

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES**

**MEETING SUMMARY OF THE  
NATIONAL ADVISORY ENVIRONMENTAL HEALTH SCIENCES COUNCIL**

**March 18, 2026**

The 177<sup>th</sup> meeting of the National Advisory Environmental Health Sciences Council convene on March 18, 2026. Open session convened at 9:00 a.m. EST and adjourned at 12:55 p.m. EST on March 18, 2026. A closed session took place from 1:45 p.m. EST to 2:13 p.m. EST on March 18, 2026. Dr. Walsh, Director, NIEHS, presided as chair. The meeting was virtual only and all participants attended via MS Teams. The meeting was also webcast to the public.

**Participating Council Members**

Yulia Iossifova Carroll, MD, PhD (*ex officio*)  
Stephania Cormier, PhD  
Olivier Deschenes, PhD  
Suzanne Fitzpatrick, PhD (*ex officio*)  
J. Timothy Greenamyre, MD, PhD  
Maureen Gwinn, PhD (*ex officio*)  
Darryl B. Hood, PhD  
Keri Hornbuckle, PhD  
Catherine Hoyo, PhD, MPH  
Gökhan M. Mutlu, MD  
Maria Savasta-Kennedy, JD

**NIH Staff**

Lisa Marie Adiaba  
Irina Alva-Weinstein  
Trevor Archer  
Jennifer Baker  
David Balshaw  
Valerie Bartlett  
Sharon Beard  
Abee Boyles  
Jonathan Burg  
Michelle Campbell  
Danielle Carlin  
Toccaro Chamberlain

Jennifer Collins  
Yuxia Cui  
Christopher Duncan  
Anika Dzierlenga  
Kim Gaetz  
Amanda Garton  
Jenny Greer  
Michelle Heacock  
Heather Henry  
Jonathan Hollander  
Michael Humble  
Bonnie Joubert  
Cindy Lawler  
Jacqueline Marzec  
J'Ingrid Mathis  
Katherine McGinnis  
Srikanth Nadadur  
Liam O'Fallon  
Eric Persaud  
Ashlinn Quinn  
Lingamanaidu Ravichandran  
Bruce Reed  
Thaddeus Schug  
Carol Shreffler  
Claudia Thompson  
Brittany Trottier  
Frederick Tyson  
Ashley Vargas  
Kyle Walsh  
James Williams  
Alicia Zorn

## **OPEN SESSION**

The meeting was open to the public on March 18, 2026 from 9:00 a.m. EST to 12:55 pm EST. In accordance with the provisions set forth in Section 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 U.S.C. Appendix 2), the meeting was closed to the public on March 18, 2026 from 1:45 p.m. EST to 2:13 p.m. EST for consideration of grant applications. Notice of the meeting was published in the *Federal Register*. Dr. Kyle Walsh presided as Chair and Dr. David Balshaw served as the Designated Federal Officer for the meeting.

### **I. Call To Order and Opening Remarks**

The National Institute of Environmental Health Science (NIEHS) and National Toxicology Program (NTP) Director Kyle Walsh, welcomed attendees and called the meeting to order. Dr. Walsh then provided guidance from the Government in the Sunshine Act to the attendees. The Division of Extramural Research and Training (DERT) Director, Dr. David Balshaw, asked Council members to introduce themselves. Council member Dr. Patricia Nez Henderson was unable to attend. Members of the NIEHS senior leadership team introduced themselves. Dr. Balshaw then reviewed the logistics for the meeting and read the conflict-of-interest statement.

### **II. Review of Confidentiality and Conflict of Interest**

Dr. David Balshaw read the conflict-of-interest statement. “This certifies that in the review of applications or projects conducted by the National Advisory Environmental Health Sciences Council on today’s date, I absented myself and I did not participate in the discussion of, nor vote on, any applications or projects in which I or, to my knowledge, my spouse, minor child, or close professional associates have a financial interest nor on any applications or projects from an organization or institution where I am an employee, consultant, officer, director, or trustee, am negotiating for employment, or otherwise have a financial interest. In Council actions in which we voted on a block of applications or projects without discussing any individual one—the ‘en bloc’ actions—my vote did not apply to any applications from any institution fulfilling the criteria in the preceding paragraph.” Members should have already signed the certification and have emailed the signed version to Valerie Bartlett. Dr. David Balshaw also went over the use of MS TEAMS breakout rooms for members and attendees in conflict during closed session.

### **III. Consideration of September 2025 Meeting Minutes**

Approval of the September 2025 meeting minutes was moved by Dr. Darryl Hood and seconded by Dr. J. Timothy Greenamyre. Council voted to approve the minutes, with all in favor. Dr. David Balshaw mentioned the future Council meeting dates. The next Council meeting will be in June 2026.

### **IV. Report of the NIEHS Director**

Dr. Kyle Walsh shared his background, described his transition to NIEHS leadership, and outlined the Institute's current direction. He briefed Council on Institute developments that have occurred since the September 2025 Council meeting.

Dr. Walsh presented a slide showing the NIEHS FY 2023-2026 Funding Summary. He emphasized that the enacted budget passed by Congress leaves NIEHS in a largely flat funding environment for FY 2026.

Dr. Walsh gave background on the Make America Healthy Again (MAHA) Commission, explaining that the Commission was assembled to advise the President. The MAHA Commission is comprised of the National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control (CDC), United States Department of Agriculture (USDA), Environmental Protection Agency (EPA), Department of Education (DOE), and others. An assessment report looking at the scope and drivers of this chronic disease crisis was completed, followed by a federal policy roadmap that addresses prevention of these diseases through research informed changes in regulations. The MAHA Commission report identified major drivers of childhood chronic disease being poor diet, sedentary lifestyles, and environmental chemical exposures. The MAHA strategic framework is focused on reforming America's food, health, and scientific systems to identify the root causes of the chronic disease epidemic. Dr. Walsh stated that the Department of Health and Human Services (HHS) has mandated an initiative on chronic disease to leverage and align existing NIH research projects, improve NIH coordination on chronic disease research, and generate actionable results. Dr. Walsh explained that Dr. Richard Woychik is now a senior advisor to the NIH Director and leading coordination of NIH's MAHA strategy. Dr. Walsh noted the NIEHS 2025-2029 Strategic Plan is well aligned with MAHA priorities and this is a great opportunity for NIEHS funded investigators and intramural staff to be top level contributors to this high-profile initiative.

Dr. Walsh provided an example of how HHS is leveraging this opportunity through a recent federal investment in farm modernization and food supply security. HHS, USDA, and EPA announced a coordinated federal strategy with one billion dollars in investments to modernize agriculture and strengthen long-term food supply security. Of

these one billion dollars, NIH has \$100 million to support work in this area. NIEHS will be working with the NIH Office of the Director to better understand risks of agricultural chemicals to humans, including occupational exposures and impacts on agricultural workers and rural communities.

Dr. Walsh went on to share highlights from the Center for Exposome Research Coordination (CERC) that is funded by NIEHS. CERC catalyzes integration of exposure data across molecular, clinical, and population-level research. It has been working to disseminate standard analytical and computational methods that will lead to reproducible exposome wide association studies. Establishing national infrastructure, training programs, and enhanced community engagement platforms to embed exposomics into mainstream biomedical research has been a major focus of CERC. Dr. Walsh also shared accomplishments from CERC's collaborative networks, known as Hubs. The ChemBio Analytical Sciences Hub launched their Exposome Research Coordination Survey. More than 165 labs have participated in the survey to define scalable analytical and computational infrastructure for exposomics. The Geospatial Sciences Hub has expanded their multi-institutional partnerships to advance place-based exposure frameworks across the life course. Finally, the Data Sciences Hub has strengthened scalable, reproducible ExWAS analytics and data standards to enhance cross-cohort and international interoperability.

Dr. Walsh mentioned that several leaders from NIEHS will be attending and participating in the Global Exposome Summit April 27-29, 2026. This will be a follow-up to the Exposome Moonshot Forum from May 2025 to accelerate collaboration and shared resource development.

