

in grant application HL113518-01 to support the hypothesis of the research. The falsified and/or fabricated data are:

- False  $\beta$ -actin data and statistics in Figures 1A and 1B in the *AJP* paper and Figures 41A and 41B in the thesis (p. 131) that purport to represent a time-course of 15-LO-1 protein expression in rabbit aortic endothelial cells (RAECs) following hypoxia.

- false  $\beta$ -actin and 15-LO-1 data and statistics in Figures 2A and 2B in the *AJP* paper and Figures 45A and 45B in the thesis (p. 135) that purport to represent 15-LO-1 expression in aortic rings of normoxic and hypoxic rabbits.

- false  $\beta$ -actin data and statistics in Figures 3A and 3B in the *AJP* paper and Figures 46A and 46B in the Respondent's Ph.D. thesis (p. 137) that purport to represent 15-LO-1 expression in different arteries after hypoxia.

- false  $\beta$ -actin data and statistics in Figures 1A and 1B in the *ATVB* paper and Figures 26A and 26B in the thesis (p. 105) that purport to demonstrate changes in 15-LO-1 expression in different arteries of cholesterol-animals; the false  $\beta$ -actin data in Figure 1A, *ATVB* was the same image as that used for Figure 1A, *AJP* but flipped vertically.

- false GAPDH data and statistics in Figure 7 in the AHA grant application that purport to represent SUR2A-55 expression in murine heart following left ventricular hypertrophy (LVH).

- false reporting in Figure 4A of grant application HL113518-01 for the number of mice used for the physiological data for ATP-induced potassium influx in murine mitochondria as three to four, when only a single mouse was studied.

Dr. Aggarwal has entered into a Voluntary Settlement Agreement and has voluntarily agreed for a period of three (3) years, beginning on September 17, 2013:

(1) To have his research supervised; Respondent agreed that prior to the submission of an application for U.S. Public Health Service (PHS) support for a research project on which his participation is proposed and prior to his participation in any capacity on PHS-supported research, Respondent shall ensure that a plan for supervision of his duties is submitted to ORI for approval; the supervision plan must be designed to ensure the scientific integrity of his research contribution; he agreed that he shall not participate in any PHS-supported research until such a supervision plan is submitted to and approved by ORI; Respondent agreed to maintain responsibility for compliance with the agreed upon supervision plan;

(2) that any institution employing him shall submit in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a certification to ORI that the data provided by Respondent are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application, report, manuscript, or abstract; and

(3) to exclude himself voluntarily 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, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8200.

**David E. Wright,**

*Director, Office of Research Integrity.*

[FR Doc. 2013-23971 Filed 10-1-13; 8:45 am]

**BILLING CODE 4150-31-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[CDC-2013-0015; NIOSH-237-A]

#### National Institute for Occupational Safety and Health Personal Protective Technology Program and National Personal Protective Technology Laboratory Conformity Assessment; Extension of Comment Period

**AGENCY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice and extension of comment period.

**SUMMARY:** On August 14, 2013, the Director of the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) published a notice in the **Federal Register** [78 FR 49524] announcing a public meeting. This meeting was held on September 17, 2013 to provide (1) a summary of the work conducted by the NIOSH Personal Protective Technology (PPT) Conformity Assessment Working Group (PCAWG), (2) provide an overview of model Conformity Assessment programs, and (3) solicit input to define a national

framework for PPE conformity assessment.

NIOSH's National Personal Protective Technology Laboratory (NPPTL) is addressing recommendations of the Institute of Medicine (IOM) and the National Research Council based on a review of NPPTL's program activities. The IOM report identified gaps and inconsistencies in the certification and other conformity assessment processes for non-respiratory PPT. Conformity assessment is defined as the "demonstration that specified requirements relating to a product, process, system, person or body are fulfilled." Conformity assessment processes for PPT products are focused on product effectiveness and include the following primary components: Certification (ISO/IEC 17065), Inspection (ISO/IEC 17020), Testing (ISO/IEC 17025), Accreditation (ISO/IEC 17011), Surveillance (ISO/IEC 17011, ISO/IEC 17065), Supplier's Declaration of Conformity (ISO/IEC 17050), Registration (ISO/IEC 17021) and Quality management systems (ISO/9001).

Written comments were to be received by September 30, 2013. NIOSH is extending the public comment period to December 2, 2013.

You may submit comments by either of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

All information received in response to this notice and meeting must include the agency name and docket number (CDC-2013-0015; NIOSH-237-A). All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided. All information will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Room 109, Cincinnati, OH 45226. All electronic comments should be formatted in Microsoft Word.

To view the notice and related materials, visit <http://www.regulations.gov> and enter CDC-2013-0015 in the search field and click "Search."

**FOR FURTHER INFORMATION CONTACT:** Richard Metzler, General Engineer, NIOSH at [NPPTLEvents@cdc.gov](mailto:NPPTLEvents@cdc.gov), telephone (412) 386-6686, fax (412) 386-6617.

Dated: September 25, 2013.

