

Dr. Liburdy has entered into Voluntary Exclusion Agreement with ORI. As part of this Agreement, Dr. Liburdy neither admits nor denies ORI's finding of scientific misconduct. The settlement is not an admission of liability on the part of the respondent. As part of the Voluntary Exclusion Agreement, Dr. Liburdy has voluntarily agreed:

(1) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility for, or involvement in, nonprocurement transactions (e.g., grants and cooperative agreements) of the United States Government as defined in 45 C.F.R. Part 76 (Debarment Regulations) for the three (3) year period beginning May 28, 1999;

(2) To exclude himself from serving in any advisory capacity to the Public Health Service (PHS), including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for the three (3) year period beginning May 28, 1999; and

(3) To submit letters to the journals ANYAS and FEBS Letters, requesting retraction of Figure 12 of the ANYAS paper and of Figures 6 and 7 of the FEBS Letters paper within 30 days of the date of the agreement.

FOR FURTHER INFORMATION CONTACT:

Acting Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

Chris B. Pascal,

Acting Director, Office of Research Integrity.

[FR Doc. 99-15416 Filed 6-16-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[INFO-99-22]

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, the Centers for Disease Control and Prevention (CDC) is providing opportunity for public comment on proposed data collection 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 Seleda Perryman, 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

1. Public Health Prevention Service Program—New—Epidemiology Program Office (EPO). In 1995, senior CDC leadership asked for a review of CDC's role in developing public health workers. As a result of the review, the Public Health Prevention Service (PHPS) program was established in 1997, to be carried out by the Epidemiology Program Office (EPO). The purpose of the PHPS program is to improve the nation's public health practice by preparing entry-level public health professionals to conduct prevention programs that improve health and prevent injury and to manage emerging public health problems."

Implicit in the creation of the program is the expectation that the PHPS participants would be a "new breed" of public health professionals who would owe primary allegiance to prevention and public health as disciplines rather than to specific programs, be comfortable working across a variety of programs and in multiple levels of jurisdictions, and be knowledgeable about and prepared to meet future challenges in public health in planning, implementing, managing, and evaluating scientifically sound prevention programs and interventions.

PHPS participants (Prevention Specialists) are selected annually in a national competition. Each year, approximately 25 PHPS participants are chosen from a pool of about 100 applicants. During their 3-year participation in the PHPS program, they

undertake formal training, engage in a series of rotations throughout CDC and, finally, are posted to 2-year assignments with health departments at the State, county, or local level. Throughout the off-site portion of the program, they are intended to participate in scheduled training through periodic on-site sessions at CDC as well as through distance learning. At the conclusion of the three years, they are available for employment in any setting.

Data are needed to determine if the PHPS program is meeting its goals, including: (1) Broad exposure to multiple disciplines and levels of government, (2) exposure to important management and leadership skills, and (3) contribution to the creation of a pool of qualified leaders who will remain in and rise rapidly to leadership in public health at Federal, State, and local levels. In addition, data are needed to monitor the implementation of the program and allow for continuous improvement of processes.

While surveys and focus groups are being conducted with the PHPS participants and their CDC supervisors throughout the course of their 3-year participation, these data need to be supplemented with information from others including: (1) "Graduates" of the PHPS program: to determine if they are assuming leadership roles in public health and the aspects of the PHPS program that proved most helpful, (2) local health department staff who supervise PHPS participants during their field assignments: to determine if the PHPS participants are exhibiting the level of skills imparted during their training period and are adding value to State and local public health efforts, and (3) those who are offered PHPS positions but choose not to participate: to determine how to make the program more attractive and to enable the program to improve marketing, application, and selection processes.

Results from this research will be used to help CDC identify ways in which the PHPS program can be enhanced and its processes improved. More importantly, it will allow CDC to assess whether the PHPS program is an effective mechanism for creating a pool of broadly-trained public health leaders.

The PHPS program will track participants, graduates, and their supervisors and employers for a period of 10 years. This request covers the first three years only. The total annualized cost to the respondents is \$2,169.50.

