

Commission Act and Section 7 of the Clayton Act.

The order accepted for public comment contains provisions that would require that Enron not sell approximately 830 miles of pipe and related gas gathering assets within the Panhandle counties to Phillips. The gas gathering assets to be excluded from the transaction are listed in Schedule A of the proposed Consent Order. For a period of ten (10) years from the date that the order becomes final, the order would require prior Commission notification before (a) Phillips could acquire from any one person during any 18 month period more than five miles of gas gathering pipelines located within the Panhandle counties, or (b) Enron could sell the Schedule A assets to Phillips or Maxis Energy Corporation, another large gas gatherer in the Panhandle counties.

A separate agreement between the Commission and Phillips and Enron preserves the status quo pending final action by the Commission to accept or reject the proposed consent order. Phillips and Enron agreed to take no steps to consummate the proposed acquisition until the Commission accepts or rejects the proposed order.

The purpose of this analysis is to invite public comment concerning the consent order. This analysis is not intended to constitute an official interpretation of the agreement and order or to modify their terms in any way.

Donald S. Clark,

Secretary.

[FR Doc. 95-22581 Filed 9-11-95; 8:45 am]

BILLING CODE 6750-01-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 final findings of scientific misconduct in the following case:

Alan L. Landay, Ph.D., Rush-Presbyterian—St. Luke's Medical Center: Based on an investigation conducted by the institution, ORI found that Alan L. Landay, Ph.D., Associate Professor, Department of Immunology/Microbiology, engaged in scientific misconduct involving two instances of plagiarism in publications related to two Public Health Service (PHS) grants.

Dr. Landay has entered into a Voluntary Settlement Agreement with ORI in which he has accepted ORI's finding and, for the two (2) year period beginning August 8, 1995, has voluntarily agreed to:

(1) Exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) Certify in every PHS research application or report that all contributors to the application or report are properly cited or otherwise acknowledged. The certification by the Respondent must be endorsed by an institutional official. A copy of the endorsed certification is to be sent to ORI by the institution.

ORI acknowledges that Dr. Landay cooperated with the institutional investigation and the ORI review, accepted responsibility for his actions, and appropriately corrected the scientific literature. The two published papers (Coon, J.S., Landay, A.L., & Weinstein, R.S. "Advances in flow cytometry for diagnostic pathology." *Laboratory Investigations* 57:453-479, 1987; and Landay, A., Hennings, C., Forman, M., & Raynor, R. "Whole blood method for simultaneous detection of surface and cytoplasmic antigens by flow cytometry." *Cytometry* 14:433-440, 1993) that contained plagiarized text have been corrected (Landay, A. Correspondence. *Laboratory Investigations* 70:134, 1994; and Landay, A., Jennings, C., Forman, M., & Raynor, R. Correction. *Cytometry* 14:698, 1993).

FOR FURTHER INFORMATION CONTACT:

Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Lyle W. Bivens,

Director, Office of Research Integrity.

[FR Doc. 95-22515 Filed 9-11-95; 8:45 am]

BILLING CODE 4160-17-P

Agency for Toxic Substances and Disease Registry

Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

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 Public Health Service Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

Times and Dates: 8 a.m.-5 p.m., September 28, 1995. 8 a.m.-5 p.m., September 29, 1995.

Place: Holiday Inn Boise/Airport, 3300 Vista Avenue, Boise, Idaho 83705, telephone 208/344-8365, FAX 208/343-9635.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 150 people.

Background: A Memorandum of Understanding (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.

In addition, under an MOU signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been 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 and use. HHS delegated program responsibility to CDC.

Purpose: The purpose of this meeting is to receive updates from the Inter Tribal Council on Hanford Health Projects; updates and clarification from ATSDR and CDC representatives on outstanding issues; address procedures for renewing, adding, and replacing HHES members; discuss with Agency personnel, issues relevant to the Technical Steering Panel; and receive reports from the Outreach, Public Health Activities, and Health Studies Work Groups.

Matters To Be Discussed: Agenda items will include ATSDR's & CDC's updates, a discussion of "Popular Epidemiology," guidance from ATSDR, Office of Public Affairs, on media relations, and topics germane to work group activities.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Linda A. Carnes, Health Council Advisor, ATSDR, E-28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639-0730, FAX 404/639-0759.

Dated: September 6, 1995.

Carolyn J. Russell,

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

[FR Doc. 95-22561 Filed 9-11-95; 8:45 am]

BILLING CODE 4163-70-M

Public Meeting of the Inter Tribal Council, in Association With the Meeting of the Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Public Meeting of the Inter Tribal Council (ITC), in association with the meeting of the Citizen Advisory Committee on Public Health Service Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

Time and Date: 9 a.m.–4:30 p.m., September 27, 1995.

Location: Holiday Inn Boise/Airport, 3300 Vista Avenue, Boise, Idaho 83705, telephone 208/344-8365, FAX 208/343-9635.

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

Background: A Memorandum of Understanding (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 public-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.

In addition, under an MOU signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been 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 and use. HHS delegated program responsibility to CDC.

Community involvement is a critical part of ATSDR's and CDC's energy-related research and activities and input from members of the ITC is part of these efforts. The ITC will work with HHES to provide input on Native American health effects at the Hanford, Washington site.

Purpose: The purpose of this meeting of the ITC is to discuss issues that are unique to tribal involvement with HHES including considerations regarding a proposed medical monitoring program and explorations of options and alternatives to providing support for tribal involvement in HHES.

Matters To Be Discussed: Agenda items will include dialogue pertaining to issues unique to tribal involvement with HHES. This will include an update on the status of ATSDR's draft policy on establishing government-to-government relations with the nine affected tribes as sovereign nations, and exploring options and alternatives to providing support for tribal participation in HHES.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Linda A. Carnes, Health Council Advisor, ATSDR, E-28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639-0730, FAX/639-0759.

Dated: September 6, 1995.

Carolyn J. Russell,

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

[FR Doc. 95-22563 Filed 9-11-95; 8:45 am]

BILLING CODE 4163-70-M

Centers for Disease Control and Prevention

[INFO-95-03]

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 study materials on the proposed project, call the CDC Reports Clearance Officer on (404) 639-3453.

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. Evaluation of the "WomanKind: Support Systems NS for Battered Women" Project in Minnesota—New—The Division of Violence Prevention at CDC has been directed to work to increase physicians' and other health care providers' ability to identify and attend to the needs of victims of domestic violence. WomanKind strives to: (1) increase health care providers' capacity and motivation to identify and refer battered women to WomanKind advocates from several hospital departments, (2) facilitate clients' decisions to alter their circumstances, and (3) work with clients to identify and access existing community services that provide practical support in developing and implementing a plan for change.

This program is in operation at three hospitals in the Minneapolis area. Three similar hospitals will be included as comparison sites. The evaluation is being conducted to determine the extent to which the objectives listed above are achieved and to identify the integration and level of contribution made by each specific program element. These data are specific to the project in Minnesota. Specific outcomes include examining health care providers and WomanKind advocates knowledge, attitudes, motivations, and skills, and the ability to successfully diagnose, manage, refer, and otherwise assist female victims of intimate partner violence. Client's satisfaction with services, number of repeat contacts with WomanKind, and (perhaps) their use of community services will be considered, as well. An examination of materials, implementation process and the potential for this program to be used in other settings are additional components of the evaluation study. If proven effective, this program could be used with other domestic violence prevention strategies to reduce the incidence of domestic violence.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Hospital Staff KABB Survey—Census 1 and 6 month and year	950	3	.17
Hospital Staff KABB Survey—Trainees Immediate Post-test	250	1	.17