

control of nuisance plant species (*Phragmites australis*), increasing the availability of fresh water, improving internal water quality, and protecting and restoring beach and freshwater wetlands habitat.

### 3. Scoping

a. Numerous studies and reports addressing beach erosion along the New Jersey Coast were conducted by the Corps of Engineers. The most recent study for this area is a Reconnaissance Report: Lower Cape May Meadows—Cape May Point Reconnaissance Study (August 1994), which identified a number of problem areas where erosion and tidal inundation were negatively impacting the shoreline and adjacent wildlife habitat. This study identified Lower Cape May Meadows and Cape May Point as areas to be recommended for further study in the feasibility phase.

b. The scoping process is on-going and has involved preliminary coordination with Federal, State, and local agencies. Participation of the general public and other interested parties and organizations will be invited by means of a public notice.

c. The significant issues and concerns that have been identified include the impacts of the project on aquatic biota, water quality, intertidal habitat, shallow water habitat, migratory bird species, and cultural resources.

### 4. Availability

It is estimated that the DEIS will be made available to the public in November 1997.

Gregory D. Showalter,

*Army Federal Register Liaison Officer.*

[FR Doc. 97-24199 Filed 9-11-97; 8:45 am]

BILLING CODE 3710-GA-M

## DEPARTMENT OF ENERGY

### Office of Environment, Safety and Health; Notice of Availability of Funds and Request for Applications To Deliver Special Medical Care in the Marshall Islands

**AGENCY:** Office of Environment, Safety and Health, Department of Energy.

**ACTION:** Request for applications.

**SUMMARY:** The Department of Energy (DOE) Office of Environment, Safety and Health (EH) is requesting applications to provide special medical care to a specific group of citizens of the Republic of the Marshall Islands (RMI). This Notice of Availability of Funds and Request for Applications to Deliver Special Medical Care in the Marshall Islands is a follow-on to a more general,

annual notice of potential availability of grants and cooperative agreements for epidemiology and other health studies published in the **Federal Register** on October 16, 1996.

**DATES:** The deadline for receipt of applications is October 27, 1997.

**ADDRESSES:** Applications may be submitted to Mr. Neil Barss at the U.S. Department of Energy, Office of International Health Programs, EH-63/270CC, 19901 Germantown Road, Germantown, Maryland 20874-1290.

**FOR FURTHER INFORMATION CONTACT:** Requests for application forms, the additional program information described below, and any other requests for information in response to this Notice should be directed to Mr. Barss, U.S. Department of Energy, Office of International Health Programs, EH-63/270CC, 19901 Germantown Road, Germantown, Maryland 20874-1290; telephone: (301) 903-4024; facsimile: (301) 903-1413, or email: neil.barss@eh.doe.gov.

#### SUPPLEMENTARY INFORMATION:

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#### I. Introduction

A Draft Notice of Availability of Funds and Request for Applications for the Department of Energy Medical Program in the Republic of the Marshall Islands was published in the **Federal Register** on May 29, 1997 (62 FR 29125). A public meeting was held July 8, 1997 to receive comments and questions on the Draft Notice. A Notice of Potential Applicant Visit to Honolulu, Hawaii, and the Republic of the Marshall Islands was published in the **Federal Register** on September 5, 1997 (62 FR 46954). In addition, the following information will be made available in conjunction with the application forms:

- (1) A transcript of the public meeting;
- (2) Answers to questions of general interest raised at and submitted in written form after the public meeting;
- (3) The "Memorandum Of Understanding Between The U.S. Army Space And Strategic Defense Command (USASSDC) U.S. Army Kwajalein Atoll/Kwajalein Missile Range (USAKA KMR) And The U.S. Department of Energy Office Of International Health Programs".

(4) A tabulation of DOE medical equipment used currently by Brookhaven National Laboratory and associated location and functional status;

(5) Marshall Islands Medical Program reports provided to the U.S. Congress by DOE for the last five years;

(6) A table illustrating distribution of DOE's Marshall Islands program budget for FY 1990 through FY 1997, which includes the DOE's special medical care program;

(7) A list of predominant diseases observed in DOE patients by Brookhaven National Laboratory and the ICD-9 code associated with each disease;

(8) The forms required by the Office of International Health Programs for budget planning, program progress and activity reporting, in addition to those specified in 10 CFR part 600; and

(9) A report entitled, "Medical Status of Marshallese Accidentally Exposed to 1954 Bravo Fallout Radiation: January 1988 through December 1991", DOE/EH-0493 and BNL-52470, July 1995.

As noted above, DOE has arranged a site visit to Honolulu and the Republic of the Marshall Islands for potential applicants. Anyone who intends to participate in the site visit and has not contacted Mr. William Jackson for details and arrangements should do so immediately. Mr. Jackson can be reached by telephone at (808) 422-9211 or 422-9203, by facsimile at (808) 422-9217, or by e-mail at [bjackson@tis.eh.doe.gov](mailto:bjackson@tis.eh.doe.gov).

#### II. Purpose

DOE provides a special medical care program for a specific group of RMI citizens in accordance with section 103(h) of the Compact of Free Association Act of 1985, as amended, which mandates that the United States "shall continue to provide special medical care and logistical support thereto for the remaining \* \* \* members of the population of Rongelap and Utrik [sic] who were exposed to radiation resulting from the 1954 United States thermonuclear 'Bravo' test, pursuant to Public Laws 95-134 and 96-205." Section 104(a)(4) of Public Law 95-134, enacted in 1977, directed the Secretary of the Interior to provide for the populations residing on Rongelap and Utrik Atolls on March 1, 1954, "adequate medical care and treatment \* \* \* of any radiation injury or illness directly related to the ["Bravo"] thermonuclear detonation \* \* \*" Section 104(a)(4) goes on to state that, "The costs of such medical care and treatment shall be assumed by the Administrator of the Energy Research

and Development Administration, a precursor agency to DOE. Pursuant to this congressional mandate, DOE provides a special medical care program consisting of:

- Medical screening, diagnosis and treatment for radiation-related diseases or illnesses (see Appendix A for definition) in an economically disadvantaged tropical environment in the central Pacific.
- Medical care and treatment of other diseases or illnesses as time and resources permit.
- Administrative management, cognizance and oversight of patients and patient records, clinical referrals and followups as medically appropriate.

