

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from California (Mr. ROHRBACHER).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. ROHRBACHER. 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, further proceedings on this motion will be postponed.

APPOINTMENT OF MEMBERS TO BRITISH-AMERICAN INTER- PARLIAMENTARY GROUP

The SPEAKER pro tempore. Without objection, pursuant to 22 United States Code 2761 and clause 10 of rule I, the Chair announces the Speaker's appointment of the following Members of the House to the British-American Interparliamentary Group in addition to Mr. PETRI of Wisconsin, chairman, and Mr. GALLEGLY of California, vice-chairman, appointed on May 1, 2001:

Mr. BEREUTER of Nebraska;
Mr. TAYLOR of North Carolina;
Mr. HORN of California;
Mr. GREEN of Wisconsin;
Mr. BROWN of South Carolina;
Mr. SPRATT of South Carolina;
Mr. PRICE of North Carolina;
Mr. POMEROY of North Dakota;
Mr. CLYBURN of South Carolina; and
Mr. ALLEN of Maine.
There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

□ 1445

MEDICAL EDUCATION FOR NA- TIONAL DEFENSE ACT IN THE 21ST CENTURY

The SPEAKER pro tempore (Mr. OTTER). Under a previous order of the House, the gentleman from Indiana (Mr. BUYER) is recognized for 5 minutes.

Mr. BUYER. Mr. Speaker, today, I have introduced the Medical Education for National Defense Act in the 21st Century, H.R. 3254. I would like to thank the gentleman from New Jersey (Mr. SMITH), the gentleman from Florida (Mr. BILIRAKIS), the gentleman from New York (Mr. MCHUGH), the gentleman from Arkansas (Mr. SNYDER), and the gentleman from Florida (Mr. STEARNS). These are Members of the House Committee on Veterans' Affairs, Committee on Armed Services and Committee on Energy and Commerce,

with whom we have coordinated on this bill.

This legislation would authorize funds to establish partnership between the Department of Veterans' Affairs, the VA, and the Department of Defense, we call DOD, to develop education and training programs on medical responses to the consequences of terrorist activities.

We are fighting a war on terror on two fronts, domestically and overseas. Unfortunately, as a Nation, we are not prepared for the new face of terror that we have been exposed to in the aftermath of the September 11 attacks. What has become all too clear is that our health care providers are not armed with the proper tools to diagnose and treat casualties in the face of nuclear, biological, and chemical weapons.

The events of September 11 have forced the American people to reexamine many facets as to how we live our lives. We have been forced as a Nation to become more aware of our surroundings and more vigilant in the defense of our freedoms.

Most recently, we have come under attack through our own mail systems by terrorists who have used its efficiency to spread the deadly disease of anthrax. The difficulty experienced by government officials and our health care community, in responding to this attack, use infectious diseases rarely seen by medical personnel that should serve as wake-up call for us all.

A Washington Post article on November 1, 2001 by Susan Okie is a perfect illustration of the urgency of our medical community's lack of preparedness to deal with biological, chemical, and nuclear attacks. Ms. Okie reports the accounts of two of the heroic physicians who treated victims of the anthrax attacks: Dr. Susan Matcha, a Washington, D.C. area physician, and Dr. Carlos Omenaca, of Miami, Florida.

Dr. Matcha was quoted as saying, "We're really in uncharted territory here. As much as we want to have literature to look at, we really have nothing to guide us." According to the article, Dr. Omenaca, who encountered a rare form of inhalation anthrax in the case of Ernesto Blanco, found the description of the symptom that Mr. Blaco displayed in a 1901 textbook.

Just think, a doctor in the United States of America, home of the best medical system of the world, this doctor had to use a medical textbook from the first half of the last century to acquire information that he sought on the diagnosis and prognosis of the anthrax. I find that not only unbelievable but unacceptable.

As disturbed as this makes me, we are not here to try to place blame on this predicament to any group or organization. The reason why so many of our medical personnel feel uncomfortable about their ability to respond to

these situations is because very few of them were taught how to diagnose and give a prognosis for these types of rare diseases in medical school.

In fact, out of all of the medical schools in our country, only one, the Department of Defense Uniform Services University of Health Science, USUHS, has in its core curriculum a program to teach its medical students how to diagnose and treat casualties that have been exposed to chemical, biological, or radiological agents.

That, Mr. Speaker, is why I have introduced legislation to create a partnership between the Department of Defense and the Department of Veterans' Affairs that tasks these two agencies to develop and disseminate a program to both our current medical professionals and current medical students in the Nation's medical schools. We already have a nexus in place between our medical universities, where there is a VA hospital in close proximity. That nexus is already in place and that is what we plan to tap into.

The combination of DOD's expertise in the field of treating casualties resulting from an unconventional attack and the VA's infrastructure of 171 medical centers, 800 clinics, satellite broadcast capabilities, and a preexisting affiliation with 80 medical schools will enable the current and future medical professionals in this country to become knowledgeable and medically competent in the treatment of casualties that we all hope will never materialize.

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

Mr. Speaker, I will insert the rest of the statement in the RECORD.

Mr. Speaker, I cannot impress upon you enough the urgency of making sure this proposal is adopted. Both the American Medical Association and the American Association of Medical Colleges have thrown the full weight of their support behind this plan. These two organizations, made up of the doctors who will be on the front lines of this new war, know how vital it is to receive this educational package that the Uniformed Services University of Health Sciences and the VA are currently developing to disseminate to the Nation's medical community.

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

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