

Liaison Officers Report –June 2011

Organizations/PHS Liaison:

- [American Academy of HIV Medicine \(AAHIVM\)](#) - CDR Robert Macky
- [American College of Clinical Pharmacy \(ACCP\)](#) – CDR Robert Macky
- [American Pharmacists Association \(APhA\)](#) – LCDR Helen Saccone
- [Academy of Managed Care Pharmacy \(AMCP\)](#) – LCDR Shannon Hill
- [American Society of Health System-Pharmacists \(ASHP\)](#) - CDR Randy Seys
- [American Association of Colleges of Pharmacy \(AACCP\)](#) – CDR Louis Flowers
- [American Public Health Association \(APHA\)](#) – CDR Raymond Carter
- [Association of Military Surgeons of the United States \(AMSUS\)](#) - LCDR Sadaf Nabavian
- [American Society of Consultant Pharmacists \(ASCP\)](#) – CDR Wil Darwin
- [Commissioned Officer Association \(COA\)](#) - LCDR Aaron P. Middlekauff

Any questions about an organization can be direct to the corresponding liaison officer.

Reports

[American Academy of HIV Medicine \(AAHIVM\)](#)

Website: <http://www.aahivm.org/>

Announcements:

The Academy is pleased to announce the 2011 introduction of a permanent professional certification for experienced, HIV-focused pharmacists. This highly defensible measurement program has been developed by teams of practicing HIV pharmacists from a wide variety of practice environments, under the supervision of a nationally accredited testing firm and the AAHIVM Credentialing Governance Committee. The program operates similarly to other AAHIVM certification offerings, but utilizes a separate testing instrument developed by and for the HIV pharmacy profession. Eligible providers who successfully complete the HIV Pharmacist™ exam earn a 2-year “AAHIVP” professional designation.

Professional Practice:

Providers may apply online for the 2011 testing cycle by visiting this page starting on May 17, 2011 (through June 30).

Public Policy:

The American Academy of HIV Medicine is an independent organization of AAHIVM HIV Specialists™ and others dedicated to promoting excellence in HIV/AIDS care. Through advocacy and education, the Academy is committed to supporting health care providers in HIV medicine and to ensuring better care for those living with AIDS and HIV disease.

News:

The American Academy of HIV Medicine (AAHIVM), the nation's leading HIV provider organization, co-sponsored a multi-day meeting with leaders from the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and leaders in the HIV community.

The meeting, Consultation on Recommendations for Prevention with Persons Living with HIV held on April 28 & 29 in Atlanta, Georgia, sought to gather guidance on the development of proposed recommendations that seek to reduce the risk of transmission from people living with HIV to uninfected individuals.

[American College of Clinical Pharmacy \(ACCP\)](#)

Website: www.accp.com/

Founded in 1900, the American Association of Colleges of Pharmacy (AACP) is the national organization representing pharmacy education in the United States.

The mission of the Association is to both represent and be an advocate for all segments of the academic community in the profession of pharmacy.

Professional Practice:

The American College of Clinical Pharmacy (ACCP) is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in practice and research.

ACCP's membership is composed of practitioners, scientists, educators, administrators, students, residents, fellows, and others committed to excellence in clinical pharmacy and patient pharmacotherapy.

Public Policy:

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy. Through strategic initiatives, partnerships, collaborations, and alliances.

Announcements:

1. Pharmacotherapy and Ambulatory Care Prep Courses Will Be Held in Columbus Next April.

Updates in Therapeutics 2011 will feature preparatory courses for both the Pharmacotherapy and Ambulatory Care BPS examinations.

<http://www.accp.com/report/?iss=1210&art=1>

2. ACCP Academy Programming Offered in Columbus in Conjunction with Updates in Therapeutics.

Required and elective ACCP Academy programs will be provided next April in Columbus. A special discounted registration rate will be provided for all Academy participants.

