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

September 10, 2026

The 179th meeting of the National Advisory Environmental Health Sciences Council was held on September 10, 2026. Open session convened at 9:00 a.m. EST and adjourned at 12:03 p.m. EST on September 10, 2026. A closed session convened from 1:00 p.m. EST to 1:37 p.m. EST on September 10, 2026. Dr. Kyle Walsh, Director of NIEHS, presided as Chair. The meeting was virtual only and all participants attended via MS Teams. The meeting was also webcasted to the public.

Participating Council Members

Jason Aungst, PhD *(ex-officio)*
Yulia Iossifova Carroll, MD, PhD *(ex-officio)*
Stephania Cormier, PhD
Olivier Deschenes, PhD
J. Timothy Greenamyre, MD, PhD
Darryl B. Hood, PhD
Cathrine Hoyo, MPH, PhD
Gökhan M. Mutlu, MD
Maria Savasta-Kennedy, JD

NIH Staff

Lisa Marie Adiaba
Trevor Archer
Camilo Asuncion
Jennifer Baker
David Balshaw
Abee Boyles
Jonathan Burg
Michelle Campbell
Danielle Carlin
Toccara Chamberlain
Jennifer Collins
Yuxia Cui
Christopher Duncan
Anika Dzierlenga
Kim Gaetz

Nicole Garbarini
Amanda Garton
Kimberly Gray
Jenny Greer
Michelle Heacock
Jonathan Hollander
Michael Humble
Bonnie Joubert
Cindy Lawler
Jacqueline Marzec
J'Ingrid Mathis
Katherine McGinnis
Aubrey Miller
Srikanth Nadadur
Liam O'Fallon
Amelia Pearson
Eric Persaud
Clark Phillips
Ashlinn Quinn
Lingamanaidu Ravichandran
Carol Shreffler
Claudia Thompson
Brittany Trottier
Ashley Vargas
Kyle Walsh
Alicia Zorn
Darryl Zeldin

OPEN SESSION

The meeting was open to the public on September 10, 2026 from 9:00 a.m. EST to 12:03 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 September 10, 2026 from 1:00 p.m. EST to 1:37 p.m. EST for consideration of Board of Scientific Councilors report and 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 Sciences (NIEHS) and National Toxicology Program (NTP) Director, Dr. Kyle Walsh, welcomed attendees and called the meeting to order. He read the Government in the Sunshine Act. The Division of

Extramural Research and Training (DERT) Director, Dr. David Balshaw, asked Council members to introduce themselves. Council members Dr. Keri Hornbuckle, Dr. Patricia Nez Henderson, and *ex-officio* member Dr. Maureen Gwinn were unable to attend. Members of the NIEHS senior leadership team introduced themselves.

II. Review of Confidentiality and Conflict-of-interest

Dr. David Balshaw read the conflict-of-interest and confidentiality 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 sign the declaration and email it to Dr. Vargas this morning if they have not already done so.

III. Consideration of June 2026 Meeting Minutes

Approval of the June 2026 meeting minutes was moved for by Dr. Darryl B. Hood and seconded by Dr. J. Timothy Greenamyre. Council voted to approve the minutes, and concurrence was achieved.

IV. Report of the DERT Director

Dr. Balshaw presented the DERT Director's report first. He reported no DERT staffing changes have occurred since the June Council meeting but provided an update on Council membership. NIEHS anticipates that pending Council slates could result in twelve new members being introduced at the February meeting. Dr. Balshaw also recognized Dr. Olivier Deschenes, whose term on Council was ending, and thanked him for his years of service and contributions.

Dr. Balshaw next reviewed fiscal year (FY) 2026 grant activity. He explained that NIEHS has been working in recent years to distribute grant award making more evenly throughout the fiscal year rather than concentrating award making activities near year end. Progress was disrupted in FY 2025 and again in FY 2026 by government shutdowns and delays in receiving allocations. Nevertheless, by early September 2026, NIEHS had issued 836 awards, with approximately twenty additional awards still being

processed. Dr. Balshaw projected approximately 860 total awards for FY 2026 compared with a historical range of approximately 1,050 to 1,100 awards annually, and 977 awards in FY 2025.