DOE is soliciting applications to provide medically appropriate care to the exposed population and a comparison group within applicable legal, financial and logistical constraints. By so doing, DOE is seeking ways to more effectively and efficiently deliver special medical care services in the Marshall Islands to an aging population. As used in this Notice, primary medical care means the community based medical services provided locally at each Atoll by medically trained individuals.

Secondary medical care means those medical services provided at the U.S. Army Hospital at Kwajalein Atoll or by other providers, as described below. Tertiary medical care means medical services that are not currently available in the Marshall Islands and that must be provided to the patients outside the Marshall Islands.

Subject to available funding, DOE intends to award one (1) cooperative agreement in support of the RMI special medical care program in FY 1998. The cooperative agreement award will be for a one (1) year budget period, and subject to available funding, may be negotiated and extended annually as continuation awards for up to four (4) additional years.

The funding level for the implementation of the current DOE primary and secondary special medical care program is \$1.1 million annually.

### III. Background

As a result of the 1954 United States thermonuclear "Bravo" test in the Marshall Islands, approximately 253 Marshallese people (hereinafter referred to as patients) on Rongelap and Utrik Atolls were exposed to high levels of radioactive fallout. Since 1956, DOE and its predecessor agencies have provided medical care to these patients. Within DOE, this special medical care program is currently administered by the Office of International Health Programs for the

Assistant Secretary for Environment, Safety and Health.

Currently, there are three programs providing medical care in the RMI:

- *The RMI Ministry of Health national medical care program for approximately 60,000 people.*

This care is delivered at primary and secondary care facilities on Ebeye and Majuro islands, with smaller facilities in the remote outer islands that function as first aid stations, providing limited primary care and pharmaceutical capabilities (see Appendix B for details). Two-way radio is the primary means of inter-atoll communications, and medical emergencies are transported by air from the outer islands to Ebeye or Majuro.

- *The 177 Health Care Program (177 HCP), described in section 103(j) of the Compact of Free Association Act of 1985 as the Four Atoll Health Care Program.*

This program provides medical care for the people of the Atolls of Bikini, Enewetak, Rongelap, and Utrik who were affected by the consequences of the 1946-1958 U.S. nuclear testing program in the northern Marshall Islands, and their descendants. The program is administratively overseen by the Department of the Interior (DOI), is funded by the U.S. Congress through the DOI, and is currently implemented by Mercy International, Inc., under contract to the RMI Ministry of Health. The program serves approximately 10,600 individuals (see Appendix C for additional details) and provides primary medical care, secondary care referrals to the hospitals at Ebeye and Majuro, and tertiary care referrals to the Queen's Medical Center and Group in Honolulu, Hawaii.

Since 1986, DOE patients have been referred to the 177 HCP for primary and continued medical care during the time between Brookhaven National Laboratory screening visits and for non-radiation related disease or injuries. Currently, the 177 HCP has not been able to adequately meet all the medical needs of the DOE patients.

- *The special medical care program provided by DOE to approximately 238 patients in the Rongelap and Utrik communities.*

DOE's special medical care program currently provides biannual medical screening visits and full medical care for radiation-related conditions for the remaining 131 members of the original patient population, as well as medical treatment for approximately 107 people in a comparison group. From the inception of DOE's program, medical treatment has been delivered biannually by teams consisting of Brookhaven

National Laboratory (BNL) employees supplemented with volunteer medical specialists. Logistical support for DOE's special medical care program has also been provided by a contractor, which is currently Bechtel Nevada Corporation.

In 1995, DOE transitioned from biannual vessel-based medical missions to biannual land-based medical missions located at Kwajalein Island. Vessel-based missions were handicapped by the inability to keep a vessel equipped with state-of-the-art medical equipment. The land-based approach has improved the quality of medical care delivery for the patient populations in Rongelap and Utrik and will also effect cost efficiencies. This approach makes available at the U.S. Army Hospital on Kwajalein Island in the Marshall Islands secondary medical care facilities and more sophisticated diagnostic equipment and improved laboratory capabilities, for example: use of ultrasound equipment; ability to perform immediate fine needle aspiration or thyroid surgery; availability of certified mammography equipment and other medical equipment that permits immediate followup, additional tests, and surgery when needed.

As with vessel-based care, the land-based system includes visits to infirm patients in their homes at Mejjatto and Utrik. Land-based medical assets have also added the ability to provide full diagnostics and tests of samples taken right after the visit to these remote islands, rather than (as previously) shipping such samples for analysis to the U.S. mainland.

Those DOE patients with medical conditions that can be effectively managed in the Marshall Islands are either treated by the BNL medical personnel at the U.S. Army hospital on Kwajalein Island or are referred to the 177 HCP. Those DOE patients with radiation-related medical findings that cannot be managed in the Marshall Islands are referred to Straub Hospital and Clinic in Honolulu for tertiary evaluation and medical treatment.

In January 1997, the RMI requested the DOE to compete the current special medical care program due to problems being experienced by the 177 HCP and the RMI's desire to have more of the allocated budget spent on medical care services rather than on logistical support services.

### IV. Program Requirements

#### A. General

**Note:** The terms "application" and "proposal" are used synonymously herein.

(1) The awardee will be required to execute a special medical care program within DOE requirements and budget; provide continuity with the medical program conducted since 1956; and operate in a highly visible international political environment and under rigorous oversight by the U.S. Congress.

(2) A Primary Application (see definition in section VI. A., herein) shall describe the applicant's approach to the primary and secondary clinical medical elements, as well as the other elements of the special medical care program identified in section IV.B. herein, based on a budget of \$1.1 million annually over a 5-year period. In preparing applications to deliver DOE's special medical care program in the RMI, potential applicants should consider innovative ways to:

(a) Provide full-time medical services in the Marshall Islands to the Rongelap and Utirik communities, sufficient to cover the medical needs of the affected Marshallese citizens.

(b) Collaborate and coordinate medical care delivery with local Marshallese health care providers.

(c) Use telemedicine and other electronic technologies that enhance professional communications and maximize cost savings.

(d) Use recruited volunteer medical professionals to maximize cost savings.

(e) Provide medical services as much as possible within the Marshall Islands, thus reducing the need for expensive tertiary medical referrals.

(f) Use current DOE contractor, subcontractor and interagency support (i.e., Bechtel Nevada Corporation, the Straub Hospital and Clinic, and the U.S. Army Hospital at Kwajalein; see Appendices D, E, and F, respectively, for currently provided services).

