

feasts by which Your people are freed and purified, renewed and given a sense of direction. Be with the 107th Congress in this same spirit.

We see the medallion of Moses high above this Chamber and thank You, Lord God, for the Torah given to Moses on Mount Sinai. May the guidance of this law and the spirit of the Upper Room be fulfilled in all the actions of the House of Representatives.

Your word revealed to Your chosen ones long ago accompanies us on our journey now and directs us in making decisions for our day. May Your Spirit empower us always so that with loving trust we may turn to You in all our troubles and give You thanks in all our accomplishments and in all our joys.

To You be the glory now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr. SMITH) come forward and lead the House in the Pledge of Allegiance.

Mr. SMITH of New Jersey led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 6 of rule XX.

Any record votes on postponed questions will be taken after debate has concluded on all motions to suspend the rules, but not before 6:30 p.m. today.

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS RESEARCH, EDUCATION, AND BIOTERRORISM PREVENTION ACT OF 2002

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3253) to amend

title 38, United States Code, to provide for the establishment of emergency medical preparedness centers in the Department of Veterans Affairs, as amended.

The Clerk read as follows:

H.R. 3253

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002".

SEC. 2. ESTABLISHMENT OF EMERGENCY MEDICAL PREPAREDNESS CENTERS.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7325. Medical emergency preparedness centers

"(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish at least four medical emergency preparedness centers in accordance with this section. Each such center shall be established at a Department medical center and shall be staffed by Department employees.

"(2) The Under Secretary for Health shall be responsible for supervising the operation of the centers established pursuant to this section. The Under Secretary shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

"(3) The Under Secretary shall carry out the Under Secretary's functions under paragraph (2) in consultation with the Assistant Secretary for Veterans Affairs with responsibility for operations, preparedness, and security.

"(b) MISSION.—The mission of the centers shall be—

"(1) to carry out research on and develop methods of detection, diagnosis, vaccination, protection, and treatment for chemical, biological, and radiological threats to the public health and safety;

"(2) to provide education, training, and advice to health-care professionals, including health-care professionals outside the Veterans Health Administration; and

"(3) to provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.

"(c) CENTER DIRECTORS.—Each center shall have a Director with (1) expertise in managing organizations that deal with threats referred to in subsection (b), (2) expertise in providing care to populations exposed to toxic substances, or (3) significant research experience in those fields.

"(d) SELECTION OF CENTERS.—(1) The Secretary shall select the sites for the centers on the basis of a competitive selection process and a finding under paragraph (2). The centers selected shall be located in different regions of the Nation, and any such center may be a consortium of efforts of more than one medical center. At least one of the centers shall be established to concentrate on chemical threats, at least one shall be established to concentrate on biological threats, and at least one shall be established to concentrate on radiological threats.

"(2) The finding referred to in paragraph (1) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendations of the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, and security, that the facility or facilities

submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

"(A) An arrangement with a qualifying medical school and a qualifying school of public health (or a consortium of such schools) under which physicians and other persons in the health field receive education and training through the participating Department medical centers so as to provide those persons with training in the diagnosis and treatment of illnesses induced by exposures to toxins, including chemical and biological substances and nuclear ionizing radiation.

"(B) An arrangement with an accredited graduate program of epidemiology under which students receive education and training in epidemiology through the participating Department facilities so as to provide such students with training in the epidemiology of contagious and infectious diseases and chemical and radiation poisoning in an exposed population.

"(C) An arrangement under which nursing, social work, counseling, or allied health personnel and students receive training and education in recognizing and caring for conditions associated with exposures to toxins through the participating Department facilities.

"(D) The ability to attract scientists who have made significant contributions to the development of innovative approaches to the detection, diagnosis, vaccination, protection, or treatment of persons exposed to chemical, biological, or radiological substances.

"(3) For purposes of paragraph (2)(A)—

"(A) a qualifying medical school is an accredited medical school that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated; and

"(B) a qualifying school of public health is an accredited school of public health that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated.

"(e) FUNDING.—(1) Amounts appropriated for the activities of the centers shall be appropriated separately from amounts appropriated for the Department for medical care.

"(2) There are authorized to be appropriated for the centers under this section \$20,000,000 for each of fiscal years 2003 through 2007.

