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P R O C E E D I N G S

DR. WARREN: It is my pleasure again to welcome Dr. Larry Tabak who is the NIH Principal Deputy Director. He has appeared before this council, actually I think at the last two council meetings, so I won't go through the full introduction, only to say that it is a pleasure to have him here.

I would also like to indicate that we have a number of individuals from NIDA staff as well as NIAAA staff that are in the room. It looks like standing room only here. This is being fed, as well, over to the headquarters of NIDA on Executive Boulevard. I guess every time there is a click, there is another individual.

We have invited council members from a number of the institutes and they are signing on, and a number of them are on a phone connection.

So we are happy to have them there as well. With that, it is my pleasure, once again, to introduce Dr. Larry Tabak.

DR. TABAK: Thank you, Ken. Good morning to all of you. I have to say that, when I talk about glycosyltransferases, I rarely see such a large audience.

So I don't know whether to be happy or depressed as a result. But I do thank you all for allowing me to sort of parachute into your schedule.

What I wanted to do was to provide the councils, plural, an update on the activities of the Substance Use Abuse and Addiction Task Force. So, again, I will go through this very quickly because this is not new to anybody in the room.

As you know, the SMRB made its recommendations in November of 2010 indicating that a new institute focusing on substance use, abuse and addiction research and related public-health initiatives be created and that there needed to be an integration of relevant portfolios from across the NIH.

The members of the task force are listed here. My Co-Chair is Dr. Steve Katz who is the Director of the NIMS, Michael Gottesman, who is the Deputy Director for Intramural Research, Eric Green, the Director of the Genome Institute, Pamela McGinnis, who is the Director of the Extramural Program at NIDCR, Roger Pettigrew, Director of NIBIB, Carl Roth at NHOBI, Kathy Zoon, Scientific Director at NIAID.

So we have a very, very strong group of

individuals who have been working on this.

So just to update you, beginning in January through March, there was a series of internal discussions with NIH staff, many of the people in this room, in fact, helping us understand the specifics and, in many instances, the nuances of the portfolios that could potentially be part of this new institute.

And then, informed by all of these discussions, the task force developed some draft guiding principles and these are still in draft, but I can share these with you.

First, and foremost, the nature of the science being conducted is what is driving the recommendation that the task force will ultimate make. We did do particular consideration to populations with co-morbid addictive behaviors. As all of the people on the phone and the people in the room know far better than I do, because I have been reading some of your papers, addictive behaviors frequently coexist with other medical disorders including mental disorders and some of these are listed here.

So, when the pathophysiology of the underlying disorder is distinct from the addictive behavior, the primary disorder requires a separate consideration.

Then, finally, we recognize that the various institutes who are engaged in the support of this type of research, of necessity, have developed and have recruited rather unique expertise related to these areas of research. So we need to take that into account as well.

So, where do we go from here?

As you know, we have been engaged in a great deal of activity at the agency over the last few months and we have learned a number of things from this experience.

The first thing that we have learned is that the portfolio encompassed by what we have been calling substance use, abuse and addiction research is truly complex and we have discovered that there are many more gray areas than those that are black and white.

The second thing that we have learned from experience over the last few months is that the administrative needs to effect the stand up of a new institute are very complex and require a great deal of tim, particularly as we look towards the creation of this new institute where there will clearly be programs and staff from at least three, likely four or five, different institutes and centers.

The third thing that we have learned is that, as a result of a great deal of feedback which, for the most part, has been extremely thoughtful, has been extremely helpful, is that stakeholders--and I am using that as a plural--really have effectively argued that they need to be part of the scientific planning as we go forward for this new institute.

So let me just pause to make sure everybody understands the distinction that I am making here.

The scientific planning--not are we going to move this grant from here and that grant from here, because that is something that we are not going to engage in stakeholder discussion with, that level of granularity. But, in terms of the overall scientific planning, it has become quite apparent from the discussions that we have had with external groups that there really is an added value by engaging stakeholders during this sort of process.

So, as a result of these different things that we have learned from the experiences over the last few months, what we are doing now is we are proposing a new time line to effect the stand-up of this new institute.

So I will start with the bottom line. The current

plan now is to stand up this new institute in October 2013. That is Fiscal Year 2014. That is the beginning of our fiscal year.

We have--and this is simply a placeholder so, please, no one get overly exercised because many people were offended by the acronym SUAA for various reasons. So National Institute of Substance Use and Addiction Disorders, again a placeholder.

So, working towards that goal, here is how we propose to reach that goal. Between now and next fall, we will have two groups, the task force, which I have already shown who the members are, as well as groups that are working on the intramural integration which, I must say, both intramural programs have been extraordinarily helpful, creative in thinking through the very best possible ways of doing this.

We will complete portfolio analysis of all relevant grants, cooperative agreements, contracts and intramural research project and the task force, together with help from our intramural colleagues, will develop a final portfolio integration plan.

Simultaneously--and this is new--working with the

leadership of the relevant institutes, NIAAA, NIDA, components of the NCI, perhaps pieces of NIMH and other institutes as well, we will work to develop a scientific strategic plan that will include outreach and discussion with stakeholders looking at an integrated unified approach to this type of research.

The goal in October-November is to release this strategic plan and to release the portfolio integration plan. Again, I am making a distinction here so that it is understood that the internal working group will continue to work on this piece whereas leadership from the relevant institutes in engaging stakeholder input will work on the strategic plan.

These will both be released. That will allow for additional public comment so, whilst we will have public discussion all the way through, we will give everybody yet another opportunity. That will enable us, by the end of the Calendar Year 2012, to give final recommendations to Dr. Collins.

The advantage of this is this will enable us to include in the President's 2014 budget all of the plans so that it is as transparent as possible.

Along the way, however, we will begin to implement the pieces of the strategic plan and portfolio integration plan that are not dependent on this formal reorganization. So there are just certain things that you can just go ahead and do that make scientific sense.

This is just an extension of what institutes are doing already where there are common funding opportunities and so on and so forth. And so what this all does is it brings you to the stand-up of the new institute--again, this is just a placeholder name--in October of 2013.

Now, I am a verbal person. Some of you are visual. So here is a time line. The fiscal years are here. The current years are here. As you can see, we stand up in October, 2013, this new proposed institute.

One of the elements about this, which I tried to articulate to develop the strategic plan, to continue to develop the portfolio integration plan, the release sometime October-November to give some additional public comment with ultimately providing for the NIH director final recommendations. That allows us to make this part of the regular budget process which I think has some advantages.

Now you see how I have listed joint council

meetings. You already have a joint council meeting scheduled for the fall. There might be some benefit to having part of or one or more of these joint council meetings. I will leave that to the leadership to decide what is the best action.

But certainly you will have precedent for that coming this fall and than, again, the relevant institute directors will have to decide whether it makes sense for all of these to be joint or some of them to be joint or portions of them to be joint. But the idea is to continue to get the groups working together.

So, with that, we will be posting on the feedback NIH website all that I just shared with you tomorrow. I am waiting until tomorrow because tomorrow I will be briefing the Advisory Committee to the Director that is meeting today and tomorrow, and we wanted to brief them formally first before we actually posted something. But, because this meeting was being held today, we thought it be odd not to brief you all when you are here, waiting for tomorrow. So that is why there is a little bit of a delay.

So this will all be posted. You will be able to see it. But that is where we stand now and I am happy to

answer any questions.

DR. WARREN: Thank you very much. I will take questions from the Council first. Scott?

DR. FRIEDMAN: Thank you, Dr. Tabak. Speaking of the briefing, if I recall there is an obligation or a requirement to notify Congress at some point in this process. When is that projected to occur?

DR. TABAK: So, Justin, do you know the timing of that?

AUDIENCE: It's before the president's budget.

DR. TABAK: Before the president's budget. So the short answer is, rather than mis-speak, better that I would get back to you with the specifics. The rules that govern this are complicated. So, rather than mis-speak, let me get back to Ken and he can inform the Council.

DR. FRIEDMAN: Thanks. That would be great. Thank you very much.

DR. SPEAR: In the original designation of how the process was going to proceed, there was supposed to be a budget analysis. I didn't really notice that there was a discussion of a budget analysis in these steps.

DR. TABAK: When you talk about a budget analysis,

we are proceeding with the understanding that this is bottom-line budget neutral. The budget changes that occur are driven where the scientific portfolio, be it intramural or extramural, ultimately winds up.

So, once you decide that, then, if, hypothetically, certain programs were to not be represented in the new institute but needed to find new homes outside the new institute, then both the portfolios and the individuals who are charged with their stewardship would be moved to other parts of the NIH.

So it is not only just the grants and contracts that move. It would ultimately be the personnel associated as well as a proportionate fraction of the support--that is, the administrative support--that would be required to underpin those program officers, let's say.

So the budget analysis is bottom-line neutral but there are shifts amongst institutes and centers that are irrelevant to this discussion driven by the science, where the science winds up, then driven by personnel shifts that may have to occur to accommodate appropriate stewardship of the science.

DR. SPEAR: To follow up, so then the breakdown,

the projected breakdown, between the amount of money actually being allocated to the science versus the amount of money being allocated to the administration, your plan is to keep that essentially the same?

DR. TABAK: The plan is budget-neutral, bottom line. Right.

DR. SZABO: I wonder if you could comment in more detail about the scientific strategic-planning process; is there a particular committee that is going to be reconvened and how the selection for that committee is going to happen?

DR. TABAK: We will be working with Drs. Warren and Volkow and Varmus and perhaps Insel and other relevant groups around the NIH to work through the details of how that should be done. We feel that the scientific planning process is best driven by leadership within the affected institutes and centers.

Certainly, we will provide whatever help we can. So this is still all to be determined and hopefully, within the next week or so, I will be able to convene a group of the relevant institute directors to begin to work through that.

DR. WARREN: What we are going to do right now is

we are going to un-mute the Council members that have called in from other institute councils. I would ask the following, for those that are on the phone, if you have a question to ask, please identify who you are and which council you are from.

I don't hear any questions right now which I think is unique.

Any other questions from Council? Gyongyi and then John.

DR. SZABO: Actually, I have one more question. I am just curious if there is any kind of conversation going on between your group and NIH and Congress even before the time and that particular date, the magical date, when actually there is an obligation or some expectation that Congress will be notified, that the Appropriations Committee or any of the other Congressional stakeholders, would they be involved in the planning process?

DR. TABAK: There are many conversations and the members of Congress read the blogs as well as all of you. But there is a distinct process that we must follow and, because we are part of the Executive Branch, we typically will work through the Office of the Secretary of HHS who, in

turn, will work with OMB who, in turn, will then work with the Congress.

DR. KRYSTAL: I just want to follow up on something you said earlier. I presume that there is going to be a substantial cost related just to the consolidation of the new institute and does that consolidation cost come out of the budget of the new institute or is that considered an outside of the institute because that would affect the percentage of the budget for that new institute that is administrative versus funding research.

DR. TABAK: So, in point of fact with the experience of our current reorganizational efforts related to the NCRR and the formation of NCATS, National Center for the Advance of Translational Sciences, that cost is not substantial because we are working very hard at minimizing what could be costly by making best use of existing space, by making best use of extant structures.

At least, based on the experience that we have now, it really can be minimized. So, for example, in terms of the discussions we have thus far with the intramural programs--as you know, they are geographically separate--at present, and I don't think I am speaking out of turn, there

are no plans of merging them physically at this point in time.

Now, eventually, maybe. But, certainly, right now, in part because of reasons related to cost, as we are in a flat budget time, and in part because of some unique attributes that each group has in their own specific space, there are no plans of doing a physical merger.