Dr. Walsh provided an update on the NIEHS-led Health and Extreme Weather (HEW) program. He explained the program has been successful in getting other NIH Institutes to think about how the health effects of extreme weather intertwines with the work they are already supporting. The HEW program prioritizes multidisciplinary research and global collaboration, as noted by NIEHS working in partnership with the Fogarty International Center. The HEW Executive Committee retreat was held on March 5, 2026 with Directors and Acting Directors from eleven different NIH Institutes and Centers (ICs) in attendance. Key themes discussed were training and capacity building, environment and health data resources, and MAHA-aligned topics. Improving data resources for extreme weather factors on the incidence of long-term chronic diseases was a takeaway from the retreat.

Dr. Walsh also provided an update on how NIEHS is thinking about environmental health disparities. There is a shift to solution-oriented approaches and prioritizing interventions that can produce measurable health improvements. He noted this is an

area NIEHS continues to engage in and emphasized the desire to come up with solutions for health disparities, not just documenting disparities.

Dr. Walsh highlighted a phased scoping review of the East Palestine, Ohio train derailment disaster. This work was done in collaboration with both intramural and extramural teams. The National Toxicology Program (NTP) and Division of Translational Toxicology (DTT) put together a framework for rapidly reviewing and summarizing authoritative literature to identify known health outcomes and evidence gaps for chemicals that were part of the disaster. This framework has helped to inform the extramural research that is being done in East Palestine. NIH has funded a 5-year longitudinal health study anchored in a permanent community office in East Palestine, Ohio. Dr. Walsh attended the study kick-off meeting. He highlighted that the community office serves as a hub for participant enrollment and research coordination, proving to be a strong example of community engaged research.

Dr. Walsh provided brief highlights on NIEHS-led NIH Common Fund programs, noting the RNomics and Complement-ARIE programs specifically. The RNomics program has been approved for Common Fund funding. This program is a partnership between NIEHS and the National Human Genome Institute (NHGRI) that will develop an essential toolkit for comprehensive characterization and measurement of the human RNome. The Complement-ARIE program between NIEHS and the National Center for Advancing Translational Sciences (NCATS) is another approved Common Fund program. The objective of the program is to catalyze the development, standardization, validation, and use of human-based new approach methodologies (NAMs) that will transform basic, translational, and clinical sciences.

Dr. Walsh acknowledged NIEHS Intramural awards and honors. Dr. Jennifer Ish was awarded the 2025 NIEHS Fellow of the Year and Dr. Jesse Cushman was awarded the 2025 NIEHS Mentor of the Year. He showed a slide with several more Intramural awardees.

Dr. Walsh mentioned that he was invited to speak at the first HHS National Conference on Women's Health, sponsored by the Office of Women's Health at HHS. Natalie Shaw and Susan Sumner joined him to talk about their work.

Dr. Walsh went on to recognize the late Professor Bruce Hammock. Dr. Hammock directed the nation's first NIEHS Superfund Basic Research Program at UC Davis from 1987 to 2024.

The NIH-wide Strategic Plan for Fiscal Years 2027-2031 is in development. Dr. Walsh encouraged the audience to participate in the upcoming meeting scheduled for April 8<sup>th</sup> where NIH leadership will discuss the Strategic Plan and answer questions.

Dr. Walsh ended his presentation with an invitation to council members to ask questions or bring up topics for discussion. Council discussion following Dr. Walsh's presentation focused on the need for representative datasets, longitudinal and life-course studies, actionable solutions for environmental health disparities, community engagement, and practical ways to incorporate environmental exposure history into clinical care. Members raised concerns about underrepresentation in large language models and asked how NIEHS could help ensure that future artificial intelligence (AI) and exposome work is representative and useful for precision medicine. For example, exposome studies with an AI component for precision environmental health/medicine outcomes as a representative area for inquiry. Dr. Walsh stressed that existing cohorts such as the All of Us Research Program, and the Environmental influences on Child Health Outcomes Program (ECHO) could serve as valuable platforms, and that community engagement should begin early and continue throughout research translation.

## **XI. Report of the DERT Director**

Dr. David Balshaw began his presentation to Council about DERT developments since the September 2025 Council meeting with a staffing update. Dr. Balshaw announced that Caleb Rogers who was a Grants Management Specialist resigned during the October furlough to pursue other career opportunities. Kindra Morrison, who was a member of the Scientific Review Branch, accepted a reassignment to the Center for Scientific Review to resume her duties as a grant's technical assistant. He welcomed new DERT employee Lisa Marie Adiaba who will be working with Ashley Vargas as a program analyst.

