Impacted areas	Phase	Mitigation measure
	Phase 3	• Add secondary containment to chemical storage area and initiate Spill Prevention, Control, and Countermeasures (SPCC) Plan.
Stormwater Management Systems	Phase 1	• Utilize Best Management Practices (BMP). • Consider bioretention and extended wet ponds.
	Phase 2	• Utilize BMP. • Consider bioretention and extended wet ponds.
	Phase 3	• Utilize BMP. • Consider bioretention and extended wet ponds.
Water Supply	Phase 1	• Reduce water consumption to the extent possible.
	Phase 2	• Reduce water consumption to the extent possible. • Perform flow test to determine necessity of booster pumps.
	Phase 3	• Reduce water consumption to the extent possible. • Perform flow test to determine necessity of booster pumps.
Energy Systems	Phase 1	• Employ energy savings performance contracts. • Employ energy-wise management practices.
	Phase 2	• Employ energy savings performance contracts. • Employ energy-wise management practices.
	Phase 3	• Employ energy savings performance contracts. • Employ energy-wise management practices.
Solid Waste Disposal	Phase 1	• Promote cost effective waste reduction and recycling activities. • Additional dumpsters to accommodate construction. • More frequent waste collection during construction.
	Phase 2	• Promote cost effective waste reduction and recycling activities. • Additional dumpsters to accommodate construction. • More frequent waste collection during construction. • Properly handle asbestos or lead-bearing waste.
	Phase 3	• Promote cost effective waste reduction and recycling activities. • Additional dumpsters to accommodate construction. • More frequent waste collection during construction.
Radiofrequency Communication	Phase 1	• Designate restricted access to all areas where field strengths exceed acceptable levels. • Provide rooftop shielding on NOAA building.
	Phase 2	• Conduct a detailed radiofrequency study and develop appropriate communications plan.
	Phase 3	• Conduct a detailed radiofrequency study and develop appropriate communications plan.

Dated: October 31, 2001.

Annie W. Everett,

Acting Regional Administrator, General Services Administration, National Capital Region.

[FR Doc. 01–29128 Filed 11–20–01; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

White House Commission on Complementary and Alternative Medicine Policy; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of a meeting of the White House Commission on Complementary and Alternative Medicine Policy.

The purpose of this public meeting is to convene the Commission to discuss possible Federal policy regarding complementary and alternative medicine (CAM). The main focus of the meeting is the discussion of key issues before the Commission and the development of draft recommendations that may be included in the Draft Final Report of the White House Commission on Complementary and Alternative Medicine Policy. Major issue areas to be considered by the Commission prior to preparation of its Final Report include the following: Coordination of CAM Research; Access to and Delivery of CAM Practices and Products; Coverage and Reimbursement for CAM Practices and Products; Training and Education of Health Care Practitioners in CAM; Development and Dissemination of CAM Information for Health Care Providers and at the Public; CAM in Wellness, Self-Care, Health Promotion, and Disease Prevention; Coordinating and Centralizing Private Sector and Federal Sector CAM Efforts; and the Definition of CAM and Guiding Principles for the preparation of the Final Report from the Commission. Comments received at the meeting may be used by the Commission to prepare the Report to the President as required by the Executive Order.

Opportunities for oral statements by the public will be provided on December 7, from 4 p.m.–5 p.m. (Time approximate).

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy.

Date: December 6–7, 2001.

Time: December 6—8 a.m.–5 p.m.; December 7—8 a.m.–5 p.m.

Place: Neuroscience Office Building, National Institutes of Health, Conference Rooms C–D, 6001 Executive Boulevard, Bethesda, MD 20892.