Now, there may be one or two investigators who-- but, in general, we will minimize the types of costs that you are referring to by taking full advantage of existing physical locale, space and so forth.

DR. SORENSEN: Dr. Tabak, are you able to take a call from people on the phone?

DR. WARREN: Yes. We said yes. We ask just that you identify yourself and, if you are on an advisory council, what advisory council you are on.

DR. SORENSEN: Yes. It is Jim Sorensen. I am on the NIDA Advisory Council.

DR. WARREN: It is breaking up over here. If you are on a speaker phone, please turn the speaker off so that we can hear the question.

DR. SORENSEN: Could you tell us more about the

development of the scientific strategic plan and what organization of people is involved?

DR. TABAK: Say it again?

DR. SORENSEN: I am interested in the developn if the scientific strategic plan and who would be involved.

DR. TABAK: Right. So, again, we have not yet set this up formally. We feel that the leadership of the relevant institutes should be drivers in this. All of the institutes have strategic plans and processes that they have used. No doubt, we will take into some of that expertise and experience.

We will certainly help and enable that in any way possible but I do think that the relevant leadership of the affected ICs, institutes and centers, will make some of those determinations and so, hopefully, in the next few weeks, we will be able to discuss that.

DR. WARREN: We had a question here in the room. Dr. Grant?

DR. GRANT: Thank you. If it is scientifically seen with these deliberations that, in essence, the entire alcohol portfolio is necessarily encompassed within the addiction process, is the new institute able to--would the

new institute, then, be able to absorb an entire portfolio?

DR. TABAK: I am not sure I fully understand the question. So, there are two parallel processes that will ensue. The strategic planning is looking at the scientific opportunities, is looking at the future, at how to enable and move the field forward.

The portfolio analysis, which is the internal group that will make its findings public October-November at the same time as the strategic plan is made available for additional public comment, will be the group that looks at the best fit of scientific portfolio.

Should that group determine that, for argument's sake, that there are no barriers, there is no number we have to hit. It is scalable to whatever is appropriate scientifically.

Now, that said, as you may be aware, there have been some intense discussions about whether, in fact, the entire portfolio of either institute--and, indeed, when you look at the portfolio of the NCI, as it relates to tobacco addiction, there are discussions there about how large a window there is.

So those will be continued in terms of the

discussion and analyses. But there is no mechanical barrier, if you will, at all.

DR. GRANT: Thank you.

DR. WARREN: Dr. Ehlers.

DR. EHLERS: I had a question that has to do with some of the policy issues that have to do with the two different institutes, NIDA and NIAAA, and that is that NIAAA can look at health benefits of alcohol as well as the adverse effects of alcohol and health whereas NIDA has a different mission which is they are not looking at the benefits of the drugs of abuse.

I wonder how that will be taken into consideration in the strategic plan process and as we are putting the two institutes together in a joint council, will it be--you know, because there is medical marijuana and now, of course, there is interest in could there be benefit from that but NIDA is not allowed to study that but then, as we put this institute together, how that will happen and how it will happen specifically during this transition period.

DR. TABAK: Right. So we are aware of the current differences in the missions of the two institutes and so, too, just to add to the interesting complexity, consider

tobacco addiction. There are a whole host of issues there as well.

So, presumably, as we work through towards the creation of this new institute, all dimensions of these policy issues that you refer to need to be accounted for because certainly we don't want to create a construct that precludes understanding potential benefits of any of these substances.

I appreciate that there will need to be discussions and there will need to be understanding of how that will be best achieved, but, no; it has to be taken into account.

DR. MOSS: As sort of a follow up to Dr. Ehler's comment and question, what about the relationship of ONDCP to the new agency?

For those who are not aware, NIDA is considered a drug-control agency and, therefore, their budget is required to be ratified by ONDCP every year, and grants over $1 million require a sign-off at the ONDCP level.

We have never had to contend with those sort of--

TELEPHONE ATTENDEE: That is incorrect. That is factually incorrect.

DR. MOSS: Well, then, please correct me.

