

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Notice of a Cooperative Agreement With the American Indian Higher Education Consortium**

The Office of Minority Health (OMH), Office of Public Health and Science (OPHS) announces that it will enter into an umbrella cooperative agreement with the American Indian Higher Education Consortium (AIHEC). This cooperative agreement will establish the broad framework in which specific projects can be funded as they are identified during the project period.

The purpose of this cooperative agreement is to assist AIHEC in expanding and enhancing its activities relevant to the tribally controlled community colleges affected by executive order #13021. Further, this agreement establishes mechanisms for the 22 Operating and Staffing Divisions of the DHHS to comply with the mandates contained in the order. OMH, as the lead agency for implementing the executive order, will provide consultation, including administrative and technical assistance as needed for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or symposia to exchange information, opinions or activities that will enhance the educational status of the American Indian/Alaska Native (AI/AN) students attending the Tribal Colleges. Further, OMH will coordinate the Inter/Intra departmental activities as directed in the executive order.

**Authorizing Legislation**

This cooperative agreement is authorized under Title XVII, Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

**Background**

Assistance will be provided only to AIHEC. No other applications are solicited. AIHEC is the only organization capable of administering this cooperative agreement because:

- AIHEC is the only national organization that is comprised of and represents the Tribal Colleges and Universities. AIHEC signed or is in the process of signing several cooperative agreements and MOA's with other Federal Departments in compliance with the directives of Executive Order #13021. In order to assure continuity with other Federal Departments, a cross fertilization of efforts, and minimize any redundancy of activities, AIHEC should

be the recipient of the cooperative agreement;

- AIHEC, founded in 1972, has been involved in the 20-year effort that resulted in the President signing the executive order. The organization's board of directors consists of Presidents of each of the Tribal Colleges. Also, the organization has well established linkages with AI/AN Tribes, national Indian organizations and other Federal Departments that are actively involved with the implementation of the executive order;

- AIHEC has highly qualified management staff with the background and experience to develop, guide, operate and evaluate the complex elements of this cooperative agreement. They have extensive experience in mediation with Federal Departments and tribal governments;

- AIHEC has demonstrated through past activities its ability to assist the Tribal Colleges in their development and expansion. In 1972, AIHEC was founded by the first six Tribally Controlled Community Colleges and began to develop and implement programs that are consistent with the inherent rights of tribal sovereignty and self-determination; and

- AIHEC has assisted the Tribal Colleges in the development and maintenance of the highest standards of quality education for AI/ANs by improving the accessibility of educational programs, significantly increasing student enrollments and assisting the tribal colleges in becoming fully accredited institutions of higher education.

This cooperative agreement will be awarded in FY 1998 for a 12-month budget period within a project period of 5 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

**DATES:** Comments must be received on or before December 5, 1997.

**ADDRESSES:** Comments shall be mailed to CDR Robert J. Carson, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone (301) 443-5084, fax (301) 594-0767, E-MAIL rcarson@osophs.dhhs.gov.

**FOR FURTHER INFORMATION CONTACT:** CDR Robert J. Carson, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone

(301) 443-5084, fax (301) 594-0767, E-MAIL rcarson@osophs.dhhs.gov.

**Clay E. Simpson, Jr.,**

*Deputy Assistant Secretary Director for Minority Health.*

[FR Doc. 97-30566 Filed 11-19-97; 8:45 am]

BILLING CODE 4160-17-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[INFO-98-04]

**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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Projects****1. Defining Gulf War Illness; New**

This study will characterize and compare alternative classifications for symptoms and functional disability which remain medically unexplained in Gulf War veterans. This will be accomplished in three phases. Phase I will assess persistence and stability of symptoms over time, as well as compare the performance of data-driven case definitions derived from two samples: (1) the New Jersey Center for Environmental Hazards Research

sample of Gulf War veterans participating in the Department of Veterans Affairs Gulf War Registry; and (2) a cohort of Air Force members from a previous CDC study of Gulf War veterans and Gulf War-era controls from Pennsylvania and Florida. In addition to assessing data-driven case definitions for illness among Gulf War veterans,

existing definitions for medically unexplained symptoms, such as chronic fatigue syndrome, multiple chemical sensitivity, and fibromyalgia will be evaluated. Phase II will attempt to assess the generalizability of both derived and existing case definitions in a random sample of deployed and non-deployed Gulf War era veterans. Phase

III will consist of a standardized telephone interview for the assessment of psychiatric conditions. This will be administered to a sample of Phase I and Phase II participants who are identified through their responses to paper-and-pencil questionnaires as having high levels of psychologic distress. There is no cost to respondents.

Respondents	No. of Respondents	No. of Responses/ Respondent	Avg. Burden/ Response (in hrs.)	Total Burden (in hrs.)
Administer questionnaire to the New Jersey Center for Environmental Hazards Research sample of the Department of Veterans Affairs Gulf War Registry veterans and the previous CDC Air Force Cohort (Phase) .....	7,312	1	0.45	5,484
Administer questionnaire to new random sample of Gulf War veterans and era controls (Phase II) .....	3,000	1	.45	2,250
Telephone survey of Phase I and Phase II participants who screened positive for psychiatric conditions .....	600	1	2	1,200
Total .....				8,934

Dated: November 13, 1997.

**Wilma G. Johnson,**

*Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97-30477 Filed 11-19-97; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Idaho National Engineering and Environmental Laboratory Health Effects Subcommittee; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

**Name:** Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Idaho National Engineering and Environmental Laboratory (INEEL) Health Effects Subcommittee.

**Times and Dates:** 8:30 a.m.-5 p.m., December 11, 1997, 7 p.m.-9 p.m., December 11, 1997, 8:30 a.m.-4 p.m., December 12, 1997.

**Place:** Holiday Inn Westbank, 475 River Parkway, Idaho Falls, Idaho 83402, telephone 208/523-8000, FAX 208/529-9610.

**Status:** Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

#### Background

Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research,

emergency response, and preparation of toxicological profiles.

**Purpose:** This subcommittee is charged with providing advice and recommendations to the Director, CDC, and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at this DOE site. The purpose of this meeting is to provide a forum for community, American Indian Tribal, and labor interaction and serve as a vehicle for community concern to be expressed as advice and recommendations to CDC and ATSDR.

**Matters to be Discussed:** Agenda items include presentations from the National Center for Environmental Health (NCEH) regarding current activities, the National Institute for Occupational Safety and Health and ATSDR will provide updates on the progress of current studies, and working group discussions. On December 11, at 7 p.m., the meeting will continue in order to allow more time for public input and comment.

Agenda items are subject to change as priorities dictate.

#### CONTACT PERSONS FOR MORE

**INFORMATION:** Arthur J. Robinson, Jr., or Sharona Woodley, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, (F-35), Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044.