successful because the students are onsite for
13 a longer period of time.

14 MEMBER BONHAM: And then the
15 follow-up question would be have you all
16 considered the possibility of linking your
17 research training program such as the one at
18 UCSD with the faculty development program so
19 that there is a continuum of research training
20 and leadership development for those students
21 that you've already invested a significant
22 amount?

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1 MS. QUINTEROS DE CZIFRA: Yes. And
2 we don't only do that for UCSD students but we
3 do that for all PhD students in our programs.

4 MEMBER BONHAM: So do you have
5 data?

6 (Laughter)

7 MS. QUINTEROS DE CZIFRA: I do and
8 I can provide that.

9 CO-CHAIR TUCKSON: Just to
10 piggyback on that again. My notes must not be
11 correct here. I must have misheard you.
12 Twelve students have come through the six-
13 month program and all twelve have stayed at
14 UCSD.

15 MS. QUINTEROS DE CZIFRA: Yes.
16 They all stayed as research fellows they
17 received. So the -- we have onsite PIs. So
18 our contact at UCSD is Dr. Maria Luisa Zuniga
19 who receives multiple NIH grants actually.

20 CO-CHAIR TUCKSON: See, that's
21 where I'm going. That's exactly where I'm
22 headed. Because you can't -- I mean, they are

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1 obviously -- nobody's just printing money to
2 hire these students, these young researchers.

3 They must be actually getting -- they're
4 tapping into a pipeline of research dollars
5 that is allowing them to stick. And so as you
6 say they're getting -- so the mentor, the
7 leader is getting NIH grants.

8 MS. QUINTEROS DE CZIFRA: Yes.

9 CO-CHAIR TUCKSON: That is feeding
10 these other people.

11 MS. QUINTEROS DE CZIFRA: Correct.

12 CO-CHAIR TUCKSON: The question
13 becomes is what is it then about that -- it
14 comes back to I wonder what kind of research
15 they're doing and is that research back to
16 this connected to place, relevant research for
17 the place there at UCSD, are they doing
18 translational? I wouldn't expect you to know
19 off the top of your head.

20 MS. QUINTEROS DE CZIFRA: I'm not
21 sure.

22 CO-CHAIR TUCKSON: But I think we

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1 would -- it would be very interesting for us
2 to get some more information about exactly
3 what are these grants that they are getting
4 and how can they afford to keep these people
5 on. Because that's -- this is a success story
6 that is almost unbelievable.

7 MEMBER JENKINS: And I think the
8 continuation of that data is if it's been
9 since 2006 and now it's '12 that's six years
10 of being a fellow. I would imagine that there
11 are some people who have moved past that
12 fellowship either to do something
13 independently or out of that. I mean, I think
14 we'd like to know kind of what happened to
15 them.

16 MS. QUINTEROS DE CZIFRA: And some
17 students who were -- who originally had an MPH
18 decided to pursue an MD. I know there are
19 some students that actually went back to
20 Mexico and became faculty members over there.
21 Some of them became junior faculty members at
22 UCSD. So, yes, they were only fellows for one

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1 or two years and then they moved on to do
2 something else.

3 MEMBER JENKINS: I think we're sort
4 of interested in seeing what happens in these
5 programs.

6 CO-CHAIR TUCKSON: This is a case
7 study.

8 MEMBER JENKINS: Right.

9 CO-CHAIR TUCKSON: This is an
10 absolute right on the ground case study and
11 it's 12 so you can actually get your hands on
12 it without killing yourself. So yes, I'd like
13 to -- we need to -- Justin, we need to really,
14 really, really follow up here.

15 Wow. Terrific. Well, thank you.
16 I mean, you've blown the doors off. Thank
17 you.

18 MS. QUINTEROS DE CZIFRA: Thank
19 you.

20 CO-CHAIR TUCKSON: Now, Ernest?
21 You have slides. Well then Ernest, you can do
22 whatever you want because you are a president

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1 of the SACNAS and everyone in the room will
2 want to know what is SACNAS.

3 DR. MARQUEZ: Actually, what I'll
4 do because I'm going to deviate from that.
5 I'll leave that for people to look at over
6 time, but I think I want to sort of skip
7 through it. But I will try to actually keep
8 up here with this.

9 First of all, let me just thank the
10 group here for really undertaking what I think
11 is going to be a very complex and perplexing
12 problem. I've been doing this for -- I used
13 to work here at the NIH for many years and was
14 in charge of a number of these programs and
15 John knows me pretty well. And it is not an
16 easy subject to, number one, find out the
17 detailed information and secondly come to
18 conclusions.

19 But really -- oh, let me get back
20 to that. People want to know what SACNAS is.
21 It's the Society for the Advancement of
22 Chicanos and Native Americans in Science.

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1 Started in 1972 by a very small group of
2 Chicanos and American Indians who looked
3 around various rooms they were in, saw only a
4 few people that looked like them. And so they
5 decided to get together just to give people a
6 chance to kind of get together and know each
7 other. So they came from mostly the Southwest
8 and they started this organization called
9 SACNAS. Their first meeting was something
10 like 10 or 12 people and in fact there's that
11 old story that, you know, they all got in the
12 elevator and they said wow, what happens if
13 this elevator fails? We've lost the entire
14 Chicano and American Indian workforce.

15 (Laughter)

16 DR. MARQUEZ: So it's from those
17 meager beginnings we have now reached a very
18 strong point in our development. So let me
19 get into that next.

20 First of all, we are devoted to
21 building the strong domestic STEM workforce.
22 Primarily because we look at the papers, we

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1 look at how we fare across the world in terms
2 of STEM sciences and STEM scientists and
3 developments and I fear that we're not really
4 gaining ground. We're actually going the
5 other direction. We want to broaden our
6 nation's participation in science. We need
7 more thoughts. As one of my friends has said,
8 science is a human endeavor and to get
9 appropriate and good answers we have to have
10 inputs from everybody. And that is, people
11 from different walks of life, from different
12 perceptions, et cetera, to really give us a
13 complete picture.

14 CO-CHAIR TUCKSON: Also, on that,
15 did you all get that? Oh, he's not there.
16 Justin, did you get that? Are you doing the
17 notes? So, would you underscore that? We
18 need to get that to part of the committee
19 because we're writing that preamble around the
20 why. That was really pretty. Thank you.

21 DR. MARQUEZ: Thank you. And then
22 the last part is to increase our scientific

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1 competitiveness in a global market. I mean,
2 right now as you know that's a tough one.

