

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

May 20-21, 2008

The 65th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 20, 2008, at 1:00 p.m. in Conference Room 6C6, 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 5:11 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, May 21, 2008, at 9:00 a.m. and continued until adjournment at 10:58 a.m. 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 65th meeting of the NACNR to order, welcoming all Council members, visitors, and staff. She extended a special welcome to new Council members (Drs. Stanley Finkelstein, Diana Lake, and Marla Salmon, as well as special guest Captain Maggie Richard), and formally recognized each of them later in her remarks.

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 January 22-23, 2008, NACNR meeting by electronic mail. No changes or corrections to the minutes of the January 2008 Council meeting were suggested during the May meeting. A motion to accept the minutes of the January 22-23, 2008, Council meeting as circulated was proposed, seconded, and approved unanimously. Any comments, corrections, and changes to the January 2008 meeting minutes identified at a later time should be forwarded to Drs. Grady or Kerr. The approved minutes of each 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 2008 and 2009 have been approved and confirmed. Dates also are proposed for meetings in 2010. Council members should confirm their calendars for these meeting dates and contact Drs. Grady or Kerr regarding any conflicts or expected absences. The September 16-17, 2008, meeting will be held at the Bethesda Marriott Hotel.

2008

January 22-23 (Tuesday-Wednesday)

May 20-21 (Tuesday-Wednesday)

September 16-17 (Tuesday-Wednesday)

2009

January 27-28 (Tuesday-Wednesday)

May 19-20 (Tuesday-Wednesday)

September 22-23 (Tuesday-Wednesday)

2010

January 19-20 (Tuesday-Wednesday)

May 18-19 (Tuesday-Wednesday)

September 14-15 (Tuesday-Wednesday)

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

Ms. Elisa Gladstone, Communications 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 of the recent appropriations, ongoing issues, and projections for the NINR budget. The NINR, like NIH as a whole, has been experiencing a flat budget. The NIH has received up to 2 percent increases during the past several years that have largely been earmarked to special programs, such as biodefense studies and the National Childhood Study. The fiscal year (FY) 2009 President's Budget for NINR is \$137.6 M, slightly higher than FY 2007 and 2008 levels. Considering the current budgetary environment, there is enthusiasm for this nominal increase. The House and Senate have not released their budgets but are considering a supplemental bill that includes a provision for the NIH. The largest allocation of NINR's budget is to research program grants (RPGs) (72%), followed by training and research management and support (each 7%), and the Centers (6%). The remaining budget is devoted to intramural research (3%), research and development (3%), and other research (2%), such as Career Development Awards. The NINR focuses greater percentages of its budget to RPGs and training than most other NIH Institutes. Its intramural program is a small but high-quality, growing program with exciting research and training opportunities for investigators and students from the extramural community.

NIH News— Dr. Grady described several recent events of interest occurring across the NIH community. Dr. Elias A. Zerhouni, NIH Director, received the prestigious award Légion

d'honneur on April 10, 2008. A Request for Information (RFI): Ideas for Common Fund/Roadmap Trans-NIH Strategic Initiatives has been issued, with a response deadline of June 2, 2008. Dr. Sandra Millon-Underwood, Professor, University of Wisconsin-Milwaukee College of Nursing, has been named to the NIH Council of Councils. Dr. Colleen Conway-Welch, Dean, Vanderbilt University School of Nursing, has been named to the NIH Advisory Committee to the Director.

