

counseling; promotion of healthy behaviors (like nutrition, smoking cessation, substance abuse services, and physical activity); and enabling services. Ancillary services are also provided such as laboratory tests, X-ray, environmental, social referral, and pharmacy services.

Correctional Settings: Secure detention facilities that house individuals convicted of crimes carrying sentences of one year or greater length. These can also be secure detention facilities holding pre-trial and post conviction inmates serving less than one year sentences or awaiting transfer to other settings.

Culturally competent: Information and services provided at the educational level and in the language and cultural context that are most appropriate for the individuals for whom the information and services are intended. Additional information on cultural competency is available at the following Web site: <http://www.aoa.dhhs.gov/May2001/factsheets/Cultural-Competency.html>.

Cultural perspective: Recognizes that culture, language, and country of origin have an important and significant impact on the health perceptions and health behaviors that produce a variety of health outcomes.

Discharge Planning: The process of developing a re-entry support program for an incarcerated individual scheduled for upcoming release to reduce obstacles to care, medication, eligibility for public benefits, housing, employment, substance abuse treatment, mental health, and other support services needed.

Enabling services: Services that help women access health care, such as transportation, parking vouchers, translation, child care, and case management.

Gender-Specific: An approach which considers the social and environmental context in which women live and therefore structures information, activities, program priorities and service delivery systems to compliment those factors.

Healthy People 2010: A set of national health objectives that outlines the prevention agenda for the Nation. *Healthy People 2010* identify the most significant preventable threats to health and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate *Healthy People 2010* into current programs, special events, publications, and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic

and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

HIV: The human immunodeficiency virus that causes AIDS.

Holistic: Looking at women's health from the perspective of the whole person and not as a group of different body parts. It includes dental, mental, as well as physical health.

Incarcerated Person: Refers to an individual involuntarily confined in the secure custody of law enforcement, judicial, or penal authorities.

Integrated: The bringing together of the numerous spheres of activity that touch women's health, including clinical services, research, health training, public health outreach and education, leadership development for women, and technical assistance. The goal of this approach is to unite the strengths of each of these areas, and create a more informed, less fragmented, and efficient system of care for underserved women that can be replicated in other populations and communities.

Lifespan: Recognizes that women have different health and psychosocial needs as they encounter transitions across their lives and that the positive and negative effects of health and health behaviors are cumulative across a woman's life.

Multi-disciplinary: An approach that is based on the recognition that women's health crosses many disciplines, and that women's health issues need to be addressed across multiple disciplines, such as adolescent health, geriatrics, cardiology, mental health, reproductive health, nutrition, dermatology, endocrinology, immunology, rheumatology, dental health, etc.

Newly Released: The status of an individual returning to society and the community after incarceration.

Re-entry: The process of returning to society and the community after incarceration.

Rural Community: All territory, population, and housing units located outside of urban areas and urban cluster.

Social Role: Recognizes that women routinely perform multiple, overlapping social roles that require continuous multi-tasking.

Sustainability: An organization's or program's staying power: the capacity to maintain both the financial resources and the partnerships/linkages needed to provide adequate and effective services in the target area and to the target population. It also involves the ability to survive change, incorporate needed changes, and seize opportunities provided by a changing environment.

Underserved Women: Women who encounter barriers to health care that result from any combination of the following characteristics: poverty, ethnicity and culture, mental or physical State, housing status, geographic location, language, age, and lack of health insurance/under-insured.

Women-centered/women-focused: Addressing the needs and concerns of women (women-relevant) in an environment that is welcoming to women, fosters a commitment to women, treats women with dignity, and empowers women through respect and education. The emphasis is on working *with* women, not *for* women. Women clients are considered active partners in their own health and wellness.

Dated: May 16, 2006.

Wanda K. Jones,

Deputy Assistant Secretary for Health, (Women's Health), Office of Public Health and Science.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Meeting: Secretary's Advisory Committee on Genetics, Health, and Society

Pursuant to Public Law 92-463, notice is hereby given of the tenth meeting of the Secretary's Advisory Committee on Genetics, Health and Society (SACGHS), U.S. Public Health Service. The meeting will be held from 8:30 a.m. to approximately 5 p.m. on Monday, June 26, 2006 and 8:30 a.m. to approximately 5 p.m. on Tuesday, June 27, 2006, at the National Institutes of Health, Building 31, C Wing, Conference Room 6, 31 Center Drive, Bethesda, MD 20892. The meeting will be open to the public with attendance limited to space available. The meeting also will be webcast.

The first day of the meeting will include a review of the Committee's draft

report and recommendations on pharmacogenomics, and a briefing on FDA's Critical Path Initiative. The Committee will also hear from the Centers for Medicare & Medicaid Services on the status of a proposal to add a genetics specialty to the regulations implementing the Clinical Laboratory Improvement Act Amendments. In addition, the Committee will discuss the status of its solicitation of public comments on the Committee's draft report "Policy Issues Associated with Undertaking a Large U.S. Population Cohort Project on Genes, Environment, and Disease" (posted at http://www4.od.nih.gov/oba/sacghs/public_comments.htm).

Issues to be discussed on the second day will include several presentations intended to provide the Committee with a better understanding of the impact of gene patents and licensing practices on access to genetic test and services as well as deliberations about the Committee's next steps on this issue. The Committee will also be updated about the status of Federal genetic non-discrimination legislation and the work of the two interagency work groups monitoring claims made by companies advertising genetic tests on the Internet and evaluating the public health impact of DTC marketing of genetic tests.

Time will be provided each day for public comments. The Committee would welcome hearing from anyone wishing to provide public comment on any issue related to genetics, health and society. Individuals who would like to provide public comments should notify the SACGHS Executive Secretary, Ms. Sarah Carr, by telephone at 301-496-9838 or E-mail at sc112c@nih.gov. The SACGHS office is located at 6705 Rockledge Drive, Suite 750, Bethesda, MD 20892. Anyone planning to attend the meeting who is in need of special assistance, such as sign language interpretation or other reasonable accommodations, is also asked to contact the Executive Secretary.

Under authority of 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services established SACGHS to serve as a public forum for deliberations on the broad range of human health and societal issues raised by the development and use of genetic technologies and, as warranted, to provide advice on these issues. The draft meeting agenda and other information about SACGHS, including information about access to the webcast, will be available at the following Web site: <http://www4.od.nih.gov/oba/sacghs.htm>.

Dated: May 15, 2006.

Anna Snouffer,

Acting Director, NIH Office of Federal Advisory Committee Policy.

[FR Doc. 06-4773 Filed 5-22-06; 8:45am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Information: Voluntary Storage of Personal Data in Preparation for Emergencies

AGENCY: Department of Health and Human Services.

ACTION: Request for information.

SUMMARY: To improve emergency preparedness, response and recovery efforts, HHS invites public comment on the availability or feasibility of private sector services through which individuals could voluntarily submit their personal information for storage so that they, their family members, or other designated individuals could access the information in an emergency. HHS invites all comments, suggestions, recommendations, and creative ideas on the establishment of voluntary nationwide services that can best offer this capability. This Request for Information (RFI) is intended to provide a synthesis of ideas for consideration, and it is not intended to be part of any procurement process.

DATES: Responses should be submitted to the Department of Health and Human Services on or before 5 p.m., EDT, July 24, 2006.

ADDRESSES: Electronic responses are preferred and should be addressed to Disaster_Storage_RFI@hhs.gov. Written responses will also be accepted. Please send to: Department of Health and Human Services, Room 434E, 200 Independence Avenue, SW., Washington, DC 20201, Attention: IMDA RFI Response.

A copy of this RFI is also available on the World Wide Web at <http://www.hhs.gov/emergency/rfi/>. Please follow the instructions for submitting responses.

Public Access: This RFI and all responses will be made available to the public in the HHS Public Reading Room, 200 Independence Avenue, SW., Washington, DC. Please call 202-690-7453 between 9 a.m. and 5 p.m. EDT to arrange access to the Public Reading Room. The RFI and all responses will also be made available on the World Wide Web at <http://www.hhs.gov/emergency/rfi/>. Any information you submit, including addresses, phone numbers, e-mail addresses, and

personally identifiable information, will be made public. Do not send proprietary, commercial, financial, business confidential, trade secret, or personal information that should not be made public.

FOR FURTHER INFORMATION CONTACT: Dr. Helga Rippen, Secretary's Transformation Action Team for Preparedness, 202-690-7100.

SUPPLEMENTARY INFORMATION:

Hurricanes Katrina and Rita were two of the most devastating hurricanes ever recorded, affecting approximately 90,000 square miles and 1.5 million people. The hurricane and flooding caused the evacuation of the city of New Orleans, marking the first time a major American city has been completely evacuated. More than 700,000 households have received rental assistance from the Federal Emergency Management Agency, and more than 1.4 million families (over 4 million people) received emergency financial assistance from the American Red Cross. The hurricane did not discriminate among businesses, governments, and not-for-profit institutions: financial institutions, healthcare facilities, local courthouses, and academic institutions alike suffered devastating destruction. In many cases, significant personal and institutional records were lost.

In response to the loss and destruction of important documents experienced by the survivors of these hurricanes, the White House report, *The Federal Response to Hurricane Katrina: Lessons Learned*, recommended that the Federal government work with the private sector to encourage the development of a capacity to voluntarily store and retrieve personal information that would be useful in the event of a natural or manmade disaster, such as an earthquake, flood, pandemic influenza, or terrorist event. Specifically, the report recommended that the Federal government should:

encourage the private sector development of a capability for individuals to voluntarily submit their personal identifying information for virtual storage that citizens and their families could access during emergencies. The capability is best thought of as a 21st century version of a bank vault, with virtual safe deposit boxes for information. Disaster victims could access the virtually stored data to apply for Federal assistance, medical treatment, or insurance benefits. Because of the sensitivity of the personal data stored, strict privacy limitations and protections would be required.

Appendix A, Recommendation 66, at page 107. The White House report, *The Federal Response to Hurricane Katrina: Lessons Learned*, is available on the