

117TH CONGRESS
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H. R. 5263

To designate an Anomalous Health Incidents Interagency Coordinator to coordinate the interagency investigation of, and response to, suspected attacks presenting as anomalous health incidents, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 14, 2021

Ms. SPANBERGER (for herself, Mr. MEEKS, Mr. SCHIFF, Mr. WALTZ, Mr. KATKO, Mr. KIM of New Jersey, Ms. SLOTKIN, and Mr. GONZALEZ of Ohio) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committees on Foreign Affairs, Oversight and Reform, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To designate an Anomalous Health Incidents Interagency Coordinator to coordinate the interagency investigation of, and response to, suspected attacks presenting as anomalous health incidents, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Directed Energy
5 Threat Emergency Response Act”.

1 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

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

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

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

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

20 (4) A 2020 report by the National Academy of
21 Sciences found that “many of the distinctive and
22 acute signs, symptoms, and observations reported by
23 [affected] employees are consistent with the effects
24 of directed, pulsed radio frequency (RF) energy”
25 and that “directed pulsed RF energy [...] appears to

1 be the most plausible mechanism in explaining these
2 cases”.

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

7 (6) The number and locations of these sus-
8 pected attacks have expanded and, according to
9 press reporting, there have been more than 130 pos-
10 sible cases that have been reported by United States
11 personnel in Asia, in Europe, and in the Western
12 Hemisphere, including within the United States.

13 (7) The continuing and expanding scope of
14 these suspected attacks is impacting the security
15 and morale of United States personnel, especially
16 those posted overseas.

17 (8) The Convention on the Prevention and Pun-
18 ishment of Crimes against Internationally Protected
19 Persons (including diplomatic agents) to which 180
20 countries are a party, protects diplomatic personnel
21 from attacks on their persons, accommodations, or
22 means of transport, and requires all state parties to
23 punish and take measures to prevent such grave
24 crimes.

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

3 (1) the threat to United States Government
4 personnel from suspected attacks presenting as
5 anomalous health incidents is a matter of urgent
6 concern and deserving of the full attention of gov-
7 ernment;

8 (2) personnel, dependents, and other appro-
9 priate individuals suffering anomalous health inci-
10 dents from these suspected attacks deserve equi-
11 table, accessible, and high-quality medical assess-
12 ment and care, regardless of their employing Gov-
13 ernment agency;

14 (3) diagnoses and determinations to treat per-
15 sonnel, dependents, and other appropriate individ-
16 uals experiencing symptoms consistent with such in-
17 juries should be made by experienced medical profes-
18 sionals and made available by the Federal Govern-
19 ment;

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

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

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

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

16 (8) establishing the source and cause of these
17 anomalous health incidents must be a top priority
18 for the United States Government and requires the
19 full coordination of relevant agencies;

20 (9) if investigations determine that the anoma-
21 lous health incidents are the result of deliberate acts
22 by individuals, entities, or foreign countries, the
23 United States Government should recognize and re-
24 spond to these incidents as hostile attacks; and

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

4 **SEC. 3. STATEMENT OF POLICY.**

5 It is the policy of the United States—

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

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

11 (3) to hold responsible any persons, entities, or
12 governments involved in ordering or carrying out
13 such attacks, including through appropriate sanc-
14 tions, criminal prosecutions, or other tools;

15 (4) to prioritize research into effective counter-
16 measures to help protect United States personnel
17 from such attacks; and

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

1 **SEC. 4. ANOMALOUS HEALTH INCIDENTS INTERAGENCY**

2 **COORDINATOR.**

3 (a) DESIGNATION.—Not later than 30 days after the
4 date of the enactment of this Act, the President shall des-
5 ignate—

6 (1) an appropriate senior official to be known
7 as the Anomalous Health Incidents Interagency Co-
8 ordinator; and

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

13 (b) DUTIES.—The Interagency Coordinator shall
14 work through the President’s designated National Secu-
15 rity process—

16 (1) to coordinate the response of the United
17 States Government to anomalous health incidents;

18 (2) to coordinate among relevant agencies to
19 ensure equitable and timely access to assessment
20 and care for affected personnel, dependents, and
21 other appropriate individuals;

22 (3) to ensure adequate training and education
23 for United States Government personnel;

24 (4) to ensure that information regarding anom-
25 alous health incidents is efficiently shared across rel-
26 evant agencies in a manner that provides appro-

1 appropriate protections for classified, sensitive, and per-
2 sonal information;

3 (5) to coordinate through the White House Of-
4 fice of Science and Technology Policy, and across
5 the science and technology enterprise of the Govern-
6 ment, the technological and research efforts of the
7 Government to address suspected attacks presenting
8 as anomalous health incidents; and

9 (6) to develop policy options to prevent, miti-
10 gate, and deter suspected attacks presenting as
11 anomalous health incidents.

12 (c) DESIGNATION OF AGENCY COORDINATION

13 LEADS.—

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

17 (A) serve as the Anomalous Health Inci-
18 dent Agency Coordination Lead for the relevant
19 agency;

20 (B) report directly to the head of the rel-
21 evant agency regarding activities carried out
22 under this Act;

23 (C) perform functions specific to the rel-
24 evant agency, consistent with the directives of

1 the Interagency Coordinator and the established
2 interagency process;

3 (D) participate in interagency briefings to
4 Congress regarding the response of the United
5 States Government to anomalous health inci-
6 dents; and

7 (E) represent the relevant agency in meet-
8 ings convened by the Interagency Coordinator.

9 (2) DELEGATION PROHIBITED.—An Agency Co-
10 ordination Lead may not delegate the responsibilities
11 described in subparagraphs (A) through (C) of para-
12 graph (1).

13 (d) SECURE REPORTING MECHANISMS.—Not later
14 than 90 days after the date of the enactment of this Act,
15 the Interagency Coordinator shall—

16 (1) ensure that each relevant agency develops a
17 process to provide a secure mechanism for personnel,
18 their dependents, and other appropriate individuals
19 to self-report any suspected exposure that could be
20 an anomalous health incident;

21 (2) ensure that each relevant agency shares all
22 relevant data in a timely manner with the Office of
23 the Director of National Intelligence, and other rel-
24 evant agencies, through existing processes coordi-
25 nated by the Interagency Coordinator; and

1 (3) in establishing the mechanism described in
2 paragraph (1), prioritize secure information collec-
3 tion and handling processes to protect classified,
4 sensitive, and personal information.

5 (e) BRIEFINGS.—

6 (1) IN GENERAL.—Not later than 60 days after
7 the date of the enactment of this Act, and quarterly
8 thereafter for the following 2 years, the Interagency
9 Coordinator, the Deputy Coordinator, and the Agen-
10 cy Coordination Leads shall jointly provide a brief-
11 ing to the appropriate national security committees
12 regarding progress in carrying out the duties under
13 subsection (b), including the requirements under
14 paragraph (2).

15 (2) ELEMENTS.—The briefings required under
16 paragraph (1) shall include—

17 (A) an update on the investigation into
18 anomalous health incidents impacting United
19 States Government personnel and their family
20 members, including technical causation and sus-
21 pected perpetrators;

22 (B) an update on new or persistent inci-
23 dents;

24 (C) threat prevention and mitigation ef-
25 forts to include personnel training;

1 (D) changes to operating posture due to
2 anomalous health threats;

3 (E) an update on diagnosis and treatment
4 efforts for affected individuals, including pa-
5 tient numbers and wait times to access care;

6 (F) efforts to improve and encourage re-
7 porting of incidents;

8 (G) detailed roles and responsibilities of
9 Agency Coordination Leads;

10 (H) information regarding additional au-
11 thorities or resources needed to support the
12 interagency response; and

13 (I) other matters that the Interagency Co-
14 ordinator or the Agency Coordination Leads
15 consider appropriate.

16 (3) UNCLASSIFIED BRIEFING SUMMARY.—The
17 Agency Coordination Leads shall provide a coordi-
18 nated, unclassified summary of the briefings to Con-
19 gress, which shall include as much information as
20 practicable without revealing classified information
21 or information that is likely to identify an individual.