Dr. Grady also noted that a special edition of the *NIH Extramural Nexus* was devoted to peer review. Dr. Josephine P. Briggs has been named as the new Director of NIH's National Center for Complementary and Alternative Medicine (NCCAM). The National Institute of Child Health and Human Development has been renamed the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. Recently, chief nursing officers from the All-Ireland National Cancer Institute (NCI) Cancer Consortium visited the NIH. An NIH program called "We Can!" is underway to address childhood overweight epidemic. The NINR provided input to NIH's Office of Behavioral and Social Sciences Research (OBSSR) for its recent publication, *A Prospectus for the Future*. The NIH Pain Consortium is holding its 3rd Annual Symposium on Advances in Pain Research on May 22, 2008. The Women in Biomedical Careers is sponsoring a workshop on "Best Practices for Sustaining Career Success." In addition, the National Center for Research Resources held two workshops on "Clinical Research Networks: Building the Foundation for Health Care Transformation" and "Accelerating the Dissemination and Translation of Clinical Research into Practice."

NINR Update— Dr. Grady welcomed the official new members of the NACNR: Dr. Stanley Finkelstein, Professor of Laboratory Medicine and Pathology, University of Minnesota School of Medicine; Dr. Diana E. Lake, Oncologist and Researcher, Memorial Sloan-Kettering Cancer

Center; and Dr. Marla E. Salmon, Dean, Neil Hodgson Woodruff School of Nursing, Emory University.

The National Nursing Research Roundtable on the “Voice of Nursing: A Cacophony or a Symphony” was held on March 7, 2008. Recent publications on nursing and faculty shortages include “The Perfect Storm: Patient Safety and Nursing Shortages Within the Context of Health Policy and Evidence-based Practice” (Talsma A, Grady PA, et al, *Nursing Research* 2008;57(1 Suppl):S15-21) and “Developing New Nursing Faculty: Extramural Research Training Opportunities From NINR” (Grady PA, *Nursing Outlook* 2008;56(2):90-2). The NINR, OBSSR, and NIH’s Office of Science Education received the NIH Plain Language Award for the joint publication *The Science of Health Behaviors*.

In NINR’s Division of Intramural Research, Dr. Amy Wang received a Bench-to-Bedside Award from the NIH Clinical Center for her work on chemotherapy-induced peripheral neuropathy. Drs. Wang is one of the intramural investigators, along with Dr. Hamza, who published research on COX inhibitors, bupivacaine, and lidocaine in clinical pain models. Additionally, Graduate Partnerships Program Fellow, Katherine Balk, recently published research on the Greig Cephalopolysyndactyly Syndrome in the *American Journal of Medical Genetics*. Dr. Grady reminded members that the Summer Genetics Institute will be held from June 8 to August 1, 2008.

NINR’s Division of Extramural Activities is hosting a meeting on “Integrating Cost Effective Analysis into Clinical Research” on July 17-18, 2008, at the NIH Natcher Conference Center. Additionally, a Centers for Disease Control and Prevention monograph on “Assuring Healthy

Caregivers” featured the Resources for Enhancing Alzheimer’s Caregiver Health (REACH) Project. Dr. Grady also introduced the Division’s new Scientific Review Officer, Dr. Weiqun Li.

Issues, Accomplishments, and Milestones—With regard to implication for nursing shortage Dr. Grady described the profile of age ranges of Ph.D. researchers across various disciplines, including social sciences and pharmaceuticals (average age: low to mid 30s) and nursing (average age: mid 40s). To help address the shortage of nurses in research, the Robert Wood Johnson Foundation is collaborating with the American Association of College of Nursing on a New Careers in Nursing scholarship program.

Dr. Grady noted various accomplishments of NACNR members and others in the NINR extramural research community. Dr. David Dinges, Professor of Psychology in Psychiatry, University of Pennsylvania School of Medicine, received the National Aeronautics and Space Administration’s Distinguished Public Service Medal. Dr. Dinges also will participate on a panel discussing “Consequences of Abnormalities in Sleep/Circadian Rhythm” at The New York Academy of Science’s conference on “The Role of Genetics and Gene Expression in Sleep Regulation and Dysregulation” on June 20, 2008. Dr. J. Randall Curtis, Professor, Department of Medicine, University of Washington, is the President-Elect of American Thoracic Society. Dr. Clarann Weinert, Professor, Montana State University College of Nursing, has received the Western Institute of Nursing Distinguished Research Lectureship Award. In addition, Dr. Patricia V. Burkhart, Associate Professor, University of Kentucky College of Nursing, received the Society of Pediatric Nurses Excellence in Nursing Research Award. Dr. Karen Dow Meneses, Associate Dean for Research, University of Alabama Birmingham School of Nursing, is presenting the NCI Center for Cancer Research Grand Rounds Oncology Nursing Lecture entitled “Challenges and Explorations in Cancer Survivorship Research.” Moreover, NINR’s

