

major tournament in America, I might point out.

After college he served in the United States Navy before returning to Worcester to teach and coach basketball. Early began his long career of service to the people of Worcester in 1962 when he was elected to the Massachusetts State House. He served until his election to the U.S. House of Representatives in 1974. He served in this body until 1993.

Here in the House Mr. Early sat on the Committee on Appropriations and tirelessly but quietly advocated the causes important to himself and to his constituents. His stewardship of the National Institutes of Health is especially noteworthy and undoubtedly resulted in many medical advances.

Mr. Speaker, I urge the adoption of H.R. 5333.

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

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

Mr. Speaker, this is, in fact, a bill that was presented by the gentleman from Massachusetts (Mr. MCGOVERN) and cosponsored by all of the Members from that delegation.

Mr. Early has, in fact, served a distinguished career in Massachusetts. It was mentioned by my colleague from Utah (Mr. CANNON), he was a Worcester, Massachusetts native, born in 1933. He went through the schools in Worcester and the College of the Holy Cross. He graduated from there in 1955. He served in the United States Navy and after that was a teacher and a coach. He has been a member of the Massachusetts House. He was a staunch Democrat. He was also a delegate to many conventions and elected to this House in the 94th Congress and served in eight successive Congresses after that.

Mr. Speaker, I yield such time as he may consume to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman for yielding me time, and I want to also thank him for his assistance in moving this measure forward. As well, I want to thank the gentleman from Utah (Mr. CANNON) for his kind words.

Mr. Speaker, today citizens across the Commonwealth of Massachusetts are going to the polls to cast their votes in the State's primary election. It is certainly fitting that on this same day, the House of Representatives votes to honor one of Massachusetts' long-serving and distinguished Members of Congress, Joseph D. Early.

I am proud to be joined by the entire Massachusetts delegation in expressing unanimous support for H.R. 5333, a bill to designate a facility of the U.S. Postal Service in Worcester, Massachusetts, as the Joseph D. Early Post Office Building.

As both a predecessor of mine in Congress and as a cherished friend, I am proud to have sponsored this legislation which will properly honor Joe Early with a Federal building to bear his name.

Mr. Speaker, Joe Early is undeniably one of the City of Worcester's favorite sons. Long before the Jesse Burkett Little League team of this year, Joe Early brought national prominence to the City of Worcester as cocaptain of the Holy Cross College basketball team that won the 1954 National Invitational Tournament. The same tenacity Joe regularly demonstrated on the hardwood later proved to be the hallmark of a remarkable career in public service.

First elected to the Massachusetts House of Representatives in 1962, Joe rose through the ranks to ultimately become Vice Chairman of the House Ways and Means Committee. In the legislature, Joe earned a reputation as a forceful advocate for social programs and a staunch supporter of organized labor. This unwaivering commitment to New Deal principles remained firmly intact when Joe Early arrived as a newly elected Member of Congress in 1975.

As a Member of the House Committee on Appropriations, Joe continued to fight doggedly for funding for education, health care and social services. Senior citizens, most notably the frail elderly, never had a more loyal friend or passionate ally in their struggle to retain health care benefits in the late 1980s than Joe Early. In an era of shrinking domestic spending, Joe repeatedly cautioned his colleagues to not forsake our priorities at home.

He was the guardian at the gate for medical research funding, and the National Institutes of Health in particular benefitted greatly from his vigilance on the Subcommittee on Labor, Health and Human Services and Education of the Committee on Appropriations.

Many of the recent advances in the treatment of chronic disease can be attributed in no small measure to Joe's steadfast support of the NIH. Today, people here and around the world live healthier lives because of Joe Early; and while he may not be a household name, he will forever be remembered within the medical research community as a true champion of their cause.

Joe's persistent work in his committee was rivaled only by a fierce devotion to his constituents at home. There are countless untold stories of the assistance performed by Joe on behalf of a family in need. No problem was too big and no person was too small to receive the personal attention and intervention of Congressman Early.

Joe's constituent service was renowned as was his relentless pursuit of funding for the Third District of Massachusetts. The University of Massachusetts Medical School stands as only one shining example of Joe Early's tireless efforts to ensure his district receive its fair share.

Mr. Speaker, in our business there are show horses and there are work horses. Joe Early was the consummate work horse. He never sought the glory

of the spotlight or rushed to grab a headline. Joe was content to let others receive the credit while he worked quietly and effectively on the issues and for the constituents he cared so deeply about. In that respect, Joe Early is very much like the district he represented for 18 years. In fact, it has been said that Joe Early did not represent his beloved City of Worcester as much as he personified its three-decker homes and blue-collar work ethic.

Mr. Speaker, in that spirit, we shall pass this legislation to name a post-office building in Worcester for Congressman Joseph D. Early as a small tribute to a great man who humbly and selflessly has given so much of his life in service to others.

Mr. Speaker, I want to thank my colleague from Massachusetts (Mr. TIERNEY) for his generosity in yielding me time and for his leadership on this issue.

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

Mr. CANNON. Mr. Speaker, I urge the adoption of this measure.

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 Utah (Mr. CANNON) that the House suspend the rules and pass the bill, H.R. 5333.

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. CANNON. 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.

□ 1500

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS ACT OF 2002

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 526) providing for the concurrence by the House with an amendment in the amendments of the Senate to H.R. 3253.

The Clerk read as follows:

H. RES. 526

Resolved, That, upon the adoption of this resolution, the House shall be considered to have taken from the Speaker's table the bill H.R. 3253, with the Senate amendments thereto, and to have concurred in the Senate amendment to the title of the bill and to have concurred in the Senate amendment to the text of the bill with the following amendment:

In lieu of the matter proposed to be inserted by the amendment of the Senate to the text of the bill, insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Veterans Affairs Emergency Preparedness Act of 2002".

SEC. 2. ESTABLISHMENT OF MEDICAL EMERGENCY PREPAREDNESS CENTERS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—(1) 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 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 under 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 of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

“(b) MISSION.—The mission of the centers shall be as follows:

“(1) To carry out research on, and to develop methods of detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing 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, through the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) or through interagency agreements entered into by the Secretary for that purpose.

