

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.

(7) Consolidation of Department of Veterans Affairs and Department of Defense health and benefits offices, Anchorage Alaska, \$59,000,000.

(8) Ward Renovation at the Department of Veterans Affairs Medical Center, West Haven, Connecticut, \$15,300,000.

(9) Ambulatory Care Expansion at the Department of Veterans Affairs Medical Center, Tampa, Florida, \$18,230,000.

SEC. 3. AUTHORIZATION OF A MAJOR MEDICAL FACILITY LEASE.

The Secretary of Veterans Affairs may enter into a lease for a Satellite Outpatient Clinic, Charlotte, North Carolina, in an amount not to exceed \$2,626,000.

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2003—

(1) for the Construction, Major Projects, account \$285,000,000 for the projects authorized in section 2; and

(2) for the Medical Care account, \$2,626,000 for the lease authorized in section 3.

(b) LIMITATION.—The projects authorized in section 2 may only be carried out using—

(1) funds appropriated for fiscal year 2003 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2003 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2003 for a category of activity not specific to a project.

SEC. [4.] 5. INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS.

(a) INCREASE IN THRESHOLD.—Section 8104(a)(3)(A) of title 38, United States Code, is amended by striking “\$4,000,000” and inserting “\$6,000,000”.

(b) APPLICABILITY TO PROJECTS ALREADY FUNDED.—The amendment made by subsection (a) shall apply with respect to any facility project of the Department of Veterans Affairs, except for a project for which the Secretary obligated funds before October 1, 2002.

SEC. [5.] 6. CRITERIA FOR MINOR CONSTRUCTION PROJECTS.

Section 8103 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e) PURPOSE OF MINOR CONSTRUCTION PROJECTS.—In selecting medical facilities (including research facilities) for projects under subsection (a) other than major medical facility projects subject to section 8104 of this title, the Secretary [shall] shall, to the extent practicable, select projects to improve, replace, renovate, or update facilities to achieve one or more of the following:

“(1) Seismic protection improvements related to patient safety (or, in the case of a research facility, patient or employee safety).

“(2) Fire safety improvements.

“(3) Improvements to utility systems and ancillary patient care facilities (including such systems and facilities that may be exclusively associated with research facilities).

“(4) Improved accommodation for persons with disabilities, including barrier-free access.

“(5) Improvements at patient care facilities to specialized programs of the Department, including the following:

“(A) Blind rehabilitation centers.

“(B) Inpatient and residential programs for seriously mentally ill veterans, including mental illness research, education, and clinical centers.

“(C) Residential and rehabilitation programs for veterans with substance-use disorders.

“(D) Physical medicine and rehabilitation activities.

“(E) Long-term care, including geriatric research, education, and clinical centers, adult day care centers, and nursing home care facilities.

“(F) Amputation care, including facilities for prosthetics, orthotics programs, and sensory aids.

“(G) Spinal cord injury centers.

“(H) Traumatic brain injury programs.

“(I) Women veterans’ health programs (including particularly programs involving privacy and accommodation for female patients).

“(J) Facilities for hospice and palliative care programs.”.

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, I rise in strong support of H.R. 4514, as amended, the Veterans’ Major Medical Facilities Construction Act of 2002. I want to commend the distinguished chairman of our subcommittee for authoring this very important piece of legislation.

H.R. 4514, as amended, Mr. Speaker, would authorize \$285 million in major medical appropriations for 10 construction projects at VA health care facilities, and would also authorize a capital lease at the VA outpatient clinic in Charlotte, North Carolina. At the outset, let me remind my colleagues that we included funding in the budget resolution that was approved in March to cover the costs of this much-needed construction.

