Congressional Schedule

• The House Veterans Affairs Committee held a roundtable discussion focused on traumatic brain injuries (TBI) on July 18, 2007. More than 10 medical doctors and psychologists participated in the roundtable to discuss the issues surrounding TBI as well as explore the treatments available. Dr. Barbara Sigford, VHA national program director for Physical Medicine and Rehabilitation and director of PM&R at Minneapolis VA Medical Center, described the efforts taken by the VA to screens all veterans who come in to the system for any care for TBI. She also shared the VA’s efforts to provide educational materials to providers around the country on these issues, in a number of formats, and the work the VA has done to improve the care provided in VA polytrauma care sites.

• After losing the vote to include the amendment (S. Admt. 2087) to the National Defense Authorization Act for FY 2008 (H.R. 1585) requiring withdrawing troops from Iraq, the Senate tabled the authorization bill until after the August break.

• On July 18, 2007, the House Education and Labor Committee voted (33-9) to approve HR 1424, Paul Wellstone Mental Health and Addiction Equity Act of 2007. This legislation would require health insurers to
provide equal insurance coverage levels for mental and physical illnesses.

• On July 18, 2007, President Bush signed S. 1701, which extends the Transitional Medical Assistance and Abstinence Education programs of the Department of Health and Human Services.

• The House passed H.R.3043, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2008, on July 19, 2007. The bill provides appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2008, and for other purposes.

Military Health Care News

• The Army launched a 90-day program to educate its one million plus soldiers on the symptoms of post-traumatic stress disorder and mild traumatic brain injury. The program will encourage soldiers to seek treatment if necessary. The Army plans to conduct two 30-minute multimedia presentations to platoon-sized groups of active-duty, reserve and National Guard soldiers throughout the force. Afterwards, health professionals will answer troops’ questions. The Army also has produced a video to make soldiers’ family members more sensitive to possible warning signs and treatment options.

According to subject matter experts, mild traumatic brain injury is an affliction that’s become a signature injury of the war on terror, often resulting from soldiers’ proximity to roadside bombs, mortars and other explosions. Symptoms are similar to those resulting from a concussion, from slower reaction times to emotional and cognitive problems. PTSD often occurs from a feeling of helplessness at the time of a severely traumatic event. It manifests itself in three clusters of symptoms: intrusive re-experiencing of the event, numbness or disassociation, and hypervigilance, or the feeling that one is constantly “on edge.”

Traumatic brain injury, which ranges from mild to moderate and severe cases, requires an “injury event,” while PTSD can occur from cumulative effects of combat or extended deployments. Army Lt. Gen. James Campbell, director of the Army staff, said the program’s main objective is to reverse the tendency in military culture to attach a stigma to mental health care. Anticipating greater demand on its medical system, the Army is actively recruiting health care practitioners, hoping to gain 270 professionals. Currently, some soldiers wait up to one month before receiving treatment; the Army is seeking to reduce that amount of time. [Link]

• The American Forces Press Service reported that Walter Reed Army Medical Center held a demonstration of a new prosthesis under development, which will give service member amputees more flexibility and help them better perform their military jobs. In 2006, Otto Bock HealthCare, which started out providing prosthesis devices for German World War I veterans in 1919, began developing a prosthetic knee system that is an upgrade to its already popular C-Leg. It was awarded a three-year $1 million contract to develop a leg
that will allow more service members to stay on active duty if they choose to.

The prosthesis is for above-the-knee amputees and uses a microprocessor to control the knee’s hydraulic functions and anticipate the wearer’s actions and make changes in real time. This will give service members greater flexibility to change speeds or directions without sacrificing stability.

The new system will have more sensors, a faster hard drive, more memory, and will provide smooth transitions between movements such as level-ground walking, climbing stairs, and running. Engineers also are working to stretch battery life to 50 hours on one charge. This will give service members on long road marches the duration they need to reach a power supply for recharging. Requirements also call for making the system salt-water resistant, a difficulty with the onboard computer systems. Developers also are planning a remote control, about the size of a car-lock remote, that will allow the user to switch among as many as 10 modes with the click of a button. Otto Bock HealthCare hopes to have the new prosthesis available to service members in 2009. http://www.defenselink.mil/news/newsarticle.aspx?id=46759

• Health Net Federal Services announced its enhanced Disease Management diabetes program in partnership with the Department of Defense (DoD). The program enhancements are intended to better manage health care costs and continuously improve the quality of military health care services.