Respondents	Number of respondents	Responses/respondent	Avg. burden/response (in hrs.)	Total hour burden (in hrs.)
Year 1				
Candidates:				
Inquiring but not applying	100	1	10/60	17.00
Interviewed but not offered PHPS slots	50	1	10/60	8.50
Offered PHPS slots but not accepting	6	1	10/60	1.00
Supervisors:				
For first-year field assignment	25	1	15/60	6.25
For second-year field assignment	25	1	15/60	6.25
For permanent employment ¹	0	1	10/60	0
Who requested but were not assigned a PHPS participant	50	1	10/60	8.50
PHPS participants:				
Graduating from the program ¹	0	1	15/60	0
Year 2				
Candidates:				
Inquiring but not applying	100	1	10/60	17.00
Interviewed but not offered PHPS slots	50	1	10/60	8.50
Offered PHPS slots but not accepting	6	1	10/60	1.00
Supervisors:				
For first-year field assignment	25	1	15/60	6.25
For second-year field assignment	25	1	15/60	6.25
For permanent employment ¹	25	1	10/60	4.25
Who requested but were not assigned a PHPS participant	50	1	10/60	8.50
PHPS participants:				
Graduating from the program ¹	25	1	15/60	6.25
Year 3				
Candidates:				
Inquiring but not applying	100	1	10/60	17.00
Interviewed but not offered PHPS slots	50	1	10/60	8.50
Offered PHPS slots but not accepting	6	1	10/60	1.00
Supervisors:				
For first-year field assignment	25	1	15/60	6.25
For second-year field assignment	25	1	15/60	6.25
For permanent employment ¹	50	1	10/60	8.50
Who requested but were not assigned a PHPS participant	50	1	10/60	8.50
PHPS participants:				
Graduating from the program ¹	50	1	15/60	12.50
Total Burden				174.00
Average Annual Burden				58.00

¹ PHPS is a three year program enrolling 25 new participants each year. The first class will graduate in Year 2 of this data collection; 25 new graduates will be added to the pool of graduates each year thereafter.

2. Site-Specific Evaluation—New—Agency for Toxic Substances and Disease Registry (ATSDR). Evaluation is a critical component in ATSDR's site-related public health actions, both to ensure the successful application of site-specific/site-related intervention activities, and the effective management of resources. As ATSDR's divisions and offices assume expanded responsibilities for sites in program areas such as health assessment, health consultations, health studies, research and education, information, and communication, their interest in promoting improvements in evaluating their site-specific and site-related public health actions has grown accordingly.

An ATSDR inter-divisional workgroup has developed an integrated and more focused approach for

assessing ATSDR's site-related activities. The site-specific protocol encompasses data collections from three groups:

1. Members of the site community—to determine if knowledge, attitudes, and beliefs (KAB) have changed as a result of ATSDR's intervention on the site and to assess their satisfaction with the process used to obtain their input, provide information to them, and by which ATSDR made recommendations about dealing with hazards in their community;

2. Members of the provider community—to determine if their KAB regarding environmental hazards and appropriate diagnosis, referral, and treatment of those exposed have changed in the appropriate direction as

a result of ATSDR's activities on-site; and

3. Members of a larger "contrast" community—to determine if changes in KAB on-site are due to ATSDR activities or other confounding factors and secular trends.

Mainly, these data will be used for management feedback and program improvement. Data will not be used to make statistically generalizable statements or draw national estimates. Instead, results from these data collections will be used by ATSDR to fine-tune its activities at individual sites, to compare outcomes across sites, and to paint an overall picture of the amount and type of impacts ATSDR is having on site.

The evaluation of ATSDR's site activities is intended to be an ongoing

agency activity. This data collection covers only the first three years. The

total annualized cost to the respondents is \$30,423.

	Respondents	Responses/ respondent*	Avg. burden/ respondent (in hrs.)	Total burden (in hrs.)
New Sites:				
Site community (phone)	100	2 (10)	0.1667	333
Contrast community (phone)	300	2 (10)	0.1667	1000
Health care providers (mail)	50	2 (10)	0.1667	166
Existing Sites:				
Site community (phone)	100	1 (10)	0.1667	167
Contrast community (phone)	300	1 (10)	0.1667	500
Health care providers (mail)	50	1 (10)	0.1667	83
Total Burden				2,249

* Responses per Respondent per Site (10)

3. National Vital Statistics Report Form (0920-0213)—Revision—National Center for Health Statistics (NCHS). The compilation of national vital statistics dates back to the beginning of this century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 U.S.C. 242k. The National Vital Statistics Report (renamed from the Monthly Vital Statistics Report in January 1998) provides counts of monthly occurrences

of births, deaths, infant deaths, marriages, and divorces following the end of each month. Similar data have been published since 1937 and are the sole source of these data at the national level. The data are used by the Department of Health and Human Services and by other government, academic, and private research organizations in tracking changes in trends of vital events.

Respondents for the Monthly Vital Statistics Report Form are registration officials in each State and Territory, the District of Columbia, and New York

City. In addition, 60 local (county) officials in New Mexico who record marriages occurring and divorces and annulments granted in each county of New Mexico will use this Form. There are no direct costs to respondents; the data are routinely available in each reporting office as a by-product of ongoing activities. Earlier OMB approvals of this data collection involved four separate forms, all of which are combined into a single multi-purpose form for this current approval request.

