

**Department of Health and Human Services
National Institutes of Health
National Institute of Nursing Research
Minutes of the National Advisory Council for Nursing Research**

September 22-23, 2009

The 69th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 22, 2009, at 9:10 a.m. in Conference Room 6C, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting was an open session and adjourned that same day at approximately 4:30 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, September 23, 2009, at 9:05 a.m. and continued until adjournment at 11:15 am. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions of the meeting.

OPEN SESSION

**I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES,
AND RELATED MATTERS**

Dr. Grady called the 69th meeting of the NACNR to order, welcoming all Council members, visitors, and staff.

Conflict of Interest and Confidentiality Statement

Dr. Mary Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. Briefly, all closed session material is privileged, and all communications from investigators to Council members regarding any actions

on applications being considered during the Council should be referred to National Institute of Nursing Research (NINR) staff. In addition, during either the open or the closed session of the meeting, Council members with a conflict of interest with respect to any topics or any application must excuse themselves from the room and sign a statement attesting to their absence during the discussion of that application. Dr. Kerr also reminded NACNR members of their status as special Federal employees while serving on the Council, and that the law prohibits the use of any funds to pay the salary or expenses of any Federal employee to lobby or otherwise influence state legislatures or Congress. Specific policies and procedures were reviewed in more detail at the beginning of the closed session and were available in Council notebooks.

Minutes of Previous NACNR Meeting

Standing Council members received a copy of the minutes of the May 19-20, 2009, NACNR meeting by electronic mail. No changes or corrections to the minutes of the May 2009 Council meeting were suggested during the May meeting. A motion to accept the minutes of the May 19-20, 2009, Council meeting was proposed, seconded, and approved unanimously. Any comments, corrections, and changes to the May 2009 meeting minutes identified at a later time should be forwarded to Drs. Grady or Kerr. The approved minutes of each quarterly NACNR meeting become part of the Institute's permanent record and are posted on the NINR Web Site (www.ninr.nih.gov).

Dates of Future Council Meetings

Dates of future meetings in 2010 and 2011 have been approved and confirmed. Council members were asked to confirm their calendars for these meeting dates and contact Drs. Grady or Kerr regarding any conflicts or expected absences.

2010

January 19-20 (Tuesday-Wednesday)

May 18-19 (Tuesday-Wednesday)

September 14-15 (Tuesday-Wednesday)

2011

January 18-19 (Tuesday-Wednesday)

May 17-18 (Tuesday-Wednesday)

September 20-21 (Tuesday-Wednesday)

II. REPORT OF THE DIRECTOR, NINR—Dr. Patricia Grady, Director, NINR

The Director's Report focused on updates since the last Council meeting and on current and impending activities and initiatives related to the NIH and NINR budgets, the NIH overall, and the NINR.

Budget Update—Dr. Grady provided an update on the current status of appropriations and projections for the NINR budget. The NINR's funding for fiscal year (FY) 2009 was \$141.879 million, and reflected an increase of 2.7 percent over the FY 2008 level of \$137.476 million. The FY 2010 President's Budget includes \$143.749 million (1.3% increase from FY 2009) for the NINR; the House appropriations bill, which includes \$146.945 million (3.6% increase) for the Institute, has been passed, and the Senate bill, which appropriates \$144,262 million (1.7% increase) for the NINR, remains to be voted on. These projections are in proportion to the NIH's overall budget estimates, which are: \$30.758 billion (1.5% increase) in the President's Budget; \$31.258 billion (3.1% increase) in the House Appropriation bill; and \$30.758 billion (1.5% increase) in the Senate Appropriation bill.

Dr. Grady reviewed NINR's budget allocations for FY 2009 funds, which include: research program grants (RPGs) (73%), of which P01 grants comprise 1 percent; Centers (5%); research management and support (7%); training (7%); research and development (3%); intramural research (3%); and other research (2%). The NINR ranks as second highest among NIH Institutes and Centers (ICs) in its support of training.

NIH and NINR News—Dr. Grady reported on news items of interest in the Department of Health and Human Services (HHS), NIH, and NINR communities. Dr. Regina Benjamin has been nominated as the U.S. Surgeon General, and Dr. Francis Collins has been appointed as the 16th NIH Director and was featured recently in *Parade* magazine. In addition, Dr. Helene Gay has been appointed as the Chair of the Presidential Advisory Council on HIV/AIDS.