"(3) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (2), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical care account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section. Any determination by the Under Secretary under the preceding sentence shall be made in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

"(f) RESEARCH ACTIVITIES.—Each center shall conduct research on improved medical preparedness to protect the Nation from threats in the area of that center's expertise. Each center may seek research funds from public and private sources for such purpose.

"(g) PEER REVIEW PANEL.—(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the Under Secretary shall establish a peer review panel to assess the scientific and clinical

merit of proposals that are submitted to the Secretary for the designation of centers under this section. The peer review shall be established in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

“(2) The peer review panel shall include experts in the fields of toxicological research, bio-hazards management education and training, radiology, clinical care of patients exposed to such hazards, and other persons as determined appropriate by the Secretary. Members of the panel shall serve as consultants to the Department.

“(3) The panel shall review each proposal submitted to the panel by the officials referred to in paragraph (1) and shall submit to the Under Secretary for Health its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

“(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

“(h) RESEARCH PRODUCTS.—(1) The Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, and security shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section is made available, as appropriate, to health-care providers in the United States. Dissemination of such information shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

“(2) The Secretary shall ensure that the work of the centers is conducted in close coordination with other Federal departments and agencies and that research products or other information of the centers shall be coordinated and shared with other Federal departments and agencies.

“(i) ASSISTANCE TO OTHER AGENCIES.—The Secretary may provide assistance requested by appropriate Federal, State, and local civil and criminal authorities in investigations, inquiries, and data analyses as necessary to protect the public safety and prevent or obviate biological, chemical, or radiological threats.

“(j) DETAIL OF EMPLOYEES FROM OTHER AGENCIES.—Upon approval by the Secretary, the Director of a center may request the temporary assignment or detail to the center, on a nonreimbursable basis, of employees from other Departments and agencies of the United States who have expertise that would further the mission of the center. Any such employee may be so assigned or detailed on a nonreimbursable basis pursuant to such a request. The duration of any such assignment or detail shall be subject to approval by the Office of Personnel Management.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7324 the following new item:

“7325. Medical emergency preparedness centers.”

SEC. 3. ESTABLISHMENT OF EMERGENCY MEDICAL EDUCATION PROGRAM.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7325, as added by section 2(a), the following new section:

“§ 7326. Emergency health and medical education

“(a) EDUCATION PROGRAM.—The Secretary shall carry out a program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities.

“(b) IMPLEMENTING ENTITY.—The program shall be carried out through the Under Secretary for Health, in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, and security.

“(c) CONTENT OF PROGRAMS.—The education and training programs developed under the program shall be modeled after programs established at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences and shall include, at a minimum, training for health care professionals in the following:

“(1) Recognition of chemical, biological, and radiological agents that may be used in terrorist activities.

“(2) Identification of the potential symptoms of those agents.

“(3) Understanding of the potential long-term health consequences, including psychological effects, resulting from exposure to those agents.

“(4) Emergency treatment for exposure to those agents.

“(5) An appropriate course of followup treatment, supportive care, and referral.

“(6) Actions that can be taken while providing care for exposure to those agents to protect against contamination.

“(7) Information on how to seek consultative support and to report suspected or actual use of those agents.

“(d) POTENTIAL TRAINEES.—In designing the education and training programs under this section, the Secretary shall ensure that different programs are designed for health-care professionals at various levels. The programs shall be designed to be disseminated to health professions students, graduate health and medical education trainees, and health practitioners in a variety of fields.

“(e) CONSULTATION.—In establishing the education and training program under this section, the Secretary shall consult with appropriate representatives of accrediting, certifying, and coordinating organizations in the field of health professions education.”

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7325, as added by section 2(b), the following new item:

“7326. Emergency health and medical education.”

(b) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall implement section 7326 of title 38, United States Code, as added by subsection (a), not later than the end of the 90-day period beginning on the date of the enactment of this Act.

SEC. 4. INCREASE IN NUMBER OF ASSISTANT SECRETARIES OF VETERANS AFFAIRS.

(a) INCREASE.—Subsection (a) of section 308 of title 38, United States Code, is amended by striking “six” in the first sentence and inserting “seven”.

(b) FUNCTIONS.—subsection (b) of such section is amended by adding at the end the following new paragraph:

“(11) Operations, preparedness, security, and law enforcement functions.”