“(3) In the event of a disaster or emergency referred to in section 1785(b) of this title, to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health care agencies and personnel involved in or responding to the disaster or emergency.

“(c) SELECTION OF CENTERS.—(1) The Secretary shall select the sites for the centers on the basis of a competitive selection process. The Secretary may not designate a site as a location for a center under this section unless the Secretary makes a finding under paragraph (2) with respect to the proposal for the designation of such site. To the maximum extent practicable, the Secretary shall ensure the geographic dispersal of the sites throughout the United States. Any such center may be a consortium of efforts of more than one medical center.

“(2) A finding by the Secretary 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, security, and law enforcement functions, 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 De-

partment medical facilities so as to provide those persons with training in the detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses induced by exposures to chemical and biological substances, radiation, and incendiary or other explosive weapons or devices.

“(B) An arrangement with a graduate school specializing in 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, prevention, or treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

“(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.

“(d) 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.

“(e) DISSEMINATION OF RESEARCH PRODUCTS.—(1) The Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions 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.

“(f) COORDINATION OF ACTIVITIES.—The Secretary shall take appropriate actions to ensure that the work of each center is carried out—

“(1) in close coordination with the Department of Defense, the Department of Health and Human Services, and other departments, agencies, and elements of the Government charged with coordination of plans for United States homeland security; and

“(2) after taking into consideration applicable recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d–6(a)) or any other joint interagency advisory group or committee designated by the President or the President’s designee to coordinate Federal research on weapons of mass destruction.

“(g) 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.

“(h) 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.

“(i) FUNDING.—(1) Amounts appropriated for the activities of the centers under this section shall be appropriated separately from amounts appropriated for the Department for medical care.

“(2) In addition to funds appropriated for a fiscal year specifically for the activities of the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department medical care account and the Department medical and prosthetics research account such amounts as the Under Secretary 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, security, and law enforcement functions.

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

(2) 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.”

(b) PEER REVIEW FOR DESIGNATION OF CENTERS.—(1) In order to assist the Secretary of Veterans Affairs and the Under Secretary of Veterans Affairs for Health in selecting sites for centers under section 7325 of title 38, United States Code, as added by subsection (a), 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 such centers. The peer review panel shall be established in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

(2) The peer review panel shall include experts in the fields of toxicological research, infectious diseases, 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 of Veterans Affairs.

(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.).

SEC. 3. EDUCATION AND TRAINING PROGRAMS ON MEDICAL RESPONSES TO CONSEQUENCES OF TERRORIST ACTIVITIES.

(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)(1), the following new section:

“§ 7326. Education and training programs on medical response to consequences of terrorist activities

“(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 OFFICIAL.—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, security, and law enforcement functions.

“(c) CONTENT OF PROGRAMS.—The education and training programs developed under the program shall be modelled 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, radiological, incendiary, or other explosive agents, weapons, or devices that may be used in terrorist activities.

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

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

“(4) Emergency treatment for exposure to those agents, weapons, or devices.

“(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, weapons, or devices to protect against contamination, injury, or other hazards from such exposure.

“(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 in Department medical centers. 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 education and training programs 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(a)(2), the following new item:

“7326. Education and training programs on medical response to consequences of terrorist activities.”.

(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. AUTHORITY TO FURNISH HEALTH CARE DURING MAJOR DISASTERS AND MEDICAL EMERGENCIES.

(a) IN GENERAL.—(1) Subchapter VIII of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1785. Care and services during certain disasters and emergencies

“(a) AUTHORITY TO PROVIDE HOSPITAL CARE AND MEDICAL SERVICES.—During and immediately following a disaster or emergency referred to in subsection (b), the Secretary may furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by that disaster or emergency.

“(b) COVERED DISASTERS AND EMERGENCIES.—A disaster or emergency referred to in this subsection is any disaster or emergency as follows:

“(1) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.

“(c) APPLICABILITY TO ELIGIBLE INDIVIDUALS WHO ARE VETERANS.—The Secretary may furnish care and services under this section to an individual described in subsection (a) who is a veteran without regard to whether that individual is enrolled in the system of patient enrollment under section 1705 of this title.

“(d) REIMBURSEMENT FROM OTHER FEDERAL DEPARTMENTS AND AGENCIES.—(1) The cost of any care or services furnished under this section to an officer or employee of a department or agency of the United States other than the Department or to a member of the Armed Forces shall be reimbursed at such rates as may be agreed upon by the Secretary and the head of such department or agency or the Secretary concerned, in the case of a member of the Armed Forces, based on the cost of the care or service furnished.

“(2) Amounts received by the Department under this subsection shall be credited to the Medical Care Collections Fund under section 1729A of this title.

“(e) REPORT TO CONGRESSIONAL COMMITTEES.—Within 60 days of the commencement of a disaster or emergency referred to in subsection (b) in which the Secretary furnishes care and services under this section (or as soon thereafter as is practicable), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

“(f) REGULATIONS.—The Secretary shall prescribe regulations governing the exercise of the authority of the Secretary under this section.”.

(2) The table of sections at the beginning of that chapter is amended by adding at the end the following new item:

“1785. Care and services during certain disasters and emergencies.”.

(b) MEMBERS OF THE ARMED FORCES ON ACTIVE DUTY.—Section 8111A(a) of such title is amended—

(1) by redesignating paragraph (2) as paragraph (4);

(2) by designating the second sentence of paragraph (1) as paragraph (3); and

(3) by inserting between paragraph (1) and paragraph (3), as designated by paragraph (2) of this subsection, the following new paragraph:

“(2)(A) During and immediately following a disaster or emergency referred to in subparagraph (B), the Secretary may furnish hospital care and medical services to members of the Armed Forces on active duty responding to or involved in that disaster or emergency.

“(B) A disaster or emergency referred to in this subparagraph is any disaster or emergency as follows:

“(i) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(ii) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.”.