Mr. Speaker, last year this body passed H.R. 811, the Veterans Hospital Emergency Repair Act, to provide emergency funding to VA health care and research facilities for repairs and renovations. H.R. 811 would have provided \$550 million over 2 years to make needed repairs at the VA hospitals where patient safety could be compromised, such as for seismic dangers. Under that legislation, the decision of which projects would be funded was left to the Secretary with the advice of an expert panel. Unfortunately, Mr. Speaker, the Senate has not acted on this measure and as a consequence, VA’s health care infrastructure continues to deteriorate, which is unacceptable.

Mr. Speaker, a recent PriceWaterhouse study estimated that the physical assets of the VA were worth more than \$35 billion and that normal replacement, repair and non-recurring expenses of such a large infrastructure should normally be between 2 and 4 percent annually, for a total of between \$700 million and \$1.4 billion per year. We are nowhere near

that. As a matter of fact, we have not been doing any of that for the last several years, or at least not much of it. It would be irresponsible to allow such a massive and valuable national asset as the VA health care system to decline for want of care. Since the Senate has not moved on our 2-year authorization, I am so glad and pleased that our chairman has decided to step up to the plate and offer this important legislation today.

Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. MORAN), the chairman of the Subcommittee on Health.

Mr. MORAN of Kansas. I thank the gentleman for yielding time.

Mr. Speaker, I recently introduced H.R. 4514, the Veterans’ Major Medical Facilities Construction Act of 2002, a bill to improve, renovate and update 10 VA medical facility construction projects with \$285 million in authorizations to fund them in fiscal year 2003. This bill will help provide safe, accessible VA medical centers for veterans to receive their health care.

Some of these VA medical centers have been around for more than 100 years. The Veterans Administration cares for millions of veterans. These aging facilities are deteriorating and must be maintained. As Chairman Smith indicated, the VA is not moving fast enough with the CARES system to meet their infrastructure needs. The facility improvement projects we would authorize with this bill are VA’s highest construction priorities: corrections to fire safety and seismic risks in Palo Alto; replacement of mechanical and electrical equipment in Cleveland; seismic bracing in San Francisco, Los Angeles and San Diego; asbestos abatement and various in-patient facility improvements in Tampa; patient privacy improvements in West Haven.

These are but a few of the VA’s most pressing capital investment needs. Many projects involve seismic correction or systemic improvements, and all of them focus on patient safety, more efficient delivery of health care services and a better VA health care system.

Mr. Speaker, I urge my colleagues in the House to favorably consider this measure and to approve these projects for these 10 hospitals and clinics in which veterans receive their health care. This bill is paid for, Mr. Speaker, because the concurrent resolution on the budget includes sufficient funding to support this level of construction and maintenance activity in fiscal year 2003.

This bill is a reasonable and responsible measure to improve the VA’s health care infrastructure at these 10 sites. America’s veterans deserve and need quality health care in modern facilities. This will help us attain those modern facilities.

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

Mr. Speaker, I urge my colleagues to support H.R. 4514, as amended, the Veterans' Major Medical Facilities Construction Act of 2002. This measure authorizes funding required for 10 of the most important major construction projects identified by the Department of Veterans Affairs. I particularly want to thank the gentleman from New Jersey (Mr. SMITH) for his strong leadership in support of major VA construction projects. Improving the infrastructure of VA medical centers has been a high priority of our chairman; and his concern and commitment to veterans is recognized and appreciated. I also thank the gentleman from Illinois (Mr. EVANS), the ranking member; the chairman of the Subcommittee on Health, the gentleman from Kansas (Mr. MORAN); and the gentleman from California (Mr. FILNER), the ranking member of the subcommittee, for their important contributions to this important legislation.

Mr. Speaker, veterans should not be forced to obtain the medical care they need in unsafe and potentially dangerous facilities. While this is a good measure deserving the support of all Members, it only begins to address the need for major construction in our VA medical care facilities.

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Veterans are not second-class citizens and their health care facilities should not be second class or worse. I am hopeful that construction projects authorized by this legislation will proceed without undue delay and that the administration will request and provide more funding in its next budget so other serious building deficiencies can also be corrected.