(c) CONFORMING AMENDMENT.—Section 5315 of title 5, United States Code, is amended by striking “(6)” after “Assistant Secretaries, Department of Veterans Affairs” and inserting “(7)”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

New Jersey (Mr. SMITH) and the gentleman from Mississippi (Mr. SHOWS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as the prime sponsor of H.R. 3253, as amended, I rise to urge all of my colleagues to join me in supporting this vital legislation that will expand the role of the Department of Veterans Affairs in homeland security.

It may come as a surprise to many that the Department of Veterans Affairs operates the world's largest integrated health care network, with over 200,000 health care professionals, 163 medical centers, more than 800 outpatient clinics, 115 medical research programs, affiliations with over 100 schools of medicine, and a \$25 billion budget annually.

Dedicated to providing health care to America's military veterans, the VA is now the Federal Government's leading provider of direct medical services, with over 4.5 million patients treated last year. From providing top-quality medical care to veterans to performing comprehensive cutting-edge research, such as for prosthetics and Alzheimer's disease, the VA health care system has become a unique national resource and a unique national treasure.

That is why we fought so hard to increase its health care budget for next year. With bipartisan support from our committee and with the leadership of the chairman of the Committee on the Budget, the gentleman from Iowa (Mr. NUSSLE); the conference Chair, the gentleman from Oklahoma (Mr. WATTS); the majority whip, the gentleman from Texas (Mr. DELAY); the majority leader, the gentleman from Texas (Mr. ARMEY); and our distinguished Speaker, the gentleman from Illinois (Mr. HASTERT), I am pleased to say that the budget that passed the House increased the VA discretionary health care funding by a record \$2.8 billion for next year.

However, there are still too many people who do not understand the capabilities of the VA health care system. I know from extensive research and from personal experience during the anthrax crisis that the VA is ready, willing, and able to play a significant role in homeland security; but it is often overlooked.

When my post office in Hamilton Township, New Jersey, was attacked with anthrax, and is still closed, and many of the postal employees, in excess of 1,400 postal employees, were at risk of contracting that horrible disease, they were advised to take Cipro. The VA was there as a backup, ready to provide that life saving antibiotic. When I brought the VA's capabilities to the attention of the health commissioner. In New Jersey he was unaware of this important resource. I say with all respect to him, that this was a resource he could count on. And it should

not be that way. The VA should be much more integrated, and the knowledge of what the VA can do must be more widely utilized.

The Cipro was finally made available. Thankfully, at the last minute, the CDC came through and we were able to provide Cipro, which was lifesaving to so many. But, Mr. Speaker, the VA health care system must be an integral component of any homeland security strategy, especially on matters of biological, chemical, and radiological threats and terrorism.

In fact, the VA today does have some defined roles in both the National Disaster Medical System and the Federal Response Plan in the event of national emergencies. Among the VA's current specialized duties are conducting and evaluating disaster and terrorist attack simulation exercises; managing the Nation's stockpile for pharmaceuticals of biological and chemical toxins; maintaining a rapid response team for radiological releases; and training public and private EMS medical center personnel around the country and properly responding to biological, chemical, and radiological disasters.

Yet despite the VA's capacity and unique capabilities, their experience and their expertise in public health matters, it is almost routinely overlooked when it comes to discussions of homeland security, even those concerning bioterrorism, which is, I believe, just plain foolish and counterproductive.

Mr. Speaker, in the administration's budget submission, almost \$6 billion was requested to address bioterrorism, including \$2.4 billion for additional research; yet not \$1 was earmarked for the Veterans Administration. A month ago, I would just say parenthetically, we asked Tom Ridge to come and appear before our committee. He used to be a member. And like he has with all the other committees, he declined to come. But he too needs to be more aware of the VA's unique capabilities in this terrorism war.

In fact, when we look at the administration's latest strategy document on homeland security, which can be found on their Web page, the VA is not even mentioned once. The VA can and must be asked to do more. That is why I introduced H.R. 3253, the legislation pending before the House.