SEC. 5. 10-YEAR EXTENSION OF EXPIRED AUTHORITY.

Effective September 30, 2002, subsection (d) of section 1722A of title 38, United States Code, is amended by striking “September 30, 2002” and inserting “September 30, 2012”.

SEC. 6. 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:

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

(c) NUMBER OF DEPUTY ASSISTANT SECRETARIES.—Subsection (d)(1) of such section is amended by striking “18” and inserting “19”.

(d) 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)”.

SEC. 7. CODIFICATION OF DUTIES OF SECRETARY OF VETERANS AFFAIRS RELATING TO EMERGENCY PREPAREDNESS.

(a) IN GENERAL.—(1) Subchapter I of chapter 81 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 8117. Emergency preparedness

“(a) READINESS OF DEPARTMENT MEDICAL CENTERS.—(1) The Secretary shall take appropriate actions to provide for the readiness of Department medical centers to protect the patients and staff of such centers from chemical or biological attack or otherwise to respond to such an attack so as to enable such centers to fulfill their obligations as part of the Federal response to public health emergencies.

“(2) Actions under paragraph (1) shall include—

“(A) the provision of decontamination equipment and personal protection equipment at Department medical centers; and

“(B) the provision of training in the use of such equipment to staff of such centers.

“(b) SECURITY AT DEPARTMENT MEDICAL AND RESEARCH FACILITIES.—(1) The Secretary shall take appropriate actions to provide for

the security of Department medical centers and research facilities, including staff and patients at such centers and facilities.

“(2) In taking actions under paragraph (1), the Secretary shall take into account the results of the evaluation of the security needs at Department medical centers and research facilities required by section 154(b)(1) of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 116 Stat. 631), including the results of such evaluation relating to the following needs:

“(A) Needs for the protection of patients and medical staff during emergencies, including a chemical or biological attack or other terrorist attack.

“(B) Needs, if any, for screening personnel engaged in research relating to biological pathogens or agents, including work associated with such research.

“(C) Needs for securing laboratories or other facilities engaged in research relating to biological pathogens or agents.

“(c) TRACKING OF PHARMACEUTICALS AND MEDICAL SUPPLIES AND EQUIPMENT.—The Secretary shall develop and maintain a centralized system for tracking the current location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the Department health care system in order to permit the ready identification and utilization of such pharmaceuticals, supplies, and equipment for a variety of purposes, including response to a chemical or biological attack or other terrorist attack.

“(d) TRAINING.—The Secretary shall ensure that the Department medical centers, in consultation with the accredited medical school affiliates of such medical centers, develop and implement curricula to train resident physicians and health care personnel in medical matters relating to biological, chemical, or radiological attacks or attacks from an incendiary or other explosive weapon.

“(e) PARTICIPATION IN NATIONAL DISASTER MEDICAL SYSTEM.—(1) The Secretary shall establish and maintain a training program to facilitate the participation of the staff of Department medical centers, and of the community partners of such centers, in the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b)).

“(2) The Secretary shall establish and maintain the training program under paragraph (1) in accordance with the recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d-6(a)).

“(3) The Secretary shall establish and maintain the training program under paragraph (1) in consultation with the following:

“(A) The Secretary of Defense.

“(B) The Secretary of Health and Human Services.

“(C) The Director of the Federal Emergency Management Agency.

“(f) MENTAL HEALTH COUNSELING.—(1) With respect to activities conducted by personnel serving at Department medical centers, the Secretary shall develop and maintain various strategies for providing mental health counseling and assistance, including counseling and assistance for post-traumatic stress disorder, following a bioterrorist attack or other public health emergency to the following persons:

“(A) Veterans.

“(B) Local and community emergency response providers.

“(C) Active duty military personnel.

“(D) Individuals seeking care at Department medical centers.

“(2) The strategies under paragraph (1) shall include the following:

“(A) Training and certification of providers of mental health counseling and assistance.

“(B) Mechanisms for coordinating the provision of mental health counseling and assistance to emergency response providers referred to in paragraph (1).

“(3) The Secretary shall develop and maintain the strategies under paragraph (1) in consultation with the Secretary of Health and Human Services, the American Red Cross, and the working group referred to in subsection (e)(2).”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8116 the following new item:

“8117. Emergency preparedness.”.

(b) REPEAL OF CODIFIED PROVISIONS.—Subsections (a), (b)(2), (c), (d), (e), and (f) of section 154 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 38 U.S.C. note prec. 8101) are repealed.

(c) CONFORMING AMENDMENTS.—Subsection (g) of such section is amended—

(1) in paragraph (1), by inserting “of section 8117 of title 38, United States Code” after “subsection (a)”;

(2) in paragraph (2), by striking “subsections (b) through (f)” and inserting “subsection (b)(1) of this section and subsections (b) through (f) of section 8117 of title 38, United States Code”.

The SPEAKER pro tempore (Mr. BOOZMAN). Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) 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 am very pleased to bring to the floor legislation that I introduced almost a year ago to respond to the diabolical terrorist attacks of September 11 and the anthrax attacks that followed.

The legislation, H.R. 3253, as amended, the Department of Veterans Affairs Emergency Preparedness Act of 2002, provides the Federal Government with another tool to prevent or, if necessary, respond to future acts of terrorism against the United States. This legislation is designed to mobilize the underappreciated strength of the VA health care infrastructure in defending our Nation against future acts of terrorism.

Although it may come as a surprise to many, the Department of Veterans Affairs operates our Nation's largest integrated health care network, with over 200,000 health care practitioners, 163 medical centers, more than 800 outpatient clinics, 115 medical research programs, affiliations with over 100 schools of medicine, and a \$25 billion annual budget including over \$1 billion for research programs.

The VA health care system must, Madam Speaker, be an integral component of any homeland security strategy. In fact, the VA already does have 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, one, conducting and evaluating disaster and terrorist attack simulation exercises; second, managing the Nation's stockpile of drugs to counter the effects of chemical and biological poisons; third, maintaining a rapid response team for radioactive releases; and, fourth, training public and private NDMS medical center personnel around the country in properly responding to biological, chemical, or radiological disasters.

