

Vice President and Chief Privacy Officer of MasterCard International, and President and Chief Executive Officer, MasterCard Cardholder Solutions, Inc. His responsibilities included overall management of MasterCard Cardholder Solutions, Inc. and managing and implementing privacy policies, regulations, and compliance for MasterCard International domestically and abroad. Mr. Robinson has also served as a congressional advisor on banking issues including the Community Reinvestment Act, Equal Credit Opportunity Act, Home Mortgage Disclosure Act, and Fair Housing Act for a subcommittee of the U.S. House of Representatives' Committee on Banking, Finance, and Urban Affairs.

**Diane Thompson**  
East St. Louis, Illinois

Ms. Thompson is a Supervising Attorney for the Housing and Consumer Rights Unit at the Land of Lincoln Legal Assistance Foundation. She supervises consumer rights litigation and works with community organizations on affordable housing and community economic development. She also supervises comprehensive homeless advocacy and homeless prevention projects in one of the poorest and most economically depressed cities in the country. She has expertise in the Truth-in-Lending and Home Ownership and Equity Protection Acts and is an experienced anti-predatory lending advocate and litigator in the St. Louis area. Mrs. Thompson is involved in several community activities, including the Metropolitan St. Louis Equal Housing Opportunity Council and Project Kids, Inc.

**Clint Walker**  
Wilmington, Delaware

Mr. Walker is the General Counsel and Chief Administrative Officer of Juniper Financial Corporation, established in 2000. Mr. Walker is part of the founding team of the credit card bank which is based on the concept of applying the best practices of a traditional credit card business with the best aspects of electronic banking to create an innovative and improved customer experience. His responsibilities include legal, compliance, regulatory and legislative activities, the Community Reinvestment Act, and community affairs. Prior to his position at Juniper, Mr. Walker was General Counsel at both First USA Bank, N.A. and Citibank Maryland. He has extensive experience in both the credit card industry and emerging e-commerce financial applications. Council members whose terms continue through 2003 are:

**Anthony Abbate**

President and Chief Executive Officer  
Interchange Bank  
Saddle Brook, New Jersey

**Manuel Casanova, Jr.**  
Executive Vice President  
International Bank of Commerce  
Brownsville, Texas

**Constance K. Chamberlin**  
President and Chief Executive Officer  
Housing Opportunities Made Equal  
Richmond, Virginia

**Earl Jarolimek**  
Vice President/Corporate Compliance  
Officer

Community First Bankshares  
Fargo, North Dakota

**J. Patrick Liddy**  
Director of Compliance  
Fifth Third Bancorp  
Cincinnati, Ohio

**Oscar Marquis**  
Attorney

Hunton and Williams  
Park Ridge, Illinois

**Elizabeth Renuart**  
Staff Attorney  
National Consumer Law Center  
Boston, Massachusetts  
Council members whose terms continue through 2004 are:

**Janie Barrera**  
President and Chief Executive Officer  
ACCION Texas  
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**Ken P. Bordelon**  
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**Robin Coffey**  
Vice President  
Harris Trust and Savings Bank  
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**Thomas FitzGibbon**  
Senior Vice President  
MB Financial Bank, N.A.  
Chicago, Illinois

**Larry Hawkins**  
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Unity National Bank  
Houston, Texas

**Ruhi Maker**  
Senior Attorney  
Public Interest  
Law Office of Rochester  
Rochester, New York

**Patricia McCoy**  
Professor of Law  
Department of Economics  
Massachusetts Institute of Technology  
Cambridge, Massachusetts

**Debra S. Reyes**  
President  
Neighborhood Lending Partners, Inc.  
Tampa, Florida

**Benson Roberts**  
Vice President for Policy  
Local Initiatives Support Corporation  
Washington, District of Columbia

**Hubert Van Tol**

Co-Director  
Fairness in Rural Lending  
Sparta, Wisconsin

Board of Governors of the Federal Reserve  
System, January 8, 2003.

**Jennifer J. Johnson,**  
*Secretary of the Board.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60-Day 03-35]

#### 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

Menthol Crossover Study—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). CDC proposes a study to measure differences in African-American and Caucasian smokers in the dose and metabolism of chemicals in smoke from menthol and non-menthol cigarettes.