He attributed the declining award count to increases in average total award costs, which had risen from less than $400,000 to approximately $550,000. Factors contributing to the increase included multi-year funding requirements and discontinuation of the previous practice of applying 15 percent across the board administrative reductions. Dr. Balshaw stressed that the decline in the number of awards did not represent a decline in NIEHS research investment. Rather, he projected an all-time high of approximately $480 million from the Institute's HHS appropriation, exclusive of Superfund and Worker Training Program appropriations. Thus, NIEHS was investing more research funding overall, but that funding was supporting fewer projects.

Dr. Balshaw then reviewed several NIH policy developments. A significant forthcoming change will eliminate traditional letters of support included in federal grant applications and replace them with standardized letters of collaboration. These letters will be limited to approximately 100 words and will document an agreement to collaborate rather than provide an endorsement or detailed description of the proposed collaboration. Implementation is expected with the forthcoming Forms J application package in FY 2027.

He also clarified implementation of the simplified Data Management and Sharing Plan format. Noncompeting awards subject to earlier NIH data sharing policies will be expected to transition to the new format with FY 2027 progress reports. Competing applications submitted before the May 25, 2026, receipt date that used the previous format, will require revised plans at Just-in-Time. Applications submitted after that date should use the new format.

Dr. Balshaw updated Council on NIH's request for information concerning a proposed cap of three awards per principal investigator. NIH received more than 3,000 comments. Approximately 40 percent opposed the proposed cap, approximately 32 percent supported the general goal but recommended changes, and approximately 27 percent supported both the goal and the three project cap. Major concerns included whether award count was the appropriate metric, whether effort-based alternatives would be preferable, and whether a cap could adversely affect team science, multidisciplinary research, early-stage investigators, and new investigators.

He highlighted another open request for information concerning how NIH reports peer review outcomes. The proposal would eliminate final numerical priority scores and percentiles and instead place applications into broad categories. Approximately the top

25 percent would be designated "most competitive," applications in the next quartile would be designated "competitive," and applications below that level generally would not be discussed. Preliminary reviewer scoring would remain quantitative, but final discussed applications would no longer receive numerical scores. Public comments were being accepted through October 13, 2026.

Turning to program activities, Dr. Balshaw noted NIEHS participation in the new Advisory Council on Parkinson's Research, Care, and Services, with Drs. John Hollander and Nicole Garbarini representing the Institute. He reported that the Worker Training Program held a workshop examining applications of artificial intelligence to hazard assessment, controls, and worker training; updated their heat stress prevention training; and expanded their Ebola training materials into broader infectious disease training resources. Dr. Balshaw concluded with a new feature highlighting notable publications from the extramural portfolio.

V. Report of the NIEHS Director

Dr. Walsh began his report with an update on the NIEHS budget. He noted that the FY 2025 and FY 2026 enacted budgets were essentially flat, with a modest reduction in the Superfund allocation, and that the FY 2027 House mark suggested another relatively flat year. He reported that recently enacted legislation had avoided an immediate federal shutdown and extended government funding through December 11, 2026 at FY 2026 rates, although continuing resolution restrictions would remain until Congress enacted full year appropriations or another extension. Dr. Walsh recognized NIEHS's 60th anniversary.

Next, Dr. Walsh highlighted early career investigators whose NIEHS supported career development had contributed to successful transitions to independence. He described examples spanning environmental epidemiology, neurotoxicology, mechanistic toxicology, reproductive epidemiology, multi omics, environmental contributors to Parkinson's disease, manganese and iron homeostasis, reproductive exposures, and community engaged environmental health. He emphasized the value of early career investment not only for individual investigators but also for building future scientific leadership in environmental health.

Dr. Walsh next reviewed major changes to NIH career development awards. The current array of K mechanisms will be consolidated into four principal mechanisms. K01, K21, K25, and K32 mechanisms will transition into the KR1 Mentored Research Scientist Career Development Award; K08, K23, and K38 will be harmonized under the KC1 Mentored Clinician Scientist Award; several established investigator mechanisms

will become the KS1 Investigator Award to Support Mentorship; and K22 and K99 mechanisms will be incorporated into a KT1/R00 pathway. Data Management and Sharing Plans will no longer be required for these K awards, eligibility requirements will be harmonized, review will emphasize the candidate and career development plan, research plan, and environment and mentorship, and K awards will no longer directly support conduct of clinical trials, although awardees may participate in mentor led trials.

