

of the molecular weight markers to make it appear more consistent with the expected experimental results. Dr. Jacoby then submitted the plagiarized and falsified results to a MGH colleague who included them in a presentation at the First Annual Meeting of the American Society of Gene Therapy, held in Seattle, Washington, on May 30, 1998.

During the institutional investigation in 1998, Dr. Jacoby presented another falsified image as data from his own experiment. Specifically, he used computer software to scan Figure 3A in Balagué et al. and then alter the locations of three major bands in an effort to conceal the origin of the falsified image (i.e., Figure 3A) and to deceive investigating officials into believing that the results were from an independent experiment. Dr. Jacoby then used the different band locations as "evidence" of the differences between Figure 3A by Balagué et al. and the data purportedly from his own experiment by presenting the falsified image: (1) To the Chief of MGH's Neurology Service; (2) to a scientist assisting the Inquiry Committee by attempting to reproduce Dr. Jacoby's experiment; and (3) to the Inquiry Committee as data from his own independent experiment.

After the institution concluded that Dr. Jacoby had engaged in scientific misconduct, Dr. Jacoby forged the signature of the institutional official for the MGH Grants and Contracts Office and knowingly included false and material information on his NIH non-competing renewal application for a Clinical Investigator Award, 5 K08 NS01887-05. Specifically, after ceasing to work in his supervisor's laboratory and after being told by his supervisor that she would no longer serve as his mentor on the Clinical Investigator Award, Dr. Jacoby (1) listed his former supervisor as his mentor on his 5 K08 NS01887-05 application; (2) claimed that he was continuing to conduct grant-funded research in her laboratory; (3) forged the signature of the MGH institutional official to avoid detection by MGH; and then (4) submitted the completed application directly to NIH on or about August 1, 2000.

Dr. Jacoby's actions amount to significant and serious falsifications in the proposing and reporting of research. His falsifications gave NIH reviewers inaccurate information for their evaluation of the progress made by the research group at MGH in its PHS-supported research. His falsifications also substantially hindered the progress of the PHS-funded research project. Finally, his falsifications induced NIH to conditionally approve Dr. Jacoby's 5

K08 NS01887-05 grant at a time when he was no longer conducting research.

Accordingly, PHS further finds that Dr. Jacoby engaged in a pattern of dishonest conduct through the commission of 15 acts of data falsification and plagiarism, including additional steps taken to conceal the true nature and origin of the research data, that further demonstrates a lack of present responsibility to be a steward of Federal funds.

Dr. Jacoby has entered into a Voluntary Exclusion Agreement with PHS in which he has voluntarily agreed for a period of five (5) years, beginning on June 12, 2001:

(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);

(2) To 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.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. 01-17150 Filed 7-9-01; 8:45 am]

**BILLING CODE 4150-31-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities: Proposed Submission to the Office of Management and Budget (OMB) for Clearance; Comment Request; Reinstatement of a Previously Approved Information Collection

**AGENCY:** Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, provides an opportunity for comment on the following proposal for the collection of information in compliance with the Paperwork Reduction Act (PRA; Public Law 96-511):

*Title of Information Collection:* Grantee Data Collection for the Evaluation of the Alzheimer's Disease Demonstration Grants to States Program.

*Type of Request:* Reinstatement of a previously approved collection for which approval has expired. This request significantly streamlines and reduces the amount of data collected as compared to previously approved requirements.

*Use:* Data is collected on client demographic and health characteristics, client service use, and program characteristics to adequately evaluate the implementation, progress and process of the Alzheimer's Disease Demonstration Grants to States Program (Section 398 of the Public Health Service Act, Pub. L. 78-410 as amended). Data is used by the grantee states to manage and evaluate their own programs. The data is also used by the AoA to evaluate and describe all projects funded by this initiative and address the program's statutory evaluation and Government Performance and Results Act (GPRA) requirements. Findings are used to manage the program and better target future activities, as well as to provide a final evaluation of each set of grants to Congress as set forth by statute.

*Frequency:* Client Intake Form—only once per client, data submitted quarterly, Service Use Form—quarterly, Agency Service Profile Form—annually.

*Respondents:* Agencies of State Governments and Territories that have been designated by the Governor as the sole applicant for the State and who have applied for a grant under this program.

*Estimated Number of Responses:* Client Intake Form—5000/year, Service Use Form—2500/year, Agency Service Profile Form—125/year.

*Total Estimated Burden Hours:* Client Intake Form—100 hours/state/year, Service Use Form—420 hours/state/year, Agency Service Profile Form—1.25 hours/state/year.

*Additional Information or Comments:* The Administration on Aging plans to submit to the Office of Management and Budget for reinstatement of a previously approved collection for which approval has expired, for the Alzheimer's Disease Demonstration Grants to States Program, pursuant to requirements set forth by statute. Written comments and recommendations for the proposed information collection should be sent within 60 days of the publication of this notice directly to the following address: Office of Program Development, Administration on Aging, Attention: Melanie Starns, 330 Independence Avenue, SW., Rm. 4270, Washington, DC 20201.

Dated: July 3, 2001.

**Norman L. Thompson,**

*Acting Principal Deputy Assistant Secretary  
for Aging.*

[FR Doc. 01-17116 Filed 7-9-01; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Embargo on Importation of *Dracaena* Shipments in Standing Water

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), HHS.

**ACTION:** Notice of embargo on  
importation of *Dracaena* shipments in  
standing water.

**SUMMARY:** Shipments of *Dracaena* ("lucky bamboo") in standing water and infested with mosquitoes are currently being imported into the United States. Because of potential public health threats posed by exotic species of mosquitoes, CDC is implementing an immediate embargo on the importation of *Dracaena* that has been shipped in standing water. This embargo only affects importation of *Dracaena* shipments in standing water.

**FOR FURTHER INFORMATION CONTACT:** Dr. David Kim, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., National Center for Infectious Diseases, Division of Global Migration and Quarantine, Mailstop E-03, Atlanta, Georgia, 30333; (404) 498-1600; E-mail [ddk5@cdc.gov](mailto:ddk5@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

On June 14, 2001, the Centers for Disease Control and Prevention (CDC), was notified by the Los Angeles district office of the U.S. Department of Agriculture (USDA) that it had identified maritime cargo containers of "lucky bamboo" (*Dracaena* species), an ornamental plant, that were infested with mosquitoes. CDC subsequently identified the Asian tiger mosquito, *Aedes albopictus*, a species previously not seen in California, and other species of mosquitoes associated with these cargo containers. The *Dracaena* in the infested cargo containers was shipped in small boxes with two to three inches of standing water. Shipments of *Dracaena* with no standing water or associated mosquito infestation have been arriving in the United States from China, Taiwan, Thailand, Indonesia, Malaysia, Costa Rica and other countries

as air and maritime cargo for at least 3 years.

#### Public Health Risks

*Dracaena* shipments in standing water appears to pose a considerable risk of importing exotic mosquitoes into the United States. Although previously introduced and widely established in the eastern half of the United States, *Aedes albopictus* has not established a population in California. *Aedes albopictus* is capable of transmitting serious human diseases such as western equine encephalitis, St. Louis encephalitis, and dengue viruses. Introduction of new *Aedes albopictus* populations from China, Taiwan, Indonesia, and other countries might include genotypes that are more efficient vectors of human diseases than the genotypes that are currently present in the United States. There have been precedents of accidental introduction of mosquito species of public health importance into the United States by a similar mechanism, i.e., by importation of materials containing standing water.

#### Immediate Action

Introductions of exotic species of mosquitoes, such as *Aedes albopictus* in California and other species in different parts of the United States, through the importation of *Dracaena* shipments in standing water, pose potentially serious public health threats. Accordingly, pursuant to 42 CFR 71.32(c), CDC is implementing an embargo on the importation of *Dracaena* shipments in standing water, effective immediately. This embargo only affects importation of *Dracaena* shipments in standing water.

Dated: July 3, 2001.

**Joseph R. Carter,**

*Associate Director for Management and  
Operations, Centers for Disease Control and  
Prevention.*

[FR Doc. 01-17152 Filed 7-9-01; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[Program Announcement 01098]**

#### Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN); Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001

funds for a cooperative agreement program for Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN). This program addresses the "Healthy People 2010" focus areas of Nutrition and Overweight, Physical Activity and Fitness, Tobacco Use, Heart Disease and Stroke, Diabetes, and Access to Quality Health Services.

The purpose of this program is to use scientifically rigorous methods to test the effectiveness of a behavioral or lifestyle intervention aimed at preventing cardiovascular disease (CVD) and other chronic diseases. The target population consists of women participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The major long-term goal is to demonstrate a successful behavioral or lifestyle intervention for the population targeted by the NBCCEDP. Recipients are also expected to work with existing health care systems to identify free or discounted medication for women who require such therapy.

##### B. Eligible Applicants

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. NBCCEDP grantees who are currently receiving grants under Program Announcements 99135 and 00115 are not eligible.

##### C. Availability of Funds

Approximately \$2,000,000 is available in FY 2001 to fund two awards. It is expected that the average amount per award is between \$750,000 to \$1,250,000. It is expected that the awards will begin on or about September 30, 2001, and will be made for a 12-month budget period within a project period of three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

##### 1. Use of Funds

In accordance with Public Law 101-354, an award may not be made unless the State/Territory/Tribe involved agrees that:

a. At least 60 percent of cooperative agreement funds will be expended for screening, lifestyle intervention, public