

Collection of Information

Title: National Earthquake Hazards Reduction Program Review of Publications.

Types of Information Collection: New.

Form Numbers: Survey will be Internet based; form numbers have not been developed.

Abstract: FEMA will undertake this effort through in Internet-based survey to determine which publications are effective, which are in need of modification and which should be retired. In addition, FEMA will determine the need for additional publications, filling the information gaps identified in the review process.

Affected Public: Business or other for-profit; State, Local, or Tribal Government; Federal Government; Not-for-profit institutions; Individuals and households.

Estimated Total Annual Burden Hours: 288.

FEMA Form	No. of respondents (A)	Frequency of response (B)	Hours per response (C)	Annual burden hours (A x B x C)	Estimated annual cost per hour per respondent
Internet Survey	1,150	1	.25	288	\$43.14
Total	1,150	1	.25	288	\$12,424.32

Estimated Cost: \$12,424.

Comments

Written comments are solicited to (a) evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses. Comments should be received within 60 days of the date of this notice.

ADDRESSES: Interested persons should submit written comments to Muriel B. Anderson, Chief, Records Management Section, Program Services and Systems Branch, Facilities and Services Management Division, Administration and Resource Planning Directorate, Federal Emergency Management Agency, 500 C Street, SW, Room 316, Washington, DC 20472.

FOR FURTHER INFORMATION CONTACT: Contact Anita Vollmer, program Specialist, Federal Emergency Management Agency, (202) 646-2727 for additional information. You may contact Ms. Muriel B. Anderson for copies of the proposed collection of information at telephone number (202) 646-2625 or facsimile number (202) 646-3347 or e-mail muriel.anderson@fema.gov.

Dated: March 29, 2002.

Reginald Trujillo,

Branch Chief, Program Services and Systems Branch, Facilities and Services Management Division, Administration and Resource Planning Directorate.

[FR Doc. 02-8200 Filed 4-4-02; 8:45 am]

BILLING CODE 6718-01-P

FEDERAL HOUSING FINANCE BOARD

Sunshine Act Meeting

Announcing an Open Meeting of the Board

TIME AND DATE: 10 a.m., Wednesday, April 10, 2002.

PLACE: Board Room, Second Floor, Federal Housing Finance Board, 1777 F Street, NW., Washington, DC 20006.

STATUS: The entire meeting will be open to the public.

MATTER TO BE CONSIDERED DURING PORTIONS OPEN TO THE PUBLIC:

- Final Rule: Affordable Housing Program Amendments
- Final Rule: Amendment of 12 CFR 985.8(b)—Minimum Number of Scheduled Office of Finance Board meetings
- Appointment of Public Interest Director
- Federal Home Loan Bank of Atlanta Capital Plan

CONTACT PERSON FOR MORE INFORMATION: Elaine L. Baker, Secretary to the Board, (202) 408-2837.

James L. Bothwell,
Managing Director.

[FR Doc. 02-8372 Filed 4-3-02; 10:32 am]

BILLING CODE 6725-01-P

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) and the Assistant Secretary for Health have taken final action in the following case:

Matthew A. Lipski, Washington University in St. Louis: Based on the report of an investigation conducted by the Washington University in St. Louis (WUSL) and additional analysis conducted by ORI in its oversight review of related records, the U.S. Public Health Service (PHS) found that Matthew A. Lipski, former research patient assistant for WUSL on a subcontract from Hipco, Inc., engaged in scientific misconduct by falsifying and fabricating data in research supported by National Institutes of Health (NIH) Phase II Small Business Innovation Research (SBIR) grant 2 R44 AG12317-03, "Effect of padded underwear on hip fracture incidence."

Specifically, PHS found that Mr. Lipski falsified and fabricated data in a study examining whether wearing an undergarment with force distributing and absorbing pads positioned over the trochanteric regions of elderly nursing home residents could significantly reduce the number of hip fractures. From July 2000 through October 2000, Mr. Lipski falsified and fabricated observational patient data in multiple research records. Due to concerns over the reliability of all of Mr. Lipski's data, none of his data were used in the study. No publications required correction or retraction.

Mr. Lipski has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed for a period of three (3) years, beginning on March 20, 2002:

(1) 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; and

(2) That any institution that submits an application for PHS support for a research project on which Mr. Lipski's participation is proposed or which uses him in any capacity on PHS supported research, or that submits a report of PHS-funded research in which Mr. Lipski is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of his research contribution. A copy of the supervisory plan must also be submitted to ORI by the institution.

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. 02-8230 Filed 4-4-02; 8:45 am]

BILLING CODE 4150-31-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-02-37]

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 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) 498-1210.

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

Bioterrorism Needs Assessment For Hospitals—New—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). In October–November 2001, following the reports of anthrax cases, the infection control community indicated to the Division of Healthcare Quality Promotion that there was a need for more bioterrorism-related information. A needs assessment was created and pilot tested in eight hospitals to assist DHQP in providing guidance to hospitals for preparedness and response. The needs assessment will gather information that will help the

Division and other areas of CDC in evaluating CDC strategies for identifying and developing the materials and communication mechanisms that hospitals need most to adequately prepare for and respond to possible bioterrorism events in the future. The Division of Healthcare Quality Promotion has a more than 30-year history of being seen as a reliable source of information to the infection control community. Our objective is to determine the needs of hospitals so they are adequately prepared to recognize and treat bioterrorism-related diseases and prevent further transmission of disease. This will ultimately enable them to do their jobs better, identify bioterrorism events more quickly, and prevent morbidity and mortality.

The needs assessment will assess the bioterrorism planning and preparedness, resources and communication, impact of anthrax events, surveillance for bioterrorism-related diseases, education and training, and information needs in hospitals. The data from responding hospitals will be used to develop improved methods of communication to healthcare providers and facilities, establish the best way for CDC to disseminate materials, assure disaster plans are in place, and determine what information from CDC is of greatest need to healthcare facilities.

The data collection will use web-based technology to gather information in a systematic fashion to better assist hospitals. These topics were chosen for the needs assessment by staff members of the Division of Healthcare Quality Promotion, who provided expertise to healthcare facilities after the September 11th attacks. There are no costs to the respondents. The table below shows the estimated annual burden in hours to complete the needs assessment.

Title	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Bioterrorism needs assessment for healthcare facilities	4,000	1	15/60	1,000
Total				1,000