Dr. Walsh then discussed the NIEHS Revolutionizing Innovative, Visionary Environmental Health Research (RIVER) R35 program. Over ten years, NIEHS issued seven RFAs and invested more than $160 million in 35 investigators, who collectively produced more than 1,100 publications. Program evaluation suggested that the longer duration and flexibility of R35 support increased mentoring, facilitated collaborative research hubs, allowed investigators to pursue high risk and emerging scientific directions, enabled acquisition of advanced research equipment, and created additional time for scientific leadership and service.

Dr. Walsh updated Council on the planned Clinical and Computational Sciences Building at the NIEHS campus. The facility will replace the existing Clinical Research Unit and house high-performance computing and data infrastructure while co-locating the Division of Translational Toxicology (DTT), NTP, and DERT staff currently working at the Keystone facility. NIH and HHS had funded the project, contractor procurement was underway, and a design build process was expected to proceed through 2027 before construction. Full occupancy is projected approximately in 2031–2032.

Dr. Walsh reviewed several new NIEHS Highlighted Topics intended to signal areas of particular scientific interest, without necessarily providing dedicated set-aside funds. Newly emphasized topics include contaminants of emerging concern and data driven exposure characterization, time sensitive environmental health research, and wastewater-based epidemiology. NIEHS also joined an NIH-wide bioethics Highlighted Topic, with Institute interests including ethical issues related to environmental health and return of exposure information to communities.

Dr. Walsh described an ongoing DTT systematic review of glyphosate requested by HHS. The effort is evaluating evidence related to human cancer, rodent cancer, and male reproductive health. Protocols were publicly posted in advance in keeping with DTT systematic review practices. Dr. Walsh emphasized that these are DTT academic products rather than NTP products and noted their potential utility to EPA during glyphosate re registration.

Dr. Walsh provided an update on the NIH Common Fund RNomics program, co-led by NIEHS and NHGRI. Forecasted opportunities include technology enhancement centers,

molecular standards, transformative experimental and computational technologies, and an outreach and coordination center. Collectively, these efforts are intended to improve measurement and characterization of RNA molecules and modifications, establish reference standards, develop new technologies, and provide data management and community coordination infrastructure.

He then discussed NIH research on fluoride exposure. Dr. Walsh explained that NIEHS and NIH are seeking to strengthen evidence regarding health effects at exposure levels relevant to the United States. Questions remain regarding dose response relationships, thresholds, critical developmental windows, and potential neurodevelopmental effects. He highlighted recent work using the ECHO cohort to examine prenatal fluoride exposure and childhood cognitive outcomes and emphasized the need for replication and mechanistic research. He also stressed the importance of weighing potential risks against established dental health benefits and considering both cumulative exposure and developmental timing. NIH is collaborating with FDA, EPA, CDC, and NIDCR on this research agenda, while EPA is separately reviewing fluoride under the Safe Drinking Water Act.

Dr. Walsh revisited NIH's unified funding strategy, emphasizing that peer review remains the foundation for evaluating scientific and technical merit but that funding decisions should consider the complete reviewer assessment, scientific opportunity, risk and potential reward, mission alignment, and portfolio needs rather than relying exclusively on a single numerical score or percentile. He noted that this approach represents less of a change for NIEHS than for some Institutes because NIEHS has historically incorporated programmatic considerations into funding decisions.

Dr. Walsh concluded by recognizing several awards and accomplishments among NIEHS investigators and fellows and thanking DERT staff for their intensive work processing grants as the end of the fiscal year approached. He stated that NIEHS appeared on track to issue its planned awards and fully utilize available funds in support of the Institute's mission. He also thanked Dr. Deschenes for his Council service.

VI. Break

VII. Concept 1: Environmental Children’s Health

Dr. Balshaw introduced Dr. Kimberly Gray, Health Scientist Administrator in the Population Health Branch, to present a concept for the next phase of the Collaborative Centers in Children's Environmental Health Research and Translation program. Dr.

Gray explained that the proposal would renew and expand the current Center network, which was created to synthesize the substantial body of NIEHS supported children's environmental health research and accelerate translation of that science into public health and clinical practice.