“10 Landmark Studies” booklet has been well received. Dr. Grady noted with sadness the passing of Dr. Elizabeth Clipp, Associate Dean for Research Affairs, Duke University School of Nursing.

NINR in the News—Ms. Gladstone reported that the Institute was featured in the recent issue of *MedlinePlus*. Dr. Grady has been profiled in several magazines and newsletters, including the NIH Office of Equal Opportunity and Diversity Management’s *News and Notes*, as well as Johnson & Johnson’s newsletter, *Nursing Notes*. She also was interviewed for *Nursing Spectrum*’s article, “Nurses Making Strides that Change Our World.” Dr. Dinges was interviewed for the “60 Minutes” television show segment on “The Science of Sleep.” Recent NINR stories have been published in *newswise*, *AHN*, *Nursing Spectrum*, *Case Management*, and *The Washington Post*. Ms. Gladstone encouraged Council members to send her recent news items that would be of interest to the nursing research community.

III. MODELING CHILDREN’S RISK OF DEATH AFTER HOSPITAL

DISCHARGE—Dr. J. Christopher Feudtner, Assistant Professor of Pediatrics, University of Pennsylvania, and Director of Research, Pediatric Advanced Care Team and Integrated Care Service, The Children’s Hospital of Philadelphia

Dr. Feudtner described a study to predict mortality among hospitalized children by comparing and evaluating the care received by populations of grievously ill children across sites of care. A broad view of health services research and population-level epidemiology was chosen for the study because it is an efficient way to identify system-based variations in care and inform health care policy—it also can be repeated at a marginal cost. The study design considered data known at admission (e.g., demographic characteristics and medical history) and at discharge (e.g., all

payer refined-diagnosis related group [APR-DRG], APR-DRG severity score, and discharge diagnosis). Phase 1 of the study involved a retrospective cohort composed of hospitalized patients and hospital records linked the death certificate data. Two other phases included models that used data known at admission in a model to predict death during admission (Phase 2) and data known at the time of discharge to predict death during the year after discharge (Phase 3). Cohort characteristics (e.g., age, complex chronic conditions [CCCs], number of prior hospital admissions, and severity score) were defined and used in the study. Among other findings, the models revealed that infants have a much higher risk than older children and that the number of prior hospital admissions (i.e., past medical history) is an important factor. Dr. Feudtner shared data showing that both predictive models—admission and post-discharge—were well calibrated. The models have been used to determine prediction probabilities of home death after hospital discharge for those patients with malignancy, neuromuscular, and cardiac CCCs. They also showed that behavioral treatment varies greatly by hospital, as well as the effect of different types of insurance on the proportion of home deaths. Future population-level studies of hospitalized children should adjust for the probability of death during the ensuing year; research is needed to estimate the association between the receipt of hospice care and subsequent health care costs and to quantify external influences on pediatric end-of-life care metrics, such as receipt of opiates, do not attempt resuscitation orders, hospice, and home death.

