



# Federal Health Matters

## Bush Approves BRAC Recommendations

On September 16, President Bush announced his acceptance of the 2005 Base Realignment and Closure (BRAC) Commission's final report. The report, which was delivered to the President on September 8, included 86% of the original recommendations made to the commission by the DoD. In addition to the 119 recommendations it accepted with no changes, the commission amended 45, rejected 13, significantly modified another 13, and added five of its own closure or realignment recommendations. Overall, the commission estimates that its recommendations would save \$35.6 billion, with an actual savings to the taxpayer (after excluding DoD cost avoidances attributable to military personnel actions) of \$15 billion annually over 20 years.

One high profile recommendation that the BRAC Commission included in its final report—with some modification—is the realignment of Walter Reed Army Medical Center (WRAMC), Washington, DC, which would transfer most of its medical services to a new facility, Walter Reed National Military Medical Center, located on the existing Bethesda, MD campus of the National Naval Medical Center. Although the commission concluded that the realignment would preserve “the Walter Reed legacy” and that “service members would continue to receive needed medical services during the implementation period,” it found merit in concerns raised about the dissolution of the Armed Forces Institute of Pathology (AFIP), a vital resource to both the military and civilian research community. The final report, therefore, states that any “AFIP capabilities not specified in this recommendation will

be absorbed into other DoD, federal, or civilian facilities, as necessary.”

The President approved the report without requesting any revisions, and turned it over to Congress. During its 45-day review, Congress cannot make any changes—it must either accept or reject the report in its entirety.

## Federal Health Agencies Offer Post-Katrina Guidance

The VA, the National Institutes of Health (NIH), and other HHS agencies are offering free health care information and guidance to those affected by Hurricane Katrina, which made landfall on Monday, August 29 and caused major flooding and devastation to parts of Louisiana and Mississippi.

The VA's response has included the *Post-Katrina Health Manual*, which was published in September for the purpose of assisting both veterans and VA health care providers in addressing the health consequences of Hurricane Katrina and its aftermath. The document, which is available for download on the VA web site ([www.publichealth.va.gov/watch/katrina.htm](http://www.publichealth.va.gov/watch/katrina.htm)), contains a veteran health self-report form to aid veterans affected by the hurricane in communicating important health, social, and psychological issues when they visit a VA provider following the hurricane. Specifically, the form addresses veterans' current housing situation, benefits status and needs, health status regarding both new and existing conditions, medication supply and needs, recent physical and psychological symptoms, and nutritional intake. An accompanying patient health assessment form is available to assist VA health care providers in focusing on the urgent health needs of these veterans.

The manual also contains patient fact sheets, which outline measures that should be taken to prevent health problems arising from living conditions in the affected areas. Topics include how to treat a snake bite, how to clean water and reenter homes safely, and advice for coping with the complex emotions and reactions commonly experienced by survivors of disasters. Provider fact sheets review the symptoms, causes, and treatment options of the medical and mental health problems practitioners may encounter, including diarrheal illness related to contamination of water supplies; gastroenteritis related to food spoilage; skin, bone, and soft tissue infections related to trauma or water exposure; mosquito-borne infections; chemical exposure; airborne infections related to crowding; viral hepatitis; and such common stress reactions as depression, suicidal ideation, and post-traumatic stress disorder. Fact sheets also offer advice on treating complications due to inattention to chronic disease or interruption in treatment.

In addition to the manual, the VA is maintaining a Hurricane Katrina web site ([www1.va.gov/opa/katrina](http://www1.va.gov/opa/katrina)) to keep veterans and employees up to date on the status of VA services and to connect them with appropriate resources. To that end, the page's links include VA hurricane-related news releases and newsletters, toll free telephone numbers, question and answer pages, information on the VA's Tuscaloosa, AL response and recovery center, information for volunteers, and a blog of employee hurricane stories.

In response to the many health needs of people affected by Hurricane Katrina, the NIH has expanded its telephone medical consultation service, previously available to health care providers only, to all patients affected

by the hurricane. By calling the toll free number (866-887-2842) any time of day or night, seven days a week, patients and providers can obtain medical advice from experts in the NIH, academic medical centers, and medical professional societies on a wide array of topics, such as environmental and toxic concerns, infectious diseases, tropical and geographic medicine, ophthalmology, oral health, psychiatry, pediatrics, cardiac and pulmonary diseases, obstetrics and gynecology, endocrinology, and cancer. "If consultation is needed in other areas, we'll make connections," said John I. Gallin, MD, director of the NIH Clinical Center and consultation project coordinator. Providers and patients who are involved in NIH-sponsored clinical trials that have been interrupted by the disaster are encouraged to call the consultation line for options on continuing therapy.

In order to help those affected by the hurricane deal with the emotional and psychological toll, the HHS has announced the availability of a toll free, round the clock National Suicide Prevention Lifeline (800-273-TALK), which connects callers to trained counselors at local crisis centers. The department also is providing \$600,000 in emergency grants to Louisiana, Mississippi, Alabama, and Texas to ensure that mental health assessment and crisis counseling are available in areas affected by the hurricane. Other

HHS agencies—such as the CDC, the Centers for Medicare and Medicaid Services, the Office of the Surgeon General, and the Office of Public Health Emergency Preparedness—are participating in efforts to provide vaccines and other health care and family services to displaced children and adolescents, streamline health and social benefits, and coordinate volunteer health care efforts.

## Federal Researchers Gain Insight into Malaria Parasite

Researchers at the National Institute of Child Health and Human Development (NICHD), one of the National Institutes of Health, have determined the sequence by which the malaria parasite disperses from infected red blood cells. The study, published in the September 20 issue of *Current Biology*, depicts a membrane transformation that replaces previous theories about how parasites exit from these cells.

Malaria is caused by four species of the parasite *Plasmodium*, the most common and deadly of which is *Plasmodium falciparum*. Using fluorescent microscopy of differentially labeled membranes, researchers outlined membrane transformation during the release of *P. falciparum* merozoites from human red blood cells. Before this release, the researchers observed two sequential morphologic stages.

First, the cell assumed a lopsided "fried egg" shape, and *P. falciparum* were visible as a sphere near the center of the cell. This irregular appearance may be a result of the destruction of the cytoskeleton. In the next stage, the cell took on a spherical shape, with rounded structures resembling flower petals, as the merozoites replicated radially within the cell. Finally, the cell's membrane and the vacuoles containing the merozoites broke apart. This process, along with osmotic stress, resulted in cellular release of merozoites.

According to the researchers, these observations suggest "a pathway of parasite release that features a biochemically altered erythrocyte membrane that folds after pressure-driven rupture of membranes." Essentially, the membrane appears to collapse inward upon itself and fragment into pieces. This is in contrast with previous theories, one of which contended that the red blood cells and vacuoles swelled and then burst like a balloon containing too much air.

Each step in the process of merozoite dispersal represents a potential avenue for new therapies, explains Joshua Zimmerberg, MD, PhD, the study's senior author and chief of the NICHD's Laboratory of Cellular and Molecular Biophysics. And, as NICHD Director Duane Alexander, MD points out, the development of new malarial therapies is particularly important given growing resistance to existing drugs. ●