

Trans #	Acquiring	Acquired	Entities
<b>Transactions Granted Early Termination—05/20/1999</b>			
19992584 .....	CHRISTUS Health .....	Columbia/HCA Healthcare Corporation	Highland Hospital.
<b>Transactions Granted Early Termination—05/21/1999</b>			
19992065 .....	E.I. du Pont de Nemours and Company	Pioneer Hi-Bred International, Inc .....	Pioneer Hi-Bred International, Inc.

**FOR FURTHER INFORMATION CONTACT:**

Sandra M. Peay or Parcellena P. Fielding, contact representatives, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room 303 Washington, D.C. 20580, (202) 326-3100.

By Direction of the Commission.

**Donald S. Clark,**

*Secretary.*

[FR Doc. 99-15341 Filed 6-16-99; 8:45 am]

BILLING CODE 6750-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Agency Information Collection

#### Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Officer on (202) 690-6207.

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.

Proposed Project 1. Baseline Survey of Youth for the Federal Evaluation of Initiatives Funded Under Section 510 of the Maternal and Child Health Block Grant Program—The Personal Responsibility and Work Opportunity

Reconciliation Act (P.L. 104-193) established Section 510 of the Maternal and Child Health Block Grant Program, the purpose of which is to support state efforts promoting abstinence only education. The Balanced Budget Act of 1997 (P.L. 105-33) established a requirement to "evaluate programs under Section 510." This proposed information collection will gather baseline information for the evaluation—NEW—Respondents: Individuals; Number of Respondents: 7,000; Average Burden per Response: .75 hours; Burden: 5,250 hours.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. Written comments should be received within 60 days of this notice.

Dated: June 11, 1999.

**William Beldon,**

*Acting Deputy Assistant Secretary, Budget.*

[FR Doc. 99-15409 Filed 6-16-99; 8:45 am]

BILLING CODE 4150-04-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration; Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), all authorities vested in the Secretary of Health and Human Services under Public Law 105-369, the Ricky Ray Hemophilia Relief Fund Act of 1998. This delegation excludes the authority to issue regulations and to submit reports to Congress. This authority may be redelegated.

In addition, I hereby ratify and affirm any actions taken by the HRSA Administration or other HRSA officials which involved the exercise of this authority. This delegation is effective upon date of signature.

Dated: June 8, 1999.

**Donna E. Shalala,**

*Secretary.*

[FR Doc. 99-15343 Filed 6-16-99; 8:45 am]

BILLING CODE 4160-15-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) has made a final finding of scientific misconduct in the following case:

*Robert P. Liburdy, Ph.D., Lawrence Berkeley National Laboratory:* Based on an investigation report by the Lawrence Berkeley National Laboratory (LBNL) dated July 7, 1995, and an analysis of the data and information from Dr. Liburdy obtained by ORI during its oversight review, ORI found that Dr. Liburdy, former staff biochemist at LBNL, engaged in scientific misconduct in biomedical research by intentionally falsifying and fabricating data and claims about the purported cellular effects of electric and magnetic fields (EMF) that were reported in two scientific papers: (1) Liburdy, R.P. "Biological interactions of cellular systems with time-varying magnetic fields. *Annals of the New York Academy of Sciences* 649:74-95, 1992 ("ANYAS paper"); and (2) Liburdy, R.P. "Calcium signaling in lymphocytes and ELF fields." *FEBS Letters* 301:53-59, 1992 (the "FEBS Letters paper"). The ANYAS and FEBS Letters papers were supported by a National Cancer Institute (NCI), National Institutes of Health (NIH), grant.

The ANYAS and FEBS Letters papers reported data indicating that EMF exert a biological effect by altering the entry of calcium across a cell's surface membrane. EMF, which are ubiquitous forms of radiation that arise from diverse sources such as power lines, home wiring, and household appliances, have been of public concern for potential health effects. Dr. Liburdy's claims were potentially very important when published in 1992 because they purported to link EMF and calcium signaling, a fundamental cell process governing many important cellular functions.

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]

BILLING CODE 4160-17-U

**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.