

STATEMENT

On

**The Departments of Veterans' Affairs and Defense's Role in
Educating the Nation's Medical Students and Current Health Care
Professionals to Diagnose and Treat Casualties When Weapons of
Mass Destruction Have Been Used**

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

By

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Good morning, and thank you Mr. Chairman for the opportunity to testify before you on this important subject. I am Dr. Jordan Cohen, president of the Association of American Medical Colleges (AAMC). The AAMC represents the country's 125 medical schools, over 400 major teaching hospitals and health systems, including 74 VA medical centers, 98 academic and scientific societies representing over 87,000 faculty members, and the nation's medical students and residents. The education of our nation's medical students and health professionals is one of our core missions and I am pleased to tell you what the AAMC is doing to address the critical topic of potentially treating victims of weapons of mass destruction.

It doesn't need to be said that everything changed on September 11. The tragic events of that day and the uncertainty that has followed have resulted in new priorities and new responsibilities for everyone, including the AAMC. In representing our nation's medical educators, our key priority is to prepare tomorrow's doctors with the knowledge and skills they will need to carry out our current fight and tackle any future conflicts as they occur.

To address this urgent national need, the AAMC has developed "First Contact, First Response," a plan to ensure that the nation's physicians are ready to respond to incidents of biological, chemical or radiation terrorism. As part of this plan, we are convening a coalition of health education organizations, including the VA, on November 28 in Washington to help us identify and develop educational and informational resources to aid physicians and residents who are likely to be the first to encounter victims of terrorist attacks.

We believe that tomorrow's physicians must begin in medical school to equip themselves with the knowledge and skills required to deal with future terrorist attacks. Medical schools across the country are already working toward this goal through their continuing medical education departments as well as their undergraduate and graduate medical educators. Their efforts comprise a host of activities ranging from hands-on training sessions to one-day seminars to full academic courses. For example, the University of Alabama-Birmingham School of Medicine has designed a new online continuing education course module called "Bioterrorism and Emerging Infectious Diseases." The course is designed to provide practicing physicians and other health professionals with information and education about rare infections and potential bioterrorist agents. At the Uniformed Services University of the Health Sciences here in Washington, DC, medical students take courses in military medicine, learning the effects of radiological, biological and chemical agents on the human body, and what to do in the event of a suspected exposure – specifically detection, decontamination, and medical countermeasures. Some schools offer specific elective courses related to emergency preparedness such as "Disaster and International Emergency Medicine" at the Medical College of Georgia and Medical Toxicology at the Oregon Health and Science University.

The AAMC has a primary responsibility for the education of physicians when they are in medical school. To ensure that a more systematic and comprehensive set of activities is available to all medical students, we are convening a panel of experts in the defense against bioterrorism to develop explicit learning objectives for medical students and to recommend the educational strategies that medical schools might adopt to ensure that students have opportunities

to achieve the stated objectives. Incidentally, we have found this approach to be highly successful in other areas of curricular need, such as population health and medical informatics.

We work in partnership with the American Medical Association and medical specialty societies to arm the physicians who are training right now as residents and fellows in our country's teaching hospitals with the information and tools they need to practice their chosen specialties. That training will now include how to respond immediately and effectively to possible terrorist attacks. It is essential that medical residents and other health professionals receive appropriate education and training because they are among the individuals most likely to be the first contacts for afflicted patients.

The AAMC also has a responsibility in collaboration with the other health education, medicine, public health, and science organizations to act as a catalyst and contributor to the ongoing national dialogue on how to provide all practicing health care professionals with everything they need to care for the American public in times of crisis. The continuing medical education departments at our hospitals and medical schools serve a vital function in this effort. The healthcare workforce is well prepared to respond to situations of mass casualties in which the primary injuries are traumatic in nature, given our longstanding experience with natural disasters such as earthquakes, hurricanes and floods. There is a good deal more we need to do, however, to be equally well prepared to deal with the potential of chemical, biological or radiological terrorist attacks.

Finally, the AAMC recognizes the unique opportunities for partnerships that exist between academic medicine and the public health system. We have a cooperative agreement in place with the Centers for Disease Control and Prevention and plan to work closely with CDC's expert staff to identify ways to better prepare the physician workforce to deal with bioterrorism. Our members also work closely with the Agency for Healthcare Research and Quality. For example, Johns Hopkins researchers are assessing the best methods to train clinicians for these types of public health events; the University of Maryland and Emory University are collaborating on a project to assess the preparedness of our hospitals to respond to such situations; and researchers at Cornell's Weill Medical College are helping plan a New York City-wide response plan for bioterrorist attacks.

However, for these efforts to be successful, we need the continued cooperation and support of the VA, which has been a mainstay of our multiple missions over many decades. Academic medicine and the VA share the three missions of health care delivery, education, and research, and the affiliation agreements between the VA and medical schools are critical to achieving all three missions for both partners. Currently, 139 VA medical centers have formal affiliation agreements with 107 medical schools. Each year, more than 30,000 medical residents and 22,000 medical students rotate through the VA hospitals and clinics to receive a portion of their medical training. The VA supports yet an additional mission, that of providing backup to the military medical system in times of war or national emergency. For this reason, the AAMC views the VA as an essential partner in our "First Contact, First Response" efforts.

Over the more than 50-year history of affiliations between VA medical centers and medical schools, abundant evidence has accumulated of the advantages these partnerships provide to these three missions. The VA's ability to recruit and retain high-quality physicians and the access of veterans to the most advanced medical technology and cutting edge research are just two of the unique benefits derived from these relationships. Medical education depends, in part, on the hands-on experience received by students and residents at the VA.

Because a significant amount of medical education is provided through VA settings and by jointly appointed VA faculty, the VA is an essential partner in the AAMC's efforts. We have a history of working well with the VA Under Secretary for Health and the VA's Chief Academic Affiliations Officer, and believe that cooperation is not only possible but will be extremely fruitful. We welcome the opportunity to collaborate with the VA as we develop a strategy to meet this critical challenge facing the nation's health care system.