Dr. Gray reviewed NIEHS's longstanding investment in children's environmental health, noting that the Institute supported more than $1.26 billion across 1,685 projects between 2008 and 2020. This research substantially improved understanding of children's vulnerability to environmental exposures and informed protective measures. However, NIEHS identified a need for a different type of program specifically designed to synthesize the accumulated science and move findings more efficiently into practice.

She placed this work in the context of the May 2025 Make America Healthy Again Commission report, which identified environmental exposures among the drivers of chronic disease in children alongside diet, physical inactivity, and chronic stress. Many exposures highlighted in that report—including PFAS, microplastics, fluoride, phthalates, bisphenol A, pesticides, herbicides, and insecticides—have long been subjects of NIH supported research. Dr. Gray emphasized that children's unique developmental windows, cumulative exposures, and exposure routes make environmental health research particularly important for this population.

NIEHS currently funded six children’s Health centers. Their purpose is to bring together children's environmental health researchers with risk communication specialists, behavioral and social scientists, implementation experts, and community partners to synthesize existing evidence and transform it into practical communication materials, educational resources, interventions, clinical tools, and public health strategies. The centers also support pilot projects addressing emerging environmental health concerns and maintain a collaborative national network capable of responding to new threats to children's health.

Dr. Gray reviewed findings from an ongoing impact evaluation. The centers have used educational programs, early-stage investigator support, pilot awards, public engagement, and translation activities to move environmental health science into practice. More than 10,000 children and adults have been reached through program activities, and more than forty programs or interventions had been documented at the time of the meeting. The centers have developed approaches addressing natural disasters, wildfire smoke, emerging chemicals, endocrine disruptors, household and neighborhood pollution, and children's indoor environments. They have also collaborated on manuscripts and other shared scientific products.

Pilot funding has been a central feature of the program. During approximately three and one half years, the centers funded 130 pilot projects. Thirty percent of pilot funding went outside the centers' home states, seven pilot awardees subsequently obtained sustained funding, and approximately 20 percent of pilot projects partnered with community organizations. The coordinating center has amplified these activities through the *Catalyst* newsletter, digital communications, social media strategies, and a newly launched public resource repository.

For the next phase, Dr. Gray proposed maintaining the existing Administrative, Developmental, and Translation Core structure while expanding the number and geographic reach of centers and strengthening their ability to extend resources nationally. She concluded that the model has demonstrated the value of multidisciplinary collaboration, community engagement, pilot funding, and translational infrastructure. She emphasized that translation is often lengthy and nonlinear and requires sustained teamwork, making continued support important for moving research into meaningful changes in children's health.

Council Discussion

- Dr. Cathrine Hoyo, speaking as an assigned reviewer and conveying Dr. Maureen Gwinn's views, identified the program's translational model as a major strength. She noted that it builds on substantial prior NIH investment and combines stable center infrastructure with flexible pilot funding. She particularly praised integration of environmental health science with risk communication, behavioral and social sciences, implementation science, and economics. Dr. Hoyo recommended that the next iteration move community engagement further upstream so communities participate not only in translating findings but also in identifying health concerns, establishing research priorities, and shaping scientific questions. She also recommended explicit outcome-based criteria for successful translation, including evidence of reduced exposures, changes in clinical practice, adoption of interventions, and incorporation into public health guidance rather than relying primarily on counts of products, meetings, and publications.
    - **Response:** Dr. Gray welcomed the recommendations.
- Maria Savasta-Kennedy supported Dr. Hoyo's recommendation for earlier community involvement. She also encouraged moving environmental health findings into routine clinical practice, giving the example of incorporating questions about private well water use into pediatric clinical screening systems.

    - **Response:** The recommendation was consistent with the proposed emphasis on translation into clinical and public health practice and on strengthening community engagement earlier in the research process.

- Dr. Yulia Carroll expressed strong support for the program and emphasized the importance of involving state and local health departments. She noted that health departments are often responsible for implementing public health recommendations, interventions, and prevention strategies and can serve as important collaborators linking communities and universities. From CDC's perspective, she identified an important evidence gap regarding which interventions and prevention strategies are effective and welcomed the program's movement toward intervention focused public health research.
    - **Response:** Dr. Gray explained that one goal of expanding the centers is to better align their geographic reach with HHS regions and thereby create additional opportunities for collaboration.