HHS Secretary Kathleen Sibelius has released the inaugural health care “success story” report on the Michigan Keystone Intensive Care Unit (ICU) Project’s work to reduce infections, thereby saving lives and money. In NIH news, the NIH hosted the H1N1 Flu Summit in July; the Fifth Annual NIH Director’s Pioneer Award Symposium will occur September 24–25, 2009; and the NIH is seeking applicants for the 2010 Council of Public Representatives (COPR). The NIH has announced October 26–30, 2009, as a week to engage the public in research, and planned events include a Partners in Research Investigator Workshop, grantee poster session and reception, NIH Staff Training in Extramural Program (STEP) Forum, and COPR meeting. The NIH Guidelines for Stem Cell Use were released in July 2009 and opened a Web site in September for submission of stem cell lines for approval. The Fourth Annual Symposium on Advances in Pain Research, held in May 2009, focused on genetics and pain. In July, Wikimedia Foundation staff and volunteers visited the NIH to discuss improving public knowledge about health, science, and medicine. New clinical and translational science awards (CTSAs) were made to seven academic health centers around the United States.

The American Recovery and Reinvestment Act (ARRA) appropriated approximately \$10 billion to the NIH, of which \$8.2 billion has been allocated to extramural scientific research; \$1 billion to extramural repair, improvements, and construction; approximately \$300 million to extramural scientific equipment; \$1 billion to extramural repair, improvements, and construction; \$500 million to intramural repair, improvements, and construction; and \$400 million to the Agency for Healthcare Research and Quality (AHRQ) for comparative effectiveness research. The NINR was allocated \$35.8 million, with \$34.9 million for extramural scientific research; \$400,000 for

extramural scientific equipment; and \$180,000 for intramural repair, improvements, and construction.

The new NIH Research Portfolio Online Reporting Tool (RePORTER) provides access to reports, data, and analyses of NIH research activities, including those supported by ARRA funds. The NIH has released a Request for Application (RFA) for Building Sustainable Community-Linked Infrastructure to Enable Health Science Research. The NIH received more than 46,600 applications for ARRA Challenge Grants. The HHS announced \$13.4 million in financial assistance to support nurses and nurse faculty under a loan repayment program. ARRA funding via the John E. Fogarty International Center is supporting 21 fellowships for early career scientists.

NINR Division of Extramural Activities—Dr. Grady introduced new NINR staff in the Division of Extramural Activities, including: Dr. Denise Russo, Director Division Extramural Activities; Dr. Tamizchelvi Thyagarajan, Scientific Review Officer; Dr. Xenia Tigno, Program Director for Child and Family Health; and Dr. Lois Tully, Program Director for Neuroscience, Genetics, and Symptom Management. NIH Director's Awards were awarded to Dr. Yvonne Bryan and Dr. Paul Cotton for their contributions to the NIH Health Disparities Summit.

NINR Division of Intramural Research—Dr. Grady reported that the NINR is involved in several activities spearheaded by the Center for Neuroscience and Regenerative Medicine (CNRM), a trans-Agency initiative that is helping the medical community to better diagnose and intervene for the prevention of long-term consequences resulting from traumatic brain injury.

The 2009 Summer Genetics Institute (SGI) graduated 22 students in August, 8 of whom were faculty and 14 doctoral students, from 15 universities. Changes for the 2010 SGI, which will be held June 7 through July 2, 2010, include being condensed from 2 months to 1; providing 8 hours of graduate-level college credit; and being administered by the Foundation for Advanced Education in the Sciences (FAES) as one of its Bio-Trac courses. Science involving the genetics of pain and analgesia conducted by NINR intramural investigators was featured on the cover of *Journal of Pain*. Dr. Grady reflected on the legacy of the late Senator Edward Kennedy (D-MA), who, along with Senator Orrin Hatch (R-UT), championed the establishment of the NINR.

