

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PRE-  
PAREDNESS RESEARCH, EDUCATION, AND BIO-TER-  
RORISM PREVENTION ACT OF 2002

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MAY 16, 2002.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

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Mr. SMITH of New Jersey, from the Committee on Veterans' Affairs,  
submitted the following

R E P O R T

[To accompany H.R. 3253]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3253) to amend title 38, United States Code, to provide for the establishment of emergency medical preparedness centers in the Department of Veterans Affairs, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

The amendments are as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

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

**SEC. 2. ESTABLISHMENT OF EMERGENCY MEDICAL PREPAREDNESS CENTERS.**

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

**“§ 7325. Medical emergency preparedness centers**

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

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

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

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

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

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

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

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

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

“(2) The finding referred to in paragraph (1) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendations of the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, and security, that the facility or facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

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

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

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

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

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

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

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

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

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

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

“(f) RESEARCH ACTIVITIES.—Each center shall conduct research on improved medical preparedness to protect the Nation from threats in the area of that center’s ex-

pertise. Each center may seek research funds from public and private sources for such purpose.

“(g) PEER REVIEW PANEL.—(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the Under Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section. The peer review shall be established in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

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

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

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

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

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

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

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

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

“7325. Medical emergency preparedness centers.”.

### SEC. 3. ESTABLISHMENT OF EMERGENCY MEDICAL EDUCATION PROGRAM.

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

#### “§ 7326. Emergency health and medical education: joint program with Department of Defense

“(a) JOINT EDUCATION PROGRAM.—The Secretary and the Secretary of Defense shall carry out a joint program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities. The Secretaries shall enter into an agreement for a partnership to implement the joint program.

“(b) IMPLEMENTING ENTITIES.—Within the Department of Veterans Affairs, the joint program shall be carried out through the Under Secretary for Health, in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, and security. Within the Department of Defense, the joint program shall be carried out through the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences.

“(c) CONTENT OF PROGRAMS.—The education and training programs developed under the joint program shall be based on programs established at the F. Edward Hébert School of Medicine and shall include, at a minimum, training for health care professionals in the following:

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

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

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

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

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

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

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

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

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

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

“7326. Emergency health and medical education: joint program with Department of Defense.”

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

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

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

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

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

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

Amend the title so as to read:

A bill to amend title 38, United States Code, to provide for the establishment within the Department of Veterans Affairs of improved emergency medical preparedness, research, and education programs to combat terrorism, and for other purposes.

#### INTRODUCTION

H.R. 3253, Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-terrorism Prevention Act of 2002, addresses issues reviewed by the Committee in hearings, meetings, and through other oversight mechanisms over the course of this Congress. This bill was introduced by the Honorable Christopher H. Smith on November 8, 2001.

On October 15, 2001, the Committee held a hearing to receive testimony on emergency preparedness issues confronting the Department of Veterans Affairs in the wake of the terrorist attacks of September 11, 2002, on New York City and the Pentagon. Those testifying were Ms. Cynthia A. Bascetta, Director, Veterans’ Health and Benefits Issues, U.S. General Accounting Office, accompanied by Mr. Steven L. Caldwell, Assistant Director, Defense Capabilities

and Management Issues, U.S. General Accounting Office; Honorable Anthony J. Principi, Secretary, Department of Veterans Affairs, accompanied by Frances M. Murphy, M.D., Deputy Under Secretary for Health, Veterans Health Administration, Mr. James J. Farsetta, Director, VA New York-New Jersey Healthcare System, and Mr. John J. Donnellan, Jr., Director, VA New York Harbor Health Care System; the Honorable Claude A. Allen, Deputy Secretary, Department of Health and Human Services; Dr. Sue Bailey, former Assistant Secretary of Defense for Health Affairs; Mr. Kenneth S. Kasprisin, Associate Director, Readiness, Response and Recovery Division, Federal Emergency Management Agency; Mr. James Krueger, Executive Vice President, Chapter Services Network, American Red Cross; Ms. Annie W. Everett, Acting Regional Administrator for the National Capitol Region, General Services Administration; Dr. David S. C. Chu, Under Secretary of Defense for Personnel and Readiness, Department of Defense. The Committee also received testimony from: Mr. Thomas H. Corey, Vietnam Veterans of America; Ms. Jacqueline Garrick, Deputy Director, Health Care, National Veterans Affairs and Rehabilitation Commission, The American Legion; Mr. Paul A. Hayden, Associate Director, National Legislative Service, Veterans of Foreign Wars of the United States; Ms. Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Mr. Richard C. Schneider, Director of Veterans and State Affairs, Non-Commissioned Officers Association; and, Mr. Delatorro McNeal, Executive Director, Paralyzed Veterans of America.

