

**Cheryl Bing, Colleen Guay-Broder and Stacy Wollick
Interview
December 13, 2005**

Claudia Wassman:

Today is Tuesday, December 13th. My name is Claudia Wassman, and I'm doing an interview with Colleen Guay-Broder, NIBIB with Cheryl Bing, Stacy Wollick and unknown speaker.

Cheryl Bing:

I'm Cheryl Bing. I'm a policy analyst in the Office of Science Policy and Public Liaison, and I handle the communications and public liaison activities.

CW: And you were with NIBIB right from the beginning?

CB: I came three years ago, August of 2002, and prior to that, I was with the National Center for Research Resources as a committee management officer there.

CW: So you knew the NIH.

CB: Yes.

CW: And what about you?

CGB: My name is Colleen Guay-Broder, and I'm the Director of the Office of Science Policy and Public Liaison. I started with the NIBIB in July of 2002, so Cheryl and I pretty much started together, at the same time, and I've also been with the NIH almost 15 years, and I came here from the national -- from NLM, their intramural program, which was the National Center for Biotechnology Informatics.

Stacy Wollick [spelled phonetically]: I'm Stacy Wollick, I'm an analyst with the Public Liaison office, and I came to the program in 2001.

CW: And that was also your beginning at the NIH.

CGB: So Stacy's been here the longest, and she's pretty much been through the whole gamut, so she's our historian. Whenever we need information, we go to her.

CW: Well, yeah, what I would like to know is a little bit about the history that went into the creation of this institute, so what came before, who did actually start building the institute, when did it all start?

CGB: Well, like I said, from what we've read and from what we've been told, that there was a strong interest in a establishing an institute such as the NIBIB for about ten or more years before we were established, and the main concern was that there didn't exist a single home that funded Biomedical Imaging and engineering technologies, that there were a lot of other institutes that funded components, but they were mostly disease specific, and that a lot of the investigators that were interested in this type of work were not applying to the NIH

for funding because they didn't feel there was a place for them to get money. So a lot of these investigators were previously funded by NSF, [inaudible], DOE, and I think the impetus mostly arose from the Radiology community, not so much the Bioengineering community, but there were two main groups: the Academy for Radiology Research, and AMBE, and I forget, the American Institute of Biomedical Engineering or something like that, but I think their designation is in that paper, and they're the Bioengineering component for the Imaging group, so it was those two organizations that worked really hard with the extramural community and Congress to get the institute established.

CW: So, the NIH before they had a Biomedical Engineering and instrumentation program, is the -- did the NIBIB kind of take that up?

CGB: At first, when they were looking to pass legislation for the institute, they were going to call it -- it was what, IB3 or something like that, where it was imaging, engineering, and informatics, and basically the informatics -- it ended up such that the informatics component wasn't built into it per se, I mean there's obviously informatics in Engineering and Imaging in terms of platform technologies, but the broader informatics component wasn't in the final legislation, so that still remains as a broader component of the NIH, and there's [inaudible].

Female Speaker:

Before NIBIB was established, ECON was established in the Office of Extramural Research, and that was like the home for Bioengineering at NIH, and then we were created, that was one the thing that we did take over that had most of the institute function.

CW: So the initiative for building this institute really came from the outside of the NIH, not from the inside.

Female Speaker: Yes, not from the inside.

CW: And do you remember, are there people who were particularly important in bringing this about lobbying Congress?

CGB: Well, basically the two groups that we talked about, and there were a few members of Congress that worked hard, Eshew [spelled phonetically], Burr, Wicker, Delaro [spelled phonetically], I think those but th

Female Speaker:

And that should be it.

CGB:

I think that covers it, but they were actually the members of Congress that had the most interest in establishing the NIBIB and worked towards getting the legislation passed, getting our appropriation.

CW: And then when you did start, you were the first to be part of the institute. What was that like?

Female Speaker:

You know, there were very few people, so initially it was just -- I remember the first major activity that we did was the transfer of the grants. So that was the biggest project that I think everyone had something to do with brining in outside experts to review the grants for each institute proposed to send over and so then [inaudible] brought in several different outsiders, for us to look at the grants and review them and see whether the actually

did fall under the [inaudible] of NIBIB. So that was like the first big project that we did, but you know there were very few people. I think it started off with eight --

Female Speaker: Eight.

Female Speaker: --people, and Donna Dean was the acting Director, so she had come from the Office of the Director of the NIH, so she really took the helm, and started off setting up a structure, I mean I think it's the same as any build up of an organization. Everyone's working to fill every role, initially.

CW: So, at the beginning, was every institute -- had to transfer some grants to NIBIB, or only specific institutes had to give you grants?

Female Speaker: I believe there were specific institutes -- 17 -- we have that list, and the amount they transferred.

CW: And they had to do that -- and it was that they had already granted this money to specific researchers, and then they had to give away...?

Female Speaker: The award was transferred to the NIBIB for administration.

CW: Yeah, and then the grants that were already granted were reviewed another time, or was it just that you wanted to know if it really fit with the profile?

Female Speaker: Yes, it wasn't reviewed like through the NIH peer review processes. We were, you know, reviewed by this group of people, they looked to see if the mission of it.

Female Speaker: They used the legislative language to create a document that outlined the type of science that should come to the NIBIB.

CW: So that doesn't sound like it was a really smooth start.

Female Speaker: It wasn't a very smooth start, at all. A little contentious. [laughs] You know, every -- each institute has an appropriation that's formed on what we all call a base. So when these grants were transferred, they were transferred out of their base, and so that's a hard thing for a institute to lose, and it's also a hard thing to determine what grants you're going to transfer, because all of the grants have been through the peer review process; they've all been deemed scientifically meritorious, and you know, it's a hard -- it was a hard decision, I think, for a lot of the institutes to make.

Female Speaker: It was also difficult for the PI's, because they probably developed some sort of a relationship with that institute, with the program directors on that end, and so I'm sure it made them nervous, not knowing what's this new institute the same with the other institutes.

CW: So why was it set up that way? I mean, why didn't they put up the institute and endow it with its own money?

Female Speaker: That I'm not particularly sure of, other than the fact that, you know, appropriations were tough, and I think that mechanism may have been easier to fulfill than to just determine, than to just come up with additional funding from somewhere else that would form our base, but I'm not 100% sure about that.

CW: So, anyway, it is a means of centralizing a specific kind of research and tying it to the NIH?

Female Speaker: Yeah, I think what most of the difference between the NIBIB and a lot of the other institutes is that we funded research related to technology development and application. The other institutes may fund technology development, but it's related to a specific disease or organ system or aspect of life, like aging or childhood development. So they were looking at awards that were not necessarily disease specific, but that focused on actually developing a technology that could be used broadly across all diseases in organ systems, and so I think that was the basis for -- plus there was a lot of other things that were outlined in the actual legislation that were to be considered part of the NIBIB domain.

CW: So what were the most important fields of research and the most important grantees that you started funding?

Female Speaker: Well, we've actually recently revisited that, because we're coming up on our five-year anniversary, so the first grantee that we ever funded, not a transfer, but that we ourselves provided funding to was an investigator named James Duncan, and he's at Yale? Yale, and he works on research related to epilepsy, and that was a pretty big deal, and the second one was -- I have -- it's, and I can -- it's on my desk, Alan -- I'll provide you with that, so those were big components of our history. Birkman was the name, I think,

CW: So what did he do?

Female Speaker: I forget, it was -- the reason I remember Duncan is because he has really made great strides, and he does -- he's one of the few investigators we fund that actually does clinical research, and he has developed sort of a surgical system that combines different forms of imaging so that they can go in and look at an individual's brain -- a person that has epilepsy, and determine, based on different functions, where the abnormality lies, and based on that, they can remove a very specific portion of a person's brain to help them overcome the seizures, and that's a very big deal, because for most of the time, people didn't know or understand why people what epileptic seizures, and so when they performed surgery, they removed large parts of their brain, and they lost a lot of, you know, quality of life, and just basic function. So that one sticks out really big in our memory, because we've done a lot of stuff related to that, but that's not to say that Birkman's work isn't just as important, I just don't --

CW: Yeah, maybe you can just point me to the sources where I can look that up.

Female Speaker: Yeah.

CW: What are the main fields that NIBIB focus on now?

Female Speaker: Right, and it was tough. Because of the transfers, we basically had 17 areas in which the portfolio was divided into, and we have that slide somewhere, too, that we can provide. And you know, even though they were all really exciting areas of research, you know, we're not a billion dollar institute. We have a relatively small appropriation, and so you have to determine what your next steps are, and how you're going to continue to fund certain areas of research.

CW: Yeah, and so before, you said now, after five years, you're finally in a position to start determining what you think is important, what you think you will fund.

Female Speaker: We just recently completed a strategic plan, and it's actually online on our website, and we're in the process of publishing that, and that kind of outlines our main goals, and that was a lot of work, you know, actually trying to narrow things down to come up with our goals and our scientific priorities.

CW: So could you say a little bit about what the scientific priorities are for the future?

Female Speaker: That I would really prefer to leave to the programmatic staff, because you know, I wouldn't want to misinterpret that, and for that, you could probably talk with Bill Heters, who is the head of our extramural science program, and he can talk more about scientific priorities. You know, we just know them more globally as they apply to the strategic plan.

CW: So, what is your relationship with the clinical center, the In Vivo NMR Center] workgroups who are doing research and also developing the imaging technology for animals, there was the PET program, and how do they relate to the Institute?

Female Speaker: Actually, the PET program was transferred to the NIBIB, and now it's part of our intramural program.

CW: Oh, okay, so you have the entire PET program?

Female Speaker: Yeah, but it's not that big.

CW: It's not that big, oh, okay.

Female Speaker: No, I think it's one lab.

CW: It's one lab.

Female Speaker: I'd have to check on that to be sure, but there are components within the clinical center that were transferred to the NIBIB as part of our intramural program, and I think they work very closely with all of the other Imaging departments that are in the clinical center, and right now, [inaudible] who is a major player over at the clinical center in terms of Clinical Imaging, is actually acting as the lead PI for our intramural program, so there's a lot of collaboration and transfer of knowledge currently existing, and right now we're in the process of recruiting for a Scientific Director for the intramural program, so I think until then, I think that the new Director, the Scientific Director, will be responsible for working with Dr. Petigru and Dr. Sedo [spelled phonetically] to determine next steps, priorities.

CW: So, when did Dr. Sedo and Dr. Petigru come on board?

Female Speaker: Dr. Petigru came on board at the end of September 2002, and Dr Sedo December 2004, I think she's been here a little over a year.

CW: And how many people?

Female Speaker: I think there's about 60 of us now, so it's grown from eight to --

CW: Eight to --

Female Speaker: Right. And that was the whole part of the process, you know? We had to develop a management plan; we had to develop -- well, not we, but the leadership had to develop an organizational chart and determine, you know, what offices would exist, you know, relative to the structure of the rest of the NIH, and so that was a big, you know, long process to -- and sort out the missions of each of the offices and the divisions, and what they would accomplish, and how to divide up our science program into divisions that cover certain scientific areas, so that was -- you know, that was kind of an interesting procedure, too.

CW: So is NIH now [inaudible]?

Female Speaker: I think it's getting there. I think naturally at first people were a little hesitant, but right now I think we have a lot of collaborations with a lot of other institutes. We're involved in a lot of the roadmap activities and the neuroscience blueprint, so yeah, I think we've really come a long way in establishing who we are, and kind of what our role is, and how we fit with other institutes, because that's one of the things in our missions -- is to coordinate and collaborate, and it's right there upfront, coordinate, collaborate, so that's really what we've been trying to do, because in order to develop a technology, you do have to know how it applies to a disease or a disorder. You know, you have to have a reason to develop the technology.

CW: So do you still work closely with the radiologists?

Female Speaker: Absolutely, and AMBE are still our main groups that we interact with, though we have established relationships with a lot of smaller groups, biomaterials, chemical engineers, electrical engineers, so it's -- our constituencies have grown larger.

CW: So what's the course of nanotechnology]?

Female Speaker: That's -- you know, that's one of the things that is hard for us to describe, because it pretty much relates to everything we do. A lot of, you know, the new technology development is on the nano scale, so if we were to look at our portfolio and describe nanotechnology, it would be all across the board. But there are, you know, there are -- there are NIH definitions for a lot of these areas, like the Bioengineering and the nanotechnology, and so, you know, if you ask somebody else, you might get a different answer. It's all how it's classified centrally in the Office of the Director.

CW: What are some of the sources I should look at, is there a record of the correspondence that went on, or the institute was created, or...?

Female Speaker: That, you'd probably have to work with [unintelligible] because a lot of it probably occurred between the advocacy groups, and Wood Kurstein [spelled phonetically], who was the acting director. So anything prior to our establishment should be a part of their records system, but a lot of it is captured in these papers.

CW: That's interesting, I knew if you start something new, it can either be a great enthusiasm about building something up, but it doesn't exactly sound like that.

Female Speaker: I think there was enthusiasm, and you know, if you talk to the people within the institute, you'll see that it's the enthusiasm that's really carried us to where we are today, just the science that we fund and the type of things we do, it's just incredibly exciting, it's just that a lot of what we do is really novel and futuristic, and it's hard for a lot of people to get a handle on. You know, it's even hard for us to describe technology development in layman's terms, and some of the projects that, you know, we fund that that we'd like to showcase, it's really hard to put that into words, because there are areas that, you know, don't get advertised in the Washington Post or Newsweek, although lately there have certainly been a lot of articles about our grantees, in terms of like the brain-computer interface, biomaterials, Robert Langer, who's a -- he's a big PI with all of the institutes, and some of his work, but I think there's incredible enthusiasm.

It's just -- it's hard. The NIBIB came into existence at a very difficult time. You know, we were -- we came in towards the end of the budget doubling, and so all of the institutes were receiving small appropriations, and the whole appropriation process has changed. You know, it used to be where the institute director for every institute had the opportunity to go down and testify both before the House and the Senate on, you know, what their institute was doing, the types of work they funded, the advances that they had made, and probably the first year that we received our appropriation, the whole process changed, and it went to a process whereby Dr. Zerhouni was the main person who testified, and the institute directors attended, but he was the primary witness. And once in a while, you know, other institutes would get questions, and they would be differed to the institute director to respond to, but you know, in that amount of time, you can only ask certain questions, and there's always going to be blazing issues. You know, diabetes and a few of the other -- AIDS, and you know -- Right.

CW: So the problem is the research you fund is so advanced, so at the forefront, so complex that it's difficult to talk about, and you don't get the recognition that you think your grantees deserve.

Female Speaker: Right, and I think -- and the same opportunity that other new institutes have had to showcase their portfolio, it's just unavailable to us. But you know, you could look at it in terms of the number of people who have applied for applications, and you know, just in the number of years we've been in existence, and I don't know the exact numbers, but there has been like a 100% increase in the number of applications received, so I think the word is getting out there, and people are interested, and they're applying.

Female Speaker: It's also tapped into a lot of -- another area, a lot of small businesses apply and receive, I think more proportionally compared to the other institutes at the NIH from applications from small businesses.

CW: What kind of businesses were they?

Female Speaker: Biotech, like those types.

CW: Well, so in order to get kind of -- to portray some of this research that's [inaudible]?

Female Speaker: Yeah, I would talk to the scientific director. If you go to our website, and we can send you the link, we have a section on what we call 'The Advances,' and they are articles that we produce monthly or bimonthly that showcase the different types of work that we fund, and we work closely with programs to identify those, but I would certainly feel more comfortable, you know, having to talk with the program to further flesh those out, because, you know, I don't want to misrepresent something that I think might be really interesting that, you know, they have a different take on. And you know, one of the other areas where we

showcase the work is Dr. Petigru provides a Director's Report at every council, and he takes that as an opportunity to highlight certain scientific areas, so you know, we can try to pull some of those together, too.

CW: I think that pretty much answered the question.

Female Speaker: Like I said, I think once you read these over, you might come up with a few additional questions.

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