H.R. 3253 was developed in order to apply the existing experience and expertise in the VA's health care research programs as a defensive tool in the war on terrorism.

Madam Speaker, I know from my own experience with the anthrax attacks last October, which hit my own district and hit it hard in central New Jersey in Hamilton Township, putting thousands of dedicated postal workers and the public as well at risk, that we need to move very quickly, develop new tests and new treatments for anthrax and scores of other biological and dangerous chemical agents and radiological weapons that might be employed by terrorists.

When anthrax was discovered in the Hamilton Post Office, I was astounded to discover that there were no existing protocols to test, quarantine, or treat victims. The confusion that emanated, the fog, if my colleagues will, that followed the discovery of anthrax made a bad situation even worse. I saw it over and over again, well-intentioned experts from the departments of health, State and Federal, CDC and the like were flying by the seat of their collective pants. Far too many pertinent questions were not answered and were not answered with scientific or any kind of precision.

It was during that crisis, frankly, that I thought that we needed to develop a new policy that would establish protocols which would try to deal with the details before the unthinkable, which now had become thinkable, actually happened; and that was the genesis of this legislation.

H.R. 3253, we believe, will marshal some of our Nation's best and brightest scientists in a focused effort to develop new protocols for testing, vaccinating, and treating our citizens who may be victims of biological, chemical, or radiological terrorism.

Madam Speaker, the House previously approved H.R. 3253, as amended, on May 20. I am very grateful that the Senate passed an amended bill on August 1. The bill before us today represents the compromise language agreed to after discussions and negotiations between the House and the Senate Committees on Veterans' Affairs.

As amended, H.R. 3253 will authorize the VA to establish four National Medical Preparedness Centers. These centers would undertake research and develop new protocols for detecting, diagnosing, vaccinating, and treating potential victims of terrorism. In particular, the centers would focus on

ways to prevent and treat victims of biological, chemical, and radiological or explosive terrorist acts.

The new centers would conduct direct research and coordinate ongoing and promising new research with affiliated universities and other government agencies. These centers would serve as training resources for thousands of community hospital staffs; hazardous materials, HAZMAT teams; emergency medical technicians, EMTs; and firefighters and police officers, who must be the first medical responders in the event of terrorist attacks.

The emergency preparedness centers would also be charged with establishing state-of-the-art laboratories to help local health officials detect the presence of dangerous biological and chemical poisons.

The funding to support these centers would come from the additional funds provided for combating terrorism and would not use or otherwise reduce funding for veterans' health care.

Under the compromise agreement reached with the Senate, VA's authority to provide emergency medical treatment would be expanded to include first responders, other Federal agencies, veterans not enrolled in the VA health care system, active duty service members, and others receiving VA care in declared domestic emergencies. Reimbursements collected for the cost of care, whether coming from FEMA, the Department of Defense, or an insurance company, would be credited to the VA's Medical Care Collections Fund, the same as in other VA collection efforts.

In addition, a new Assistant Secretary for preparedness security and law enforcement would be established at the VA.

Finally, Madam Speaker, the compromise bill would codify in title 38 of the U.S. Code various provisions from Public Law 107-188, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002," that pertain to the Department of Veterans Affairs.

Madam Speaker, as we pass the 1-year anniversary of 9-11 and the subsequent anthrax attacks, we are all thankful that no additional acts of terror have been carried out against the United States. However, there can be no doubt that serious dangers and threats remain. Our government must remain vigilant in defending and protecting our citizens from every threat, of any kind, and H.R. 3253 is another step towards homeland security. I urge all Members to support this legislation.

The House amendment to the Senate amendments to H.R. 3253 reflects a Compromise Agreement that the House and Senate Committees on Veterans' Affairs have reached on H.R. 3253 and S. 2132. H.R. 3253 (hereinafter known as the "House bill") passed the House on May 20, 2002. The Senate considered S. 2132 (hereinafter known as the "Senate bill") on August 1, 2002. This measure was incorporated in H.R. 3253 as an amendment and passed the Senate by unanimous consent on August 1, 2002.

The House and Senate Committees on Veterans' Affairs have prepared the following explanations of H.R. 3253, as amended (hereinafter referred to as the "Compromise Agreement"). Differences between the preparedness provisions contained in the Compromise Agreement and the related provisions of H.R. 3253 and S. 2132 are noted in this document, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

SHORT TITLE

CURRENT LAW—Public Law 105-368, the "Veterans Programs Enhancement Act of 1998," charged Department of Veterans Affairs (VA) to investigate potential long-term health effects of biological and chemical warfare agents. Under current law, the VA does not possess specific authority to establish centers dedicated to research, education, and training activities related to managing the health consequences of terrorist use of weapons of mass destruction.

HOUSE BILL—Section 1 of H.R. 3253 provides that the short title of the bill is the "Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002".

SENATE BILL—Section 1 of S. 2132 provides that the short title of the bill is the "Department of Veterans Affairs Emergency Preparedness Act of 2002".

COMPROMISE AGREEMENT—Section 1 of the Compromise Agreement would adopt the Senate language.

ESTABLISHMENT OF MEDICAL EMERGENCY PREPAREDNESS RESEARCH CENTERS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS

CURRENT LAW—No provision.

HOUSE BILL—Section 2(a) of H.R. 3253 would amend Chapter 73 of title 38, United States Code, by establishing a new section 7325.

Subsection (a) of section 7325 of title 38, United States Code, would require the Secretary of Veterans Affairs to establish at least four national medical emergency preparedness centers at existing VA medical centers, to be staffed with department employees. The Under Secretary for Health, in consultation with the assistant secretary for operations, preparedness, and security, would be responsible for supervising and evaluating the operation of these centers.

