

1 HEALTH SCIENCES AND SERVICES AUTHORITY  
2 FOR SPOKANE COUNTY

3  
4 PUBLIC COMMENT HEARING

August 17, 2011

5 Spokane, Washington  
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8 BOARD MEETING, PUBLIC COMMENT PORTION

9 Transcript of public comments following a Board meeting of the  
10 Spokane County Health Sciences and Services Authority, before  
11 Stephanie Sage, Certified Court Reporter No. 2561, at SIRTI, 665  
12 North Riverpoint Blvd., Room 432, Spokane, Washington,  
13 commencing at or about 4:45 p.m., on August 17, 2011.  
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15 BOARD MEMBERS PRESENT:

NANCY ISSERLIS, Chair  
KEVIN OLDENBERG  
PATRICIA BUTTERFIELD  
DAVE VACHON  
MICHAEL WILSON  
EARL MARTIN  
SUSAN ASHE  
JIM EMACIO  
JASON THACKSON

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21 SPEAKERS:

22 SUZANNE ALLEN  
PATRICK TENNICAN  
23 JAY INSLEE  
TONY BONANZINO  
24 STEPHEN WARREN  
SAM SELINGER

LAIRD RASMUSSEN  
RICH HADLEY  
BRIAN PITCHER  
GARY POLLACK  
KIM ZENTZ  
ANTONY CHIANG

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MS. NANCY ISSERLIS: We're going to start the public comment portion of the hearing. I'd like to keep this in the three-minute range, hopefully, that will work for you. State your name -- this is like in a courtroom. State your name and address for the record, and tell us who you're here on behalf of.

DR. SUZANNE ALLEN: Thank you for the opportunity to present to you this morning, this afternoon, I guess it is here. So, my name is Suzanne Allen, I'm a family physician and I live in Boise, Idaho. I'm the vice-president for regional affairs, University of Washington School of Medicine. So my job is to oversee the WWAMI program outside of Seattle. So I'd like to thank the board for all the work you've put into this and for your willingness to help us grow medical education here in Spokane.

The WWAMI program, as many of you probably know, is 40 years old, this is our 40th anniversary this year. Washington State University in Pullman is one of our original partners in the WWAMI program. There have been 20 Washington students who have been attending medical school in Pullman since 1971. The Spokane community has contributed significantly over the last 40 years when it comes to our clinical rotations for our third and fourth-year students, which we have really appreciated as we continue to grow

1 medical education.

2 As many of you know, in 2008 we started our first  
3 year campus here in Spokane with Washington State University  
4 again as our partner here. So since 2008, we've had three of  
5 the four years of medical school here available in Spokane,  
6 which is really an exciting thing for all of us for the WWAMI  
7 program.

8 As part of accreditation for medical education, we  
9 have to have researchers as faculty. That's part of what  
10 makes medical school what it is. As the University of  
11 Washington is part of the WWAMI program, if we don't have  
12 research faculty at all of our regional campus sites, we  
13 cannot be accredited. This is very important to us as we  
14 look at expanding and having all four years of WWAMI Spokane  
15 available in the community. We have to have research faculty  
16 available. So that is why this is so exciting for us to see  
17 this proposal, which will really help us grow that research  
18 faculty capacity.

19 I do really appreciate the flexibility that's built  
20 into the plan. As we look at hiring people who are going to  
21 help us with providing that second year, we're really looking  
22 at a pretty short time line as long as we have funding  
23 available. So we would really need to be hiring people by  
24 July of next year at the latest, who then have a year of time  
25 to plan so that students can start their second year in

1 really August of 2013.

2 It's difficult to find researchers who can bring in  
3 all the research funding that is set out in this who would be  
4 able to be here in that short of a time line. So really  
5 having that flexibility available for us will help us really  
6 meet our time line of trying to start by 2013. So we really  
7 do appreciate the flexibility that's in there.

8 My only other comment I would make was again just  
9 that we will have a year of planning. So between really July  
10 of '12 and July of '13 is when we're going to have to be  
11 planning that curriculum. So having faculty available who  
12 are actually working to produce the curriculum that they'll  
13 present the following year. And they'll be doing that  
14 together with our faculty in Seattle, but it will require  
15 people to be here working really by July of next year.

16 So again, thanks very much. We really appreciate all  
17 of the work that HSSA and the Empire Health Foundation has  
18 put into this, and we look forward to working with you guys  
19 as we move forward on this. Thanks.

20 MS. NANCY ISSERLIS: Safe travels.

21 MS. SUZANNE ALLEN: Thank you.

22 MS. NANCY ISSERLIS: Patrick Tennican? Sit there so  
23 the court reporter can -- it's easier for her.

24 MR. PATRICK TENNICAN: Patrick Tennican, founder and  
25 CEO of Hyprotek and on the faculty of University of

1 Washington, adjunct faculty at EWU and WSU WWAMI. So I'm  
2 pleased to see this combined effort moving forward, those of  
3 us who have been involved in the clinical education process  
4 and starting the internal medicine residency program, which I  
5 arrived in to be the first director in 1979 and obviously  
6 finally seeing the fruition of a lot of planning over the  
7 last several decades. And I think certainly the commitment  
8 to research is very important for the accreditation process  
9 at every medical school and every site.

10 I think probably there we can also extend out that  
11 there are people that are involved in clinical activities and  
12 are listed as clinical faculty and are actually doing very  
13 valid investigations and research. And so I think we should  
14 take note of that, that we have probably more potential for  
15 research in this community than has really been tapped into.  
16 And the idea of having some funding that would move these  
17 projects forward, I think, would be extremely helpful. And  
18 hopefully, if they're clinically motivated projects, that, in  
19 fact, it would lead to a spinoff of either companies, new  
20 employment and again also a push for getting Ph.D. graduates  
21 as well as medical school graduates involved in the research  
22 projects. So I think the kind of seed funding that we're  
23 talking about is going to be very important.

24 I notice in the one document that infectious diseases  
25 is one of the strong points of research. And obviously a lot

1 of that effort has been conducted through the College of  
2 Veterinary Medicine down in Pullman where Rick Bailey and  
3 others were key movers in that. And I think some of the  
4 efforts here, I guess I'm a little bit biased in favor of  
5 infectious disease, but I think we can springboard off some  
6 of these strengths and improve the research funding and  
7 research productivity, which comes in the form of national  
8 publications, or another area that's frequently not mentioned  
9 or put on the back burner is patenting. And if you look at  
10 the truly innovative ideas that have manufacturability, if  
11 you want, have the potential for again creating jobs.

12 So I think money put in those areas can be a double  
13 reward. We get credit for having research products that  
14 affect beneficially health care and was mentioned in the  
15 document health care associated infection, which is a huge  
16 loss of anywhere between 35 to 45 to even \$55 billion per  
17 year just in this country. So I think as far as health care  
18 outcomes, preventing problems is just as important some of  
19 the times as curing the disease itself. So I think there are  
20 a number of areas I'm pleased to see people coming together.

21 I think it's a commitment of Sacred Heart, of course,  
22 has been there for many years, hope to see more input as  
23 things progress also from Deaconess, which was one of our  
24 major teaching hospitals, along with Sacred Heart, during my  
25 tenure period as director of internal medicine.

1           So I think the combination of those areas, and  
2 clearly, we've got to mention areas in cardiovascular disease  
3 that Spokane is clearly a leader in not just this country,  
4 but in the world in the area of cardiovascular disease, in  
5 the areas of cardiology and cardiovascular surgery. And  
6 probably Dr. Selinger in his former life could comment more  
7 on that.

8           But I think we want to move in areas of strength.  
9 And another area is, of course, nephrology. And Dr. Cathy  
10 Tuttle's efforts at the Heart Institute are achieving some  
11 great research goals through population studies and  
12 preventing disease, particularly in diabetics. So I think  
13 there are a number of areas in which we can see a good use of  
14 funds, and even though they may seem to be small in  
15 comparison to what University of Washington Medical School in  
16 Seattle has, they could be very important in promoting  
17 research and improved health care in this region. Thanks  
18 very much.

19           MS. NANCY ISSERLIS: Thank you. Your timing is  
20 impeccable.

21           Representative Jay Inslee was in the building taking  
22 a tour of Innovate Washington, so we found out that he was  
23 going to be here, encouraged him to stop by and listen for a  
24 few minutes, have something to say if you have a comment to  
25 make about our wonderful program that we're embarking on

1 here. I don't know what you know about what we're doing, but  
2 it's very good for the community and the medical school  
3 that's coming to Spokane. We're collaborating. Can you  
4 believe it?

5 REPRESENTATIVE JAY INSLEE: All right. So would you  
6 like me to say pearls of wisdom?

7 MS. NANCY ISSERLIS: We're actually transcribing  
8 this. Be mindful it might be on the front page of the  
9 newspaper, so be mindful.

10 REPRESENTATIVE JAY INSLEE: So here's my comment.  
11 I'm daunted by being in the presence of people doing such  
12 great work. And the reason I say that, I've been on the cusp  
13 of a lot of issues in congress trying to build a new  
14 industrial revolution around biotechnology and the like. And  
15 what is exciting to me is to see multiple centers in our  
16 state.

17 I live on Bainbridge Island, where once in a while I  
18 see a guy whose grandfather was Charles Lindbergh. And this  
19 was a guy who was essentially totally disabled as a result of  
20 rheumatoid arthritis. But because of his neighbors at  
21 Immunex, they developed a product called Enbrel that  
22 basically allowed him to get out of bed and walk, and now  
23 he's a fully functional artist, and just recreated his  
24 grandfather's flight across the Atlantic, by the way. My  
25 neighbors did that for him, he's my neighbor. Other ones of

1 my neighbors I ride a ferryboat with, they go in and create  
2 these great products. And also create great industries. And  
3 I think we're on the cusp of that, and the medical school is  
4 part of that, obviously.

5 I just want to tell you that I'm here to say hello,  
6 and would love to know your advice on how I can help you grow  
7 these new industrial centers in our state because I'm bullish  
8 on the opportunity to do this, both because our innovation  
9 culture in general and because of our great institutions,  
10 another one of which we're building here in Spokane. So if  
11 any of you have ideas on how I can help this effort, I just  
12 hope you let me know because it's a great mission statement.  
13 Thanks for a chance to say hello. I'm happy to stay for  
14 questions. Do you want me to dialog here?

15 MS. NANCY ISSERLIS: We're actually in the middle of  
16 our public comment, so we segued you in. Thank you for  
17 stopping by. We appreciate it.

18 All right. Tony Bonanzino, you're up.

19 MR. TONY BONANZINO: Thank you. Thanks for the  
20 opportunity to have a public voice in all of this. I'll be  
21 succinct in view of the time. I also will leave the document  
22 with you, if that's okay. This really is just a letter of  
23 support. We are supporting the Spokane Health Science and  
24 Service Authority's proposed strategic investment plan, and  
25 we're supporting it fully.

1           For those of you not familiar with our organization,  
2 the Institute For Systems Medicine develops research  
3 infrastructure for biomedical research. With the support  
4 already given by HSSA, we have been able over the past two  
5 years to develop a clinical data repository that supports new  
6 research efforts at Washington State University as well as  
7 established researchers at Providence Medical Research  
8 Center, and we are developing a biospecimen repository  
9 supporting currently four projects that involve three primary  
10 investigators.