On November 14, 2001, the Subcommittee on Oversight and Investigations received testimony on the need to develop education and training programs on medical responses to consequences of terrorist acts, particularly after the outbreak of anthrax infections caused by a terrorist or terrorists, in New Jersey, New York City, Washington, DC and Florida. Those testifying at that hearing were: Honorable John Cooksey, Member of Congress from the State of Louisiana; Honorable Dave Weldon, Member of Congress from the State of Florida; Admiral John F. Eisold, Attending Physician to Congress; Dr. Susan J. Matcha, Mid-Atlantic Permanente Medical Group; Dr. Carlos Omenaca, Miami Heart Center, Miami, FL; Frances M. Murphy, M.D., Deputy Under Secretary for Health, Veterans Health Administration, Department of Veterans Affairs, accompanied by Dr. Susan Mather, Chief Officer, Public Health and Environmental Hazards, and Mr. Kenneth H. Mizrach, Director, VA New Jersey Health Care System; Dr. Val G. Hemming, Dean, F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences, Department of Defense; Dr. J. Edward Hill, Chairman-Elect of the Board of Trustees, American Medical Association; Dr. Jordan J. Cohen, President, Association of American Medical Colleges; and Dr. Martin J. Blaser, M.D., Professor and Chairman, Department of Medicine, New York University School of Medicine.

On April 10, 2002, the Subcommittee on Health held a hearing to consider the following bills: H.R. 3253, National Medical Emergency Preparedness Act of 2001; and H.R. 3254, Medical Education for National Defense in the 21st Century Act. Those testifying at that hearing were: Honorable Leo S. Mackay, Jr., Ph.D., Deputy Secretary, Department of Veterans Affairs, accompanied by Dr.

Robert H. Roswell, Under Secretary for Health, and Dr. Kristi Koenig, Director, Emergency Management Strategic Healthcare Group; Dr. Kevin Yeskey, Director, Bio-Terrorism Preparedness and Response Program, Centers for Disease Control and Prevention, Department of Health and Human Services; Dr. Deborah E. Powell, Executive Dean, University of Kansas School of Medicine; and Dr. Stephen F. Wintermeyer, Associate Professor of Clinical Medicine, Indiana University School of Medicine. Also, the Subcommittee received testimony from: Ms. Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Mr. Richard Jones, National Legislative Director, AMVETS; Mr. Thomas H. Corey, National President, Vietnam Veterans of America; Mr. James R. Fischl, Director, National Veterans Affairs and Rehabilitation Commission, The American Legion; Mr. Richard B. Fuller, Legislative Director, Paralyzed Veterans of America; and Mr. Paul A. Hayden, Associate Director, National Legislative Service, Veterans of Foreign Wars of the United States.

On May 1, 2002, the Subcommittee on Health met and unanimously ordered H.R.3253, with an amendment in the nature of a substitute, reported favorably to the full Committee.

The amendment to H.R. 3253 included the addition of H.R. 3254, the Medical Education for National Defense in the 21st Century Act, introduced by Honorable Steve Buyer on November 8, 2001 and H.R. 4559, the Department of Veterans Affairs Reorganization Act of 2002, introduced by Honorable Christopher H. Smith of New Jersey, on April 24, 2002, at the request of the Department of Veterans Affairs.

On May 9, 2002, the full Committee met and ordered H.R. 3253, with an amendment in the nature of a substitute, reported favorably to the House by unanimous voice vote.

#### SUMMARY OF THE REPORTED BILL

H.R. 3253, as amended, would:

1. Establish four or more new National Medical Emergency Preparedness Centers at VA medical centers or a consortium of VA centers to:
  - Conduct medical research on and develop health care responses for chemical, biological and radiological threats to the public;
  - Provide related education, training and advice to VA and community health care professionals; and
  - Provide rapid response laboratory assistance to local health care authorities in the event of a national emergency.
2. Require the new centers to arrange the participation of medical schools and public health schools in the related education and training of health care professionals.
3. Authorize \$100 million over 5 years to fund the new centers.
4. Require the Secretaries of VA and Defense to carry out a joint program to develop and disseminate model education and training programs on the medical responses to the consequences of terrorist activities.

5. Require the training programs to be disseminated to health professions students, graduate medical education trainees, and health practitioners in a variety of fields.
6. Authorize an additional Assistant Secretary in the Department of Veterans Affairs to perform operations, preparedness, security and law enforcement functions.

#### BACKGROUND AND DISCUSSION

With an increased public awareness of bio-terrorism threats and an urgent need for preventive measures against bio-terrorism, the reported bill would provide a proactive approach to define new and specific roles for the Department of Veterans Affairs in helping the Nation to meet this challenge.

The bill would establish, at a minimum, four national medical emergency preparedness centers in selected VA medical center locations to conduct research and develop diagnostic and treatment disciplines and standards to respond to biological, chemical, and radiological attacks. The centers would be funded from resources made available outside the normal funding streams available for the VA health care system for the direct delivery of health care to enrolled veterans; therefore, the new mission of these centers would not erode funding Congress provides for the direct delivery of VA health care.

The missions of these Centers would be to conduct research and develop methods of detection, diagnosis, vaccination, protection and treatment for chemical, biological, and radiological threats to public safety, such as anthrax, smallpox, bubonic plague, nerve gas, radiation poisoning, and other hazards to human health which may arise as a result of acts of terrorism. The centers would engage in direct research, coordinate ongoing and new research and educational attainment in other public and private agencies, research universities, schools of medicine, and schools of public health. The centers would also act as clearinghouses for new discoveries, serve to disseminate the latest and most comprehensive medical information, and help to protect health care workers, emergency personnel, active duty military personnel, police officers, as well as the general public.

Through its extensive medical and prosthetic research and clinical care programs, VA already has expertise in diagnosing and treating widespread viral or bacterial illnesses with devastating health consequences, such as the hepatitis C epidemic, the HIV pandemic, and in earlier generations, tuberculosis infections. In the early part of this century, a number of VA hospitals were created specifically to combat tuberculosis in the veteran population.

As authorized by the Veterans Programs Enhancement Act of 1998, VA operates two War-Related Illness Centers tasked with developing specialized treatments for those illnesses and injuries that may come from veterans' wartime exposures. Previously, the Department successfully launched new centers of expertise, education and special care in geriatrics and gerontology, mental illness and Parkinson's disease. Such initiatives show VA's ability to organize programs and solve difficult health problems. In essence, these new National Medical Preparedness Centers authorized by H.R. 3253, as amended, would study those illnesses and injuries likely to come

from a terrorist attack using biological, chemical or radiation weapons, or from another national environmental or biological emergency with similar risks.

The reported bill would also authorize VA and DoD to work with the Nation's schools of medicine to ensure that physicians in training receive targeted education in recognizing and treating the effects of exposures to biological, chemical and nuclear weapons. These training programs would then be made available to all health care professionals, students, graduate medical education trainees, and practitioners across the country in diagnosing and treating victims of biological, chemical, and radiological attacks or incidents.

The Association of American Medical Colleges (AAMC) reported that military physicians, who should be more prepared than civilian doctors to deal with such threats, are not certain about their capability to handle them (Reporter, Volume 8, Number 3, December 1998, *USUHS Military Medicine Program: A Treatment for Terrorism*). Moreover, Military Medicine reports that only 19 percent of military physicians were confident about providing care in nuclear, biological or chemical disaster situations (Military Medicine, Volume 163, Number 6, June 1998, *Perceptions of Current and Recent Military Internal Medicine Residents on Operational Medicine, Managed Care, Graduate Medical Education, and Continued Military Service*). The majority of those who were confident about their capabilities in this area, 53 percent, were graduates of the military medical school, the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences. The combination of DoD's expertise in the fields of teaching and treating casualties resulting from an unconventional attack, and VA's infrastructure of 163 medical centers, 800 outpatient clinics, extensive satellite broadcasting capabilities and affiliations with 107 medical schools and teaching hospitals, would provide the needed education to current and future health and medical practitioners schooled in this country to diagnose and treat casualties in such situations.

The suicide airliner attacks of September 11, 2001, and the anthrax attacks in mid-October, 2001, vividly demonstrated the vulnerability of the United States to a devastating biological, chemical, or radiological attack. Medical professionals have honestly acknowledged that they should be better prepared to respond effectively whatever the type of weapon a terrorist may choose to employ against the United States. This legislation recognizes that many diseases and toxins that terrorists might use are not seen in the normal course of civilian medical practice, and only rarely in the military environment.

To carry out the intent of this legislation, the Department of Veterans Affairs would work with the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Food and Drug Administration and the Federal Emergency Management Agency, as well as the Department of Defense. The events of September 11, 2001, have made many medical schools acutely aware of the gaps in curriculum and the need to fill those gaps. The Committee believes it is desirable that the Department of Veterans Affairs and the Department of Defense, in coordination with other agencies of government, take a more active role in partnering to address these gaps.

