

STATEMENT

of the

American Medical Association

to the

**Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations
United States House of Representatives**

**Presented by
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Chair-Elect, AMA Board of Trustees**

**RE: DEPARTMENT OF VETERANS' AFFAIRS' AND DEPARTMENT OF
DEFENSE'S ROLE IN EDUCATING MEDICAL STUDENTS AND
HEALTH CARE PROFESSIONALS IN TREATING THOSE INJURED BY
WEAPONS OF MASS DESTRUCTION**

November 14, 2001

Mr. Chairman and members of the Subcommittee, my name is J. Edward Hill, MD. I am the Chair-Elect of the American Medical Association's (AMA) Board of Trustees. I am also a family physician from Tupelo, Mississippi. On behalf of the medical student and physician members of the American Medical Association (AMA), we are honored to have been invited to discuss with the Subcommittee the roles of the Department of Veterans Affairs (DVA) and the Department of Defense (DOD) in educating the nation's medical students and current health professionals to diagnose and treat casualties when weapons of mass destruction have been used.

Introduction

The AMA has a long and mutually beneficial relationship with the physicians and physician leaders of the DOD and DVA. The Surgeons General of the uniformed agencies (Army, Navy,

Air Force and Public Health Service) sit in our policy-making body, the AMA House of Delegates (HOD), as voting delegates, as does the senior physician of DVA. Sitting in that same body are delegates appointed from the Association of Military Surgeons of the United States (AMSUS), the professional society for federal physicians both uniformed and civilian, and the Society of Medical Consultants to the Armed Forces (SMCAF).¹ Meeting at the same time as the HOD is the National Medical Veterans Society (NMVS) which is composed of physicians who have served in one of the uniformed services in time of war. The NMVS funded the meeting of AMA physicians at the Weapons of Mass Destruction 2000 (WMD2000) meeting held last year which brought together subject matter experts from the major executive departments as well as state, county and municipal health departments.

AMA Policy and Activities

AMA policies relating to terrorism and disaster preparedness have been shaped by contemporary events, ranging from informing the Executive and Legislative branches of government (as well as physicians and the public) of the medical consequences of nuclear war, to condemning the use of chemical, nuclear, and biologic weapons. Since the early 1980s, for instance, the AMA has maintained policies directing the organization to prepare appropriate informational materials for educating the physician population and the public on the medical consequences of nuclear weapons, while supporting cooperative efforts in responding to national emergencies. Other AMA policies also discuss weapons of mass destruction and define the importance of DOD and DVA in our national response.

¹ SMCAF was formed at the conclusion of WWII and composed of physicians who render consultation to the surgeons general. SMCAF has produced an influential “white paper” on the importance of medical education to the

Historically, the AMA has supported collaboration with the Department of Defense to explore ways in which we could cooperate to assure the nation's medical preparedness in the event of a national emergency. The AMA supported implementation of the current National Disaster Medical System. As the nation's attention shifted from nuclear to chemical and biological scenarios, the AMA's attention also was directed to these potential weapons.

Over the last few years, the Journal of the American Medical Association (JAMA) has devoted a series of articles to bioterrorism, and more specifically, to the diagnosis and treatment of a variety of biological agents. An August 1997 issue of JAMA, in fact, was devoted exclusively to the subject "Biological Agents as Weapons." More recently, the AMA's Council on Scientific Affairs (CSA) has devoted five of its reports and many of its activities to ways in which organized medicine can become more intimately involved in disaster preparedness for bioterrorism, and other weapons of mass destruction.

In February 1999, the CSA invited Major General John Parker, Medical Corps, United States Army, the commander, U.S. Army Medical Research and Materiel Command; Scott Lillibridge, MD, of the Centers for Disease Control and Prevention, and Joseph Waeckerle, MD, a physician active in the bioterrorism field within the American College of Emergency Physicians to appear before the Council to prepare the AMA for collaborative efforts with the federal initiatives. At the AMA's 1999 Annual Meeting, the CSA co-sponsored a forum on bioterrorism preparedness in conjunction with our Section Council on Federal and Military Medicine. The CSA also submitted its first policy report, Report 4 of the Council on Scientific Affairs, "Organized

quality of care rendered in our military facilities and to the readiness posture of the medical departments in time of national need.

Medicine's Role in the National Response to Terrorism.” Additionally, the Council formed a Bioterrorism Subcommittee to direct activities in this area over the longer range.