11           Your goals of growing, recruiting high level  
12 researchers, supporting biotechnology growth and establishing  
13 Spokane as a national leader in health care delivery are  
14 extremely important to economic development of the entire  
15 region. Support of the biomedical research sector is also a  
16 critical economic component of the overall expansion of  
17 academic health sciences in Spokane. Key to the support of  
18 research and primary investigators, and an important  
19 recruiting aspect, is the existence of research  
20 infrastructure like that developed by the ISM. So again, the  
21 Institute For Systems Medicine supports your strategic  
22 investment plan.

23           We also encourage you to include the ISM in this plan  
24 so that the necessary research infrastructure will be in  
25 place in the future to support the efforts you're using to

1 recruit the necessary researchers to the region.

2 Thank you for the opportunity to have a voice.

3 MS. NANCY ISSERLIS: Thank you very much.

4 Dr. Warren. These are in no particular order, other  
5 than I think that's how you signed in.

6 DR. STEPHEN WARREN: Hello, I'm Stephen Warren. And  
7 I have been an interested party in ISM and HSSA for quite  
8 some time. I have a few comments on the document. I think  
9 the goals that have been elucidated are great, but my  
10 comments take the form of a little bit of criticism. I think  
11 the statements relating to the ROI for goals one and three  
12 are kind of weak. I think it would be enhanced if those  
13 statements included generation of jobs and the sort of return  
14 on investment in terms of grants that those goals generate,  
15 also. Research is done by people, not machines, and so  
16 presumably if the HSSA provides money for researchers, they  
17 should be hiring people. So I think it would be good to  
18 document that.

19 The other concern I have is on page five, item B,  
20 where it's talking about again recruiting faculty that don't  
21 have a track record. I think it would be valuable and  
22 important to include other universities besides WSU in the  
23 recruitment of faculty with research potential. So limiting  
24 it as it does in the first section of B to WSU, I think, is a  
25 disservice to the community.

1           The other aspect that personally I have as a question  
2 relates to the medical school in general, and indirectly then  
3 to the way in which the funds are appropriated in terms of  
4 the percentages. So the state has an interest in medical  
5 schools, that's why we have University of Washington,  
6 presumably the state has an interest in two medical schools,  
7 and that's why they're pursuing this second medical school.  
8 And so the state-funded institutions have that mandate to  
9 provide that value to the state.

10           So my question centers around, I don't understand  
11 then why the citizens of Spokane County should be paying a  
12 double tax to generate this additional medical school. So if  
13 we're paying our taxes to the state and the state is funding  
14 this, then why should HSSA also be taking our tax money and  
15 funding it. So I'd love to hear the explanation for that  
16 because my perspective may be very limited. But given that  
17 point of view, it would seem to me more appropriate to put  
18 more resources into goal two. Thank you.

19           MS. NANCY ISSERLIS: Thank you. Because nobody  
20 wanted another law school here. That's why -- right? Dr.  
21 Selinger.

22           DR. SAM SELINGER: My name is Sam Selinger, I'm a  
23 retired cardiovascular physician, and I speak here as more a  
24 community member than a physician, as someone whose family  
25 has received medical care on both sides of the state, and

1 also in my interests in providing care to everybody. I'm in  
2 total support of this document, and I think it's particularly  
3 good. And I need to indicate that I do serve on the board of  
4 Empire Health Foundation, but I'm not speaking from that  
5 role. I think it's good that in Spokane major institutions  
6 collaborate together and do this sort of collaborative work.  
7 I think this is a great document.

8 I would just ask a couple of perhaps expansions under  
9 this to make certain things explicit under the strategic goal  
10 one in terms of investing in human capital and health  
11 science, that there be elements here explicitly in terms of  
12 reaching out and collaborating with the current medical  
13 infrastructure, and also perhaps presentation to the  
14 community here, that it not just be things that happen in  
15 academia. I've been in academia and there are nice lectures  
16 in academia, but it's nice to get that out into the  
17 community, and certainly into the medical community that  
18 pre-existed before all of this.

19 Under strategic goal two, to fund innovative research  
20 to expedite commercialization and spur job growth, the  
21 funding of the strategic goal is intended to, I would ask  
22 that we include that one of the explicit things here would be  
23 access by people in the Spokane area and the Inland Northwest  
24 or whatever to be able to obtain the most innovative care  
25 possible. I think by having that research, having it local

1 certainly where things are done. I did a lot of training in  
2 the Boston area where things are done and where things are  
3 innovative. People can access that. So I think that ought  
4 to be a major goal that the people of Spokane can have that  
5 here and not have to travel elsewhere.

6 That said, I think these are minor additions, and I  
7 very highly support what you've done. Congratulations.

8 MS. NANCY ISSERLIS: Thank you. Laird Rasmussen? I  
9 thought maybe you snuck out. I didn't see you.

10 MR. LAIRD RASMUSSEN: You mean my sign-in sheet that  
11 I sign?

12 MS. NANCY ISSERLIS: No, I saw you on there.

13 MR. LAIRD RASMUSSEN: Thanks. My name is Laird  
14 Rasmussen, I work at CHAS. And I'm a graduate of HPA  
15 program, so when I came here at the last meeting I was  
16 interested to see how the use of public funds might be used  
17 to spur job development through bioscience development. And  
18 so I just want to comment that as someone who has been and  
19 knows WWAMI students and has worked here at the institution  
20 with great researchers, it's exciting to know that these  
21 possibilities exist for the community.