Respondents	Number of respondents	Responses/ respondent	Avg. Burden/ response (in hrs.)	Total burden (in hrs.)
State and Territory Registration Officials	57	12	0.2	137
New Mexico County Officials	60	12	0.1	72
Total				209

4. Annual Marriage and Divorce Statistical Report Form (0920-0211)—Reinstatement with Change—National Center for Health Statistics (NCHS). Compilation of national vital statistics dates back to the beginning of this century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 U.S.C. 242k. The National Vital Statistics System constitutes a program to provide statistics on births, deaths, fetal deaths, marriages, and divorces. One part of this function is to provide final annual counts of marriages and divorces by month for the United States and for each State. The data are widely used by government, academic, private research,

and commercial organizations in tracking changes in trends of family formation and dissolution. The statistical counts requested on this form differ from provisional estimates obtained on the Monthly Vital Statistics Report Form in that they represent complete counts of marriages, divorces, and annulments occurring during the months of the prior year. These final counts are usually available from State or county officials about eight months after the end of the data year.

Respondents for the Annual Marriage and Divorce Statistical Report Form are registration officials in each State, the District of Columbia, New York City, Guam, Puerto Rico, Virgin Islands, Northern Marianas, and American Samoa. In addition, counts of marriages

will be collected from individual counties in New Mexico, and counts of divorces will be collected from individual counties in California, Colorado, Indiana, Louisiana, New Mexico, and the boroughs of New York City due to a lack of centralized complete collections in these registration areas. There are no direct costs to respondents; the data are routinely available in each reporting office as a by-product of ongoing activities. Earlier OMB approvals of this data collection involved four separate forms, some of which are combined into a single multi-purpose form for this current approval request. Counts will no longer be requested from all States for all counties in each State.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
State/Territory/City Registration Officials	56	1	0.5	28
County/Borough Officials	348	1	0.5	174
Total				202

Dated: June 10, 1999.

Kathy Cahill,

Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control

Request for Nominations of Candidates To Serve on the National Vaccine Advisory Committee, Department of Health and Human Services

The Public Health Service (PHS) is soliciting nominations for possible membership on the National Vaccine Advisory Committee (NVAC). This committee studies and recommends ways to encourage the availability of an adequate supply of safe and effective vaccination products in the States; recommends research priorities and other measures the Director of the National Vaccine Program should take to enhance the safety and efficacy of vaccines; advises the Director of the Program in the implementation of sections 2102, 2103, and 2104, of the PHS Act; and identifies annually for the Director of the Program the most important areas of government and non-government cooperation that should be considered in implementing sections 2102, 2103, and 2104, of the PHS Act.

Nominations are being sought for individuals engaged in vaccine research or the manufacture of vaccines or who are physicians, members of parent organizations concerned with immunizations, or representatives of State or local health agencies, or public health organizations. Federal employees will not be considered for membership. Members may be invited to serve a four-year term.

Close attention will be given to minority and female representation; therefore nominations from these groups are encouraged.

The following information is requested: name, affiliation, address, telephone number, and a current curriculum vitae. Nominations should

be sent, in writing, and postmarked by July 30, 1999, to: Gloria Sagar, Committee Management Specialist, NVAC, National Vaccine Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, M/S A-11, Atlanta, Georgia 30333. Telephone and facsimile submission cannot be accepted.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 11, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 99-15375 Filed 6-16-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director, Centers for Disease Control and Prevention: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Advisory Committee to the Director, CDC.

Time and Date: 8:30 a.m.-3 p.m., July 9, 1999.

Place: CDC, Auditorium A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: This committee advises the Director, CDC, on policy issues and broad strategies that will enable CDC, the Nation's prevention agency, to fulfill its mission of promoting health and quality of life by preventing and controlling disease, injury, and disability. The Committee recommends ways to incorporate prevention activities more fully into health care. It also provides guidance to help CDC work more effectively with its various constituents, in both the

private and public sectors, to make prevention a practical reality.

Matters To Be Discussed: Agenda items will include updates from CDC Director, Jeffrey P. Koplan, M.D., followed by committee discussion on the agency's priorities, including strengthening the public health infrastructure, prevention research, and emerging infections. Agenda items are subject to change as priorities dictate.

Contact Person for More Information:

Linda Kay McGowan, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D-24, Atlanta, Georgia 30333, telephone 404/639-7080.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 11, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 99-15376 Filed 6-16-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Guide to Community Preventive Services Task Force; Meeting

Office of the Director, Centers for Disease Control and Prevention (CDC), announces the following meeting:

NAME: Guide to Community Preventive Services (GCPS) Task Force Meeting.

TIMES AND DATES: 8:45 a.m.-5:15 p.m., June 23, 1999. 8:30 a.m.-3:15 p.m., June 24, 1999.

PLACE: The Sheraton Hotel Atlanta, Courtland and International Boulevard, Atlanta, Georgia 30303, telephone 404/659-6500.

STATUS: Open to the public, limited only by the space available. The meeting room accommodates approximately 40 people.

PURPOSE: The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific