NBCSL President, REPRESENTATIVE BARBARA W. BALLARD (KS): Good morning. I'm Barbara Ballard, President of the National Black Caucus of State Legislators and I welcome you to our *19th annual Black America's Dialogue on Health: Raising Our Health Status Through Medical Innovation, Treatment, and Delivery*. Note I said 19th because that means we've been together a long time, and we've been doing a lot of good work to make sure that black America's health is getting better all the time and that the quality is good. I would like to thank the Indiana Legislative Black Caucus for hosting us every year. It is an honor to come here and it makes it very difficult to leave because Indianapolis is such a wonderful place, but also because the hospitality is also wonderful. And I think people -- you're very hospitable, and we thank you so very much for taking the time to be here because we know your schedule is very busy as well.

I also would like to recognize our National Black Caucus of State Legislators Officers, and please I will start with our President Elect, Joe Armstrong, Senator Catherine Pugh, our Recording Secretary; Senator Connie Johnson. Oh, she's the Financial Secretary; and Senator Connie Johnson is the Recording Secretary. Representative Howard Mosby, Treasurer; and Senator Hillman Frazier, our Parliamentarian. Thank you. Also, our Health and Human Services Chair, Senator Usie Richards, and our Second Vice Chair DelegateShirley Nathan-Pulliam. Thank you. Again, we want to thank Eli Lilly and its company for its leadership and proud partnership helping us with these 19 years. At this point, I would like to invite remarks from Representative Vanessa Summers, who's chair of the Indiana Black Legislative Caucus (Audience Applause).

REPRESENTATIVE VANESSA SUMMERS (IN): Good morning. Alright. We're going to have a good day today. I'd like to welcome you to Indianapolis, Indiana. I'd like to welcome you to our chamber. This is the house chamber. And later on today, half of you will be able to go on the other side and see the senate chamber. So we're real excited for your day here. We are always excited that you come during the time of the Indiana Black Legislative Caucus. We're so good -- glad to have you here. We're glad to have everyone here, and we hope that we have a good day of education.

Okay, we're going to work hard today and we're going to play hard tonight. Some of us, anyway. So I look forward to meeting your needs today. If there's anything you need, if there's anywhere you need us to go for you, anything you need us to get for you, if something you do not have that you just extremely have to have or something you just kind of want, I'll go get it. Have a good day. Oh wait a minute. My other members of the Indiana Black Legislative Caucus,

could they please stand that are here now? I see Representative Cherrish Pryor standing in the door, Senator Earline Rogers, Representative John Bartlett. I know the others will wander in. They're like herding cats, I keep telling y'all that every year (Audience Applause).

REPRESENTATIVE BARBARA W. BALLARD: Thank you Representative Summers (Audience Applause). And again, we're very grateful to the Indiana Legislative Black Caucus, and certainly for taking the time to do this and also to extend the hospitality. And our members will not take advantage of it, but we'll be most appreciative. We also want to bring on Nate Miles at this point. And you know, we had an opportunity to hear from Nate Miles last night at our dinner, and also I'd really be remiss if I did not recognize Dr. Akin Akinwande because I think last night, our supper guest did an extraordinary job for us, and I think he should be mentioned this morning as well in our day's activities.

So would Nate Miles, we all know Nate Miles. We know that he cares about the National Black Caucus of State Legislators. We know that he cares about the over 600 African-American legislators that we have in the United States, and he also knows that we represent over 50 million very diverse constituents in this nation. And that becomes extremely important. And we also want you to know that you help us do our job to take care of these 50 million people that we have asked for their vote and we are providing their services. So with that, I will bring you up so you can talk about Eli Lilly, but also for us to thank you for all you do for our organization. Mr. Nate Miles (Audience Applause).

NATE MILES (ELI Lilly and Company): Thank you, madam chair to you and to Representative Summers, the head of the Caucus, to President Elect Joe Armstrong. I would be remiss -- I don't want to call everybody's name because you all know I love all of you, but seeing Lois DeBerry, former president, I will give her that presidential prerogative here and say it is great seeing her in front of me as well. On behalf of Eli Lilly and Company, I am so pleased, proud, and privileged to be here at this time to be able to address the organization. 19 years, 19 years we have come a long way together from that little room that we used to sit in to sitting on the floor of the state house. I think we ought to give ourselves some because we have brought this little meeting a long way (Audience Applause). And I have got to tell you that we have brought this meeting a long way because of you, because Eli Lilly and Company was a really good company before we started having this conference. Today, we are a much better company. We are not where we

want to be, but we are -- as Big Mama used to say, thank god we ain't where we used to be. And we are moving forward because of you.

And I said that and I mean that sincerely because I remember a time that when we first got together, when we had our CEO in here, and y'all, I thought I was going to lose my job after just eight months on the job, at the end of a year in, and then two years in, because every time we would come together, something would happen. But there was a time when I really, really thought that this could be it for Nate and his career because of the ruckus that the National Black Caucus of State Legislators caused inside of our company with our CEO there. Y'all or some of y'all that have been here before, remember that day when this group taught me, a young corporate executive, that no matter where you go inside, outside corporate America, you speak truth to power when you came. Because our CEO asked a question. He said, "I want to take any question. Is there any question that you have from the audience?"

And this audience talked about it. They asked him questions about, how many African-Americans you got working there? What are you doing for our people that's sick? How you taking care of them? What you doing besides selling them medicine? And he was caught short. And all of them were looking at -- and Senator Trotter, Nate, you didn't -- Nate, Nate. Oh, Nate didn't know. Nate wasn't writing a bunch of checks. And all of a sudden, when the other people wanted me to go down, our CEO, Sydney Terrell, looked out at Lois DeBerry and he said, Madam President, I don't have the answer today, but I can guarantee you that we're going to get back to you and we're going to have an answer.

And true to his word, Sydney went out and he asked us, what are we doing for clinical trials? How many African-Americans do we have in leadership positions? What is the percent of money we're spending in our supplier diversity program? The same ones that wanted to hate on me now had to answer the questions to Sydney.

And I can tell you that today, we are 53% male, 47% female. We are 19% minority and 8% African-American, Big Mama say 'pecifically. That's specifically to those listening at home, it's specifically. Specifically, it's 8%. We have everything --African-Americans at every level of Eli Lilly, including our CFO in charge of all the money, Derica Rice, and I'm so proud of this company. But it's more than that. We have the African-American network that allows people to get professional development, formally be mentored. We have advocacy and outreach. We now have clinical trials, which you're going to hear a whole lot about later on today, but I am so

pleased because clinical trials is where it's at. Delegate Pulliam, this is where you guys see that we needed to be because our people had such health disparities, Senator, that we needed to work something and figure out how to take care of these people. Now I'm happy to report that we have -- back then, we have gone from 19% in this cancer study that we had done, we've gone from 19% of the clients in there being African-American, as hard as cancer hits us, Lois, until now the trials that we put people through, 43% from 19. It has doubled and then some. And then some. (Audience Applause)That's right. We have over 295 sites around the country that have over 25% African-Americans, or minorities I should say, in those clinical trials.

We're presenting to commissions now. We used to get talked about from clinical trials. Now we're presenting to the Commission on Health Disparities. Our people are telling them some of the best practices we're using. Again, as I'm saying, we're not where we want to be, but we've moved it from where we used to be. We have the Center for Leadership Development where we're training young leaders here. We work with the National Medical Association still in our partnership, helping to get rid of some of the health disparities. We have the F.A.C.E. Diabetes Program that hits us so hard. I'm telling you, we're doing a lot of stuff. We're being recognized around the country by working -- by Diversity's top 50 businesses, one of the most admired companies for minorities and research scientists, one of the ten best companies for blacks to work in.

Again, like I'm telling you, I don't think that we are a perfect company. We are not a perfect people. But I can tell you that we are not where we used to be and it is for a number of reasons, but first and foremost it was because the National Black Caucus of State Legislators, when they stood in front of a CEO of a Fortune 100 company, did not blink, did not bow, and did not curtsey. They said, "What are you doing? Because we know what we're doing every day. We're in these communities, we're in these neighborhoods. What are you doing besides selling pills?" And we answered that question. So I'm so proud of the company today for the way they answered that question.