As part of the new program, the DoD will partner with Health Net to enroll beneficiaries with uncontrolled diabetes in the program, which is designed to develop a customized disease management regimen to help each beneficiary cope with their disease. Health Net's program specifically helps patients learn how to monitor, regulate and control their disease through at-home testing, regular screenings, medication, diet and exercise, and effective communication with medical professionals. http://www.genengnews.com/news/bnitem.aspx?name=20365095

• Deloitte Consulting LLP announced that Dr. William Winkenwerder Jr. has joined its firm as a senior advisor in the Federal, State and Commercial HealthCare practices division. Winkenwerder, former Assistant Secretary of Defense for Health Affairs, was the principal medical advisor to the Defense Secretary from September 2001 to April 2007. Winkenwerder also was elected to represent more than 90 countries in his capacity as chairman of the International Committee on Military Medicine. http://www.deloitte.com/dtt/press_release/0,1014,sid%253D2283%2526cid%253D164978,00.html

• The US Family Health Plan, a Department of Defense-sponsored healthcare plan, has partnered with the National Military Family Association (NMFA) to implement a public service campaign urging citizens to "support, befriend, remember and appreciate" military family members. US Family Health Plan, which in January launched a "Year of the Military Family" initiative, underwrote the public service campaign and donated to a scholarship fund for military family members, treated scores of them to free movie screenings and finalized plans to provide 150,000 more with complimentary family portraits.

The campaign consists of national print, radio, TV, online and in-cinema public service announcements. Thirty- and 15-second video PSAs will air to approximately 3.4 million moviegoers in 205 theatres this summer and, along with four radio PSAs, may be downloaded from www.yearofthemilitaryfamily.org. Additional messages will be conveyed through military association publications and via the airwaves in
regions heavily populated by military families.

In further support of military families, the health plan's contribution to the American Patriots Scholarship Program, an initiative of the Military Officers Association of America (MOAA), will aid students whose parents have died during active service. All administrative costs will be borne by MOAA and 100 percent of the donation will go directly to the merit-based program to educate the sons and daughters of military personnel.

US Family Health Plan, a comprehensive health plan, currently serves nearly 100,000 military family members in six regions on the East, West and Gulf coasts. It is available to family members of active-duty service men and women, as well as military retirees and their eligible family members. It's a managed care (TRICARE Prime) option within the government's military health benefits system and is distinguished by member satisfaction ratings 22 percent higher than the national average for satisfaction with health plans, as reported by the National Committee for Quality Assurance (NCQA) in its Quality Compass 2006 Public Report. [http://www.usfamilyhealthplan.org/newsite/portal/news.asp#](http://www.usfamilyhealthplan.org/newsite/portal/news.asp#)

**Veterans Health Care News**

* On July 17, 2007, Secretary of Veterans Affairs Jim Nicholson tendered his resignation to President George W. Bush, effective no later than October 1, 2007. In his letter to President Bush, Nicholson stated his plans to return to the private sector. Under Nicholson’s leadership, the Department of Veterans Affairs (VA) continued its evolution as a leader in health care innovations, medical research, education services, home loan and other benefits to veterans. He transformed the VA health care system to meet the unique medical requirements of the returning combatants from Iraq and Afghanistan.

Nicholson, a Vietnam Veteran, was sworn in as Secretary of Veterans Affairs on February 1, 2005. In the private sector before engaging in government service, Nicholson ran a successful residential development and construction company. He was elected Chairman of the Republican National Committee in January 1997. Immediately prior to becoming Secretary, he served as the U.S. Ambassador to the Holy See. [http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1360](http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1360)

* The Department of Veterans Affairs (VA) plans to begin locating some of the Department’s mental health programs closer to places where primary care is provided, it was announced during a special mental health forum with the VA’s top clinicians and researchers. In addition, the VA plans to conduct a series of regional conferences about providing mental health care to veterans with providers at the state, local and community levels.

The VA has the nation’s largest mental health program and is internationally recognized for research and treatment for post-traumatic stress disorder (PTSD).

With VA officials expect to see increasing numbers of newly returned combat veterans with PTSD and other mental health issues, mental health care has been expanded at each of VA’s 153 medical centers and 882 outpatient clinics.
Recent expansion of the Department’s mental health services include:

- Greater availability of “telemental health” programs, which treated about 20,000 patients last year;
- Integrating mental health services into geriatric programs;
- Adding psychologists and social workers to the staffs of VA’s polytrauma centers;
- Increasing the number of Vet Centers from 209 to 232, and adding 100 new combat veterans to run outreach programs to their former comrades.

http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1359

Health Care News

According to USA Today, the national network of 952 federally approved community health centers provides effective and efficient health care to more than 14 million poor and uninsured patients who otherwise might go without prenatal care, cancer screenings, diabetes treatment, as well as other services. The centers focus on preventive care and don't offer surgery or specialty care for heart disease, cancer or other serious problems.

Studies show community health centers are more cost-effective than other treatment options. But rising demand for their services underscores their limitations. The number of people treated at community health centers represents less than a third of those who need such services, according to the National Association of Community Health Centers. Demand far exceeds the number of available doctors. There are more than 2,500 clinical vacancies at community health centers across the country.

Since 2000, the Bush administration and Congress have nearly doubled annual spending on community health centers, to almost $2 billion. That's the largest increase in the history of the public health program, born during the 1960s War on Poverty.

The centers, located in areas deemed medically underserved, rely heavily on Medicaid payments and federal grants and must meet a number of requirements to qualify for federal funding. Most of their patients are minorities, with Hispanics far outpacing other racial and ethnic groups in growth. Since 2000, the number of Hispanic patients has surged to 4.8 million, a 52 percent increase.

By fall, an additional 120 health centers in high-poverty counties will get federal start-up grants. About 56 million people, including many with health insurance, live in places where there are acute shortages of primary care physicians and little prospect for improvement, according to the National Association of Community Health Centers. http://www.usatoday.com/news/health/2007-07-17-health-main_N.htm

The Department of Health and Human Services (HHS) announced that the revised International Health Regulations (2005) (IHR) entered into force for the United States on July 18, 2007. The updated rules are designed to prevent and protect against the international spread of diseases while minimizing interference with world travel and trade. They will help countries work together to identify, respond to, and share
information about, public health emergencies of international concern.

The U.S. government formally accepted the IHR in December 2006 and began the process at that time of implementing these new international rules. The International Health Regulations are an international legal instrument that governs the roles of the World Health Organization (WHO) and its member countries (Member States) in relation to disease outbreaks and other public health events with international impact. They establish a framework for countries that are party to the regulations to promptly and transparently report on and to respond effectively to health events that present a risk of spread to other countries and potentially require a coordinated international response.

Under the revised regulations, countries that have accepted the IHR have a much broader responsibility to take preventive measures against, as well as detect, report on and respond to, public health emergencies of international concern. The regulations give the WHO clearer authority to recommend to its Member States measures that will help contain the international spread of disease, including public health actions at ports, airports, land borders and on means of transport that involve international travel.

The revised regulations include a list of four diseases -- smallpox, polio, SARS and human cases of new strains of human influenza -- that Member States must immediately report to the WHO. The regulations provide an algorithm to determine whether other incidents, including those of unknown causes or sources, may constitute public-health events of international concern, and as such must be reported to the WHO. The rules also provide specific procedures and timelines for assessing, reporting, and responding to public health events of international concern.

The U.S. Department of Health and Human Services has the lead role in carrying out the requirements of the updated IHR, in cooperation with many other departments and agencies of the U.S. government. The HHS Secretary’s Operations Center is the central body responsible for reporting events to the WHO.


• On July 17, 2007, the U.S. Food and Drug Administration (FDA) approved for marketing the Prestige Cervical Disc, made by Medtronic Sofamor Danek of Memphis—the first artificial cervical (neck) disc for the treatment of cervical degenerative disc disease, one of the most common causes of neck and arm pain.

The cervical spine (neck region) consists of seven bones (called the vertebrae), which are separated from one another by intervertebral discs. These discs allow the neck to bend and rotate. The current surgical treatment involves removing a diseased or bulging disc in a patient's neck and fusing two or more bony vertebrae. The Prestige Cervical Disc would instead replace the impaired natural disc. The PRESTIGE Cervical Disc consists of two main pieces of stainless steel that articulate against one another with a ball and trough (groove). After a doctor removes the impaired natural disc, the artificial disc is attached to the adjacent vertebrae with bone screws.

As a condition of approval, the company will conduct a post-approval study over the next seven years to evaluate the longer term safety and effectiveness of the device. FDA will continue to monitor the device as part of the agency's overall effort to ensure that products remain safe and effective once they reach the marketplace.
FDA approved the PRESTIGE Cervical Disc as a class III device under the pre-market approval process. FDA's regulation of medical devices is risk-based, with devices classified into low-risk (class I), moderate-risk (class II), or high-risk (class III) categories. The FDA regulatory program includes requirements for registration and listing of products, for high-quality production using good manufacturing practices and for post-market reporting of adverse events. [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01668.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01668.html)

- On July 16, 2007, the U.S. Food and Drug Administration (FDA) approved the first molecular-based laboratory test for detecting whether breast cancer has spread (metastasized) to nearby lymph nodes. The GeneSearch BLN Assay, manufactured by Veridex, detects molecules that are abundant in breast tissue but scarce in a normal lymph node.

The presence or absence of breast cancer cells in underarm lymph nodes is a powerful predictor of whether the cancer has spread and is used to help decide appropriate therapy for a woman with metastatic breast cancer. Lymph nodes are part of the system that helps protect the body against infection. The first lymph node that filters fluid from the breast is called the "sentinel node," because that is where breast cancer cells are likely to spread first.

During a lumpectomy or mastectomy to remove a breast tumor, surgeons commonly remove the sentinel node for examination under a microscope. In a clinical trial, the GeneSearch BLN Assay showed strong agreement with results from extensive microscopic examination of the lymph nodes of 416 patients. The test accurately predicted that breast cancer had spread nearly 88 percent of the time in women with metastasis. Patients without metastasis were identified accurately 94 percent of the time. [http://www.fda.gov/bbs/topics/NEWS/2007/NEW01667.html](http://www.fda.gov/bbs/topics/NEWS/2007/NEW01667.html)

- The Centers for Medicare and Medicaid Services (CMS) issued a final rule on July 16, 2007, which revises the payment system for services furnished to people with Medicare in ambulatory surgical centers (ASCs). The new payment system will align payments for similar services furnished in a hospital outpatient department (HOPD) or a physician’s office. CMS also issued a proposed rule that would update Medicare payment for services in HOPDs under the Outpatient Prospective Payment System (OPPS) and would set new payment rates for ASCs under the revised system effective for services in calendar year (CY) 2008.

The ASC final rule expands beneficiary access to surgical procedures in ASCs and implements steps to make ASC payments more accurate, while aligning payments across Medicare’s payment systems to encourage efficient and appropriate choices of outpatient settings for ambulatory surgical procedures. CMS expects to make payments of almost $3 billion in CY 2008 to the approximately 4,600 ASCs that participate in Medicare.

The proposed OPPS/ASC rule, published concurrently with the ASC final rule, would implement new steps to encourage more efficient care in hospital outpatient departments by providing hospitals with greater flexibility to manage their resources. The proposal also would ensure appropriate payment for high quality hospital outpatient services under the hospital Outpatient Prospective Payment System (OPPS). The reforms included in this proposed rule are intended to encourage quality and constrain rapid and accelerating growth in Medicare volume and expenditures for hospital outpatient services. [CMS NR 07-16-07](http://www.cms.gov/newsroom/pressreleases/2007/07162007.html)
The Substance Abuse and Mental Health Services Administration is offering an early look at its 2008 grant opportunities in a new funding forecast and help in developing applications in an updated manual. **SAMHSA Anticipated FY 2008 Funding Opportunities “At A Glance”** provides potential grant applicants with a list of the programs under which SAMHSA expects to invite applications for new awards in Fiscal Year 2008. The information is based on the President’s FY 2008 budget request, so it is tentative and preliminary. Final figures will not be available until SAMHSA receives its FY 2008 appropriation.

For each program, the chart provides estimated funding, number and size of awards, a program description, eligibility restrictions, contact information for the project officer, and a target publication date. Individual grant announcements will be published throughout the year. **Developing Competitive SAMHSA Grant Applications** provides a roadmap for planning, writing and preparing a grant application for SAMHSA funding. The manual now addresses electronic application submission, the evaluation criteria have been updated, and application and review procedures have been clarified.

On July 18, 2007, the American Medical Association (AMA) and Centers for Disease Control and Prevention (CDC) recognized four communities’ pandemic influenza preparedness plans for exemplary planning in times of disaster. The awards and plans were presented at the 2nd National Congress on Health Systems Readiness, which brings public health and health care delivery sectors together in an effort to improve preparedness at the community level for an influenza pandemic.

The winning plans hail from Multnomah County, Oregon; Northeastern Minnesota; Scottsdale, Arizona; and Northern Virginia. Multnomah County (located in the northwest corner of Oregon) and Scottsdale, Arizona were recognized for their local approach to community planning and integration. Both Northeastern Minnesota and Northern Virginia were recognized for their plans for medical capacity in the event of pandemic influenza. [http://www.ama-assn.org/ama/pub/category/17835.html](http://www.ama-assn.org/ama/pub/category/17835.html)

**Reserve/Guard**

The total number of Guard and Reserve currently on active duty has **increased** by 1,036 from the last report to 94,096. The totals for each service are Army National Guard and Army Reserve, 77,168; navy reserve, 5,087; air national guard and air force reserve, 5,612; marine corps reserve, 5,928; and the coast guard reserve, 301. [www.defenselink.mil](http://www.defenselink.mil)

**Reports/Policies**

The GAO issued “Information Technology: VA and DOD Are Making Progress in Sharing Medical Information, but Remain Far from Having Comprehensive Electronic Medical Records,” (GAO-07-1108T) on July 18, 2007. This report summarizes recent testimony from the GAO regarding the history and current status of these long- and short-term efforts to share health information. 

Legislation

• **H.R.3014** (introduced July 12, 2007): To improve the health of minority individuals, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, Natural Resources, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
  Sponsor: Representative Hilda L. Solis [CA-32]

• **H.R.3024** (introduced July 12, 2007): To amend titles XIX and XXI of the Social Security Act to provide States with the option to provide nurse home visitation services under Medicaid and the State Children's Health Insurance Program was referred to the House Committee on Energy and Commerce.
  Sponsor: Representative Diana DeGette [CO-1]

• **H.R.3051** (introduced July 16, 2007): To improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
  Sponsor: Representative John T. Salazar [CO-3]

• **H.R.3060** (introduced July 17, 2007): To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and title 5, United States Code, to require that group and individual health insurance coverage and group health plans and Federal employees health benefit plans provide coverage of colorectal cancer screening was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
  Sponsor: Representative Dan Boren [OK-2]

• **S.1777** (introduced July 12, 2007): A bill to amend title II of the Public Health Service Act to restore the integrity to the office of the Surgeon General was referred to the Committee on Health, Education, Labor, and
Sponsor: Senator Edward M. Kennedy [MA]

**S.1783** (introduced July 12, 2007): A bill to provide 10 steps to transform health care in America was referred to the Committee on Finance.
Sponsor: Senator Michael B. Enzi [WY]

**S.1790** (introduced July 12, 2007): A bill to make grants to carry out activities to prevent the incidence of unintended pregnancies and sexually transmitted infections among teens in racial or ethnic minority or immigrant communities, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Barack Obama [IL]