<http://www.accp.com/report/?iss=1210&art=2>

- 3. Residents and Fellows: Join ACCP Before January 1 and Take Advantage of Half-Price Membership Dues.**
From now to December 31, first-time resident or fellow members of ACCP can join for just \$37.50—half off the regular resident and fellow member rate!
<http://www.accp.com/report/?iss=1210&art=3>
- 4. Application Fee Waived for Research Fellowship Program Peer Review.**
ACCP members who submit their program applications for peer review or re-review in 2010 can now do so free of charge. A new rolling review process will produce the reviewer's decision within 6 weeks of submission.
<http://www.accp.com/report/?iss=1210&art=4>
- 5. Last Call for ACCP Members: Enroll in the PBRN's MEDAP Study.**
Last chance for members to sign up for the Medication Error Detection, Amelioration, and Prevention (MEDAP) Study—participation is open to any ACCP member who provides direct patient care. To be eligible, study participants must begin data collection by December 17.
<http://www.accp.com/report/?iss=1210&art=5>
- 6. *Washington Report*: Republicans Win House.**
Associate Director of Government Affairs John McGlew reviews results and implications of the 2010 fall election and provides an update on the ACCP-PAC.
<http://www.accp.com/report/?iss=1210&art=6>
- 7. Call for Nominations.**
Nominations remain open until February 15 for ACCP Fellows and the 2011 Paul F. Parker Medalist. All nominations should be submitted online.
<http://www.accp.com/report/?iss=1210&art=7>
- 8. Take Advantage of ACCP's Year-end Publications Special and Receive Free Shipping!**
For a limited time, ACCP is offering free shipping on orders of \$100 or more.
<http://www.accp.com/report/?iss=1210&art=8>
- 9. 2010 Frontiers Fund Campaign Committee and Volunteers Recognized.**
Thanks to those who participated in the 2010 Frontiers Fund Campaign. 2010 tax-deductible contributions will be accepted through December 31.
<http://www.accp.com/report/?iss=1210&art=9>
- 10. 2011 FIT Program Now Accepting Applications.**
This year's program will be held June 11–16.
<http://www.accp.com/report/?iss=1210&art=10>
- 11. *Pharmacotherapy Pearls*: Annual Acknowledgment of Academic Reviewers.**
ACCP's official journal thanks those who served as manuscript reviewers in 2010.
<http://www.accp.com/report/?iss=1210&art=11>
- 12. New Titles Added to ACCP Bookstore.**
Check out new titles in therapeutics, research, and education.
<http://www.accp.com/report/?iss=1210&art=12>

13. Awards, Promotions, Grants, and Other Member Achievements.

ACCP recognizes important member accomplishments.

<http://www.accp.com/report/?iss=1210&art=13>

14. New Members.

Welcome these clinical pharmacists as new ACCP members.

<http://www.accp.com/report/?iss=1210&art=14>

American Pharmacists Association (APhA)

Website: <http://www.pharmacist.com/>

APhA empowers its members to improve medication use and advance patient care through information, education, and advocacy. APhA has members in all practice settings and provides solutions and support that pharmacists need to practice pharmacy and provide quality care to patients.

Announcements:

APhA Joins the HHS Partnership for Patients Initiative: The **American Pharmacists Association** (APhA) announced it joined the Department of Health and Human Services (HHS) new public-private initiative Partnership for Patients: Better Care, Lower Costs. The Partnership was created to help improve the quality, safety and affordability of health care for all Americans. It will be guided through the Center for Medicare and Medicaid Innovation (the “Innovation Center”).

2010 APhA Annual Report: Setting the Vision for a Stronger Tomorrow has been released. 2010 was dedicated to shaping the vision for pharmacists to advance patient care services through implementation of the Affordable Care Act and integrated practice models. APhA worked diligently with other pharmacy stakeholders to position pharmacists and medication therapy management (MTM) services in the Center for Medicare and Medicaid Innovation and to pave the way to secure funding through the Agency for Healthcare Research and Quality for the MTM grant program.

Academy of Managed Care Pharmacy (AMCP)

Website: www.amcp.org/home

AMCP is a professional association of Pharmacists, which emphasizes the use of managed care in pharmacy practice. AMCP’s mission is to empower members to serve society by providing opportunities for continued professional growth through advancing individual and collective knowledge. Provision of the best available pharmaceutical care is their simple goal.

Announcements:

AMCP installed four new board members for 2011-2012.

AMCP has initiated a search for a new CEO and applauds the current CEO for her years of service and leadership.

Professional Practice:

A study was published in the Journal of Managed Care Pharmacy (JMCP) assessing the Pharmacist-Physician collaborative practice in managing metabolic syndrome compared to the usual care. The study was conducted in family medicine outpatient clinics in Jordan. Of the 199 patients who met the criteria for metabolic syndrome as defined by the National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III), 110 were put into the pharmacist-physician collaborative group and 89 in the usual group (physician only). Results showed that pharmacist involvement increased the proportion of patients who no longer met the criteria for metabolic syndrome after 6 months.

Public Policy:

NTR

News:

AMCP has developed a white paper illustrating the functions of Pharmacists in Accountable Care Organizations (ACO's). ACO's were created under the Health Care Reform Law of 2010 for the purpose of improving quality and lower costs in Medicare services.

[American Society of Health System-Pharmacists \(ASHP\)](#)

Website: www.ashp.org/

ASHP Summer Meeting

June 12-15, 2011, Colorado Convention Center, Denver, CO

Midyear Clinical Meeting

The ASHP Midyear Clinical Meeting is the largest gathering of pharmacists in the world. With its focus on improving patient care, the meeting is attended by more than 20,000 pharmacy professionals from 86 countries. [Read more](#)

Upcoming Events:

- 46th ASHP Midyear Clinical Meeting, New Orleans, LA, December 4-8, 2011

- 47th ASHP Midyear Clinical Meeting, Las Vegas, NV, December 2-6, 2012

Professional Practice:

ASHP develops official professional policies, in the form of policy positions and guidance documents (statements and guidelines), for the continuum of pharmacy practice settings in integrated systems.

Public Policy:

ASHP believes that the mission of pharmacists is to help people make the best use of medications.

The mission of ASHP is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

News:

FMC Butner now has an accredited PGY1 pharmacy residency program, which is the first in the Bureau of Prisons.

Long-Awaited Opioid REMS Affects Prescribers More Than Dispensers

Cheryl A. Thompson

BETHESDA, MD 12 May 2011—Based on information released by FDA on April 19, the upcoming risk evaluation and mitigation strategy (REMS) for long-acting and extended-release opioid products will likely be a "single, shared system" that includes medication guides but no new responsibility for pharmacists. The agency has given the companies marketing those products until mid-August to submit their proposal for a REMS program.

FDA Approves Prostate Cancer Treatment That Inhibits Testosterone Synthesis

BETHESDA, MD 29 April 2011—Abiraterone acetate, whose active metabolite inhibits an enzyme necessary for the biosynthesis of testosterone, was approved Thursday by FDA for use in combination with prednisone to treat patients with metastatic advanced prostate cancer who have received docetaxel. The drug will be marketed as Zytiga, by Centocor Ortho Biotech Inc.

FDA said abiraterone inhibits cytochrome P-450 (CYP) isoenzyme 17A1, known as steroid 17- α -monooxygenase in the international enzyme community. According to Centocor Ortho, the enzyme is needed for androgen synthesis in the testes and adrenal glands and by prostate tumors.

Patients who received the drug with prednisone in the major clinical study lived longer than similar patients with late-stage castration-resistant prostate cancer who had earlier undergone treatment with docetaxel, FDA said. Half of the patients assigned to the study's abiraterone-prednisone group lived at least 14.8 months after starting treatment—a median overall survival nearly 4 months longer than that for the patients assigned to the placebo-prednisone group.

The [FDA-approved labeling \(PDF\)](#) for abiraterone acetate recommends a once-daily dose of 1 g, taken on an empty stomach, in combination with a twice-daily dose of prednisone 5 mg.

Patients with moderate hepatic impairment should start abiraterone acetate therapy at a dosage of 250 mg/day. The labeling notes that this dosage is based on pharmacokinetic calculations and not clinical use. Patients with severe hepatic impairment should not start therapy with the drug at all.

The labeling instructs clinicians to measure the serum transaminase and bilirubin concentrations of all candidates for abiraterone therapy and at specific times during therapy, depending on the patients' hepatic function. Therapy must stop, at least temporarily, if the aspartate transaminase or alanine transaminase concentration is more than five times the upper limit of the normal range (ULN) or the bilirubin concentration is more than three times the ULN.