When you say, Nate -- as I wrap up, we had a little talk last night and I didn't want anybody to go away thinking that I don't know how to finish a speech. It was a speech. It was a question that was asked and I just wanted to see. And I saw this morning because I had more people comment to me on that speech and people say they went to bed and couldn't sleep. They wrestled with it. One of them told me they heard, Joe Armstrong, kids crying in their sleep.

They never thought about saving whales, but they were thinking last night. Now first off, I've got to find some whales, but then when I find them, then I can save them. Some of them said they're going to redouble their efforts for the kids in their community. They came here -- two of them said, Nate, I was tired. I'm running a campaign, I've been on the road, I was tired until I heard what you said last night. And it made me think. I'm more energized this morning than I have been because the babies are still crying.

That's exactly the point. That's exactly the point of what I was trying to get to last night. For those of you who didn't go, and two of you told me you tried to find a movie on TV last night and it wasn't on TV last night, but you can find it when you get home: *The Big Miracle*. In the story -- if you want to listen, see the movie and you don't want to hear the end of it, cover your ears. In the story, I told you that to get the whales to the other end, they had to start digging some holes because the whale would swim to the next hole and get enough air to make it to the next hole, just enough air. They had to make the holes far enough apart that they were moving, but not too far that they couldn't swim all the way there before they could get some next air. Because remember, they had a baby with them and the baby couldn't hold his air that long. But as they were going, even then, Joe Armstrong, even then, the holes started freezing up because it got so cold.

Every day that'd go by, the temperature in the Arctic just gets colder and colder and the holes started freezing -- and what they needed -- what happened at the end of this movie is there was one of these ice breakers. Remember the environmental company was arguing with the oil company? The oil company finally got there, but when they were trying to hit it and break through the ice, by the time they finished arguing, they couldn't break through the ice. And he backed up and he said, I guess we can't make it. I guess the whales aren't going to make it. The country and the world were watching these whales. But the captain of the ship, Lois, said, hold it. Let's try it one more time. Take a running start at it. They told him, they said, captain, if you hit that ice, you will be another Titanic. You will take this whole icebreaker down. You will rip a hole in the side of it. And he made a run at it. He said, I don't care. Full speed ahead. We've got to save these whales. And when he hit that icebreaker, when he hit that ice, it busted open and the whales got to it.

That's what I'm here to tell you today. The rest of that speech from last night is, just remember, whoever the president is can't do this alone. You got people who are drilling holes

and who are trying to get out of some of the situations they're in. They need an icebreaker. And the icebreaker in this case is the NBCSL because I've seen you do it. And I need you to break some ice again. I need you to break some ice again. Representative Fox, I need you to break some ice one or two more times. Representative Cherrish, I need you to hit the ice. But before you go, I want to say thank you. I want to thank you and encourage you to go one more time. I want to thank you. I want you to know that if nobody else thanks you for what you have done to this point, because I know you get talked about and everything and you get people running against you and everything else, Representative Teague, but the one thing that I know about you, about NBCSL and its members, is that you're like Moses in most of your communities.

See, most people think, Senator Pugh, that the miracle of Moses was he parted the Red Sea. That was a pretty good trick. That was a pretty good trick. But that wasn't a miracle, see, because every day they used to go down to the Red Sea. Boy, lord, I sure wish they would get off my back. Lord, I wish they would get -- and they could see the Promised Land, Lois, they could see it right across the river. They could see it just right across the lake. Man, I wish I could get to the Promised Land. Lord, let me get to the Promised Land. Lord, send us somebody to get to the Promised Land, Lord. And they're drilling little holes trying to get to the Promised Land.

But what happened when Moses came along and he parted the Red Sea, for the first time -- now remember, they'd been seeing the Promised Land all the time. They could still see the Promised Land. But when he parted the Red Sea, they found out something. The Red Sea is not flat. The Red Sea, in order to cross, you had to go down. So until this point, you may never have thought about that. This was the most amazing miracle about the parting of the Red Sea because then all of a sudden, Senator Johnson, they started going down and, whoa, wait a minute now. I thought I was going to be -- because, now remember, think about that. If you part the Red Sea, all of the fish that were swimming in there, if there was a school of fish that was swimming right in here and when he parted the Red Sea, all of a sudden this fish was over there. Man, what's going on with you? I don't know what happened. The sea just parted. They were sitting in there talking. The octopus was talking to octopus. Now all of a sudden -- and when you walked down, this would be just like walking in here and you looking up and seeing fish, Joe, and whales and turtles. And you're supposed to walk across that.

You ever think about that? Think about when they crossed the Red Sea, what they actually saw. And the first thing they said, I ain't going, nah, nah, nah, I ain't going. Now wait a

minute, you've seen the land of milk and honey. Yep. You've been begging for it for 400 years, right? Yep. And now you can see it, but you're scared to go down inside? But when he took the step and said, y'all follow me because we're going to the other side, in your neighborhoods and in your communities when they don't want to go, it's been NBCSL. You didn't wait on the federal government. You didn't wait on somebody to come down from the Feds and walk them across. You walked them across. Thank you, NBCSL, for taking us to the edge of the water. Thank you, NBCSL, for not being afraid to step out. Thank you, NBCSL, for keeping them focused on the Promised Land on the other side. Thank you, NBCSL, for showing them how to step out on faith, to believe in themselves, to not worry about the water coming down, to know that there was a promise on the other side if they just stepped with it. It was a faith walk and you took it. You are the Moses of your time. You are the Moses, male or female Moses of your time. You are up against it right now, I know it, but you keep the faith. You break through that ice. Just like you took them across before, you're going to break through the ice again. Thank you so much and enjoy this conference (Audience Applause).

REPRESENTATIVE BARBARA W. BALLARD: Thank you very much, Nate. I don't know how much is being recorded, but I do have to make the comment. I think last night you were called out, and somebody texts your mother and said that you tell stories and you don't give endings. You ended it this morning, but I think you do a fine job. Thank you so very much.

We know about our 19 years. We know how important that we all get together, and in the process we look at our dialogue. And it's not only talking, but also if -- it's critical that we foster new partnerships in research and development so we can create a pipeline of medicines in the future. And not just new medicines or more medicines, but medicines that are more targeted to the needs of different populations so they actually are more effective in helping those patients.

Affordable health insurance exchanges will offer individuals and small businesses choices for heath insurance plans that meet their needs at an affordable price, creating an open, more efficient system. Gone will be the days when insurance companies can deny someone coverage based on preexisting conditions, and the structure of the insurance market will be more consumer-friendly so Americans can make informed decisions when selecting the health plan for themselves, their families, and their employees.

Additionally, innovation leads to holistic treatment of the individual that is patient-centered. And one in four, and two out of three Americans over 65, have multiple chronic conditions. And these patients often receive care from multiple physicians. A failure to coordinate care can often lead to patients not getting the care they need, receiving duplicative care, and being at an increased risk of suffering from medical errors. Improving coordination and communication among physicians and other providers through accountable care organizations will help improve the patient care, also receiving and helping lower cost. Any patient who has multiple doctors probably understands the frustration of disconnected care, lost or unavailable care.

It is also important now, through Affordable Care Act, with the money that's on the table that the research we're talking about can also reach our Historical Black Colleges. America's historical black colleges and universities have contributed much to the advancement of science in medicine, yet they are not on a level playing field when it comes to receiving grants and other financial awards as many of their traditional, predominately white institutions. If we forge concrete relationships between state legislators, HBCUs, private sector innovators like Eli Lilly, the federal government, and current major research institutions that are already receiving significant federal investments, this can change.

We're setting the stage for what today will look like and the speakers you will have. At this point, I will turn the overview of the conference over to Senator Usie Richards from the US Virgin Islands, Chair of Health and Human Services Policy Committee, the National Black Caucus of State Legislators. Senator Richards.

SENATOR USIE RICHARDS (USVI): Good morning to one and all and, although it may be redundant, I do believe it is still important to express our thanks and gratitude to the Indiana Legislative Black Caucus for having us here in the house, to the leadership of NBCSL, and more importantly to Eli Lilly and Mr. Nate Miles for supporting us over the past 19 years. I believe we were told last night about action and reminded by the president of the Indiana Legislative Black Caucus about working hard. And I believe that Mr. Miles has just now set the stage for firing us up and getting ready to go.

Today's symposium will focus on the subject matter of raising our health status through medical innovation, treatment, and delivery. It will be on three dialogues. The first one is on fostering partnerships to enhance medical research and development, a subject matter that will

focus on bringing together new partners in research development to create better medicines for the target underserved population. That particular dialogue and that panel discussion will be moderated by Dr. Virginia Caine. Our second dialogue will be on the subject matter of affordable health insurance exchanges, focusing on creating an open, competitive marketplace. And that particular forum or exercise will be led by Dr. Eric Wright. I do want to remind you that when we do take a break for lunch, we will ask you before we leave the house, and I believe we'll be taking the photos within the house chamber right here, that we will ask you to line up and take the photos before we take our break for lunch. And we will come back and conclude with the subject matter of the third dialogue, which is how to build a successful, accountable care organization which is a patient-centered approach. We will have a keynote speaker when we return, and the person, an actress, a filmmaker, a health advocate, Ms. Yvette Freeman, best known for her role as a nurse as Haleh Adams on *ER* for 15 years. And so we will hear from her upon our return from lunch.

And lastly, I want to take this opportunity to introduce the moderator for our first dialogue, Dr. Virginia Caine, who happens to wear many hats, some of them being the director of the Marion County Health Department, an Associate Professor of Medicine, a Project Director of Immunization, a member of the National Medical Association, National Association of County and City Officials, work with the Center of Disease Control and Prevention, Counsel of Education for Public Health, undergraduate at the Gustavus Adolphus College, and also a medical degree from the New York Upstate Medical Center in Syracuse. Please welcome to the microphone and our podium our moderator, Dr. Virginia Caine. Don't worry, we thought you were lost. Would you like to use the microphone over here? Up high? Moderator, Dr. Caine, we welcome you. You can moderate from here.

DR. VIRGINIA CAINE: Good morning, President Ballard and members of the National Black Caucus. We're so delighted to have you in our fair city of Indianapolis for what we think is a very critical subject for all of us across the country. I just want to say a few words. The Affordable Care Act offers such a unique benefit for us with the healthcare. You know, we have millions of medications that are offered to so many of our people in our communities, and yet it's so important for us to have personalized medications, medications that are targeting our own genetic makeup, which allows us to have a much greater impact and a better fit for us. Now one of the huge problems that we're having is is that such federal agencies such as the NIH, we can't

get new minority researchers getting grants from the NIH because we have to figure out how to leverage that playing field. There are so many points that if you have experience and you've had a grant before, that in the scoring, it makes it so difficult for anyone that's new coming out getting a grant. So all of the academic centers and experienced researchers continue to get these grants, and yet they don't always do the research that's the type of research that benefits us particularly.

And yet when we look at chronic diseases, chronic diseases cause almost nearly 80% of the healthcare cost that's happening in this country, and African-Americans and Hispanics play a significant role in creating those issues. So I'm delighted that we have this huge opportunity where only you can help make that difference from us as policy-makers. You know, I always love listening to Nate. We've been, for centuries, beating these incredible odds all our lives, and so let's not stop. Let's -- hopefully we can save the whales.

I'd like to start out by introducing our first speaker, Dr. Calbert Laing, Chief of the Immunology Integrated Review Group, Center for Scientific Review at the National Institutes of Health. Dr. Calbert Laing serves as the Chief of the Immunology Integrated Review Group in the Center for Scientific Review at the National Institute of Health. And if I can have you come up to the front while I'm introducing you. Prior to his appointment to the chief's position, he served as executive secretary and then scientific review officer of the Experimental Immunology Study Section. Dr. Laing received his BS degree in Biology from Tuskegee Institute, now Tuskegee University, and his PhD degree in Biology with a focus on immunology from Brown University in Providence, Rhode Island.

He then did his post-doctoral research at Mount Sinai School of Medicine in New York, and he subsequently moved to Howard University College of Medicine in Washington, D.C. where he served first as an assistant professor in the anatomy and oncology departments, and then as an associate professor in the oncology department. Dr. Laing's research interest has been in the field of tumor immunology. He spent most of his time in the laboratory attempting to isolate and characterize antigens of virus-inducted memory tumors of the mouse.

I'd like to introduce our next speaker, and that is -- do you want him to speak now or bring them all up? Okay. Dr. Lezli Baskerville, Esquire, is the President and CEO of the National Association for Equal Opportunity in Higher Education. Lezli Baskerville was an attorney, is the fifth and first female president and CEO of the National Association for Equal Opportunity for

Higher Education, the umbrella membership association for the presidents and chancellors of the nation's 120 historically and predominately black colleges and universities. She's a seasoned lawyer, government relations and equity professional, association and small business senior executive who's a recognized expert on equal educational and employment opportunity, education access, affirmative action, and diversity issues.

Now prior to ascending to the helm of NAFEO, Ms. Baskerville served as Vice President for Government Relations for the College Board, and in that capacity she was responsible for shaping and advancing the legislative agenda of the College Board, providing leadership to the Board's Upward Bound program and educational opportunity center. She also shaped and directed the preparation of the Board's Supreme Court brief in *Gratz v. Bollinger*.

Our next speaker, Dr. Malaz Boustani, if we could have you come to the front, from Regenstrief Institute, Indiana University School of Medicine. Dr. Boustani is associate professor of medicine in the division of general internal medicine and geriatrics in the Department of Medicine at Indiana University. He's a center scientist at the Indiana University Center for Aging Research, and he's a scientist at the Regenstrief Institute. For those of you who may not know what Regenstrief is, it is the oldest electronic medical record program in the country and nationally known. And he's a scientist at the Regenstrief Institute, a Beeson's Scholar in Aging research, and the President of the American Delirium Society.

Dr. Boustani obtained his medical degree from the University of Damascus. He completed his internal medicine residency program at Mount Sinai Medical Center in Cleveland, and he did a three-year geriatric research fellowship at the University of California -- I mean University of North Carolina at Chapel Hill. Now while he was there doing his three-year geriatric research fellowship at the program on aging at the University of North Carolina, he's a busy guy, he also completed a two-year translational clinical research curriculum fellowship. Translational clinical research means that, how do I bring the bench-type of research and have applications out into the community?

He attended the core curriculum for the Robert Wood Johnson Clinical Scholars Program at University of North Carolina, and he did obtain an MPH degree in healthcare prevention from the University of North Carolina School of Public Health. Dr. Boustani's main interests relates to improving the quality of life and care of patients with dementia or delirium by working on

designing a system based across the different settings of care, starting from the community primary care hospital and ending at the long-term care setting.

Now I told Dr. Boustani, based on what I see happening in the legislative houses and everything, I thought he needed to concentrate on delirium in the congressional houses that might have some impact and benefit for all of you, so he said he'd think about it. He is currently conducting multiple research studies funded by the National Institute of Health, Centers for Medicare and Medicaid Services, and the Agency on Healthcare Research and Quality. He's been the author of more than 80 reviewed papers on delirium, dementia, and mild cognitive impairment.

And then our very last speaker, Dr. Coleman K. Obasaju, who is the Oncology Medical Director at Eli Lilly and Company. He's MD, PhD, leads the US Medical Affairs Development in the Oncology Business Unit of Eli Lilly, and he's actively involved in the area of diversity in clinical research. Dr. Obasaju received his medical degree at the University College Hospital in Nigeria. He then went on to pursue post-graduate training in clinical pharmacology and medical oncology in England at the Christie Hospital in the University of Manchester, attaining both a master's and a doctorate degree. He's a former Audrey Meyer Mars Oncology Fellow, and he also completed an internal medicine residency program at the University of Pennsylvania Health Systems.