Concept Approval

Following discussion, Maria Savasta-Kennedy moved to vote on the approval of the Collaborative Centers in Children's Environmental Health Research and Translation concept. Dr. Cathrine Hoyo seconded the motion. Council members voted to approve the motion, and concept clearance was achieved.

VIII. Concept 2: METALS

Dr. Balshaw introduced Dr. Danielle Carlin, Health Scientist Administrator in the Hazardous Substances Research Branch, to present the second concept of the morning, Mechanistic Toxicology of Metals (METALS). She explained that the initiative would support mechanistic research examining how exposure to metals, metal containing compounds, and mixtures alters biological processes relevant to human health. Priority areas include immune development and homeostasis, placental development and barrier function, nervous system development and function, and neuroimmune interactions. Across these areas, investigators would be encouraged to examine absorption, distribution, transport, cellular uptake and trafficking, metabolism or transformation, biological interactions, retention, and clearance. Human relevant experimental models, new approach methodologies, computational approaches, and human biospecimens could be used.

Dr. Carlin explained that the initiative would encourage research across dose ranges, chemical forms, exposure routes, developmental stages, exposure timing, susceptibility

factors, and physiologic conditions. The ultimate goals are to strengthen hazard identification and risk assessment and improve understanding of susceptibility to metal exposures across the life course.

Dr. Carlin emphasized that metals can be both essential to normal biological function and toxic depending on dose, chemical form, route, timing, physiological state, and other factors. Human exposure occurs through air, food, vitamins, drinking water, consumer products, workplaces, and medically relevant materials. Potential mechanisms of toxicity include oxidative stress and reactive oxygen species generation, inflammation, direct cellular injury and apoptosis, and alterations to DNA and epigenetic processes.

A major focus of the concept is immune homeostasis. Dr. Carlin described immune homeostasis as the balanced state in which the immune system can respond effectively to threats without attacking healthy tissue. Insufficient immune activity can increase susceptibility to infection or compromise immune surveillance, whereas excessive or poorly regulated activity can promote chronic inflammation and autoimmune disease. Although NIEHS supports some work involving metals and immune disease, including chronic beryllium disease, mechanistic investigation of how metals affect innate and adaptive immune activation, immunological memory, and resolution remains relatively underdeveloped.

Placental biology and developmental susceptibility represent another priority. Important questions include which metal species cross the placenta, how they are transported, what determines fetal dose, and whether the placenta sequesters or transforms metals. The placenta itself may also be a target of toxicity through effects on vascular function, endocrine signaling, and nutrient transport. Within the Developmental Origins of Health and Disease framework, the initiative would investigate how exposures during preconception, pregnancy, infancy, childhood, and adolescence may become biologically embedded and influence later life health, as well as why some effects persist after exposure has ended.

Dr. Carlin then addressed neurotoxicity. Metals may enter the nervous system through transport systems ordinarily responsible for essential ions, while some nonessential metals can exploit transporters for chemically similar substrates. Other metals, including lead, may directly compromise blood brain barrier integrity. Once inside cells, metals can be trafficked to organelles, sequestered, misincorporated into metal binding proteins, or generate reactive oxygen species that damage DNA, lipids, cellular membranes, and redox sensitive signaling pathways. Effects vary by metal, dose, duration, developmental stage, and target cell type. She cited manganese effects on the

basal ganglia and greater susceptibility to methylmercury during prenatal development as examples.

Additional gaps include the potential role of extracellular vesicles in transporting metals and serving as biomarkers, interactions among metals, metabolites and gut microbiota derived neurotransmitters, vulnerable windows for neurological disease, and mechanisms linking metals to neuroimmune pathways. Dr. Carlin noted that many pathways targeted by metal toxicity also participate in the neuroimmune network and that disruption of these systems may contribute to inflammatory and autoimmune outcomes.

Dr. Carlin emphasized that the initiative is intended to move beyond measurements of total metal concentration. Biological activity may depend on speciation, oxidation state, physicochemical form, cellular localization, tissue distribution, and competition for endogenous transport pathways. Questions also remain about optimal ranges for essential metals and how these vary by developmental stage, nutritional or physiological state, and target tissue. Emerging exposures involving metals such as aluminum, lithium, and other medically or environmentally relevant metals also present unanswered questions regarding distribution, receptor binding, dose response relationships, and short- and long-term effects.