(3) In addition, the applicant may submit an Optional Application (see definition in section VI.A., herein) for an alternative approach to replace a part or all of the following being provided by current DOE providers:

(a) Tertiary medical care services for an annual average of 13 patients, and/or

(b) Related logistical support for an annual average of 13 patients receiving tertiary medical care services, and/or

(c) Related logistical support for the primary and secondary medical care services of all the DOE patients within the Marshall Islands. Such an application should be based on an annual budget that does not exceed \$800,000.

For example, in FY 1996, DOE spent \$259,000 on 13 patient referrals to the Straub Hospital and Clinic. For each patient, this cost involved both the

medical services provided at the Straub Hospital and Clinic and the concomitant logistical services provided by Bechtel Nevada Corporation. Examples of patient logistical support costs include, as a minimum, the following:

- Patient travel costs to and from his/her local atoll to Majuro Atoll;
- Patient travel costs to and from Majuro Atoll to the tertiary care facility located outside the RMI (currently Straub Hospital and Clinic);
- Patient travel costs to and from Kwajalein Atoll for the medical services currently provided at the U.S. Army Hospital;
- Marshallese translator salaries and travel costs and/or patient family member escort travel costs; and
- Associated lodging, meal, and living expenses incurred for all individuals while the patient is in transit or being treated at any location.

#### B. Project Description

For the approximately 238 patients, whose general medical and demographic information is summarized in Appendix G, the awardee shall either itself implement or use subcontractors for the following special medical care program requirements:

#### The DOE Clinical Medical Program

For this program element:

(a) Conduct and implement a primary, secondary and tertiary clinical medical program for patients with radiation-related diseases and illnesses in a tropical and under-developed area of the world, together with the treatment of as much non radiation-related disease as medically indicated and as resources permit. The clinical medical program should be implemented by primary care medical professional(s) augmented by physicians with specialties including, but not limited to oncology, diagnostic radiology, gynecology, internal medicine, and endocrinology, as appropriate.

(b) Provide the services of other medical specialists, as indicated by patient condition, including but not limited to the fields of: allergy/immunology, cardiology, dentistry, dermatology, emergency medicine, family practice, gastroenterology, geriatrics, hematology, infectious diseases and parasitology, nephrology, neurology, nuclear medicine, obstetrics, ophthalmology, pathology, physical medicine, pulmonary medicine, rheumatology, surgery, tropical medicine and therapeutic radiology.

(c) Provide, in addition to the physician services specified in this section, nursing, pharmacy, radiology

(including nuclear medicine), clinical laboratory, histology and pathology, inpatient, outpatient and technical medical support services.

(d) Institute appropriate ethical safeguards to ensure patient informed consent in writing.

(e) Provide appropriate gender medical personnel to accommodate Marshallese cultural sensitivities.

(f) Conduct medical examinations in accordance with medical screening recommendations, published guidelines or standards (e.g., American Cancer Society, American College of Physicians, U.S. Preventive Services Task Force of the Department of Health and Human Services, etc.).

(g) Provide radiology services that include:

(1) Mammography utilizing a unit that is certified by the American College of Radiology and complies with U.S. Food and Drug Administration regulations.

(2) Diagnostic equipment that has been inspected for radiological safety and approved for operation (e.g., chest x-ray, nuclear medicine imaging or therapy, mammography).

(3) Therapy as clinically prescribed for the treatment of cancer.

(h) Conduct examinations of the thyroid gland including:

(1) Thyroid ultrasound measurements.

(2) Palpation of the thyroid by a physician skilled in such technique.

(3) Appropriate blood and chemistry tests of thyroid function (e.g., TSH, T<sub>3</sub>, T<sub>4</sub>).

(i) Provide diagnostic and clinical laboratory services, as appropriate.

(j) Utilize laboratory testing capabilities and services that comply with the requirements specified in the Clinical Laboratory Improvement Amendments of 1988 (documentation required).

(k) Provide appropriate immunizations, as indicated by patient needs.

(l) Provide pharmaceuticals, medical supplies or equipment based on the needs of the patients.

(m) Provide pathological services for the identification of cancer.

#### Administrative Support

For this program element:

(a) Obtain insurance (and documentation thereof) for medical malpractice and comprehensive general liability, for \$1 million per occurrence and \$3 million aggregate for each insurance type for any U.S. licensed individual.

(b) Implement non-medical administrative functions in support of the special medical care program, which shall at a minimum include the following:

(1) Provision of non-medical personnel and administrative staff services to adequately support the medical personnel and services.

(2) If the awardee intends to use DOE's contractors or the services of the U.S. Army Hospital at Kwajalein, the awardee will be required to:

(i) Establish and maintain a working programmatic relationship with Bechtel Nevada Corporation.

(ii) Establish and maintain a working programmatic relationship with the current secondary or tertiary referral facilities (U.S. Army Hospital at Kwajalein and Straub Hospital and Clinic in Honolulu). These services are currently provided pursuant to a Memorandum of Understanding between DOE and the U.S. Army Space and Strategic Defense Command at Kwajalein Atoll and a subcontract between Bechtel Nevada Corporation and Straub Hospital and Clinic, respectively.

(3) As applicable, establish and maintain a working programmatic relationship with existing medical providers in the Marshall Islands and/or the 177 HCP (using the capabilities listed in Appendix C), to help implement the DOE special medical care program.

(4) Provide current state-of-the-art methods for the consolidation, storage, management and retention of current and historical patient medical records and medical program operational records, which will include receipt of approximately 30 cubic feet of all hardcopy medical records, a similar volume of records compressed onto compact discs and an Oracle<sup>®</sup> database of current patients.

(5) Protect the confidentiality of patient medical information and records.

(6) Implement a continuing quality control and assurance program for all clinical medical and recordkeeping aspects of the program necessary to maintain compliance with applicable medical standards.

(7) Develop and implement a transition phase with Brookhaven National Laboratory.

#### Direct Marshallese Involvement

For this program element:

(a) Interface, establish and maintain a working relationship with Marshallese appointed spokespersons and/or citizen advisory committees in the Rongelap and Utirik communities to:

(1) Consult and inform before implementing any changes in the DOE special medical care program.

(2) Establish a regular process that receives community and patient input

and feedback on DOE special medical care program activities.

