

**House Committee on Veteran's Affairs**

**Subcommittee on Health**

**April 10, 2002**

**Testimony of Stephen F. Wintermeyer, M.D., M.P. H.**

**Indiana University School of Medicine**

Chairman Smith, members of the committee, good afternoon. I am Dr. Stephen Wintermeyer, Associate Professor of Clinical Medicine in the Division of Pulmonary, Allergy, Critical Care and Occupational Medicine at the Indiana University School of Medicine. Dean D. Craig Brater of the IU School of Medicine has asked me to represent the school at this hearing today.

Let me speak briefly about myself and the IU School of Medicine. I know the VA system well. I have been a medical student in a VA hospital. I have served as a resident and fellow in a VA hospital. I am presently a member of the medical staff at the Richard L. Roudebush Veterans Affairs Medical Center in Indianapolis. Equally important, I have been a patient in a VA and have been a family member of a patient in a VA. I have tremendous respect for the VA health system. I also know something about biological, chemical and nuclear weapons. As a physician on active duty in the US Army for six years, I was deployed to the Middle East for six months to serve in Operations Desert Shield and Desert Storm. As Chief of Medicine and Ambulatory Care for the 46<sup>th</sup> Combat Support Hospital during these operations, among other things, I made the decision, along with my hospital commander, to start our troops on pyridostigmine, a nerve agent prophylactic medication. At the present time, in addition to giving talks on

Bioterrorism, I am the Associate Chair of the IU School of Medicine Task Force on Bioterrorism.

The Indiana University School of Medicine is the second largest medical school in the country. At IU, we enjoy a mutually beneficial and appreciated affiliation with the Richard L. Roudebush Veterans Affairs Medical Center. Our school's primary effort regarding Bioterrorism is our Task Force on Bioterrorism, created by Dean D. Craig Brater right after the 9/11 tragedy. This Task Force is chaired by Dr. Rose Fife, our Associate Dean for Research and includes members from our Schools of Medicine, Nursing and Dentistry, the Veterans Affairs Medical Center (including several faculty members who are veterans themselves), our county and state departments of health, the Indiana Poison Control Center, the university environmental health and safety department services, and our other primary teaching hospitals.

I should like to emphasize that the VA is a very important participant on this Task Force. We have been dealing with issues of training, personnel mobilization, emergency transport, general education, and so on. As an example of one area of immediate interest for the Task Force, we enclose with this testimony a draft course outline for a "crash course" that we are developing on emergency preparedness for medical students, nursing students, residents, and other trainees and faculty. The group developing the course includes members of our county department of health, the Indiana Poison Control Center and full-time IUSM faculty members from the Departments of Emergency Medicine, Medicine and Obstetrics/Gynecology.

Additionally, Dr. Fife and other members of the School's Task Force, including our VA representative, serve on a Task Force organized by the Mayor of Indianapolis to

deal with disaster preparedness. This group has been working on innovative measures including emergency credentialing of physicians at hospitals other than their home hospital in the event of disasters to ensure that medical personnel will be distributed throughout the city, and, indeed, region, as needed. They also have been dealing with issues such as networking among hospitals such as building a common electronic medical record, emergency transportation, quarantine facilities, access to drugs, and care of mass casualties, to list a few. The activities of the Task Force are examples of what can and should be done cooperatively among hospitals and institutions to improve our ability to withstand any future attacks or other disasters. The VA's participation as a major member of this Task Force ensures that programs developed by the VA in this arena can be readily deployed throughout the community.

I am here today to speak in support of both HR 3253, the National Medical Emergency Preparedness Act of 2001 and HR 3254, the Medical Education for National Defense in the 21<sup>st</sup> Century Act. HR 3253 establishes Emergency Preparedness Centers with the VA. Such centers would involve strong collaboration with qualifying medical schools, public health schools and other research and educational entities. With the VA's national network and affiliations with medical schools, such as ours, and its recent integral role in educating both the medical and lay communities about bioterrorism, VA hospitals are in an excellent position to work with these medical schools to expand research in medical emergency preparedness and to further enhance the training of health care professionals in this area. HR 3254 creates a joint program between the Department of Veterans Affairs and the Department of Defense in which a series of model education and training programs on the medical response to the consequences of terrorist activities

are developed and disseminated. Again, the long history of collaboration between VA hospitals and medical schools put the VA in an excellent position to get this valuable job done. HR 3253 and HR 3254 are valuable initiatives that work in synergy to address critically important educational and research needs in the area of emergency preparedness. This synergy is leveraged even more through partnering with USUHS and VA-affiliated medical schools.

In closing, let me reinforce our support for these laudatory initiatives but also emphasize that they will require new resources for the VA system. Existing resources should not be reassigned for this proposal; rather additional resources should be added for this specific program. To do otherwise would jeopardize other valuable VA programs. Indeed, the programs that would be created by these two pieces of legislation require a stable foundation on which to build. The stable foundation is a solid and vibrant Veterans Affairs Health System.

I thank you for this opportunity to present to you today.