22 I'm anxious to see in terms of communications about  
23 any other model research communities that have received this  
24 level of investment and provided a return to the communities  
25 in terms of job creation and the level of outcomes and the

1 goals that were stated broadly within the document. I think  
2 that would be helpful to the broader community to really  
3 champion around this cause and this proposal that's being  
4 considered, so it would be a wise return on investment for  
5 the community at large and that they can feel they can get  
6 behind it and be glad for the use of their funds for this.  
7 And that's all.

8 MS. NANCY ISSERLIS: Thank you. Rich Hadley?

9 MR. RICH HADLEY: Good afternoon, everyone. Everyone  
10 is so quiet. I'm Rich Hadley, I'm the CEO of Greater Spokane  
11 Incorporated, and I think most of you know we're the regional  
12 chamber development organization, so we're the state  
13 designated, county designated EDO, which is the designation  
14 for the economic development organization for Spokane County.  
15 And I can't help but think that, recall something. 1993, I  
16 came here in 1993, and at the Riverpoint campus, which really  
17 wasn't so much called that at that time, '93 was the year  
18 this building was dedicated. Interesting. And the only  
19 thing in the neighborhood was the classroom building across  
20 the street. So I think it's been, as I say, a long -- I'm a  
21 Beatles fan, so Abbey Road, the long and winding road that  
22 leads to your door has led to this.

23 And I think what's real interesting is the amazing  
24 alignment of vision and resources that is evidenced in what  
25 you're doing, but more broadly than that, what we're all

1 doing as a community to advance the Academic Health Science  
2 Center, bringing the universities together, the health  
3 community together and the research infrastructure together  
4 to make this a better, stronger, more job-oriented and  
5 research-oriented community, which will then increase median  
6 incomes, as we have a goal towards becoming the regional  
7 medical center that is also a regional medical education  
8 center, along with nursing, pharmacy, dental and public  
9 health. It's impressive.

10 But the path, I think, is instructive, too, which  
11 is -- remember, Suzanne Allen was here a little while ago.  
12 Her predecessor was Dr. John Koontz, many of you know him,  
13 wonderful gentleman, who told me at one point we would never  
14 have a medical school in Spokane. I won't go into that, but  
15 John, but actually it was John that worked with us, the  
16 business community, to get us in the door and start the first  
17 year WWAMI program at Riverpoint.

18 And that was, that decision was in 2003, first  
19 students came in 2007, in 2009, after they graduated and went  
20 right back to UW, talked to the president, Mike, you were in  
21 the meeting, the president and the dean of the medical  
22 school, and said that's really nice, but we need all four  
23 years. Did a feasibility study in '09, did the business plan  
24 in '10, got the funding in '11 for the building, which we'll  
25 get the rest in '12. And while that was going on, we had a

1 nursing facility, a wonderful college of nursing built. We  
2 have the biomedical building built, we have an academic  
3 center built.

4 During that same period of time, the community, with  
5 a lot of leadership by Avista, quite frankly, went to the  
6 Legislature and got a funding mechanism and structure called  
7 HSSA at that time to support the Institute For Systems  
8 Medicine and Project Access. That's what we all went for.  
9 So that happened.

10 And WSU hired Elson Floyd, and Elson Floyd came to  
11 the community and sort of with us set the vision for WSU,  
12 which was to be the health science campus for Washington  
13 State community. That was a big decision going forward.

14 So all of those things add up, and let's throw in one  
15 more. Community Health Systems bought Empire Health and  
16 created a restart of a foundation that has created resources  
17 that are in this sector that are unprecedented for what we've  
18 seen in the community before. So I think it's, I like to  
19 always start with the context, you are not making a decision  
20 in isolation. There's so much going on around you that is so  
21 complementary to what you're doing.

22 So I hope you're encouraged by that, and it's one of  
23 the reasons we're supportive of what you're doing is because  
24 it's nicely aligned. Everything is really well aligned. And  
25 I think your consultants mentioned that, the collaboration

1 and the alignment is impressive, but it's also essential.

2 So strategy one, we're in knee deep on strategy one  
3 and have been, and I think that around strategy one I would  
4 say that the allocation of resources the way you've  
5 identified them generally speaking, and I think we say  
6 throughout our note to you that I handed out, that  
7 approaching this with flexibility makes a whole lot of sense.

8 But strategy one is really how health care, higher ed  
9 and research link together. And while the central focus for  
10 many of us has been medical education and new medical school,  
11 the only way strategy one and three work out is by the  
12 interprofessional relationship of the way we do this with  
13 nursing, medicine, dental, pharmacy, public health and maybe  
14 some things I'm not thinking of, and then research activity.

15 And on strategy one, you have a lot of friends. We  
16 have Academic Health Science Center steering committee, it's  
17 cochaired by Elson Floyd and Scott Morris, and some of you  
18 are on it. And that steering committee is looking at the  
19 academics, academic curriculum role outside for the second  
20 year, looking at the research side that has been alongside  
21 sort of Empire Health, HSSA and the Berk study. Health care  
22 partners to look at GME and undergraduate medical education  
23 and graduate medical education. And then to look at  
24 communication, economic development and fundraising, all of  
25 those are important. And the fundraising is pretty

1 important, because the business community at large is about  
2 one-third of the investment side of strategy one, the way  
3 it's conceived. So we're there.

4 In support of strategy two we're actually mentioned  
5 in it. And obviously we support strategy two because this  
6 community needs all the tools we can get to be able to  
7 recruit companies to this region, whether they're aerospace,  
8 manufacturing, health sciences, biomedical research,  
9 information technologies, digital technology and energy  
10 products and services. That's the suite that we look at.  
11 And so matching funds for competitive grants, SPRR's, STTR's,  
12 are great, and that is part of how we can help. The way you  
13 conceive it is fine. The county, the cities, plural, and us  
14 are the ones that would help communicate that market, deepen  
15 it into those sectors with the help of people in this room  
16 who have relationships. So that makes a whole lot of sense.