Mr. Speaker, I urge my colleagues to support H.R. 4514, as amended.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume just to thank our professional staff again for the hard work that they have done on all of these bills before us. I especially want to call the attention of the House to, and thank, Mrs. Kimberly Cowins, who will be leaving the committee's majority staff at the end of this month for a new opportunity in Southern California.

Mrs. Cowins has been the consummate professional as a staff member of our Subcommittee on Health of the Committee on Veterans' Affairs. She was instrumental in our work last year that led to passage of the Homeless Assistance and Health Care Benefits Acts, and she has been a major contributor this year to the health legislation that we are considering today.

Mr. Speaker, Mrs. Cowins devoted 10 years in serving as a medic in the United States Navy, including duty at facilities in Great Lakes, Jacksonville, Corpus Christi, my own facility of Lakehurst, New Jersey, and Orlando Navy hospitals.

After leaving active duty, she worked in the health care systems of the VA and in the private sector prior to joining our staff. She holds a bachelor's degree in biology from Ryder University, which used to be in my district, and a master's in public administration from Texas A&M University.

Mrs. Cowins is returning to the Navy in San Diego as the business manager of pediatrics at the Balboa Navy Hospital. Mr. Speaker, Balboa's gain is a significant loss for our committee, because of her intelligence, positive attitude, experience and good humor.

We wish Mrs. Cowins and her family every blessing under heaven, and good fortune in her future endeavors. We know with confidence she will achieve the same level of excellence in her work at Balboa Navy Hospital as she did in her congressional service to America's veterans.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4514, 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 have no further requests for time, and I yield back 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 of the Committee on Veterans' Affairs.

Mr. FILNER. Mr. Speaker, I thank the gentleman for yielding me time, I thank the chairman for bringing us this bill, and I thank especially the chairman of the Subcommittee on Health of the Committee on Veterans' Affairs, the gentleman from Kansas (Mr. MORAN), for making sure that we had this bill passed in the coming year.

Mr. Speaker, I also thank the chairman for his kind words about Ms. Cowins. We are looking forward to seeing her in San Diego. I am sorry the Navy got her. I wanted to hire her for a job here. But we will see if they can keep her there.

Mr. Speaker, we have heard about how necessary this construction is for the VA and how critical the construction needs are for our health facilities. There has been a gross underfunding of VA facilities for the past decade, and this is meant to start to catch up.

The average age of our VA facilities is over a half century old. An aging infrastructure, like aging bodies, needs more than a band-aid and an aspirin. So this would allow the VA to carry out 10 major construction projects.

I was pleased to know that 3 of these are in California, as the chairman of the Subcommittee on Health of the Committee on Veterans' Affairs said, in San Francisco and Los Angeles and

in my hometown of San Diego, and I am pleased and relieved that we are able to do this for the San Diego Medical Center in San Diego County. In fact, this is one of the 6 health care facilities that will be authorized to meet safety codes in the event of an earthquake. The projects would improve the structural integrity of a building that serves a growing metropolitan veteran population each year and houses almost 2,500 VA employees.

This bill would also raise the threshold for what are called major construction projects to those that cost more than \$6 million, thus allowing the Secretary more flexibility for approving minor construction projects and keeping pace with the rising cost of construction across the country. I believe that we have an obligation to help the VA maintain a safe and decent health care system.

I would also urge our committee to consider legislation down the line to meet new needs in our National Cemetery System. While the VA does not have enough funds to meet the needs around the country, I would urge upon our committee to examine new ways of looking at this. For example, in San Diego, 2 private cemeteries have agreed to cede over to the Veterans Administration land on which veterans from San Diego could be buried. We have called these satellite cemeteries, and we will be introducing legislation to try to get these authorized in the coming year.

While the VA administration has tentatively said that that gives them new bureaucratic problems, I believe that veterans around this Nation deserve an honorable burial right in their hometowns. If we have to find new ways to do that, then this House ought to do that.