Dr. Balshaw presented the updated Council SOP and Council delegated authorities. He outlined a series of changes to Council procedures, including how competitive-but-not-discussed applications are handled and how interim Council concurrence may be used between meetings. Council members unanimously approved the SOP and delegated authorities.

Dr. Balshaw presented the FY 2025 extramural funding and grants distribution, reporting 1,330 reviewed applications and 225 competing awards, with a 12.3% success rate for R01s and 12.9% success rate for RPGs. He presented the breakdown of FY 2025 grants distribution by budget category and distribution of RPG awards by activity code. The distributions remained fairly consistent, relevant to previous years. There was an uptick in multi-year funding following the guidance from OMB to increase multi-year funding and decrease non-competing commitments in future years. Finally, he covered the Superfund Research Program (SRP) funding breakdown.

Dr. Balshaw went on to highlight the FY 2026 funding approach. He acknowledged the significant delays in the issuance of NIH awards this fiscal year and explained the various reasons why there are funding delays. He noted that NIEHS will follow the NIH Unified Funding Strategy, pointing out that this is not a significant departure from the previous NIEHS approach. He noted DERT's efforts to continue managing unobligated balances, reiterating this is not a change in NIEHS' funding strategy. For more details and figures on this, he invited Council members to go back to the slides from his presentation during the September 2025 Council meeting.

Dr. Balshaw discussed NIH-wide grants website changes and reviewed policy updates. NIH is working to centralize all information for applicants and awardees across NIH into grants.nih.gov. He showed how to navigate the new website and went over several policy updates that have come out since the last Council meeting. He highlighted that NIH is moving from RFAs toward Highlighted Topics, updates to the data management and sharing plan, the new prior approval module requirement, reduced use of letters of intent, and changes to bio-sketch and other support documentation.

Dr. Balshaw ended his presentation by sharing DERT programmatic updates. Recent meetings were held for SRP, the NCI collaboration on the Cohorts for Environmental Exposures and Cancer Risk, the East Palestine study kickoff, CURE Consortium, NIH Data Repository and Knowledgebase, and the K12 program Pediatric and Reproductive Environmental Health Scholars. The Worker Training Program (WTP) held several meetings since the last Council September 2025 meeting and have two more meetings coming up in May and October 2025. WTP also released a new video on disaster training efforts. SRP co-hosted the Risk e-Learning webinar series doing a deep dive into new approach methodologies (NAMs). Dr. Balshaw also announced the HHEAR program's final accomplishments, noting the final steering committee meeting was held in December 2025. This brings an end to 10 years of support to encourage exposure research.

## **XII. Break**

## **XIII. CSR Update**

Dr. Walsh introduced Dr. Bruce Reed, Acting Director of the Center for Scientific Review (CSR) at NIH. Prior to being appointed as the Acting Director, Dr. Reed served as the Deputy Director of CSR since 2019. In his role, he works to optimize peer review at NIH through implementation of the CSR strategic plan. Dr. Reed thanked Dr. Walsh for the introduction before beginning his presentation on recent developments in NIH peer review to Council.

Dr. Reed began by explaining how CSR is recovering from the October government shutdown. He noted the shutdown occurred during the height of the fall review cycle.

CSR was able to reschedule 567 meetings that engaged almost 19,000 reviewers. He emphasized the effects of the shutdown will ripple through the entire 2026 Council year. CSR also had to make emergency modifications to review policies and practices, including discussing 1/3 of applications instead of 50% of applications and switching the format of summary statements to improve efficiency. The modifications were highly effective, and the January Council round is essentially now complete. The May Council round meetings are running much later than usual – the meetings are now expected to run through the end of May. However, Dr. Reed noted he's confident that CSR will be able to release all May Council summary statements by June 15<sup>th</sup>. CSR is attempting to meet usual summary statement deadlines for the October 2026 Council. The January 2026 reviews were delayed about 2.5 months, and the May 2026 reviews are expected to be delayed about 1 month.