NINR Outreach—Ms. Elisa Gladstone, NINR Communications Director, reported on recent presentations by NINR leadership, including Dr. Grady’s presentations at the NIH’s Fourth Annual Symposium on Advances in Pain Research in May and on “Nurse Scientists Transforming Today and Tomorrow: at the Medical University of South Carolina in July; and Dr. Kerr’s presentation on “Opportunities and Challenges in TBI Research” at Neurotrauma 2009 in September. Dr. Grady received an Equal Employment Opportunity (EEO) award that recognized her efforts in furthering diversity and equal opportunity in the NIH workforce. A NINR news release described “A Brief Behavioral Intervention Can Reduce Depression in Stroke Survivors.” The *NIH Record* highlighted NINR activities, including four new Council members welcomed to the NACNR; Dr. Grady’s speech at the Pacific Institute of Nursing and discussion on “limitless opportunities” in nursing research; the NINR press release on depression and stroke; and a brochure on palliative care. An article on NINR’s support of studies on patients with chronic pain was published in *American Nurse Today* in June 2009. New NINR print materials, including on palliative care, are available. The CANS 2009 special topic

conference on “Technology, Genetics and Beyond: Research Methodologies of the Future” will be held on October 14, 2009, in Washington, DC. Ms. Gladstone provided examples of recent articles from grantee institutions and encouraged Council members to send their respective organizations’ success stories to the NINR.

III. PRESENTATION OF CONCEPTS—Dr. Yvonne Bryan, Chief, Office of Extramural Activities, NINR

Council members reviewed and discussed 10 new concepts during the September 2009 NACNR meeting.

- **Interventions To Support Informal Caregivers Across Dying Trajectories**

(Dr. J. Randall Curtis, discussant)

Discussant comments: This concept was viewed as a timely, exciting, and area that is unique to the NINR among the NIH Institutes. The science is ready for this concept and could be expanded to include spiritual care, psychological symptoms and outcomes for both patients and informal caregivers, and children who are ill and children who are experiencing end-of-life events of family members.

- **Interventions for Effective Patient-Provider Communication at End-of-Life**

(EOL) Care (Dr. Kevin Frick, discussant)

Discussant comments: The topic was noted for its importance as little research has been conducted about the interaction or communication between patient providers and the dying trajectory. The concept is consistent with Institute goals and objectives, and

complementary with the concept “Interventions to Support Informal Caregivers Across Dying Trajectories.” The rationale could be expanded from current communication strategies to new strategies. The objectives could promote a holistic approach that helps enlighten how gender disparities and communication of delivery and receipt of care influence and intertwine with outcomes. In addition to gender, other disparities should be considered, including socioeconomic status and age of the patient.

- **Building Research Capacity in Palliative Care and End-of-Life**

(Dr. Kathleen Potempa, discussant)

Discussant comments: The need for training of new scientists in this area was noted and relates well to the NINR’s strategic plan. The focus on developing interdisciplinary strategies for palliative care around specific chronic disease trajectories was deemed noteworthy, but care should be exerted not to diminish the overall context of palliative areas of care and EOL. The objective to expand research training opportunities with new centers and the use of existing centers could be further clarified to specify new training centers, funds to existing centers for training, or using scientific centers for training. In addition, collaborations with private entities (e.g., the Robert Wood Johnson Foundation) should be encouraged.

- **Advancing End-of-Life Research and Patient Outcomes** (Dr. Gail Stuart, discussant)

Discussant comments: This concept, which focuses on shared decisionmaking and care processes would increase research opportunities to include: (1) children, particularly patient outcomes conceptualized as outcomes of the family members; (2) identification

and honoring of patient preferences; and (3) economics of EOL care. These opportunities could be considered in terms of different ethnic and racial population groups, as the cost of care among these groups varies.

- **Informed Decision-Making in Young African American Women at Risk for HIV/AIDS** (Dr. Marion Broome, discussant)

Discussant comments: This concept offered the potential for tremendous and timely impact for global research, and was noted for its relationship to the NINR strategic plan in its focus on health disparities, health promotion, and disease prevention. The concept should be expanded to include an older age group, because the fastest growing population at risk for HIV/AIDS is African-American women over the age of 50. Additionally, it should emphasize rural populations, which currently receive little attention in most research. It is not clear that the third objective (dissemination) is critical to the concept.

- **HIV/AIDS Testing and Follow-Up Among the Underserved in the United States** (Captain Maggie Richards, discussant)

Discussant comments: There was support for this concept given the high need for research in this area. Coupled with access to health care issues that underserved populations often encounter, the issue can result in years of loss of life and the impact on communities. The approach outlined in the concept is appropriate; however, the psychological and spiritual components could be expanded to further understanding of this population.

