



Eunice Kennedy Shriver National Institute
of Child Health and Human Development

NATIONAL ADVISORY CHILD HEALTH
AND HUMAN DEVELOPMENT
COUNCIL

MEETING MINUTES

June 11, 2020

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND
HUMAN DEVELOPMENT
NATIONAL ADVISORY CHILD HEALTH AND HUMAN DEVELOPMENT COUNCIL
MEETING SUMMARY
June 11, 2020¹**

The National Advisory Child Health and Human Development (NACHHD) Council convened its 173rd meeting at 10:30 a.m. on Thursday, June 11, 2020, by National Institutes of Health (NIH) videocast. The meeting was open to the public on June 11 from 10:30 a.m. to 12:41 p.m. As provided in Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 10(d) of Public Law 92-463, for the review, discussion, and evaluation of grant applications and related information, the meeting was closed to the public on June 11 from 1:00 p.m. until 5:00 p.m.

Dr. Diana W. Bianchi, Director, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), presided.

Council members present:

Diana W. Bianchi, M.D. (Chair)

Susan Bookheimer, Ph.D.

Michele Caggana, Sc.D., FACMG

Catherine Gordon, M.D., M.Sc.

Carmen L. Neuberger, J.D.

Annette Sohn, M.D.

Clifford Tabin, Ph.D.

Alyce Thomas, RD

Alan Thevenet N. Tita, M.D., Ph.D., M.P.H.

Rebeca Wong, Ph.D.

Anthony J. Wynshaw-Boris, M.D., Ph.D.

Council members absent:

Michael Boninger, M.D.

National Advisory Board on Medical Rehabilitation Research Council Liaison:

Kenneth Ottenbacher, Ph.D., OTR (absent)

***Ex officio* members present:**

Patricia Dorn, Ph.D.

Aaron M. Lopata, M.D., M.P.P.

Department of Defense

MAJ Barbara K. Bujak, Ph.D., PT, DPT

Executive Secretary

Eugene G. Hayunga, Ph.D.

¹ Members absent themselves from the meeting when the Council discusses applications from their own institutions or when a conflict of interest might occur. The procedure applies only to individual applications discussed, not to *en bloc* actions.

Others present:

Members of Staff, NICHD

Members of Staff, NIH

I. CALL TO ORDER AND INTRODUCTORY REMARKS

Dr. Bianchi reported that this would be the first virtual meeting for the NACHHD Council. She hoped that meeting participants and their families were in good health during the COVID-19 pandemic. Dr. Bianchi also welcomed the newest Council members to this meeting and noted that they were not permitted to attend the closed session.

Review of Confidentiality and Conflicts of Interest

Dr. Hayunga reminded Council members that all members were required to read, agree to, and sign the confidentiality and nondisclosure rules for special government employees on the Council member website before evaluating any NIH grant applications. Before the meeting, Council members had received a conflict-of-interest certification form, which they were required to sign. Dr. Hayunga also reminded Council members that they are required to recuse themselves and leave the virtual meeting before any discussion involving any organizations or universities for which they are in conflict, in addition to those listed in the Council Action document. Council members are not allowed to serve on any NIH peer review panels while serving as Council members because NIH policy indicates that individuals may not serve on both the first and second levels of peer review.

Council Minutes

A motion to approve the January 2020 NACHHD Council meeting minutes carried.

Future Meeting Dates

Dr. Hayunga reviewed the future Council meeting dates and noted that the September 2020 meeting will again be virtual:

Thursday, September 10, 2020

Wednesday, February 3, 2021

Tuesday, June 8, 2021

II. NICHD DIRECTOR'S REPORT AND DISCUSSION

Dr. Bianchi delivered the director's report.

Budget

The federal government is currently funded through September 30, 2020, and the president's proposed budget for fiscal year (FY) 2021 calls for a 12% cut to the NIH budget. Dr. Bianchi accompanied Francis Collins, M.D., Ph.D., Director of NIH, to testify before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies to discuss NIH activities.

Congress appropriated funds through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to support people who were affected financially by the COVID-19 pandemic. These stimulus funds included \$945.4 million for NIH to “prevent, prepare for, or respond to coronavirus, domestically or internally.” The legislation targeted the funding to the NIH Office of the Director and a few NIH Institutes and Centers. Although NICHD was not included in this list, the institute has been active in many trans-NIH initiatives related to COVID-19.

COVID-19 Updates

The COVID-19 pandemic has changed how the NIH staff works. All personnel in administrative positions have been working from home since mid-March 2020. The only people working on the NIH campus are those conducting mission-critical clinical, basic science, or COVID-19–related research.

Two large trans-NIH initiatives are addressing COVID-19. The first, [Accelerating COVID-19 Therapeutic Interventions and Vaccines \(ACTIV\)](#), is a public–private partnership to develop a coordinated research strategy for prioritizing and speeding development of the most promising treatments and vaccines.

The second trans-NIH COVID-19 initiative is [Rapid Acceleration of Diagnostics \(RADx\)](#). This fast-track technology-development program will support novel solutions that substantially increase the U.S. capacity for SARS-CoV-2 testing from the rate achievable with standard approaches. RADx has four components:

- RADx-Tech: Supports development and commercialization of innovative technologies to significantly increase the U.S. testing capacity for SARS-CoV-2
- RADx-UP (Underserved Populations): Supports research on COVID-19 diagnostic testing in underserved and vulnerable populations
- RADx-RAD (Radical Non-Traditional Approaches): Supports novel concepts that address current gaps in SARS-CoV-2 testing
- RADx-ATP (Accelerating Technology Platforms): Identifies diagnostic testing approaches for COVID-19 that are advanced enough to achieve rapid scale-up

NICHD is accelerating research on the impact of COVID-19 infection on pregnant and lactating women; children; and people with intellectual, developmental, and physical disabilities. NICHD has identified existing opportunities in its networks and intramural laboratories, participated in trans-NIH funding opportunities and notices of special interest, and worked with the Department of Health and Human Services and federal colleagues to address emerging concerns.

More than a dozen NICHD intramural research laboratories temporarily shifted their focus and resources to respond rapidly to the need for COVID-19 research. These laboratories are conducting research on the following topics:

- Production of viral-like particles that express SARS-CoV-2 spike protein for vaccines
- Viral cell targets in the lung
- Development and testing of a point-of-care multimodal biosensor
- Preclinical therapeutic target identification and testing
- Molecular biology of SARS-CoV-2

Studies are also planned on innate immune responses, nanomaterial protectants, therapeutic targets, and roles of specific cofactors and binding sites.

NICHD's extramural research efforts include the following:

- COVID-19 pregnancy registry landscape analysis and collaboration to connect registries
- Opportunistic pharmacokinetic and pharmacodynamic characterization by the Pediatric Trials Network of several drugs used to treat COVID-19 in children
- Identification of protocols and tools in the PhenX (consensus measures for Phenotypes and eXposures) Toolkit and disaster research response by NICHD and collaborators, including the National Institute of Environmental Health Sciences and National Library of Medicine
- Identification of relevant networks and cohorts to collaborate with trans-NIH efforts
- Determination of out-year commitments needed to support NICHD-specific and trans-NIH efforts

Dr. Bianchi and Gary Gibbons, M.D., director of the National Heart, Lung, and Blood Institute, co-chair a working group that is developing a platform for research on Multisystem Inflammatory Syndrome in Children (MIS-C). Several hundred children with current or recent SARS-CoV-2 infection have developed this syndrome, which is characterized by fever, clinically severe illness, and multisystem organ involvement requiring hospitalization. This platform has three components:

- Predicting Viral-Associated Inflammatory Disease Severity in Children with Laboratory Diagnostics (PREVAIL): Large cohort study to advance understanding of pediatric SARS-CoV-2 spectrum of illness
- MIS-C cohort platform: Evaluation of the phenotypes, natural history, outcomes, and pathobiology of MIS-C
- Long-term follow-up study: Ascertainment of outcomes, treatment effects, and long-term multisystem complications of MIS-C

The NICHD Pediatric Trials Network will incorporate an opportunistic study of six antiviral and anti-inflammatory drugs in use to treat COVID-19. As part of this research, almost 50 sites across the country are collecting blood samples to characterize the pharmacokinetics of these drugs in children and adolescents and are gathering information on drug safety and clinical course. The network is also developing partnerships with investigators who are exploring the safety and efficacy of hydroxychloroquine and/or azithromycin.