3 So I skip right next to the SACNAS
4 recommendations. And I spent some time with
5 my colleagues really thinking about this. And
6 really it amounts to having quality science.
7 I mean, that's really what it's all about. We
8 can't compete if we don't have quality
9 scientists. So the recommendations are that,
10 number one, all NIH training grants have
11 measurable diversity recruitment plans and
12 demonstrated success as a prerequisite for
13 continuing funding; that NIH develop more
14 programs to encourage underrepresented
15 minorities to apply for NIH fellowships and
16 grants. I mean, we're in a sense and these
17 questions have been around the table today
18 about where do they get their support at this
19 very early development stage, and it has to be
20 there.

21 Require NIH-funded universities to
22 implement diversity training of its grantees

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1 and increase faculty diversity overall. Apply
2 a rigorous review process for accountability.

3 So in other words, there's quality and
4 there's accountability in our organizations
5 across the country.

6 Another recommendation is that the
7 NIH release the raw data that's associated
8 with the report recently published in Science
9 and the one that you're very well interested
10 in. And secondly, to work and get data on
11 native-born and educated Hispanics. One thing
12 that's wrong with the data now, you can't
13 tease apart those that are born in the country
14 that we call Chicanos and Mexican-Americans
15 from those that come from abroad with Hispanic
16 names or surnames and a completely different
17 set of educational experiences.

18 That NIH create a review
19 orientation process focused on constructive
20 critical evaluation to encourage resubmission
21 of applications. I have heard that people get
22 -- and I know was that way when I applied for

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1 my first grants -- very discouraged when you
2 hear these words. They say, I mean not quite
3 that this is trash, but certainly this harsh
4 language that really makes people not want to
5 reapply. And so I think it's better for them
6 to get some constructive reviews and not delve
7 into the areas that really don't add much.
8 That NIH evaluate the ethnic composition of
9 study sections to ensure representation of a
10 diverse scientific workforce.

11 And again, this is just a small
12 sampling. We've got a number of other things
13 we could propose and maybe send to you if
14 you'd like. We spent a lot of time thinking
15 about these things, both myself and my boss at
16 NIGMS when I worked there and I ran the MBRS
17 programs and a few others, the MARC program as
18 well was -- parts of those I took care of.
19 But that was always a concern.

20 Now, as far as SACNAS's role is
21 concerned we have partnered with the NIH for
22 over 20 years. Having a grant from NIGMS for

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1 that period of time, also working with NSF,
2 having grants from them over a long time and
3 they've sustained us well. We've got about \$5
4 million that we play -- not play with, we
5 actually work with every year. I shouldn't
6 say play with, that's a negative word.

7 (Laughter)

8 DR. MARQUEZ: With the
9 organization's history, experience and
10 composition we believe that SACNAS is uniquely
11 poised to assist NIH in meeting its goals
12 through our national conference, our year-
13 round programs, and policy and advocacy
14 efforts.

15 The nice thing is that we've grown
16 now from that number at the first meeting to
17 now SACNAS reaching a nationwide community of
18 about 30,000 individuals which is fairly
19 significant, in the United States and Puerto
20 Rico. The other thing that really helps us a
21 lot is we started a series of chapters. It
22 started off with just a few and now we have

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1 over 70 chapters across the country. What
2 this is beginning to coalesce into is regional
3 meetings that we'll have at some point in the
4 future.

5 But more than that it brings the
6 scientists and students from a region together
7 into a conference on a yearly basis. And so I
8 think that in turn is going to provide the
9 support through mentorship and through common
10 experiences, and a very important one of
11 seeing role models who look like them, think
12 like them in a sense and have something to
13 talk about when they're not talking about
14 science.

15 So, then SACNAS is inclusive and
16 multidisciplinary. Our national conference
17 last year had 3,653 people attend. Of those,
18 Hispanic and Chicano Latino made up about 42
19 percent. Native American, Alaskan Native,
20 Hawaiian and Pacific were about 9 percent,
21 African-American 8, Asian American 6 percent
22 and probably around 25 percent were a non-

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1 minority. So the representation at our
2 meeting is representative I think of a large
3 part of what we call our country.

4 As far as the sciences, it's STEM-
5 related biomedical, biological, about 42
6 percent. The physical sciences around 13
7 percent, engineering about 9 percent, math and
8 statistics around 8 percent, and thereon
9 smaller proportions of health, psychology,
10 social science, computer and information. And
11 we do have outreach to communities and that
12 kind of thing in terms of our research as
13 well. A smaller scale, but certainly it's
14 there.

15 As far as the levels of people who
16 attend the meeting we have 40 percent are
17 undergraduates and postdocs, and 41 percent
18 are professionals. So that means that the
19 ratio between people who are professors and
20 people who are administrators and people who
21 are high up there in the ladder and
22 undergraduates and postdocs is pretty much 1

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1 to 1. And so one thing we're known for in our
2 conference is that people get together,
3 they're paired with people, everyone who comes
4 to that conference who is a student or a
5 postdoc or a post-bac or whatever has seen at
6 least one or two or three, probably more than
7 three people in a person-to-person
8 conversation about their career, about their
9 science, about where they must go, the next
10 step, et cetera. Or how to make connections.

11 And so we think that that puts us in a fairly
12 unique position in terms of what we do.

13 In terms of recognition, SACNAS has
14 been recognized by the National Science Board
15 as, quote, "the premier organization promoting
16 diversity in the science careers" with the
17 2002 Public Service Award. It was again
18 recognized in 2004 with the National
19 Presidential Award for Excellence in Science,
20 Mathematics and Engineering, the PAESMEM
21 Award. And in addition to that we have 20
22 SACNAS members who have been awarded

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1 individual PAESMEM awards as well.

2 Our executive director, Judit
3 Camacho, was just recognized as a White House
4 Champion of Change in December of 2011 which I
5 think as far as I'm concerned we all deserved.

6 So, one of the things that -- maybe
7 this is one of the good reasons. I don't know
8 if we can make that slide go all the way to
9 the last slide? And then I'll show you
10 something I think is a fairly unique thing for
11 us as well.

12 One of the things that we thought
13 very important for people to advance -- and
14 that's the picture right there -- to advance
15 is that when you want to become competitive,
16 when you want to become a leader, when you
17 want to become the person to go to for certain
18 issues in science then what you have to have
19 is what we call leadership. Leadership
20 capabilities and qualities don't come
21 naturally to most people. To some they may
22 but certainly to the rest of us we have to

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1 learn how to become leaders.

2 And what this shows you here is the
3 SACNAS Leadership Institute, the last year's
4 class. There's 10 postdocs, there's 10 early
5 career faculty, that is those without tenure
6 and 10 with tenure. This mix is carefully put
7 together because we want to make sure that the
8 people without tenure learn from those that
9 have and have a dialogue that goes back and
10 forth. You can take a look at that picture
11 which is a wonderful picture. You'll see the
12 beautiful diversity in this class.