At the AMA Interim Meeting in 2000, the CSA submitted CSA Report 11 “Medical Preparedness for Terrorism and Other Disasters.” In March 2001, members of the CSA Bioterrorism Subcommittee and AMA staff represented the CSA at the “Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction” (also known as the “Gilmore Commission” for its Chair, Virginia Governor James Gilmore, III). The Gilmore Commission’s prominence in Washington has considerable potential to promote physician participation in disaster planning and emergency response efforts. The Commission was intrigued by the concept of a public-private entity (as recommended in CSA Report 11, I-00, see below) that could enhance physician and community preparedness and response, and by the potential value of the AMA’s Federation of state, county and specialty societies (the “Federation”) for dissemination, education, and advocacy efforts. The third and final report of the Commission will address medical and public health response capacity, including possible recommendations for DVA involvement. The Commission’s report supported the AMA’s adopted recommendations from CSA Report 11.

At the 2001 Annual AMA-Organized Medical Staff Section (OMSS) Assembly Meeting which included representatives from the staffs of military and DVA hospital staffs, Brigadier General Richard Ford, U.S. Air Force, presented “Bioterrorism (Part 1): The Potential for Attacks and Readiness Strategies.” The seminar addressed the following topics: the potential for and nature of the threat of bioterrorism; the implications for physicians, hospitals, communities, and the

public; and readiness strategies. Proceedings of the seminar were made available to hospital staffs nationally.

The recommendations of CSA Report 11 (I-00) were adopted by the House of Delegates (HOD).

The report directs the AMA to:

1. Call for the creation of a public-private entity (including federal, military, and public health content experts) that, collaborating with medical educators and medical specialty societies, would:
 - develop medical education curricula on disaster medicine and the medical response to terrorism;
 - develop informational resources for civilian physicians and other health care workers on disaster medicine and the medical response to terrorism;
 - develop model plans for community medical response to disasters, including terrorism; and
 - address community physician reporting of dangerous diseases to public health authorities.

As currently envisioned, the public-private entity would be comprised of a core set of key participants, including DVA and DOD. The core group would identify specific tasks designed to enhance local preparedness and response, including educational components, and then would engage the necessary additional participants in order to accomplish relevant goals. Activities would focus on bridging the gap between the local incident and mobilization of federal resources. Creation of the Office of Homeland Security to coordinate all federal response agencies does not mitigate the potential value of this concept, which ultimately would serve to integrate more efficiently local responses with existing federal components.

2. Encourage our Federation to become involved in planning for the medical component of responses to disasters, including terrorism, at levels appropriate to the Federation component and develop a mechanism for coordinating disaster/terrorism planning and response activities that involve more than one component medical society.

3. Encourage the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and state licensing authorities to include the evaluation of hospital plans for terrorism and other disasters as part of their periodic accreditation and licensure.

AMA Activities Since September 11th

Over the last several years the AMA has been addressing the public health implications and the level of this country's readiness to respond to bioterrorism and other means of mass destruction.

Following the September 11th attacks, the AMA's activities have included the following:

- Contact with HHS/CDC began very quickly to determine the level of response that might be needed in communicating more widely to our Federation, our members, and physicians at large. Similarly, contact with the Medical Society of the State of New York was established very soon after the attack. The AMA will maintain ongoing contact with the appropriate sections of the Centers for Disease Control and Prevention, DOD, the Office of Emergency Preparedness (OEP) and the Federal Emergency Management Agency (FEMA).

- The AMA created a mechanism for gathering names of physician volunteers to assist in the response, if needed, which has provided a mechanism for augmenting regional response planning. More than 3,000 physicians responded to our call for assistance, and we sent the list of those volunteers to HHS. We also sent sample information from our Physician

Profiles database, as an example of information that could be provided upon request and should be available to DVA and DOD facilities as part of any National Medical Response System. As part of our effort to respond to the President's recent call for the development of local volunteer networks, the AMA will continue to work with the Administration to identify additional volunteer physicians.

- The AMA website has increasingly focussed on terrorism/disaster response and has been designed to provide resource materials for physicians and the public. In fact, the AMA's disaster preparedness website (www.ama-assn.org/go/disasterpreparedness) has been receiving a great deal of positive feedback and many other organizations are linking to it. Our website provides the most up-to-date and reliable information for the physician on bioterrorism and disaster preparedness, thereby helping physicians screen out the most accurate information on the web.
- AMA elected leadership and staff in several areas have answered hundreds of calls from the media, physicians and the public regarding the medical implications of various types of terrorism.
- Our advocacy team has on an ongoing basis exchanged information with the Executive and Legislative branches of the federal government concerning the clinical and public health implications of terrorist attacks.
- We have communicated with our Federation leadership and encouraged their involvement in disaster response and preparedness and surveyed our Federation, inquiring further what the

AMA can do to assist states in responding to the disaster. We also asked the Federation to share their programs and educational material with us so that we could all benefit from their projects. We will make available the Federation materials to all participants at our House of Delegates Interim Meeting in December 2001.

