

117TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

---

Mrs. SHAHEEN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

---

## 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 pendents, 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.