Next, Dr. Reed turned to the topic of NIH peer review centralization. He provided the background that until 2025, NIH had 24 administratively distinct review shops – CSR plus 23 institute/center review branches. All followed NIH review policy, but there were substantial variations in practices and there were major differences in the types of applications reviewed. Roughly 50% of all NIH review staff worked in IC branches and NIH had become aware that per application review costs were much lower at CSR than any IC review branch. In March 2025, NIH announced that peer review would be centralized within CSR. The plan was announced on March 6<sup>th</sup> and by June 1<sup>st</sup> all review was being managed by CSR, and all review staff were working at CSR. He acknowledged that the consolidation presented organizational challenges. CSR took on review of an additional ~30,000 applications per year and absorbed ~250 staff. CSR is addressing these challenges by working closely with senior staff at every IC, standardizing review practices, providing training, and reorganizing to create 10 new review branches and 52 new study sections.

Finally, Dr. Reed discussed three ongoing initiatives to strengthen NIH peer review. First, the Simplified Review Framework (SRF) came into effect in 2025. The SRF grew out of an effort to simplify review criteria and to direct reviewer attention to the key scientific judgements that they are qualified to make. The SRF takes five legally specified criteria and restructures them into three factors: importance of research, rigor and feasibility, expertise and resources. Second, the reviewer pool was broadened to bring in fresh perspectives and more variety on panels. Third, CSR has worked to end the overuse of reviewers. Compared to six years ago, excessively high service requirements for reviewers are almost eliminated, the mix of full professors vs. associate professors is better balanced, and assistant professors are more consistently present.

Dr. Reed responded to Council questions about the number of new study sections, the handling of complex multi-component applications such as the NIEHS Superfund

Research Program center grants, and the need for future updates to the assisted referral tool. He said CSR will use subject-matter expertise from prior Institute review branches, is creating dedicated recurring panels for complex applications, and is exploring AI-supported tools to keep referral resources current. Council members emphasized the importance of ensuring that complex multidisciplinary applications are reviewed by panels with the right expertise.

#### **XIV. Health and Extreme Weather (HEW) Update**

Dr. Walsh introduced Dr. Ashlinn Quinn, Program Officer in the DERT Population Health Branch. Dr. Quinn is the lead for the Health and Extreme Weather (HEW) program. Dr. Quinn thanked Dr. Walsh for the introduction before beginning her presentation on HEW program updates to Council.

Dr. Quinn provided a brief introduction of the HEW program at NIH. It is an NIH-wide program with its own strategic framework with a dedicated webpage on the NIEHS website. The HEW Steering and Executive Committees have members from 12 ICs and the Working Group has members from 30 ICs, including the NIH Office of the Director. She provided a snapshot of the unsolicited portfolio in HEW, noting this has been an area of interest for the research community for many years. From FY2021 through FY2024 there was a significant increase in the number of unsolicited applications awarded by NIH in the HEW area.

Dr. Quinn went on to highlight several HEW program activities, including the CAFE research coordinating center, the P20 center network, ACE-PATH, and the NSF disaster research collaboration. CAFE is building a community of practice in the HEW area of science. To date, over 3,200 members have joined this community of practice. CAFE supports capacity building, resource development, and data management activities. The community of practice fosters networking and collaborations among our grantees and supports mentorship connections. CAFE has over 1,000 datasets in a public Dataverse collection, working in collaboration with the NIH CHORDS project. They have also crowd-sourced 180 educational resources to their educational resource hub.

There are currently 21 active P20 Centers across the United States studying a broad range of health outcomes and extreme weather events. These Centers are working on a lot of solutions-based work. Dr. Quinn shared several quotes from stories of success with common themes being the structure that allowed P20 awardees to overcome silos, engage partners, and build capacity for research at their institutions.

Alliance for Community Engagement - Partnership for Action Toward health (ACE-PATH) is a program managed by the National Heart, Lung, and Blood Institute (NHLBI) with two phases. The awardees are in the beginning of Phase 2 starting their

interventional work. The goal of the program is to support U.S. communities' quality of life by developing and testing interventions to address the impacts of local health stressors. There are three funded centers through the ACE-PATH program. First, the University of Colorado Denver Mountain West Hub is implementing do-it-yourself air filters in urban and rural settings experiencing poor air quality. Second, the Public Health Institute is working in central California conducting a cluster randomized trial to evaluate the impact of a community adaptation and resilience intervention to reduce self-reported heat related illnesses and increase resilient preventative behaviors. Third, the University of Alaska Fairbanks is working with Native Alaskan communities to implement an intervention called "Tools for Life" to reduce chronic stress, promote mental health, and increase environmental resilience. HHS Secretary Kennedy Jr. visited this site in July and toured a health clinic, met with Native Alaskan leaders and heard about concerns the community has on the health impact of weather events.

In the collaboration with the National Science Foundation (NSF) on disaster research NIEHS has provided additional resources to promote health research among several NSF funded centers working on disaster research. One example is the NSF center at the University of Colorado-Boulder where NIEHS support allows for funding of grants to investigators who are interested in collecting perishable health data on high-risk groups and time sensitive situations in the wake of weather disasters. Another NSF center is at the University of Washington. This group has a wide range of data collection instruments that can be used in the wake of disasters. NIEHS is providing funding to increase the number of data collection instruments available to researchers.

Dr. Quinn also discussed the HEW program's data-related efforts. She acknowledged that there's a problem in finding, accessing, and using HEW data that's integrated with health data in order to truly understand health impacts and how to mitigate them. This problem is being addressed by NIEHS extramural and intramural scientists. Dr. Quinn pointed out that the HEW CAFE Resource Coordination Center, CHORDS program and HEW Data Accelerator program are all working to address this problem as well.

The HEW Intramural Research program provides support to intramural principal investigators (PIs) across NIH to get them more involved in HEW research. This program has already made two rounds of awards. The awards are intended for PIs to expand their research into the area of HEW. A third round of awards is currently under review. Additionally, a new ORISE Scholars Program will support up to six postdoctoral fellows with awards anticipated in May 2026. Finally, heat exposure chambers for animal research have been purchased with the expectation that the equipment will be available for use by intramural PIs across NIH later this fiscal year.

Dr. Quinn ended her presentation by sharing future HEW program activities. A HEW grantee meeting will be held at the NIH main campus in April 2026. A new HEW scholars program will be launching. Finally, there continue to be a lot of strategic

visioning activities with the HEW Executive and Steering Committees. She closed with optimism for the development of future HEW activities that she could bring back to council.

The Council asked questions to Dr. Quinn on permafrost melt, sea level rise, and Native Alaskan community resilience. Dr. Quinn explained that the Alaska project is being shaped by community-identified priorities, especially subsistence lifestyles, food security, and health impacts from environmental change. She emphasized that the program is focused on the health consequences of ongoing environmental conditions and interventions to protect health, rather than measuring every environmental variable directly.

#### **XVI. Adjournment of Open Session**

Dr. Kyle Walsh thanked the Council members for their work on the meeting, and all attendees for their participation. Dr. David Balshaw added thanks to Council for its engagement and important advice. Dr. Kyle Walsh adjourned the open session of the meeting at 12:55 p.m. EST on March 18, 2026.

#### **CLOSED SESSION**

This portion of the meeting was closed to the public in accordance with the determination that it concerned matters exempt from mandatory disclosures under Sections Section 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code and Section 10(d) of the Federal Advisory Committee Act, as amended. The closed session adjourned at 2:13 p.m. EST on March 18, 2026.

#### **REVIEW OF APPLICATIONS**

The session included a discussion of procedures and policies regarding voting and confidentiality of application materials, committee discussions and recommendations. Members absented themselves from the meeting during the 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. The Council considered and recommended 153 discussed, NIEHS primary applications requesting \$78,340,830 in total costs. For the record, it is noted that competitive, not discussed primary and all secondary applications were also considered en bloc.

CERTIFICATION:

 Digitally signed by  
KYLE M. WALSH -S  
Date: 2026.06.11  
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Kyle Walsh, PhD  
Chairperson  
National Advisory Environmental  
Health Sciences Council

Attachment:  
Council Roster

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-S** Digitally signed by  
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David Balshaw, PhD  
Executive Secretary  
National Advisory Environmental  
Health Sciences Council





**COMMITTEE ROSTER**  
**National Advisory Environmental Health Sciences Council**

**NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES**

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