(3) Consider Marshallese patient concerns and recommended improvements in the special medical care delivery:

(4) Work with DOE to accommodate Marshallese concerns and improvements within a framework of DOE's legal mandate, funding and sound medical practice.

(b) Develop and implement a Rongelap and Utirik community health outreach educational program that:

(1) Develops educational materials (e.g., videotapes, brochures and/or handouts) that include DOE and Marshallese community representative input, to be used by health care providers that strive to accentuate awareness of, increase sensitivity to, and accommodate Marshallese traditional perceptions and attitudes towards the practice of "Western-style" medicine in the Marshall Islands.

(2) Helps patients and their family members learn about the special medical care program activities and findings by preparing, distributing and explaining the annual medical activity report, which is required to be sent to DOE.

(3) Utilizes Marshallese public health educational materials and brochures.

(4) Develops public health and educational materials (e.g., handouts, brochures or videotapes) for Marshallese use that describes the types of special medical care being provided by the awardee.

(5) Advises on the known relationships between radiation dose and health effects.

(c) Develop and implement a training program for Marshallese medical and para-medical, and/or technical support professionals for the special medical care program that includes:

(1) A needs assessment as to the types and number of professionals (physicians, physician assistants, nurses, support-service technicians).

(2) Means to provide training and "on-the-job" practical experience in the Marshall Islands.

(3) Consideration of available regional educational resources to meet these objectives.

(d) Develop and implement a plan to build an infrastructure in the Marshall Islands for the special medical care program including:

(1) Partnerships with local health care providers.

(2) Facilitating the training of Marshallese health care professionals.

(3) Acquisition, use, and maintenance of medical equipment.

#### Development of Procedures and Documentation

The awardee will be required to provide the following:

(a) Written protocol(s) and/or manuals describing procedures and associated forms to be used by the medical professionals for medical examinations, patient referrals, and overall administrative implementation of the special medical care program that includes:

(1) Identities, qualifications, and biographies of medical or medical program experience for all persons providing medical, technical, nursing, and administrative support services.

(2) The awardee's selection and qualification criteria for all personnel who will participate in or implement the program.

(3) Involvement of local Marshallese medical, health, and support personnel, including:

(i) Participation of medical and other health care or technical professionals.

(ii) As applicable, selection and qualification criteria by which these personnel will be made eligible to participate.

(iii) Provision of bilingual Marshallese/English speaking individuals for adequate communication, translation and the interpretation of examination results, and meaning between the patients (or their designated guardians) and the medical care providers.

(4) Frequency and types of patient examinations.

(5) Method(s) of patient examinations and treatments that afford personal privacy.

(6) Method(s) by which patient informed consent and medical release will be obtained for any medical examination or treatment modality in a way that ensures patient understanding in Marshallese.

(7) As applicable, method(s) by which a special medical care program physician will interface with existing medical care providers in the Republic of the Marshall Islands or the Pacific region and provide tertiary medical referrals as needed.

(8) Method(s) by which medical services will be provided to those patients (currently, approximately 25) who habitually reside in the United States, such as other medical care insurance options in lieu of awardee provided medical services.

(9) Method(s) by which the program referring physician will consult with and remain continually cognizant of the medical condition and results of a patient referred to another medical

professional or organization identified in items (7) or (8).

(10) Method(s) to inform all patients (or their designated guardians) in Marshallese of individual medical results and any additional followup actions necessary.

(11) Method(s) by which pharmaceuticals will be obtained, inventoried, managed, and dispensed.

(12) Method(s) for retaining, storing, maintaining, or releasing (to honor a lawful request), patient tissue samples and specimens used for pathological classification of disease.

(13) As applicable, method(s) by which the awardee will implement the working programmatic relationships with any current DOE provider of services or regional health care provider.

(b) An annual summary report (in English and Marshallese) on the following:

(1) Program activities, medical conditions, and statistical analyses of the findings.

(2) Number of individuals remaining in the patient and comparison populations.

(3) The overall health of the two populations and the identification of any special risks to their health.

(4) Identification of all medical, nursing, technical practitioners, and support personnel that performed provider services.

(5) Identification of patient related medical problems with recommendations for improvement or resolution.

(6) Progress made on strategic plan initiatives.

(7) Recommendations to improve programmatic functions.

(c) A strategic plan that proposes and details ways to advance the special medical care program to:

(i) Achieve partnership and coordination with the RMI medical and health care organizations.

(ii) Evolve medical partnerships and coordinate the awardee's resources, to the greatest extent possible, with local Marshallese or other U.S. Federal resources, to advance the DOE's special medical care program as follows:

(i) Strengthen local health care delivery.

(ii) Involve local personnel in medical activities.

(iii) Share new skills and technical knowledge.

(iv) Strengthen local land-based assets, such as radiologic, pathologic, and laboratory support services.

(3) Maintain a cost effective special medical care program as the patient population ages and incurs greater needs for medical services.

#### Cost and Reporting Requirements

(a) The awardee shall implement cost containment measures, maximization of financial savings, and negotiation of subcontracted services to maintain a high quality special medical care program in accordance with DOE budgetary constraints. At a minimum, the cost reporting requirements that will be required under the cooperative agreement will include, but not be limited to providing:

(1) Budget, financial and programmatic activity reports. The contents and formats are to be specified and revised as necessary by DOE.

(2) A monthly report of all program expenditures.

(3) Fiscal planning and budget information in the format prescribed by DOE.

(4) A separate itemized price list (detailing both direct and indirect costs) for all clinical medical examinations, treatments, services, or supplies to conduct and implement the special medical care program.

(5) A separate itemized price list for the direct and indirect medical program and non-clinical administrative and program management aspects, salaries, and supplies for the proposed support services.

(6) A separate itemized price list for any service that is anticipated to be subcontracted.

(7) A separate itemized price list for any capital equipment that must be purchased to implement the special medical care program.

(8) The formula or estimated cost for each of the following non-priced listed items:

(i) Special DOE requests (e.g., record duplication, statistical analysis of medical findings, special topical reports in response to RMI or congressional inquiries).

(ii) Non-stocked medical or administrative items and supplies.

(iii) Cost of any other service or expense that the provider intends to charge but does not appear on a price list.