He then went on to do a combined fellowship in medical oncology, hematology in the United States at Fox Chase Cancer Center and the Temple University Cancer Hospital, both of them in Philadelphia. He did a clinical investigative training program fellowship awarded by the National Cancer Institute prior to joining Eli Lilly and Company in 2001. Additionally, he has served for four years as a member of the prestigious American Association for Cancer Research for Minorities in the Cancer Research Counsel, and in that role he's provided a lot of visibility to the scientific contributions of minority scientists and developed strategies to improve the pipeline of future minority investigators. He's given multiple presentations in national and international forums, and is the author of numerous publications in peer-reviewed journals. So we'll start first by Dr. Laing.

DR. CALBERT LAING: Good morning, everyone. First of all, I wish to tell you how honored I feel to be coming to speak to you today about the overview. I want to give you an overview of the function of the National Institutes of Health, and I hope that by the time you leave here today,

you'll really be able to understand what this institution which you support is doing for the health of your constituents and for the rest of the country.

Okay, all right. The next slide please, thank you. Yeah. The National Institutes of Health is the premier location for biomedical research in the United States, and indeed the world. You are contributing a substantial amount of the money you pay in taxes to support this effort. Indeed, may I have the next slide, please? The fiscal 2012 budget, as illustrated on this slide, amongst almost 31 billion dollars. This money is spent in two ways, to support NIH operations in house, and that includes activities at all office facilities owned and rented. Collectively, these constitute the intramural component of NIH and includes basic and clinical research, as well as overall administration of the NIH programs. Interestingly, only 17% of this money is spent right there at NIH. The remaining 83% goes to support the extramural component of NIH, and this amount is $5.7 billion for 2012. The lion's share of this goes to institutions such as universities and other non-academic research facilities.

Now if I could go back to the previous slide, yeah. Yeah, the previous slide, yes. Now NIH consists of 27 institutes and centers, not including, of course, the office of the director. Each institute has a director and functions semi-autonomously. If you notice, I have highlighted a few of them here. I can't -- can hardly see them from this point myself, but I will tell you what they are. I highlighted the National Institute of Heart, Lung, and Blood, which -- and the reason I highlighted these is that even though every single institute at NIH has some -- makes some contribution to the welfare of some part of your body, these particular institutes which I have highlighted I would say have probably -- there are some diseases which affect black people which are out of the portfolio of these specific institutes. I specifically -- I highlighted specifically the National Institute, Institutes rather, of Heart, Lung, and Blood, and that is because I don't know a single black person who wouldn't know about heart disease and stroke and sickle cell disease. That's the institute which would support research funds which would be doing research in these areas with the focus and the intent of bringing together about a cure to these diseases.

Then there's the National Institute of Health of Allergy and Infectious Diseases, and I'm sure we all have an idea of the devastating effect diseases such as AIDS and other infectious diseases have on our population. Asthma and allergies, which are rampant, especially within the inner cities among our inner city citizens. And of course there is the National Institute of Minority Health and Health Disparities. And I want to point towards -- that institute is a pretty

new institute, and it has been set up in order to kind of coordinate and bring about a clear collaboration between the other institutes with respect to diseases which affect primarily minorities.

I also highlighted the National Center for -- the national center which is responsible for Translational Medicine, Translational Research/Translational Medicine. And what that is responsible for is to -- once all of this research has been done in the laboratory, what happens after that? It takes quite a bit of time from the basic research has been done before it gets to the bedside, and this institute is the one which has been established to bring about, to coordinate these activities so that this is done on a more rapid basis and the treatment and cure -- treatment for cures, which are so badly needed, can get to the population as soon as possible.

I also highlighted the Center for Scientific Review, and that I've done because all of the applications for grants to do research, which is supported by that over 27 billion dollars which I already alluded to, all of that research is done by scientific merit evaluation. Well, I wouldn't say all of it, but most of it is done through scientific merit evaluation of these grant applications so that we can determine which one of them are more merit -- which ones among them are more meritorious and which ones are more likely to bring about a cure for the diseases which affect the country.

May I have the next slide, please? And the one after that. Okay, and still the one after that. I alluded to that already. Okay. Now the review of grants is done through a system referred to as a peer review process, and the peer review process is exactly as it is. It's done by people's peers. In other words, if we were going to -- well, I don't think I really need to explain that any further. Generally speaking, what happens is that the grant actually already meets, in the mind of a particular person at a particular institution such as a university or a research institute or another research institution, and this person has this idea. You know, if I do X, Y, and Z, then maybe I will get result X, Y, and Z. And of course, this is in particular to a -- this is in reference to a particular area of science. So once this person has this idea, he or she puts it in the form of a research grant and submits it to NIH. It comes to the Center for Scientific Review, where it is distributed to the various scientific groups which are called SRGs, scientific review groups. And they're also assigned at that time to a particular institute, which would have the responsibility of funding that research if it is found to be meritorious. Okay. The scientific review group is

managed by a scientific review administrator, and this person is responsible for identifying the experts in the field and put them on to review these applications.

May I have the next slide, please? So that is a -- the scientific -- the scientific review administrator manages what we call a study section. And once the application has been reviewed in the study section, it goes on to the next stage. It is sent over to the institute, and the institute -- for what we call a second level of review. And that is done by an advisory council, which is selected from among advanced and well-respected scientists in the field. And these look at these applications from the point of view not so much for scientific merit, but for its relevance to the programs of that particular institute. Once that is done, then they recommend that the grant be funded, or they may not recommend that it be funded, and that is how the research dollars get to the institutions outside of NIH.

Next slide, please. So the mission of -- the mission of the Center for Scientific Review, which is where I work, is stated here, and it is to see that NIH grant applications receive fair, independent, expert, entire reviews free from inappropriate influences. Oh, we lost our slide. Free from inappropriate influences so NIH can fund the most promising research.

May I have the next slide, please? Oh, that's the end of it? Okay. So what I would like to do now then is to summarize, because I'd like to point out that the work of the NIH, or the function of the NIH, can be looked upon as a partnership between NIH and the rest of the -- and the community. We refer to people who work with and for NIH as the community. We hope that by this partnership, biomedical research can move forward in the most effective manner so that the health -- so that the cures and treatment -- so that the treatments and eventually cures for all of these diseases which affect all of us can eventually be achieved. So thank you very much, and I will be open to questions at the end--

MS. LEZLI BASKERVILLE: Thank you very much, Dr. Caine. To President Ballard and President Elect Armstrong, to the NBCSL executive members, and to my friend former president Lois DeBerry, to all of the NBCSL members assembled, and especially to my sister LaKimba DeSadier, who provides exemplary representation for NBCSL at the national level in Washington and with whom it is a privilege for me to work, I'm delighted to be here, and I thank you so very much for inviting me to join you.

Those of you who've been with NBCSL for some number of years know that the National Association for Equal Opportunity in Higher Education, NAFEO, which is the umbrella organization of the nation's 105 historically black colleges and universities, and now 92 predominately black institutions, has enjoyed a long, rich, and mutually supportive partnership with NBCSL. Indeed, were it not for the partnership with NBCSL, the HBCU community would certainly not be as strong as it is today. And so I come first to thank you and those on whose shoulders you stand, your predecessors in your states, for your continuous, your unfaltering, remarkable support of America's historically black colleges and universities at the state level.

The 600 African-American state elected officials have kept our institutions alive, particularly America's public historically black colleges, which as you know have been under assault in the states in particular for at least 30 years, but longer than that. But together, we have worked on pushing back against those assaults for some 30 years. Of your 50 million constituents, five million of those are historically black college alums, and we are ever so grateful for the supports that you provide in the states. I thank you.

From a personal note, I've been privileged to partner with NBCSL since -- and I was talking to Sister DeBerry at the beginning, when Clarence Mitchell the Third was president of NBCSL, we started down this road together. We joined forces to push back against the assaults on black elected officials that were rampant at the time in every state legislature around the country. The Department of Justice and the Fourth Estate, the media joined forces, and they were attacking black elected officials relentlessly. And so under his leadership, we joined forces. We pushed back in administrative bodies and legislative bodies and courts around the country. We proceeded to work together under the late Dave Richardson. And after Dave Richardson, Regis Groff, through Lois DeBerry, Representative Thomas, Mary Coleman. But throughout the years, we've worked on such things. And Representative Armstrong, you'll remember when we joined forces to push back against the restrictive formularies. We worked at that time -- the healthcare, Congress was trying to put limitations on what medicines could be made available to low-income persons, and in particular African-Americans would be adversely impacted. And so NBCSL and NAFEO joined forces, and with your leadership we pushed back against restrictive formularies.