13 And up at the top are the rest of
14 us, those of us who lead. I was a facilitator
15 for the first couple of years and now because
16 I became president am no longer doing that
17 job, being a mentor. We have a number of
18 people including Dave Wilson who is our
19 director of Native American Affairs and he is
20 doing a yeoman's job going across the country,
21 talking to leaders at the various tribal
22 colleges and tribes. And he's done eight.

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1 And so he is a person who is leading the
2 effort along with some others who are
3 assisting him.

4 I think what we have developed is a
5 network across the country and Puerto Rico.
6 We have a regional meeting coming up next week
7 in Puerto Rico, I'll be there for that. And
8 so we've got, I think what we have now is kind
9 of an outreach with all these chapters. Oh,
10 one thing I forgot about, we have a chapter
11 here at the NIH which just started up
12 recently. And so that means people like our
13 young man in the back there, if you want to
14 come to that meeting I think you'll find
15 people who are very receptive to guiding you,
16 to assisting you in trying to find the next
17 step in your progress. And so you have built-
18 in mentors right here at NIH. I want to
19 encourage you to do that because it's a great
20 story. It was a wonderful story.

21 So, that's about all for my story.

22 CO-CHAIR TUCKSON: Well, thank you

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1 very much. Just a quick thing. So, I'm
2 trying to marry your presentation with
3 Michelle who had so much trouble finding
4 faculty.

5 DR. MARQUEZ: Yes.

6 CO-CHAIR TUCKSON: Do I need to
7 introduce you all?

8 DR. MARQUEZ: We should meet.

9 CO-CHAIR TUCKSON: Oh okay, well no
10 wonder. So that's what happens.

11 DR. MARQUEZ: Because if she comes
12 to the SACNAS meeting she'll be in touch with
13 hundreds.

14 CO-CHAIR TUCKSON: We've done good
15 today. Renee?

16 MEMBER JENKINS: That was a very
17 rich presentation, thank you so much. Well,
18 I'm just not clear about whether you have
19 informal and formal mentoring program? I know
20 you have a summer institute, okay. So, and
21 you have the good ratio of younger people to
22 leaders. Do you have formal mentoring other

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1 than the summer institute?

2 DR. MARQUEZ: Well, yes, in a
3 sense. A lot of the formal stuff takes place
4 during the meeting. Because the mentoring
5 takes place when somebody comes to judge a
6 poster, for example, at least two or three
7 people will come judging that same poster.
8 And what they will do is set up actually
9 mentoring and advice about how to write
10 posters, et cetera. So there's a number of
11 things that they'll ask in order to get a
12 reply that they can then provide guidance. So
13 that's one.

14 The second is this formal
15 leadership and that's a one-week intensive
16 leadership institute in which they learn a
17 number of things, including how to write a
18 personal development plan, how to take
19 yourself one step after the next. It was so
20 good that in my classes at Johns Hopkins I've
21 instituted that for all biotechnology people
22 who are in my classes to actually build their

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1 own careers.

2 Also, aside from that we have the
3 regional meetings and the regional chapter
4 meetings, and there they have mentors because
5 they don't just have a chapter meeting with
6 the chapter. For example, we had one in
7 Chicago and to that meeting of that chapter
8 came University of Wisconsin, came a number of
9 institutions all around with their faculty and
10 their students. In a sense it was a gathering
11 and it was a formal gathering where they were
12 mentoring each other and where they didn't
13 have the expertise somebody else at another
14 university came offering opportunities at
15 institutions to another institution, et
16 cetera. So that goes on.

17 Also, I'm constantly on email with
18 people who call me about advice on how to do
19 things. Everyone who joins SACNAS joins it
20 because of the fact that they're willing, when
21 somebody calls them who said I was directed by
22 such-and-such to give you a call because I had

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1 a question, that's what we do. That's a
2 little more informal but in a sense it's
3 formal because we're getting recommendations
4 from people who have made that commitment.

5 CO-CHAIR TUCKSON: Gary.

6 MEMBER GIBBONS: Thank you very
7 much for your presentation. We've actually
8 had our T32 be a frequent exhibitor at SACNAS
9 so I know it's a great organization.

10 And I guess I wanted to take this
11 advantage because you've been in this business
12 for awhile, you've been doing it. What would
13 you say to some of those who looked at our
14 charge and say those of you who run MARC and
15 MBRS for 20 years, we still seem to be in the
16 same place where we were. What do you say to
17 those folks that SACNAS has been around for 20
18 years, MARC's been around, MBRS has been
19 around and we're still having this issue?

20 DR. MARQUEZ: Well, if I say it to
21 myself I say we've got a lot of work to do and
22 what's gone on in the past that we haven't

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1 made a dent in this whole thing.

2 Let me just tell you two little
3 quick anecdotes that I think are really
4 important. Number one is that I looked at the
5 data and I've been re-looking at it for years.

6 And if you look at NSF data what you'll see
7 under, you know, and they have African-
8 American, Hispanic, et cetera. And what you
9 see under Hispanic is that there is a slight
10 uptick in that data. I mean, it's not
11 significant, but what you have to do is look
12 at that data which is down here. Then look at
13 everybody else's up there. You know that
14 that's not good. We're looking at five
15 hundred, six hundred let's say at the most
16 people getting PhDs. And that's not good.
17 And we recognize that.

18 What MARC and MBRS and all the rest
19 of us have been trying to do over the past
20 number of years, and I was kind of in these
21 programs for the past 20 years and what we see
22 is there's just not, it's not working as well

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1 as it should. So, we've tried a lot of
2 things.

3 We tried things in which, maybe
4 some of the things I mentioned as
5 recommendations I think will still help but I
6 think there has to be some other level of
7 intervention that goes beyond what we've done
8 in the past. And I think that's where some of
9 these recommendations come in.

10 The other thing that's happening
11 too is that I'm working with the MORE
12 Division, trying to give them some assistance
13 in writing a white paper on the MBRS program
14 to look at kind of what the picture looks like
15 over that period of time. What's happened
16 during that period of time? Can we find in
17 that kind of ascending ladder of money that's
18 going into the program and basically no real
19 progress in terms of the numbers of students
20 going into the pipeline.

21 And so I think we have some idea of
22 some of those things, and I think that, you

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1 know, the leadership here at NIH is looking at
2 some of them because of the paper that was
3 written and you all know about. So I think
4 those are reasonable to look at and see if
5 those had an impact on why we're not -- well,
6 maybe not had an impact but had no impact in
7 terms of what we've done in the past.

8 And so right at the moment I keep
9 looking at what we do at SACNAS and our
10 success in SACNAS and where people are going,
11 where are they getting trained, et cetera.
12 And I think some of the principles that we
13 have at SACNAS need to be looked at carefully
14 as a way to approach the national picture.

15 I do know that, you know, I'm a
16 minority and my parents came from Mexico. I
17 grew up in a little town called Tranquility.
18 My parents knew nothing about science. I
19 certainly was not approached, had no role
20 models for somebody to say oh Ernie, come on
21 down, you know, I want to teach you how to be
22 a scientist. None of that stuff. So the

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1 question is asked why did I go into science
2 and the answer is mentors. People who said to
3 me gee, you know, I think you can do this.
4 And I said wow, maybe I can do that, you know.

5 And that stayed true undergraduate, graduate
6 programs, et cetera, all the way through.

7 And so I think what we have to
8 find, and this maybe is what you're looking
9 for as well is what are those kernels of
10 information that maybe we've not been hitting
11 on in the past. Because obviously we've been
12 missing something and maybe a number of things
13 to be able to do this.

14 As for the answer is what's been
15 going on? A lot. I mean, we've had
16 evaluations of our programs, we've had changes
17 in the way we present our information and it
18 all kind of ends up with frustration. I mean,
19 when I was at NIMH we had a program that was
20 taking undergraduates to graduate school that
21 had a success rate of about 87 percent. Going
22 up. That's tremendous. What happened after

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1 that was never followed and there was never
2 any follow-up of the same people to kind of
3 guide them and keep them on path. We at the
4 NIH couldn't do that because by the time they
5 left my program they were someplace else doing
6 a number of other things.

7 So one of them is the gap really in
8 mentorship and the gap in encouragement and
9 things that just don't keep people going over
10 the long haul. And so we'll get to a certain
11 point, find frustration and what do you do
12 when you find frustration and you have nobody
13 to turn to? You do something else. And so we
14 can't afford that, not in science.

15 CO-CHAIR TUCKSON: Straightforward,
16 Jose?

17 MEMBER FLOREZ: Yes, I think so.

18 CO-CHAIR TUCKSON: That's good. I
19 mean, just.

20 MEMBER FLOREZ: Yes. Just wanted
21 to push you -- fairly devil's advocate. We've
22 heard a couple of times today that we need to

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1 increase the ethnic diversity in the study
2 section review panels. Now, the counter
3 argument to that proposition is, one, that
4 there's some literature that shows that
5 belonging to a minority group doesn't exempt
6 you from unconscious bias to begin with. In
7 other words, you can have the same bias as
8 women on women, black on black, white on
9 white, Hispanic on Hispanic. And a big part
10 of the problem is that many of the grants
11 don't even get reviewed by the whole panel.
12 So 50 percent get triaged and actually black
13 applicants are disproportionately triaged more
14 than the others. And so there's never much of
15 an opportunity for that minority person in
16 that panel to really weigh in and be an
17 advocate at all because the likelihood that
18 the three people who decide to triage is
19 actually kind of small.

20 So, as the committee weighs on how
21 much to put weight on that recommendation what
22 would you counter argue to support what you

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1 said here that that would actually make a
2 difference?

3 DR. MARQUEZ: That's something -- I
4 was in review for many years and so I
5 understand and I understand the difficulties.

6 But what happened because we reviewed
7 minority applications and so that's what I was
8 the SRA of. And even coming into those people
9 in a sense had the same prejudices not
10 necessarily against individuals but against
11 schools or against whatever. And so I don't
12 think we'll ever get away from that.

13 I think that one of the
14 recommendations, I'm not sure if I have it in
15 here, was to make sure that, at least that we
16 tell people that they should in their study
17 sections and their program officers have
18 people who can recognize the importance of
19 having diversity in all these issues. And I
20 think, you know, in order to get into a study
21 section you yourself have to have been
22 successful. And so when you have a successful

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1 person who let's say says I don't want that
2 person to be here because -- it's the same as
3 saying I don't like that person because I
4 don't like him, because I don't like his
5 personality or I don't like the way he clothes
6 himself or whatever. And so it's kind of hard
7 to ferret out all these things about
8 prejudices based on a number of things.

9 And one of the things, I think I
10 might have had it in another version was that
11 people can be averse to the school you come
12 from. People don't like for people who are
13 moving onto the big time because they think of
14 an education gained at a state college for
15 example is not good enough to move forward.
16 Or an HBCU or whatever. I mean, there's
17 always going to be prejudices and biases.

18 As a scientific review
19 administrator my job was to try to weed out
20 those people who had that kind of behavior.
21 If you could note it, if you could see it, and
22 a lot of times you can, then you've got to

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1 come clean in the process and say I'm not
2 going to have that person back in the study
3 section anymore. And so that's one way to do
4 it. But it has to be because it's government
5 that's actually doing the reviews, it's really
6 the choice of the person who is the SRA to
7 pick people who that person considers will be
8 fair, impartial, not have prejudices either
9 against the science or approaches to science,
10 or have ingrained, what, prejudice with the
11 kind of science that they like and so they're
12 going to follow a certain path. And that's
13 tough because you know these days trying to
14 find good reviewers with a large number of
15 people who are seasoned saying I've had
16 enough, they take too much of my time, it now
17 falls to younger investigators who in a sense
18 a lot of them don't have the experience and
19 perhaps not the kind of judgment that it takes
20 to ferret out the bad, I wouldn't call them
21 bad but at least misguided reviewers.

22 CO-CHAIR TUCKSON: All right.

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1 Listen, one last request. I don't know
2 whether you'll accept it. You -- one of the
3 things we need to get at I think and the
4 committee's going to have to think about is
5 we've asked Ruffin I think a little bit -- his
6 name actually is John Ruffin, I've known him
7 too long -- to look at sort of some of the
8 ways in which we have spent money from NIH
9 already and sort of what did we kind of learn
10 from it. The market MBRs programs are very
11 important and I'm just wondering, John,
12 whether we can at least give the committee
13 some sense of did these things work. What did
14 we learn from it, the lessons learned? I
15 mean, this is fundamental. And if he does
16 that would you be interested in throwing your
17 two cents in on that?

18 CO-CHAIR RUFFIN: Absolutely.
19 Well, there have been histories written for
20 each of those programs anyway. It's a matter
21 of collecting the data. It's not a study
22 because it's been studied. It's a matter of

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1 collecting the results. So yes, I'd be
2 willing to.

3 CO-CHAIR TUCKSON: Renee?

4 MEMBER JENKINS: So my concern is
5 just that if we look at that that we get some
6 data to look at parallel people who haven't
7 had these programs. Because you know, I think
8 as much as we worry that we haven't made as
9 much progress as we hoped to what happens when
10 you don't have those programs? And you know.

11 So I don't want us to take any great big
12 leaps and say oh, this isn't working when you
13 don't know what happens to the people that
14 don't get in those programs.

15 CO-CHAIR TUCKSON: That's a good
16 point.

17 CO-CHAIR RUFFIN: And I think that
18 NIGMS did some study of that kind along the
19 way where they looked at both.

20 DR. MARQUEZ: And let me just add
21 one last little thing because maybe you and I
22 can put together some thoughts on this. And

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1 that is that there has been a lot of
2 evaluation work done by NIGMS and there have
3 been some other societies evaluating the work.

4 And so there's probably a lot of information
5 there. And now whenever you're writing this
6 white paper really basically covering all
7 that. So, whatever I get in that regard you
8 can possibly throw in the pot as well.

9 CO-CHAIR TUCKSON: All right.
10 Thank you very much, you did great. Thank
11 you. Let me ask Evangelina Montoya from the -
12 - who is the advocacy liaison for the National
13 Association of Hispanic Nurses, District of
14 Columbia chapter. Welcome, Evangelina. Thank
15 you for coming.

16 MS. MONTOYA: Thank you for the
17 invitation. I'm sure you're all tired.

18 CO-CHAIR TUCKSON: No we're not,
19 actually.

20 (Laughter)

21 CO-CHAIR TUCKSON: We actually like
22 this stuff.

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1 MS. MONTROYA: Okay, great. So,
2 when you're the last you want to go home,
3 right?

4 Well, I just wanted to, again, our
5 president, our national president who was not
6 able to come passed the responsibility to our
7 chapter president. So I was kind of like
8 you've got to do it at the last minute. So
9 bear with me. I think if there's further
10 questions, you know, I'm going to have to
11 refer them back to our national president.

12 I will explain a little bit about
13 our organization. This is an organization
14 really that advocates for Hispanics across our
15 country. I know it started like maybe 30
16 years ago and right now we have over 3,000
17 members. And these are RNs across the
18 country. We have chapters from Puerto Rico to
19 California and it's always great to get
20 together every year to be able to celebrate.

21 But one of the things my
22 experience, I have my commitment. I'm from

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1 California, okay? I'm also a migrant. I
2 started, it's a two-year I would say LPN. I
3 have a master's in nursing and I'm hoping to
4 get my doctorate. But one of the things that
5 I realized being with this organization is the
6 commitment to mentoring. And one of the
7 things that I have seen is also having
8 doctorate prepared nurses in research to
9 advance practice.

10 And the reason really I thought it
11 would be great for me to be here today is
12 because to really be able to let you know that
13 we could collaborate and how you could help
14 our organization to help nurses get their
15 doctorate, to be mentors then for younger
16 nurses down the road. Right now we do have
17 different chapters which we have basically
18 mentor out in the community students. And
19 again, how to be able to help them and get
20 them into the -- I call it career development.

21 And I know that your organization
22 has funded, like for instance I used to review

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1 some of your -- for the Hispanic youth with
2 the Interamerican College of Physicians. It
3 was for me such an experience to review
4 applicants, you know, like a hundred, a
5 hundred and fifty students coming in and
6 requesting. They really wanted to be
7 scientists, not only physicians but nursing.
8 And so this talk of a program, I saw such a
9 wonderful opportunity. You know, this would
10 be like there will probably be other models
11 and organizations that would have the output
12 for you to be able to help our younger
13 students.

14 But let me go back to my notes. I
15 know I've got three minutes. I think one of
16 our goals with our organization, it has to do
17 with looking, and I'm sure the data is all
18 ready for you but I think sometimes for me
19 data helps me realize that it's people that
20 we're serving. Our population, you know, in
21 the year 2050 will be 96 million people or 29
22 percent and it's a very young population.

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1 I think the other reason I want to
2 mention this, back in school and one of the
3 things I'm doing is looking at the new
4 implementation of medical records and
5 hospitals and providers. And so one of the
6 things that is happening and it makes me
7 realize is almost re-looking, re-engineering
8 of how we do practice, even as a provider.
9 Because you've got a new technology. And so
10 that goes back to rethinking of how we do
11 business.

12 Now, again, our population of
13 nurses, there's 2.9 million and one of the
14 things that we realized is one of the largest
15 single occupation in health care industry.
16 And currently, you know, our nursing workforce
17 is aging, retiring and not enough young people
18 are entering into -- want to be nurses or
19 other professions that really will be able to
20 be either scientists or researchers.

21 One of the things that I thought it
22 was important and you probably have already

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1 looked at different models, but there are some
2 models really that have been implemented and
3 they have really worked with our Hispanic
4 population. I know that as you look at the
5 barriers and you look at our family-related
6 barriers of how do -- you were talking this
7 morning as to well, how do you get into the
8 community.

9 Well, we have, you know, I'm just
10 saying our chapters across the country could
11 be part of that network where we could help
12 you disseminate information, whether it is
13 even for institutions that want to apply to
14 research to help our families and our
15 communities. And that goes back to financial
16 barriers, pre-college education barriers.
17 Then you talk about pre-college -- I'm sorry,
18 the lack of Latinos in leadership roles in
19 health professions. Social culture barriers.

20 I'm just highlighting the barriers in
21 literature, okay, and that has been
22 implemented, a model in California to be able

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1 to help the shortage of Hispanic nurses and it
2 has been very successful. The other one is
3 the systemic barriers in higher education.

4 Now, going back to, okay, you say
5 these are the barriers. So what would be some
6 recommendations that would help even in our
7 organization we're trying to implement. And
8 I'm not going to go through all the slides. I
9 know you've been here a long time so I'll --
10 just with a summary.

11 And these were again from studies
12 that basically were implemented in California
13 and they were basically looking at what would
14 be the future direction for policy to be able
15 to help our students, our organizations or our
16 institutions. And one of the things, there's
17 five recommendations that it came up with.

18 The first one was to inform
19 educators and counselors and young people
20 about the rewarding of nursing careers. And I
21 think that would be applicable to any area. I
22 think you talk about then if you want people

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1 going into research or any -- of being
2 physicians or scientists it has to start back
3 in families because it's what basically brings
4 the value system, or the concept of how do you
5 change an organization.

6 I know that we're looking at
7 different concepts in hospitals. When you
8 look at how are you going to implement an
9 electronic medical record in an organization
10 that's successful and that is viable and is,
11 again, cost-effective. You look at the
12 concept of, you know, what are the values of
13 the organization and then you go with, you
14 know, bringing in. And this is coming down
15 to, you know, I'm bringing it down to us.
16 It's providers, okay?

17 And the other one would be, the
18 other recommendation was to establish and
19 improve articulation. That would be
20 communication in schools, to be able to
21 disseminate educational material to our
22 younger kids. Or also, for instance if you

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1 want to disseminate information, how the
2 organizations can come and apply for some of
3 your grants, it would also be another way of
4 doing that, disseminating information.