#### V. Applications

This Notice of Availability of Funds and Request for Applications is issued pursuant to DOE regulations contained in 10 CFR part 602: Epidemiology and Other Health Studies Financial Assistance Program, as published in the **Federal Register** on January 31, 1995 (60 FR 5841). The Catalog of Federal Domestic Assistance number for 10 CFR part 602 is 81.108, and its solicitation control number is EOHSFAP 10 CFR part 602. 10 CFR 602 contains the

specific requirements for applications, evaluation, and selection criteria, except as modified herein. Only those applications complying with the criteria and using the forms specified in 10 CFR 602 will be considered. Application forms may be obtained at the address previously cited. Applications will be peer reviewed by evaluators apart from DOE employees and contractors as described under section 10 CFR 602.9(c) and in section VII. of this Notice, and submission of an application constitutes agreement that this is acceptable to the care provider(s) and the submitting organization.

#### VI. Application Format and Instructions

##### A. General

An application shall contain a proposal for the following:

- The primary and secondary clinical medical program;

- The other elements of the special medical care program (i.e., administrative support, direct Marshallese involvement, the development of procedures and documentation, the cost and reporting elements);

- Any proposed replacement for part or all of the secondary medical services provided at the U.S. Army Hospital on Kwajalein Island in the Kwajalein Atoll.

For the purposes of this Notice, the proposal containing the above components will be referred to as the Primary Application and shall contain two volumes, one providing technical details and the other the costs.

In addition, an Optional Application may be submitted for an alternative approach to replace a part or all of the following being provided by current DOE providers:

- Tertiary medical care services for an annual average of 13 patients, and/or

- Related logistical support for an annual average of 13 patients receiving tertiary medical care services, and/or

- Related logistical support for the primary and secondary medical care services of all the DOE patients within the Marshall Islands.

The Optional Application shall also contain two volumes, one for the technical details and the other for the cost. The technical volumes for both the Primary and Optional Applications shall be:

- No more than one hundred (100) pages in length;

- One-sided, 12-point font size; and

- Submitted in black and white.

Resumes of key personnel should be submitted as an appendix to the technical application(s) and will not be

counted against the page limit. Cost proposal volume(s) have no page limit and either one or both application(s) will be structured to include a five (5) year project period consisting of five one (1) year budget periods.

The application(s) shall not merely offer to perform work in accordance with the program requirements but shall outline the actual work proposed as specifically as possible.

### B. Specific Application Instructions

All applicants must submit a Primary Application for the special medical care program, as described herein, based on a budget of \$1.1 million annually over a 5 year period. An Optional Application for an alternative approach as described herein may also be submitted, based on a budget that does not exceed \$0.8 million annually over a 5-year period. If an Optional Application is not submitted, the DOE will assume that the applicant plans to utilize the current DOE provider logistical support, and the secondary and tertiary medical care services referenced herein. However, an applicant can propose in the Primary Application any replacement for the secondary medical services currently provided at the U.S. Army Hospital at Kwajalein Island (see paragraph (1)(n), as follows).

(1) The technical volume of the Primary Application must include technical details and information that:

(a) Demonstrate that the applicant has the experience and capability to plan, organize, implement, and manage the primary and secondary medical care services and all the other elements of the special medical care program described herein. This includes organizational structure, plans for self-assessment of the special medical care program, and envisioned relationship with DOE.

(b) Demonstrate the competency of the applicant's personnel and the adequacy of its resources.

(c) Identify technical and administrative staff, and detail their professional experience, as well as their level of program involvement. In the event that any of the proposed personnel are not currently employed by the applicant, letters of commitment from those individuals shall be submitted.

(d) Itemize the medical diagnostic or laboratory equipment that the applicant intends to use for this special medical care program, and how the applicant will integrate such equipment with the Federal Government owned equipment listed in Appendix H.

(e) Specify the location(s) where services will be obtained or performed.

(f) Identify the recommendations or standards to be used to satisfy the requirements of section IV B., paragraph (f) under the special medical care program element, *DOE Clinical Medical Program*, and any reason for exception(s) taken by the applicant to those standards.

(g) Contain initial concepts for the training program development requirements of paragraph (c) under the special medical care program element, *Direct Marshallese Involvement*.

(h) Contain initial concepts for the development and implementation of the applicant's plan to meet the Marshall Islands infrastructure requirements of paragraph (d) under the special medical care program element, *Direct Marshallese Involvement*.

(i) Contain a short-term plan detailing milestones and deadlines stating:

(i) Applicant's requirements for a transition phase with Brookhaven National Laboratory.

(ii) When independence will be achieved to implement all elements of the special medical care program.

(j) Contain initial concepts for the strategic plan required by paragraph (c) under the special medical care program element, *Development of Procedures and Documentation*, that includes milestones and deadlines for implementation.

(k) Provide evidence of medical malpractice insurance for any individual licensed in the United States, required by paragraph (a) under the *Administrative Support* element of the special medical care program.

(l) Provide applicant's plan to obtain malpractice insurance for any non-U.S. health care provider that the applicant intends to hire or provide.

(m) Propose a plan to provide medical care services and associated logistical support for those Marshallese patients who do not habitually reside in the Marshall Islands.

(n) Identify and propose, if the applicant desires, a replacement for any or all of the secondary medical care services provided at the U.S. Army Hospital on Kwajalein Island.

(2) The cost volume of the Primary Application must include the following information that:

(a) Provides a cost proposal for the first budget period year (year 1) detailing expenses to implement the following:

(i) The primary and secondary medical services of the *DOE Clinical Medical Program* element of the special medical care program;

(ii) The *Administrative Support* element of the special medical care program;

(iii) The *Direct Marshallese Involvement* element of the special medical care program;

(iv) The *Development of Procedures and Documentation* element of the special medical care program;

(v) Establishment and maintenance of a working relationship with DOE providers of medical and logistics services;

(vi) The medical care services, in combination with associated logistical support, for those Marshallese patients who do not habitually reside in the Marshall Islands;

(vii) The costs to replace any or all of the secondary medical services currently provided at the U.S. Army Hospital on Kwajalein Island; and

(viii) The identification and magnitude of any other cost the applicant intends to charge.

(b) Contains estimated cost information supporting the applicant's special medical care project description for budget years 2 through 5.

(3) If an Optional Application is submitted, the applicant shall demonstrate its approach to replacing the logistical support for the primary and secondary clinical medical program in the Marshall Islands, and/or the approach to replacing the tertiary medical care for an annual average of 13 patients currently provided by Straub Hospital and Clinic, as specified in Appendix E, and/or the logistical support of such tertiary medical care for the annual average of 13 patients. The technical volume of the Optional Application must include the following information that:

(a) Demonstrates that the applicant has the experience and capability to plan, organize, implement, and manage the tertiary medical care services and logistical support requirements. This includes organizational structure, plans for self-assessment of the special medical care program, and envisioned relationship with DOE.