Proposed section 7325(b) of title 38, United States Code, would define the centers' three-fold mission as follows: (1) to a conduct research and development into "detection, diagnosis, vaccination, protection, and treatment for chemical, biological and radiological threats;" (2) to provide education, training, and expert advice to department and community health-care practitioners; and (3) to provide "contingent rapid response laboratory assistance" to local health-care authorities during national emergencies. The House bill would specify that at least one center concentrate solely on biological threats, one on chemical threats, and one on radiological threats to public health and safety.

Proposed section 7325(c) of title 38, United States Code, would define qualifications for center directors, and section 7325(d) would direct the Secretary to designate sites through a competitive selection process. Proposed section 7325(g) would establish a consulting peer-review panel, including experts in relevant fields, to assist the Under Secretary for Health in evaluating the scientific and clinical merits to proposals and offering recommendations concerning site designations for the four centers.

Paragraph 2 of proposed section 7325(d) of title 38, United States Code, would require that a candidate site demonstrate the ability to attract qualified scientists; develop arrangements with at least one accredited, affiliated school of medicine and school of public health; be affiliated with a graduate program in epidemiology; and offer training and education programs for nursing, social work, counseling, and/or other allied health personnel.

Subsection (e) of the proposed section 7325 of title 38, United States Code, would authorize to be appropriated \$20 million for each of fiscal years 2003-2007, and would authorize the Under Secretary for Health to expend Medical Care funds as appropriate for the support of such centers, in coordination with the assistant secretary with responsibility for operations, preparedness, and security. Subsection (f) of the proposed section 7325 would authorize each center to seek other public or private research funds to fulfill its research mission.

Proposed section 7325(h) of title 38, United States Code, would require that VA make the centers' findings available to health-care providers in the United States through publications and medical education programs, and that research programs be coordinated and shared with other Federal departments and agencies. The House bill would authorize the Department to assist Federal, State, and local civil and criminal authorities upon request to deal with biological, chemical, or radiological threats. Proposed subsection (j) of section 7325 would authorize details on a non-reimbursable basis of other Federal employees to assist the centers in accomplishing center missions.

SENATE BILL—Section 101 in the Senate bill would add section 7320A to title 38, United States Code.

Proposed section 7320A in the Senate bill would establish four centers to carry out research on "the detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, or incendiary or other explosive weapons or devices." This section would require that centers provide education and training to VA health-care professionals, and to non-VA professionals at the direction of the Secretary through the National Disaster Medical System (hereinafter "NDMS") or other interagency agreements. This section would also authorize the Secretary to provide appropriate "laboratory, epidemiological, medical, or other assistance" to Federal, State, and local health-care agencies and personnel involved in or responding to a national emergency. The Senate bill would not assign specific areas of research to single centers.

The Senate bill would require that the Secretary designate centers after peer review of competitive proposals submitted by existing qualified VA medical centers. The Senate bill would require the same qualifications as the House bill, but would require geographic dispersal "to the maximum extent practicable."

The Senate bill would require the offices responsible for directing research and medical emergency preparedness to administer the centers. This section would require those offices to work in close coordination with the Departments of Defense and Health and Human Services, the Office of Homeland Security, and other agencies, interagency working groups, or committees charged with coordinating Federal research into the response to casualties caused by terrorist use of weapons of mass destruction.

Subsection (e) of proposed section 7320A would require that centers be staffed by VA employees or employees detailed from other Federal agencies, on a non-reimbursable basis.

Proposed section (f) section 7320A would authorize the Secretary to provide assistance to Federal, State, and local agencies engaged in investigations or inquiries to protect against threats posed by terrorist use of weapons of mass destruction. Proposed section 7320A(g) would authorize the centers to seek grants from outside sources, and would authorize to be appropriated \$20 million for each of fiscal years 2003–2007.

COMPROMISE AGREEMENT—The Compromise Agreement would incorporate the Senate provisions in proposed section 7325 of title 38, United States Code, authorizing a total of four medical emergency preparedness centers, dispersed geographically to the maximum extent practicable. The Committees intend for VA to select sites based upon the strength of existing resources and scientific merit of the proposals; although regional distribution of these centers would be encouraged, predicted research productivity should be paramount in designating sites.

The proposed section 7325(a) of title 38, United States Code, would follow the House bill assigning responsibility for operation and supervision of the centers to the Under Secretary for Health, in consultation with the assistant secretary with responsibility for operations, preparedness, security, and law enforcement. The Compromise Agreement would not include House language defining qualifications for center directors. The centers would be situated organizationally within the Veterans Health Administration (VHA) and would report to the Under Secretary for Health. Nevertheless, the research products and educational tools arising from the work of the centers would link directly to the mission and function that the compromise Agreement would assign to the assistant secretary responsible for operations, preparedness, security and law enforcement. Thus, there would be a clearly defined line of accountability and coordination among the centers and the responsible departmental officials. This need is clearly acknowledged in the Compromise Agreement by the requirement to link the Under Secretary's decisions with regard to the operations of the centers to the work of the assistant secretary.

Proposed section 7325(b)(1) of title 38, United States Code, in the Compromise Agreement would follow the Senate language by substituting "prevention" for "vaccination and protection," and adding to the list of potential threats incendiary and other explosive sources. The Committees agree that contingency planning would include an all-hazards approach and acknowledge that strategies for mass casualty management overlap, irrespective of the particular nature of a terrorist attack or source of other mass-casualty disaster. The Compromise Agreement would not require individual centers to be dedicated to specific fields of study. Nevertheless, the Compromise Agreement would allow the Department to pursue multiple approaches to the medical management of mass casualties. In exercising the authority, the Department could designate any, some, or none of the centers as lead agent for developing subject matter expertise in a particular focused research area dealing with bioterrorism.

Proposed section 7325(b)(2) of title 38, United States Code, would require centers to provide education, training, and advice to health-care professionals within VHA as proposed in both bills, but would follow the Senate language to specify that such training be provided to outside professionals and practitioners through the NDMS as authorized by Public Law 107–188, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002," or through specific interagency agreements executed for the

purpose. The committees intend that VA take steps to ensure that potentially valuable research findings and educational developments in medical emergency preparedness be translated from the centers into clinical practice as quickly as practicable, but that VA accomplish this task through channels established as part of VA's role in existing federal response partnerships and the evolving U.S. national homeland security policy.