5 And lastly, but not -- one other
6 recommendation would be to increase funding to
7 community colleges for nursing. And that
8 would be also for if you want researchers,
9 it's how to be able to track them and get them
10 into whether it's a four-year and then once
11 you have them in a four-year you have retained
12 them and that way would be a good way to
13 follow up with it.

14 And lastly I guess would be to
15 promote partnership between the public and
16 private sector which I thought was pretty
17 important.

18 CO-CHAIR TUCKSON: It is.

19 MS. MONTOYA: So, I mean that's all
20 I have for this. And this is again from the
21 National Association of Hispanic Nurses. And
22 our president is Angie Milan and she's a nurse

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1 practitioner in California so it's always been
2 pretty hard for her to leave her patients to
3 come.

4 CO-CHAIR TUCKSON: Well, thank you
5 for representing her so well. You know, it's
6 just interesting that you all are interested
7 in this. And so what I'm trying to make sure
8 I get is how in your vision of what you're
9 trying to achieve as an organization, this
10 agenda fits in.

11 Nurses are clearly being very
12 strong and forward-thinking about a wide
13 variety of career inputs. We've now seen the
14 -- we're starting now to see the full
15 realization of advanced practice nurses out in
16 the land doing many, many things that were --
17 which were revolutionary a few years ago and
18 now becoming commonplace.

19 Is it your interest as Hispanic
20 nurses that a sub-segment of your cadre is
21 prepared and interested in going into
22 biomedical research careers, and is that

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1 something that is, given your mission
2 something that is -- has been important or is
3 it something that's becoming important to you?

4 MS. MONTOYA: It has become
5 important because I think if you don't start
6 at a younger age even to get individuals
7 thinking about science. You have to really
8 build on like blocks. And as an organization
9 we felt that like, I guess I could give you an
10 example. If you don't have doctorate prepared
11 nurses in research to be able to mentor other
12 nurses how can anybody can come and compete
13 for any grants to do research in communities,
14 to help you? Whether it's an entity that's
15 doing research on health disparities, if they
16 have no knowledge of research they won't be
17 able to assist you to further on with health
18 improvements or health outcomes.

19 CO-CHAIR TUCKSON: Okay, I see your
20 point. I've got it now.

21 MS. MONTOYA: For instance, I can
22 tell you if you have diabetes and there is a

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1 researcher that got a grant from your
2 institute there might be some of my colleagues
3 that would be interested in following up and
4 doing some research. So it would be a
5 mentoring, learning. So anyway, thank you.

6 CO-CHAIR TUCKSON: Good. Any
7 questions? Thank you, by the way, for
8 representing. Anybody? Okay, good. Thank
9 you so much. Would you turn that one off for
10 me, please? We have one -- just push that
11 button right there. It'll do you no harm.

12 Alberto Roca has sent in testimony
13 which I'm going to try to do service to by
14 reading it and sharing it. He's actually been
15 communicating with us during the meeting
16 online and so we know that he is attentive out
17 there in the land listening to us carefully.
18 Alberto Roca who is the founder and editor of
19 minoritypostdoc.org.

20 Thank you for the opportunity to
21 present through a proxy -- Tuckson. These
22 comments draw attention to the needs of

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1 underrepresented postdocs, but first a brief
2 introduction. In 2003, Dr. Roca as a postdoc
3 founded the postdoc committee of SACNAS which
4 we've just heard from. He also co-founded the
5 diversity committee of the National
6 Postdoctoral Association (NPA).

7 Since that time his activities have
8 been documented on his website,
9 minoritypostdoc.org, and recently in the new
10 periodical Diverse Scholar which is provided
11 as a handout today. He is now working full-
12 time on helping postdocs achieve their career
13 goals through advising and recruiting. He
14 connects diverse postdocs to stakeholders such
15 as academic chief diversity officers who are
16 responsible for diversifying the professorate.

17 Over the last four decades many
18 resources have been submitted in the beginning
19 of the PhD training pipeline. In his opinion,
20 that focus has been on encouraging K-12 and
21 undergraduate students to pursue STEM
22 education, especially to enter graduate

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1 school. By comparison, there are few
2 interventions directed at the career needs of
3 current advanced PhD graduate students and
4 postdocs. Recently a GAO report estimated
5 that \$3 billion was spent in 2010 by the
6 federal government on STEM education programs.

7 He posits that even if just 1 percent of
8 these funds were targeted specifically toward
9 minority postdocs then there would be a larger
10 overall ROI on the quantity and quality of the
11 desired long-term outcomes. Based on public
12 surveys he estimates that there are around two
13 thousand domestic underrepresented postdocs
14 from the Hispanic, African and Native American
15 communities. For more information please see
16 the article handout entitled Uncovering the
17 Invisible Minority Postdoc Talent Pool.

18 He has been developing a contact
19 database of diverse postdocs as a first step
20 toward building a community to support their
21 needs. Currently, the email contact database
22 has approximately one thousand individuals.

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1 He has conducted his own internal survey of
2 this population and the handout flyer
3 summarizes the demographic information of the
4 respondents. The flyer is entitled Talent
5 Pool Demographics. Also see page 7 of the
6 Diverse Scholar periodical.

7 Close to 70 percent of the postdocs
8 are in the biological sciences which is
9 germane to the target audience of our Working
10 Group. From the survey, approximately 50
11 percent indicated that they desired a future
12 academic career. A smaller subset of 10
13 percent exclusively wanted a faculty career
14 compared with other options such as research
15 in private industry, post-academic, i.e.,
16 alternative careers, et cetera.

17 Clearly our national PhD training
18 system is producing people who want to become
19 future NIH R01 grantees. However, in reality
20 these minority postdocs are not achieving
21 tenure-track positions in large numbers.
22 Thus, I propose that federal resources be

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1 focused on the following things. Number one,
2 scholarships to understand the career,
3 preparation and outcomes -- excuse me,
4 scholarship to understand the career
5 preparation and outcomes of current minority
6 postdocs.

7 Number two, professional
8 development training to prepare postdocs for
9 the demands of academic careers. The NPA Core
10 Competencies document serves as a model for
11 the other competencies that postdocs need to
12 develop outside of the technical skills that
13 are currently emphasized in research projects.

14 My own goal is on developing a postdoc's
15 writing skills for peer-reviewed publications,
16 fellowships and grants.

17 Third, proactive recruiting to help
18 these postdocs find jobs in any area which
19 uses their scholarly training. Of course, a
20 priority is tenure-track faculty careers.

21 His statement ends on the point
22 that the career success of postdocs, both

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1 minority and majority, should not be the sole
2 responsibility of federal funding agencies.
3 Instead, policies need to be promoted so that
4 academic institutions become invested in a
5 postdoc's career outcome. The lone advisor
6 quote "apprenticeship" unquote model is not
7 working for the entire postdoctoral
8 population.

9 Briefly, some options to consider
10 are, one, a committee of mentors, two, career
11 center access for postdocs and three, holding
12 departments accountable for tracking postdoc
13 alumni and publishing those results. I
14 recommend that we continue these discussions
15 at future NPA annual meetings as well as
16 online through the activity of
17 minoritypostdoc.org.

18 That's actually -- I'm going to ask
19 can we get, for the committee can I get copies
20 of this so we can take this with us? These
21 are extremely specific and by my reading on a
22 first blush are very, very relevant. I wish

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1 we could have engaged him in conversation but
2 let's -- can we get this to take home?

3 MEMBER JENKINS: AAMC does a
4 graduation survey of medical students and we
5 can learn a lot about what their experiences
6 are. Is there a comparative postdoc or post-
7 PhD survey?

8 MEMBER BONHAM: No and the reason
9 is for every medical student they have a
10 number. And so we can follow them. And we
11 don't have those kinds of numbers for graduate
12 students or postdoc. We do have the numbers
13 for MD/PhD students and we track them, but we
14 have no such data.

15 NSF has some data on postdocs. The
16 Graduate Research Council has some data but
17 they don't -- they're not really tracking
18 them. And the National Research Council just
19 came out with a lengthy report. The data, by
20 the time they came out with the report the
21 data was somewhat old but they do have some
22 data on that. And they had gender data and I

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1 actually cannot recall if they sorted out of
2 the groups.

3 CO-CHAIR TUCKSON: Jordie?

4 MEMBER COHEN: Reed, I certainly
5 agree with you that these are interesting data
6 and I think something we ought to think about
7 because this is a pool of individuals who
8 obviously have also made it through the
9 pipeline --

10 CO-CHAIR TUCKSON: Yes, exactly.

11 MEMBER COHEN: -- and are sitting
12 there ready to participate in the enterprise.

13 I guess the data that are in this handout
14 give us a demographic view of the minority
15 postdocs, but I'm not clear about, and I don't
16 think these data tell us what percentage of
17 the postdocs that are currently in that state
18 are minority versus those that actually get
19 onto faculty and are eligible for independent
20 investigator. It would be nice to know. If
21 there's a disproportionate number of
22 minorities in this group that really does

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1 require I think some intense study.

2 Irrespective I think this is a
3 group that we ought to understand better. I
4 mean, postdocs in general I think are sort of
5 a, what's the word I want, kind of, not a lost
6 generation but certainly on the verge of being
7 invisible in terms of being able to understand
8 what their issues are and how we can help
9 promote their careers.

10 MEMBER FLOREZ: Which data are you
11 looking at?

12 MEMBER COHEN: This is the handout.

13 CO-CHAIR RUFFIN: Jordie, I was
14 getting ready to say that the more diverse
15 that pool is the more valuable that assessment
16 would be.

17 CO-CHAIR TUCKSON: Yes, Jose.

18 MEMBER FLOREZ: This might be
19 process more than anything but we see the
20 number of paper handout but we recognize that
21 maybe half the committee is not here. I
22 assume that they will all be made

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1 electronically available to the committee?
2 You know, for example, the proposal from I
3 guess Neil was his first name? I forget.

4 CO-CHAIR TUCKSON: Yes. So Justin,
5 can we assume?

6 MR. HENTGES: Yes, we'll put a
7 packet together and send it out for everyone.

8 CO-CHAIR TUCKSON: Good. All
9 right. Terrific.

10 MEMBER COHEN: You've got 10 more
11 minutes.

12 (Laughter)

13 CO-CHAIR TUCKSON: Well, I was
14 saving them for you. We -- this is a good
15 day. We've got a lot to -- so I think the
16 issue here will be to download this. So what
17 we'll probably have to do is to, Justin, sort
18 of ask to see whether we can get a conference
19 call before we forget everything to discuss
20 sort of what we've got here and where we want
21 to take it because we've got a lot to do here.

22 MEMBER COHEN: Well, I would just

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1 make the observation that the day has been
2 extremely useful. I think we've learned a
3 lot. But it has been focused primarily on
4 pipeline issues which are obviously
5 exceedingly important and something that we've
6 acknowledged at every meeting that we have to
7 be sure we don't under-emphasize and clearly
8 we won't.

9 But I think we still need to have
10 some more in-depth discussions about the issue
11 of what we can do to ensure that those that
12 are already through the pipeline are actually
13 getting a fair shake in the system.

14 CO-CHAIR TUCKSON: Well, I think
15 that's exactly right. And so we balance off
16 the importance of the pipeline issues with I
17 think, and you've certainly presaged what I
18 want to do on the conference call. That's to
19 sort of get at Ernest's presentation and the -
20 - and Alberto's. Those two were very much on
21 that other end so that sort of balances out
22 the two ends of the spectrum that we've been

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1 grappling with. Oh, right, so those three.
2 Justin, can we just?

3 So basically what we want to do is
4 get us a conference call for the committee to
5 be able to go back and look at -- in two
6 buckets. The pipeline issues that we've
7 discussed and to basically sort of see what
8 kind of deliverables we might get. Because I
9 think we tried to get very specific to give us
10 as much as we can so we don't have to plow
11 that ground which I think will be great.

12 And then because we didn't get to
13 spend as much time just focusing on the actual
14 R01 process for the more seasoned investigator
15 which is the three proposals, the three things
16 we've got. Both Don Wilson, the AMHPS one and
17 then the letter from Dr. Roca and then the
18 third one was SACNAS. Okay. I'm sorry.

19 MEMBER JENKINS: I think you were
20 magnificent at assigning things to people
21 which you were really, really good at.

22 (Laughter)

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1 CO-CHAIR TUCKSON: That's because I
2 got you last time.

3 MEMBER JENKINS: But what I want to
4 know and just remind me, I probably should
5 know this. Will we have the opportunity as
6 part of our process to really talk about the
7 kind of data that's not there that would be
8 helpful to this whole kind of way of
9 delivering what's going on?

10 CO-CHAIR TUCKSON: Exactly.

11 MEMBER JENKINS: Okay.

12 CO-CHAIR TUCKSON: And why don't we
13 just put that on this agenda for this call
14 because I think we're -- what I think you're
15 sort of getting at is that we're starting to
16 know a lot of what we know. And what you're
17 saying is you're starting to get impressed by
18 what we don't know. So the what we don't know
19 question starring Renee Jenkins at the next
20 meeting. Roy?

