

FEDERAL HEALTH UPDATE

August 10, 2007

Produced by Kate Connelly Theroux in collaboration with the U.S. Medicine Institute for Health Studies (USMI)

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Federal Health Update will not be published on Aug. 17 and Aug. 31, 2007

Congressional Schedule

- Congress is in recess until Sept. 4, 2007.
- On Aug. 3, 2007, the Senate confirmed Tevi David Troy, of New York, to be Deputy Secretary of Health and Human Services.
- On Aug. 5, 2007, the House passed H.R. 3222, the Department of Defense Appropriations Act, 2008. This legislation provides \$459.6 billion in appropriations for the Department of Defense for the fiscal year ending September 30, 2008, and for other purposes.
- On Aug. 9, 2007, the President Bush signed into law S. 1099, which extends Federal Employee Health Benefits to United States citizen employees of the Roosevelt Campobello International Park Commission.

Military Health Care News

- On Aug. 8, 2007, TRICARE Management Activity announced that 17 medications have been designated non-formulary (or third tier) on the TRICARE Uniform Formulary. The change to five of the medications will be effective Oct. 24, 2007, and 12 will be effective Nov. 21, 2007. Medications on the Uniform Formulary third tier (non-formulary) require a \$22 co-payment in the retail and mail-order pharmacy programs and are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and the prescription is written by an MTF provider. To view the chart of affected medications, please visit [UF Formulary Changes](#).
- The U.S. Food and Drug Administration (FDA) and the Department of Defense's (DoD's) Military Health System (MHS) have entered into a memorandum of understanding (MOU), which will allow the agencies to share data and expertise related to the review and use of FDA-regulated drugs, biologics, and medical devices with each other.

General patient data, such as prescriptions, lab results and patient weight will be used by the FDA to spot trends, which may identify potential concerns as well as recognize benefits of products. The two agencies will protect all personal health information exchanged under the agreement, in accordance with federal law.

The partnership is part of the FDA's Sentinel Network, a medical product safety initiative first announced in January 2007. This initiative is intended to explore linking private sector and public sector information to create a virtual, integrated, electronic network. The MOU was signed by FDA Commissioner Andrew C. von Eschenbach, MD, and Assistant Secretary of Defense for Health Affairs S. Ward Casscells, M.D. Among the DoD programs involved in the agreement is TRICARE, the agency that administers the health care plan serving 9.1 million members of the uniformed services, retirees and their families. The first data shared will most likely be TRICARE prescription information.

The DoD and FDA will meet later this year to establish specific procedures and safeguards necessary to implement the MOU. Long range plans for the Sentinel Network call for a seamless national electronic information network that will include everything from new medical product information and patient care records to adverse event reports, and domestic and foreign clinical trials.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01675.html>

- The Albert Einstein Healthcare Network announced that it has entered into an agreement with TRICARE to provide rehabilitative care services to wounded soldiers through [MossRehab](#). These services would supplement the four Department of Defense polytrauma centers.

As the largest provider of rehabilitation services in the Philadelphia region, MossRehab provides comprehensive clinical expertise, specialized services, and unique diagnostic capabilities.

For soldiers who have lost a limb or multiple limbs, MossRehab Amputee Center provides a full complement of services, including rehabilitation counseling and on-site prosthetic service that fabricates

and fits both mechanical and electronic artificial limbs.

It is estimated that 60 percent to 70 percent of injured service members suffer traumatic brain injuries. MossRehab offers the most advanced, specialized and individualized programs aimed at helping these individuals develop the skills necessary for performing everyday activities in their home and community. Vocational counselors provide new skills, education support, job placement and on-site job coaching so these men and women can resume gainful activity.

MossRehab has been designated a Model System of Care by the National Institute on Disability Rehabilitation and Research. <http://sev.prnewswire.com/health-care-hospitals/20070806/NEM07006082007-1.html>

- The Department of Defense awarded Wisconsin Physicians Service Insurance Corp. of Madison, Wisc., the follow-on TRICARE Dual Eligible Fiscal Intermediary Contract. It covers claims processing, customer service and administrative services for individuals who are eligible for both TRICARE and Medicare. Future medical costs are a serious long-term issue for both programs, but this move simply covers administrative necessities.

The contract includes a 12-month base period and six, 12-month option periods, for a total of seven years, if all options are exercised. The base period for transition was Aug. 1, 2007 to June 30, 2008. Delivery for the TDEFIC for claims processing, customer service and administrative services will begin on July 1, 2008, if option 1 is exercised. The estimated delivery order value through the Option 1 period is \$92.7 million.

This contract was competitively procured via the TRICARE Management Activity e-solicitation Web site, with two offers received by TRICARE Management Activity. <http://www.defenselink.mil/contracts/contract.aspx?contractid=3572>

- On Aug. 3, 2007, the Department of Defense (DoD) and the Department of Veterans Affairs (VA) announced the award of a contract to Booz Allen Hamilton (BAH) to support the Joint DoD/VA Inpatient Electronic Health Record (EHR). BAH will determine the best approach for development and implementation of the EHR, which will allow both Departments to better support the wounded, ill, and injured service members who are transitioning from the DoD to the VA as inpatients.

The Departments expect BAH can identify early actions they can take to better prepare the way for implementing a joint inpatient EHR. Additionally, they hope to gain insight into ways that current transitioning processes for inpatients can be improved. BAH was selected for the project based on their strong proposal, as well as their familiarity with the clinical and technical environments of DoD and VA healthcare services.

BAH will recommend a strategy for pursuit of an inpatient EHR that will ensure that both DoD and VA clinicians and healthcare administrators have the information necessary to effectively and efficiently support in-patient care processes for DoD/VA beneficiaries across the continuum of care, from the most forward deployed facilities on the battlefield all the way back to tertiary care facilities here in the continental United States. <http://www.tricare.mil/pressroom/news.aspx?fid=303>

- TRICARE Management Activity published a news release on Aug. 7, 2007, that explains the travel reimbursement policy for TRICARE Prime beneficiaries. Beneficiaries, who are referred by their primary care manager for specialty services at a location more than 100 miles from their provider's location, may be eligible to have their reasonable travel expenses reimbursed by TRICARE.

According to the news release, beneficiaries must have a valid referral and travel orders prior to traveling and file a travel claim upon their return. This can be requested at the military treatment facility (MTF) or from the TRICARE Regional Offices (TRO) if the doctor is a TRICARE network provider. Beneficiaries will receive a briefing on the entitlement process, coverage, and their responsibilities at the MTF or from the TRO point of contact.

This benefit does not apply to travel expense for specialty care experienced by active duty uniformed service members, or active duty family members residing with their sponsors overseas, which are reimbursed by other travel entitlements. <http://www.tricare.mil/pressroom/news.aspx?fid=305>

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Veterans Health Care News

- The newest Fisher House was dedicated Aug. 6, 2007, at the James A. Haley Veterans' Hospital. The new Fisher House will provide families free lodging, making it easier to participate in the care and recovery of their loved ones.

Veterans Affairs (VA) Secretary Jim Nicholson participated in a ceremony transferring ownership of the Fisher House to the VA. It will operate and maintain the home at no cost to its residents.

This is the 38th Fisher House built by the Fisher House Foundation and the ninth operated by VA. At 16,000 square feet, the Tampa Fisher House is among the largest of these comfort homes, which can accommodate up to 21 families.

Some families travel long distances to Tampa's Polytrauma Center – one of four unique VA polytrauma facilities in the United States where the most severely injured and disabled veterans are treated.

In addition to polytrauma patients, those receiving care in the hospital's other specialized programs, such as spinal cord injury, post-traumatic stress disorder and traumatic brain injury, will benefit from the Fisher House. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1368>

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Health Care News

- On Aug. 7, 2007, Wal-Mart Stores, Inc. announced that Dr. John Agwunobi, assistant secretary for health for the U.S. Department of Health and Human Services and an admiral in the U.S. Public Health Service Commissioned Corps, has been named senior vice president and president for the professional

services division for Wal-Mart in the U.S. Dr. Agwunobi will begin at Wal-Mart on Sept. 4, 2007.

Dr. Agwunobi will oversee the Wal-Mart's health and wellness business unit including pharmacies, vision centers and health care clinics. Dr. Agwunobi, also a pediatrician, has experience in health care delivery, managed care and health care policy. As assistant secretary for health, he was responsible for disease prevention, health promotion, women and minority health efforts, the reduction of health disparities, the fight against HIV/AIDS, pandemic influenza planning and vaccine preventable disease initiatives.

- As part of the efforts to design and establish a public-private partnership to succeed the American Health Information Community (AHIC) by fall 2008, HHS has issued the final [white paper](#) describing the vision for and attributes of a successor to the AHIC. The purpose of the AHIC is to serve as an HHS advisory body on the development and adoption of health information technology (IT). The successor will build on the AHIC achievements to realize the vision of an interoperable health care system.

The AHIC successor will have representation from federal and state governments and from the private sector. The successor will adopt a business model that can continue and accelerate health IT interoperability through a strong public-private collaborative based in the private sector. By becoming private-sector health information community initiative, the AHIC successor will be empowered with a mission and governance structure that has the ability to rapidly adapt to meet changing needs and evolving technical standards. Development as a private-public partnership is designed to ensure the long-term sustainability of the AHIC successor as a member-supported corporation.

A Notice of Funding Availability (NOFA) to an entity selected to design and establish the AHIC successor by spring 2008 will be issued later this month and a grant will be awarded this fall. A public information meeting will be held on Aug. 17, 2007, to discuss how interested parties can participate in the design and establishment of the successor. In early September 2007, another public meeting will be held to answer detailed questions related to the NOFA. <http://www.hhs.gov/news/press/2007pres/08/pr20070807c.html>

- According to a new study based on public records from the 1918-1919 influenza pandemic, community strategies designed to reduce the possibility of spreading disease between people during an epidemic can save lives, particularly when the measures are used in combination and implemented soon after an outbreak begins in a community.

The findings, which are published in the Aug. 8 issue of the [Journal of the American Medical Association](#), provide vital clues to help public officials planning for the next influenza pandemic and highlight the importance of community strategies. These strategies are particularly important because the intervention most likely to provide the best protection against pandemic influenza — a vaccine — is unlikely to be available at the outset of a pandemic. Community strategies that delay or reduce the impact of a pandemic (also called non-pharmaceutical interventions) may help reduce the spread of disease until a vaccine that is well-matched to the virus is available.

Scientists from the Centers for Disease Control and Prevention (CDC) and the University of Michigan Medical School's Center for the History of Medicine completed a review of public records such as health department reports, U.S. Census mortality data and newspaper archives.

These strategies – voluntary isolation and quarantine, dismissal of students from school classrooms, and social distancing in the workplace and community – form the basis for CDC’s guidelines for how American communities can empower themselves to confront the next influenza pandemic.

The JAMA study evaluated public health measures, such as school closures and cancellation of public events, which 43 American cities took during the 1918 pandemic. The researchers sought to determine whether the timing, duration and combination of such measures impacted the city’s death rate during the pandemic.

To determine the public health measures’ effectiveness, the researchers analyzed each city’s excess death rate — the number of pneumonia and influenza deaths in excess of the amount expected for the time period.

During a 24-week period in 1918-1919, more than 115,000 excess pneumonia and influenza deaths in the 43 cities were attributed to the pandemic. Cities that began interventions earlier had more success in decreasing excess deaths than those that implemented the measures later, regardless of how long the later interventions were in place or how they were executed.

For example, New York City’s early and sustained response, including isolation and quarantine and staggered business hours, resulted in the lowest excess death rate for any city on the East Coast during the time period reviewed. By contrast, Pittsburgh was well into its outbreak before implementing the interventions and experienced the highest excess death rate of any of the 43 cities.

The interventions assessed fell into three major categories: school closures, bans on public gatherings and isolation of sick people and quarantine of their healthy household contacts. The most common approach was closing schools combined with banning public gatherings. All but three of the 43 communities closed schools during the 24-week period studied.

Influenza pandemics occur when a new influenza virus emerges to which most people have little or no immunity and the virus gains the ability to spread easily between people. The 1918 pandemic sickened about 20 percent of the world’s population and caused an estimated 40 million deaths worldwide, about 550,000 of them in the United States. <http://www.cdc.gov/od/oc/media/pressrel/2007/r070807.htm>

- The U.S. Food and Drug Administration (FDA) approved maraviroc, an antiretroviral drug for use in adult HIV patients. Maraviroc, sold under the trade name Selzentry, is the first in a new class of drugs designed to slow the advancement of HIV and received priority review by the FDA.

Maraviroc, distributed by Pfizer Inc, is approved for use in combination with other antiretroviral drugs for the treatment of adults with CCR5-tropic HIV-1, who have been treated with other HIV medications and who have evidence of elevated levels of HIV in their blood (viral load). Rather than fighting HIV inside white blood cells, maraviroc prevents the virus from entering uninfected cells by blocking the predominant route of entry, the CCR5 co-receptor. CCR5 is a protein on the surface of some types of immune cells. Among patients who have previously received HIV medications, approximately 50 percent to 60 percent have circulating CCR5-tropic HIV-1.

The product label includes a boxed warning about liver toxicity (hepatotoxicity) and a statement in the Warnings/Precautions section about the possibility of heart attacks. The safety and effectiveness of maraviroc have not been established in adult and pediatric patients who have never been treated with any other HIV drug. Additionally, the drug has not been tested or studied in pregnant women. The FDA recommends that HIV positive women should not breast feed, whether or not they are

- According to *Kaiser [Network.org](http://www.kaisernetwork.org)*, IBM launched an electronic "pedigree" system that will help fight prescription drug counterfeiting using radio-frequency identification tags. The ePedigree system will allow pharmaceutical companies to create an electronic certificate of authenticity for every drug that passes through the supply chain and allow all participants in the drug supply chain -- manufacturers, distributors, pharmacies and hospitals -- secure and on demand access to historical data on individual bottles or packages of medicine.

Companies will be able to track drugs through the supply chain and into the hands of consumers. The tags also will keep track of expiration dates, batch numbers to be used in case of a recall and other information. IBM says this won't eliminate the risk of counterfeiting, but they will "raise the bar" and make such activity more difficult. http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=46783

- On Aug. 7, 2007, the U.S. appeals court for the District of Columbia ruled (8-2) that dying people do not have the right to obtain unapproved drugs that are potentially lifesaving, even if their doctors say the treatment offers the best hope for survival.

The Abigail Alliance for Better Access to Developmental Drugs, with the aid of the Washington Legal Foundation, filed the lawsuit on behalf of families of terminally ill patients. They argued that dying patients were far more willing to take risks and should not be forced to wait for new treatments to win final FDA approval.

The court ruled that federal drug regulators are entrusted by law with deciding when new drugs are safe for wide use. The plaintiffs plan to appeal to the Supreme Court. <http://www.nytimes.com/2007/08/08/health/08cancer.html?hp>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 493 from the last report to 96,020. The totals for each service are Army National Guard and Army Reserve, 78,384; Navy Reserve, 5,326; Air National Guard and Air Force Reserve, 6,104; Marine Corps Reserve, 5,898; and the Coast Guard Reserve, 308. www.defenselink.mil

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Reports/Policies

- No reports were published this week.

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Legislation

- **H.R.3333** (introduced Aug. 2, 2007): To amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority groups was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Jessie L. Jackson, Jr. [IL-2]
- **H.R.3334** (introduced Aug. 2, 2007): To authorize the Secretary of Health and Human Services to conduct activities to rapidly advance treatments for spinal muscular atrophy, neuromuscular disease, and other pediatric diseases, and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Patrick J. Kennedy [RI-1]
- **H.R.3338** (introduced Aug. 2, 2007): To direct the Secretary of Veterans Affairs to expand the capability of the Department of Veterans Affairs to provide for the medical-care needs of veterans in southern New Jersey was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Frank A. LoBiondo [NJ-2].
- **H.R.3339** (introduced Aug. 2, 2007): To amend the Toxic Substances Control Act to reduce the health risks posed by asbestos-containing products and for other purposes was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Betty McCollum [MN-4]
- **H.R.3341** (introduced Aug. 2, 2007): To ensure and foster continued patient safety and quality of care by exempting health care professionals from the Federal antitrust laws in their negotiations with health plans and health insurance issuers was referred to the House Committee on the Judiciary.
Sponsor: Representative Ron Paul [TX-14]
- **H.R.3343** (introduced Aug. 2, 2007): To amend the Internal Revenue Code of 1986 to make health care coverage more accessible and affordable was referred to the House Committee on Ways and Means.
Sponsor: Representative Ron Paul [TX-14]
- **H.R.3366** (introduced Aug. 3, 2007): To amend title 10, United States Code, to require the Department of Defense and all other defense-related agencies of the United States to fully comply with Federal and State environmental laws, including certain laws relating to public health and worker safety, that are designed to protect the environment and the health and safety of the public, particularly those persons most vulnerable to the hazards incident to military operations and installations, such as children, members of the Armed Forces, civilian employees, and persons living in the vicinity of military operations and installations

was referred to the Committee on Armed Services, and in addition to the Committees on Energy and Commerce, Transportation and Infrastructure, Natural Resources, and Education and Labor, 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 Bob Filner [CA-51]

- **H.R.3368** (introduced Aug. 3, 2007): To amend the Public Health Service Act to establish a pulmonary hypertension clinical research network, to expand pulmonary hypertension research and training, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 Tom Lantos [CA-12]

- **H.R.3370** (introduced Aug. 3, 2007): To amend title XVIII of the Social Security Act to improve the quality and efficiency of health care, to provide the public with information on provider and supplier performance, and to enhance the education and awareness of consumers for evaluating health care services through the development and release of reports based on Medicare enrollment, claims, survey, and assessment data was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 Paul Ryan [WI-1]

- **H.R.3404** (introduced Aug. 3, 2007): To amend the Public Health Service Act to provide grants for the training of graduate medical residents in preventive medicine and public health was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Gene Green [TX-29]

- **H.R.3411** (introduced Aug. 3, 2007): To improve the treatment of juveniles with mental health or substance abuse disorders by establishing new grant programs for increased training, technical assistance, and coordination of service providers, and for other purposes was referred to the Committee on Education and Labor, and in addition to the Committee on Energy and Commerce, 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 Patrick J. Kennedy [RI-1]

- **H.R.3425** (introduced Aug. 3, 2007): To amend the Employee Retirement Income Security Act of 1974, Public Health Service Act, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans provide coverage of screening for breast, prostate, and colorectal cancer was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, Ways and Means, 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 Carolyn B. Maloney. [NY-14]

- **H.R.3430** (introduced Aug. 3, 2007): To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Grace F. Napolitano [CA-38]

- **H.R.3433** (introduced Aug. 3, 2007): To direct the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, to conduct a survey of research available on methamphetamine addiction and treatment was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Stevan Pearce [NM-2]

- **H.R.3434** (introduced Aug. 3, 2007): To provide for the issuance of bonds for the benefit of the National Institutes of Health was referred to the House Committee on Ways and Means.

Sponsor: Representative Stevan Pearce [NM-2]

- **H.R.3447** (introduced Aug. 3, 2007): To amend the Public Health Service Act to ensure the independence of the Surgeon General from political interference was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Henry A. Waxman [CA-30]

- **S.1975** (introduced Aug. 2, 2007): A bill to expand family and medical leave in support of service members with combat-related injuries was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Christopher J. Dodd [CT]

- **S.1990** (introduced Aug. 3, 2007): A bill to amend part D of title III of the Public Health Service Act to authorize grants and loan guarantees for health centers to enable the centers to fund capital needs projects, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator John D. Rockefeller, IV [WV]

- **S.2004** (introduced Aug. 3, 2007): A bill to amend title 38, United States Code, to establish epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs.

Sponsor: Senator Patty Murray [WA]

- **S.2005** (introduced Aug. 3, 2007): A bill to amend the Public Health Service Act to provide education on the health consequences of exposure to secondhand smoke, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Hillary Rodham Clinton [NY]

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Hill Hearings

- 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.

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Meetings / Conferences

- The CDC's 2007 Cancer Conference: *Meeting Future Challenges features presentations and topic sessions on key issues relating to cancer prevention and early detection*, will be held on **Aug. 13-16, 2007**, in Atlanta Ga. <http://www.cdc.gov/od/oc/media/pressrel/2007/a070801.htm>
- The 2007 Advance Technology Applications for Combat Casualty Care (ATACCC) Conference will be held on **Aug. 13-15, 2007**, in St Petersburg Beach, Fla. <http://www.usacc.org/ATACCC/index.htm>
- 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 First AHRQ Annual Meeting "Improving Health Care Quality," will be held **Sept. 26-28, 2007**, in Bethesda, Md. <http://www.blsm meetings.net/2007ahrqannual/index.cfm>
- 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>

- The 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. <http://www.aamc.org/meetings/annual/2007/start.htm>
- 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/

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