So, Mr. Speaker, we are here to approve H.R. 4514. Our veterans deserve no less, and I urge my colleagues to support this important measure.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 4514, the Veterans Major Medical Facilities Act.

This bill authorizes ten projects to improve, renovate and update patient care facilities at Veterans' Affairs (VA) medical centers.

H.R. 4514 establishes criteria for selection of minor construction projects. These criteria would provide a higher priority for seismic protection and fire safety, as well as improvements to VA utility systems and ancillary patient care facilities.

Moreover, I am especially supportive of the provisions that provide additional accommodations for persons with disabilities; blind rehabilitation centers; programs for the seriously mentally ill patients; rehabilitation programs for substance abuse; physical medicine and rehabilitation activities; amputee care; spinal cord injury centers; traumatic brain injury programs; women's health programs; and facilities for hospice and palliative care.

These medical problems plague many in the 18th Congressional District of Texas and many around the nation. Let us support this legislation to improve healthcare for our veterans.

Mr. HASTINGS of Florida. Mr. Speaker, this bill on the floor today will significantly improve the lives of the veterans who have served us so honorably.

H.R. 4514, Veterans Major Medical Facilities Construction Act, provides an increase to the Veterans Administration to improve patient care facilities. This bill is targeted at specified medical facility projects in California, Ohio, Alaska, Connecticut and Florida. It authorizes ten projects to improve, renovate and update patient care facilities at VA medical centers in these five states. The measure sets specific authorizations for each project in FY 2003 and an overall authorization of \$285 million in FY 2003 for all ten projects. The much needed improvements in patient care at these facilities will include accommodations for veterans with disabilities, blind rehabilitation centers, programs for seriously mentally ill patients, rehabilitation programs for substance abuse, and facilities for hospice care.

My colleagues may recall that when we were debating the rule for the Defense Authorization Act earlier this month, I expressed concerns about the projected rise in the number of veterans and retirees over the next few years, especially those over the age of 65.

Caring for these Americans in the coming years will be one of the greatest challenges facing the military health care system and the Veterans Administration.

Mr. SHOWS. Mr. Speaker, I have no further requests for time, and 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. 4514, 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.

JOBS FOR VETERANS ACT

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4015) to amend title 38, United States Code, to revise and improve employment, training, and placement services furnished to veterans, and for other purposes, as amended.

The Clerk read as follows:

H. R. 4015

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

SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the "Jobs for Veterans Act".

(b) **REFERENCES TO TITLE 38, UNITED STATES CODE.**—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is

expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(c) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1. Short title; references to title 38, United States Code.

Sec. 2. Priority of service for veterans in Department of Labor job training programs.

Sec. 3. Performance incentive awards for quality veterans employment, training, and placement services.

Sec. 4. Refinement of job training and placement functions of the Department.

Sec. 5. Additional improvements in veterans employment and training services.

Sec. 6. Committee to raise employer awareness of skills of veterans and benefits of hiring veterans.

Sec. 7. Sense of Congress commending veterans and military service organizations.

Sec. 8. Study on economic benefits to the United States of long-term sustained employment of veterans.

SEC. 2. PRIORITY OF SERVICE FOR VETERANS IN DEPARTMENT OF LABOR JOB TRAINING PROGRAMS.

(a) **VETERANS' JOB TRAINING ASSISTANCE.**—

(1) **IN GENERAL.**—Chapter 42 is amended by adding at the end the following new section:

"§4215. Priority of service for veterans in Department of Labor job training programs

"(a) **DEFINITIONS.**—In this section:

"(1) The term 'covered person' means any of the following individuals:

"(A) A veteran.

"(B) The spouse of any of the following individuals:

"(i) Any veteran who died of a service-connected disability.

"(ii) Any member of the Armed Forces serving on active duty who, at the time of application for assistance under this section, is listed, pursuant to section 556 of title 37 and regulations issued thereunder, by the Secretary concerned in one or more of the following categories and has been so listed for a total of more than 90 days: (I) missing in action, (II) captured in line of duty by a hostile force, or (III) forcibly detained or interned in line of duty by a foreign government or power.

"(iii) Any veteran who has a total disability resulting from a service-connected disability.

"(iv) Any veteran who died while a disability so evaluated was in existence.

"(2) The term 'qualified job training program' means any workforce preparation, development, or delivery program or service that is directly funded, in whole or in part, by the Department of Labor and includes the following:

"(A) Any such program or service that uses technology to assist individuals to access workforce development programs (such as job and training opportunities, labor market information, career assessment tools, and related support services).

"(B) Any such program or service under the public employment service system, one-stop career centers, the Workforce Investment Act of 1998, a demonstration or other temporary program, and those programs implemented by States or local service providers based on Federal block grants administered by the Department of Labor.

"(C) Any such program or service that is a workforce development program targeted to specific groups.

"(3) The term 'priority of service' means, with respect to any qualified job training program, that a covered person shall be given priority over nonveterans for the receipt of employment, training, and placement services provided under that program, notwithstanding any other provision of law.

"(b) **ENTITLEMENT TO PRIORITY OF SERVICE.**—

(1) A covered person is entitled to priority of service under any qualified job training program if the person otherwise meets the eligibility requirements for participation in such program.

"(2) The Secretary of Labor may establish priorities among covered persons for purposes of this section to take into account the needs of disabled veterans and special disabled veterans, and such other factors as the Secretary determines appropriate.

"(c) **ADMINISTRATION OF PROGRAMS AT STATE AND LOCAL LEVELS.**—An entity of a State or a political subdivision of the State that administers or delivers services under a qualified job training program shall—

"(1) provide information and priority of service to covered persons regarding benefits and services that may be obtained through other entities or service providers; and

"(2) ensure that each covered person who applies to or who is assisted by such a program is informed of the employment-related rights and benefits to which the person is entitled under this section.

"(d) **ADDITION TO ANNUAL REPORT.**—In the annual report required under section 4107(c) of this title for the program year beginning in 2002 and each subsequent program year, the Secretary of Labor shall evaluate whether covered persons are receiving priority of service and are being fully served by qualified job training programs, and whether the levels of service of such programs are in proportion to the incidence of representation of veterans in the labor market, including within groups that the Secretary may designate for priority under such programs, if any."

(2) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 42 is amended by inserting after the item relating to section 4214 the following new item:

"4215. Priority of service for veterans in Department of Labor job training programs."

(b) **EMPLOYMENT OF VETERANS WITH RESPECT TO FEDERAL CONTRACTS.**—

(1) **IN GENERAL.**—Section 4212(a) is amended to read as follows:

"(a)(1) Any contract in the amount of \$100,000 or more entered into by any department or agency of the United States for the procurement of personal property and nonpersonal services (including construction) for the United States, shall contain a provision requiring that the party contracting with the United States take affirmative action to employ and advance in employment qualified covered veterans. This section applies to any subcontract entered into by a prime contractor in carrying out any such contract.

"(2) In addition to requiring affirmative action to employ such qualified covered veterans under such contracts and subcontracts and in order to promote the implementation of such requirement, the Secretary of Labor shall prescribe regulations requiring that—

"(A) each such contractor for each such contract shall immediately list all of its employment openings with the appropriate employment service delivery system (as defined in section 4101(7) of this title), and may also list such openings with one-stop career centers under the Workforce Investment Act of 1998, other appropriate service delivery points, or America's Job Bank (or any additional or subsequent national electronic job bank established by the Department of Labor), except that the contractor may exclude openings for executive and senior management positions and positions which are to be filled from within the contractor's organization and positions lasting three days or less;

"(B) each such employment service delivery system shall give such qualified covered veterans priority in referral to such employment openings; and

"(C) each such employment service delivery system shall provide a list of such employment