NICHD's Maternal-Fetal Medicine Units Network recently launched a study to compare antenatal care, maternal health complications, and rates of cesarean sections and maternal mortality before and during the COVID-19 pandemic. NICHD is also advocating with major trans-NIH COVID-19 initiatives, such as ACTIV and RADx, to include pregnant women and children in clinical trials of therapeutic vaccines and rapid tests.

NICHD Strategic Plan Implementation

NICHD's [2020 strategic plan](#), issued in September 2019, has three focus areas: scientific research themes, scientific stewardship, and management and accountability. NICHD is

implementing its strategic plan in phases, based on scientific opportunity and resource considerations. Early endeavors include:

- Theme 1: Reissuing funding opportunity announcement for Intellectual and Developmental Disabilities Research Centers
- Theme 2: Establishing an intramural adolescent and pediatric gynecology research program
- Theme 3: Planning a maternal mortality comorbidities workshop and a new trans-NIH initiative on this theme
- Theme 4: Planning a workshop on navigating pediatric to adult healthcare
- Theme 5: Developing an implementation plan for the recommendations of the Task Force on Research Specific to Pregnant Women and Lactating Women

Maternal Mortality

NICHD cannot achieve its mission and vision without addressing health disparities. In December, Dr. Bianchi and other NIH leaders met with the House of Representatives Black Maternal Health Caucus to discuss health disparities in maternal deaths.

Dr. Collins asked NICHD to coordinate a new initiative, Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE). IMPROVE will include foundational biology as well as social and biobehavioral research, and community partners will identify their needs and assist with intervention implementation. NICHD is also participating in a call for administrative supplements to existing NIH grants to add or expand research focused on maternal mortality.

INCLUDE (INvestigating Co-occurring conditions across the Lifespan to Understand Down syndromE)

A virtual workshop in May 2020 focused on clinical trials for co-occurring conditions in individuals with Down syndrome across the lifespan.

NICHD Staff Updates

Dr. Bianchi provided the following NICHD staff updates:

- Mary Dasso, Ph.D., is the new acting scientific director of the NICHD Division of Intramural Research.
- Una Grewal, Ph.D., M.P.H., is the new acting director of the Division of Intramural Population Health Research.
- Searches are underway for the new director of the National Center for Medical Rehabilitation Research, NICHD scientific director, and director of the Division of Intramural Population Health Research.
- NICHD is also seeking a senior policy advisor for clinical research, a branch chief for the Pregnancy and Perinatology Branch, and several program officers.

Council Discussion

Dr. Bookheimer commented that NICHD has done an amazing job during a difficult time. Dr. Bianchi credited the NICHD staff for the accomplishments she had described and for

consistently agreeing to take on more work so that they can take advantage of opportunities to make a major difference in people's lives.

III. VOICE OF THE RESEARCHER

Dr. Bianchi invited Council members living in different parts of the country to discuss the impact of COVID-19 on their work and their personal lives. Two of the presenters were clinicians and two were basic scientists

Effect of COVID-19 on the Academic Mission in Boston

Dr. Gordon reported that Boston Children's Hospital already had limited space before the COVID-19 pandemic, making social distancing a challenge. Starting in mid-March, everyone coming to the hospital had to be screened and wear a mask. The Division of Adolescent/Young Adult Medicine, which Dr. Gordon directs, now offers well-infant care and immunizations, and the general pediatric clinic now serves pediatric patients with respiratory issues.

Because COVID-19 has not affected children to the same extent as adults, Boston Children's Hospital has become a partner to neighboring hospitals for adults. Those hospitals have closed their pediatric wards and intensive care units, and Boston Children's Hospital has taken in those patients. Boston Children's Hospital is also the local referral center for MIS-C.

The pandemic has had significant effects on patients and staff. Children may only receive visits from two adult caregivers, although they may connect virtually with other "visitors." The hospital is using telehealth for all nonurgent outpatient visits. Clinical staff had to adjust to providing telehealth overnight, and many feel isolated. Clinicians older than 60 were asked to stop all in-person clinical work, leaving Dr. Gordon's team short staffed. Protocols have been changed to limit viral spread, promote safety, and limit personal protective equipment (PPE) use.

