

DC 20008. Telephone number: 202-452-3939

B. For the Food and Drug Administration: Director, International Activities Staff, (Currently, Mr. Charles W. Cooper), Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C Street, S.W., Washington, DC 20204. Telephone number: 202-205-5042, Telefax number: 202-205-0165

#### VIII. Administrative Procedures

The participants mutually consent on the ways and means of giving instructions and guidance for the practical implementation and application of this Memorandum of Understanding.

The obligations under this MOU are intended to be non-binding.

#### IX. Period of MOU

Activities under this Memorandum of Understanding commence upon signature by both participants for a period of five (5) years and may, at the conclusion of that period, with the consent of both participants, be extended for an additional five (5) years. The participants plan to evaluate the MOU sometime during each five (5) year period. The MOU may be extended or revised by mutual consent, or terminated by either participant, upon a thirty (30) day advance written notice to the other.

For the Department of Agriculture, Food and Forestry of Ireland

By: K. Slattery

Title: First Secretary, Embassy of Ireland

Date: November 5, 1996

Place: Rockville, Maryland

For the Food and Drug Administration, Department of Health and Human Services of the United States of America

By: M. A. Friedman

Title: Deputy Commissioner for Operations,

U.S. Food and Drug Administration

Date: November 5, 1996

Place: Rockville, Maryland

[FR Doc. 97-23451 Filed 9-3-97; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all

proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A35, Rockville, MD 20857, (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on April 10, 1997, through June 24, 1997.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading "For Further Information Contact"), with a copy to HRSA addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, Room 8-05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

#### List of Petitions

1. Laurie Duplease on behalf of Alexis Duplease, New Haven, Connecticut, Court of Federal Claims Number 97-0270 V
2. James Gimesky on behalf of Jenna Lynn Gimesky, Ann Arbor, Michigan, Court of Federal Claims Number 97-0280 V
3. Shari M. and John G. Lawlor on behalf of Brooke D. Lawlor, Omaha, Nebraska, Court of Federal Claims Number 97-0285 V

4. Marilyn and Lawrence Cutler on behalf of Lawrence Cutler, New Brunswick, New Jersey, Court of Federal Claims Number 97-0302 V
5. Iris Maldonado on behalf of Ruben Anibal Felipe Maldonado, Orlando, Florida, Court of Federal Claims Number 97-0314 V
6. Mark Harrington, Belzoni, Mississippi, Court of Federal Claims Number 97-0316 V
7. Michelle and Richard Emmons on behalf of Lauren C. Emmons, Vista, California, Court of Federal Claims Number 97-0327 V
8. Tina and Shawn Saladiner on behalf of Somer Saladiner, Culpeper, Virginia, Court of Federal Claims Number 97-0331 V
9. Aida Miucin on behalf of Marko Miucin, San Diego, California, Court of Federal Claims Number 97-0336 V
10. Thomas J. Sansone, Sr. on behalf of Thomas J. Sansone, Jr., Mount Kisco, New York, Court of Federal Claims Number 97-0337 V
11. Thomas James Owens, Jr., Covington, Louisiana, Court of Federal Claims Number 97-0360 V
12. John Franklin Rowe, Jr., Hagerstown, Maryland, Court of Federal Claims Number 97-0366 V
13. Betsy and Michael Cuthbertson on behalf of Nicole Cuthbertson, Frisco, Colorado, Court of Federal Claims Number 97-0367 V
14. Patton and Richard Carter on behalf of Rebecca Carter, Deceased, Ashland, New Hampshire, Court of Federal Claims Number 97-0387 V
15. Tara Davis on behalf of Shayna Adams, Overland Park, Kansas, Court of Federal Claims Number 97-0392 V
16. Deborah Hartkopf, on behalf of Lindsey Hartkopf, Cherry Hill, New Jersey, Court of Federal Claims Number 97-0403 V
17. Wendy and Steven Jarvis on behalf of Philip Thomas Jarvis, Thomasville, North Carolina, Court of Federal Claims Number 97-0405V
18. Julie and David A. Ryan on behalf of Emilee Ryan, Indiana, Pennsylvania, Court of Federal Claims Number 97-0412 V
19. Thuy Bui Cung and Thach Bui Kim on behalf of Diane Cung, Deceased, Westminster, California, Court of Federal Claims Number 97-0420 V
20. Christina and James Michener on behalf of Barak Ross Michener, Las Cruces, New Mexico, Court of Federal Claims Number 97-0421 V
21. Margaret Reed, Vienna, Virginia, Court of Federal Claims Number 97-0427 V

22. Danielle Deidun on behalf of Jalyne Deidun, Grosse Pointe, Michigan, Court of Federal Claims Number 97-0430 V
23. Debra Valois on behalf of Alvin Cole Valois, Hammond, Louisiana, Court of Federal Claims Number 97-0433 V
24. Carlene T. Giuffrida on behalf of Megan-Rose Giuffrida, Stony Brook, New York, Court of Federal Claims Number 97-0436 V
25. Paula and Rick Rohl on behalf of Samuel Rohl, Lihue, Hawaii, Court of Federal Claims Number 97-0440 V

Dated: August 28, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

[FR Doc. 97-23374 Filed 9-3-97; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration's budget request for fiscal year (FY) 1998 includes \$11,706,000 for the Indian Health Service Loan Repayment Program for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,706,000 will be available to support approximately 250 competing awards averaging \$50,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS which competes with other Government and private health management organizations to employ qualified health professionals. Funds are required to be expended by September 30 of the fiscal year. This program is authorized by section 108 of the Indian Health Care Improvement Act (IHCA) as amended, 25 U.S.C. 1601 et seq. The IHS invites potential applicants to request an application for participation in the Loan Repayment Program.

**DATES:** Applications for the FY 1998 Loan Repayment Program will be accepted and evaluated monthly beginning January 2, 1998 and will continue each month thereafter until all

funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 1998 program cycle will be expected to begin their service period no later than September 30, 1998.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 1998 will be notified in writing.

#### FORM TO BE USED FOR APPLICATION:

Applications will be accepted only if they are submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB #0917-0014 (expires 11/30/99).

**ADDRESSES:** Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 12300 Twinbrook Parkway—Suite 100, Rockville, Maryland 20852, PH: 301/443-3396 [between 8:00 a.m. and 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

#### FOR FURTHER INFORMATION CONTACT:

Please address inquiries to Mr. Charles Yepa, Chief, IHS Loan Repayment Program, Twinbrook Metro Plaza—Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, PH: 301/443-3396 (between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays).

**SUPPLEMENTARY INFORMATION:** Section 108 of the INCA as amended by Public Laws 100-713 and 102-573, authorizes the IHS Loan Repayment Program and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain