

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 13, 2004.

**A. Federal Reserve Bank of San Francisco** (Tracy Basinger, Director, Regional and Community Bank Group) 101 Market Street, San Francisco, California 94105-1579:

1. *Columbia Banking System, Inc.*, Tacoma, Washington; to acquire 100 percent of the voting shares of Bank of Astoria, Astoria, Oregon.

Board of Governors of the Federal Reserve System, July 15, 2004.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 04-16472 Filed 7-19-04; 8:45 am]

**BILLING CODE 6210-01-S**

## FEDERAL RESERVE SYSTEM

### Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than August 4, 2004.

**A. Federal Reserve Bank of Minneapolis** (Jacqueline G. Nicholas, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *The Marvin T. Loosbrock Residuary Trust U/A dated April 9, 1984; the Marvin T. Loosbrock QTIP Trust U/A dated April 9, 1984 (collectively, the "Trusts"); Lois M. Loosbrock, individually and as trustee of the Trusts; Mark L. Loosbrock, individually and as trustee of the Trusts; and Gary M. Loosbrock, individually and as trustee of the Trusts; a group acting in concert*, all of Lismore, Minnesota; to acquire voting shares of Lismore Financial Services, Inc., Lismore, Minnesota, and thereby indirectly acquire voting shares of State Bank of Lismore, Lismore, Minnesota.

Board of Governors of the Federal Reserve System, July 15, 2004.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 04-16473 Filed 7-19-04; 8:45 am]

**BILLING CODE 6210-01-S**

## 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 Acting Assistant Secretary for Health have taken final action in the following case:

*Tirunelveli S. Ramalingam, Ph.D., California Institute of Technology:*

Based on the report of an investigation conducted by the California Institute of Technology (CIT Report) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Tirunelveli S. Ramalingam, Ph.D., former Postdoctoral Fellow, Division of Biology at CIT, engaged in scientific misconduct in research supported by National Institute for Allergy and Infectious Disease (NIAID), National Institutes of Health (NIH), grant 1 R01 AI41239-01, "Neonatal Fc receptor/IgG interaction."

Specifically, PHS found that:

A. Respondent plagiarized Figures 6a and 7a from: Dustin, M.L. "Adhesive Bond Dynamics in Contacts between T Lymphocytes and Glass-supported Planar Bilayers Reconstituted with the Immunoglobulin-related Adhesion Molecule CD58." *J. Biol. Chem.* 272:15782-15788, 1997 (hereafter referred to as the "JBC 1997 paper").

B. Respondent also falsified Figures 6a and 7a from the JBC 1997 paper by electronically manipulating the images and representing them as a different experiment in Figure 6 of NIH grant application 2 R01 AI41239-06A1, entitled "Analysis of the Neonatal Fc Receptor/IgG Interaction."

C. Respondent fabricated timed experimental data obtained from using the fluorescence recovery after photobleaching (FRAP) technique in Figure 7 (upper and lower panels) in a draft manuscript: "IgG can bridge between adjacent membranes containing the neonatal Fc receptor (FcRn): Implications for FcRn-mediated transport of IgG."

The draft manuscript was not submitted for publication; however, due to the laboratory's inability to verify scientific experiments conducted by Dr. Ramalingam, two other papers published in *Nature Cell Biology* in 2000 and *EMBO Journal* in 2002 were retracted.

Dr. Ramalingam has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed for a period of three (3) years, beginning on July 2, 2004:

(1) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in, nonprocurement programs of the United States Government referred to as "covered transactions" as defined in the debarment regulations at 45 CFR part 76; and

(2) To exclude himself from serving in any advisory capacity to the 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, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. 04-16442 Filed 7-19-04; 8:45 am]

**BILLING CODE 4150-31-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention (CDC)**

**Citizens Advisory Committee on Public Health Services Activities and Research at Department of Energy Sites: Notice of Charter Renewal**

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Citizens Advisory Committee on Public Health Services Activities and Research at Department of Energy Sites of the Department of Health and Human Services, has been renewed for a 2-year period extending through July 7, 2006.