Harvard Medical School converted all of its programs and classes to online formats. Medical students mobilized volunteer teams to support patients, physicians, and nurses on the front line. Fourth-year medical students were allowed to graduate early, and those who chose to do so were quickly deployed to hospitals where staff were overwhelmed by patients with COVID-19.

The pandemic is affecting study timelines, protocol consistency, and timing of interventions. All research assistants, administrative assistants, and technicians are working remotely. Basic laboratory research was placed on hold for approximately 12 weeks, and researchers used the time to prepare manuscripts, grant applications, procedure manuals, and other documents. Planned experiments were delayed, which is having a major impact on postdoctoral fellows. Laboratories are slowly reopening, and 25% of staff are now permitted to come in.

Dr. Gordon shared examples of two studies that have been affected by COVID-19. Children travel from all over the world to Boston for a clinical trial of Hutchinson-Gilford progeria syndrome, but the travel ban makes these visits impossible. Dr. Gordon and her colleagues began providing telehealth advice and working with local physicians around the world to serve these patients. Dr. Gordon also received notice during the pandemic of an NIH R01 award for a new study on pubertal blockade in transgender youth. She and her colleagues are preparing to launch

the study by developing a manual of procedures and case report forms, interviewing and orienting new staff, and holding startup meetings.

Dr. Gordon's college-age son is now home, and her 11th grader is taking virtual classes, which she must supervise. Her dog often barks when she is on a conference call, and virtually interviewing and orienting staff for her new study is challenging.

In the aftermath of the sad death of George Floyd, Boston is now fighting two crises: COVID-19 and racism. In 2013, Boston faced another crisis, the Boston Marathon bombings. The community spirit that arose at that time has come out again during the current crises, and the hospital, medical school, and city are fighting both the pandemic and racism together.

Impact of COVID-19 at the University of California, Los Angeles (UCLA)

Dr. Bookheimer was traveling abroad when the COVID-19 pandemic reached the United States. When she returned to work, UCLA looked like a war zone because of the tents set up for testing and staff wearing hazmat suits.

Dr. Bookheimer leads the UCLA Intellectual and Developmental Disabilities Research Center, which conducts basic and clinical research and community outreach. She also runs the university's imaging center, which serves more than 50 research groups. On March 20, she was given 48 hours to shut down all of the research programs she leads.

The impact on research has been huge. Although some studies can collect data remotely, they cannot collect biospecimens. Investigators had to submit applications to the dean of the medical school to maintain their studies, and the dean did not approve of any of the studies in the two centers that Dr. Bookheimer leads. One investigator was growing cells to be carried on the SpaceX rocket launched into space in May. This investigator had to cancel this study and wait for the next launch, whose timing is unknown. Longitudinal studies had to stop bringing infants at high risk of autism into the clinic. This study's investigators began conducting some assessments virtually but had to give up others.

The UCLA medical school class of 2020 graduated early to join the COVID-19 response team, and all classes at UCLA were held virtually. All faculty members had to learn how to teach virtually almost overnight. This change has been particularly difficult for students with disabilities, those who are economically disadvantaged, and foreign students.

Dr. Bookheimer praised UCLA's leaders, who ensured that no UCLA staff members lost their jobs. Only essential employees are allowed on campus, and senior investigators can use this time to analyze their data and write papers. However, junior investigators are less likely to have data that they can use for publications. The pandemic has also spurred new research. Dr. Bookheimer, for example, is assessing the impact of COVID-19 on families, especially those with children who have disabilities.

Dr. Bookheimer supervises clinical neuropsychology trainees, who now provide these clinical services virtually. This experience showed that clinical tele-neuropsychology is feasible, valid,

and reliable and works well for diagnostic decisions, including presurgical planning. Trainees are obtaining training without seeing patients in person.

UCLA has imposed a hiring freeze, so Dr. Bookheimer cannot replace staff members who leave. All senior officials received pay cuts, and faculty are likely to be given pay cuts as well. Junior faculty members received 1-year extensions on their tenure decisions and reviews.

