

108TH CONGRESS
1ST SESSION

H. R. 2370

To improve homeland security by providing for national resilience in preparation for, and in the event of, a terrorist attack, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2003

Mr. KENNEDY of Rhode Island introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Transportation and Infrastructure, 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 improve homeland security by providing for national resilience in preparation for, and in the event of, a terrorist attack, 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 “National Resilience
5 Development Act of 2003”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) According to the New England Journal of
2 Medicine, after September 11, 2001, Americans
3 across the country, including children, had substan-
4 tial symptoms of stress. Even clinicians who practice
5 in regions that are far from the sites of the attacks
6 should be prepared to assist people with trauma-re-
7 lated symptoms of stress.

8 (2) According to Military Medicine, experiences
9 from the 1995 chemical weapons attack by terrorists
10 in the Tokyo subway system suggest that psycho-
11 logical casualties from a chemical attack will out-
12 number physical casualties by approximately 4 to 1.

13 (3) According to Military Medicine, victims
14 from the 1995 Tokyo attack continued to suffer
15 from psychological symptoms 5 years later.

16 (4) According to the Journal of the American
17 Medical Association, the lessons learned from the
18 2001 anthrax attacks should motivate local health
19 departments, health care organizations, and clini-
20 cians to engage in collaborative programs to enhance
21 their communications and local preparedness and re-
22 sponse capabilities.

23 (5) According to the Institute of Medicine of
24 the National Academy of Sciences, the Department
25 of Health and Human Services and the Department

1 of Homeland Security should analyze terrorism pre-
2 paredness to ensure that the public health infra-
3 structure is prepared to respond to the psychological
4 consequences of terrorism, and Federal, State, and
5 local disaster planners should address these psycho-
6 logical consequences in their planning and prepared-
7 ness for terrorist attacks.

8 (6) According to a national study by leading
9 health care foundations, in this time of growing
10 threats of terrorism, many doctors and other pri-
11 mary care providers are increasingly being con-
12 fronted with patients who complain of aches and
13 pains, or more serious symptoms, which mask seri-
14 ous anxiety or depression.

15 (7) Substantial effort and funding are still
16 needed to adequately understand and prepare for the
17 psychological consequences associated with bioter-
18 rorism.

19 (8) The integration of mental health into public
20 health efforts, including integration and cooperation
21 across Federal agencies and State public health and
22 mental health authorities, is critical in addressing
23 the psychological needs of the Nation with regard to
24 terrorism.

1 **SEC. 3. GOALS.**

2 The goals of this Act are as follows:

3 (1) To coordinate the efforts of different gov-
4 ernment agencies in researching, developing, and im-
5 plementing programs and protocols designed to in-
6 crease the psychological resilience and mitigate dis-
7 tress reactions and maladaptive behaviors of the
8 American public as they relate to terrorism.

9 (2) To facilitate the work of the Department of
10 Homeland Security by incorporating programs and
11 protocols designed to increase the psychological resil-
12 ience, and mitigate distress reactions and
13 maladaptive behaviors, of the American public into
14 the Department's efforts in reducing the vulner-
15 ability of the United States to terrorism.

16 (3) To identify effective interventions to the
17 harmful psychosocial consequences of disasters and
18 to integrate these interventions into the United
19 States' plans to mitigate, plan for, respond to, and
20 recover from potential and actual terrorist attacks.

21 (4) To enable the States and localities to effec-
22 tively respond to the psychosocial consequences of
23 terrorism.

24 (5) To integrate mental health and public
25 health emergency preparedness and response efforts
26 in the United States.

1 **SEC. 4. INTERAGENCY TASK FORCE ON NATIONAL RESIL-**
2 **IENCE.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by inserting after section 319K
5 the following:

6 **“SEC. 319L. INTERAGENCY TASK FORCE ON NATIONAL RE-**
7 **SILIENCE.**

8 “(a) ESTABLISHMENT.—The Secretary shall convene
9 and lead an interagency task force for the purpose of in-
10 creasing the psychological resilience and mitigating dis-
11 tress reactions and maladaptive behaviors of the American
12 public in preparation for, and in response to, a conven-
13 tional, biological, chemical, or radiological attack on the
14 United States.