We've also worked together over the years on preserving and enhancing the Voting Rights Act. And when then-Senator Charles Jones was chair of your Law and Justice Committee, I

was privileged to go with him to virtually every district in which we had black elected officials, working on preserving state legislative lines that would make sure that you and your predecessors and those who shared our vision and our views had districts that would enable you to continue to provide the sorely-needed voice for our members. We've done so many things together. We've come a mighty long way, but we've got a mighty long ways to go.

But I first thank you. I am so inestimably grateful for your support. And based on that history, I was especially delighted to be invited to talk briefly about what we can do together to make sure that we have more HBCUs involved in health research. I want to put in context what it is we're talking about when we talk about HBCUs. America's historically black colleges and universities are not a homogenous group. They're a richly diverse of 105 institutions that span the gamut from two-year institutions to four-year institutions, research institutions. We have four historically black college and university medical schools. We have 31 HBCU nursing schools. We have pharmacy schools, school of public health, dental schools. We have other medical field-related institutions. We have 12 institutions that work together in an alliance called the Association of Minority Public Health Schools, and these 12 institutions are the primary institutions that are responsible for producing the majority of America's black college graduates in the health professions.

In 2011 when President Obama had his State of the Union address, he said that we have to build an America that's built to last. In 2012, he said we have to have a more scientific and technological workforce. The nation cannot realize its goal of having a more scientific and technological workforce without America's black colleges. Our universities reflect just 3% of the nation's colleges and universities, but we are graduating 40% of African-Americans in health professions. And so when you talk about having an America that's built to last, it is imperative that we look at ways of strengthening HBCUs, and especially those that have medical and dental and pharmacy schools as well as public health schools so that we can build on this 40%. If 3% of the colleges and universities are graduating 40%, they are vitally important.

So where we are today is that HBCUs are graduating about 35,000 students per year. To meet the goal of having an America that's built to last, we have to go from graduating 35,000 to about 57,000 HBCUs per year. In order for HBCUs to have the most scientific and globally -- for the nation to have the most scientific and globally competitive workforce, we've got to position HBCUs to do a couple of things in the research area. We have to do more faculty-directed, non-

sponsored research. We have to do more basic research to expand knowledge and understanding of phenomena without a goal of specific applications toward processes and products. But we especially have to do more applied research to determine possible uses of the results of basic research, thereby discovering new scientific knowledge with specific commercialization objectives. And commercializing our research is a priority, and for the National Association for Equal Opportunity in Higher Ed on behalf of all of our member institutions.

HBCUs are poised to do their part in generating the expanded level of black researchers, African-American, but richly diverse researchers, but we need a couple of things. And I want to talk with you about what I think we need and what we can do in partnership. So I talked about the impact of HBCUs just in terms of the health professions: 3% of all colleges and universities graduating 40% of African-Americans in health professions. I think it's also important to talk about the fact that HBCUs, 3% of all the colleges and universities, are graduating 50% of African-American teachers because teachers, as we know, play a vitally important role both in the research, the transfer of information, and in developing the scientific workforce. So we're not only graduating 40% of African-Americans in the health professions, 50% of African-American teachers. In the sciences, technology, engineering, and mathematics, STEM, HBCUs are graduating 30%, 30-32%, based on the way you disaggregate science-engineering, of all African-Americans in those fields.

So we're fostering innovation, we're fostering new research and the like. We've got to do a couple of things differently. What we've found is that, according to the National Science Foundation, six of the top 20 predominately white institutions in America receive more funds than 79 HBCUs combined. This is important. Six of the top 20 predominately white universities receive more funds that 79% -- than 79 of the HBCUs combined. This is important because with your help, we've got to achieve a shift in the investment of public dollars. If HBCUs, 3% of the universities are graduating 40% of health professions, 50% of African-American teachers, and 32% of African-Americans in STEM, we have to work together to kind and come up with a formula that puts more emphasis on dollars in those institutions that are proportionately graduating the growing populations of the nation. And I'm told my time is running out. So that's one thing.

I've got -- I want to go then to some specific recommendations. With NBCSL, I'd like you to consider what can be done, what we can do together to do more dual degree programs. Your question looks at HBCUs partnering with major research institutions. We have some tremendous models that are working. We've got the Georgia model with Morehouse-Spelman, CAU, Clark Atlanta University, and Georgia Tech. We've got the Virginia-Nebraska model. Those models are important and they're working, but we need to look at models that keep dollars in the infrastructure of HBCUs so that they partner, but they're building their infrastructure, and ultimately they can be the lead. And so we want to consider a dual degree program with your support, legislation that will support health and scientific dual degree programs among public colleges and universities, but also private colleges and universities.

I also want to recommend that we consider ways in which we can invest a percentage of state lottery money into establishing regional centers of research, technology transfer, and commercialization, as well as globalization of research. This is a subject matter that we've been in discussion with the Small Business Administration about. They are extremely interested in establishing on or around HBCUs in your region regional technology transfer centers, global research centers, and commercialization. The commercialization of the research is a potent vehicle for establishing independent funding streams for HBCUs, and we've got to tap into that. We've got to invest in that.

I also propose that we look at, together, investing state lottery dollars or any other dollars that you may have, I know some of you don't have state lottery, into centrally-supported, robust IT networks and research online libraries. These things are ways of containing costs, allowing groupings of HBCUs to come together with historically white colleges and universities and a range of colleges and universities to access the technology that they need and the research libraries that they need.

Promise zones is another area I'd like to explore together. Promise zones, or research zones or something, that I hope we can do together using tax-increment financing. Finally, I'd like to talk with you at the appropriate time about investing state funding and providing what we call emerging research institutions in having exchanges where our researchers can have a semester at a historically white major research institution, the flagship institution in the state, and they can have one in ours. Our community are those who are the focus of most of the research today. How do we close the health disparity gaps? How do we close the environmental

and wellness gaps? We are the subject of that. We are prepared, willing, and eager to lead in those discussions, but we need investments in our infrastructure, we need regulation legislation that will allow us to do the things that we're talking about. And during question and answer period, if someone will ask me if I have other recommendations, I'll be happy to share those with you. Thank you so very much.

DR. MALAZ BOUSTANI: Good morning. Alright. I'm going to tell you a story we have done over here just two blocks away. And this story led to, at least in the past two months, 24 million dollars from your tax and our tax to invest in sharing a great story of how we improved the care, and specifically the brain care, of our Marion County patients receiving care in Wishard. And if you don't know about Wishard, Wishard serves -- at minimum, 50% of our population in Wishard is African-Americans. The majority, close to 80%, are Medicare and Medicaid. And Wishard is my research lab. And so we have done it by creating a great relationship and partnership between three institutes: one, Wishard, as representative of the healthcare system, the safety net urban healthcare system in Marion County; Regenstrief Institute, which is the research lab where we invented the first medical records system in the country in the 1970s, and we have electronic medical records in our urban safety-net hospital for now more two, three decades; and finally, the university, Indiana University.

I'm going to specifically tell you how we did that by sharing two stories. One, this IDND, and the second one is aging brain care, or ABC. IDND is the social network that we created, the channel for communication between the researcher, the administrator, the public advocate all work together in time and space, and they start solving problems together. And I strongly recommend for you to use that type of a channel of communication and knowledge exchange, and I'll give you a little bit of tips on how to do that. For more details, I'm going to stay here, have lunch with you. I'm going to try to talk and give you more and more information if you want to to take that channel, because that's, I believe, how you'll be able to bring and merge research and community need, patient need, all together so we can serve our population and our patients in particular.

We discovered around 2006, we discovered a very good model of care that actually fixed the fragmentation of care of people with dementia in particular, and depression. We published it in very big journals and I got promoted, and I was supposed to move onto another product. However, our healthcare executives over in Wishard, they said, we don't want you to

stop at the publishing paper. We want you to touch life and change life over here. So I had to make the case of this actually going to be very good. We did some economic forecasting and we shared -- we published that just a couple of months ago. If the collaborative care model that we developed and implemented in Wishard adopted by the entire Center for Medicare and Medicaid population, right away within one year, we're going to start saving to Medicare and Medicaid a significant amount of money, somewhere between four billion dollars a year all the way to 12 billion dollars by 2015.

How did we do that? How did we went from publishing a paper, and a very prestigious one, me getting promoted, to actually changing life. And that is a major problem in research discovery delivery. Most of us scientists have been incentivized to actually publish in peer-reviewed, get promoted. There's no incentive for us to take our research without, through cooperation, to actually change life. In this circumstance, there was significant incentive in the community for me because I felt if I can't do that, I won't be able to have a lab, a clinical lab to ask another question, another question. So it was very nice process.

We did it by following steps. Number one, you're not going to remember this, but remember this big word. There's a new science emerging right now. It's called implementation science, all right? It's the science of how can you take things that we develop in the lab and actually implement it and change life in a very, very quick way? The current process right now for Lilly, for example, it takes them 17 years, cost more than one billion dollars, to move a drug from a discovery lab to an FDA-approved prescription. So it's long, long process, very expensive. We were able to do that in two years. And why? We did it by implementation science. We did it by -- we felt we need to create partnership with our community. We created social network or social research network, and then we took the wall between the clinic and the lab.

So in my clinic where I care for my patients, I do research in the same time. You can't even tell if this is a research study or if this is actual clinical program. And by doing so, I'm able to actually bring over resources from two worlds in helping my patient make sure I'm doing good and discovering a new problem, a new need that I need to meet. And finally, we invested a lot in information technology. And the Regenstrief Building, the first medical records system for three decades, have created significant infrastructure for me to go after one question, another question in changing the life of our patients.

Specifically, this is one thing that looks like miraculous. All that you have to do with your community, with your partnerships -- so for example, you find minority college, your healthcare system and researcher and the community advocate, and then you all of you together come up with vision, missions, and shared value, very minimally specified. We will change dementia care and we will make sure everybody with dementia will get the right drugs, for example, or something like that. And then you negotiate and try to create a very, very diverse team, very diverse on multiple levels: age, gender, race, discipline, everything. You give them then time and space to interact, and then you allow them to actually have tension and anxiety. They can have a fight, but they can't kill each other. So that's the rule for us. And finally, you make sure you have connection with the support of leadership and give them feedback to tell them they're going north or south. And if you do this process, this is the essence of implementation science, miracle happens. That two years from the article to actually change life instead of 17 years and one billion dollars, we did it through this process.

And another process we did, it's called IDND consultancy. So what happened? That's a venue we created to interact among each other. Then we used that venue to do group-based problem solving, meaning every two months, technically in two weeks from now, one of my team members or an advocate of this social network will present a challenge to a bunch of us, around 35 of us, have ten minutes to present the challenge, and then everybody will have around a couple of minutes to give him or her a solution to that challenge. And that's about it.

So this is -- we call it group-based problem solving. And when we do that, the challenge presenter receives amazing mutation, amazing solution that they can take with them back and start experimenting with. So that's really, in a nutshell, what I want to share with you. If you want any more information or any kind of -- have any more questions, I have my card. I can give it to you. And I owe our community so much. You know, I've been very successful because of the support of my community. It's time of my -- it is, in my time right now, for me to pay back. So call me, let me know if you need anything, and hopefully we can help you replicate what we did with our safety urban hospital in your place where you serve your patients and your community. Thank you.

DR. COLEMAN OBASAJU: On behalf of Eli Lilly and Company, I want to say a very, very big thank you for allowing us in a few minutes to represent what we will see shortly, a very strong progress in the area of addressing a very critical need for the black population that is truly trying

to generate data from clinical trials that is representative of our race. So as part of my own recent title, which again illustrates the very strong commitment of Eli Lilly to the issue of diversity in clinical research, added to my role is actually the role of global leader of diversity in clinical research.

First, I really want to set the stage with my own personal journey. I came to Eli Lilly in 2001, and I was very impressed by their corporate position concerning diversity. It was music to my ears when I read about the corporate initiative on how it is that it is mandatory in what we do as a company to see it through the lens of diversity. So the mission statement is very clear. Nobody's going to argue that at the level of the mission statement, there is clearly a desire, a passion to drive a very, very strong diversity agenda.

Personalized patient care has become the boss word everywhere. One size does not fit all, and there is a critical [inaudible], desperate need for personalized patient care. When you use a language like that, it brings up a very, very big issue, and that is then where is the data? Where is your data in the minority population? Show me the data. So when I read the mission statement for Eli Lilly when I joined in 2001, I had a restlessness in me. As an oncologist, I was heavily dissatisfied. When I look across the major trials, clinical trials that have been done by Eli Lilly in the oncology space, there were close to 93% Caucasians in those trials. When I looked at the African-American representation, you will be fortunate to have 3%. So to me, something was wrong with this picture.

So I was like, Eli Lilly, say it again. Are you committed to diversity? They say, yeah. So I said, okay, the rubber has to meet the road now. So here is my idea. We are going to launch a study that will give a honest effort to recruiting blacks, Hispanics, Chinese population, as well as Caucasians so that we can find out how one of our drugs that is already approved, how does it -- how does it do in the African-American population, for example? What is the side effect, and what efficacy does it bring to the black race? And Lilly said, I am with you, boy. So I said, okay, let's go.

And we did this study. That was a big aha moment for me. It was a big eye-opener for me. It made me realize that this is a big problem indeed. Money alone cannot solve it. As we began to beat the bushes, we were learning as we're going on. We had to change and adapt some of our methodologies. It became clear that churches and places of worship may be important. It became clear that we may have to change the language of our informed consent.

So we learned to translate some things to the Hispanic language. And after, we worked very, very hard, really very, very hard, and built a lot of collaborations. Our initial goal was to have 200 blacks in that oncology study. We ended up with about 87, but honestly that is one of the best that has been seen in the oncology space in that particular study. We were fortunate that with those 87 patients or so, that we had important information concerning how -- what to expect from the drug in the black population. So that was a big aha moment.

So we have a very strong network within our company that is focused now on the issue of diversities, and one of the challenges that we brought up to people is metric. How do we measure that we are truly making progress in this area? I'm not going to try to walk you through this slide, but the issue is this, that for you to truly be saying that you are making progress, the percentage, for example, of African-Americans that are accrued or brought into the clinical trials should match the prevalence of that particular cancer in their population. So we made sure that everybody coalesced and aligned about the metric that we are going to use to truly represent whether we are making progress or not in this space. And you will see, for example, in -- let me see if I can get this to work here. In the African-American column, this is the Caucasians, if it is above the 0%, you are accruing more Caucasians than the prevalence. So look at it. We've made some progress over time with the black population.

So this is our diversity strategy, and very, very important. We boiled it down to four very important strategic initiatives. The first is not by accident, it's very important, that we have to have a comprehensive investigator training program. Some of you may not be aware that in the US, we have approximately about 10,400 oncologists in the US. The best statistics that I have says maybe it's just about 1-2% that are African-Americans, blacks. So it represents about 100 to a maximum of only 200 medical oncologists who are black in the US. Statistics show that a black investigator is more likely to be successful in recruiting black patients. So we are investing a lot of efforts to train black investigators.

You also see a quick slide that we're also investing a lot of effort in what we call diverse science. My good friend Nate mentioned it. We now have over 300 diversity sites. What this means is that in a proactive way, we are engaging sites with high populations of blacks to make sure that we have the infrastructure and the facility for them to be able to conduct clinical trials so that we increase significantly the possibility of recruiting blacks, just put in a nutshell.