22 (f) RETENTION OF AUTHORITY.—The appointment
23 of the Interagency Coordinator shall not deprive any Fed-
24 eral agency of any authority to independently perform its
25 authorized functions.

1 (g) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion may be construed to limit—

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

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

7 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

8 There is authorized to be appropriated—

9 (1) to the Secretary of Defense \$45,000,000 for
10 fiscal year 2022, of which—

11 (A) \$30,000,000 shall be used—

12 (i) to develop the necessary medical
13 capacity to provide health assessments and
14 appropriate care to United States Govern-
15 ment personnel, dependents, and other ap-
16 propriate individuals who have symptoms
17 associated with anomalous health inci-
18 dents;

19 (ii) to develop additional capability
20 and capacity in the military healthcare sys-
21 tem to provide assessment and timely care
22 to affected United States Government per-
23 sonnel, dependents, and other appropriate
24 individuals; and

1 (iii) to fund the assessment and care
2 of civilian employees of the Department of
3 Defense and other Department of Defense-
4 affiliated non-beneficiaries, if such funding
5 is not otherwise available; and

6 (B) the remaining \$15,000,000 shall be
7 used to support—

8 (i) the efforts of the Department of
9 Defense to investigate and characterize the
10 cause of anomalous health incidents, in-
11 cluding investigations of technical causa-
12 tion, medical research, and other activities
13 in support of attribution;

14 (ii) intelligence and data analysis by
15 the Department of Defense of information
16 related to anomalous health incidents; and

17 (iii) development and implementation
18 by the Department of Defense of force pro-
19 tection and mitigation efforts; and

20 (2) to the Secretary of State \$5,000,000 for fis-
21 cal year 2022 to be used—

22 (A) to increase capacity and staffing for
23 the Health Incident Response Task Force of
24 the Department of State;

1 (B) to support the development and imple-
2 mentation of efforts by the Department of
3 State to prevent and mitigate anomalous health
4 incidents affecting its workforce;

5 (C) to investigate and characterize the
6 cause of anomalous health incidents, including
7 investigations of causation and attribution;

8 (D) to collect and analyze data related to
9 anomalous health incidents;

10 (E) to coordinate with other relevant agen-
11 cies and the National Security Council regard-
12 ing anomalous health incidents; and

13 (F) to support other activities to under-
14 stand, prevent, deter, and respond to suspected
15 attacks presenting as anomalous health inci-
16 dents, at the discretion of the Secretary of
17 State.

18 **SEC. 6. DEVELOPMENT AND DISSEMINATION OF WORK-**
19 **FORCE GUIDANCE.**

20 The President shall direct relevant agencies to de-
21 velop and disseminate to employees who are at risk of ex-
22 posure to anomalous health incidents, not later than 90
23 days after the date of the enactment of this Act, updated
24 workforce guidance to report, mitigate, and address sus-
25 pected attacks presenting as anomalous health incidents.

1 **SEC. 7. DEFINITIONS.**

2 In this Act:

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

8 (2) APPROPRIATE NATIONAL SECURITY COM-
9 MITTEES.—The term “appropriate national security
10 committees” means—

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

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

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

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

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

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

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

25 (H) the Permanent Select Committee on
26 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) DEPUTY COORDINATOR.—The term “Dep-
6 uty Coordinator” means the Deputy Anomalous
7 Health Incidents Interagency Coordinator in the
8 White House Office of Science and Technology Pol-
9 icy designated pursuant to section 4(a).

10 (4) INTERAGENCY COORDINATOR.—The term
11 “Interagency Coordinator” means the Anomalous
12 Health Incidents Interagency Coordinator des-
13 ignated pursuant to section 4(a).

14 (5) RELEVANT AGENCIES.—The term “relevant
15 agencies” means—

16 (A) the Department of Defense;

17 (B) the Department of State;

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

20 (D) the Central Intelligence Agency;

21 (E) the Department of Justice;

22 (F) the Department of Homeland Security;

23 and

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