Chronic Disease Cachexia Research: Interventions To Improve Health Promotion and Disease Prevention (Dr. Clarann Weinert, discussant)

Discussant comments: The condition of cachexia, under-recognized by the medical community, concerns severe loss of lean body tissue, often accompanies other serious morbidities, and is mostly impervious to current therapies. This condition is a significant problem that occurs during the recovery of cancer survivors, particularly renal cancer patients. The current status of knowledge is that the condition is largely metabolic and because many patients who endure longer-term chemotherapy develop issues with metabolizing food, this condition presents a very resistant and persistent nursing problem. There was a concern regarding the number of investigators with expertise in this area; further training of investigators in this area may be needed.

- **Obesity and Asthma: Awareness and Management** (Dr. Jean McSweeney, discussant)

Discussant comments: This was support for this concept given its relevance to NINR's strategic objectives and initiatives, specifically for QOL, health promotion, and disease prevention. Most current studies show that obesity is a risk factor for developing asthma. Investigations of adult comorbidities of diseases associated with obesity examine sleep apnea, diabetes, and other chronic diseases. The objective on potential molecular pathways between asthma and obesity should be expanded to children as well. Regarding the objective to identify biomarkers for monitoring severity of asthma symptoms, the causes of asthma should first be better understood, as improper management strategies can worsen the condition. In addition, weight management strategies should be

examined; 10 percent of asthmatic patients undergoing bariatric surgery experience refractory asthma. One suggested revision of the concept was an increase focus on QOL, self management or adherence.

- **Interventions To Promote Effective Patient-Provider Communication**

- **in Underserved Populations** (Dr. Anna Alt-White, discussant)

Discussant comments: This concept was viewed as central to the health care professions and relevant to many NINR areas, including health disparities, health promotion and disease prevention, QOL, and particularly symptom management. Because of its large swath of potential coverage (patient, family, rural, minority populations, economically challenged, etc.), however, it may be too broad. Because it aims to improve the effectiveness and quality of health communication between patients and providers, there is the potential to decrease health disparities through increased use of preventive strategies and early detection of health problems. Additionally, QOL would be improved through better management of symptoms. A study of both the quality of communication between underserved and health care team or providers and the effect of translation and limited health literacy on communication and health outcomes is apropos to the increased number of immigrants and many non-English speaking residents; often the greatest challenge is how an idea is expressed, not the idea itself. The objectives on testing theory-based interventions to improve health communications should be more specific.

- **Neurobehavioral Genetics and Health Behavior** (Dr. Janet Williams, discussant)

Discussant comments: This concept was viewed relevant to many of NINR priorities. The link with QOL provides a bridge between endophenotype research and impact on patients in their daily lives. The concept requires skill and interdisciplinary inquiry, builds on the cadre of researchers who have graduated from the SGI, and those who either have studied at the NIH or have P32 or individual postdoctoral fellowships that pertain to genetics. However, its references to fatigue and cachexia might lead to a focus that is too narrow. It may require support via training awards (K awards) and be most attractive to scholars who have a long-term vision of their work.

IV. NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCE

(NIEHS)—Dr. Linda Birnbaum, Director, NIEHS

Dr. Birnbaum provided an overview of the NIEHS, which works to translate environmental health science research from the bench to the bedside, policy, and public health realms. The NIEHS is concerned with potential risks to human health from substances in the environment, such as UV radiation, pesticides and toxins, lead, mercury, biological, particulate matter, ozone, indoor air, and asbestos. The Institute is unique within the NIH in that it is located in Research Triangle Park, NC; receives its funding from two additional Congressional committees; and oversees the National Toxicology Program, thus interacting with the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

The NIEHS is concerned with the persistence, bioaccumulation, and toxicity (PBT), as well as the dose and timing of chemicals that migrate from processes and products into the environment.