Contact Persons: Michele M. Chang, CMT, MPH, Executive Secretary, or Stephen C. Groft, Pharm.D., Executive Director, 6707 Democracy Boulevard, Room 880, MSC–5467, Bethesda, MD 20892–5467; Phone: (301) 435–7592; Fax: (301) 480–1691; E-mail: *WHCCAMP@mail.nih.gov.*

Because of the need to obtain the views of the public on these issues as soon as possible and because of the deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Supplementary Information: The White House Commission on Complementary and Alternative Medicine Policy was established on March 7, 2000 by Presidential Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of

complementary and alternative medicine to Americans.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first served basis. Members of the public who wish to present oral comments may register by faxing a request to register at 301–480–1691 or by accessing the website of the Commission at *http://whccamp.hhs.gov* no later than November 30, 2001.

Oral comments will be limited to five minutes, three minutes to make a statement and two minutes to respond to questions from Commission members. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. Priority may be given to participants who have not yet addressed the Commission at previous meetings. All request to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or issue to be addressed.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement during the time set aside for public comment if time permits, and at the Chairperson's discretion. Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record.

When mailing or faxing comments, please provide your comments, if possible, as an electronic version or on a diskette. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed above no later than November 30, 2001.

Dated: November 9, 2001.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 01–29048 Filed 11–20–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–08]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: CDC National AIDS and STD Hotline Caller Survey OMB No. 0920–0295—Revision—National Center for HIV, STD, and TB Prevention (NCHSTP), Division of HIV/AIDS Prevention, Intervention, Research, and Support, Technical Information and Communication Branch. The purpose of this request is to continue active and passive data collection from people who call the CDC National AIDS and Sexually Transmitted Disease (STD) Hotlines. The mission of the CDC National AIDS and STD Hotlines is to provide the general population of the United States, its territories, and Puerto Rico with highly visible and readily accessible resources for accurate and timely information on HIV/AIDS and other STDs. The CDC is seeking OMB approval for renewal of the data collection with one proposed change and one proposed system enhancement, both aimed at improving the management and evaluation of collected information.

The change is the ability of CDC to survey every 15th caller, instead of every 30th caller, to the hotlines. The information gathered will assist CDC in the improvement of HIV and STD services, particularly to high-risk populations. Before the integration of the National AIDS and STD Hotlines in 1998, every 15th caller was surveyed in the AIDS hotline, and every 30th caller was surveyed in the STD hotline.

The National AIDS Hotline responded to a maximum of 1.6 million calls per year during the 1980s and early 1990s. Throughout the period, the calls have decreased to approximately 650,000 calls per year due to changes such as treatment advances, a more knowledgeable audience, and access to information on the Internet. However, the number of callers selected for the survey has increased to assure that a substantial amount of data can be submitted to CDC regarding information about the callers who contact the hotline. Respondents (callers) will be the general public, and only the callers to the hotlines will be affected.

The enhancement to the data collection is the employment of a partially integrated system that will allow CDC Information Specialists to answer calls about HIV/AIDS and STDs using the same toll free telephone system. The telephone system will be designed to display telephone numbers for both the AIDS Hotline and the STD Hotline. Thus, when a caller contacts the hotline for AIDS information, the phone for the AIDS Hotline will appear on the caller ID. If the caller wants additional information about STDs, the same Information Specialist can respond to the call rather than requesting that the caller place a separate call to the STD Hotline. This process will also allow for an integrated data collection system for AIDS and STD caller information and service evaluation, as well as allow CDC to provide a more efficient and effective means of addressing the needs of its constituents.

In addition, since both hotlines will still retain their separate telephone numbers, the call volume can be monitored separately with distinct extrapolation of data. This integrated system began in August 2000. The integrated system also supports strategies in the *CDC HIV Prevention Strategic Plan Through 2005*, which also states that HIV prevention must be integrated with STD prevention.

Data will be collected on an active and passive basis for both hotlines. The active data collection method occurs while the caller is on the phone. It allows the Information Specialist to gather information about caller demographics such as age, race, ethnicity and education through a short survey administered at the conclusion of the call. The passive data collection instrument allows the Information Specialist to capture more specific information about the characteristics of the caller such as the callers primary topic for discussion, gender, level of concern of caller. The Information Specialist enters this information into a database once the call is completed.