DR. TABAK: I'm sorry. So somebody just indicated that that was factually inaccurate. Could you please identify who the speaker is?

DR. WARREN: Susan Weiss from NIDA is here. Susan, can you clarify what the actual policy is? I am sure you are familiar with it--if you are familiar with it.

DR. WEISS: I am not sure, but I am not aware that they have to sign off on any grant that is over $1 million. They do certify our budget every year and, actually, part of NIAAA's budget has also been incorporated now, that related to underage drinking.

But, as far as them signing off on--actually, I am sure that that is not true. There was something in the authorization about reprogramming efforts. In that case, with reprogramming amounts of over $1 million, that does have to go through ONDCP. That must be what you are thinking of.

DR. TABAK: I would just add that discussions of this type are things that need to be done through the Department of HHS because we are dealing with ONDCP. So, rather than comment about that here, we are certainly aware

of this and it will be a discussion at the department level.

DR. GOLDMAN: I was just curious and am here, of course, representing the Research Society on Alcoholism, you said that you are going to be looking for more stakeholder involvement. How is that going to proceed?

DR. TABAK: Again, the stakeholder involvement will be through the development of this shared strategic plan. How that will be implemented will be developed through discussions with the relevant leadership of the affected institutes and centers.

We hope to meet in the next few weeks and then that will become more apparent to everybody how best to do that. But all of you have participated in strategic planning processes before. I am sure that the development of this strategic plan will be similar. We will take the best from everybody's approaches and go forward in engaging stakeholders in that manner.

DR. RILEY: The decision on the portfolio integration--for example, liver disease or fetal alcohol--that is going to be done by a separate committee?

DR. TABAK: That's correct. That is done internally by NIH staff.

DR. RILEY: Are they going to be seeking any outside--

DR. TABAK: An outside comment period will be provided as we did with the discussions related to the NCRR. Again, when we release October-November, the strategic plan for public comment, we will also release what we termed last time a straw model--I will never call this one a straw model. Well, maybe I will. I don't know; we'll see--so that people can comment on that.

But, again, what I will indicate to everybody is the level of granularity will not be grant by grant. It will be as you just described, an area of science. That is a fair discussion to have a conversation about.

But if it is my $80,000 grant in its last year, no cost extension, I don't want it to go to that institute, we are just not going to get into that level of granularity.

DR. TABAKOFF: Thank you. That was quite informative. I am Boris Tabakoff and I am here representing the National Foundation for Chemical Dependency Disease today, actually, but was a Council member previously.

What confused me a little bit was the vision of how the scientific portfolio would be developed. Clear, you

have been answering questions on the extramural involvement but it looked, from your slides, that there was an even contribution from the intramural divisions which you have already mentioned are moving in the direction of consolidation.

There seems to be an omission of the intramural programs from the other institutes who may have addictions research intramurally, and also I am wondering how evenly distributed and weighed the opinions of the intramural programs will be. Will the intramural programs at the new institute also incorporate other intramural projects and budgets from such projects and how will be balance between intramural and extramural be?

DR. TABAK: Again, NIH-wide, intramural constitutes roughly 10 percent.

DR. TABAKOFF: Correct.

DR. TABAK: Of the total NIH budget. The target, if you will, will be similar for this new institute. Now, I have now idea what the actual number will be because it depends on what actually is assembled in this space.

Indeed, we have been looking across the entire NIH to assess whether or not there are relevant intramural

programs in other institutes and centers that could be engaged, integrated into the new intramural program of this proposed institute.

The conundrum, and those of you who are familiar with our intramural program, I think, will resonate with this--the conundrum is our intramural scientists are given a fair amount of freedom and whilst they may begin their work in one area, it is not uncommon for them to follow the science and wind up in a different place.

DR. TABAKOFF: I was Intramural Director for NIAA, so--

DR. TABAK: So then you well know.

DR. TABAKOFF: I do understand.

