Notice of Lodging of Consent Decree Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act and the Resource Conservation and Recovery Act

In accordance with 42 U.S.C. 9622(d), 42 U.S.C. 6973(d), and 28 CFR 50.7, notice is hereby given that on January 24, 1996, a proposed consent decree in *United States of America v. City of Somersworth, N.H., et al.,* Civil Action No. 96–046–JD, was lodged with the United States District Court for the District of New Hampshire. The United States' complaint sought injunctive relief and recovery of response costs under the Comprehensive Environmental Response, Compensation, and Liability Act (''CERCLA''), and the Resource Conservation and Recovery Act (''RCRA''), in regard to the Somersworth Sanitary Landfill Superfund Site (''Somersworth Landfill Site'') in Somersworth, New Hampshire, against the City of Somersworth, N.H. (''City''), General Electric Company (''GE''), Browning-Ferris Industries of New Hampshire, Inc., Cate's Rubbish Removal Services, Inc., Waste Management of Maine, Inc./Waste Management of New Hampshire, Inc./ Waste Management of North America, Inc., D.F. Richard, Inc., Exeter & Hampton Electric Company, Fortier & Son, Inc., General Linen Service Co., Inc., J.A. Prince & Sons, Inc., Mid-way Buick, Pontiac GMC Truck, Inc., New England Telephone & Telegraph Company, New Hampshire Printers & Business Forms, Inc., Public Service Company of New Hampshire, R.M. Rouleau, Inc., Riverside Garage & Leasing, Inc., Robbins Auto Parts, Inc., Somersworth Nissan, Inc., Tri-City Dodge, Inc./Tri-City Subaru, Inc., and Gagnon's Auto Body, Inc. The State of New Hampshire is also a plaintiff in the action.

The Consent Decree provides that the City and GE will implement the remedial design and remedial action selected by EPA in the Record of Decision dated June 21, 1994, for the Somersworth Landfill Site. The Consent Decree also provides that the defendants will pay $283,181 to the Superfund for past response costs incurred by the U.S. Environmental Protection Agency, $3,000 to the U.S. Department of the Interior for natural resource damage assessment costs, and $10,669 to the State of New Hampshire for past response costs incurred by the State of New Hampshire. The Consent Decree includes a covenant not to sue by the United States under Sections 106 and 107 of the CERCLA, 42 U.S.C. 9606 and 9607, and under Section 7003 of RCRA, 42 U.S.C. 6973.

The Department of Justice will receive comments relating to the proposed Consent Decree for a period of thirty (30) days from the date of this publication. Comments should be addressed to the Assistant Attorney General, Environment and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and should refer to *United States versus City of Somersworth, N.H., et al.,* D.J. Ref. 90–11–3–1311A. Commenters may request an opportunity for a public meeting in the affected area, in accordance with Section 7003(d) of RCRA, 42 U.S.C. § 6973(d).

The proposed Consent Decree may be examined at the office of the United States Attorney, 55 Pleasant St., Rm. 312, Concord, New Hampshire 03301 and at the New England Region office of the Environmental Protection Agency, One Congress St., Boston, Massachusetts 02203. The proposed Consent Decree may also be examined at the Consent Decree Library, 1120 G. St., N.W., 4th Floor, Washington, D.C. 20005, 202–624–0892. A copy of the proposed Consent Decree (without appendices) may be obtained in person or by mail from the Consent Decree Library, 1120 G. St., N.W., 4th Floor, Washington, D.C. 20005. In requesting a copy, please enclose a check in the amount of $40.75 (25 cents per page reproduction cost) payable to the ''Consent Decree Library.''

Joel M. Gross,

Chief, Environmental Enforcement Section, Environment & Natural Resources Division.

[FR Doc. 96–2136 Filed 1–31–96; 8:45 am]

BILLING CODE 4410–01–M

Antitrust Division

[Civil Action No. 395CV01946RNC]

United States v. HealthCare Partners, Inc., et al.; Public Comments and United States' Response to Public Comments

Pursuant to the Antitrust Procedures and Penalties Act, 15 U.S.C. 16(b)–(h), the United States publishes below the comments received on the proposed Final Judgment in *United States* versus *HealthCare Partners, Inc., et al.,* Civil Action No. 395CV01946RNC, United States District Court for the District of Connecticut, together with the response of the United States to the comments.