She concluded that METALS would support the HHS priority of reducing harmful chemical exposures while advancing NIEHS's emphasis on mechanistic toxicology. The initiative would move the field beyond exposure outcome associations toward experimental and integrative understanding of mechanisms, promote development and use of human relevant new approach methodologies, improve coordination of the existing NIEHS metals portfolio, and foster collaboration among investigators studying metal toxicology across organ systems and life stages.

Council Discussion

- Dr. Darryl Hood**,** an assigned reviewer, noted the concept’s principal strength is creation of an integrated mechanistic framework capable of linking environmentally relevant metal exposures across organ systems and disease endpoints. As a neurotoxicologist, he welcomed the expansion beyond traditionally emphasized neurological outcomes and recommended Council approval.
    - **Response:** Dr. Carlin thanked Dr. Hood for his support. His comments reinforced the concept's stated goal of organizing disparate areas of metals research within a coordinated mechanistic framework.

- Dr. Gökhan Mutlu, an assigned reviewer, described the concept as timely and important, particularly because of its attention to placental, prenatal, and early life exposures. He agreed that total metal concentration alone may not adequately explain biological effects because real world exposures frequently involve multiple metals and other compounds. Drawing on particulate matter research, he emphasized the importance of understanding both individual components and mixtures. He also noted that vaping and e cigarettes can contribute metal exposures and that wildfire smoke can contain metals such as chromium, cadmium, and lead.
    - **Response:** The concept was designed to accommodate precisely these complexities by examining mixtures, chemical forms, exposure routes, developmental windows, susceptibility factors, and mechanisms of uptake, distribution, and biological action rather than relying solely on total metal concentrations.
- Dr. Cathrine Hoyo**,** an assigned reviewer, noted her group's emerging interest in gadolinium detected in the water supply and noted that the source remains uncertain, potentially including medical waste or other pathways. She emphasized that the proposed mechanistic approach could help connect sources of exposure with biologically relevant forms of metals.
- Dr. Gökhan Mutlu added that solute carrier transporters may provide an important mechanistic and potentially therapeutic research direction. He noted that metals such as cadmium can persist in the body for many years and suggested that identifying transporters responsible for metal uptake could eventually create opportunities to inhibit uptake or otherwise reduce internal exposure.
- Dr. Cathrine Hoyo asked whether the initiative should explicitly encourage investigators to extend beyond neurodevelopmental outcomes to additional organ systems. Dr. Mutlu agreed and suggested consideration of the gastrointestinal tract and lungs as major routes of entry, as well as the liver and kidneys, where certain metals may accumulate and contribute to chronic disease. He also cited lung cancer as an important downstream outcome for some exposures such as cadmium.

Concept Approval

Following discussion, Maria Savasta-Kennedy moved to vote on approval of the METALS concept. Dr. Cathrine Hoyo seconded the motion. Council members voted to approve the motion, and concept clearance was achieved.

XIII. Adjournment of Open Session

Dr. Kyle Walsh thanked the Council members for the discussion, and all presenters for their participation. Dr. David Balshaw added thanks to Council for its engagement and important advice. Dr. Walsh adjourned the open session of the meeting at 12:03 p.m. EST on September 10, 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 1:37 p.m. EST on September 10, 2026.

I. ACCEPTANCE OF NIEHS INTRAMURAL RESEARCH BOARD OF SCIENTIFIC COUNSELORS REPORT

This portion of the closed session is concerning the NIEHS Intramural research only. The most recent NIEHS Intramural Divisions' Board of Scientific Counselors (BSC) report was provided to the Council members and concurrence was achieved for acceptance of the report.

II. 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 111 discussed, NIEHS primary applications requesting $54,013,134 in total costs. One application was not considered for further consideration. For the record, it is noted that competitive, not discussed primary and all secondary applications were also considered en bloc.

CERTIFICATION:

_____	_____
Kyle Walsh, PhD	David Balshaw, PhD
Chairperson	Executive Secretary

National Advisory Environmental
Health Sciences Council

Attachment:
Council Roster

National Advisory Environmental
Health Sciences Council