IV. NCCAM VISION—Dr. Josephine P. Briggs, Director, National Center for Complementary and Alternative Medicine (NCCAM)

NCCAM's mission is to conduct rigorous research on complementary and alternative medicine (CAM) practices, train CAM researchers, and inform consumers and health professionals. A 2002 survey conducted in the United States found that 36 percent of adults used CAM during the

past year, particularly women, sicker patients, and those with more pain. Top CAM practices include nonvitamin/nonmineral natural products, deep-breathing exercises, medication, chiropractic, yoga, and massage. The most commonly used natural products in the United States are Echinacea, ginseng, ginkgo biloba, and garlic, followed by glucosamine, St. John's wort, peppermint oil, and fish oils. Recent clinical findings include that the practice of Tai Chi boosts immunity to the shingles virus in older adults and that ginkgo has benefits for age-related dementia; other studies show that Chinese herbal formula may help with peanut allergies and that acupuncture increases the rates of *in vitro* fertilization pregnancies.

As the newly appointed NCCAM Director, Dr. Briggs is in the midst of a 6-month listening tour, with a focus on building an evidence base for CAM that includes an examination of research tools, infrastructure, and vocabulary; she noted the importance of international collaborations in CAM research. The NCCAM has developed a number of communication channels through which to accomplish its goals, including a clearinghouse, Web site (www.nccam.nih.gov), online assistance, quarterly and monthly publications, online educational lectures for continuing medical education credit, and other media avenues. The NCCAM supports research addressing basic and translational science, Phase III trials, and outcomes. The goal is to build an evidence base that helps integrate effective CAM strategies and conventional medicine into comprehensive care that is based on the best science available while recognizing the importance of the whole person and encouraging individuals to participate actively in choices that prevent illness and improve the quality of their lives.

V. THE CHILDREN'S INN AT NIH—Ms. Kathy Russell, Chief Executive Officer, The Children's Inn at NIH

Ms. Russell explained that the purpose of The Children's Inn at NIH is to keep children together with their families during serious illness, reduce their stress, and facilitate their healing through mutual support within NIH's mission of developing new therapies for pediatric illness. Resident patients, who can stay through age 26, come from all 50 states as well as 67 countries. The Inn can accommodate up to 59 families at one time, and in FY 2006, close to 1,500 children and their families stayed at the Inn.

The Inn helps the heart, soul, and spirit of the family through diversionary activities, as well as therapeutic, education, spiritual wellness, and international outreach programs. It supports basic needs and caregivers through emergency financial assistance, food pantry and Sunday suppers, and several Web sites to share updates with family and friends at home, talk with other families coping with similar diseases, and provide resources for patients. These programs are intended to strengthen families, reduce isolation and encourage mutual support and social interaction, offer healing and hope, reduce stress, and provide fun and a sense of normalcy. Ms. Russell shared the experiences of two patients, Dwayne and Marcus, who stayed at the Inn during their treatments and whose families received support from the Inn including family outreach, the Inn's Emergency Fund, and its Bereavement Fund. Ms. Russell welcomed future interactions with the Council and invited the NINR to consider future collaborations with the Inn.

VI. DIVISION OF EXTRAMURAL ACTIVITIES: END OF LIFE AND

PALLIATIVE CARE RESEARCH UPDATE—Dr. Alexis D. Bakos, Health Scientist
Administrator, Office of Extramural Programs, NINR

Dr. Bakos reported that a 2004 NIH State of the Science Conference, which the NINR hosted, produced recommendations on developing conceptual models, creating infrastructure, improving methodology, and testing new treatments. The conference proceedings were published in the *Journal of Palliative Medicine* (Vol 8: Suppl 1, 2005), and the recommendations were incorporated in the NINR Strategic Plan. The NINR supports on research on end-of-life issues to improve decisionmaking and treatment strategies, validate instruments and refine methodologies, and develop interventions to improve palliative care. It also funds studies that explain factors related to underserved groups and expand end-of-life research through training. Under NINR's leadership as the lead Institute for end-of-life research, there has been a steady increase in the number of end-of-life grants supported since the conference was held. Recently completed Requests for Applications include: Research on Interventions in Chronic Illness (P01 RFA-NR-08-001); Centers of Excellence in Self-Management or End-of-Life Research (P30 RFA-NR-07-005); and Centers in Self-Management or End-of-Life Research: Building Research Teams for the Future (P20 RFA-NR-07-004).