Proposed section 7325(b)(3) of title 38, United States Code, would adapt language from both bills authorizing centers to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health-care agencies and personnel in the event of a disaster or emergency.

Proposed section 7325(c) of title 38, United States Code, would direct the Secretary to select sites for centers as delineated in language shared by both bills, following the House language that would require proposals for the designation of centers be coordinated between the United Secretary for Health and the assistant secretary for operations, preparedness, and security, and be subject to a scientific peer-review process. The Compromise Agreement would follow House language describing the composition of the peer-review panel, but would replace the term "bio-hazards management education and training" with the term "infectious diseases," in describing the types of expertise called for in such peer-review panel participation. The Compromise Agreement would also follow House language requiring that to be qualified, centers would need to develop an arrangement under which nursing, social work, counseling, or allied health personnel would receive training and education from the centers, in addition to other provisions shared by both bills.

Sections 7325(d) and (e) of title 38, United States Code, would adopt the House language on research activities and dissemination of research products. Section 7325(f) would follow the Senate language requiring that research be coordinated with departments, agencies, and working groups charged with coordinating Federal research into responses to weapons of mass destruction.

Proposed section 7325(i) of title 38, United States Code, in the Compromise Agreement, would follow House language on the authorization of appropriations to support the efforts of these centers.

EDUCATION AND TRAINING PROGRAMS ON MEDICAL RESPONSES TO CONSEQUENCES OF TERRORIST ACTIVITIES

HOUSE BILL—Section 3(a) of the House bill would amend chapter 73 of title 38, United States Code, by adding a new section 7326.

Section 7326(a), of title 38, United States Code, would require the Secretary of Veterans Affairs to develop and disseminate programs to educate and train health-care professionals to respond to the consequences of terrorist activities.

Proposed section 7326(b), of title 38, United States Code, would designate the Under Secretary for Health, in consultation with the assistance secretary responsible for operations, preparedness and security, as the implementing officials or entity.

Under section 7326(c), of title 38, United States Code, the education and training programs currently established at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences would provide baseline national curriculum and clinical protocols for training health-care professionals.

Section 7326(d), of title 38, United States Code, would require the education and training programs to cover the needs of health-care professionals at every level of learning and in a variety of fields.

Under section 7326(e), of title 38, United States Code, the Secretary would be required to consult with the accrediting, certifying and coordinating bodies representing the various fields of health professions' education.

Section 3(b), of the House bill would require the Secretaries to implement this section within 90 days of enactment.

SENATE BILL—The Senate bill contains no comparable provisions.

COMPROMISE AGREEMENT—Section 3 of the Compromise Agreement would follow the House language with one amendment requiring that programs be designed for health-care professionals "in Department medical centers."

AUTHORITY TO FURNISH HEALTH CARE DURING MAJOR DISASTERS AND MEDICAL EMERGENCIES

CURRENT LAW—Section 8111A of title 38, United States Code, authorizes VA to serve as a supportive contingency health-care system to the Department of Defense, requiring VA to furnish hospital care, nursing home care, and medical services to members of the Armed Forces on active duty during and following a period of foreign war. This provision addresses the potential needs of post-deployment forces following an armed conflict abroad, when active-duty military casualties might quickly overwhelm available military treatment facility resources. Under section 1784 of title 38, United States Code, the Secretary is authorized to "furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary." The authority of section 1784 addresses humanitarian care provided by the Department to non-veterans.

Neither provision authorizes VA to care for active-duty military casualties following a domestic disaster or conflict, a possibility that must be acknowledged following the terrorist attacks in New York and Washington on September 11, 2001. In addition, current law does not recognize VA's already considerable commitment to providing emergency care during disasters as part of the Federal Response Plan established under Executive Orders 12148 and 12656.

HOUSE BILL—The House bill contains no comparable provisions.

SENATE BILL—Section 301(a) of the Senate bill would add a new section 1785 to title 38, United States Code, to authorize the Secretary to furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by a declared major disaster or emergency, or following activation of the NDMS. Proposed section 1785(c) of title 38, United States Code, would allow VA to care for veterans during such a disaster without regard to enrollment required under section 1705 of title 38, United States Code. Proposed section 1785(d) of title 38, United States Code, would authorize the Secretary to give higher priority to furnishing care to individuals affected by disasters than to anyone except service-connected veterans and members of the Armed Forces receiving care under section 8111A of title 38, United States Code. Proposed section 1785(e)(1) of title 38, United States Code, would authorize VA to be reimbursed for care furnished to an officer or employee of another Federal department or agency, with amounts credited in the Medical Care Collections Fund to the facility providing care. Under proposed section 1785(f) of title 38, United States Code, the Secretary would be required to report to the House and Senate Committees on Veterans' Affairs the volume of care furnished by VA under these provisions.

Section 301(b) of the Senate bill would amend title 38 of the United States Code,

section 1784, to provide an exception to the requirement that VA charge individuals for emergency care during a covered disaster or emergency.

Finally, the Senate bill would amend section 8111A of title 38, United States Code, to authorize the Secretary to furnish hospital care or medical services to members of the Armed Forces on active duty in this country, whose need for care is related to their response to a covered disaster or national emergency.

COMPROMISE AGREEMENT—Section 4 of the compromise Agreement would follow the Senate language, but would amend it by striking references to priorities for furnishing care. Also, the Compromise Agreement would delete language that would have suspended VA charges for emergency care under section 1784 of title 38, United States Code, during disasters.

INCREASE IN NUMBER OF ASSISTANT SECRETARIES OF VETERANS AFFAIRS

CURRENT LAW—Section 308 of title 38, United States Code, currently authorizes six assistant secretaries of the Department of Veterans Affairs and 18 deputy assistant secretaries.

