

Testimony of Harold L. Timboe, MD, MPH
Associate Vice President for Administration
University of Texas Health Science Center at Houston

Mr. Chairman, Members, I appreciate the opportunity to address the Committee in support of implementing the Department of Veterans Affairs Emergency Preparedness Act of 2002. Also, on behalf of President Francisco Cigarroa, I want to thank Congressman Ciro Rodriguez for his leadership in passing this law.

I am Dr. Harold Timboe, Director, Center for Public Health Preparedness and Biomedical Research at The University of Texas Health Science Center at San Antonio. Today, I am representing Dr. Francisco Cigarroa, President of The University of Texas Health Science Center and a member of Secretary Tommy Thompson's National Advisory Council on Public Health Preparedness. The health science university that I represent is one of the largest and most comprehensive health science universities in the country, educating the next generation of professional health care teams. We have three campuses in San Antonio and three campuses along the Rio Grande River, impacting several hundred miles of the US-Mexico Border. We collaborate closely with the renowned military medical centers in San Antonio, many public and private health organizations throughout South Texas and the South Texas Veterans Health Care System, led by Mr. Jose Coronado. We truly have a unique mission, impact and opportunities among the Nation's health science universities.

On behalf of Dr. Cigarroa and Mr. Coronado, we applaud this Congress' enactment of Public Law 107-287 which recognizes the responsibility and tremendous impact the assets of the Department of Veterans Affairs can have on the health and preparedness of our Nation. Thomas Jefferson said 200 years ago that "The health of the people is really the foundation upon which their happiness and the power of the State depends". With the new threats and vulnerabilities we face, that statement is more pertinent today than it ever has been. The public's health preparedness is of vital national interest. We see responses at all levels – Federal, State, local, public and private - to improve our public health emergency response capabilities, as well as the biomedical research essential to giving us better products with which to protect our people. It is very appropriate that the Veterans' Health Administration, as the Nation's largest and most geographically dispersed health system, contributes its considerable resources and talents to the problems we all face.

Many Veterans' Administration Medical Centers have had long mutually-beneficial relationships with medical schools and have developed a reputation for excellence in education, training and research. Many also serve as a regional Federal Coordinating Center for the National Disaster Medical System. This is true of San Antonio's Audie L. Murphy Memorial Veterans' Hospital, where I experienced its clinical excellence in teaching as a medical student 25 years ago. Today I work closely with them in our community emergency response program, where they established the Federal Coordinating Center and Regional Medical Operators Center for all of South Texas and several hundred miles of the U.S.-Mexico Border on our University campus. The Audie

Murphy VA research portfolio has grown to one of the largest in the VHA and continues to grow due to the excellent faculty shared with the UT Medical School.

One of the main challenges our public health emergency response plans face is filling in the requirements in manpower gaps due to new casualty estimates brought on by vulnerabilities from weapons of mass destruction, threats heretofore addressed by our Nation's Military forces, but now potentially directly impacting communities at home – large and small. Where in the past, local and regional plans generally considered casualties in the hundreds, now they must address estimates exceeding several thousand or more. This is indeed a new era - and the VA can help with buildings, clinical surge capacity - some of which must be mobile.

It was my pleasure to serve 34 years in our Nation's military, having recently retired as the Commanding General of Walter Reed Army Medical Center. I experienced more than a handful of mass casualty situations with at least 100 injured including the terrorist attack on the Pentagon and the anthrax letters. At the direction of the Governor of Texas, as part of the Texas State Guard, I now command a new volunteer unit we are forming – the Texas Medical Rangers – which is in response to President Bush's call for a medical reserve corps. These are groups of trained, organized health care teams available to augment existing health care resources in communities impacted from a public health emergency or disaster. The Federal assets in the military, including its reserves, the VA and the commissioned corps of the U.S. Public Health Service represent the largest group of trained, mobile, reassignable health professionals in the country. Likewise, at the State level, we must recognize the tremendous potential of academic health centers - our Nation's medical schools - in contributing public health preparedness as a component of clinical surge capacity.

Your law establishing the Department of Veterans' Affairs Emergency Preparedness Act of 2002 envisions several medical emergency preparedness centers with missions to conduct certain research, provide education and training, and to be prepared in the event of a disaster or emergency to provide response capability. The unique environment in San Antonio and South Texas is ideally situated to fulfill all those missions with excellence and to have additional benefits in terms of adding to scientific knowledge in the areas of environmental and toxic exposures – an area of expertise developed at San Antonio's Brooks City Base. In addition, our research teams have access to one of the Nation's few BSL4 laboratories, which is at the Southwest Foundation for Biomedical Research.

San Antonio is the home of military medicine, a large active duty, retired military and veteran population. It is natural for a community with our Federal and State assets and the population we serve, to be involved in the continuum of clinical care and research to injuries and exposures from active duty to reserves to veterans and, indeed, to the general population in South Texas, many of whom are exposed to various levels of environmental exposures resulting in a certain amount of health disparities among our people.

The Veterans' Health Administration has seen considerable benefit and successes by organizing into Veterans' Integrated Service Networks (VISN). In implementing PL 107-287 with the critical mass of capabilities and leadership in San Antonio we are prepared to be part of a VISN-wide or multi-VISN regional emergency preparedness system ensuring that the Nation's investment in its Department of Veterans' Affairs contribute significantly to the education, training, community preparedness planning and biomedical research of regions across the country. We strongly urge funding for implementation of this well-conceived law.

In closing I would like to add that it is likely that many Federal agencies, including the newly-created Department of Homeland Security, will need to reassess how they need to re-orient their assets to accomplish their missions. This could include regional officers for DHS. I would suggest that the San Antonio geographic, demographic and other factors make it a key location for an International Center for Health and Environmental Security which would build on the synergy of having many Federal and State agencies in near proximity on the same campus.

Mr. Chairman, I appreciate the honor of appearing before your Committee today and sharing some of my personal thoughts as well as those of Dr. Cigarroa and Mr. Coronado. I would be happy to respond to any questions.