(b) Demonstrates the competency of the applicant's personnel and the adequacy of its resources.

(c) Identifies technical and administrative staff, and details their professional experience, as well as their level of program involvement. In the event that any of the proposed personnel are not currently employed by the applicant, letters of commitment from those individuals shall be submitted.

(d) Itemizes the medical diagnostic or laboratory equipment that the applicant intends to use for tertiary medical care

services, and how the applicant will integrate such equipment with the Federal Government owned equipment listed in Appendix H.

(e) Specifies the location(s) where tertiary medical care services will be obtained or provided. The applicant is free to propose tertiary referral locations of its choosing within or outside of the Marshall Islands.

(f) Identifies the standards to be used to satisfy the requirements of section IV.B., paragraph (f) under the special medical care program element, *DOE Clinical Medical Program*, and any reason for exception(s) taken by the applicant to those standards.

(g) If applicable, contains initial concepts for any tertiary medical care training program development requirements of paragraph (c) under the special medical care element, *Direct Marshallese Involvement*. This also includes any proposal to use local Marshallese individuals or companies to perform logistical support requirements.

(h) Contains initial concepts for the development and implementation of the applicant's plan to meet the infrastructure requirements of paragraph (d) under the special medical care element, *Direct Marshallese Involvement*.

(i) Contains a short-term plan detailing milestones and deadlines stating:

(i) If applicable, applicant's requirements for a transition phase with Straub Hospital and Clinic and Bechtel Nevada Corporation.

(ii) When independence will be achieved to implement all elements of the tertiary medical care services and the associated logistical requirements.

(j) Contains initial concepts for the strategic plan required by paragraph (c) under the special medical care program element, *Development of Procedures and Documentation*, that includes milestones and deadlines for long-term implementation of any proposals to replace the tertiary medical and associated logistical support services.

(k) Provides evidence of medical malpractice insurance for any individual licensed in the United States, required by paragraph (a) under the *Administrative Support* element of the special medical care program.

(l) Provides applicant's plan to obtain malpractice insurance for any non-U.S. health care provider that the applicant intends to hire or provide.

(4) The cost volume of the Optional Application must include the following information that:

(a) Provides a cost proposal for the first budget period year (year 1)

detailing expenses to implement the following:

(i) Tertiary medical care services for an annual average of 13 patients, and/or

(ii) Logistic support for an annual average of 13 patients receiving tertiary medical care services, and/or

(iii) Logistic support for the primary and secondary medical services of all the DOE patients provided in the Marshall Islands.

(iv) The identification and magnitude of any other tertiary medical service or logistical support cost the applicant intends to charge.

(b) Contains estimated cost information supporting the applicant's special medical care program project description for budget years 2 through 5.

#### VII. Application Review, Evaluation Criteria and Award Information

Primary Applications will be subject to merit review (peer review) and will be evaluated against the following criteria, all of which are of equal importance. The peer review will be conducted by the Division of Research Grants (DRG) of the National Institutes of Health (NIH), utilizing standard NIH peer review procedures. The following criteria constitute a single case deviation from the Office of Environment, Safety and Health's merit review system (57 FR 55524, November 25, 1992) and EH's program rule at 10 CFR 602.

(a) The medical and technical merit of the proposed special medical care program.

(b) The appropriateness of the proposed program.

(c) Competency of the program personnel.

(d) Organizational structure, plans for self-assessment and envisioned relationship with DOE.

(e) Adequacy of equipment and associated physical resources.

(f) Reasonableness and appropriateness of the proposed budget.

In accordance with 10 CFR 602.9(e) and 10 CFR 600.8(c)(13), a program policy factor which DOE will consider in making an award is the merit of an applicant's Optional Application for an alternative approach to the provision of logistics for primary and secondary medical care services and the tertiary medical care services and associated logistic services as addressed in the "Specific Application Instructions" (see section VI., B. paragraphs (3) and (4)). The NIH will conduct the peer review and score any Optional Application using the identical procedure for evaluating the Primary Application.

However, the resulting score will not be

added to the applicant's score for the Primary Application, because the merit of the Optional Application is a program policy factor. The DOE selecting official will give the Primary Application predominant consideration, with lesser consideration being accorded the Optional Application.

The resulting award may be for the Primary Application only, or for the Primary Application and all or any part of the Optional Application. An award will not be made for only an Optional Application.

One cooperative agreement will be awarded for the first budget year only and may be negotiated and extended annually as continuation awards for up to four (4) additional years based on the following:

- Availability of appropriated funds;
- The awardee's continuation application, which will be submitted not later than 120 days before the end of each budget period, and
- The results of the DOE evaluations of the awardee's performance as described in section VIII., below.

#### VIII. DOE's Role

In order for DOE to maintain appropriate oversight of the special medical care program, there must be substantial interaction between DOE and the awardee. DOE established the core requirements for this program and prepared this Notice of Availability of Funds and Request for Applications. DOE will conduct the selection and award process, which will include evaluations by persons outside the Federal Government. DOE will utilize the results of these evaluations and make one initial award. Continuation awards may be made based upon the availability of funds and other DOE performance criteria that will be set forth in any initial award. DOE will consult with program medical professionals and will coordinate meetings between medical care provider(s) and Marshallese community members. DOE will consult with representatives from the RMI national and local governments, the Department of the Interior, the Department of State and the Department of Health and Human Services on the special medical care program. To help evaluate program effectiveness, DOE will establish a program coordination committee as part of the cooperative agreement consisting of representatives from the awardee's organization, the DOE contracting office, the DOE Office of International Health Programs, and the Rongelap and Utirik communities. This committee will meet on a semi-annual basis at a mutually agreed location.

Finally, DOE will monitor and evaluate the performance and delivery of the special medical care program by conducting program reviews and considering the patients' level of satisfaction.

#### IX. Applicants

Applicants for the cooperative agreement could include domestic or international nonprofit and for profit organizations, universities, medical centers, state or local government health care organizations, labor unions and other employee representative groups, small, minority and/or women-owned businesses, or other domestic or international health care organizations. Consortia of interested organizations are encouraged to apply. Awardee(s) for the special medical care program will work cooperatively with Marshallese health care providers, current DOE providers (as applicable), other regional health care providers and designated Marshallese community representatives.

