

AMENDMENT TO RULES COMMITTEE PRINT 117-

13

OFFERED BY MS. SPANBERGER OF VIRGINIA

At the end of subtitle G of title X insert the following:

1 **SEC. 10___ . ANOMALOUS HEALTH INCIDENTS INTER-**
2 **AGENCY COORDINATOR.**

3 (a) FINDINGS.—Congress finds the following:

4 (1) Since at least 2016, United States Govern-
5 ment personnel and their family members have re-
6 ported anomalous health incidents at diplomatic mis-
7 sions across the world and in the United States,
8 which are sometimes referred to as “Havana Syn-
9 drome”.

10 (2) Some of the anomalous health incidents
11 have resulted in unexplained brain injuries, which
12 have had permanent, life-altering effects that have
13 disrupted lives and ended careers.

14 (3) A panel of experts convened by the Bureau
15 of Medical Services of the Department of State in
16 July 2017 to review triage assessments of medically
17 evaluated personnel from the United States Em-
18 bassy in Havana came to a consensus that the find-

1 ings were most likely related to neurotrauma from a
2 nonnatural source.

3 (4) A 2020 report by the National Academy of
4 Sciences found that “many of the distinctive and
5 acute signs, symptoms, and observations reported by
6 [affected] employees are consistent with the effects
7 of directed, pulsed radio frequency (RF) energy”
8 and that “directed pulsed RF energy [...] appears to
9 be the most plausible mechanism in explaining these
10 cases”.

11 (5) According to the National Academy of
12 Sciences report, “such a scenario raises grave con-
13 cerns about a world with disinhibited malevolent ac-
14 tors and new tools for causing harm to others”.

15 (6) The number and locations of these sus-
16 pected attacks have expanded and, according to
17 press reporting, there have been more than 130 pos-
18 sible cases that have been reported by United States
19 personnel in Asia, in Europe, and in the Western
20 Hemisphere, including within the United States.

21 (7) The continuing and expanding scope of
22 these suspected attacks is impacting the security
23 and morale of United States personnel, especially
24 those posted overseas.

1 (8) The Convention on the Prevention and Pun-
2 ishment of Crimes against Internationally Protected
3 Persons (including diplomatic agents) to which 180
4 countries are a party, protects diplomatic personnel
5 from attacks on their persons, accommodations, or
6 means of transport, and requires all state parties to
7 punish and take measures to prevent such grave
8 crimes.

9 (b) SENSE OF CONGRESS.—It is the sense of Con-
10 gress that—

11 (1) the threat to United States Government
12 personnel from suspected attacks presenting as
13 anomalous health incidents is a matter of urgent
14 concern and deserving of the full attention of gov-
15 ernment;

16 (2) personnel, dependents, and other appro-
17 priate individuals suffering anomalous health inci-
18 dents from these suspected attacks deserve equi-
19 table, accessible, and high-quality medical assess-
20 ment and care, regardless of their employing Gov-
21 ernment agency;

22 (3) diagnoses and determinations to treat per-
23 sonnel, dependents, and other appropriate individ-
24 uals experiencing symptoms consistent with such in-
25 juries should be made by experienced medical profes-

1 sionals and made available by the Federal Govern-
2 ment;

3 (4) any recriminations, retaliation, or punish-
4 ment associated with personnel self-reporting symp-
5 toms is unacceptable and should be investigated by
6 internal agency oversight mechanisms;

7 (5) information sharing and interagency coordi-
8 nation is essential for the comprehensive investiga-
9 tion, attribution, and mitigation of these injuries;

10 (6) the Administration should provide Congress
11 and the public with timely and regular unclassified
12 updates on the threat posed to United States Gov-
13 ernment personnel by the suspected causes of these
14 injuries;

15 (7) recent efforts by the Administration and
16 among relevant agencies represent positive steps to-
17 ward responding to the threat of anomalous health
18 incidents, but more comprehensive measures must be
19 taken to further assist victims, investigate and de-
20 termine the cause of the injuries of such victims,
21 and prevent future incidents;

22 (8) establishing the source and cause of these
23 anomalous health incidents must be a top priority
24 for the United States Government and requires the
25 full coordination of relevant agencies;

1 (9) if investigations determine that the anoma-
2 lous health incidents are the result of deliberate acts
3 by individuals, entities, or foreign countries, the
4 United States Government should recognize and re-
5 spond to these incidents as hostile attacks; and

6 (10) any actors found to have been targeting
7 United States Government personnel should be pub-
8 licly identified, as appropriate, and held accountable.

9 (c) STATEMENT OF POLICY.—It is the policy of the
10 United States—

11 (1) to detect, deter, and punish any clandestine
12 attacks that cause persistent injuries to United
13 States personnel;

14 (2) to provide appropriate assistance to United
15 States personnel harmed by such attacks;

16 (3) to hold responsible any persons, entities, or
17 governments involved in ordering or carrying out
18 such attacks, including through appropriate sanc-
19 tions, criminal prosecutions, or other tools;

20 (4) to prioritize research into effective counter-
21 measures to help protect United States personnel
22 from such attacks; and

23 (5) to convey to foreign governments through
24 official contact at the highest levels the gravity of
25 United States concern about such suspected attacks

1 and the seriousness of consequences that may follow
2 for any actors found to be involved.

3 (d) ANOMALOUS HEALTH INCIDENTS INTERAGENCY
4 COORDINATOR.—

5 (1) DESIGNATION.—Not later than 30 days
6 after the date of the enactment of this section, the
7 President shall designate—

8 (A) an appropriate senior official to be
9 known as the Anomalous Health Incidents
10 Interagency Coordinator; and

11 (B) an appropriate senior official in the
12 White House Office of Science and Technology
13 Policy to be known as the Deputy Anomalous
14 Health Incidents Interagency Coordinator.

15 (2) DUTIES.—The Interagency Coordinator
16 shall work through the President's designated Na-
17 tional Security process—

18 (A) to coordinate the response of the
19 United States Government to anomalous health
20 incidents;

21 (B) to coordinate among relevant agencies
22 to ensure equitable and timely access to assess-
23 ment and care for affected personnel, depend-
24 ents, and other appropriate individuals;

1 (C) to ensure adequate training and edu-
2 cation for United States Government personnel;

3 (D) to ensure that information regarding
4 anomalous health incidents is efficiently shared
5 across relevant agencies in a manner that pro-
6 vides appropriate protections for classified, sen-
7 sitive, and personal information;

8 (E) to coordinate through the White House
9 Office of Science and Technology Policy, and
10 across the science and technology enterprise of
11 the Government, the technological and research
12 efforts of the Government to address suspected
13 attacks presenting as anomalous health inci-
14 dents; and

15 (F) to develop policy options to prevent,
16 mitigate, and deter suspected attacks pre-
17 senting as anomalous health incidents.

18 (3) DESIGNATION OF AGENCY COORDINATION

19 LEADS.—

20 (A) IN GENERAL.—The head of each rel-
21 evant agency shall designate a Senate-confirmed
22 or other appropriate senior official, who shall—

23 (i) serve as the Anomalous Health In-
24 cident Agency Coordination Lead for the
25 relevant agency;

1 (ii) report directly to the head of the
2 relevant agency regarding activities carried
3 out under this section;

4 (iii) perform functions specific to the
5 relevant agency, consistent with the direc-
6 tives of the Interagency Coordinator and
7 the established interagency process;

8 (iv) participate in interagency brief-
9 ings to Congress regarding the response of
10 the United States Government to anoma-
11 lous health incidents; and

12 (v) represent the relevant agency in
13 meetings convened by the Interagency Co-
14 ordinator.

15 (B) DELEGATION PROHIBITED.—An Agen-
16 cy Coordination Lead may not delegate the re-
17 sponsibilities described in clauses (i) through
18 (iii) of subparagraph (A).

19 (4) SECURE REPORTING MECHANISMS.—Not
20 later than 90 days after the date of the enactment
21 of this section, the Interagency Coordinator shall—

22 (A) ensure that each relevant agency devel-
23 ops a process to provide a secure mechanism
24 for personnel, their dependents, and other ap-
25 propriate individuals to self-report any sus-

1 pected exposure that could be an anomalous
2 health incident;

3 (B) ensure that each relevant agency
4 shares all relevant data in a timely manner with
5 the Office of the Director of National Intel-
6 ligence, and other relevant agencies, through
7 existing processes coordinated by the Inter-
8 agency Coordinator; and

9 (C) in establishing the mechanism de-
10 scribed in subparagraph (A), prioritize secure
11 information collection and handling processes to
12 protect classified, sensitive, and personal infor-
13 mation.

14 (5) BRIEFINGS.—

15 (A) IN GENERAL.—Not later than 60 days
16 after the date of the enactment of this section,
17 and quarterly thereafter for the following two
18 years, the Interagency Coordinator, the Deputy
19 Coordinator, and the Agency Coordination
20 Leads shall jointly provide a briefing to the ap-
21 propriate national security committees regard-
22 ing progress in carrying out the duties under
23 paragraph (2), including the requirements
24 under subparagraph (B).