Copies of the response and the public comments are available on request for inspection and copying in Room 215 of the Antitrust Division, U.S. Department of Justice, 325 7th Street, N.W., Washington, D.C. 20004, and for inspection at the Office of the Clerk of the United States District Court for the District of Connecticut, 450 Main Street, Hartford, Connecticut 06103.

Rebecca P. Dick,

Deputy Director of Operations, Antitrust Division.

United States of America, and State of Connecticut, ex rel., Richard Blumenthal, Attorney General, Plaintiffs, vs. *HealthCare Partners, Inc., Danbury Area IPA, Inc., and Danbury Health Systems, Inc.,* Defendants. [Civil Action No. 395CV01946RNC]

January 18, 1996.

United States' Response to Public Comments

Pursuant to the requirements of the Antitrust Procedures and Penalties Act (commonly referred to as the ''Tunney Act''), 15 U.S.C. 16(b)–(h), the United States hereby responds to public comments regarding the Consent Decree proposed as the basis for settling this proceeding in the public interest. After careful consideration of these comments, the United States concludes that the proposed Consent Decree will provide an effective and appropriate remedy for the antitrust violations alleged in the Complaint. Once the public comments and this Response have been published in the Federal Register, pursuant to 15 U.S.C. 16(d), the United States will urge the Court to enter the Consent Decree as originally proposed.

On September 13, 1995, the United States and the State of Connecticut filed a Complaint alleging that Defendants HealthCare Partners, Inc., Danbury Area IPA, Inc., and Danbury Health Systems, Inc. violated Section 1 of the Sherman Act, 15 U.S.C. § 1. The Complaint also charges that Defendant Danbury Health Systems, Inc. violated Section 2 of the Sherman Act, 15 U.S.C. § 2. Simultaneously with the filing of the Complaint, the United States and the State of Connecticut filed a proposed Consent Decree, a Stipulation signed by all parties to entry of the Decree following compliance with the Tunney Act, and a Competitive Impact Statement (CIS).

Pursuant to the Tunney Act, on September 27, 1995, the Defendants filed the required description of certain written and oral communications made on their behalf. A summary of the terms of the proposed Decree and the CIS and directions for the submission of written comments were published in the *Danbury News-Times* for seven consecutive days, from September 22, through September 29, 1995. The proposed Consent Decree and the CIS

were published in the Federal Register on October 4, 1995. 60 Fed. Reg. 52014 (1995).

The 60-day period for public comments began on October 4, 1995, and expired on December 4, 1995. Two comments were submitted; the United States is filing them as attachments to this Response. The United States has concluded that the Consent Decree reasonably, adequately, and appropriately addresses the harm alleged in the Complaint. Therefore, the United States urges that following publication of the comments and this Response, this Court hold that entry of the proposed Consent Decree would be in the public interest.

I.

Background

Danbury Health Systems, Inc. (''DHS'') owns the Danbury Hospital which is a 450-bed acute care facility. It is the sole source of acute inpatient care in the Danbury area and possesses a monopoly in general acute inpatient care. The Hospital also provides outpatient surgical care and other services.

By 1992, managed care organizations had recruited a sufficient number of physicians with active staff privileges at Danbury Hospital to offer managed care plans to employers and individuals in the Danbury area. The introduction of managed care plans into the Danbury area reduced the Hospital's market power in inpatient services and decreased the number of hospital admissions and length of hospital stays. Managed care also resulted in increased competition among the doctors in Danbury and reduced referrals to Danbury Office of Physician Services (''DOPS''), the Hospital's affiliated multispecialty practice group.

On May 6, 1994, DHS implemented the first of two means it had developed to forestall the continued development of managed care plans in Danbury. DHS and virtually every doctor on its Hospital's medical staff incorporated HealthCare Partners. The Hospital and the physicians authorized HealthCare Partners to represent them jointly in negotiations with managed care organizations. Danbury Area IPA (''DAIPA'') was also formed on that date as a vehicle for physician ownership in HealthCare Partners. Each doctor who joined DAIPA contracted with HealthCare Partners and authorized it to negotiate fees on the doctor's behalf.

DHS's second means of forestalling the continued development of managed care plans was the exercise of its control over admitting privileges at the Hospital. DHS implemented a Medical Staff Development Plan to reduce competition among the doctors. It also proposed to amend its bylaws to require the active medical staff to perform a minimum volume of outpatient procedures at the Hospital rather than at competing outpatient facilities.

These actions, along with the additional conduct alleged in the Complaint, violated Sections 1 and 2 of the Sherman Act.

II.

Response to Public Comments

The two comments on the Consent Decree are both from physicians practicing in a group of neonatalogists, Complete Newborn Care. Neither objects to entry of the proposed Decree, nor contends that the Decree does not adequately and appropriately remedy the violations alleged in the Complaint. Dr. Alicia Perez says, in effect, that DHS has monopolized the delivery of healthcare in the Danbury area through additional means not charged in the Complaint or addressed in the Consent Decree. According to Dr. Perez, the formation of DOPS, its size, and the administrative functions of the Hospital performed by DOPS members unreasonably restrain competition among physicians. Dr. Perez asserts that Hospital physicians have improperly induced non-DOPS physicians to refer to DOPS and to use the Hospital's facilities. As set forth more fully below, Dr. Perez's comments do not provide a basis for not entering the Decree.

Similarly, Dr. Diana M. Lippi's comments do not raise any grounds for not entering the Decree. Rather, Dr. Lippi simply urges the Department to continue its investigation of DHS in light of the relationship between the Hospital and DOPS on which Dr. Perez commented and in order to address conduct of the Hospital occurring subsequent to the events set forth in the Complaint and redressed in the Decree.

Dr. Lippi contends that the Hospital is taking new actions to restrict medical staff privileges. Dr. Lippi's comments in fact support entry of the Decree, in that the Decree limits the Hospital's ability to use its control over staff privileges to reduce competition. Entry of the Decree gives the Court the authority to punish such actions if they violate the Decree. Moreover, the Tunney Act, as explained below, does not authorize the Court to reject the Decree on the grounds that the Hospital is, or will, abuse its control over privileges in ways that independently violate the antitrust laws, but are not challenged in the Complaint.

III.

The Legal Standard Governing The Court's Public Interest Determination

The Tunney Act directs the court to determine whether entry of the proposed Decree ''is in the public interest.'' 15 U.S.C. § 16(e). In making that determination, ''the court's function is not to determine whether the resulting array of rights and liabilities is one that will *best* serve society, but only to confirm that the resulting settlement is within the *reaches* of the public interest.'' *United States v. Western Elec. Co.*, 993 F.2d 1572, 1576 (D.C. Cir.), *cert. denied*, 114 S. Ct. 487 (1993) (internal quotation and citation omitted).[1]

The Court should evaluate the relief set forth in the Decree in light of the claims alleged in the Complaint and should enter the Decree if it falls within the government's ''rather broad discretion to settle with the defendant within the reaches of the public interest.'' *United States v. Microsoft Corp.*, 56 F.3d 1448, 1461 (D.C. Cir. 1995).

The Court is not ''to make *de novo* determination of facts and issues.'' *Western Elec.*, at 1577. Rather, ''[t]he balancing of competing social and political interests affected by a proposed antitrust decree must be left, in the first instance, to the discretion of the Attorney General.'' *Id*. (internal quotation and citation omitted throughout). In particular, the Court must defer to the Department's assessment of likely competitive consequences, which it may reject ''only if it has exceptional confidence that adverse antitrust consequences will result—perhaps akin to the confidence that would justify a court in overturning the predictive judgments of an administrative agency.'' *Id*.[2]

The Court may not reject a decree simply ''because a third party claims it could be better treated.'' *Microsoft*, 56 F.3d at 1461 n.9. The Tunney Act does not empower the Court to reject the remedies in the proposed Decree based

[1] The *Western Electric* decision concerned a consensual modification of an existing antitrust decree. The Court of Appeals assumed that the Tunney Act was applicable.

[2] The Tunney Act does not give a court authority to impose different terms on the parties. *See, e.g., United States v. American Tel. & Tel. Co.*, 552 F. Supp. 131, 153 n.95 (D.D.C. 1982), *aff'd sub nom. Maryland v. United States*, 460 U.S. 1001 (1983) (Mem.); *accord* H.R. Rep. No. 1463, 93d Cong., 2d Sess. 8 (1974). A court, of course, can condition entry of a decree on the parties' agreement to a different bargain, *see, e.g., AT&T*, 552 F. Supp. at 225, but if the parties do not agree to such terms, the court's only choices are to enter the decree the parties proposed or to leave the parties to litigate.

on the belief that ''other remedies were preferable.'' *Id.* at 1460.

To a great extent it is the realities and uncertainties of litigation that constrain the role of courts in Tunney Act proceedings. *See United States* v. *Gillette Co.*, 406 F. Supp. 713, 715–16 (D. Mass. 1975). As Judge Greene has observed:

> If courts acting under the Tunney Act disapproved proposed consent decrees merely because they did not contain the exact relief which the court would have imposed after a finding of liability, defendants would have no incentive to consent to judgment and this element of compromise would be destroyed. The consent decree would thus as a practical matter be eliminated as an antitrust enforcement tool, despite Congress' directive that it be preserved.

United States v. *American Tel. & Tel. Co.*, 552 F. Supp. 131, 151 (D.D.C. 1982), *aff'd sub nom. Maryland* v. *United States*, 450 U.S. 1001 (1983) (Mem). Indeed, where, as here, the Consent Decree comes before the Court at the time the Complaint is filed, ''the district judge must be even more deferential to the government's predictions as to the effect of the proposed remedies * * *.'' *Microsoft*, 56 F.3d at 1461.

Moreover, the entry of a governmental antitrust decree forecloses no private party from seeking and obtaining appropriate antitrust remedies. Thus, Defendants will remain liable for any illegal acts, and any private party may challenge such conduct if and when appropriate.[3] If any of the commenting parties has a basis for suing Defendants, they may do so. The legal precedent discussed above holds that the scope of a Tunney Act proceeding is limited to whether entry of *this* particular proposed Consent Decree, agreed to by the parties as settlement of *this* case, is in the public interest.

Finally, the Tunney Act does not contemplate judicial reevaluation of the wisdom of the government's determination of which violations to allege in the Complaint. The government's decision not to bring a particular case on the facts and law before it at a particular time, like any other decision not to prosecute, ''involves a complicated balancing of a number of factors which are peculiarly within [the government's] expertise,'' such as ''whether [the government's] resources are best spent on this violation or another, whether the [government] is likely to succeed if it acts, whether the particular enforcement action requested best fits the [government's] overall policies, and, indeed, whether the [government] has enough resources to undertake the action at all.'' *Heckler v. Chaney*, 470 U.S. 821, 831 (1985); *see also Maryland v. United States*, 460 U.S. 1001, 1106 (1983) (Rehnquist, J., dissenting from summary affirmance). The Court may not ''reach beyond the complaint to evaluate claims that the government did *not* make and to inquire as to why they were not made.'' 56 F.3d at 1459 (emphasis added). Entry of the proposed Decree will not prevent the government from investigating and challenging, if appropriate, conduct not addressed in the current action.

[3] The commenters in fact previously sued Danbury Hospital and DOPS and obtained injunctive relief against them from this Court. It is the understanding of the United States that the commenters have filed a motion before Judge Dorsey in *Perez, et al. v. Danbury Hospital and Danbury Office of Physician Services, P.C.*, Civil Action No. 3:94-CV416(PCD), to hold defendants in that case in contempt. The contempt motion apparently rests at least in part on some of the conduct that Dr. Perez believes the United States should now investigate in connection with this case, namely, an allegation that DOPS physicians have coerced non-DOPS obstetricians to refer neonatalogy patients to DOPS neonatalogists. The United States is investigating whether that alleged conduct occurred and, if it did, whether it violates the Final Judgment proposed in this action.

IV.

Conclusion

The Tunney Act requires that public comments and this Response be published in the Federal Register. When that publication has been accomplished, the United States will notify the Court and urge entry of the proposed Consent Decree based on the Court's determination that the Decree is in the public interest.

Respectfully submitted,

Mark J. Botti,

Pamela C. Girardi,

U.S. Department of Justice, Antitrust Division.

Christopher F. Droney,

United States Attorney.

Carl J. Schuman,

Assistant U.S. Attorney.

Certificate of Service

I, Mark J. Botti, hereby certify that copies of the Response to Public Comments in *U.S. v. HealthCare Partners, Inc., et. al.*, Civ. No. 395CV01946RNC was served on the 18th day of January 1996 by first class mail to counsel as follows:

William M. Rubenstein,

State of Connecticut,

David Marx, Jr.,

McDermott, Will & Emery.

James Sicilian,

Day, Berry & Howard

October 27, 1995.

Gail Kursh,

Chief, Professions and Intellectual Property Section/Health Care Task Force, Department of Justice, Antitrust Division, 600 E Street N.W. Room 9300, Washington, D.C.

Dear Ms. Kursh, The consent decree pending in Civil No. 395–CV–01946–RNC concerning the antitrust suit brought by the Justice Department and the Connecticut Attorney General's Office against Danbury Health Systems (DHS) and the Danbury Area IPA (DAIPA) should be reconsidered in light of the following information.

The formation of the DAIPA is only a small part of a more far-reaching attempt by DHS to willfully monopolize health care in the Danbury area.

Despite the outcome of this case, there continues to be ongoing and extensive activity by DHS to maintain its monopoly in inpatient care and extend this monopoly into the outpatient care arena. These activities are a blatant attempt to eliminate competition from area physicians and other outpatient services. They promote the almost exclusive use of the services of the physician employees of the Danbury Office of Physician Services, P.C. (DOPS), other physicians affiliated with Danbury Hospital or the new ''Foundation'' which is forming, and outpatient ancillary services affiliated with or owned by DHS.

The consent decree prohibits activities by DHS to control medical staff privileges to reduce competition. However, at the last medical staff meeting on 10/10/95, the Hospital railroaded through amendments to the Medical Staff Bylaws including the establishment of a committee that could potentially limit the size and mix of the medical staff. This committee is to prescreen and interview applicants for medical staff privileges before they are evaluated by the medical department in which they seek privileges. This could allow the committee to discourage applicants representing competition to DHS and DOPS from continuing their application process. It could allow this committee, and not the competitive market, to decide which specialities in the area are over-represented or understaffed and could potentially allow DHS to expand DOPS to the detriment of competing groups.

Another amendment dissolved the category of ''courtesy staff''. Physicians with courtesy privileges are generally affiliated with competing hospitals. They do, however, admit a percentage of their patients to Danbury Hospital but are not required to fulfill many of the responsibilities of an active member of the Danbury Hospital staff. By eliminating this category, their patients would then be admitted to the ''house

doctor'' (DOPS) who would use DOPS consultants for any specialty services needed.

These amendments were ''passed'' without observing the process outlined in the Medical Staff Bylaws.

The medical staff is further controlled by DHS through DOPS. Although DOPS physicians constitute only about 25% of the medical staff at Danbury Hospital, an arrangement has been established which places a DOPS physician as Chairman of each medical department (except one, as a result of a per-existing contract) and a DOPS physician as Chief of virtually every medical service in which there are DOPS physicians. By virtue of their positions of power, DOPS physicians control the Executive Committee and 33% or more of all but one of the other committees of the medical staff.

The Chairmen of the departments are, in part, paid by the Hospital and, therefore, directed by Hospital recommendations and not the desires of the members of their departments. Indeed, when asked to whom they report, they reply, the President of the Hospital and CEO of DHS, rather than to the president of DOPS, their employer. I have knowledge of department Chairmen using their position as chairmen to influence referrals of patients to their won corporation, DOPS.

I urge you to continue your investigation of the antitrust activities of DHS and Danbury Hosptial to allow fair and unrestrained competition for health care services in our community.

Sincerely,

Diana M. Lippi.

October 23, 1995.

Gail Kursh,
Chief, Professions and Intellectual Property Section/Health Care Task Force, Department of Justice, Antitrust Division, 600 E Street, N.W., Room 9300, Washington, D.C. 20530.

By facsimile transmission and by regular mail.

Dear Ms. Kursch: In response to the Legal Notice in the Danbury News Times, I have several concerns regarding the proposed final Judgment against Health Partners Inc., et al., Civil No. 395–CV–01946–RNC.

Despite the objections to the Final judgment filed in the civil complaint, it is my opinion that Danbury Health Systems continues to protect its monopoly of health care in the Greater Danbury Area.

The anti-competitive activities of Danbury Health Systems Inc., its subsidiaries, and affiliates extends beyond the hospital and community walls. As the biggest employer in town the economic ramifications of its business associations and its political network are too powerful to allow for legitimate competition to exist in any arena.

Control and monopoly of inpatients at Danbury Hospital is accomplished through the affiliated physician corporation the hospital created in 1985, Danbury Office of Physician Services, P.C. (DOPS). The agreement between Danbury Hospital and DOPS physicians directly and indirectly restrains competition among physicians in Danbury, in violation of Section 1 of the Sherman Act.