Issued in Washington, D.C., on September 8, 1997.

**Paul J. Seligman,**

*Deputy Assistant Secretary for Health Studies.*

#### Appendix A—Definition of Radiation Related Diseases or Illnesses

For the purposes of this Notice, applicants shall consider the following to be radiation related diseases or illnesses:

- (a) Any thyroid cancer, other tumor or thyroid nodule that has been found as a result of medical evaluation.
- (b) In accordance with the "Radiation Exposure Compensation Act", 42 U.S.C. 2210 note, the following are considered latently expressed diseases attributed to radiation:
  - (1) Leukemia (other than chronic lymphocytic leukemia).

And the following diseases, provided onset was at least 5 years after the first exposure to radiation:

  - (2) Multiple myeloma.
  - (3) Lymphomas, other than Hodgkin's disease.
  - (4) Primary cancer of the thyroid, provided that the initial exposure occurred by age 20.
  - (5) Primary cancer of the female breast, provided that the initial exposure occurred prior to age 40.
  - (6) Primary cancer of the esophagus, provided low alcohol consumption and not a heavy smoker.
  - (7) Primary cancer of the stomach.
  - (8) Primary cancer of the pharynx, provided not a heavy smoker.
  - (9) Primary cancer of the small intestine.
  - (10) Primary cancer of the pancreas.
  - (11) Primary cancer of the bile ducts.
  - (12) Primary cancer of the gall bladder.
  - (13) Primary cancer of the liver, except if cirrhosis or hepatitis B is indicated.

#### Appendix B—RMI Medical Program Information

Available RMI medical facilities and services include:

(a) Local dispensaries at Utirik and Mejjatto provide limited medicine and first aid, and are staffed by medical personnel with MEDEX level training and experience (i.e., between a regional nurse and nurse-practitioner). Short-wave radio communications are maintained between the dispensaries and the off-island medical health care providers (up to 300 miles distant) to discuss serious medical conditions.

(b) A small 34 bed community hospital is available with limited capabilities in a community of 12,000 living on Ebeye (an island of approximately 4 square miles located 2 miles from Kwajalein Island where the U.S. Army contractor-operated hospital facility that serves the base personnel is located).

(c) A 75 bed hospital is available with limited capabilities to serve 29,000 living on the capital island of Majuro. This hospital also receives referrals from the entire national population of 60,000.

#### Appendix C—The RMI 177 Health Care Program (HCP)

For the DOE patients:

(a) Currently implements DOE patient care in absence of Brookhaven National Laboratory.

(b) Provides all non radiation-related care of DOE patients.

(c) Provides access to DOE patient records.

For the non-DOE patients:

(a) Provides general medical care for the people of Rongelap, Utirik, Enewetak, and Bikini.

(b) Serves a total population of approximately 10,600 (which includes the 238 DOE patients)

(c) Refers its tertiary patients to the Queen's Medical Center and Group in Honolulu, Hawaii.

#### Appendix D—Bechtel Nevada Corporation Logistical Capabilities to Support DOE'S Special Medical Care Program

(a) Provides all logistics to transport and support medical program personnel to the Marshall Islands twice a year, which is currently limited to travel, lodging and per diem costs west of Honolulu.

(b) Provides all logistics to transport and support ambulatory patients and their authorized medical escorts to medical facilities at Kwajalein.

(c) Provides all logistics to transport medical personnel for subsidiary home visits to non-ambulatory infirm patients at Mejjatto, Ebeye, Utirik, and Majuro.

(d) Provides transportation and support to RMI medical personnel assigned to participate in the DOE special medical care program.

(e) Operates and provides all logistics and support services for patients referred to the Straub Hospital and Clinic located in Honolulu, Hawaii, by Brookhaven National Laboratory. The services provided include:

- (1) Bilingual Marshallese/English speaking escorts to accompany patients.
- (2) Coordination of patient travel and medical appointment schedules.
- (3) Lodging and per diem arrangements and expenses.

(4) Coordination between Brookhaven National Laboratory and the Straub Hospital and Clinic on medical services, as required.

(f) Conducts market research on the availability of marine assets in the U.S. and Central Pacific Area to support a limited, sea-based medical program.

(g) Issues and monitors the Straub Hospital and Clinic medical services subcontract.

(h) Implements terms and conditions, including the making of payments and collections under DOE's agreements with other agencies, and instrumentalities of the RMI.

(i) Implements requirements as directed by DOE during the course of the year.

(j) Interfaces and coordinates with the U.S. Army at Kwajalein Island to provide the following in accordance with a Memorandum of Understanding between DOE and the U.S. Army:

(1) Marine craft (currently a LCU) used to transport patients to and from Mejjatto.

(2) Hospital services as delineated in Appendix F.

(3) Trailer rentals for medical use (currently 2, each 660 square feet).

(4) Housing, lodging, and dining facilities for patients and medical team members.

(5) Maintenance of facilities and equipment.

(6) Aircraft services limited to within Kwajalein Atoll at no cost.

(7) Automotive services used to transport patients at Kwajalein Island.

(8) Recreational services for medical team use.

(9) Public services used to announce medical team activities at Kwajalein Atoll.

(10) Ferry services between Kwajalein and Ebeye Islands at no cost.

#### Appendix E—Services Provided by the Straub Hospital and Clinic Located in Honolulu, Hawaii

(a) Complete and comprehensive medical services for DOE patients that have radiation-related diseases, including but not limited to, nuclear medicine diagnostic imaging and techniques, diagnostic and radiation therapy facilities, chemotherapy, pathological and advanced surgical services.

(b) Refers diseases diagnosed as non radiation-related back to the 177 HCP.

(c) Provides certified and accredited medical personnel.

(d) Provides price list as basis for charges.

**Note:** Straub Hospital and Clinic is accredited by the Joint Commission for Accreditation of Health Care Organizations.

#### Appendix F—Secondary Medical Services Provided by U.S. Army Hospital on Kwajalein Island in the Kwajalein Atoll in the RMI

In accordance with the Memorandum of Understanding between DOE and the U.S. Army, the following medical services are provided at the U.S. Army Hospital on Kwajalein Island:

- (a) Laboratory Services.
- (b) Mammography Screening.
- (c) X-ray Screening.
- (d) Proctosigmoidoscopy.
- (e) Limited Surgery (e.g., appendectomy, amputations for advanced diabetic conditions).