17 The third strategy is around the research capability  
18 as a health care delivery area, health care research area,  
19 interprofessional area. And we agree with that, we agree  
20 with the allocation that the way you designed that. And in  
21 that area as well, I think we can play a supportive role in  
22 it because I think there's a lot of similarities in strategy  
23 three with strategy two in terms of getting the word out,  
24 marketing, building support around the nation and in the  
25 public and private sector. So I think that's important.

1           So I'd just say in conclusion the long and winding  
2 road leads to research and jobs and economic output. And the  
3 Tripp Umbach Plan has some of the information in it relative  
4 to the growth of research activity from current to 70  
5 million, which is the goal in that plan. Also indicates the  
6 kind of jobs that would be created and the economic output  
7 from those jobs. So that information is there.

8           As an economic development person, I would say one  
9 last thing. You always want to go to a community, somebody  
10 like me, that has a research university, right? Because  
11 research universities drive economic activity. So I came  
12 here in 1993 and we didn't have a research university. We  
13 had a lot, we had research going on in the private sector in  
14 the health care sector. And it wasn't too practical that WSU  
15 or UW were going to move to Spokane.

16           But I think what you can say is we're starting to put  
17 it together. We're piecing it together and we've done it as  
18 this campus has begun to fill out and as the relationships  
19 between this campus, the academic side and the research side  
20 have connected with industry and the community. And that's a  
21 good thing. And that's where we're headed. And if we stay  
22 together and stay aligned and make good use of our resources,  
23 in 2030, which we say the economic impact would be \$1.6  
24 billion, those of you who will still be here, let's hope it  
25 will be because this is the right thing to do. So

1 congratulations on the work you're doing.

2 MS. NANCY ISSERLIS: Thank you very much. I have  
3 somebody that signed in twice on a piece of paper. I was  
4 going to take Brian next. Just want to make sure I didn't  
5 miss anybody.

6 MR. BRIAN PITCHER: I appreciate the opportunity to  
7 share thoughts and perspective on what I see as a really very  
8 bold strategic research investment strategy, one that does  
9 directly meet some gaps in terms of approaches to build the  
10 research infrastructure and the economic development of this  
11 community.

12 You know, I believe that the three goals identified  
13 are all very appropriate. I would emphasize that I see them  
14 as being very interrelated with one another. They are not  
15 three separate goals, but they're three goals that directly  
16 build on one another. Invest in human capital, to invest in  
17 clinic, in basic clinical translational work, to invest in  
18 the infrastructure that supports it, to invest in the  
19 relationships with the business communities so it spins into  
20 research and to jobs.

21 I'd like to comment specifically about number three,  
22 because I think sometimes it's a little less understood. And  
23 specifically I would like to refer to the Tripp Umbach  
24 Business Plan for the Academic Health Sciences Center, which  
25 was concurrently developed and it's only been completed just

1 a few weeks ago. It references on page 29, it says that the  
2 applied clinical cluster in eastern central Washington must  
3 be engaged to bring better and more applied research results  
4 and commercial enterprise formation. Biomedical economic  
5 development will benefit from the future Academic Health  
6 Science Riverpoint by creating research to clinician  
7 relationships and commercial biomedical development from  
8 applied research, serving to link the scientific research of  
9 the campus to clinical commercialization assets in eastern  
10 and central Washington. With this said, the Academic Health  
11 Science Center's position would be the hub of applied  
12 translational research that would work to progressively  
13 integrate eastern and central Washington's existing basic  
14 research project and the programs that are focused on  
15 creating specific applications in clinical care, diagnostics  
16 and commercial biomedical spinoffs.

17 They argue in there in their report that to achieve  
18 the goal of \$70 million external research really requires a  
19 significant competitive work in clinical and translational  
20 research. That is a great opportunity, along with  
21 biomedical. So as expressed earlier by others that  
22 relationship with the clinical community, the partnerships of  
23 academia and the clinicians are very important. I think that  
24 this plan creates a blueprint to help that to happen.

25 You know, I guess in summary would be if our goal is

1 to really build evidence based nursing and medicine and  
2 pharmacy, this goal is really very important, this health  
3 care research. And it -- I think the facts are, you know,  
4 that most health care visits, there's a very significant  
5 behavioral component, it's not just bio. It's behavioral.  
6 And so we need to look at all of these factors in our health  
7 service research. And we have significant capability here in  
8 the region to be very good at that. For example, the Dr.  
9 John Rawls Research Program on the program of excellence in  
10 rural mental health and substance abuse treatment received \$5  
11 million of funding from Life Sciences Discovery Fund. It's  
12 making a significant difference in our region, in this area,  
13 learning how to use the resources, the knowledge and  
14 translating into making a difference for jobs, making a  
15 difference for our economy. I think this plan is very bold,  
16 it fits an exact need, it's -- all of the goals are very  
17 complementary to one another, and certainly very  
18 complementary to the direction the community, not only the  
19 clinical practice community, but the universities, and I  
20 speak universities as plural in that there are moving and I  
21 recommend your support for this plan.

22 MS. NANCY ISSERLIS: Gary Pollack?

23 MR. GARY POLLACK: Well, good afternoon, approaching  
24 good evening. My name is Gary Pollack, relatively new dean  
25 of pharmacy, brand-new vice provost for Health Sciences. I'm

1 happy to report myself as a resident of Spokane, although I  
2 commute a few times a week to Pullman currently. And I've  
3 been asked by Washington State University to make a few very  
4 brief comments regarding this plan. And I'll start with the  
5 obvious.