**FOR FURTHER INFORMATION CONTACT:**

Joseph E. Salter, Committee Management Officer, CDC, 1600 Clifton Road, NE., m/s E-72, Atlanta, Georgia 30333. Telephone (404) 498-0090, or fax (404) 498-0011.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 14, 2004.

**William J. Atkinson,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04-16413 Filed 7-19-04; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Expansion of Psychosocial Support and Peer Counseling Services to HIV-Infected Women and Their Families in Botswana**

*Announcement Type: New.*

*Funding Opportunity Number: PA 04256.*

*Catalog of Federal Domestic*

*Assistance Number: 93.041*

*Dates:*

*Application Deadline: August 20, 2004.*

**I. Funding Opportunity Description**

**Authority:** This program is authorized under Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 2421 and 247b(k)(S)], as amended.

**Purpose:** The purpose of the program is to provide funding to technical and organizational capacity building support for the expansion of psychosocial support services and development of peer counseling programs for HIV-infected women and their families. The awardee will provide funding for technical and organizational capacity building support to no more than five civil society organizations (non-governmental, community-based and faith-based organizations) working in HIV prevention, care and support in Botswana. This can be done either directly by the awardee or by an umbrella agency designated to manage and monitor the funding to the civil society organizations.

The Botswana National Prevention of Mother to Child Transmission (PMTCT) program, which is supported technically and financially under the President's Emergency Plan for AIDS Relief (PEPFAR) and the PMTCT initiative, provides limited counseling services to women and their families during antenatal and postnatal care, and relies on non-governmental and faith-based organizations for on-going counseling for HIV-infected clients. This program addresses the urgent need to increase the role of civil society in HIV prevention, care and support in Botswana.

Botswana's HIV prevalence is the world's highest. National HIV surveillance prevalence for 2003, among women in antenatal clinics, is estimated to be 37.4 percent. There are approximately 40,000 infants born each year in Botswana, 14,960 of them to HIV-positive women. Without intervention, roughly 6,000 of these infants will be HIV-infected (approximately 40 percent transmission). Through the use of antiretroviral (ARV) drug prophylaxis and infant formula, instead of breastfeeding, this number could be reduced to approximately 750-1500 (5-10 percent transmission rate).

In 1999, Botswana started a PMTCT program to provide AZT prophylaxis to mother and infant, and free infant

formula. The program has been available in all public health facilities since November 2001. An evaluation conducted in 1999, to review the progress of the first phase of the program, identified counseling as a major area of weakness in the program. Since then, several steps have been taken to improve access to and quality of counseling, including placement of dedicated PMTCT counselors in all health facilities. These counselors, however, have limited training (four weeks) and are unable to provide the on-going, supportive counseling that is required to meet the needs of HIV-infected women. Additionally, counselors only have contact with women during their pregnancy. Where services exist, counselors are encouraged to refer women to non-governmental and faith-based organizations for on-going support. Unfortunately, Botswana has a weak, underdeveloped civil society, and psychosocial services for HIV-infected people are limited to very few cities, towns and large villages. In January 2004, Botswana began implementation of routine HIV testing in all health facilities. With this new approach, women will be tested for HIV during antenatal care along with other routine blood tests, unless they refuse. It is hoped that this will normalize HIV testing, reduce stigma and increase utilization of the PMTCT, ARV and other programs. With routine HIV testing, it is expected that the number of people knowing their positive HIV status will increase tremendously and the need for psychosocial support services will intensify accordingly.

The PMTCT program currently does not have a personal face in Botswana. Only one woman, to date, has gone public with her status after going through the PMTCT program. Support groups for pregnant, infected women, though encouraged, do not yet exist. In a recent survey, 85 percent of women expressed interest in talking to other HIV-infected women and there is general agreement that there is a great need for support groups and peer counseling programs.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through the President's Emergency Plan for AIDS Relief (PEPFAR). Through this new initiative, CDC's Global AIDS Program (GAP) will continue to work with host countries to strengthen capacity and expand activities in the areas of: (1) Primary HIV prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development,