Studies have recently been permitted to ramp back up at UCLA. Each investigator must develop a plan for restarting their research safely while mitigating risk, and Dr. Bookheimer and other leaders must approve each plan. Research participants and families will be informed of COVID-19–related risks when research restarts. One dilemma that Dr. Bookheimer and her colleagues face comes from the need not to bring people with a high risk of severe COVID-19 consequences into the clinic. However, many older adults, individuals with intellectual and developmental disabilities, and members of minority populations are in this high-risk category, and not including such individuals in research is not acceptable. Many problems like this one still need to be addressed.

Dr. Bookheimer developed COVID-19 in March and was very ill. She visited the emergency department after 3 days of feeling as though her lungs were on fire. The emergency room physician instructed her to return home without any PPE, even though she lived with three adult children. She was ill for a month. Fortunately, she was able to stay on a separate floor from her children, who cooked and left meals outside her door. She saw no other people for a month. Dr. Bookheimer wondered how other people with COVID-19 manage to remain safely at home without the home setting and family that supported her during her illness and recovery.

Responding to a National Challenge: The Power of Networks and Collaboratives

Dr. Jain is a neonatologist and basic science researcher with joint appointments at Children’s Healthcare of Atlanta and Emory University. Four networks made up of these two institutions and the Georgia Institute of Technology (Georgia Tech) have been working together to respond to the pandemic.

When the pandemic began, Dr. Jain and his colleagues quickly realized the need to address PPE shortages to keep patients and providers safe. Children’s Healthcare and Emory University quickly finalized the design of a protective face covering within 3 days, received U.S. Food and Drug Administration approval of this design within a week, and began manufacturing the rigid face shields. This program can now manufacture 160,000 face shields each week for use at the host institutions. The face shields are also provided at no charge to others who need them.

Emory University has also developed a SARS-CoV-2 serology test and has the capacity to test approximately 2,000 people a day. As part of a clinical trial of the mRNA-1273 vaccine for COVID-19, Emory’s Vaccine and Treatment Evaluation Unit began screening patients on March 23 and administered its first dose on March 27 to healthy adults ages 18 to 55. A Phase 3 trial of this vaccine will begin on July 1.

Children’s Healthcare, Emory, and Georgia Tech have joined forces to fast-track the development of COVID-19 diagnostic tests through RADx. Each week, the team receives a new

diagnostic test to validate in the hope that a new at-home or point-of-care test or test battery will be available soon. Emory and Children's Healthcare have also created a COVID-19 dashboard with updates on COVID-19-related research, publications, awards, and proposals.

Finally, Dr. Jain and his colleagues took a knee during the recent protests and took a pledge to take responsibility for reducing the health impact of social injustice.

Impact of COVID-19 at the University of Alabama, Birmingham (UAB)

Dr. Tita reported that early in the pandemic, UAB scrambled to find enough PPE and increase its testing capacity. UAB providers stepped up to provide essential care while adjusting clinical operations to minimize risk. Within weeks, UAB provided more telehealth than in the previous 5 years. Older colleagues and others at increased risk of severe COVID-19 outcomes were sent to work at home, and others took on more in-person clinical responsibilities to cover the needs.

Pregnant women were delaying coming to the hospital to deliver their infants. Within 2 weeks, UAB experienced more deliveries outside the health facility than is typical in a year. Because he did not have the appropriate PPE, Dr. Tita was exposed to a patient who had an atypical presentation of COVID-19. Fortunately, Dr. Tita did not develop the infection.

To keep the institution viable, salaries and some benefits were cut, especially for personnel engaged in clinical activities. This decision was made after substantial deliberation, and the reasoning for this decision was communicated. Now that the institution is reopening, Dr. Tita hopes that salaries and benefits can be restored earlier than the end of the year, as originally planned.

About 50 staff members work in the five Center for Women's Reproductive Health cores, and their contributions from home were maximized. None of these staff members have been laid off to date. Most staff working in research did not receive salary cuts, which was only possible because of the NIH commitment to support the research community during this challenging time.

UAB had to stop four of its five NICHD Maternal-Fetal Medicine Units Network clinical trials, and only two sites in the remaining trial were able to stay open. Dr. Tita thanked NICHD for approving the COVID-19 registry, which will address important questions about the disease's impact on maternal mortality, healthcare, and other issues.

The Chronic Hypertension and Pregnancy Project's pragmatic trial on antihypertensive therapy for mild chronic hypertension during pregnancy almost had to stop at a time when the study had recruited most of its sample of 2,400 women. The study is now gradually reopening, and its data safety and monitoring board will soon meet to decide whether the trial needs to stop or continue.

Like the other speakers during this session, Dr. Tita and his colleagues took a knee in support of the Black Lives Matter protests.

Dr. Tita has continued his research and clinical work from home, and he enjoys spending extra time with his children. Now that his gym has shut down, Dr. Tita goes bicycle riding every day with his young daughter.

Council Discussion

Ms. Neuberger asked the presenters about their experience with the use of extracorporeal membrane oxygenation (ECMO) in pediatric patients with COVID-19. She also asked about strategies used to quell the fears of patients and families about seeing a clinician in person.

Dr. Gordon reported that only one child has undergone ECMO at Boston Children's Hospital. The hospital lent its ECMO circuits to neighboring hospitals, which have used them for 8 to 10 patients. The need for ECMO is declining at these institutions, which are returning the ECMO circuits to Boston Children's.

Dr. Gordon is a member of a COVID-19 committee that has discussed ways to encourage families to bring their children to Boston Children's. One strategy is for families to remain in their cars when they arrive at the hospital until they receive a text message saying that the clinician is ready to see them. All providers have two rooms to minimize the need for patients and families to sit in waiting rooms. Marketing strategies are being used to spread the word that coming back to the hospital is safe.

Dr. Jain said that although a half-dozen patients at Children's Healthcare of Atlanta were evaluated for ECMO, none ultimately needed this procedure. So far, no children have died as a result of COVID-19 at the institution. Children's Healthcare is testing every patient in the operating room for COVID-19, and it has a universal and bidirectional PPE requirement. Dr. Jain encouraged participants in this meeting to ensure that children receive their immunizations on time, because the immunization rate at his institution has dropped by almost 50%. Parents are trading the risk of other diseases for what might be an unfounded fear.

IV. COUNCIL STATEMENT OF UNDERSTANDING; CONCEPT CLEARANCE REVIEW AND DISCUSSION

Dr. Hayunga said that the Statement of Understanding between NICHD and the NACHHD Council is posted on the Council website and provides a short synopsis of the Council and its membership and structure. Council members voted to approve the Statement of Understanding.

The Council reviewed the following four concepts and voted to approve each one:

- **Development of the Fetal Immune System** (Sai Majji, Ph.D., Maternal and Pediatric Infectious Disease Branch)
- **Fertility Status as a Marker for Overall Health** (Susan Taymans, Ph.D., Fertility and Infertility Branch)
- **Translational Research in Pediatric and Obstetric Pharmacology** (Zhaoxia Ren, M.D., Ph.D., Obstetric and Pediatric Pharmacology and Therapeutics Branch)
- **COVID-19–Related Research for NICHD Populations** (Melissa Parisi, M.D., Ph.D., Intellectual and Developmental Disabilities Branch)

Council members had no questions about any of these concepts.

V. CLOSED SESSION:

This portion of the meeting is closed to the public in accordance with the provisions set forth in Section 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and Section 10(d) of the Federal Advisory Committee Act, as amended U.S.C. Appendix 2.

VI. 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 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 approved 425 HD-primary applications requesting \$145,975,777 in direct costs and \$202,720,171 in total costs.

VII. Adjournment

There being no further business, the meeting adjourned at 5:00PM p.m. on Thursday, June 11, 2020. The next meeting is scheduled for September 10, 2020.

I hereby certify that, to the best of my knowledge, the foregoing minutes and attachments are accurate and complete.²

/Dr. Diana W. Bianchi/
Diana W. Bianchi, M.D.
Chair, National Advisory Child Health and
Human Development Council
Director, *Eunice Kennedy Shriver* National
Institute of Child Health and Human
Development _____
Date

/Dr. Eugene G. Hayunga/
Eugene G. Hayunga, Ph.D.
Acting Committee Management Officer,
Eunice Kennedy Shriver National Institute
of Child Health and Human Development
Attachment: Council Roster _____
Date

² These minutes will be formally considered by the Council at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.