(f) Professional Services (physicians, nurses, technicians).

(g) Safety inspection and certification of mammography and x-ray equipment by Trippler Army Hospital technical staff.

(h) Inpatient care and treatment.

**Note:** Brookhaven National Laboratory is responsible to ensure that proper and current certification for the special medical equipment and services are in place prior to receiving services.

**Appendix G—DOE Special Medical Program Information**

**1. Summary of Clinical Findings**

After 41 years of medical monitoring, the most prevalent health effect has been related to thyroid function and the appearance of thyroid-related nodules and cancer. There has been one case and death due to radiation-related leukemia, two pituitary tumors and two cases of basal cell carcinoma. The major non radiation-related diseases seen in the Rongelap and Utirik people have been Type II diabetes, hypertension, cardiovascular diseases, and their associated complications.

The above information has been summarized from the report entitled, "Medical Status of Marshallese Accidentally Exposed to 1954 Bravo Fallout Radiation: January 1988 Through December 1991," by Brookhaven National Laboratory/Department of Energy, DOE/EH0493 and BNL-52470, July 1995.

**2. Patient Population Description**

Age range	Male	Female
30-39	1	1
40-49	57	59
50-59	28	35
60-69	15	19
70-79	8	12
80+	1	2

**3. Summary of Patient Location**

Patients in the Rongelap and Utirik populations are combined in the table below and represent approximate estimates of total patients in each location:

Location	Female	Male	Total
Ailinglaplap	1	1	2
Ailingnae	2	0	2
Arno	1	0	1
Ebeye	40	33	73
Hawaii	9	4	13
Kill	1	0	1
Lib	1	0	1
Mainland USA	4	2	6
Majuro	41	46	87
Mejatto	19	12	31
Mejit	1	1	2
Ujae	1	1	2
Unknown	1	0	1
Utirik	6	8	14
Wotje	1	1	2
<b>Total</b>	<b>129</b>	<b>109</b>	<b>238</b>

**Appendix H—DOE Equipment Used by Brookhaven National Laboratory**

(a) Johnson & Johnson

Ektachem DT60 II-DTSC II Module Chemistry Analyzer

K-Number 339 4116. Serial Number 60029378

(b) Kodak-Ektachem DT60 DTSC Module Chemistry Analyzer

K-Number 337 0137

(c) Ektachem DT60 Module Chemistry Analyzer

K-Number 322 1695

(d) Calposcope

(e) Ultramark 4 Plus with transducers

(f) Nikon Microscope

(g) Sereno Baker 9118c Blood Analyzer Machine

(h) Ektachem DT60II System

(i) Biorad Micromat Model 415

(j) Beckman TJ6 Centrifuge

(k) Portable defibrillator

(l) Hoag-Streit Slip Lamp system

(m) Sun computer workstation

[FR Doc. 97-24225 Filed 9-11-97; 8:45 am]

BILLING CODE 6450-01-P

**DEPARTMENT OF ENERGY**

**Inventions Available for License**

**AGENCY:** Department of Energy, Office of General Counsel.

**ACTION:** Notice.

**SUMMARY:** The U.S. Department of Energy announces that the following invention is available for license in accordance with 35 U.S.C. 207-209.

Israel Patent Application S.N. 119,342, entitled "Methods for Priming and DNA Sequencing," and corresponding patent applications, to be filed in the U.S.A. and other countries.

**FOR FURTHER INFORMATION CONTACT:**

Robert J. Marchick, Office of the Assistant General Counsel for Technology Transfer and Intellectual Property, U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, D.C. 20585; Telephone (202) 586-2802.

**SUPPLEMENTARY INFORMATION:** 35 U.S.C. 207 authorizes licensing of Government-owned inventions. Implementing regulations are contained in 37 CFR part 404. 37 CFR 404.7(a)(1) authorizes exclusive licensing of Government-owned inventions under certain circumstances, provided that notice of the invention's availability for license has been announced in the **Federal Register**.

\* Issued in Washington, D.C., on September 5, 1997.

Paul A. Gottlieb,

Assistant General Counsel for Technology Transfer and Intellectual Property.

[FR Doc. 97-24221 Filed 9-11-97; 8:45 am]

BILLING CODE 6450-01-P

**DEPARTMENT OF ENERGY**

**Environmental Management Advisory Board**

**AGENCY:** Department of Energy.

**ACTION:** Notice of open meeting.

**SUMMARY:** Pursuant to the provisions of the Federal Advisory Committee Act (Public Law 92-463, 86 Stat. 770), notice is hereby given of the following Advisory Committee meeting:  
**Name:** Environmental Management Advisory Board.

**Date and Times:** Wednesday, October 1, 1997, 8:30 a.m.-3:00 p.m.

**Place:** U.S. Department of Energy/Forrestal Building, 1000 Independence Avenue, S.W.; Room 1E-245, Washington, D.C. 20585.

**FOR FURTHER INFORMATION CONTACT:**

James T. Melillo, Special Assistant to the Assistant Secretary for Environmental Management; Environmental Management Advisory Board (EMAB), EM-22, 1000 Independence Avenue, S.W., Washington, DC 20585, (202) 586-4400. The Internet address is: James.Melillo@em.doe.gov

**SUPPLEMENTARY INFORMATION:**

**Purpose of the Board**

The purpose of the Board is to provide the Assistant Secretary for Environmental Management (EM) with advice and recommendations on issues confronting the Environmental Management program from the perspectives of affected groups and state, local, and tribal governments. The Board will help to improve the Environmental Management Program by assisting in the process of securing consensus recommendations, and providing the Department's numerous publics with opportunities to express their opinions regarding the Environmental Management Program.

**Tentative Agenda**

*Wednesday, October 1, 1997*

- 8:30 a.m. Co-Chairmen Open Public Meeting
- 8:45 a.m. Opening Remarks, Assistant Secretary for Environmental Management
- 9:00 a.m. Baseline Project Presentation
- 9:30 a.m. Technology Development and Transfer Committee Presentation and Discussion
- 10:00 a.m. 2006 Plan & Strategic Integration Committees Presentation and Discussion
- 10:30 a.m. Privatization Committee Presentation and Discussion
- 11:00 a.m. Science Committee Presentation and Discussion