Stephen C. Groft, Pharm.D., Executive Director, 6701 Rockledge Drive, Room 1010, MSC 7707, Bethesda, MD 20817–7707, Phone: (301) 435–7592, Fax: (301) 480–1691, E-mail: WHCCAMP@mail.nih.gov.

SUPPLEMENTARY INFORMATION: The President established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000, by Executive Order 13147. The mission of the White House Commission on Complementary and Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Public Participation

Oral statements by the public will be provided on December 4, from about 1:30 p.m.–2:30 p.m. (Time approximate). Members of the public who wish to present oral comment may register by calling 1–800–953–3298 or by accessing https://safe2.sba.com/whccamp/index.cfm or the website of the Commission at *http://whccamp.hhs.gov* no later than November 27, 2000.

Oral comments will be limited to five minutes; three minutes of oral presentation and two minutes to respond to questions by Commission members. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. When mailing or faxing written comments provide, if possible, an electronic version on diskette.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement during the time set aside for public comment if time permits, and at the chairperson's discretion. Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record.

Because of the need to obtain the views of the public on these issues as soon as possible and because of the early deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Dated: November 17, 2000.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 00–30175 Filed 11–27–00; 8:45 am]

BILLING CODE 4140–01–M

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:

Evan B. Dreyer, M.D., Ph.D., Massachusetts Eye and Ear Infirmary (MEEI) and Harvard Medical School (HMS): Based on the findings and evidence documented in a report by a joint inquiry panel, dated November 17, 1997, and additional information obtained by the Office of Research Integrity (ORI) during its oversight review, on April 14, 2000, PHS issued its findings that Dr. Dreyer, former HMS Associate Professor of Ophthalmology at MEEI, engaged in scientific misconduct by falsifying or fabricating experimental results. These results were included in National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), grant application K08 DC00131–01A1.

Specifically, Dr. Dreyer falsified or fabricated experimental results to support the hypothesis that elevated levels of the amino acid glutamate play a role in Meniere's disease and reported these falsified or fabricated results in six documents:

1. An NIH grant application, K08 DC0013 l–0lA1, ''Glutamate toxicity in endolymphatic hydrops,'' submitted to NIH for a Mentored Clinical Scientist Development Award in July 1996. PHS found that the experimental results for 19 amino acids reported in Table 2 and the text (pp. 58–59) were falsified or fabricated.

2. An abstract, Cliff A. Megerian, M.D., Michael J. McKenna, M.D., Joseph B. Nadol, Jr., M.D., and Evan B. Dreyer, M.D., Ph.D. ''Elevated Perilymphatic Glutamate and Type-1 Spiral Ganglion Cell Loss in the Hydropic Ear,'' submitted on August 1, 1996, for the Triological Society Eastern Division Meeting scheduled for early February 1997. PHS found that the text reports the same falsified or fabricated experimental results for the amino acid glutamate that were reported in the K08 DC00131–OlA1 grant application to support the conclusion that elevated levels of glutamate may play a role in Meniere's disease.

3. A manuscript, Cliff A. Megerian, M.D., Michael J. McKenna, M.D., Joseph B. Nadol, Jr., M.D., Barbara J. Burgess, B.A., David Zurakowski, Ph.D., and Evan B. Dreyer, M..D., Ph.D. ''Elevated Perilymphatic Glutamate and Type-1 Spiral Ganglion Cell Loss in the Hydropic Ear.'' PHS found that Table 1 and the text (pp. 2 and 8) contained the same falsified or fabricated experimental results that were reported in the K08 DC00131–OlA1 grant application.

4. A draft NIH grant application, listing Dr. Dreyer as Principal Investigator, in which Table 2 and the text of the draft NIH grant application contained the same experimental results that the PHS found were falsified or fabricated in K08 DC00131-OlA1.

5. Two computer spreadsheets, which contained the same results that the PHS found were falsified or fabricated in the K08 DC00131-OlA1.