- The AMA's Office of the General Counsel (OGC) has updated a preexisting (from the Gulf War) summary of rights of reservist physicians called to active duty. Other information for physician reservists has been placed on the AMA Web site.
- Our OGC has conducted a 50-state survey of "Good Samaritan" laws (providing limited immunity from legal liability for negligent medical care provided during an emergency) and has established a method to ensure the expedient recognition of licenses from other jurisdictions. We sought to create a limited legal resource tool to identify jurisdictions that could improve their laws to promote greater physician volunteerism.
- In December 2001, approximately 1500 physicians will gather at the AMA's Interim House of Delegates Meeting. Physician leaders from 102 medical specialty societies and 50 state medical societies will attend the meeting. In response to recent events, the AMA has turned a significant portion of the meeting into educational sessions on bioterrorism for physician leaders. It is our hope that the physicians will take the information back to their states and work with local officials to educate and prepare other physicians and members of the health care community for possible future incidents.

- In addition to bringing in experts to our Interim Meeting, the AMA will be distributing to physicians pocket reference guides on the diagnosis of illnesses resulting from biological weapons and CD-ROMs containing resource information on bioterrorism and disaster preparedness.

- We are also seeking to coordinate our educational efforts with the federal government and state and specialty medical societies. The AMA is for example cosponsoring with the Centers for Disease Control and Prevention a weekly video telecast on bioterrorism. These telecasts are designed to educate physicians on a whole host of issues about bioterrorism and preparedness. To assist further, we are maintaining an ongoing dialogue with the Administration to identify creative ways to educate physicians and the public about bioterrorism and preparedness.

- The AMA and CDC are collaborating to distribute the CDC's Health Alerts to physicians across the United States. Health Alerts generally fall into one of three categories:
 - ◆ Health Alert: messages of the highest level of importance, which may warrant immediate action or attention;
 - ◆ Health Advisory: messages that may not require immediate action but provide important information for a specific incident or situation; and
 - ◆ Health Update: messages that provide updated information regarding an incident or situation (information only).

To get critical information out as quickly as possible, the AMA will send Health Alerts to our Federation as soon as we receive them. The Federation is urged, in turn, to redistribute the Alerts to its constituents by e-mail or fax as quickly as possible and to post them on their

websites. The AMA will include the less urgent Health Advisory and Health Update information in the regular editions of “AMA/Federation News.”

Educating America’s Physicians

Both the DOD and the DVA have made important contributions to the education of America’s physicians over the last century and continue to do so. The former “Veterans Administration” (VA) issued a policy memorandum (#2) on January 10, 1946, that laid out the foundation for a system of affiliation between hospitals of the VA system and those of medical schools. The legal basis was provided by Public Law 79-293 of 1946. This has blossomed into a rewarding program for both sides. By 1991, 134 of the Veterans Administration Medical Centers had affiliations with 102 of the nation’s (then) 127 medical schools and, extending beyond medical schools to other health disciplines, more than 100,000 students, including a third of all medical students, receive clinical experience in DVA facilities. We estimate that some 65% of the nation’s physicians now in practice have received part of their training in the medical facilities of the Department of Veterans Affairs. By any estimation, this is an unparalleled success story.

The contributions of the medical departments of the uniformed services have been similarly robust in the field of medical education. First seeking accreditation for graduate medical education programs after WWI, the services have strong programs in all their medical centers and larger community hospitals. The graduates of these programs have consistently proven in national certifying examinations to be at the top of their professions, and upon completion of their military service have become leaders in academic as well as clinical medicine. At the end of the physician draft, DOD established two programs to allow an unbroken supply of physicians for military service.

The Health Profession Scholarship Program of DOD enables thousands of students to obtain a medical degree at civilian medical schools while receiving between 50-132 hours of specific training in public health and disaster medicine, including exposure to the diagnosis and treatment of chemical, biological and radiological weapons. The F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences (USUHS), in providing a cadre of career physicians, has developed curricula to enable its students to prepare thoroughly to deal with the medical aspects of chemical, biological, and radiological (CBR) terrorism and has developed exportable packages for distance learning in these arenas as well as in disaster medicine in the broadest sense.

Full-time physicians in military residency programs are provided specialty-specific training in responding to these threats and the full-time residents of the DVA are an integral part of the nation's national response medical system. Consequently, 2,286 resident physicians are now receiving training in one or another aspect of disaster medicine by either the DVA or the DOD and additional thousands of full- and part-time physicians employed by these departments receive ongoing training to ensure they are capable of fulfilling their missions in times of crisis.

At the onset of the Gulf War, DVA and DOD health centers formalized their plans to create health care centers during disasters in a collaborative arrangement with adjacent civilian medical facilities for the purpose of providing regional resources. This provides a present and formal relationship with the potential to respond to educational needs.

Both DOD and DVA have strong research components that are closely integrated with their clinical and educational purposes. The military research centers have provided a major

component of what is now known about defending against chemical, biological and radiological weapons. The DVA research facilities are leaders in research to advance rehabilitation in both physical and behavioral dysfunction. Most of what is now employed in the management of post-traumatic stress syndrome (PTSS), certain to be a major clinical problem following the events of September 11th and any future such incidents, has been discovered through DVA research. It is clear that the knowledge and experience within the health and medical divisions of DOD and DVA are a national asset, most evident at this time in our history.

At an earlier time in America's history, following WWII and the Korean Conflict, it was understood that the education of physicians needed to include both a personal and community response to natural and man-made disasters. Certainly these include the present threat of weapons of mass destruction, but disasters capable of presenting a sudden mass casualty situation are an ever-present danger in the absence of hostile intent. Earthquakes, tornadoes, tsunami and hurricanes are relatively common, as is the spillage of hazardous material on our highways and railroad tracks. Recent history has also made evident that disturbed domestic individuals acting alone or with the cooperation of extremist groups are capable of injuring or killing scores of people and destroying or extensively damaging buildings and other property. We have evolving federal responses to these events, but the local and immediate response is essential in saving lives.

From 1954 through 1968, the Department of Defense sponsored a voluntary program in U.S. medical schools entitled Medical Education for National Defense (MEND). It required a curriculum that included Disaster Medicine, Management of Mass Casualties, Public Health (inclusive of CBR management), Tropical Medicine (essentially instruction in diseases not seen

in North America) and Environmental Medicine. Although voluntary, every medical school participated, ninety-two at that time. Essential elements of the program included: a national cadre of knowledgeable physicians that assisted each school in the development of a program; a specific faculty member at the school appointed by the Dean to assume responsibility; and an array of educational materials. Following a negative report by the General Accounting Office on March 14, 1968, which identified a lack of performance criteria and potential budgetary problems, the program was no longer funded after 1969.

The National Research Council's Division of Medical Science, a unit of the National Academy of Science, however, issued a report on May 22, 1969 strongly recommending that the program be reinstated. The report found that there was a great need for all physicians to have these training programs for the good of the general public as well as any military relevance in potential future service. It further stated "there is little likelihood that an effective program of instruction will continue without federal support." I am proud to say the American Medical Association supported this program of Medical Education for National Defense, but unfortunately, the program was not reinstated.

Seeking the Assistance of the DOD and DVA

Here then are the elements whereby the AMA believes that the Departments of Defense and Veterans Affairs can assist in preparing the nation's medical students and physicians in residency training to manage and treat casualties from natural and man-made disasters:

1. Recreate the Medical Education for National Defense program, expanding it to graduate medical education programs with the following specifications:

- A voluntary program for medical schools (125), osteopathic medical colleges (19) and graduate medical (residency) programs
- Specific curricula objectives
- A national coordinating office (perhaps USUHS)
- Nationally identified subject matter experts (drawing heavily on DOD and DVA staff/faculty)
- Locally identified faculty
- Federal funding

2. Include education and training as part of the regional response preparation of the National Disaster Medical System:

- Many practicing physicians are part of the national defense medical system through their hospital affiliation that has, as the organizing entity in their region, a DVA or DOD medical facility. These are natural alliances for collective education. Materials can be developed further and more faculty can be educated under the educational program described above. Additionally, there can be greater coordination between regional and local education and training programs, which could be incorporated into hospital disaster exercises which are a mandatory standard for hospital accreditation by the Joint Commission on Accreditation of Healthcare Organizations. Many other options are available, given an existent faculty and training materials.

Conclusion

The AMA stands ready, able, and willing to work with the federal and state governments to assist in educating medical students, physicians, and other health care professionals and preparing for any attack using weapons of mass destruction. We would be greatly honored to help in any way possible.

Thank you once again for inviting us today.