6 The changes that have occurred in legislative public  
7 support for higher education in this country for those of us  
8 who have spent our careers in the academy would not have been  
9 predicted fifteen or ten or even five years ago. And if we  
10 are going to be successful as an academy, we have to look at  
11 developing programs with much different models than have been  
12 used previously. And this represents just a wonderful plan  
13 for not only leveraging dollars for investment, but for  
14 leveraging existing and future human capital. This aligns  
15 perfectly with the aspirations of Washington State  
16 University.

17 I was recruited here after spending 28 years at the  
18 University of North Carolina at Chapel Hill specifically to  
19 build a world class research and graduate education program  
20 in pharmaceutical and clinical translational sciences around  
21 pharmacotherapy. I now have the opportunity to expand my  
22 role a little bit to health sciences more generally. And I  
23 personally appreciate the efforts of this board and the  
24 community and everyone who's been involved in developing this  
25 to this point.

1           The few very general comments that the university  
2 would like me to make regarding implementation of the plan  
3 really are related to strategic goal one. And most of those  
4 speak to flexibility. That word has come up several times  
5 already this afternoon. Perhaps the plan as it's being  
6 thought out by the board and its partners is intended to be a  
7 little more flexible than perhaps came across in the  
8 document, at least to my colleagues at Washington State  
9 University.

10           So I would like to just emphasize the absolute need  
11 for flexibility in approaching partnering in the investment  
12 in recruiting new human capital to Spokane. It's a very  
13 unpredictable environment right now. The drivers for work  
14 force movement in the academy across the country are  
15 unpredictable. And we need to be very flexible and willing  
16 to change strategy relatively quickly.

17           The expectation that tenure track faculty would be 75  
18 percent committed to research, I would suggest, is  
19 unrealistic at this point in time for a new and growing  
20 health sciences campus. I'll go beyond that with my hat as  
21 dean of pharmacy on. I would not want to have a faculty  
22 member, tenure track faculty member 75 percent or more  
23 committed to research.

24           We value the integration of research, education and  
25 service. We believe that faculty's activities in education

1 and in service leverage their capabilities in research. And  
2 we need to have faculty who are involved, intimately involved  
3 in all three of the traditional mission areas for the  
4 academy. And so going into this building of faculty with the  
5 idea that we'll bring in faculty who are 75 percent committed  
6 to research from the outset probably will not work in terms  
7 of building a new health sciences campus. So I'd like to  
8 stress that.

9           The plan for investing in new faculty over a ten-year  
10 period, investing in individual faculty over a ten-year  
11 period, the university would maintain is perhaps not the best  
12 strategy in terms of leveraging the maximum impact from the  
13 dollars that are invested. We would recommend in general a  
14 more industry standard two to three years of startup. And in  
15 that way perhaps spread the dollars out to impact more  
16 faculty hires rather than fewer.

17           My own personal experience in the health sciences is  
18 that prolonged startup packages in the five to ten-year range  
19 can actually be a disincentive to faculty bringing in  
20 extramural funding. So we would urge caution with that  
21 particular strategy. As Suzanne Allen indicated, we're going  
22 to have to invest some money up front in salary dollars as  
23 opposed to just startup packages for new faculty for medical  
24 education. And this is just a reminder that this has to be a  
25 very, very staged approach.

1           We believe that the plan may actually overestimate  
2 our ability to recruit highly-funded faculty to Spokane from  
3 the outset. The investment in trying to bring faculty who  
4 hold two investigator initiated RO1 grants that would be  
5 transferable to Spokane, I think, is admirable, and certainly  
6 whenever you can find those people you want to snap them up.  
7 But the number of faculty nationwide who are funded at that  
8 level is small. The number who are willing to move is  
9 smaller. And the number who would be a good fit for this  
10 health sciences campus at this stage in its development would  
11 be smaller still.

12           Perhaps more importantly, we do not have the research  
13 infrastructure at this point in time that highly-funded  
14 faculty are used to in other campuses. And so if we're going  
15 to have a goal of half of the faculty recruits that we need  
16 to develop this health sciences campus holding transferable  
17 money in the range of \$1.5 million, I personally believe  
18 that's an unattainable goal. And again, would recommend some  
19 flexibility in terms of how we approach the recruitment and  
20 development of new talent.

21           And finally, although the plan is written from the  
22 standpoint of investing in individual faculty, individual new  
23 faculty, in fact, these investments are in the university  
24 itself. And so it's just a reminder that the university is  
25 the accountable entity for ensuring that dollars that are

1 invested in research are expended in the appropriate  
2 strategic and wise manner, whether those dollars are  
3 burdened, I think in the plan's terminology, with F & A taxes  
4 or not. We understand quite well that the intent of HSSA's  
5 investment is not to pay for F & A types of expenditures.  
6 And we're completely in agreement with that. Nevertheless,  
7 the university needs to be involved in overseeing those  
8 expenditures.

9 So, you know, at the end of all of this, the  
10 university's priorities and aspirations align perfectly with  
11 those of HSSA and EHF. We are anxious to partner with you.  
12 I am personally very optimistic about the potential here. In  
13 fact, to the extent that I think a \$70 million funding target  
14 by 2030 is too low. I think a hundred million is extremely  
15 realistic. And you know, as part of the leadership of health  
16 sciences in Spokane, that's the target that I would be  
17 looking for.

18 So once again, thank you for all of your hard work,  
19 for your great thinking on this, and for allowing me to make  
20 a few comments on behalf of the university.

21 MS. NANCY ISSERLIS: Thank you.

22 MR. MICHAEL WILSON: Nancy, may I ask a question?

23 MS. NANCY ISSERLIS: He just asked if he could ask a  
24 question, and I told him no. How about if we hold it to the  
25 end, I want to make sure everybody has a chance to speak and

1 then if we have time for questions --

2 MR. MICHAEL WILSON: Great.

3 MS. NANCY ISSERLIS: The last person I have on the  
4 speaker's list -- and if you signed in and you want to talk  
5 and I missed your name, please let me know -- is Kim Zentz.

6 MS. KIM ZENTZ: Thank you very much. I signed in  
7 alphabetically, so if there is anybody else who wants to  
8 speak before Z, please do say so.

9 I'm Kim Zentz, I'm with Innovate Washington, and I am  
10 delighted to have the opportunity to comment on the plan. It  
11 is one that we are expressing full support for. It's well  
12 thought out, it's concise and it's well articulated.  
13 Especially we're impressed with the emphasis throughout the  
14 plan on the translational aspects of the research, and the  
15 outcomes that lead to prosperity in the region associated  
16 with that.

17 I see it, and Rich mentioned this point also, I see  
18 it as analogous to a health sciences Momentum effort. And  
19 what I mean by that is the Momentum effort in Spokane in the  
20 late Eighties or throughout the Eighties led to the  
21 development of this campus. And I believe in my heart of  
22 hearts it was successful because it had the elements of  
23 catalytic private investment, coupled with public assets and  
24 public investment to achieve greater outcomes for all of  
25 those sectors. So good plan. The investment in human

1 capital in research angled toward job growth and national  
2 leadership in health delivery, I think, is right square where  
3 it needs to be.

4 My additional comments will range between  
5 generalities and very, very specific things that I noticed in  
6 the plan that I wanted to bring to your attention. So  
7 starting first with goal number one on human capital, the  
8 comment I have is on the ROI goal, it was just mentioned that  
9 \$70 million might be too low. My thought is 70 million is  
10 too slow if we're really not going to measure, we're going to  
11 say well, any time close to 2030, 70 million would make us be  
12 successful. So my recommendation is that you develop an ROI  
13 goal that is in the ten year from now time frame, instead of  
14 just holding that 70 million by 2030. So by 2020, you should  
15 establish a goal that would define success for your plan that  
16 is somewhere between zero and 70 million. And I'm not  
17 capable of doing that myself, so good luck with that.

18 For goal number two, research towards job growth,  
19 that one really gets me excited. In our role as Innovate  
20 Washington, we are all about leverage, the type of leverage  
21 that you're focused on squarely in this plan, we stand ready,  
22 willing and able to be your partner, even with the statewide  
23 focus. The communities that will best be able to help will  
24 be those that have come together like you are in this plan  
25 and put dollars on the table for additional leverage. So I'm

1 delighted to be a resident in a community who is taking that  
2 approach.

3           Then my more specific comments there on page five  
4 under rationale, it just struck me as a very big red light  
5 that you need to add a word to your very first sentence, so  
6 support for commercialization and innovation is critical to  
7 grow, attract and retain companies, not just to attract and  
8 retain companies. So that emphasis on commercialization and  
9 innovation is necessary for companies to grow as well as  
10 simply be attracted and retained.

11           Then on the ROI goal-setting process, the process  
12 looks good, but I'd caution you on, if I've understood that  
13 statement properly, I caution you on the 351 jobs by 2017.  
14 The basis in the Tripp Umbach report was all of eastern  
15 Washington, and your basis, as I understand it, is just  
16 Spokane County. So I think it will be challenging to get 351  
17 jobs tabulated in your time frame specifically in your county  
18 or city of focus. Also, for the dollars invested and even at  
19 matched levels, I think it's going to be challenging to  
20 achieve 351 jobs by 2017, in about five years. So that's a  
21 lot of jobs to accomplish with that level of investment, is  
22 my caution there.

23           On the third goal, I think, as others have stated,  
24 this is perhaps the most compelling, because innovation is  
25 the same as differentiation. And in this rapidly changing

1 global economic climate, that's what we'll need to get the  
2 lift and to be globally competitive as a community of our  
3 size and frankly a research community of our size, even when  
4 you take the whole of the research university into account,  
5 which we don't really get to because they're not really in  
6 your county of focus.

7 But at any rate, my point is that this one will be  
8 the strategic advantage for this region because it is what  
9 will differentiate us from all other similarly positioned  
10 initiatives that try to bring health sciences together with  
11 economic development. And so again, in this changing global  
12 economic climate, that differentiation, I would submit to  
13 you, is vital. Thus the focus on the ROI goal for outcomes  
14 is good. It's well placed.

15 And they need to not just be tangible as you've  
16 already stated, but I'd say they need to be scalable. And  
17 scalable on a very large level such that they can be  
18 exportable. So a success in goal three that simply made our  
19 Washington State health care system realize those outcomes, I  
20 would say, is not a full success because if those outcomes  
21 are good for Washington, they're good for the nation, they're  
22 good for North America and they're good for the planet. So  
23 that's the one that I think could be stated more  
24 aspirationally. So scale and exportable.

25 So my final comment is that advice to our community

1 similar to advise we give our startup companies, be sure that  
2 as we pursue the new and compelling goals in this plan, that  
3 we not lose focus on the things that we've invested in in the  
4 past. And by that I'm referring to the research  
5 infrastructure and tools that have been invested in by HSSA  
6 and have been implemented by the Institute for Systems  
7 Medicine. I wouldn't want to see them left behind. I think  
8 we still have some nurturing to do to make sure that the  
9 research community that you're targeting is supported also by  
10 those important research tools and infrastructure. Thank  
11 you.