H.R. 3253 will create four national medical preparedness centers to be operated by the VA, with at least one concentrating on biological threats, at least one on chemical, and one on radiological threats. In coordination with DOD, Health and Human Services, FEMA, CDC, the NIH, and other agencies or organizations with appropriate expertise, these centers would research and develop new methods to detect, diagnose, vaccinate, and treat potential victims of chemical, biological, and radiological terrorism.

The centers would serve both as direct research centers and as coordi-

nating centers for ongoing and promising new research at other government agencies and research universities. Furthermore, these centers would serve as training resources for thousands of community hospitals that would be first responders to future bioterrorism attacks.

Let me also point out that when anthrax hit my area, I was amazed, I was deeply dismayed that there was no protocol that could be taken off the shelf to prescribe what the course that ought to be followed in the event this happened. CDC was flying by the seat of their collective pants. Some very good scientists from CDC and other government agencies were deployed to New Jersey, and I sat in on some of those meetings. At first, they said no cross-contamination can occur. And I said, have you ever seen an envelope go through the processing machines? It is almost a violent procedure as it makes its way through. If you put a highly refined powder, in this case a weapons grade anthrax powder, surely a cloud of dust containing those harmful contaminants are likely to escape.

Turns out, they did. A couple of weeks later, we found that other post offices were contaminated as well. Four of our area post offices were "hot" with Anthrax. My point? The experts need to move effectively work this issue, and we need to do it well in advance of any future contamination.

Again, when we look at the threats that are possible—perhaps probable, and how do we deal with them, how do the first responders deal with them, the question arise as to whether we have worked with the kind of focus that will protect first responders, employees and then the public at large.

Finally, let me just say that the centers would be charged with establishing state-of-the-art labs to help local health care authorities quickly determine the presence of dangerous biological and chemical toxins such as anthrax.

Mr. Speaker, I want to make it clear that H.R. 3253 calls for the cost of these new centers to be taken from additional funds provided to combat terrorism and not from already hard-pressed VA health care dollars. Mr. Speaker, there is ample precedent and experience within the VA for undertaking this expanded mission. The VA's extensive medical research programs are renowned for expertise in diagnosing and treating viral diseases with devastating health consequences, such as groundbreaking work on HIV and hepatitis C.

Just a couple months ago, Dr. Karl Hostetler and his VA colleagues in San Diego announced significant progress has been made on a new oral treatment for smallpox, one of the most deadly bio-terror threats confronting the world today.

Furthermore, the VA already operates two war-related illness centers tasked with developing specialized treatments for illnesses and injuries re-

lated to combat. In essence, these new national medical preparedness centers would work similarly to study illnesses and injuries most likely to come from a terrorist attack and develop new treatments and protocols to mitigate their dangers.

H.R. 3253 also contains important provisions from H.R. 3254, legislation authored by the chairman of the Subcommittee on Oversight and Investigations, the gentleman from Indiana (Mr. BUYER), to require the VA to work with military physicians to develop and disseminate education and training programs on the medical responses to the consequences of terrorist activities. Under this provision, the VA would also disseminate training programs to health professions, students, graduate medical education trainees, and active health practitioners.

H.R. 3253 also contains an internal organizational provision proposed by the VA to add an additional Assistant Secretary for preparedness, security and law enforcement functions.

Mr. Speaker, in the ongoing war on terrorism, America must take every precaution to protect our citizens from all dangers and especially from biological, chemical, and radiological threats. H.R. 3253 is just one way, I think it is an important way, to use the existing strength of the VA in homeland security while continuing to meet its primary mission of providing care to our veterans.

Mr. Speaker, I reserve the balance of my time.

Mr. SHOWS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 3253, the Department of Veterans Affairs Emergency Preparedness Research, Education, and Bioterrorism Prevention Act of 2002. Many Members have contributed to the development of this important legislation. In particular, I want to commend our chairman, the gentleman from New Jersey (Mr. SMITH); the gentleman from Kansas (Mr. MORAN) and the gentleman from California (Mr. FILNER), the chairman and ranking member of the Subcommittee on Health; and the gentleman from Indiana (Mr. BUYER).

H.R. 3253, as amended, would establish at least four medical emergency preparedness centers in VA facilities. These centers would conduct research and develop methods to detect, diagnose, vaccinate, protect, and treat chemical, biological, and radiological threats to our public health and safety.

Under H.R. 3253, the VA will also provide education, training and advice to health care professionals, including health care professionals outside the Veterans Health Administration on these matters. The VA will also provide rapid response laboratory assistance to local health care authorities.

The VA is authorized to develop a series of model education and training programs on medical responses to the consequences of terrorist activities.

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H.R. 3253 also increases the number of Assistant Secretaries within the VA from six to seven. The responsibilities of the new Assistant Secretary will include operations, preparedness, security, and law enforcement functions.

This is sound legislation. This is sensible legislation. This is needed legislation. I urge my colleagues to strongly support this measure.

Mr. Speaker, I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I reserve the balance of my time.

Mr. SHOWS. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. FILNER), the ranking member of the Subcommittee on Health.

Mr. FILNER. Mr. Speaker, I thank the gentleman for yielding me this time. I thank the chairman of the full committee, the gentleman from New Jersey (Mr. SMITH), for his enthusiastic and incredible farsightedness in sponsoring this legislation which will set up, as we have heard, four new emergency medical preparedness centers within the Department of Veterans Affairs. These centers obviously expand what is already a leadership role in the areas of emergency preparedness, research, education and prevention of bioterrorism and is consistent with the challenges that VA is already meeting at both the local and national level.

In the immediate aftermath of the events of September 11, the VA, of course, was front and center, contributing its expertise wherever possible, especially in the treatment of post-traumatic stress disorder in New York City and right here in our own backyard. VA research has long been recognized as ground breaking, with benefits that extend beyond our reach and improve the lives of veterans and countless others. As we have heard from our chairman at the VA medical center in my hometown of San Diego, they have found a promising treatment for smallpox. This kind of effort will save potentially thousands of lives and highlights the kind of contributions that the VA is already making to our public health and safety.

We should take VA's existing infrastructure and strengths to even greater heights. That is what H.R. 3253 does. At earlier meetings of our subcommittee and committee, concerns were expressed whether the funding for these new centers would impinge on the funding of our already-strapped funds for our veterans and their medical and benefit needs now. I was glad to hear that the chairman has said that the cost of these centers will come from antiterrorist funds already appropriated.

With that concern met, I think we should all vote for H.R. 3253. It will help us prepare for the future. Let us support this measure.

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas

(Mr. MORAN), the distinguished chairman of the Subcommittee on Health.

Mr. MORAN of Kansas. Mr. Speaker, since September 11, our Nation has been made to reevaluate every action we undertake on a daily basis. What we once considered a safe Nation has become a people concerned about security, and they look to Congress and the President for answers.

With the bill we will pass today, H.R. 3253, the Committee on Veterans' Affairs is challenging the Veterans Administration with the task to address some of our new concerns: to use a fraction of the assets of the Department of Veterans Affairs to help protect the people of the United States from terrorists.

We will charge the administration with this task because we believe it is one that they can readily handle. We must be proactive in preparing the United States for a future terrorist attack. As our Vice President said just yesterday, "The prospects of a future attack against the United States are almost certain. Not a matter of if but when. It could happen tomorrow, it could happen next week, it could happen next year, but they will keep trying." Those are sobering thoughts.

We must respond in a timely, effective, and comprehensive manner to protect the American people if and when an attack occurs. This bill would do just that.

Under this bill at least four geographically separated national medical emergency preparedness centers would be established. Each center would independently study and work toward solutions to health consequences that arise from exposure to chemical, biological, and nuclear substances used as weapons. What makes the VA a good host for such a new and important mission? In addition to meeting its medical care mission to millions of veterans, the VA health care system is the Nation's largest provider of graduate medical education and a major contributor to biomedical and other scientific research. Because of this widely dispersed, integrated health care system, the VA can be an essential asset in responding to national emergencies.

Not only would the four special centers conduct research and develop methods of detection, diagnosis, vaccination, and treatment for chemical, biological, and radiological threats but they would also be charged with dissemination of the latest information to other public and private health care providers to improve the quality of care for patients who may be exposed to these deadly elements.

This bill would also require the Secretary of Veterans Affairs to carry out a program to develop and disseminate model education and training programs on the medical responses to terrorist activities. VA's infrastructure, which includes affiliations with over 107 medical schools and other schools of health professions, would enable current and future medical professionals in this

country to be knowledgeable and medically competent in the treatment of casualties from terrorist attacks.

Mr. Speaker, this bill is a definite win-win proposition. The people who need to be trained in saving lives will be properly armed with current information and education. Mechanisms will be put in place to study the likely avenues and methods of chemical, biological, and radiological poisoning; and the VA will be a part of a firm foundation for rapid response by local and Federal officials in types of emergency that only 18 months ago we could have scarcely imagined.

H.R. 3253 is a good bill, Mr. Speaker. I commend the gentleman from New Jersey for his efforts in this regard. I urge all my colleagues to support this effort and hope that it will pay a large dividend in our war on terrorism.

Mr. SHOWS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3253, as amended.

The SPEAKER pro tempore (Mr. LATOURETTE). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Let me conclude and thank the gentleman from Mississippi (Mr. SHOWS) for managing the bill on the floor; I thank my good friend and colleague, the chairman of the Subcommittee on Health for his leadership; I thank the gentleman from California (Mr. FILNER) for his leadership; and I thank the gentleman from Illinois (Mr. EVANS) who is our ranking member. We have worked hand in glove on these veterans issues. It has been a delight to work with him on this important legislation.

I also want to thank our staff. As we all know, Mr. Speaker, without the staff, committees would not function. They are hard working and very, very competent. They are professionals in every sense of that word. I want to thank Pat Ryan, our chief counsel and chief of staff; Kingston Smith; Jeannie McNally, who is our coordinator for legislation—by the way, it is her birthday, and I want to extend her a happy birthday—I also want to thank Summer Larson; John Bradley, who is the staff director for the subcommittee; Kimberly Cowins; Stacy Zelenski; Mike Durishin; Kathleen Grove; Art Wu; Veronica Crowe; Johnathan McKay; Bernadine Dotson; Andy Napoli; and Peter Dickinson; and others, all of whom played a vital role in this legislation. I hope I did not leave anyone out.

Mr. BUYER. Mr. Speaker, today I am pleased to rise in support of H.R. 3253, the "Department of Veterans Affairs Emergency

Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002," introduced by Chairman CHRIS SMITH. As a cosponsor of this legislation, I want to thank Chairman SMITH for his leadership in moving this legislation forward.

H.R. 3253 will establish at least four medical emergency preparedness centers at designated VA medical centers. These centers will be charged with carrying out research related to bio-terrorist activities such as the detection, diagnosis, and treatment of chemical, biological, and radiological threats posed by these agents.

Section 3 incorporates legislation that I introduced—H.R. 3254, the "Medical Education for National Defense (MEND) Act in the 21st Century." I want to thank Chairman Smith for incorporating this language into H.R. 3253. I also want to thank the members who cosponsored my original piece of legislation, Chairman SMITH, and Representatives MICHAEL BILIRAKIS, JOHN MCHUGH, VIC SNYDER, CLIFF STEARNS, DAVE WELDON, ROBERT UNDERWOOD, MARK KIRK, and ELLEN TAUSCHER.

This provision would establish an education program to be carried out through the Department of Veterans Affairs. The education and training curriculum developed under the program shall be modeled after the F. Edward Herbert School of Medicine of the Department of Defense's Uniformed Services University of Health Sciences (USUHS) core curriculum, which includes a program that teaches its students how to diagnose and treat casualties that have been exposed to chemical, biological, or radiological agents.

As a nation, we must be prepared for the new face of terror as we confront the aftermath of the September 11th attacks. What has become all too clear is that our health care providers are neither resourced nor trained with the proper tools to diagnose and treat casualties in the face of nuclear, biological, and chemical weapons.

It is imperative that a program be disseminated to the nation's medical professionals and current medical students. This bill takes advantage of the nexus that already exists between the medical education community and the VA. Currently, 107 medical universities are affiliated with a VA medical center. This nexus is already in place and that is what we plan to tap into.

The VA's extensive infrastructure of 163 medical centers, 800 clinics, and satellite broadcast capabilities, will enable the current and future medical professionals in this country to become knowledgeable and medically competent in the treatment of casualties that we all hope they will never materialize.

Mr. Speaker, we cannot afford to assume that our country will never again experience a biological, chemical, or radiological attack on the American people. We must, as elected Members, sent by our constituents to Washington to represent their interests, act to ensure that if the worst of fears are realized, our medical professionals will be ready and able to deal with these situations.

It is not the intent of this legislation to create new community standards of practice. We must recognize that diseases such as smallpox, botulism, and the plague are not normally seen around the country. I think it is extremely important that we disseminate the expertise that we have, so that doctors, in their diagnostic analysis, begin to think about other

things from what they normally see in their family practices.

The American Medical Association endorsed H.R. 3254, and the American Association of Medical Colleges has thrown its full weight behind this plan. These two organizations know how vital it is to receive an educational curriculum, and they have recognized that the VA is in a unique position to be able to disseminate this information to the Nation's medical community.

It is often said that knowledge is power, and in this instance nothing could be truer. The knowledge resulting from the implementation of this act is critical. Our medical professionals need to be exposed to training methods that would enable them to save lives . . . and I can think of no greater power than that.

Please, join with me and support this important piece of legislation.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to lend my voice to the National Medical Emergency Preparedness Act.

This bill directs the Secretary of Veterans Affairs to establish up to four medical emergency preparedness centers within VA medical centers. These preparedness centers are established to research diagnosis and treatment for any chemical, biological, and radiological threats to public health and safety. In addition, these centers will train and advise as well as educate health-care professionals about chemical, biological, and radiological threats to public health and safety.

This bill would authorize \$20 million a year over the 2003–2007 period to operate these centers. As part of the requirement to provide education and training, this bill would require the Department of Veterans Affairs to carry out a joint program with the Department of Defense (DoD) to develop and disseminate a series of training programs on the medical responses to terrorist activities. This bill would increase the number of Assistant Secretaries within the Department of Veteran Affairs from six to seven with the new assistant secretary being responsible for operations, preparedness, security, and law enforcement functions. As a member of the Democratic Caucus Homeland Security Task Force, I believe our focus should continue to promote effective homeland preparedness and security.

The CBO estimates that implementing this bill would cost \$12 million in this FY2003 and \$87 million over the period 2003–2007. This bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply.

The Department of Veterans Affairs operates the nation's largest integrated health care network with over 200,000 health care professionals, 163 medical centers, 800 outpatient clinics, 115 medical research centers, affiliations with more than 100 medical schools and has a \$25 billion annual budget.

The VA medical centers are dedicated to providing health care to U.S. military veterans. VA is the federal government's leading provider of direct medical services. The VA medical centers has treated more than 3.4 million patients in 2001.

The VA also operates two War-Related Illness Centers responsible for developing specialized treatments for illnesses and injuries resulting from veterans' wartime exposures, and through its extensive medical and prosthetic research and clinical care programs the department has expertise in diagnosing and

treating dangerous viral or bacterial illnesses, such as hepatitis C, human immuno deficiency virus (HIV), and in earlier generations, tuberculosis.

I urge my colleagues to vote "yes" on H.R. 3253.

Mr. SMITH of New Jersey. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3253, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SMITH of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

VETERANS' MAJOR MEDICAL FACILITIES CONSTRUCTION ACT OF 2002

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4514) to authorize the Secretary of Veterans Affairs to carry out construction projects for the purpose of improving, renovating, and updating patient care facilities at Department of Veterans Affairs medical centers, and for other purposes, as amended.

The Clerk read as follows:

H.R. 4514

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans' Major Medical Facilities Construction Act of 2002".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

(1) Seismic corrections at the Department of Veterans Affairs Medical Center, Palo Alto, California, as follows:

(A) Building Number 2, \$14,020,000.

(B) Building Number 4, \$21,750,000.

(2) Seismic correction at the Department of Veterans Affairs Medical Center, San Francisco, California, \$31,000,000.

(3) Seismic correction at the Department of Veterans Affairs Medical Center, West Los Angeles, California, \$27,200,000.

(4) Seismic correction and clinical improvement at the Department of Veterans Affairs Medical Center, Long Beach, California, \$24,600,000.

(5) Seismic correction for Building Number 1 at the Department of Veterans Affairs Medical Center, San Diego, California, \$47,100,000.

(6) Ambulatory Surgery and Clinical Consolidation at the Department of Veterans Affairs Medical Center, Cleveland, Ohio, \$32,500,000.