DOPS physicians comprise approximately one fourth of the Medical Staff. However, these physicians are employed (paid) by Danbury Hospital to hold positions of power and thus control over the general Medical Staff. DOPS physicians are Chairmen of all but one of the clinical Departments, Chiefs of virtually all sections within the clinical departments, and hold the majority vote on many Medical Staff Committees. The Chairmen of the clinical departments at Danbury Hospital are accountable to the hospital's CEO and not to the members of their respective departments. Chairmen of clinical departments actively direct patient referrals to DOPS physicians, thus taking advantage of their administrative role for their own economic self-interest. DOPS physicians are in control of Medical Staff Committees, including most Peer Review Committees, and the activities of these committees are overwhelmingly targeted against non-DOPS physicians. Chairmen of clinical departments are free to disband a committee without discussion with or prior notification of its members or the President of the Medical Staff. Although DOPS physicians are not employed by Danbury Hospital directly, they are expected to support the philosophy and the wishes of the administration of the hospital.

Non-DOPS physicians are also intimidated and scare tactics are used by administrators to induce referrals to DOPS physicians. There are reports of special favors and/or privileges (i.e., O.R. schedules) being used as rewards to those physicians that refer to DOPS and use Danbury Hospital facilities exclusively.

During the last few weeks such tactics have been used to coerce community obstetricians (chosen to join the soon to be established HMO) to refer only to DOPS neonatologists. This practice disregards the prior established policy developed by the members of the Department of Pediatrics and agreed to by the members of the Department of Obstetrics and Gynecology. As a result, this practice has significantly reduced the referrals to my group.

I enclose a list of community pediatricians affiliated with Danbury Hospital. All you need to do to verify this anti-competitive practice is to ask the pediatricians to describe how they choose a neonatologist for referrals.

Respectfully,

Alicia Perez,

Pediatricians & Neonatologists Associated with Danbury Hospital

Brockfield

John Gundy, MD & Sarojini Kurra, MD, 300 Federal Road, 775–1118

Danbury

Lorraine Braza, MD, 69 Sandpit Road, 798–8228

Costom for Pediatrics Medicines, P.C.

Robert Golenbock, MD, Anna Paula Machado, MD, Joan Magner, MD, 107 Newtown Road, Suite 1D, 790–0822

Child Care Associates

Pushpa Mani, M.D., Rajadevi Satchi, MD, 57 North Street, Suite 209, 791–9599

Barry Keller, MD, 16 Hospital Avenue, 743–1201

Uwa Koepke, MD, 57 North Street, Suite 311, 792–4021

Christopher Randolph, MD & Martin Randolph, MD, 70 Deer Hill Avenue, 792–4021

Pediatric Associates

Leon Baczeski, MD, Bruce Cohen, MD, John Erti, MD, David Gropper, MD, Nandini Kogekar, MD, L Robert Rubin, MD, 41 Germantown Road, 744–1620

Pediatric Health Ctr./Danbury Hospital

Jack S. C. Fong, MD, Chief, Veronica Ron, MD, Gary Wenick, MD, 73 Stand Pit Road, 797–7216

New Fairfield

Oscar Lascano, MD, Fairwood Professional Building, 746–6000

New Milford

Josef Burton, MD, 23 Poplar Street, 355–4113

Vadakkekara Kavirajan, MD, 7 Pickett District Road, 355–4195

Candlewood Pediatrics

Diane D'Isidori, MD, Wendy Drost, MD, Evan Hack, MD, 17 Poplar Street, 355–8190

Newton

Humberto Bauta, MD, Danbury Newton Road, 426–3267

Alex Lagut, MD, 18 Church Hill Road, 426–1818

Pediatric Health Ctr. of Newton

Thomas Draper, MD, 184 Mount Pleasant Road, 426–2400

Ridgefield

Ridgefield Pediatrics

Robert Elisofon, MD, Susan Leib, MD, James Sheehan, MD, 38B Grove Street, 438–9557

Southberg

Southberg Pediatrics

Susan Beris, MD, 108 Main Street North, 264–9200

Neonatologists

Neonatologists, Dept. of Pediatrics, Danbury Hospital

Edward James, MD, Chief, Laura K. Lasley, MD, 24 Hospital Avenue, Danbury, CT 06810, 797–7150

Complete Newborn Care

Diana Lippi, MD, Alicia Perez, MD, Joseph M. Tuggle, MD, 57 North Street, Suite 408, Danbury, CT 06810, 790–4262

[FR Doc. 96–1794 Filed 1–31–96; 8:45 am]

BILLING CODE 4410–01–M

Immigration and Naturalization Service

[INS No. 1725R–96]

Citizens Advisory Panel Meeting

AGENCY: Immigration and Naturalization Service, Justice.

ACTION: Notice of Meeting.

SUMMARY: The Immigration and Naturalization Service (Service) in