**John Howard,**

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2013-23982 Filed 10-1-13; 8:45 am]

BILLING CODE 4163-19-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Assistant Secretary for Preparedness and Response; Notification of a Sole Source Cooperative Agreement Award**

**AGENCY:** Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Emergency Management (OEM).

**ACTION:** Notification of a sole source Cooperative Agreement Award.

**Statutory Authority:** Public Health Service Act, Section 301.

**Estimated Amount of Award:** \$200,000 to \$ 750,000 (contingent on the availability of funding).

**Project Period:** September 30, 2013 to March 31, 2015.

**Summary and Project Overview**

The Office of Emergency Management (OEM) within the Office of the Assistant Secretary for Preparedness and Response (ASPR) is responsible for developing operational plans to ensure the preparedness of the Office, the Department, the Federal Government and the public to respond to and recover from domestic and international public health and medical threats and emergencies. OEM is also responsible for ensuring that ASPR has the systems, logistical support, and procedures necessary to coordinate the Department's operational response to acts of terrorism and other public health and medical threats and emergencies. OEM is responsible for leading Emergency Support Function #8 (ESF #8), Public Health and Medical Services, under the National Response Framework and the Health and Social Services (H&SS) Recovery Support Function (RSF) under the National Disaster Recovery Framework (NDRF), released in September 2011.

In the field of disaster and emergency management, post-disaster recovery has played an important, although often lower profile role. When it is addressed, it frequently references the restoration of previously extant physical or economic systems within a community, with a focus on "bricks and mortar" infrastructure reconstitution (e.g. roads, bridges, housing stock, commercial

structures, etc) and/or business and commercial recovery.<sup>i</sup> Oftentimes absent from consideration is the critical importance of health, and the public health, medical and social services and underlying determinants of health that are key to supporting overall recovery.<sup>ii</sup>

Anecdotal evidence from recent disasters and other scientific evidence<sup>iii iv v</sup> suggest that there is not a broad understanding of the recovery activities that most significantly impact the health of individuals of populations. This grant will support the development and distribution of a set of evidence-based recommendations that inform recovery efforts in affected communities and the work of both emergency managers and health professionals. The recommendations will be informed by input from stakeholders and subject matters experts.

Pursuant to the National Health Security Strategy (NHSS) objective 8.3 and, specifically, sub-objective 8.3.1, this grant will generally seek "to continuously improve recovery efforts, [through] data elements assess[ing] recovery progress, quality, and outcomes."<sup>vi</sup> This grant also supports HHS Strategic Plan Objective 3F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies.

**Justification**

The Institute of Medicine (IOM) is a nonprofit organization and is part of the National Academy of Sciences. IOM undertakes studies that may be specific mandates from Congress or requested by federal agencies and independent organizations.

The IOM has an established Forum on Medical and Public Health Preparedness for Catastrophic Events. The Forum held a panel on Long-term Recovery of the Healthcare Service Delivery Infrastructure in February 2012 during the 2012 Public Health Preparedness Summit in Anaheim, CA. The Forum's purpose is to foster dialogue among stakeholders, identify opportunities for public/private collaboration, and identify and address issues relevant to public health and medical preparedness.

The IOM is part of the National Academies, which also has an established Disasters Roundtable. The Disasters Roundtable holds workshops three times per year on topics often relevant to recovery partners. The IOM is uniquely positioned to be able to not only identify relevant partners and stakeholders but also garner their participation in the proposed activities because of their existing structures and established reputation.

**Additional Information:** The agency program contact is Esmeralda Pereira, [esmeralda.pereira@hhs.gov](mailto:esmeralda.pereira@hhs.gov), 202-205-0065.

Dated: September 27, 2013.

**Nicole Lurie,**

Assistant Secretary for Preparedness and Response.

<sup>i</sup> Abramson, D., Stehling-Ariza, T., Soo Park, Y., Walsh, L., Culp, D. 2010. Measuring Individual Disaster Recovery: A Socioecological Framework. *Disaster Medicine and Public Health Preparedness* 4(S1): S46-S54.

<sup>ii</sup> Burkle, F. M. 2011. The Limits to Our Capacity: Reflections on Resiliency, Community Engagement, and Recovery in 21st Century Crises. *Disaster Medicine and Public Health Preparedness* 5(S2): S176-S181.

<sup>iii</sup> Masten, A.S., and Obradovic, J. 2007. Disaster preparation and recovery: lessons from research on resilience in human development. *Ecology and Society* 13(1): 9. [online] URL: <http://www.ecologyandsociety.org/vol13/iss1/art9/>.

<sup>iv</sup> Wallace, D., and R. Wallace. 2007. Urban Systems during Disasters: Factors in Resilience. *Ecology and Society* 13(1): 18. [online] URL: <http://www.ecologyandsociety.org/vol13/iss1/art18/>.

<sup>v</sup> Abramson, D., Soo Park, Y., Stehling-Ariza, T., Redlener, I. 2010. Children as Bellwethers of Recovery: Dysfunctional Systems and the Effects of Parents, Households, and Neighborhoods on Serious Emotional Disturbance in Children After Hurricane Katrina. *Disaster Medicine and Public Health Preparedness* 4(S1): S17-27.

<sup>vi</sup> NHSS.

[FR Doc. 2013-24096 Filed 9-30-13; 8:45 am]

BILLING CODE 4150-37-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review**

The meeting announced below concerns Occupational Safety and Health Training Project Grants (T03), PAR-10-288, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

**Time and Date:** 8 a.m.—5 p.m., November 6, 2013 (Closed).

**Place:** Centers for Disease Control and Prevention, Roybal Campus, Building 19-GCC, 1600 Clifton Road, Atlanta, Georgia 30333, Telephone: (404) 639-6000.