HOUSE BILL—Section 4 of the House bill would amend section 308 of title 38, United States Code, by increasing the number of authorized assistant secretaries to “seven” and would amend subsection (b) of that section by adding “operations, preparedness, security, and law enforcement functions” to currently authorized functions.

SENATE BILL—Section 201 of the Senate bill is identical to section 4 of the House bill. Section 202 of the Senate bill would amend section 308(d)(1) of title 38, United States Code, by increasing the number of authorized deputy assistant secretaries from 18 to 20.

COMPROMISE AGREEMENT—Sections 6(a) and (b) of the Compromise Agreement would follow identical provisions from both bills. Section 6(c) of the Compromise Agreement would increase the number of deputy assistant secretaries from 18 to 19. The Committees urge the Secretary to examine the deployment of existing deputy assistant secretaries to ensure that the Department is properly staffed with deputy assistant secretaries to fulfill its various functions and missions.

CODIFICATION OF DUTIES OF SECRETARY OF VETERANS AFFAIRS RELATING TO EMERGENCY PREPAREDNESS

CURRENT LAW—Section 154 of Public Law 107-188, the “Public Health Security and Bioterrorism Preparedness and Response Act of 2002,” enacted on June 12, 2002, mandated a series of responsibilities for the Secretary of Veterans Affairs related to bioterrorism and other emergency preparedness functions.

HOUSE BILL—The House bill contains no comparable provisions.

SENATE BILL—The Senate bill contains no comparable provisions.

COMPROMISE AGREEMENT—The compromise Agreement is intended to codify authorities related to the Secretary’s emergency preparedness duties, enacted in Public Law 107-188 into chapter 81 of title 38, United States Code.

The Compromise Agreement would add a new section 8117 to title 38, United States Code. Proposed section 8117(a) codifies the requirement that the Secretary provide for the readiness of VA medical centers against chemical or biological attacks in order to protect patients and staff and to fulfill other emergency response missions. Proposed section 8117(a)(2) codifies the requirement that these preparations include provision and training in the use of decontamination and personal protection equipment.

Proposed section 8117(b) of title 38, United States Code, would codify the requirement

that the Secretary provide for the security of VA medical and research facilities, taking into account the security evaluation required by section 154(b)(1) of Public Law 107-188.

Proposed section 8117(c) of title 38, United States Code, would codify the requirement that the Secretary develop and maintain a centralized system for tracking the location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the VA’s health-care system so that these items might be accessed quickly during disasters.

Proposed section 8117(d) of title 38, United States Code, would codify the requirement that the Secretary ensure that VA medical centers, in consultation with affiliated medical schools, take steps to train resident physicians and other health-care personnel in the potential medical consequences of a terrorist attack.

Proposed section 8117(e) of title 38, United States Code, would codify the requirement that the Secretary establish and maintain a training program for VA health-care professionals and their community partners in the NDMS, in accordance with recommendations of the bioterrorism preparedness working group established in title 42, United States Code, and in consultation with the other NDMS Federal partners.

Proposed section 8117(f) of title 38, United States Code, would codify the requirement that the Secretary develop and maintain strategies that would allow VA expert personnel to provide mental health assistance, including counseling and assistance for post-traumatic stress disorder, following a terrorist attack or other public health emergency. Such a strategy would be developed in consultation with the Secretary of Health and Human Services, the American Red Cross and the bioterrorism preparedness working group established in title 42, United States Code. The Secretary would be responsible for training and coordinating VA providers in the treatment of veterans, emergency responders, active-duty military personnel, or others seeking care at a VA medical center.

Madam Speaker, I reserve the balance of my time.

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

I rise in strong support of the Veterans Affairs Emergency Preparedness Act, as amended. After the tragic events of September 11 last year, our chairman, the gentleman from New Jersey (Mr. SMITH), again demonstrated his leadership. Chairman SMITH introduced legislation authorizing an important role for the Department of the VA in our Nation’s fight against terrorism. That is the primary purpose of this measure today.

It provides medical care to millions of veterans each year and conducts groundbreaking health care research, and it also provides educational opportunities to many of our Nation’s health care providers.

The VA is truly an unparalleled national resource. This legislation provides the structure and the authority for the VA to leverage its expertise to combat terrorism. For the VA to achieve this goal, it must have adequate resources.

Today, the Veterans Affairs does not have enough resources. That is not my judgment, but it is the judgment of the

Task Force to Improve Health Care Delivery to Veterans established by President Bush. I call on the President to fully fund the VA. I ask him to provide all funding the VA needs to deliver timely, quality care to our veterans, today and tomorrow; provide the resources the VA needs to combat terrorism. And I thank the chairman once again for his leadership.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of New Jersey. Madam 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. Madam Speaker, since September 11, our Nation has been made to reevaluate every action we undertake. A year after the attacks on New York and in Washington and the plane crash in Pennsylvania, we are still at a heightened state of alert. What we once considered a safe Nation has now become a people concerned about security. The citizens of America are looking now, more than ever, to Congress and to the President for answers.

The legislation before us, H.R. 3253, would use the assets and expertise of the Department of Veterans Affairs to help protect the people of the United States from terrorists. Our government must be proactive in preparing the United States for future terrorist attacks. As Vice President CHENEY cautioned earlier this year, “The prospects of a future attack against the United States are almost certain.” We must respond in a timely, effective and comprehensive manner to protect the American people when an attack occurs. This bill would help do just that.

Under this bill, four geographically separated National Medical Emergency Preparedness centers would be established. Each center would study and work toward solutions to health consequences that arise from exposure to chemical, biological, explosive, and nuclear substances used as weapons of mass destruction.

The VA is prepared to handle this new and important mission. In addition to its medical care mission to care for millions of American veterans, the veterans health care system is the Nation’s largest health care 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, and has been in the past, an essential asset in responding to national emergencies.

Not only would the four special centers conduct research and develop methods of detection, diagnosis, prevention, and treatment; but they would also be charged with the 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 deadly chemicals, radiation, or other terrorist weapons of mass destruction.