The reported bill also would authorize the Department of Veterans Affairs to establish a new Assistant Secretary. The new Assistant Secretary would be made responsible for coordinating departmental operations, preparedness, security and law enforcement to coordinate and improve VA's abilities to protect itself, its patients and staff, and the general public in a future emergency.

#### SECTION-BY-SECTION ANALYSIS

Section 1 of the bill would cite the bill as the Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002.

Section 2(a) of the bill would amend title 38, United States Code, chapter 73 by adding a new section 7325 entitled "Medical Emergency Preparedness Centers."

Section 7325 (a)(1) of title 38, United States Code would authorize the Secretary to establish at least four medical emergency preparedness centers at Department medical centers staffed by Department employees.

Section 7325 (a)(2) would hold the Under Secretary for Health responsible for supervising the operation and provide ongoing evaluation of the centers.

Section 7325 (a)(3) would require the Under Secretary for Health and the Assistant Secretary for Veterans Affairs, in carrying out the role of the centers, to consult in matters dealing with operations, preparedness, and security.

Section 7325 (b) would define the mission of the centers.

Section 7325 (b)(1) would require each center to carry out research on and develop methods of detection, diagnosis, vaccination, protection, and treatment for chemical biological, and radiological threats to public health and safety.

Section 7325 (b)(2) would require each center to provide education, training, and advice to health care professionals, including health care professionals outside the Veterans Health Administration.

Section 7325 (b)(3) would require each center to provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.

Section 7325 (c) would require the director of each center to have expertise in managing organizations that deal with chemical, biological, and radiological threats, providing care to populations exposed to toxic substances, or significant research experience in chemical, biological, and radiological fields.

Section 7325 (d)(1) would authorize the Secretary of Veterans Affairs to select sites for the Centers on the basis of a competitive selection process. The centers would be located in different regions of the Nation with at least one center concentrating on chemical threats, at least one center concentrating on biological threats, and at least one center concentrating on radiological threats.

Section 7325 (d)(2) would establish criteria for site locations by requiring the facility or facilities to meet certain guidelines.

Section 7325 (d)(2)(A) would require the facility to have an arrangement with a qualifying medical school and school of public

health, or a consortium of such schools, to provide training to physicians and other medical professionals in the diagnosis and treatment of illnesses induced by exposures to toxins, including chemical, biological, and nuclear ionizing radiation.

Section 7325 (d)(2)(B) would require the facility to have an arrangement with an accredited graduate program of epidemiology to provide training in the epidemiology of contagious and infectious diseases, and chemical and radiation poisoning in an exposed population.

Section 7325 (d)(2)(C) would require the facility to have an arrangement to provide training and education in recognizing and caring for conditions associated with exposures to toxins to nursing, social work, counseling, or allied health personnel and students.

Section 7325 (d)(2)(D) would require the facility to have the ability to attract scientists who have made significant contributions to the development of innovative approaches to the detection, diagnosis, vaccination, protection, or treatment of persons exposed to chemical, biological, or radiological substances.

Section 7325 (d)(3) defines a qualifying medical school and school of public health respectively.

Section 7325 (e)(1) would authorize appropriations for the centers to be separated from medical care appropriations.

Section 7325 (e)(2) would authorize \$20,000,000 for the centers for fiscal years 2003 through 2007.

Section 7325 (e)(3) would authorize the Under Secretary for Health, in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security, to allocate additional funds from the medical care and medical and prosthetics research account necessary to carry out the purposes of the medical emergency preparedness centers.

Section 7325 (f) would require each center to conduct research on improved medical preparedness and authorize the centers to seek research funds from public and private sources.

Section 7325 (g)(1) would establish a peer review panel to provide advice to assist the Secretary and the Under Secretary for Health in assessing the scientific and clinical merit of proposals for the establishment of the four centers. The peer review panel is established in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

Section 7325 (g)(2) would require the peer review panel to include experts in relevant areas such as toxicology and radiology.

Section 7325 (g)(3) would require the peer review panel to review and submit its views on the scientific and clinical merit of each proposal to establish a center.

Section 7325 (g)(4) would exempt the peer review panel from the Federal Advisory Committee Act.

Section 7325 (h)(1) would require the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, and security to disseminate the information produced in the centers to health care providers in the United States.

Section 7325 (h)(2) would authorize the Secretary to conduct the work of the centers in close coordination with other Federal depart-

ments and agencies and share such information with the departments and agencies.

Section 7325 (i) would require the Secretary to provide assistance to Federal, state, or local authorities in investigations, inquiries, and data analyses in the areas of biological, chemical or radiological threats.

Section 7325 (j) would allow the Director of a center, with the Secretary's approval, to request temporary assignment or detail of employees from other departments and agencies with expertise to further the mission of the center. The duration of assignment or detail would be subject to approval by the Office of Personnel Management.

Section 2(b) of the bill would make clerical amendments.

Section 3(a)(1) of the bill would amend chapter 73 of title 38, United States Code, by adding a new section 7326 entitled "Emergency health and medical education: joint program with Department of Defense."

Section 7326 (a) of title 38, United States Code, would authorize the Department of Veterans Affairs and Department of Defense to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities.

Section 7326 (b) would require the Under Secretary for Health, in consultation with the Assistant Secretary with responsibility for operations, preparedness and security, to carry out a joint program for the Department of Veterans Affairs; and the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences for the Department of Defense.

Section 7326 (c) would require that the content of the education and training program developed be based on programs established at the F. Edward Hébert School of Medicine.

Section 7326 (c) would define the minimum training requirements for the joint program: 1) recognition of chemical, biological, and radiological agents; 2) identification of potential symptoms of those agents; 3) understanding the potential long-term health consequences; 4) emergency treatment for exposure; 5) appropriate course of follow-up treatment, supportive care, and referral; 6) preventive actions against contamination taken while providing care for exposure; and 7) information on reporting and seeking consultative support for the suspected or actual use of those agents.

Section 7326 (d) would require that the programs be designed and disseminated to health professions students, graduate health and medical education trainees, and health practitioners in a variety of fields and of various levels of training.

Section 7326 (e) would require the Secretaries to consult with representatives of accrediting, certifying and coordinating organizations in the field of health professions education in establishing the joint program.

Section 3(a)(2) of the bill would make clerical amendments.

Subsection (b) would require the implementation of this section to be no later than 90 days after the enactment of the Act.

Section 4(a) would amend section 308(a) of title 38, United States Code, by increasing the number of Assistant Secretaries of Veterans Affairs from six to seven.

Subsection (b) would add a new item to the list of functions which the seven Assistant Secretaries would be responsible for: operations, preparedness, security and law enforcement functions.

Subsection (c) would make a conforming amendment.

#### PERFORMANCE GOALS AND OBJECTIVES

The Department of Veterans Affairs' performance goals and objectives are established in annual performance plans and are subject to the Committee's regular oversight and evaluation by the U.S. General Accounting Office.

#### STATEMENT OF THE VIEWS OF THE ADMINISTRATION

From the statement of the Honorable Leo S. MacKay, Jr., Ph.D., Deputy Secretary of Veterans Affairs, Department of Veterans Affairs, before the Subcommittee on Health, Committee on Veterans' Affairs, April 10, 2002:

VA has the infrastructure and expertise to be a vital and integral link in our Nation's Homeland Security efforts. We are the largest integrated national health care system with personnel and facilities in virtually every community across the U.S. VA has a robust research program and is already actively engaged in numerous projects in the areas of bio-terrorism and medical emergency preparedness. We have made tremendous strides in improving our capacity to maintain operations in the event of a medical emergency by increasing our ability to protect our staff and by providing education and training. VA currently sponsors the largest medical education and health professions training program in the United States. Last year, approximately 85,000 health professionals trained in our medical facilities. VA facilities are affiliated with almost 1,400 medical and other allied health care schools. It is imperative that not only VA but also non-VA health care providers receive the education and training needed to become highly adept at recognizing and responding to both the immediate and potential long-term medical needs of individuals exposed to chemical, biological, radiological, and other unconventional warfare agents.

As you are aware, under the Federal Response Plan, the Department of Health and Human Services (HHS) has been designated as lead Federal agency for assessing and providing health and medical services during medical emergencies. VA may be, and has in fact been, called upon to furnish needed medical assistance and related services.

The Executive Office of the President, through the Office of Homeland Security (OHS), is currently crafting a comprehensive coordinated federal policy on Homeland Security. VA is actively participating in this OHS effort. It is expected that OHS will deliver this policy to the President this July. The precise role and responsibilities VA will be

assigned in the area of Homeland Security will be reflected in that policy. We expect that we will have much to contribute in this area based on our depth of expertise and infrastructure, as alluded to above.

Because the President's Homeland Security policy is forthcoming, we would like to work with the Committee to ensure that the provisions of H.R. 3253 and H.R. 3254 are consistent with the comprehensive federal plan.

Finally, I am very concerned that carrying out the proposed activities without dedicated funding could unacceptably diminish VA's ability to fulfill its primary mission-providing health care and services to veterans and their families. These new activities cannot be accommodated within our already stretched medical care accounts. Dedicated funding appropriated separately for this effort must be consistent with the discretionary spending limits of the President's budget.

Having said this, I would like to address the bills and provide a brief explanation of H.R. 3253 and H.R. 3254 and our views on their major provisions.

Mr. Chairman, the first bill, H.R. 3254, would require that the Secretaries of Veterans Affairs and Defense jointly develop and distribute a series of model education and training programs to prepare health professionals to respond to consequences of terrorist activities. The programs' content would emphasize education and training in the recognition of chemical, biological, and radiological agents that may be used in terrorist activities and identification of the potential symptoms related to use of those agents. They would also focus on management of clinical consequences of terrorist acts. The education and training programs would also be required to address short-term and long-term health consequences, including psychological effects that may result from exposure to such agents and the appropriate treatment of those health consequences. In addition, the programs must identify measures to be taken by health care professionals to prevent them from suffering secondary contamination or infection while treating victims of a national medical emergency. H.R. 3254 would also require that the proposed joint education and training programs be designed for health professions students, graduate medical education trainees, and health practitioners in a variety of fields.

Initial funding for these programs would be authorized from funds made available under the Emergency Supplemental Appropriations Act (Public Law 107-38).

VA strongly supports the goals of H.R. 3254. The proposed training and education activities on national medical emergencies would complement and strengthen the current training and education efforts being carried out by HHS through the Health Resources Administration and the Centers for Disease Control and Prevention.

As drafted, the bill provides that DoD would carry out the joint program through the F. Edward Hebert School of

Medicine of the Uniformed Services University of the Health Sciences. We recommend that the Committee consider placing DoD responsibility for the joint program in the Assistant Secretary of Defense (Health Affairs), which is the appropriate policy-level counterpart to the Under Secretary for Health. If enacted, the Department projects the first-year costs associated with H.R. 3254 to be \$5,641,500, with ten-year costs estimated to be \$55,065,000.

Mr. Chairman, I next turn to H.R. 3253. This bill would require the Secretary to establish four or more Emergency Medical Preparedness Centers within the Veterans Health Administration (VHA). Under the proposal, VA employees would staff the proposed Centers, and the VHA Headquarters official responsible for medical preparedness would be responsible for supervising and evaluating the Centers' operations. The Centers would have three specific missions. First, they would carry out research and develop methods in detection, diagnosis, vaccination, protection, and treatment for CBR threats to the public health and safety. Second, they would provide education, training, and advice to VA and non-VA healthcare professionals. Third, the Centers would provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.

H.R. 3253 would require that at least one of the proposed Centers focus on chemical threats, another concentrate on biological threats, and a third on radiological threats. Each Center would be required to conduct research on improved medical preparedness in that Center's particular area of expertise. To carry out this particular mandate, each Center would be authorized to seek funding from both public and private sources.

Finally, the bill would authorize initial funding from the Emergency Supplemental Appropriations Act (Public Law 107-38). It would also authorize additional appropriations and require the Under Secretary for Health to allocate from funds appropriated for the Medical Care Account and the Medical and Prosthetics Research Accounts such amounts as the Under Secretary for Health determines appropriate to carry out the activities of the Centers.

We strongly support the goals of H.R. 3253 and believe that VA's expertise and infrastructure is needed to help the nation respond to the health consequences of terrorists' use, and potential use, of CBR agents and other similar unconventional weapons. However, H.R. 3253 would also authorize the Secretary to assist Federal, State, and local civil and law enforcement authorities with investigations to protect the public safety and to prevent or obviate CBR-related threats. Although we have the expertise to support such activities, I believe we should limit our role to support these needs on an expedited referral basis.

We also note that the training mission of the Centers is somewhat similar to the goals of H.R. 3254 addressed ear-

lier. We recommend that the Subcommittee work to integrate the similar training provisions of the two bills.

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I would underscore that any new role or responsibilities must be consistent with the overall comprehensive federal strategy on Homeland Security. Moreover, a separate appropriation consistent with the overall discretionary spending limits of the President's budget must be provided. We welcome the opportunity to work with the Committee to that end.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

The following letter was received from the Congressional Budget Office concerning the cost of the reported bill:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, May 10, 2002.*

Hon. CHRISTOPHER H. SMITH  
*Chairman, Committee on Veterans' Affairs,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3253, the Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sam Papenfuss, who can be reached at 226-2840.

Sincerely,

DAN L. CRIPPEN,  
*Director.*

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE  
May 10, 2002

H.R. 3253, DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS RESEARCH, EDUCATION, AND BIO-TERRORISM PREVENTION ACT OF 2002, AS ORDERED REPORTED BY THE HOUSE COMMITTEE ON VETERANS' AFFAIRS ON MAY 9, 2002

SUMMARY

H.R. 3253 would establish at least four medical emergency centers that would carry out research and development, provide education and training, and provide assistance in the case of a national emergency with regard to chemical, biological, and radiological threats. These emergency centers would be located in hospitals operated by the Department of Veterans Affairs (VA). H.R. 3253 would authorize appropriations of \$20 million a year over the 2003-2007 period to operate these centers. As part of the requirement to provide education and training, the bill would require VA 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. Finally, H.R. 3253 would

increase the number of Assistant Secretaries within the VA from six to seven with the new assistant secretary being responsible for operations, preparedness, security, and law enforcement functions.

CBO estimates that implementing H.R. 3253 would cost \$12 million in 2003 and \$87 million over the 2003–2007 period, assuming appropriation of the authorized amounts. Because the bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply.

H.R. 3253 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

#### ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 3253 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

	By Fiscal Year, in Millions of Dollars					
	2002	2003	2004	2005	2006	2007
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION<sup>a</sup></b>						
Spending for VA Medical Emergency Centers Under H.R. 3253						
Authorization Level .....	0	20	20	20	20	20
Estimated Outlays .....	0	12	16	19	20	20

<sup>a</sup>No funds were appropriated for these purposes in 2002.

## BASIS OF ESTIMATE

VA has some limited responsibilities to provide assistance in the event of a chemical, biological, or radiological (CBR) threat under current law. Under H.R. 3253, VA would have expanded responsibility to assist with CBR threats with the creation of four medical emergency centers that would carry out VA's new responsibilities. H.R. 3253 would specifically authorize appropriations of \$20 million a year over the 2003–2007 period for the operation of these centers and would authorize the use of other appropriated funds to carry out the centers' activities. Assuming normal delays in beginning new programs and appropriation of the authorized amounts, CBO estimates that implementing H.R. 3253 would increase spending by \$12 million in 2003 and by \$87 million over the 2003–2007 period.

The bill would require that VA establish four medical emergency centers that would have three different responsibilities. The first would be to conduct research and development on detection, diagnosis, vaccination, protection, and treatment on CBR threats to the public health and safety. The second responsibility would be to provide training and advice to health care professionals outside of VA, in conjunction with DoD. The third responsibility would be to provide contingent rapid response assistance including laboratory assistance in the event of national emergencies.

CBO estimates that all of these responsibilities could be carried out for the authorized \$20 million a year. Although setup and operating costs would come from appropriated funds, the actual costs of the research and development would come from public and private research grants. Using information from VA, CBO estimates that the cost of providing education and training would be about \$5 million a year. Barring any major national emergencies, CBO does not expect that VA would spend more than the \$20 million in appropriations specifically authorized in H.R. 3253.

PAY-AS-YOU-GO CONSIDERATIONS: None.

## INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 3253 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

## ESTIMATE PREPARED BY:

Federal Costs: Sam Papenfuss  
Impact on State, Local, and Tribal Governments: Elyse Goldman  
Impact on the Private Sector: Sally Maxwell

## ESTIMATE APPROVED BY:

Peter H. Fontaine  
Deputy Assistant Director for Budget Analysis

## STATEMENT OF FEDERAL MANDATES

The preceding Congressional Budget Office cost estimate states that the bill contains no intergovernmental or private sector mandates as defined in the Unfunded Mandates Reform Act.

APPLICABILITY TO LEGISLATIVE BRANCH

The reported bill would not be applicable to the legislative branch under the Congressional Accountability Act, Public Law 104–1, because the bill would only affect or authorize certain Department of Veterans Affairs with Department of Defense programs or activities.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, the reported bill is authorized by Congress’ power to “provide for the common Defense and general Welfare of the United States.”

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

**TITLE 38, UNITED STATES CODE**

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**PART I—GENERAL PROVISIONS**

\* \* \* \* \*

**CHAPTER 3—DEPARTMENT OF VETERANS AFFAIRS**

\* \* \* \* \*

**§ 308. Assistant Secretaries; Deputy Assistant Secretaries**

(a) There shall be in the Department not more than **[six]** *seven* Assistant Secretaries. Each Assistant Secretary shall be appointed by the President, by and with the advice and consent of the Senate.