DR. TABAK: You well know. So it is a little difficult when all intramural scientists have that freedom, so to speak, to say, well, you know, you are currently working on X. We are going to move to this new institute but you better continue to work on X when, in fact, working on Y might be more scientifically appropriate and important.

But that said, we are looking across all institutes and centers.

DR. TABAKOFF: But I am just a little concerned

with this 10 percent figure and the very strong difference in the way that the science is handled in intramural, how that discussion--is it going to impact on the extramural discussion where it looked, in your slide, like the two components, one not yet formed and the other one already moving in the direction of consolidation. Maybe I misunderstood.

DR. TABAK: Yes. I apologize if I misled people or confused you. The only reason why I displayed the slide in that way is because the two major intramural programs--that is, from NIAAA and NIDA--have had these conversations. These began even before any of this started.

I think it is more of a natural evolution that they see opportunity, for synergy and opportunity, and so that is just sort of proceeding in a natural way and, I think, in some ways, underscores one of the great strengths of our intramural programs, that they are able to do things in that manner.

But, Ken, I don't know if you want to comment. I don't want to misrepresent anything.

DR. WARREN: I would just basically second that that has basically been going on. A number of our

intramural investigators here in the building next to us and on the clinical center and investigators at NIDA have been looking for joint opportunities despite the separation, the 30-mile, or 35-mile, separation between the facilities of NIDA in Baltimore and those in the U.S.

And those have been going along on a separate track and have been proceeding. I think, independent of anything related to creation of this new entity, those were already underway in terms of discussion and would proceed totally independent of this activity.

Mark and then--how much more time to you have?

DR. TABAK: Probably a quarter to the hour, I will have to parachute out--quarter after.

DR. WARREN: A quarter after. All right. That is okay. Mark and then Debbie, and then we have two more. Make them quick.

DR. GOLDMAN: Quick is this. So, if the new institute is constituted by virtue of moving existing portfolios, the percentages of allocation to the different aspects of the institute are more or less being carried over from whatever is already extant in the existing portfolios.

One of the advantages of a new institute might be

essentially reallocation to the size of problems out there in the world.

I am wondering is that something that will have to wait until a new institute is formed and down the road, or is there any thought to that kind of thing up front?

DR. TABAK: So, certainly, as part of the planning and discussion, that consideration can be entertained. But, as you certainly appreciate, part of it is the turn of the portfolios, of the respective institutes. So, particularly in flat-budget times, the only degrees of freedom you have is as grants turn over.

So, at that point, leadership will need to decide whether or not the available funds are directed in the same manner or if they are redirected to, you know, a different purpose. But, certainly, you would think those discussions would begin.

DR. WARREN: Dr. Hasin.

DR. HASIN: Just briefly, the challenges of putting together something better and more synergetic without spoiling things that are working now--so the challenges are clear of something better and not spoiling what is working well now, I think we all appreciate the

opportunity for scientific stakeholders to have some input.

There have been various points along the way where stakeholders have had input already; for example, fingers on the pulse at NIDA Council and NIAAA Council. So those votes showed that the NIDA Council unanimously favored the new institute and the NIAAA Council unanimously did not.

Since we are moving forward, I just was wondering what mechanisms are going to be put in place so that the scientific input as the new institute is developed will allow some input that will give greater voice to those who were concerned about it to ensure that the final product really does enhance all the areas of research.

DR. TABAK: So, along the way, continued input from all stakeholders and, ultimately, when you create a new institute, the council of that new institute will have to reflect the portfolio and mission and scope of activities that the new institute is undertaking.

So you would envision that individuals with expertise that now is centered on the NIAAA Council will be represented just as you would envision expertise that is now centered on the NIDA to be represented, the proportions of which will have to be determined by the new leadership.

DR. WARREN: Let's take the hands that had already been up before, Gyongyi and then Cindy. So why don't we take those as the final two.

DR. HASIN: I was actually not referring to the fait accompli, after everything is finished, but the scientific input as it is being developed.