Some chemicals remain active beyond their initial intended use, and their persistence is a key criterion in determining the need for toxicity testing. In addition, the term “low dose” can be misleading, as it may only mean lower than usually studied or lower than the previously identified “adverse” dose level. Some products, such as pesticides, drugs, and personal care products, may contain both “active” and “inert” ingredients, but not all inert ingredients are non-toxic, and many are uncharacterized for toxicity. People vary in their susceptibility to the toxic effects of chemical exposures, particularly in the earlier and older life stages, as well as those with pre-existing conditions or genetic-based vulnerabilities. Developing organisms (i.e., *in utero* and neonatal) have increased susceptibility, and many chronic adult diseases may be traced back to exposures that occurred during development.

Environmental chemicals with human health risks that have been highlighted in the news include: nanoparticles, bisphenol A, dioxin, perfluorinated chemicals (PFCs), and flame retardants or polybrominated diphenyl ethers (PBDEs). Many of these chemicals are endocrine disruptors and interfere with the production, activity, or elimination of natural hormones in the body for maintenance of homeostasis and the regulation of developmental processes; they affect human and wildlife (fish, frogs, reptiles, birds, mammals) systems. Humans are always exposed to multiple chemicals, and challenges remain in deciphering how exposure to many chemicals will influence the effects of each one, both in time and space. Dr. Birnbaum highlighted NIEHS’ support of environmental health sciences research to prevent disease through understanding the health impacts of environmental factors and individual susceptibility to these factors over time.

V. TRANS-NIH SCIENTIFIC BEHAVIOR CHANGE COMMITTEE—Dr. Mary Kerr

Dr. Kerr informed the Council that the Trans-NIH Scientific Behavior Change Committee met on June 15–16, 2009. Dr. Grady is Co-Chair of the Committee. The meeting addressed three areas of behavioral change science: (1) the acquisition and prevention of behavior, (2) changing existing behaviors, and (3) the maintenance of behaviors. Key themes resulting from the meeting included:

- Integrative, multi-level approaches to behavioral change
- Behavioral bundles
- Developmental perspectives on behavior change
- Environmental context of behavior and behavioral changes
- Different methods and measurement techniques
- Better understanding of underlying mechanisms of behavior and behavioral changes
- Cost effectiveness related to behavioral interventions
- Dissemination of interventions
- Treatment adherence and relapse
- Scientific infrastructure and needs.

Following this update, Dr. Grady thanked participants and attendees for their time and interest and adjourned the open session of the meeting.

CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that this session was concerned with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code, and Section 10(d) of the Federal Advisory

Committee Act, as amended (5, USC Appendix 2). Members absented themselves from the meeting during discussion of and voting on applications from their own institutions or other applications in which there was a potential conflict of interest, real or apparent. Members were asked to sign a statement to this effect.

REVIEW OF APPLICATIONS

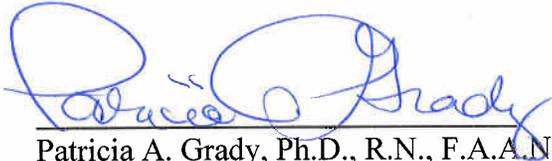
The members of the NACNR considered 93 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$24,554,168 (direct costs year 01). The Council also considered 525 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$123,470,719 (direct costs year 01). The Council concurred with the IRG recommendations on these 618 applications. The members of the NACNR also considered 116 American Recovery and Reinvestment Act applications on which NINR was the primary Institute; these applications requested a total of \$39,024,146 (direct costs). The Council considered 126 American Recovery and Reinvestment Act applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$70,146,488 (direct costs). The Council concurred with the IRG recommendations on these 242 applications, including supplements.

ADJOURNMENT

The 69th meeting of the NACNR was adjourned at 11:15 am on September 23, 2009.

CERTIFICATION

I hereby certify that the foregoing minutes are accurate and complete.



Patricia A. Grady, Ph.D., R.N., F.A.A.N.
Chair
National Advisory Council for Nursing
Research



Mary E. Kerr, Ph.D., R.N., F.A.A.N.
Executive Secretary
National Advisory Council for Nursing
Research

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
Dr. Mary E. Kerr, Executive Secretary
Dr. Anna Alt-White, *Ex Officio*
Dr. Marion Broome
Dr. Stanley Finkelstein
Dr. Kevin Frick
Dr. Barbara Guthrie
Dr. Diana Lake
Dr. Jean McSweeney
Dr. Kathleen Potempa
Capt. Maggie Richard, *Ex Officio*
Dr. Marla Solomon
Dr. Gail Stuart
Dr. King Udall
Dr. Clarann Weinert
Dr. Janet Williams

MEMBERS OF THE PUBLIC PRESENT

Ms. Lorraine Anderson, Virginia Commonwealth University
Ms. Brenda Baker, Virginia Commonwealth University
Ms. Nancy Baugh, Virginia Commonwealth University
Ms. Marian Baxter, Virginia Commonwealth University
Dr. Suzanne Begeny, American Association of Colleges of Nursing
Ms. Erin Booth, Virginia Commonwealth University
Ms. Claudia Bouhaidar, Virginia Commonwealth University
Ms. Joy Burwell, American Academy of Nursing
RADM (ret.) Mary Pat Couig, Uniformed Services University of the Health Sciences
Dr. Susan Dorsey, University of Maryland

Ms. Deborah Fisher, Virginia Commonwealth University
Ms. Michelle Frazelle, Virginia Commonwealth University
Ms. Anne Hamilton, Virginia Commonwealth University
Dr. Nancy Jallo, Virginia Commonwealth University
Dr. Debra Lyon, Virginia Commonwealth University
Ms. Yui Matsuda, Virginia Commonwealth University
Ms. Ann McNallen, Virginia Commonwealth University
Dr. Victoria Menzies, Virginia Commonwealth University
Maj. Brenda Morgan, Uniformed Services University of the Health Sciences
Ms. Katherine Newman, Virginia Commonwealth University
Maj. Karen O'Connell, Uniformed Services University of the Health Sciences
Ms. Lois Phillips, Virginia Commonwealth University
Dr. Rita Pickler, Virginia Commonwealth University
LCDR. Sherbet Samuels, Uniformed Services University of the Health Sciences
Ms. Julie Strunk, Virginia Commonwealth University
Ms. Darlene Summers, Consolidated Solutions and Innovations
Dr. Chris Ward, University of Maryland

FEDERAL EMPLOYEES PRESENT

Mr. Brian Albertini, NINR/NIH
Dr. David Banks, NINR/NIH
Ms. Melissa Barrett, NINR/NIH
Mr. Raymond Bingham, NINR/NIH
Dr. Linda Birnbaum, NIEHS/NIH
Dr. Yvonne Bryan, NINR/NIH
Ms. Andria Cimino, NINR/NIH
Dr. Paul Cotton, NINR/NIH
Ms. Lisa Depaolo, NINR/NIH
Dr. Ray Dionne, NINR/NIH
Dr. Chris Hafner-Eaton, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Ms. Jane Gelbmann, NINR/NIH
Dr. Amanda Greene, NINR/NIH
Ms. Susan Giuliani, NINR/NIH
Ms. Elisa Gladstone, NINR/NIH
Dr. Rebecca Hawes, NINR/NIH
Dr. Wendy Henderson, NINR/NIH
Dr. Jeanette Hosseini, NINR/NIH
Dr. Karen Huss, NINR/NIH
Mr. Douglas Hussey, NINR/NIH
Ms. Deborah Jennings, NINR/NIH
Ms. Kathleen Jett, NINR/NIH
Ms. Ellie Johnson, NINR/NIH
Dr. Weiqun Li, NINR/NIH
Dr. Yujing Liu, NINR/NIH
Dr. Susan Marden, NINR/NIH

Mrs. Angela Marshall, NINR/NIH
Dr. Jeri Miller, NINR/NIH
Ms. Mary Murray, NINR/NIH
Ms. Brandis O'Neal, NINR/NIH
Dr. Mario Rinaudo, NINR/NIH
Mr. Chip Rose, NINR/NIH
Dr. Denise Russo, NINR/NIH
Ms. Candice Scott, NINR/NIH
Dr. Chelvi Thyagarajan, NINR/NIH
Dr. Xenia Tigno, NINR/NIH
Ms. Tonya Truesdale-Young, NINR/NIH
Dr. Lois Tully, NINR/NIH
Dr. Joan Wasserman, NINR/NIH
Ms. Ginger Webb, NINR/NIH
Dr. Linda Weglicki, NINR/NIH
Mr. Max Whitfield, NINR/NIH
Ms. Laura Williams, NINR/NIH
Mr. Kevin Wilson, NINR/NIH
Dr. Marie Zeimet, NINR/NIH