The fourth is the main reason why I'm here, collaboration. It takes a village to raise a child, so we are not under the illusion that we can do it alone. We need to partner with many organizations, and you can see we are doing a lot and we intend to a lot more. The National Medical Association, National Hispanic Association, ENACT, we are partnering with other pharmaceutical companies, the government, NCI, ASCO, on and on and on. And I'm very, very glad that we have the opportunity to talk about potential collaborations even here. So that should take me to my last slide because of time.

So how can you help? Of course you can help. First, please support legislation that promotes regulatory incentives for the industry. Please, within your constituencies, be an advocate and a strong voice of encouragement for academic institutions in your constituencies so that they can have a vibrant diversity program. And then support legislation that promotes innovation.

My last point, I didn't put it on the slide, here is the reality. For every one of us sitting in this room, within your lifetime you will, you will have a family member, either close or an extended family member, that has been touched by cancer. I encourage you, I encourage you, speak up, speak up. Leverage that experience to speak up and encourage our people to be engaged in the clinical trial process. Thank you so much for listening.

DR. VIRGINIA CAINE: We will have about ten minutes for questions and answers for our panel members. Weren't they just wonderful? Any questions?

Sen. Catherine Pugh (MD): Thank you so much. I just want to say what a great panel, but I was very much interested in -- I was very much interested in your presentation and some of your suggestions as it relates to the black colleges. And Dr. Obasaju, I think that's how we pronounce your name, you almost answered the questions. But one of the things that -- and when you talked about legislation, and I was wondering at the black college level, institution level, have you looked at how you, and someone said to me, you ought to be helping us to write that legislation. I know in the state of Maryland, what we did when the governor put forth research dollars for institutions in Maryland, our black colleges were not included, and so I amended the legislation to include black colleges and institutions because they are doing some research. So I was wondering if that is part of your recommendation.

And the other concern, Dr. Obasaju, I guess that's how you pronounce it, I'm sorry, that I have is that as a member of a board of a medical hospital system, whenever I go from Taiwan to countries throughout the world, one of the things, I always walk through are the research labs and there are very few African-Americans, if you can find any. And when I walk through the University of Maryland medical system, which has a very diverse program, there are very few. And those research dollars not only represent money to those institutions, but create jobs. So I was wondering with the combination of both of you, legislation and what do we do to increase more African-Americans in that area? Because I think that you'll see more diversity in terms of looking at the various issues as it relates to healthcare.

MS. LEZLI BASKERVILLE: As relates to your amendment to include the historically black colleges in Maryland in the research dollars, I'm familiar with it. That was phenomenal and, in fact, the Maryland State Legislature has a model worth replicating around the country of the way of making sure that HBCUs are included in a way such that they can grow to become comparable to and competitive with their historically white counterparts. And I know that NBCSL has the model legislation box or slot. The legislation that you propose in your amendment should be included in that, as should a couple of the other models where the dollars were -- there's such a disparity based on return on investment, so NAFEO supports that. And we -- if it takes us drafting something to propose that that's replicated in the other states, we will. But --

Sen Pugh: [inaudible]

MS. LEZLI BASKERVILLE: It's not included, but the -- it did not get included, but the proposal and the effort to get in. And so generally what we do -- it wasn't. It was included based on the amendment. So other states, if they model after that, where -- NAFEO goes around states. We now have a new state -- vice president for state legislation to go around the states and can assist in replicating that process. The other thing that we do and that the Maryland State Legislature has been so helpful with us, is to institute and support litigation where there's absolutely no other way. And many states, we can't prevail in legislatures. So again, in Maryland, with great help and leadership and efforts to prevent litigation, their state legislature, as you know, moved us forward. We're now in court there. But those are two ways of doing it.

The other thing is that as a resource, NAFEO can help Eli Lilly and others, many of the pharmaceutical companies and others who are seeking to have a more diverse pool of participants in their scientific research and in tests come to NAFEO and we get the information

out, and in fact we've been helpful in getting some folks to realize their goals. We know the challenges, but we want people of color, and particularly African-Americans, to be tested. We want to know that when the medications go to the market, they've been tried on persons such as ourselves. So use us as a resource for that. And we work closely with AMPHS. Again, that's the umbrella organization for the American Minority Public Health Schools, but in that way we can help you to realize your goals.

DR. COLEMAN OBASAJU: That is probably a billion dollar question or more than that. I know that the four years that I spent as a board member of the Minority in Cancer Research for the American Association for Cancer Research, we were wrestling throughout with this problem, the very narrow team pipeline of blacks. We realized that if we're going to be truly successful in increasing the pool of black scientists or medical doctors who can then go on to become clinical investigators, it's got to start from probably when they are going into med school. Because that has got to be a bottoms up approach. We lamented because the wave of grants for minorities that just went wasted because there were not enough takers. The pipeline is so dry.

Clearly this is not part of my presentation. I know, for example, Eli Lilly -- I mean, they have a program, you know, that for even high schoolers to encourage them, you know, to go into science, the sciences, pharmacy, and all that. They call it like an explorer, you know, kind of program. And also there is some partnership with CLD, you know. Fantastic job, you know, trying to incorporate to the minds of our younger folks the importance of aiming to be in this kind of profession. But I'm going to actually turn it back on the legislators. Please help us.

DR. VIRGINIA CAINE: I'll just comment quickly on that one and I'll let you come to the fore. NIH actually has peer programs for high school students to do research. I think that if you could push the legislation that those peer programs for high school students doing research should be at historically black institutions, if you could add some legislation that encourages that, then you'll see that -- you'll see more of those students being recruited by historical black schools versus our white colleges and universities.

Rep. Laura Hall (AL): And so the longer I stood there, the more information you provided and the more questions I have.

DR. VIRGINIA CAINE: Could you recognize yourself just for the camera?

Rep. Hall: Oh, my name is Laura Hall, Representative from Alabama. The statement that was made relative to the incentives, supporting legislation that promotes regulatory incentives, what are you thinking in terms of the types or kinds or the list of things that you would consider?

DR. COLEMAN OBASAJU: I'm glad that you asked, but just realize that it's just one voice here. But basically, one of the incentives that people in the pharmaceutical industry have, you know, expressed is, for example, if the FDA -- I'm just giving you an example. Just like they do for pediatrics exclusivity, they could give, for example, an additional six months. If I were to conduct a study in the pediatrics population, if the regulatory agency were to say, okay, if you are able to conduct a large study in the black population and generate compelling data in the black population, maybe we can give you six months of exclusivity. So that will align incentives and, you know, be another propellant, you know, for the desire to continue to advance research in this area. It's just an example that I've had, you know, from some pharmaceutical people who are looking at this area of diversity in clinical research.

Rep. Hall: And the possibilities of taking that incentive from the state level, combining and working collectively with congressional black caucus -- because I see that just as another way of creating a round table from here to start to address that. Because until we provide the information, I taught for more than 40 years, but until we provide the information -- I was never told that there were peer programs for children in high school from NIH. That's critical, thank you.

DR. VIRGINIA CAINE: Actually, my chief of infectious diseases did that program with another African-American, well-known, famous person who was the former dean of the school of -- Charles Drew Medical School. So it's a great program. Other questions? Yes, if you could come to the microphone and recognize yourself real quick. I think we're going to have time for maybe one more question after this, and that's --

Delegate SHIRLEY NATHAN-PULLIAM (MD): Shirley Nathan-Pulliam, Delegate from Maryland. My question is to Dr. Laing. Of the 32 billion, I think that's what you said, billion dollars, is there any data that shows exactly how much of that money that goes out into the community and show grants that actually comes back to the African-American community? And how -- and the second part of my question is how can we then educate grant writers in how to write those grants so that they can be properly funded?

DR. CALBERT LAING: That's a very good question. I feel quite sure that the data ought to exist somewhere. However, I cannot tell you specifically that it does. Now with respect to getting blacks, minority institutions, more involved, I have to say that right now, there really is a concerted effort by NIH to do such a thing. I sat on a committee recently and I made some recommendations to them, and one of them is that maybe one of the things that we can do is to encourage scientists and researchers in historically black colleges and universities to form partnerships with people in majority institutions who are doing -- who have a track record for getting grant funds, who are doing research which is really recognized by the overall scientific community, and establish partnerships with them. And from that, you may be able to pull in some more of these government funds to your institutions for yourself.

One of the other things -- one of the things which I also noted is that in a number of the HBCUs, once you get in and you start and you get on faculty, you are burdened with so much teaching that you really don't have enough time to concentrate on research to the extent that you really need to. And I'm wondering if that is not something that you might want to think about. If it's possible to bring about – to see if you can get funds into those institutions by whatever means, to provide start-up money for these new faculty, for example, coming into these institutions . Because I tell you what, having had the experience myself, if you do not have the money to set up your laboratory and write that first grant application to somebody that you have the resources and the facilities to do, the likelihood is that you're not going to get it, you know? So I would say that one of the things that you might want to concentrate on is to see if there's any way that you can get into these institutions pot of money so that you can help to free up some faculty from teaching those who are interested, and focus on research so that they can be more competitive with the rest of the -- with the rest of the scientific community.

MS. LEZLI BASKERVILLE: May I answer you question about the dollars that you originally talked about the amount going into the black community. And I can't speak about the black community, but I can talk about going into HBCUs, which again, are graduating 40% of the African-Americans in the health professions. Despite this Administration's request for an increased investment in HBCUs, and despite the fact that we got increased dollars from Congress, the federal agencies cut by $148 million their investment in HBCUs. And in the scientific and health areas, $87,626,940 decreased investment in HBCUs just from the scientific agencies this year alone. And so NAFEO and the White House initiatives, I'm sorry, the

President's Board of Advisors on HBCUs came together, and we are appealing for President Obama to establish a 5% goal of investment of dollars, federal dollars, particularly in the scientific and health area for HBCUs, which is a reasonable one based on the return on investment. Again, 3% of institutions, 40% of African-Americans in the health professions. We're asking for a 5% goal. For NBCSL to join us in this request would move us ahead tremendously, and so I have charts of the dollars by federal agency I can make available to you, both for the health and scientific federal agencies, but for all of them that cumulatively put fewer, reduced dollars to HBCUs by $148 million between 2007-2011. Please join us in our appeal for 5% goal for dollars going to HBCUs for research health, scientific areas.

DR. VIRGINIA CAINE: I want to add just something to that. African-Americans --

MS. LEZLI BASKERVILLE: PBIs [predominately black institutions]as well, I'm sorry.

DR. VIRGINIA CAINE: African-Americans make up 12.2% of the United States population. Hispanics make up 16.3%. That's over 25% of the United States population. You have 18,000 reviewers who review the NIH grant. I suspect that less than 1% of those reviewers are minority reviewers. So one stipulation should be made is of the reviewers, how can someone talk about Tuskegee or any historical black colleges if they don't have any reference point or even know about them? So they can't even say they do great research, or I know that institution and they do great. You've got to change the scores.

The way the scoring is set up, the criteria for the score, it's very difficult for us to get grants. So first of all, we have to have someone duking it out in there as they're making the decision about the grants. So you want to have representation of those reviewers. And then specifically, they can specifically say, I want research generated at the historically black colleges. They did it four or five years ago with the historically black medical schools. So we need to have not only historically black colleges or historical medical schools. Because what happens is if you say, what is devoted to minority populations? There are so many academic institutions, white, that provides research for minorities, and that will never get us to having that cultural perspective and insight from us who are out in the boondocks, right, you know, in the grassroots level being able to ask our questions. So it's got to be really clear-cut. And you saw the billions of dollars. Billions of dollars? We just want the chump change. We just want the chump change and they don't want to give us the chump change. You can make it happen. Sorry.

DR. CALBERT LAING: Yeah. I would like to point out, though, that NIH recently has made an effort and is making an effort to include minorities in our more -- not just include minorities, but include more minorities because there are a sprinkling of minorities in peer review. And what --

DR. VIRGINIA CAINE: So I'm going to apologize about this. You know, when people apply for a job and apply for an academic job, you want to have minority applicants there, but if you don't even know where to get those applicants, then you should not be surprised when you continue to get the same results. So it depends on the type of linkages and partnerships in order to even identify folks. I used to be a study section chair. I haven't been a reviewer for I don't know how long. So they want to do the right thing, but they may not know how to do it. And so they need some help.

DR. CALBERT LAING: Yeah. What I can tell you though is that, and I know this because I have been a part of this process, NIH has recently established a process for what we call early career reviewers. And what we tried to do is to find people who are in the early part of their career so that they can get into the system early, you know. It doesn't make sense to wait until when people are all probably burnt out and whatever else they might be doing. You need to catch them from the very, very early stages, expose them to the system, and get them involved in what's going on in the system.

And the reason I'm saying that I've been involved in that is that I can tell you that I made quite a number of contacts because of who I am, you know? I mean, I went to a historically black college for my undergraduate work, and I taught at one for ten years after I finished. So I'm saying that I have the network. I know these people. I know who they are and where they are, and I've tried my very best to bring as many of them as I can into the system. But it really requires more than that. Once they get to the institutions, some of these people, I might add that many of them really are not coming from historically black colleges and universities. They are coming from other institutions, but these are the same people who will end up going to black, historically black colleges and universities to take up academic positions. So we want to make sure that we get them into that research grant pipeline before -- as early as possible, as early as possible. I cannot overemphasize that.

And I might say the same thing about into science overall because the more you have in science, the more you're going to have interested in scientific research. So you need to start very, very early. Programs such as Head Start, you know? I have been interested in science from

when my eyes were at my knees because I was a -- my teachers in elementary school started to throw it at us from that time. And we need to establish that kind of culture within our own organizations, you know? So we can't wait until the tree is too stiff before you try to bend it. And by bending it, I mean getting them interested in science. Yeah, after -- open it up to kids early so that they have kind of a hunger for it before you can expect that we are going to increase the population of those who are engaged in scientific research.

DR. VIRGINIA CAINE: Okay, we're -- quick, Dr. Boustani really wants to say something real fast.

DR. MALAZ BOUSTANI: Yeah, just one question. The problem is very complex. You're not going to solve it in one way. What I would recommend, you're going after NIH. There's so much -- I'm aware of a policy within NIH that will give incentive, but as you say, there is not much pool and there is not much relationship. There is not much partnership. So why are you working with the NIH? Go after CMS with the innovation grant. And that innovation grant, if you can just simply say the historically black colleges can team up with the healthcare systems that serve a significant population, team up with them, just team up with them, give them some money a little bit locally to allow the time and space for the research --

DR. VIRGINIA CAINE: He's right.

DR. MALAZ BOUSTANI: For coalition over there to give them some time. And then you don't need to be local. Then go around other research enterprises that they can know how to play the game and make them connect with these two pieces of the table. And then things will emerge.

DR. VIRGINIA CAINE: We're going to draft Dr. Boustani.

Sen. Richards: Thank you, and thank the panelists. I have one quick question, and I hope that it doesn't extend into too many minutes so we can get our break. And this is for Attorney Baskerville. Could you, in shorthand, explain to us how, as state legislators, do we utilize the tax increment financing program to assure tax set asides to fund the things that we've been speaking about this morning?

MS. LEZLI BASKERVILLE: Sure. So a tax increment program is just a way of designating areas, and it's generally areas of high distress for industry and affording them tax benefits. So what we are proposing and what we'd like to see is establishing areas on or around historically black colleges and universities and predominately black institutions as research zones or whatever you would like to call them, offering tax incentives to pharmaceutical companies and any types of

businesses to come into those areas. What happens is that the difference between the tax base before you designated them as the TIFF, correct, and after, those dollars then go directly -- can do two things. One, can go directly to the colleges and universities for their research, but now they're being used to go directly to scholarships for students who go into health and science and other things. Let's see. There's a -- Michigan, in Kalamazoo, but now they -- Michigan has nine tax incentive areas.

Sen. Richards: And Missouri has a couple.

MS. LEZLI BASKERVILLE: Missouri has them, okay.

Sen. Richards: All right, thank you.

DR. VIRGINIA CAINE: We want to thank all of our panelists, and they just did an incredible job. And if anyone has any additional questions, you can try to reach them just as they're going out.