DR. TABAK: So, again, as we move forward with the development of this shared vision, shared strategic plan, I presume that the leadership of NIAAA will make certain that there is appropriate representation from the many different stakeholders as represented by this Council. I am positive that is how it will be done.

DR. SZABO: I also represent the American Association for Studies in Liver Disease who is very concerned about and interested in the outcome of this planning process. I wonder if you could please clarify because it sounds like the scientific strategic planning process may leave an opportunity to reevaluate the role, for example, of fetal alcohol syndrome or alcoholic liver disease portfolio.

But then there was obviously the recommendation of the SMRB that these particular portfolios were suggested to

be potentially not be part of the new institute.

Can you just advise us that, are we back to the drawing board--

DR. TABAK: No; we are not back to the drawing board. Again, I apologize if I have not been sufficiently clear. The portfolio of the new institute, when it is stood up, will based on recommendations made by the internal group, what we now call the SUAA task force.

The plans for that will be made public. People will be permitted to comment as was the case during the NCRR-NCATS deliberations. We released what we termed a straw model. We did listen to the external community feedback.

If you look at the straw model versus what the final recommendations were, you will see, we made rather dramatic changes based on the feedback. So it is not that we were blind to or deaf to the concerns raised. But, again, to be clear, it is the task force that will make those recommendations to the NIH director informed by the feedback.

As far as the feedback that we will get, it will be of the type that you just mentioned but it will not be,

my grant needs to go to the institute because we like that person better than we like that person.

DR. EHLERS: Just briefly, the big thing that I heard today is a change in the time line, that the time line is being pushed out and, as you mentioned when you first started that, because we found the issues are complex and that there needs to be more input into the process, and so there is going to be time to do that.

DR. TABAK: Yes.

DR. EHLERS: So I am just bringing up the concreteness of the new time line because, at NIAAA we developed a strategic plan with Council and with an external advisory board, and it took several years to actually put together that strategic plan and many meetings.

So this will be a strategic plan not only for NIAAA-type activities but NIDA activities and NCI activities, et cetera, and that this is going to happen, like, over a summer. So I am wondering whether--

DR. TABAK: No; it is longer than that. It is over a year.

DR. EHLERS: Okay, so that process--because that is why I was looking at the time line because I was

thinking--so that has been--and how concrete it is.

DR. TABAK: So here we are, June-July of 2011. And here we are releasing it in sort of October-November. So it is a year.

DR. EHLERS: So it is a little more than a year.

DR. TABAK: Roughly a year; yes.

DR. EHLERS: Okay. But how concrete is that, that's all.

DR. TABAK: This is the time line.

DR. WARREN: Dr. Krystal?

DR. KRYSTAL: While we have the slide up, would it be possible to have a meeting of the NIAAA Council or the Joint Council during that one month of open input because, if that is our only chance to provide input to the process as a group, that would seem to be an important opportunity.

DR. TABAK: If not a formal council meeting, we could have an ad hoc meeting for that purpose if that is what the wishes are. Of course.

DR. SPEAR: A really, really quick question. It looks like the portfolio integration plan and the strategic plan are going to be occurring parallel by different groups. But it seems to me that to know what portfolio is going to

go in, you would have to know what the plan is.

DR. TABAK: The institute directors of all the relevant institutes are fully aware of what we are doing in the portfolio integration. We have been informed heavily by people in this room who have come and met with us and have really spent a lot of time frankly educating me and others about the specifics and the nuances of the science.

So this is not being done in a vacuum. The leadership of the institutes are aware of the deliberations.

DR. SPEAR: Do you all have a mission statement for this new institute?

DR. TABAK: Do I have one at this moment? I don't at this moment.

DR. SPEAR: At what time will there be a mission statement.

DR. TABAK: But that is something that could be done during this period.

DR. SPEAR: I would think pretty early on, if the portfolio group--

DR. TABAK: Okay. Good. Sure.

DR. WARREN: I would like to thank Dr. Tabak for taking the time to come over and we look forward to seeing

you again.