Ongoing NINR initiatives include Mechanisms, Models, Measurement and Management in Pain Research (R21 and R03, PA-06-542) and Research on Clinical Decision Making in Life-Threatening Illness (R21 PA-06-101). In addition, the NINR is co-sponsoring several initiatives on Ethical Issues in Human Subjects Research (R21 and R03, PA-06-368) and Research on Social Work Practice and Concepts in Health (R21 PA-06-083).

Recent research findings and ongoing initiatives supported by the NINR in the end-of-life science areas include studies addressing communication, decisionmaking, symptom management, and the dying experience, as well as health disparities and vulnerable populations. A study by Dr. J. Randall Curtis, University of Washington, in which enrolled family members of 126 patients dying in 22 intensive care units (ICUs) were randomly assigned to a structured communication intervention group, showed that longer conferences between the families and the physician and hospital staff resulted in significantly reduced anxiety and depression in families receiving the intervention. In other research, Dr. Marie Nolan, Johns Hopkins University, found that many incapacitated end-of-life patients preferred a shared decision model of both physician and family. Dr. Susan McMillan, University of South Florida, found that a coping skills intervention improved hospice family caregiver outcomes. Dr. Michael Weitzner, University of South Florida, investigated factors associated with the desire for hastened death in the last months of life; the study showed that marital satisfaction plays a key role in this desire. The article “Dying on the Streets: Homeless Persons’ Concerns and Desires about End of Life Care” by Dr. John Song, et al. (*Journal of General Internal Medicine*, Apr 2007;22(4):435-41) explained that death is always a concern for the homeless and that advance care planning offers a way to prevent deep-seated fears about dying anonymously, being cremated or buried in a common grave, or being used for medical experimentation.

Ongoing research in communication includes interdisciplinary communication intervention to improve patient and family outcomes in the ICU by Dr. Curtis, as well as improvements in end-of-life communication with African-American patients who have end-stage renal disease by Dr. Mi-Kyung Song, University of Pittsburgh. Studies on decisionmaking include research by Dr. Diane Meier, Mt. Sinai New York University (NYU), on palliative care for hospitalized cancer patients and by Dr. Laura Hanson, University of North Carolina, on feeding options for

dementia patients. Investigations on symptom management in palliative care include pain assessment among non-communicative patients by Dr. Deborah B. McGuire, University of Maryland, and symptom clusters by Dr. Stephen Stapleton, University of Illinois at Chicago. Studies focused on the dying experience include patients, caregivers, and the trajectories of serious illness by Dr. James Tulsky, Duke University, as well as understanding access to hospice care by Dr. Melissa Carlson, Mt. Sinai NYU. The NINR also supports research on health disparities and vulnerable populations, such as fathers' experiences with pediatric end-of-life care by Dr. Elizabeth Davies, University of California-San Francisco, and improving care for dying children and their families by Dr. Craig Demmer, Lehman College, The City University of New York.

Future research could emphasize the end-of-life continuum (which includes palliative care), support the development of technology, and create a network of investigators. There also are needs to develop a consensus for a minimum set of end-of-life measures and to develop and test new interventions in diverse groups. Additional studies could develop and test strategies to translate efficacious interventions and evaluate their cost effectiveness, as well as to increase understanding related to patient preferences and decision making and to improve symptom management in diverse patient groups.

VII. ANNUAL REVIEW OF STATEMENT OF UNDERSTANDING BETWEEN NINR AND NACNR—Dr. Barbara A. Smothers, Director, Division of Extramural Activities, NINR

Dr. Smothers requested concurrence by the Council on the statement of understanding between the NINR and NACNR (the statement was included in Council members' meeting notebooks).

The current review is limited to highly meritorious applications; there are two options proposed to the expedited review of en bloc applications. Dr. Smothers indicated that several other NIH Institutes and Centers have adopted an award process whereby second-level concurrence of en bloc applications would occur before the meeting. She indicated that it is not the intent of the NINR to exercise this option as a matter of routine or to use it in such instances as the Council meetings held late in September when awards must be made prior to the end of the fiscal year on September 30.

Expedited Review of En Bloc Applications. A) The Executive Secretary or designee may request expedited review of the en bloc primary applications for which there are no special considerations to be brought to the attention of Council. B) The Executive Secretary of Council or designee may request expedited en bloc concurrence of all applications for which the NINR is assigned as the dual institute. C) Council members will be notified by mail when this option is exercised. D) In the case of expedited review of en bloc applications, all Council members will vote using the electronic council book voting action. E) Any application may be removed from the en bloc vote by any Council member. A Council member wishing to remove an application from the en bloc list for discussion by the full Council will notify the Executive Secretary of the Council or designee via e-mail, and then the application will be brought forward for the whole Council's discussion. Following discussion, Dr. Grady and the Council requested additional information on the expedited review, including which other ICs have adopted this practice and how many applications would be affected; Dr. Smothers agreed to gather this information, along with examples, and present it to the Council at a future meeting.

A motion to accept the statement of understanding without amendment was proposed, seconded, and approved unanimously.

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 71 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$12,281,746 (direct costs year 01). The Council also considered 339 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$61,155,180 (direct costs year 01). The Council concurred with the IRG recommendations on these 410 applications.

ADJOURNMENT


The 65th meeting of the NACNR was adjourned at 10:58 a.m. on May 21, 2008.

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 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 Kerr, Executive Secretary
Dr. David Dinges
Dr. Stanley Finkelstein
Dr. Kevin Frick
Dr. Felicia Hodge
Dr. Diana Lake
Ms. Joan Lancaster
Dr. Jean McSweeney
Dr. Marla Salmon
Dr. Sharon Tennstedt
Dr. King Udall
Dr. Clarann Weinert
Dr. Anna Alt-White, *Ex Officio*

MEMBERS OF THE PUBLIC PRESENT

Dr. Christopher Feudtner, Children's Hospital of Philadelphia (CHOP)
Dr. Perry Kirkham, Purdue University
Ms. Kathy Russell, Children's Inn at NIH
Ms. Darlene Summers, Consolidated Solutions and Innovations

FEDERAL EMPLOYEES PRESENT

Mr. Brian Albertini, NINR/NIH
Dr. Alexis Bakos, NINR/NIH
Mr. Raymond Bingham, NINR/NIH
Dr. Josephine P. Briggs, NCCAM, NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Paul Cotton, NINR/NIH
Dr. Ray Dionne, NINR/NIH
Ms. Ana Ferreira, NINR/NIH

Ms. Elisa Gladstone, NINR/NIH
Dr. Karen Huss, NINR/NIH
Ms. Deborah Jennings, NINR/NIH
Ms. Ellie Johnson, NINR/NIH
Mrs. Percilla Johnson, OD/NIH
Dr. Kathy Mann Koepke, NINR/NIH
Mrs. Emma Kurnat-Thoma, NHGRI/NIH
Mrs. Aver Lamb, OD/NIH
Dr. Weiqun Li, NINR/NIH
Dr. Yujing Liu, NINR/NIH
Dr. Jeri Miller, NINR/NIH
Mr. Ed Morgans, NINR/NIH
Ms. Mary Murray, NINR/NIH
Capt. Maggie Richard, National Naval Medical Center
Dr. Barbara Smothers, NINR/NIH
Ms. Cheryl Stevens, NINR/NIH
Ms. Tonya Truesdale-Young, NINR/NIH
Dr. Amy Wang, NINR/NIH
Mr. Kevin Wilson, NINR/NIH