1 (B) ELEMENTS.—The briefings required
2 under subparagraph (A) shall include—

3 (i) an update on the investigation into
4 anomalous health incidents impacting
5 United States Government personnel and
6 their family members, including technical
7 causation and suspected perpetrators;

8 (ii) an update on new or persistent in-
9 cidents;

10 (iii) threat prevention and mitigation
11 efforts to include personnel training;

12 (iv) changes to operating posture due
13 to anomalous health threats;

14 (v) an update on diagnosis and treat-
15 ment efforts for affected individuals, in-
16 cluding patient numbers and wait times to
17 access care;

18 (vi) efforts to improve and encourage
19 reporting of incidents;

20 (vii) detailed roles and responsibilities
21 of Agency Coordination Leads;

22 (viii) information regarding additional
23 authorities or resources needed to support
24 the interagency response; and

1 (ix) other matters that the Inter-
2 agency Coordinator or the Agency Coordi-
3 nation Leads consider appropriate.

4 (C) UNCLASSIFIED BRIEFING SUMMARY.—
5 The Agency Coordination Leads shall provide a
6 coordinated, unclassified summary of the brief-
7 ings to Congress, which shall include as much
8 information as practicable without revealing
9 classified information or information that is
10 likely to identify an individual.

11 (6) RETENTION OF AUTHORITY.—The appoint-
12 ment of the Interagency Coordinator shall not de-
13 prive any Federal agency of any authority to inde-
14 pendently perform its authorized functions.

15 (7) RULE OF CONSTRUCTION.—Nothing in this
16 section may be construed to limit—

17 (A) the President’s authority under article
18 II of the United States Constitution; or

19 (B) the provision of health care and bene-
20 fits to afflicted individuals, consistent with ex-
21 isting laws.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to the Secretary of State
24 \$5,000,000 for fiscal year 2022 to be used—

1 (1) to increase capacity and staffing for the
2 Health Incident Response Task Force of the Depart-
3 ment of State;

4 (2) to support the development and implemen-
5 tation of efforts by the Department of State to pre-
6 vent and mitigate anomalous health incidents affect-
7 ing its workforce;

8 (3) to investigate and characterize the cause of
9 anomalous health incidents, including investigations
10 of causation and attribution;

11 (4) to collect and analyze data related to anom-
12 alous health incidents;

13 (5) to coordinate with other relevant agencies
14 and the National Security Council regarding anoma-
15 lous health incidents; and

16 (6) to support other activities to understand,
17 prevent, deter, and respond to suspected attacks pre-
18 sented as anomalous health incidents, at the discre-
19 tion of the Secretary of State.

20 (f) DEVELOPMENT AND DISSEMINATION OF WORK-
21 FORCE GUIDANCE.—The President shall direct relevant
22 agencies to develop and disseminate to employees who are
23 at risk of exposure to anomalous health incidents, not later
24 than 90 days after the date of the enactment of this sec-
25 tion, updated workforce guidance to report, mitigate, and

1 address suspected attacks presenting as anomalous health
2 incidents.

3 (g) DEFINITIONS.—In this section:

4 (1) The term “Agency Coordination Lead”
5 means a senior official designated by the head of a
6 relevant agency to serve as the Anomalous Health
7 Incident Agency Coordination Lead for such agency.

8 (2) The term “appropriate national security
9 committees” means—

10 (A) the Committee on Armed Services of
11 the Senate;

12 (B) the Committee on Foreign Relations of
13 the Senate;

14 (C) the Select Committee on Intelligence of
15 the Senate;

16 (D) the Committee on Homeland Security
17 and Governmental Affairs of the Senate;

18 (E) the Committee on the Judiciary of the
19 Senate;

20 (F) the Committee on Armed Services of
21 the House of Representatives;

22 (G) the Committee on Foreign Affairs of
23 the House of Representatives;

24 (H) the Permanent Select Committee on
25 Intelligence of the House of Representatives;

1 (I) the Committee on Homeland Security
2 of the House of Representatives; and

3 (J) the Committee on the Judiciary of the
4 House of Representatives.

5 (3) The term “Deputy Coordinator” means the
6 Deputy Anomalous Health Incidents Interagency
7 Coordinator in the White House Office of Science
8 and Technology Policy designated pursuant to sub-
9 section (d)(1).

10 (4) The term “Interagency Coordinator” means
11 the Anomalous Health Incidents Interagency Coordi-
12 nator designated pursuant to subsection (d)(1).

13 (5) The term “relevant agencies” means—

14 (A) the Department of Defense;

15 (B) the Department of State;

16 (C) the Office of the Director of National
17 Intelligence;

18 (D) the Central Intelligence Agency;

19 (E) the Department of Justice;

20 (F) the Department of Homeland Security;

21 and

22 (G) other agencies and bodies designated
23 by the Interagency Coordinator.