In the major clinical study, hypokalemia, joint swelling or discomfort, muscle discomfort, and edema occurred more often in the patients who received abiraterone than in those who were in the placebo group. The frequency of each of these events in the abiraterone-treated group was greater than 25%, according to the labeling.

Abiraterone inhibits CYP isoenzyme 2D6 in addition to CYP17A1. The labeling advises avoiding concomitant therapy with abiraterone and any drug that is a substrate for CYP2D6 and has a "narrow therapeutic index," such as thioridazine. If use of an alternative drug is not possible, the labeling suggests that the clinician consider reducing the dosage of the CYP2D6 substrate during abiraterone therapy.

Abiraterone itself is a substrate for CYP isoenzyme 3A4 in vitro, the company said. The labeling's section on patient counseling includes information on preventing fetal exposure to abiraterone. Women who are pregnant or may be pregnant should not handle Zytiga tablets without protection. Patients should use a condom if having sex with a pregnant woman and should use a condom and another effective method of birth control if having sex with a woman of childbearing potential.

Pharmacy News

Linagliptin Approved for Type 2 Diabetes

Kate Traynor

BETHESDA, MD 03 May 2011—FDA on May 2 approved linagliptin, a dipeptidyl peptidase-4 inhibitor, for the improvement of blood glucose control in adults with type 2 diabetes mellitus.

The drug is available under the brand name Tradjenta by Boehringer Ingelheim and Eli Lilly and Company, which have formed an alliance to develop new medications for diabetes.

According to the FDA-approved [labeling](#) for linagliptin, the drug is indicated, in combination with diet and exercise, to improve glycemic control in adults with type 2

diabetes. Linagliptin is not suitable for use in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Like other drugs in its class, linagliptin inhibits the degradation of incretins, causing an increase in insulin release and a decrease in circulating levels of glucagon.

The recommended dosage of linagliptin is 5 mg taken once daily with or without food. No dosage adjustments are needed in patients with kidney or liver disease, according to the labeling.

In clinical trials, linagliptin was studied as monotherapy and in combination with metformin, glimepiride, or pioglitazone. As monotherapy compared with placebo, linagliptin resulted in improvements in trial participants' glycosylated hemoglobin, fasting blood glucose, and postprandial glucose levels. The addition of linagliptin to metformin, glimepiride, or pioglitazone therapy likewise improved these indicators of glycemic control.

The labeling warns that the use of linagliptin in combination with a sulfonylurea or other insulin secretagogue may result in hypoglycemia. To lower the risk of hypoglycemia, a reduction in the secretagogue dosage is recommended for patients who take such a medication along with linagliptin. Inducers of P-glycoprotein or cytochrome P-450 isoenzyme 3A4 may decrease patients' exposure to linagliptin. The labeling for the antidiabetic drug strongly recommends that users take alternatives to those medications. In clinical trials, the most common adverse events associated with linagliptin use were upper-respiratory-tract infection, stuffy or runny nose, sore throat, muscle pain, and headache. Linagliptin 5-mg tablets are available in 30-, 90-, and 1000-count bottles. The medication should be stored at controlled room temperature

[American Association of Colleges of Pharmacy \(AACP\)](#)

Website: www.aacp.org

No Report this Month – please contact the POC list above with any questions

[Association of Military Surgeons of the United States \(AMSUS\)](#)

Website: www.amsus.org

- AMSUS, the Society of the Federal Health Agencies, supports and represents the military and other federal health care professionals.
- To become a member go to www.amsus.org/membership starting rate is from \$65/year to a full time life membership of \$1300. The following are some of the benefits offered for members:

- Members receive *Military Medicine* the Association's official journal, each month.
- Members receive the quarterly *AMSUS Newsletter*.
- Members may attend the AMSUS Annual Meeting at substantially reduced rates.
- Members may participate in the Annual Awards Program, with awards presented by the Surgeons General of the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Public Health Service, and the Under Secretary for Health of the Department of Veterans Affairs at the Annual Meeting.
- Members are eligible to join one of the AMSUS Chapters.
- The Association of Military Surgeons of the U.S. WorldPoints MasterCard Credit Card: Earn points and get the rewards.
- AMSUS Online Resource Library Upgraded.
(*Can find out more details about benefits under membership*)

Updates

- The next 117th AMSUS Annual Meeting which will be held in San Antonio, TX from November 6-10th. The theme for this year will be “Transformational Pathway to Global Healthcare”. More information will be available regarding registration in the late summer.
- The Awards program is now open and nominee submissions will be accepted until 30 June 2011. Submit your Nomination to: <http://nominations.pesgce.com/>
- If you want information on AMSUS Annual Meeting go to: <http://www.amsus.org/index.php/annual-meeting>
- If you have meeting questions go to: meetings@amsus.org
- If you're pursuing a degree in a healthcare related field, the 7th Annual Sanders Scholarship is now accepting applications. AMSUS will award \$1,000 to the deserving applicant selected. Applications for the Sanders Scholarship will be accepted by AMSUS until 30 June.

[Commissioned Officer Association \(COA\)](#)

COA is dedicated to improving and protecting the public health of the United States by addressing unmet health needs and providing support for more than 7,000 members.

Announcements: The 2011 USPHS Scientific and Training Symposium will be held 20-23 Jun 2011 in New Orleans, LA. The following contains announcements via the following link:

<http://www.phscofevents.org/faqs.cfm>

Hotel

The 2011 Symposium will be held at the [Sheraton New Orleans Hotel](#) June 20-23, 2011.

Hotel Address: 500 Canal Street, New Orleans, LA 70130

Rooms are available at the federal per diem rate of \$131 (plus applicable taxes). That rate is available from June 14 to June 29.

Visit <http://www.starwoodmeeting.com/Book/usphs> today to quickly and easily reserve your room! Scroll down to the brown box and click the reserve button to the right to get started.

When will registration become available?

Registration for 2011 is currently underway.

Agenda is available to view:

http://www.phscofevents.org/agenda/ag_glanceSelect.cfm

Will Junior Officer/Civil Servant scholarships be available this year?

Junior Officer/Civil Servant scholarships will again be available for Commissioned Officers of pay grade 03 or below and Civil Servants that are GS 10/11 or below in 2011.

Can students attend sessions free?

Student Scholarships will again be available again in 2011.

What meals are included in the registration fee? Monday lunch and dinner, Tuesday continental breakfast and lunch, Wednesday continental breakfast, Thursday continental breakfast and lunch

Where can I make travel arrangements to and from the conference?

Travel arrangements are the responsibility of the attendee.

How many Continuing Education credits are available for my category?

Please see the [Continuing Education Credits](#) page for an overview of credits typically offered at the Symposium. Further details will be available soon.

What is the uniform for the Symposium? The following uniforms are prescribed for PHS Commissioned Corps officers attending the 2011 USPHS Scientific and Training Symposium in New Orleans from 20 to 23 June. Summer White or Service khaki are the prescribed uniform of the day for Symposium attendees. The uniform for the Anchor & Caduceus Dinner on Monday evening 20 June is Dinner Dress Blue Jacket for 0-5 and above. Officers in grades 0-4 or below may wear Dinner Dress Blue (Service Dress Blue with miniature medals and bow tie). Prescribed uniforms for PHS officers are not intended to discourage attendance at this celebration of the Public Health Service's and the Commissioned Corps' birthdays. Service Dress Blue is an appropriate alternative uniform for officers who have not yet acquired the prescribed

uniform. Uniformed Officers from the Army, Navy, Air Force, Marines or Coast Guard are to wear their equivalent uniform.

Will Basic Officer Training Courses be offered at the conference?

Basic Officer Training Courses will not be offered in conjunction with the Symposium.

What are the name and address of the hotel where the conference is being held?

See [location](#) navigation button

Surgeon General's 5K Run/Walk

The 2011 event will be held on Wednesday, June 22. It will start at 6:30 a.m. with the Annual Physical Fitness Test followed at 7:15 by the Surgeon General's Run/Walk just a few blocks from the hotel. Please join us afterward for a continental breakfast in the Exhibit Hall.

Retirement Seminar

A free one-day seminar for officers who plan to retire in the near future is planned for Friday, June 24. The tentative schedule is 8 am to 4 pm. The session will be held at the Sheraton. To reserve a spot send an email to info@phscofevents.org with the name of the attendee(s). Please put "Retirement Seminar" in the subject line.

Other Activities

National Hansen's Disease [Museum Tour](#) on Sunday, June 19

Nurse Category Social. An evening of Cajun Cuisine and live Jazz music Tuesday June 21, 2011 6:45 pm Mulate's Restaurant, 201 Julia Street, New Orleans. No cover or minimum cost. OPEN TO ALL CATEGORIES

NEWS

The Military Coalition Urges SECDEF to Support PHS and NOAA Officers for Post 9/11 GI Bill Transferability

05/24/2011 - The Military Coalition (TMC), a consortium of some 30 uniformed service and veterans organizations representing more than 5.5 million current and former service members has written to Secretary of Defense Robert Gates urging his authorization that it is in the national security interests of the United States for PHS and NOAA Commissioned Corps officers to take advantage of Post 9/11 GI Bill transferability as a retention incentive.

The TMC letter states that the Coalition "firmly believes that the transfer authority is needed to ensure that the PHS and NOAA Corps can sustain their manpower programs with highly qualified officers and carry out their vital missions that support the security of the nation."

The TMC letter comes only days after COA sent its own letter to SECDEF Gates urging his prompt action to provide the required national security certification before the law making PHS and NOAA officers eligible for transferability takes effect on 1 August 2011.

[Click here for the full text of the TMC letter to SECDEF...](#) (pdf, 426 KB)

COA Asks SECDEF to Provide Post 9/11 GI Bill National Security Certification

05/16/2011 - On Thursday, May 12, COA sent a letter to Secretary of Defense Robert Gates asking him to authorize that PHS and NOAA officers' transfer of unused educational benefits to eligible family members under the Post 9/11 GI Bill is in the national security interests of the United States. Public Law 111-377, the *Post 9/11 Veterans Educational Assistance Improvements Act of 2010* includes PHS and NOAA officers in the transferability option, but also stipulates that the "Secretary concerned may exercise the [transferability] authority...when authorized by the Secretary of Defense in the national security interests of the United States." Six months after the law was passed, Health and Human Services Secretary Sebelius has yet to seek the required authorization from SECDEF. With the law scheduled to become effective on 1 August 2011, the COA Board of Directors determined that any further delay in seeking SECDEF action will jeopardize PHS officers' ability to take advantage of the law on time.

COA's correspondence to SECDEF Gates notes that "protecting the nation's public health is an indisputable and fundamental component of national security." COA has also appealed for support from The Military Coalition, MOAA, and senior officials with DoD Health Affairs where many PHS officers are assigned. The association is also working with Members of Congress seeking their support.

Post 9/11 GI Bill transferability is a retention incentive targeting mid-career service members with critical skills. Transferability has proved to be hugely successful in DoD and is expected to be equally so in the PHS Commissioned Corps. The crisis in the public health workforce is well-documented; nowhere more so than in the PHS Commissioned Corps where retention of physicians, dentists, and others is a matter of grave concern. Transferability is one measure to help retain these highly trained professionals in the Corps and contributing to national security on multiple levels.

[Click here for the full text of COA's letter to SECDEF...](#) (pdf, 215 KB)

DoD to Link Retirees' TRICARE Fees to Health Care Inflation

05/02/2011 - In a heads-up conference call Wednesday morning, military health leaders told uniformed services organizations that, beginning in FY 2013, retirees enrolled in TRICARE Prime can expect to see fee increases that are tied to health care inflation.

This news was not well received. It was the latest development in an argument that has been raging for 15 years about how, or even whether, to make retirees pay more for their health care and thereby help the Department of Defense control its health care spending.

The Defense Department frames the issue as choosing the best of several possible ways to tie future fee increases to health care inflation, and says it has consulted stakeholder groups.

But the 33 stakeholder groups in the Military Coalition are united in their opposition to tying fee increases to health care inflation. Some of them do not support any fee increases under any circumstances ever. Others, including COA, accept the need for modest increases but insist that any and all future increases should reflect no more than cost-of-living adjustments, or COLAs.

The Defense Department's next step will be to write its chosen index into federal regulations. The Military Coalition's next step will be to ask Congress to make certain that doesn't happen. In any event, an issue that military health officials had hoped to put to rest, once and for all, will continue to fester.

[Click here to read the Defense Department's explanation of its choice of index.](#) (pdf, 78 KB)