African-American smokers are more likely than Caucasian smokers to

develop some forms of cancer and to have shorter long-term survival after diagnosis. More than 65% of African American smokers smoke menthol cigarettes, compared with about 23% of white smokers. Smoking menthol cigarettes has been associated with higher blood-cotinine levels. Cotinine is a product of the metabolism of nicotine, and the higher cotinine levels suggest that menthol may enable a smoker to obtain more nicotine from each cigarette. In addition, people who smoke menthol cigarettes also have higher levels of carbon monoxide in their breath than do people who smoke non-menthol cigarettes, and an elevated carbon monoxide level is a risk factor for cardiovascular disease. Additionally, the presence of menthol in cigarettes

may change the way people smoke cigarettes.

All previous studies have compared people who smoke menthol cigarettes with those who smoke non-menthol cigarettes; and it is not known whether increased cotinine and carbon monoxide levels in people who smoke menthol cigarettes are attributable to racial or ethnic differences, or a combination of multiple factors. In addition, no previous study has examined the differences between urinary levels of cancer-causing chemicals in people who smoke menthol or non-menthol cigarettes and correlated these findings with smoke exposure intake estimates using salivary cotinine and filter solanesol.

For this two-part crossover study, we will recruit African-American and Caucasian smokers of both sexes who smoke either menthol or non-menthol cigarettes as study subjects. We will determine smoking history then randomly assign each participant to smoking either menthol or non-menthol cigarettes for an initial 2-week period. Study participants then will switch to the opposite type of cigarette for the next 2 weeks. At baseline, and after each 2-week period, we will measure the way the participants smoke the test cigarettes to determine smoking topography. Saliva, urine, and breath samples will be collected to measure by-products of smoking, and participants will complete a brief smoking-history questionnaire. There is no cost to respondents.

| Forms   | No. of respondents | No. of responses/respondent | Average burden/response (in hours) | Total burden in hours |
|---|--------------------|-----------------------------|------------------------------------|-----------------------|
| Response to Flyer: Screening Interview Form .....   | 200                | 1                           | 5                                  | 17                    |
| Site Visits: Check in Study Information—Visit 1, 2, 3 .....   | 71                 | 3                           | 15                                 | 53                    |
| Consent Form Questionnaire—Visit 1, 2, 3 .....  | 71                 | 3                           | 15                                 | 53                    |
| Urine Sample and Saliva Sample—Visit 1, 2, 3 .....  | 71                 | 3                           | 15                                 | 53                    |
| Breath Carbon monoxide (CO) Sample—Test Smoke 1, Breath CO Sample, Breath CO Sample, Test Smoke 2, Breath CO Sample—Visit 1, 2, 3 ..... | 71                 | 3                           | 45                                 | 160                   |
| Sample Test—Cigarettes Distribute Baggies & Cigarettes—Visit 1, and 2 ....  | 71                 | 2                           | 15                                 | 36                    |
| Instructions and Check out—Visit 1 and 2 .....  | 71                 | 2                           | 15                                 | 36                    |
| Smoking Cessation Advice—Visit 3 only .....   | 71                 | 1                           | 15                                 | 18                    |
| Final Check Out—Visit 3 only .....  | 71                 | 1                           | 15                                 | 18                    |
| Total .....   | .....              | .....                       | .....                              | 444                   |

Dated: January 8, 2003.

**Thomas Bartenfeld,**

Acting Associate Director for Policy, Planning, and Evaluation Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institute of Health**

[OMB #0925-0479]

**Proposed Collection; Comment Request; Evaluation of the NIDCD Partnership Program**

**SUMMARY:** 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 National Institute on Deafness and Other Communication Disorders (NIDCD), the National Institutes of

Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection: Title:* Evaluation of the NIDCD Partnership Program. *Type of Information Collection Request:* EXTENSION. *Need and Use of Information Collection:* The NIDCD was established to support biomedical and behavioral research and research training in hearing, smell, balance, taste, voice, speech and language. Although minorities and women will dominate the work force within the next decade, both groups are underrepresented in the science and health professional field. Because of this concern, the NIDCD, with assistance from the Office of Research on Minority Health, established the Partnership Program in 1994 to increase the number of minority scientists and health care professionals doing research on communication and communication disorders. The proposed survey will yield data about: (1) Reasons

for participation in the program; (2) satisfaction of participants with the program and (3) how participation in the program has lead to the pursuit of a career in the health field. This survey will track the Partnership Program's success at increasing the number of women and minorities who are scientists. *Frequency of Response:* One. *Affected Public:* Individuals. *Type of Respondent:* Partnership Program Participants. The annual reporting burden is as follows: *Estimated Number of Respondents:* 76; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 0.5; and *Estimated Total Annual Burden Hours Requested:* 38. The annualized cost to respondents is estimated at: \$380. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

**Note:** The following table is acceptable for the Respondent and Burden Estimate Information, if appropriate, instead of the text as shown above.)