12 MS. NANCY ISSERLIS: Thank you. I have at least two  
13 board members who wanted to ask questions. Are they still  
14 burning?

15 MR. EARL MARTIN: No, he got to mine in the comments.  
16 Thank you.

17 MS. NANCY ISSERLIS: All right. Mike, do you have a  
18 question?

19 MR. MICHAEL WILSON: Just one question to clarify,  
20 Gary. You indicated that 75 percent research focus is very  
21 possibly too high, but you didn't indicate what you thought  
22 was a more supportable percentage. Do you have any  
23 recommendation on that?

24 MR. GARY POLLACK: Well, in my experience, a target  
25 for a, what you would define as a research active faculty

1 member would probably be in the range of 55 to 65 percent.  
2 With maybe two-thirds, so 65 or 67 percent being approaching  
3 the upper limit of what would be healthy faculty-wide.  
4 Recognizing that you will have some outliers. But as you get  
5 designated faculty who are 75, 80 percent or more committed  
6 to research, you begin to create a two-tiered faculty system,  
7 which many health sciences centers have found to be very  
8 unhealthy, from a cultural standpoint.

9 MR. MICHAEL WILSON: Thank you.

10 MS. NANCY ISSERLIS: I have one short question. But  
11 I forgot to read something into the record, which I need to  
12 do. So let me do this real quick and then we'll take your  
13 question.

14 I received a letter dated today from City of Spokane  
15 addressed to me as board chair. Dear Nancy, I am writing to  
16 express my support for the new partnership expressed in the  
17 Health Sciences Service Authority and Empire Health  
18 Foundation sciences research strategic investment plan. It  
19 was most timely and creative. The joint investment of \$12.5  
20 million by these two organizations used to leverage  
21 additional funds from both the private and, public and  
22 private sectors is visionary. This collaboration builds on  
23 additional community strengths and partnerships all moving in  
24 the same direction to fully realize the creation of a  
25 four-year medical school in Spokane and the research

1 opportunity associated with that new facility.

2 Spokane is in the process of reinventing itself. Our  
3 success has the potential to transform our community and to  
4 serve the region, the state and beyond, in new and  
5 significant ways. This collaboration you are embarking on  
6 creates further foundation for this effort. Thank you and  
7 congratulations. Sincerely, Mary B. Verner, Mayor. So that  
8 letter will be made part of our official record here today.

9 So I'm going to give Antony Chiang the last word in  
10 question, and I believe it's addressed to Gary.

11 MR. ANTHONY CHIANG: So very similar follow-up  
12 question to Mike's, which is both you and Suzanne as two both  
13 sponsoring and hosting for WWAMI Spokane reiterated several  
14 times about wanting flexibility or recommending flexibility  
15 on the criteria for the target one and a half to two RO1's  
16 for 50 percent initial faculty for WWAMI Spokane for the  
17 second year. Follow up very similar question to Mike's,  
18 which is if you don't feel that's a realistic target, what  
19 would you, and unfortunately, Suzanne had to catch her  
20 flight, but what would you recommend either the criteria be  
21 or would there be a phase-in? What would your recommendation  
22 be?

23 MR. GARY POLLACK: Well, I think the university's  
24 recommendation -- I'll pitch it that way, although I agree  
25 with it entirely, but I want to make it clear this isn't just

1 my opinion -- is that we go with the best available athlete  
2 strategy around desired areas of focus or excellence that we  
3 identify as key definitions of what this health sciences  
4 campus will look like. So one strategy that a lot of  
5 academic units will often take is they'll grab anyone who  
6 might be available to fit in to teach a particular set of  
7 courses or do something else, and I and the university would  
8 not advocate that particular strategy, that hires have to be  
9 very strategic around growing critical mass in a limited  
10 number of potential areas of excellence for which the campus  
11 could be known.

12           Beyond that, from my perspective, the best strategy  
13 is to identify the strongest faculty candidates that you can,  
14 whether they're bringing research funding with them, or  
15 clearly have the potential to be successful in generating  
16 research funds shortly after they're brought on board. The  
17 latter is probably the more realistic strategy given the  
18 point in the life cycle of the campus that we're in right  
19 now. And again, that's primarily from the standpoint of not  
20 having a campus level research infrastructure that would  
21 support many faculty who would bring in excess of one  
22 federally funded grant with them. That would be a stretch in  
23 my opinion.

24           MS. NANCY ISSERLIS: With that, I'm going to close  
25 the public comment period. I want to thank everybody for

1 coming today. Thank you for the accolades as well as the  
2 criticisms and concerns. Our board will be meeting first  
3 week of September --

4 MS. SUSAN ASHE: September 7th.

5 MS. NANCY ISSERLIS: September 7th, at our regularly  
6 scheduled time and place, which is here in this building at  
7 3:00. And we'll be considering this matter further, and I  
8 believe we'll be on for action at that time.

9 MS. SUSAN ASHE: It will be. In addition, the public  
10 comments from this hearing will be available on our HSSA  
11 website, [www.hssaspokane.org](http://www.hssaspokane.org), in about a week. We do  
12 anticipate the board taking action on this plan at their  
13 September board meeting. We continue to welcome your written  
14 comments. They may be mailed or emailed to the office to my  
15 attention before September 7th.

16 If you have not signed in, please do so with your  
17 contact information so that we might keep you informed about  
18 this process as we move forward. Thanks very much for your  
19 attendance today and your interest.

20 MS. NANCY ISSERLIS: Thank you.

21 (Meeting adjourned at 5:50 p.m.)  
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