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. The VA's infrastructure, which includes affiliation 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. Our bill provides the VA a formal role in the national disaster medical system and authorizes the VA to treat first responders, active duty forces, firefighters, police officers and members of the general public that may be victims of terrorism or other mass casualty disasters.

With this bill, the VA health care professionals will be properly armed with information and education on bioterrorism response. Mechanisms will be put in place to study the likely avenues and methods of chemical, biological, and radiological poisoning; and the VA will be part of the rapid response by Federal, State, and local officials in types of emergencies that only a year ago we could scarcely imagine.

H.R. 3253 is a bipartisan and bicameral compromise; and, Madam Speaker, I urge my colleagues to support this effort in America's war on terrorism.

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

Mr. SMITH of New Jersey. Madam Speaker, I yield myself such time as I may consume, and I just want to begin by thanking my very good friend and colleague, the gentleman from Illinois (Mr. EVANS), for his work on this legislation. We have served together on the Committee on Veterans' Affairs for longer than 20 years; and he has been a true advocate for veterans, and on this legislation, like on the others, has been a great friend and ally as we work in tandem to try to bring good, solid pieces of legislation to the floor. So I want to thank the gentleman from Illinois (Mr. EVANS) for that good work.

I want to thank Michael Durishin and Susan Edgerton, who are two of his top staffers, who again worked very, very tirelessly with our own staff here on the majority side; and again, these bills, the details of which are very much worked over and vetted, would not happen without that kind of cooperation. So I do want to thank them as well.

The gentleman from Kansas (Mr. MORAN), who just spoke, and the gentleman from California (Mr. FILNER), the chairman and the ranking member of the Subcommittee on Health, and the gentleman from Indiana (Mr. BUYER) also, the chairman of the Subcommittee on Oversight and Investigations, worked on this legislation as well; and I want to thank them.

I want to thank our own staff, Pat Ryan, Kingston Smith, Jeannie

McNally, Peter Dickinson, Kathleen Greve and John Bradley, who all had input into this legislation, and, we have held hearings on it. One of them was one of those day-long hearings. We had four panels. We heard from experts, and again, I think we all were astonished at the lack of response when it came to these capabilities.

As I alluded to earlier in my comments, I thought when I sat in those meetings in Trenton and Hamilton and Mercer County, where there was this befuddled look on the part of very well-meaning experts in the field about what do we do about anthrax, has it been spread through cross-contamination, what are the risks, how often and how long and to whom should Cipro or Doxycycline be administered.

There were a million and one questions and very few answers because those questions had not been considered in advance; and that is what this legislation is all about, to establish centers of excellence that seek to find out, if this kind of event happens, what is prescribed, what is the consequence. Just today in *The Washington Times*, there was an excellent op-ed piece by a doctor who heads up the emergency room physicians, pointing out that the first responders, as they rush in to help in a situation, smallpox, anthrax, sarin, just name it, will not have a clue what it is they need to do to prepare themselves, to protect themselves and preclude contamination.

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So it is very important that these details be worked out in advance, coordinating with other agencies of the government. The VA has shown in the past it has a unique perspective and an expertise to bring to bear on this.

Madam Speaker, I also thank our Senate colleagues. Senator ROCKEFELLER worked on this and got legislation passed. It was a very cooperative effort. They added some very meaningful language to the bill, so we ended up with a very good hybrid that will go to the President for signature. I also thank Senator SPECTER, the ranking member. In addition, I appreciate the efforts of the Senate staff, Bill Tuerk and Kim Lipsky, David Goetz and Bill Cahill, and I especially thank Julie Fischer, who has been Senator ROCKEFELLER's top aide, who worked with the other side of the aisle to craft a good bill. This bill has been endorsed by the administration. Now we will work on getting this bill signed, implemented, and then we will do oversight on its implementation.

Mr. RODRIGUEZ. Madam Speaker, I rise in support of the amended version of H.R. 3253, the Emergency Preparedness Act. As an original co-sponsor of H.R. 3253, I recognize the significant role the Department of Veterans Affairs (VA) can play in our quest as a nation to restore a sense of security following the horrific events of September 11, 2001 and the subsequent anthrax attacks. This measure would authorize the VA to become a full partner in our defense efforts through the estab-

lishment of four "Medical Emergency Preparedness Centers" at VA hospitals throughout the nation.

These centers would be charged with conducting medical research, and developing health care responses for chemical, biological, radiological, incendiary and explosive threats to the public. The centers would also provide education, training, and advice to VA and outside doctors, and other health care professionals on how to diagnose and treat illnesses caused by exposure to chemical, biological and radioactive materials. Especially important is the role the proposed centers would play in providing rapid response assistance and other aid to local health care authorities in the event of a national emergency.

This legislation recognizes the critical role the VA can play in our homeland security efforts. The VA operates the nation's largest integrated health care network with over 20,000 health care professionals, 163 medical centers, 800 outpatient clinics, 115 medical research centers, and has affiliations with more than 100 medical schools. Several VA facilities have already initiated efforts to serve our country in this effort. For example, the Audie Murphy Memorial Hospital in San Antonio, has developed relationships and shared teaching and research arrangements with various medical school in Texas and the county hospital system. Audie Murphy also works closely with several military medical missions with expertise in chemical, biological and radiological hazards.

The collaborative efforts of veterans health care providers, like Audie Murphy Hospital, not only help veterans, but our nation as a whole. Further, it puts the VA in a critical position to attract high level scientists in fields relevant to bio-chemical and radiological threats. I believe that through the development of National Emergency Preparedness Centers, the VA can become an important partner in our nation's homeland defense efforts.

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 526.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

NATIONAL CONSTRUCTION SAFETY TEAM ACT

Mr. BOEHLERT. Madam Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 4687) to provide for the establishment of investigative teams to assess building performance and the emergency response and evacuation procedures in the wake of any building failure that has resulted in substantial loss of life or that posed significant potential of substantial loss of life.

The Clerk read as follows:

Senate amendment: Strike out all after the enacting clause and insert: