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:

SEC. 10. ANOMALOUS HEALTH INCIDENTS INTER-AGENCY COORDINATOR.

(a) FINDINGS.—Congress finds the following:

(1) Since at least 2016, United States Government personnel and their family members have reported anomalous health incidents at diplomatic missions across the world and in the United States, which are sometimes referred to as “Havana Syndrome”.

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

(3) A panel of experts convened by the Bureau of Medical Services of the Department of State in July 2017 to review triage assessments of medically evaluated personnel from the United States Embassy in Havana came to a consensus that the find-
ings were most likely related to neurotrauma from a nonnatural source.

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

(5) According to the National Academy of Sciences report, “such a scenario raises grave concerns about a world with disinhibited malevolent actors and new tools for causing harm to others”.

(6) The number and locations of these suspected attacks have expanded and, according to press reporting, there have been more than 130 possible cases that have been reported by United States personnel in Asia, in Europe, and in the Western Hemisphere, including within the United States.

(7) The continuing and expanding scope of these suspected attacks is impacting the security and morale of United States personnel, especially those posted overseas.
(8) The Convention on the Prevention and Punishment of Crimes against Internationally Protected Persons (including diplomatic agents) to which 180 countries are a party, protects diplomatic personnel from attacks on their persons, accommodations, or means of transport, and requires all state parties to punish and take measures to prevent such grave crimes.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the threat to United States Government personnel from suspected attacks presenting as anomalous health incidents is a matter of urgent concern and deserving of the full attention of government;

(2) personnel, dependents, and other appropriate individuals suffering anomalous health incidents from these suspected attacks deserve equitable, accessible, and high-quality medical assessment and care, regardless of their employing Government agency;

(3) diagnoses and determinations to treat personnel, dependents, and other appropriate individuals experiencing symptoms consistent with such injuries should be made by experienced medical profes-
sionals and made available by the Federal Govern-
ment;

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

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

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

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

(8) establishing the source and cause of these
anomalous health incidents must be a top priority
for the United States Government and requires the
full coordination of relevant agencies;
(9) if investigations determine that the anomalous health incidents are the result of deliberate acts by individuals, entities, or foreign countries, the United States Government should recognize and respond to these incidents as hostile attacks; and

(10) any actors found to have been targeting United States Government personnel should be publicly identified, as appropriate, and held accountable.

(e) STATEMENT OF POLICY.—It is the policy of the United States—

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

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

(3) to hold responsible any persons, entities, or governments involved in ordering or carrying out such attacks, including through appropriate sanctions, criminal prosecutions, or other tools;

(4) to prioritize research into effective countermeasures to help protect United States personnel from such attacks; and

(5) to convey to foreign governments through official contact at the highest levels the gravity of United States concern about such suspected attacks.
and the seriousness of consequences that may follow
for any actors found to be involved.

(d) Anomalous Health Incidents Interagency
Coordinator.—

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

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

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

(2) Duties.—The Interagency Coordinator
shall work through the President’s designated Na-
tional Security process—

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

(B) to coordinate among relevant agencies
to ensure equitable and timely access to assess-
ment and care for affected personnel, depend-
ents, and other appropriate individuals;
(C) to ensure adequate training and education for United States Government personnel;

(D) to ensure that information regarding anomalous health incidents is efficiently shared across relevant agencies in a manner that provides appropriate protections for classified, sensitive, and personal information;

(E) to coordinate through the White House Office of Science and Technology Policy, and across the science and technology enterprise of the Government, the technological and research efforts of the Government to address suspected attacks presenting as anomalous health incidents; and

(F) to develop policy options to prevent, mitigate, and deter suspected attacks presenting as anomalous health incidents.