21 MEMBER R. WILSON: So, you know,
22 one of the things that I notice from this

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1 meeting which is a bit of a conundrum to a
2 certain extent is that when we have meetings
3 like this and people have been very forthright
4 in their discussion and very specific in terms
5 of their focus and what typically happens is
6 that when you try to put it in writing then
7 that the language changes. And a lot of is
8 because of legal constraints and some of the
9 recommendations that are very specific gets
10 changed.

11 People talked about MARC a number
12 of times and I don't even think there is a
13 MARC anymore, is there John? I think they
14 changed the name of it to BRIC, right?

15 CO-CHAIR RUFFIN: The program is --
16 no, it's not BRIC but --

17 MEMBER R. WILSON: But something
18 else. That's right. It's changed, right.
19 And when you change language like that, when
20 you change words like that then oftentimes the
21 focus changes afterwards, you know. And I
22 think we have to be real cognizant of that.

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1 And I actually think that's a reason why some
2 of the groups that we heard from today are
3 exceedingly important because they have a
4 specific focus and they're not under these
5 constraints for the most part and can continue
6 to keep the focus on what we all want to focus
7 on but are sometimes constrained in putting in
8 writing. Just an observation that I'm just a
9 little concerned about.

10 CO-CHAIR TUCKSON: I think we are
11 well warned to start now to start thinking
12 about, again, language. How we write what we
13 write and sort of what's the outline look
14 like. I mean, those are really -- because the
15 thing you don't want to be in a committee like
16 this is down to the wire trying to figure it
17 out. So that's a great point. Ann?

18 MEMBER BONHAM: John, you talked
19 about the loan repayment program and it
20 strikes me that you have some pretty good data
21 on that. I think that would be very helpful
22 because I think that may be a successful

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1 program that NIH is offering and we may be
2 able to make some kind of recommendations
3 around that. So if we could get, if we could
4 have some of those data that could be helpful.

5 CO-CHAIR RUFFIN: Yes, and that's a
6 program that's beginning to evolve as it
7 relates to the loan repayment program. And
8 it's across the NIH. I mean, it's not just in
9 NIMHD so we could get some interesting data.

10 MEMBER BONHAM: And maybe we could
11 -- one of our recommendations would be an
12 ongoing evaluation of that. The outcomes of
13 that could be very helpful.

14 CO-CHAIR RUFFIN: Right. Because I
15 think the point that Renee made earlier as it
16 relates to what was MARC, what was MBRS is the
17 past. It's not the same -- is that in order
18 for that to be effective and be of interest to
19 you you've got to have a cohort of individuals
20 to follow that's different. What would have
21 happened if the -- that's a very important
22 point that you made.

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1 MEMBER R. WILSON: Yes. I think it
2 was RIMI that became BRIC, right? Yes. Take
3 off the minority institutions.

4 CO-CHAIR TUCKSON: So, I guess what
5 I'm troubled with this last one is -- so, I
6 mean how complicated -- so, do we get
7 ourselves into a big morass trying to find a
8 control group or do you -- I know there's
9 always concern that if you study the impact of
10 MARC/MBRS just on its own, how much dollars
11 did we spend and what were the lessons learned
12 that are we saying that we're worried that
13 that answer can only be understood well if you
14 had a control group to look at as well.

15 CO-CHAIR RUFFIN: Well, that's one
16 point but I think the other point is that
17 those programs have now evolved into something
18 totally different from what they were. They -
19 - at one point, for example, MARC/MBRS were
20 programs that were designed specifically for
21 HBCUs. They evolved into something later on
22 that included all minority. They evolved

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1 later on into something that is now for
2 everybody.

3 So, at what point, because those
4 were in NIGMS at what point all those
5 transitions took place I'm not sure. But
6 Ernie, you may know where those all happened
7 and what data you're looking for.

8 CO-CHAIR TUCKSON: But at the end
9 of the day I guess it's a matter of what did
10 you learn. I mean, somebody knows whether or
11 not those things were effective, and if they
12 weren't why they weren't so that we don't make
13 -- because at some point somebody's going to
14 ask. I mean, it's going to be hard to give a
15 report about this topic and then somebody's,
16 excuse me, didn't NIH spend \$50 billion on
17 these programs and it didn't work. How do
18 your recommendations line up against that?
19 Why didn't you call for more MARC or a new
20 MARC or a different MARC? I mean, but somehow
21 or another it's the elephant in the room.

22 MEMBER BONHAM: Well, could we

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1 frame it in terms of identifying even as a
2 small group the successes of those programs
3 and then determining why were they successful
4 so that we're learning from the successes and
5 maybe not the overall? And then maybe the
6 recommendation would be to figure out what
7 those successes were and create some
8 programming around those successes so that we
9 don't have to get ourselves into retroactively
10 looking at control groups that may or may not
11 have existed.

12 MEMBER YANCY: But I think we can
13 go beyond that, Ann, and look at those
14 programs and find out from any individuals
15 still online, and many are, why they weren't
16 more successful. I think that's more helpful
17 to understand things that we should avoid or
18 shouldn't do just through very transparent
19 qualitative kind of research.

20 I don't know how important a
21 control group is. I mean, you can look at it
22 very frankly and say everything was an abject

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1 failure given where the numbers are. And so
2 then you begin to do some deeper dives to
3 understand what were the faulty practices so
4 they're not revisited.

5 CO-CHAIR TUCKSON: I tell you what.

6 Let me try a way forward here because this, I
7 really think that we've backed into something
8 that is just hugely important and I don't
9 think the report can -- it has to be dealt
10 with, I think. Can I ask for a small subgroup
11 to take a look at this chaired by Roy? I
12 think Roy, who has had experience being a dean
13 of one of these schools that had the program,
14 he's now in the office but new.

15 MEMBER R. WILSON: Institute.

16 CO-CHAIR TUCKSON: Institute,
17 excuse me. Good Lord, all the work it took to
18 get that. You can see how old I am, you know,
19 right? I'm just from the old school man. But
20 he's in that with fresh eyes. So if Roy could
21 take a look at it and obviously John has to be
22 engaged. We're going to reach out to you.

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1 And I think Renee has an interest in this.

2 (Laughter)

3 CO-CHAIR TUCKSON: You don't have
4 to do it. But anybody else that wants to help
5 Roy with this task should. But let's ask Roy
6 to take a leadership role.

7 MEMBER R. WILSON: I think Ann said
8 she was interested.

9 CO-CHAIR TUCKSON: So Ann.

10 (Laughter)

11 CO-CHAIR TUCKSON: All right, so
12 anyway, Roy's got that. All right folks,
13 before anybody else gets anymore homework we
14 better stop there. Listen, to all the public
15 commenters, thank you. To the staff, the
16 entire team, you guys are just terrific for
17 what you do for us and we really appreciate
18 it. To the committee, thank you all for
19 making the time available.

20 (Whereupon, the foregoing matter
21 went off the record at 3:46 p.m.)

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