(b) The Secretary shall assign to the Assistant Secretaries responsibility for the administration of such functions and duties as the Secretary considers appropriate, including the following functions:

(1) \* \* \*

\* \* \* \* \*

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

\* \* \* \* \*

**PART V—BOARDS, ADMINISTRATIONS, AND SERVICES**

\* \* \* \* \*

**CHAPTER 73—VETERANS HEALTH ADMINISTRATION—  
ORGANIZATION AND FUNCTIONS**

SUBCHAPTER I—ORGANIZATION

Sec.  
7301. Functions of Veterans Health Administration: in general.  
\* \* \* \* \*

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

7311. Quality assurance.  
\* \* \* \* \*

7325. *Medical emergency preparedness centers.*  
7326. *Emergency health and medical education: joint program with Department of Defense.*  
\* \* \* \* \*

SUBCHAPTER II—GENERAL AUTHORITY AND  
ADMINISTRATION

\* \* \* \* \*

**§ 7325. Medical emergency preparedness centers**

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

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

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

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

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

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

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

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

(d) *SELECTION OF CENTERS.*—(1) *The Secretary shall select the sites for the centers on the basis of a competitive selection process and a finding under paragraph (2). The centers selected shall be lo-*

cated in different regions of the Nation, and any such center may be a consortium of efforts of more than one medical center. At least one of the centers shall be established to concentrate on chemical threats, at least one shall be established to concentrate on biological threats, and at least one shall be established to concentrate on radiological threats.

(2) The finding referred to in paragraph (1) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendations of the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, and security, that the facility or facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

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

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

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

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

(3) For purposes of paragraph (2)(A)—

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

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

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

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

(3) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (2), the Under Secretary for Health shall allocate to such centers from other funds

appropriated for that fiscal year generally for the Department of Veterans Affairs medical care account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section. Any determination by the Under Secretary under the preceding sentence shall be made in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

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

(g) **PEER REVIEW PANEL.**—(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the Under Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section. The peer review shall be established in consultation with the Assistant Secretary with responsibility for operations, preparedness, and security.

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

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

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

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

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

(i) **ASSISTANCE TO OTHER AGENCIES.**—The Secretary may provide assistance requested by appropriate Federal, State, and local civil and criminal authorities in investigations, inquiries, and data anal-

yses as necessary to protect the public safety and prevent or obviate biological, chemical, or radiological threats.

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

**§ 7326. Emergency health and medical education: joint program with Department of Defense**

(a) *JOINT EDUCATION PROGRAM.*—The Secretary and the Secretary of Defense shall carry out a joint program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities. The Secretaries shall enter into an agreement for a partnership to implement the joint program.

(b) *IMPLEMENTING ENTITIES.*—Within the Department of Veterans Affairs, the joint program shall be carried out through the Under Secretary for Health, in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, and security. Within the Department of Defense, the joint program shall be carried out through the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences.

(c) *CONTENT OF PROGRAMS.*—The education and training programs developed under the joint program shall be based on programs established at the F. Edward Hébert School of Medicine and shall include, at a minimum, training for health care professionals in the following:

- (1) Recognition of chemical, biological, and radiological agents that may be used in terrorist activities.
- (2) Identification of the potential symptoms of those agents.
- (3) Understanding of the potential long-term health consequences, including psychological effects, resulting from exposure to those agents.
- (4) Emergency treatment for exposure to those agents.
- (5) An appropriate course of followup treatment, supportive care, and referral.
- (6) Actions that can be taken while providing care for exposure to those agents to protect against contamination.
- (7) Information on how to seek consultative support and to report suspected or actual use of those agents.

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

(e) *CONSULTATION.*—In establishing the joint education and training program under this section, the two Secretaries shall consult with appropriate representatives of accrediting, certifying, and co-

*ordinating organizations in the field of health professions education.*

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**SECTION 5315 OF TITLE 5, UNITED STATES CODE**

**§ 5315. Positions at level IV**

Level IV of the Executive Schedule applies to the following positions, for which the annual rate of basic pay shall be the rate determined with respect to such level under chapter 11 of title 2, as adjusted by section 5318 of this title:

Deputy Administrator of General Services.

\* \* \* \* \*

Assistant Secretaries, Department of Veterans Affairs **[(6)]**  
(7).

\* \* \* \* \*

