

(12) coordinates the Agency's Alternative Dispute Resolution (ADR) Program.

### C. In the HIV/AIDS Bureau (RV) Revise the Functional Statement to Read

Provides leadership and direction for the HIV/AIDS programs and activities of the Bureau and oversees its relationship with other national health programs. Specifically: (1) Coordinates the formulation of an overall strategy and policy for HRSA AIDS programs; (2) coordinates the internal functions of the Bureau and its relationships with other national health programs; (3) establishes AIDS program objectives, alternatives, and policy positions consistent with broad Administration guidelines; (4) administers the Agency's AIDS grants and contracts programs; (5) reviews AIDS related program activities to determine their consistency with established policies; (6) represents the Agency and the Department at AIDS related meetings, conferences and task forces; (7) serves as principal contact and advisor to the Department and other parties concerned with matters relating to planning and development of health delivery systems relating to HIV/AIDS; (8) develops and administers operating policies and procedures for the Bureau; (9) directs and coordinates the Bureau activities in support of the Department/Bureau's Affirmative Action and Equal Employment Opportunity programs by ensuring that all internal employment practices provide an equal opportunity to all qualified persons and its employment practices do not discriminate on the basis of race, color, sex, age, national origin, religious affiliation, marital status, and that all external benefits and service oriented activities relative to the recipients of Federal funds are likewise addressed in accordance with applicable laws, Executive Orders, HHS regulations and policies; (10) provides direction to the Bureau's Civil Rights compliance activities; (11) directs and coordinates Bureau Executive Secretariat activities; (12) serves in developing and coordinating (telehealth) programs and in facilitating the electronic dissemination of best practices in health care to health care professionals; (13) directs the HRSA Center for Quality; and (14) coordinates the Department's tort claims panel and associated activities.

### Delegation of Authority

All delegations and re-delegations of authorities to officers and employees of HRSA which were in effect immediately prior to the effective date of this action will be continued in effect in them or

their successors, pending further re-delegation, provided they are consistent with this action. This document is effective upon date of signature.

Dated: July 1, 2002.

**Elizabeth M. Duke,**  
Administrator.

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**BILLING CODE 4165-15-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:

*James C. Pennington, Brown University:* Based on the report of an inquiry/investigation conducted by Brown University and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that James C. Pennington, formerly a graduate student in the Department of Cognitive and Linguistic Sciences, engaged in scientific misconduct by fabricating data in his master's thesis. The research was supported by National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), grant R01 DC000314, "Speech and language processing in aphasia."

Specifically, PHS found that:

1. For Experiment 3, reported as having been conducted with 12 normal subjects, Mr. Pennington fabricated: (a) The mean reaction time data to auditory stimuli presented in Figures 5 and 6, and the results of the associated statistical analyses; and (b) the accuracy data presented in Tables 4 and 5, and the results of the associated statistical analysis.

2. For Experiment 4, reported as having been conducted with 6 subjects with Broca's aphasia, Mr. Pennington fabricated: (a) The mean reaction time data to auditory stimuli presented in Figures 7 and 8, and the results of the associated statistical analyses; and (b) the accuracy data presented in Table 6, and the results of the associated statistical analysis.

The fabrication of Experiments 3 and 4, which were intended to incorporate improvements to the procedures used in Experiments 1 and 2, resulted in the

premature termination of the planned experimental procedures and indeterminate or possibly misleading findings relative to the influence of negative priming on the processing of auditory stimuli in normal and aphasic subjects.

Mr. Pennington has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed for a period of three (3) years, beginning on June 21, 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. Pennington's participation is proposed or that uses him in any capacity on PHS supported research, or that submits a report of PHS-funded research in which he 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 Mr. Pennington's research contribution. The institution also must submit a copy of the supervisory plan to ORI.

#### 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.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02214]

#### Demonstration Project To Reduce the Incidence and Severity of Infection in Patients With End Stage Renal Disease (ESRD) in Hawaii; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a grant program to reduce the incidence and severity of infection in patients with End Stage Renal Disease (ESRD) in Hawaii. This program addresses the "Healthy People 2010" focus area(s) Immunization and Infectious Diseases.