

“I strongly endorse the ONE HEALTH goals stated in the June 2021 PACCAB document, “Advancing Interprofessional Education and Practice to Combat Antimicrobial Resistance”. I concur with starting the education of C-AMR at the earliest possible levels of learning and integrating C-AMR competencies as part of a learning continuum.

Indeed, the collaboration between veterinary and human medical professionals is unquestionable one of enormous value and needs prompt attention. There are, however, glaring gaps in the document regarding a fundamental understanding of how, when, and where this can be taught at the graduate level (MDs, DVMs, etc.). Medical Schools are currently organized in fashions that challenge accomplishing the goals in the June 2021 document. At Medical Schools, curriculum “real-estate” is premium, and we already do our best to integrate learning. Your figure 2 fails to recognize that we must incorporate *disciplines* within health care that heavily impact C-AMR; specifically, we must, at a minimum, integrate immunology and molecular biology into the studies of C-AMR within the curriculum. We must accomplish this interdisciplinary integration in a fashion that captures the One Health aspect of all the interrelated disciplines and reveals the interconnectivity of systems at all levels (molecular, cellular, tissue, organ, organism, community, world).

In recommendation #7 the increased funding for collaborative education and training, I suggest you add that an individual or a group must be formed to accomplish this for any university that would receive the funding – and set a time limit as to when the goal must be achieved.

Moreover, we must cease to allow the stove-piping of medical care in the United States at a policy level. The July 2021 document brilliantly addresses state-level management of education and the challenges that such a system produces to overall quality. To achieve improved health outcomes and reduce the cost of healthcare services, we must have a national health care system with interoperability of devices, diagnostics, education, and care throughout the USA. We must have constant surveillance for emerging threats, including training and education for surveillance and that effort must be funded at all levels – including Universities. The emphasis must be on prevention, and the education must focus on the economic and health advantages of prevention.

Thank you again for your excellent work and your continued efforts to combat the AMR challenge.”

Sincerely

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