

**THE ATTENDING PHYSICIAN  
UNITED STATES CAPITOL  
WASHINGTON, DC**

**Statement of John F. Eisold, M.D. to the  
Subcommittee on Oversight and Investigations  
Wednesday, November 14, 2001**

**Introduction**

I am Dr. John F. Eisold, Rear Admiral, Medical Corps, United States Navy, Attending Physician to Congress. On October 15, 2001, my office, along with the Capitol Police, responded to an anthrax incident in Senator Daschle's office. Thank you for inviting me to share with you some thoughts about our response and the importance of education and training in consequence management.

**Background**

Issues regarding weapons of mass destruction (WMD) do not merely involve security issues with investigative and prosecutorial components. They are true medical events that require specific clinical responses that must be taught, learned and practiced. It is no different than learning how to approach other medical conditions, such as heart disease. The management of WMD events occurs at several levels which include preparation, first response, public health response and individual provider response. While each individual level requires a different knowledge base, a basic level of understanding is required by everyone. Let me briefly review each level.

**Preparation/First Response**

My Office provides the first response for all medical emergencies and WMD events on Capitol Hill. To be ready for such an event as the October 15th anthrax incident, my personnel have had regular training in responding to chemical and biological terrorist events. This training has often been done in coordination with the Capitol Police. In addition, we had an initial cache of medicine readily available for use in such an event. My

Office also had adequate testing supplies and had already identified a reference lab capable of processing the samples. Furthermore, relationships were in place to be able to tap into a full Federal or Local Health Department response should back-up have been required. This was our state of readiness on October 15<sup>th</sup>.

### **Public Health Response**

In a situation where an incident can rapidly overwhelm the resources of an individual clinic, rapid reinforcements are necessary. Within a day, we began to coordinate our efforts with Federal resources. Soon, the Office of Emergency Preparedness (under the Department of Health and Human Services), the Centers for Disease Control, the National Institutes of Health, Department of Defense personnel from all uniformed services and multiple additional government labs were available for consequence management. The Commissioner of Health for the District of Columbia offered assistance on the day of the incident. I indicated that I would rely on the Federal response, not knowing what was about to befall the District. Overall, the support I got was immediate, adequate and reflected a superb level of preparedness on behalf of the Federal government and the Department of Defense. This is the standard for which state and local governments should strive.

### **Individual Provider Response**

Healthcare providers must acquire the knowledge to be able to handle the medical consequences of WMD incidents. Victims will present in offices and emergency rooms for treatment. Signs and symptoms need to be recognized, diagnoses need to be made and proper protocols and algorithms need to be employed to ensure quality and expeditious care. Although the body of knowledge exists and many guidelines already are available, the importance of including this knowledge in continuing medical education has been lacking until now. My experience with the October 15th anthrax incident has been gratifying with respect to the professional way in which local and distant providers

responded. They wanted timely information and up-to-the-minute guidance. They wanted to share with each other and learn from our experience. Numerous phone calls and a daily district-wide conference call addressed many probing issues as providers struggled to provide their patients with the best medical care. In fact, on October 27<sup>th</sup>, I spoke at an Infectious Disease symposium on bioterrorism with over 400 people in attendance. The events surrounding the October 15<sup>th</sup> incident demonstrate a pressing need for heightened awareness within the medical community. Healthcare providers throughout the country have proven to be eager self-starters who will learn if given the tools and opportunity.

### Medical Education

I have been involved with medical education throughout my career, now serving in my 25th year as a member of the teaching faculty at the Uniformed Services University of Health Sciences (USUHS). WMD issues have been a part of the medical curriculum at USUHS and the curriculum provides a template for our nation's medical schools and graduate medical institutions. The entire medical community must take the lead in the development of such training however. Medical curricula, rigid as they can be, follow tried and true academic principles that respond to needs in the community. For instance, when I was in training, alternative medicine, nutrition, genetic engineering, etc. were not in my medical school curriculum but they are now. When a valid medical training need is identified, the professional organizations that guide medical training like the American Medical Association, the American Association of Medical Colleges, numerous specialty societies, the Accreditation Council on Graduate Medical Education, the Liaison Committee for Medical Education, Residency Review Committees etc. will find ways to incorporate such training into standard curricula. Medical educators and healthcare providers are dedicated professionals who will do the right thing and can accomplish this vital task, I am sure.

### Closing

In summary, the October 15th anthrax incident on Capitol Hill highlighted the need for training in WMD threats for the average practitioner. I am sure there is a need for many local health departments and first responders to look at their preparation as well. These WMD issues are daunting but manageable with proper training. Clearly, there is a need for a partnership between the medical community and federal, state and local agencies. It is an important task ahead and I hope that the proper balance can be found. Thank you.