

117TH CONGRESS
1ST SESSION

S. 2590

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

IN THE SENATE OF THE UNITED STATES

AUGUST 3, 2021

Mrs. SHAHEEN (for herself, Ms. COLLINS, Mr. WARNER, Mr. MENENDEZ, Mr. RUBIO, and Mr. RISCH) introduced the following bill; which was read twice and referred to the Select Committee on Intelligence

A BILL

To designate an Anomalous Health Incidents Interagency Coordinator to coordinate the interagency investigation of, and response to, 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 TITLES.**

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

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

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

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

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

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

13 (1) the threat to United States Government
14 personnel presenting as anomalous health incidents
15 is a matter of urgent concern and deserving of the
16 full attention of government;

17 (2) personnel, dependents, and other appro-
18 priate individuals afflicted by possible anomalous
19 health incidents deserve equitable, accessible, and
20 high-quality medical assessment and care, regardless
21 of their employing Government 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 the cause
20 of such incidents, and mitigate future incidents;

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

1 (9) if investigations into anomalous health inci-
2 dents are found to be the result of deliberate acts by
3 individuals, entities, or foreign countries, the United
4 States Government should recognize these incidents
5 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 **SEC. 3. DEFINITIONS.**

10 In this Act:

11 (1) AGENCY COORDINATION LEAD.—The term
12 “Agency Coordination Lead” means a senior official
13 designated by the head of a relevant agency to serve
14 as the Anomalous Health Incident Agency Coordina-
15 tion Lead for such agency.

16 (2) APPROPRIATE NATIONAL SECURITY COM-
17 MITTEES.—The term “appropriate national security
18 committees” means—

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

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

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

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

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

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

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

9 (H) the Permanent Select Committee on
10 Intelligence of the House of Representatives;

11 (I) the Committee on Homeland Security
12 of the House of Representatives; and

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

15 (3) INTERAGENCY COORDINATOR.—The term
16 “Interagency Coordinator” means the Anomalous
17 Health Incidents Interagency Coordinator des-
18 ignated pursuant to section 4(a).

19 (4) RELEVANT AGENCIES.—The term “relevant
20 agencies” means—

21 (A) the Department of Defense;

22 (B) the Department of State;

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

25 (D) the Central Intelligence Agency;

- 1 (E) the Department of Justice;
2 (F) the Department of Homeland Security;
3 and
4 (G) other agencies and bodies designated
5 by the Interagency Coordinator.

6 **SEC. 4. ANOMALOUS HEALTH INCIDENTS INTERAGENCY**
7 **COORDINATOR.**

8 (a) DESIGNATION.—Not later than 30 days after the
9 date of the enactment of this Act, the President shall des-
10 ignate an appropriate senior official as the “Anomalous
11 Health Incidents Interagency Coordinator”, who shall
12 work through the President’s designated National Secu-
13 rity process—

14 (1) to coordinate the United States Govern-
15 ment’s response to anomalous health incidents;

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

20 (3) to ensure adequate training and education
21 for United States Government personnel; and

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

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

3 (b) DESIGNATION OF AGENCY COORDINATION
 4 LEADS.—

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

8 (A) serve as the Anomalous Health Inci-
 9 dent Agency Coordination Lead for the relevant
 10 agency;

11 (B) report directly to the head of the rel-
 12 evant agency regarding activities carried out
 13 under this Act;

14 (C) perform functions specific to the rel-
 15 evant agency, consistent with the directives of
 16 the Interagency Coordinator and the established
 17 interagency process;

18 (D) participate in interagency briefings to
 19 Congress regarding the United States Govern-
 20 ment response to anomalous health incidents;
 21 and

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

24 (2) DELEGATION PROHIBITED.—An Agency Co-
 25 ordination Lead may not delegate the responsibilities

1 described in subparagraphs (A) through (E) of such
2 paragraph.

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

6 (1) ensure that agencies develop a process to
7 provide a secure mechanism for personnel, their de-
8 pendants, and other appropriate individuals to self-
9 report any suspected exposure that could be an
10 anomalous health incident;

11 (2) ensure that agencies share all relevant data
12 with the Office of the Director of National Intel-
13 ligence through existing processes coordinated by the
14 Interagency Coordinator; and

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

19 (d) BRIEFINGS.—

20 (1) IN GENERAL.—Not later than 60 days after
21 the date of the enactment of this Act, and quarterly
22 thereafter for the following 2 years, the Agency Co-
23 ordination Leads shall jointly provide a briefing to
24 the appropriate national security committees regard-

1 ing progress made in achieving the objectives de-
2 scribed in subsection (a).

3 (2) ELEMENTS.—The briefings required under
4 paragraph (1) shall include—

5 (A) an update on the investigation into
6 anomalous health incidents impacting United
7 States Government personnel and their family
8 members, including technical causation and sus-
9 pected perpetrators;

10 (B) an update on new or persistent inci-
11 dents;

12 (C) threat prevention and mitigation ef-
13 forts to include personnel training;

14 (D) changes to operating posture due to
15 anomalous health threats;

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

19 (F) efforts to improve and encourage re-
20 porting of incidents;

21 (G) detailed roles and responsibilities of
22 Agency Coordination Leads;

23 (H) information regarding additional au-
24 thorities or resources needed to support the
25 interagency response; and

1 (I) other matters that the Interagency Co-
2 ordinator or the Agency Coordination Leads
3 consider appropriate.

4 (3) UNCLASSIFIED BRIEFING SUMMARY.—The
5 Agency Coordination Leads shall provide a coordi-
6 nated, unclassified summary of the briefings to Con-
7 gress, which shall include as much information as
8 practicable without revealing classified information
9 or information that is likely to identify an individual.

10 (e) RETENTION OF AUTHORITY.—The appointment
11 of the Interagency Coordinator shall not deprive any Fed-
12 eral agency of any authority to independently perform its
13 authorized functions.

14 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
15 tion may be construed to limit—

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

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

20 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

21 There is authorized to be appropriated to the Sec-
22 retary of Defense \$45,000,000 for fiscal year 2022, of
23 which—

24 (1) \$30,000,000 shall be used—

1 (A) to develop the necessary medical ca-
2 pacity to provide health assessments and appro-
3 priate care to United States Government per-
4 sonnel, dependents, and other appropriate indi-
5 viduals who have symptoms associated with
6 anomalous health incidents;

7 (B) to develop additional capability and ca-
8 pacity in the military healthcare system to pro-
9 vide assessment and timely care to affected
10 United States Government personnel, depend-
11 ents, and other appropriate individuals; and

12 (C) to fund the assessment and care of ci-
13 vilian employees of the Department of Defense
14 and other Department of Defense-affiliated
15 non-beneficiaries, if such funding is not other-
16 wise available; and

17 (2) the remaining \$15,000,000 shall be used to
18 support the Department of Defense's—

19 (A) efforts to investigate and characterize
20 the cause of anomalous health incidents, includ-
21 ing investigations of technical causation, med-
22 ical research, and other activities in support of
23 attribution;

1 (B) intelligence and data analysis of infor-
2 mation related to anomalous health incidents;
3 and

4 (C) development and implementation of
5 force protection and mitigation efforts.

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

8 The President shall direct relevant agencies to de-
9 velop and disseminate to their employees, not later than
10 30 days after the date of the enactment of this Act, up-
11 dated workforce guidance that describes—

12 (1) the threat posed by anomalous health inci-
13 dents;

14 (2) known defensive techniques; and

15 (3) processes to self-report suspected exposure
16 that could be an anomalous health incident.

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