**S.1798** (introduced July 17, 2007): A bill to establish grant programs to improve the health of border area residents and for all hazards preparedness in the border area including bioterrorism in the border area including bioterrorism and infectious disease, and for other purposes.
Sponsor: Senator Jeff Bingaman [NM]

**S.1800** (introduced July 17, 2007): A bill to amend title 10, United States Code, to require emergency contraception to be available at all military health care treatment facilities was referred to the Committee on Armed Services.
Sponsor: Senator Hillary Rodham Clinton [NY]

**S.AMDT.2132 to H.R.1585** (introduced July 12, 2007): To provide and enhance rehabilitative treatment and services to veterans with traumatic brain injury and to improve health care and benefits programs for veterans was agreed to by unanimous consent.
Sponsor: Senator Daniel K. Akaka [HI]

**Hill Hearings**

- The Senate Finance Committee rescheduled its hearing to consider the nomination of Kerry Weems to be CMS administrator Testimony and of Tevi David Troy to be deputy secretary at HHS. It will be held on **July 25, 2007**.

- The Senate Veterans Affairs Committee will hold an oversight hearing on **July 25, 2007**, to examine Department of Veterans Affairs health care funding.

- The House Veterans Affairs Committee will hold a hearing on **July 25, 2007**, to examine PTSD and Personality Disorders: Challenges for the VA.
• The House Veterans Affairs Subcommittee on Health will hold a hearing on July 26, 2007, to examine Gulf War Exposures.

• The Veterans Affairs committees for the Senate and House will hold a joint hearing on Sept. 20, 2007, to hear the American Legion's legislative presentation.

Meetings / Conferences

• The Society of Ghana Women's Medical and Dental Practitioners, the 27th International MWIA Congress is scheduled for July 31 to Aug. 4, 2007 in Accra, Ghana. www.mwiainghana.org

• The 21st Annual Madigan Army Medical Center Otolaryngology Seminar - "About Face: Updates in Facial Plastic & Reconstructive Surgery" will be held on Aug. 3-4, 2007, in Tacoma, Wash. www.hjf.org/events


• The 13th Annual San Antonio Trauma Conference will be held on Aug. 20-22, 2007, in San Antonio, Texas. www.hjf.org/events

• The Defense and Veterans Brain Injury Center will hold a conference on Traumatic Brain Injury: Training for Military Health Care Providers on Sept. 9-20, 2007, in College Park, Md. www.hjf.org/events

• The 44th Annual Meeting of the Association of Reproductive Health Professionals (ARHP) will hold the Reproductive Health 2007 Conference on Sept. 26-29, 2007, in Minneapolis, Minn. www.arhp.org/rh2007/

• The American Academy of Family Physicians (AAFP) will host a meeting for family physicians on Oct. 3-6, 2007, in Chicago, Ill. www.aafp.org/online/en/home/cme/aafpcourses/conferences.html

• The 14th Annual Meeting of the ACP Navy Chapter will be held on Oct. 4-6, 2007, in Portsmouth, Va. www.hjf.org/events

• The 20th Annual Infectious Diseases in Children Symposium will be held on Oct. 20-21, 2007, in New York City, N.Y. http://www.vindicomeded.com/meetings/idc/ny/default.htm
• 46th Annual Research in Medical Education (RIME) Conference will be held Nov. 2-7, 2007, in conjunction with the AAMC Annual Meeting in Washington, D.C.

• The 27th AMEDD Neurology Meeting will be held on Nov. 14-16, 2007, in Washington, D.C. www.hjf.org/events

• The 2007 meeting of the Army and Air Force Chapters of the ACP will be held on Nov. 14-18, 2007, in San Antonio, Texas. www.hjf.org/events

• The 13th International Congress on Infectious Diseases will be held June 19-22, 2008, in Kuala Lumpur, Malaysia. http://www.isid.org/13th_icid/

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at kate@usminstitute.org. To subscribe, please visit http://usminstitute.org/subscriber.cfm. To unsubscribe, please send an email to update@usminstitute.org with UNSUBSCRIBE as the subject.