(3) DESIGNATION OF AGENCY COORDINATION LEADS.—

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

(i) serve as the Anomalous Health Incident Agency Coordination Lead for the relevant agency;
(ii) report directly to the head of the relevant agency regarding activities carried out under this section;

(iii) perform functions specific to the relevant agency, consistent with the directives of the Interagency Coordinator and the established interagency process;

(iv) participate in interagency briefings to Congress regarding the response of the United States Government to anomalous health incidents; and

(v) represent the relevant agency in meetings convened by the Interagency Coordinator.

(B) DELEGATION PROHIBITED.—An Agency Coordination Lead may not delegate the responsibilities described in clauses (i) through (iii) of subparagraph (A).

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

(A) ensure that each relevant agency develops a process to provide a secure mechanism for personnel, their dependents, and other appropriate individuals to self-report any sus-
pected exposure that could be an anomalous health incident;

(B) ensure that each relevant agency shares all relevant data in a timely manner with the Office of the Director of National Intelligence, and other relevant agencies, through existing processes coordinated by the Interagency Coordinator; and

(C) in establishing the mechanism described in subparagraph (A), prioritize secure information collection and handling processes to protect classified, sensitive, and personal information.

(5) BRIEFINGS.—

(A) IN GENERAL.—Not later than 60 days after the date of the enactment of this section, and quarterly thereafter for the following two years, the Interagency Coordinator, the Deputy Coordinator, and the Agency Coordination Leads shall jointly provide a briefing to the appropriate national security committees regarding progress in carrying out the duties under paragraph (2), including the requirements under subparagraph (B).
(B) ELEMENTS.—The briefings required under subparagraph (A) shall include—

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

(ii) an update on new or persistent incidents;

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

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

(v) an update on diagnosis and treatment efforts for affected individuals, including patient numbers and wait times to access care;

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

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

(viii) information regarding additional authorities or resources needed to support the interagency response; and
(ix) other matters that the Interagency Coordinator or the Agency Coordination Leads consider appropriate.

(C) UNCLASSIFIED BRIEFING SUMMARY.—

The Agency Coordination Leads shall provide a coordinated, unclassified summary of the briefings to Congress, which shall include as much information as practicable without revealing classified information or information that is likely to identify an individual.

(6) RETENTION OF AUTHORITY.—The appointment of the Interagency Coordinator shall not deprive any Federal agency of any authority to independently perform its authorized functions.

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

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

(B) the provision of health care and benefits to afflicted individuals, consistent with existing laws.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of State $5,000,000 for fiscal year 2022 to be used—
(1) to increase capacity and staffing for the Health Incident Response Task Force of the Department of State;

(2) to support the development and implementation of efforts by the Department of State to prevent and mitigate anomalous health incidents affecting its workforce;

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

(4) to collect and analyze data related to anomalous health incidents;

(5) to coordinate with other relevant agencies and the National Security Council regarding anomalous health incidents; and

(6) to support other activities to understand, prevent, deter, and respond to suspected attacks presenting as anomalous health incidents, at the discretion of the Secretary of State.

(f) DEVELOPMENT AND DISSEMINATION OF WORKFORCE GUIDANCE.—The President shall direct relevant agencies to develop and disseminate to employees who are at risk of exposure to anomalous health incidents, not later than 90 days after the date of the enactment of this section, updated workforce guidance to report, mitigate, and
address suspected attacks presenting as anomalous health incidents.

(g) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

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

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

(H) the Permanent Select Committee on Intelligence of the House of Representatives;
(I) the Committee on Homeland Security of the House of Representatives; and

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

(3) The term “Deputy Coordinator” means the Deputy Anomalous Health Incidents Interagency Coordinator in the White House Office of Science and Technology Policy designated pursuant to subsection (d)(1).

(4) The term “Interagency Coordinator” means the Anomalous Health Incidents Interagency Coordinator designated pursuant to subsection (d)(1).

(5) The term “relevant agencies” means—

(A) the Department of Defense;

(B) the Department of State;

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

(D) the Central Intelligence Agency;

(E) the Department of Justice;

(F) the Department of Homeland Security;

and

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