15 “(b) MEMBERS.—The task force convened under this
16 section shall include the Director of the Centers for Dis-
17 ease Control and Prevention, the Director of the National
18 Institute of Mental Health, the Administrator of the Sub-
19 stance Abuse and Mental Health Services Administration,
20 the Administrator of the Health Resources and Services
21 Administration, the Director of the Office of Public
22 Health Emergency Preparedness, the Surgeon General of
23 the Public Health Service, and such other members as the
24 Secretary deems appropriate.

25 “(c) DUTIES.—The duties of the task force convened
26 under this section shall include the following:

1 “(1) Coordinating and facilitating the efforts of
2 the Centers for Disease Control and Prevention, the
3 National Institute of Mental Health, the Substance
4 Abuse and Mental Health Services Administration,
5 the Health Resources and Services Administration,
6 the Office of Public Health Emergency Prepared-
7 ness, and the Office of the Surgeon General of the
8 Public Health Service in their endeavors to develop
9 programs and protocols designed to increase the psy-
10 chological resilience and mitigate distress reactions
11 and maladaptive behaviors of the American public in
12 preparation for, and in response to, a conventional,
13 biological, chemical, or radiological attack on the
14 United States.

15 “(2) Consulting with, and providing guidance
16 to, the Department of Homeland Security in its ef-
17 forts to integrate into its efforts in reducing the vul-
18 nerability of the United States to terrorism, pro-
19 grams and protocols designed to increase the psycho-
20 logical resilience and mitigate distress reactions and
21 maladaptive behaviors of the American public in
22 preparation for, and in response to, a conventional,
23 biological, chemical, or radiological attack on the
24 United States.

1 “(3) Consulting with the Department of De-
2 fense, the Department of Veterans Affairs, the
3 American Red Cross, national organizations of
4 health care and health care providers, and such
5 other organizations and agencies as the task force
6 deems appropriate.

7 “(4) Consulting with and providing guidance to
8 the States for the purpose of enabling them to effec-
9 tively respond to the psychosocial consequences of
10 terrorism.

11 “(5) Developing strategies for encouraging
12 State public health and mental health agencies to
13 closely collaborate in the development of integrated,
14 science-based programs and protocols designed to in-
15 crease the psychological resilience and mitigate dis-
16 tress reactions and maladaptive behaviors of the
17 public in preparation for, and in response to, a con-
18 ventional, biological, chemical, or radiological attack
19 on the United States.

20 “(6) Preparing and presenting to the Secretary
21 of Health and Human Services and the Secretary of
22 Homeland Security specific recommendations on how
23 their respective departments, agencies, and offices
24 can strengthen existing and planned terrorism pre-
25 paredness, response, recovery, and mitigation initia-

1 tives by integrating programs and protocols designed
2 to increase the psychological resilience and mitigate
3 distress reactions and maladaptive behaviors of the
4 American public.

5 “(d) MEETINGS.—The task force convened under this
6 section shall meet not less than 4 times each year.

7 “(e) STAFF.—The Secretary shall staff the task force
8 as necessary to ensure it meets the goals set forth in sec-
9 tion 3 of the National Resilience Development Act of
10 2003.”.

11 **SEC. 5. MENTAL HEALTH ACTIVITIES OF STATES, DISTRICT**
12 **OF COLUMBIA, AND TERRITORIES REGARD-**
13 **ING NATIONAL RESILIENCE.**

14 (a) PUBLIC HEALTH SERVICE ACT.—

15 (1) AUTHORIZATION.—Subsection (d) of section
16 319C–1 of the Public Health Service Act (42 U.S.C.
17 247d–3a) is amended by inserting after paragraph
18 (18) the following:

19 “(19) To enable State mental health authori-
20 ties, in close collaboration with the respective State
21 public health authorities and the interagency task
22 force convened under section 319L, to better under-
23 stand and manage human emotional, behavioral, and
24 cognitive responses to disasters, including by in-
25 creasing the psychological resilience of the public

1 and mitigating distress reactions and maladaptive
2 behaviors that could occur in response to a conven-
3 tional, biological, chemical, or radiological attack on
4 the United States.”.

5 (2) FUNDING.—Subparagraph (B) of section
6 319C–1(j)(1) of the Public Health Service Act (42
7 U.S.C. 247d–3a(j)(1)) is amended by adding at the
8 end the following: “Not less than 1 percent of the
9 amounts appropriated pursuant to this subpara-
10 graph shall be used for the purpose of carrying out
11 subsection (d)(19).”.

12 (b) USA PATRIOT ACT.—

13 (1) AUTHORIZATION.—Subsection (b) of section
14 1014 of the Uniting and Strengthening America by
15 Providing Appropriate Tools Required to Intercept
16 and Obstruct Terrorism (USA PATRIOT ACT) Act
17 of 2001 (42 U.S.C. 3714) is amended—

18 (A) by striking “may be used to purchase”
19 and inserting “may be used for the following:
20 “(1) To purchase”;

21 (B) by striking “In addition, grants under
22 this section may be used to construct” and in-
23 serting the following:

24 “(2) To construct”; and

25 (C) by inserting at the end the following:

1 “(3) To enable State mental health authorities,
2 in close collaboration with the respective State public
3 health authorities and the interagency task force
4 convened under section 319L of the Public Health
5 Service Act, to better understand and manage
6 human emotional, behavioral, and cognitive re-
7 sponses to disasters, including by increasing the psy-
8 chological resilience of the public and mitigating dis-
9 tress reactions and maladaptive behaviors that could
10 occur in response to a conventional, biological, chem-
11 ical, or radiological attack on the United States.”.

12 (2) FUNDING.—Subsection (c) of section 1014
13 of the Uniting and Strengthening America by Pro-
14 viding Appropriate Tools Required to Intercept and
15 Obstruct Terrorism (USA PATRIOT ACT) Act of
16 2001 (42 U.S.C. 3714) is amended by adding at the
17 end the following:

18 “(4) MENTAL HEALTH PREPAREDNESS.—Not
19 less than 1 percent of the amounts appropriated
20 pursuant to this subsection shall be used for the
21 purpose of carrying out subsection (b)(3).”.

22 **SEC. 6. EFFORTS BY FEMA REGARDING NATIONAL RESIL-**
23 **IENCE.**

24 Paragraph (2) of section 507(a) of the Homeland Se-
25 curity Act of 2002 (6 U.S.C. 317(a)) is amended—

1 (1) in subparagraph (D), by striking “; and” at
2 the end and inserting a semicolon;

3 (2) in subparagraph (E), by striking the period
4 at the end and inserting “; and”; and

5 (3) by adding at the end the following:

6 “(F) of integrating into each of the Fed-
7 eral Emergency Management Agency’s func-
8 tions of mitigation, planning, response, and re-
9 covery, efforts to increase communities’ psycho-
10 logical resilience and decrease distress reactions
11 and maladaptive behaviors in individuals, and
12 of coordinating such efforts with efforts by the
13 interagency task force convened under section
14 319L of the Public Health Service Act and
15 other efforts by the Department of Homeland
16 Security.”.

17 **SEC. 7. ANNUAL REPORT BY SECRETARIES OF HHS AND**
18 **HOMELAND SECURITY.**

19 Not less than 1 year after the date of the enactment
20 of this Act and annually thereafter, the Secretary of
21 Health and Human Services and the Secretary of Home-
22 land Security, acting jointly, shall submit a report to the
23 Congress that includes the following:

24 (1) The recommendations of the interagency
25 task force convened under section 319L of the Pub-

1 lic Health Service Act (as amended by section 4 of
2 this Act) that are relevant to the Department of
3 Health and Human Services or the Department of
4 Homeland Security.

5 (2) A description of the steps that have or have
6 not been taken by each Federal department to im-
7 plement the recommendations described in para-
8 graph (1).

9 (3) Thorough explanations for rejection of any
10 recommendations made by the interagency task force
11 convened under section 319L.

12 (4) Other steps undertaken to meet the goals of
13 this Act.

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