6. Magneto-optical computer disk, which contained files with 21 fabricated chromatograms of amino acid elution patterns. On January 21, 1997, Dr. Dreyer provided the computer disk to MEEI officials in response to requests for the primary data and laboratory notebooks supporting the amino acid results reported in the documents described above. On April 7 and May 21, 1997, Dr. Dreyer admitted that he fabricated each of the 21 chromatograms.

On May 10, 2000, Dr. Dreyer appealed the proposed PHS findings and administrative actions to the HHS Departmental Appeals Board (''DAB''), DAB Docket No. A–2000–72. However, on November 13, 2000, Dr. Dreyer entered into a Voluntary Exclusion Agreement (Agreement) with PHS in which he agreed to withdraw his appeal of the PHS findings of scientific misconduct against him.

Under the terms of the Agreement, with respect to the items in Paragraphs 1–5, Dr. Dreyer did not admit that he falsified or fabricated the results at issue, but he recognized that if the DAB case proceeded to conclusion, there was sufficient evidence upon which the DAB may make a finding of scientific

misconduct. With respect to the material identified in Paragraph 6, Dr. Dreyer admitted that he fabricated the 21 chromatograms contained in the magneto-optical computer disk that he provided to institutional officials after questions were raised about his research. Dr. Dreyer further admitted that the fabrication of the data on the disk amounts to scientific misconduct.

Dr. Dreyer has voluntarily agreed for a period of ten (10) years, beginning on November 15, 2000, to exclude himself from:

(1) Any contracting or subcontracting with any agency of the United States Government and from eligibility for, of involvement in, nonprocurement transactions (*e.g.*, grants and cooperative agreements of the United States Government as defined in 45 CFR Part 76 (Debarment Regulations);

(2) Serving as a mentor to any graduate student, fellow, or other individual who applies for or receives Federal funding; and

(3) Serving in any capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

The above voluntary exclusion, however, does not apply to Dr. Dreyer's practice of clinical medicine as a licensed practitioner or to Federal funds used for purposes of teaching or training medical students, residents, or fellows, in clinical medical matters.

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 Pascal,

Director, Office of Research Integrity.

[FR Doc. 00–30236 Filed 11–27–00; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organizations, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 65 FR 68144, dated November 14, 2000) is amended to revise the functional statement of the Division for AIDS, STD, and TB Laboratory Research (DASTLR), National Center of Infections (NCID).

Section C–B, Organization and Functions, is hereby amended as follows:

Delete the functional statement for the Division of AIDS, STD and TB Laboratory Research (HCRN) and insert the following:

Division of AIDS, STD and TB Laboratory Research (HCRN). (1) Develops and evaluates laboratory methods and procedures for the diagnosis and characterization of infections caused by human immunodeficiency virus (HIV) and other retroviruses, other sexually transmitted diseases (STDs), and mycobacteria including *Mycobacterium tuberculosis;* (2) provides laboratory support for the surveillance, epidemiologic, and clinical activities of the National Center for HIV, STD, and TB Prevention (NCHSTP); (3) conducts applied research on the pathogenesis of and the immune mechanisms that occur in microbial infections; (4) conducts laboratory studies of hemophilia and other coagulating disorders; (5) provides reference laboratory services and assists in standardizing and providing laboratory reagents; (6) serves as a World Health Organization Collaborating Center; (7) conducts epidemiologic studies of HIV-infected and uninfected persons with hemophilia and their families; (8) assists in designing, implementing, and evaluating prevention and counseling programs for HIV-infected persons with hemophilia and their families; and (9) coordinates research on opportunistic infections occurring in HIV-infected persons.

Dated: November 15, 2000.

Jeffrey P. Koplan,

Director.

[FR Doc. 00–30217 Filed 11–27–00; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 00N–1599]

Agency Information Collection Activities; Proposed Collection; Comment Request; Use of Impact-Resistant Lenses in Eyeglasses and Sunglasses

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on recordkeeping requirements to insure public health and safety for manufacturers of impact-resistant lenses used in eyeglasses and sunglasses.

DATES: Submit written or electronic comments on the collection of information by January 29, 2001.

ADDRESSES: Submit written or electronic comments on the collection of information to http://www.accessdata.fda.gov/scripts/oc/dockets/edockethome.cfm. Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary