

108TH CONGRESS  
2D SESSION

# H. R. 3774

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

FEBRUARY 4, 2004

Mr. KENNEDY of Rhode Island (for himself, Mr. WELDON of Pennsylvania, Mr. TURNER of Texas, Mr. SMITH of New Jersey, Mr. FROST, and Mr. THOMPSON of Mississippi) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Transportation and Infrastructure, and the Judiciary, 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 Institute of Medicine of  
2 the National Academy of Sciences, the Department  
3 of Health and Human Services and the Department  
4 of Homeland Security should analyze terrorism pre-  
5 paredness to ensure that the public health infra-  
6 structure is prepared to respond to the psychological  
7 consequences of terrorism, and Federal, State, and  
8 local disaster planners should address these psycho-  
9 logical consequences in their planning and prepared-  
10 ness for terrorist attacks.

11           (2) Research concerning the psychological im-  
12 pact of ongoing terrorism in Israel published in the  
13 Journal of the American Medical Association and  
14 ongoing research undertaken by the National Insti-  
15 tutes of Health demonstrate that there are effective  
16 ways to enhance resilience and minimize the dam-  
17 aging psychological impact of terrorism.

18           (3) According to the New England Journal of  
19 Medicine, after September 11, 2001, Americans  
20 across the country, including children, had substan-  
21 tial symptoms of stress. Even clinicians who practice  
22 in regions that are far from the sites of the attacks  
23 should be prepared to assist people with trauma-re-  
24 lated symptoms of stress.

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

6           (5) According to the Journal of the American  
7           Medical Association, the lessons learned from the  
8           2001 anthrax attacks should motivate local health  
9           departments, health care organizations, and clini-  
10          cians to engage in collaborative programs to enhance  
11          their communications and local preparedness and re-  
12          sponse capabilities.

13          (6) According to the National Advisory Com-  
14          mittee on Children and Terrorism, it is important to  
15          recognize that the means through which the effects  
16          of terrorism are propagated are largely psychological  
17          and that it will generally be the terror generated by  
18          a major event, not the event itself, that will have the  
19          greatest long-term negative impact on children and  
20          families throughout the Nation. There is a great  
21          need for increased attention to the promotion of  
22          family and community resilience in terror and dis-  
23          aster planning.

24          (7) According to “Schools and Terrorism: A  
25          Supplement to the National Advisory Committee on

1 Children and Terrorism Recommendations to the  
2 Secretary”, schools may or may not be the targets  
3 of terrorism, but they are certain to be affected by  
4 terrorism, because on any given weekday more than  
5 one-fifth of the United States population can be  
6 found in schools. Although the United States De-  
7 partment of Education strongly encourages every  
8 school to have an emergency management plan, few  
9 plans address how the school fits in with the larger  
10 public health and emergency management response  
11 to a community-wide event, such as a terrorist at-  
12 tack.

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

20 (9) Substantial effort and funding are still  
21 needed to adequately understand and prepare for the  
22 psychological consequences associated with bioter-  
23 rorism.

24 (10) The integration of mental health into pub-  
25 lic health efforts, including integration and coopera-

1       tion across Federal agencies and State public health  
2       and mental health authorities, is critical in address-  
3       ing the psychological needs of the Nation with re-  
4       gard to terrorism.

5 **SEC. 3. GOALS.**

6       The goals of this Act are as follows:

7           (1) To identify effective strategies to respond to  
8       the behavioral, cognitive, and emotional impacts of  
9       terrorism and their implications for disaster man-  
10      agement and to integrate these strategies into the  
11      United States' plans to mitigate, plan for, respond  
12      to, and recover from potential and actual terrorist  
13      attacks.

14          (2) To coordinate the efforts of different gov-  
15      ernment agencies in researching, developing, and im-  
16      plementing programs and protocols designed to in-  
17      crease the psychological resilience and mitigate dis-  
18      tress reactions and maladaptive behaviors of the  
19      American public as they relate to terrorism.

20          (3) To facilitate the work of the Department of  
21      Homeland Security and other departments and  
22      agencies by incorporating programs and protocols  
23      designed to increase the psychological resilience of  
24      the American public and respond to the behavioral,  
25      cognitive, and emotional impacts of terrorism and

1 their implications for disaster management, into  
2 those Departments' and agencies' efforts in reducing  
3 the vulnerability of the United States to terrorism.

4 (4) To enable the States and localities to effec-  
5 tively respond to the behavioral, cognitive, and emo-  
6 tional impacts of terrorism and their implications for  
7 disaster management and to integrate appropriate  
8 strategies into their terrorism planning, prepared-  
9 ness, and response efforts.

10 (5) To integrate mental health and public  
11 health emergency preparedness and response efforts  
12 in the United States.

13 **SEC. 4. INTERAGENCY TASK FORCE ON NATIONAL RESIL-**  
14 **IENCE.**

15 Title III of the Public Health Service Act (42 U.S.C.  
16 241 et seq.) is amended by inserting after section 319K  
17 the following:

18 **“SEC. 319L. INTERAGENCY TASK FORCE ON NATIONAL RE-**  
19 **SILIENCE.**

20 “(a) ESTABLISHMENT.—The Secretary shall convene  
21 and lead an interagency task force for the purpose of in-  
22 creasing the psychological resilience of the American pub-  
23 lic and improving the ability of Federal, State, and local  
24 governments to respond to the behavioral, cognitive, and

1 emotional impacts of terrorism and their implications for  
2 disaster management.

3       “(b) MEMBERS.—The task force convened under this  
4 section shall include the Director of the Centers for Dis-  
5 ease Control and Prevention, the Director of the National  
6 Institute of Mental Health, the Administrator of the Sub-  
7 stance Abuse and Mental Health Services Administration,  
8 the Administrator of the Health Resources and Services  
9 Administration, the Director of the Office of Public  
10 Health Emergency Preparedness, the Surgeon General of  
11 the Public Health Service, and such other members as the  
12 Secretary deems appropriate.

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

15               “(1) Coordinating and facilitating the efforts of  
16 the Centers for Disease Control and Prevention, the  
17 National Institute of Mental Health, the Substance  
18 Abuse and Mental Health Services Administration,  
19 the Health Resources and Services Administration,  
20 the Office of Public Health Emergency Prepared-  
21 ness, and the Office of the Surgeon General of the  
22 Public Health Service in their endeavors to develop  
23 and implement programs and protocols designed to  
24 increase the psychological resilience of the American  
25 public and respond to the behavioral, cognitive, and

1 emotional impacts of terrorism and their implica-  
2 tions for disaster management, including by inte-  
3 grating appropriate strategies into the Department  
4 of Health and Human Service’s terrorism prepared-  
5 ness, response, and recovery efforts.

6 “(2) Consulting with, and providing guidance  
7 to, the Department of Homeland Security to inte-  
8 grate into its efforts in reducing the vulnerability of  
9 the United States to terrorism, programs and proto-  
10 cols designed to increase the psychological resilience  
11 of the American public and respond to the behav-  
12 ioral, cognitive, and emotional impacts of terrorism  
13 and their implications for disaster management.

14 “(3) Consulting with the Department of De-  
15 fense, the Department of Veterans Affairs, the De-  
16 partment of Labor, the American Red Cross, na-  
17 tional organizations of health care and health care  
18 providers, national organizations representing public  
19 safety officials, and such other organizations and  
20 agencies as the task force deems appropriate to ad-  
21 vance understanding of successful strategies to re-  
22 spond to the behavioral, cognitive, and emotional im-  
23 pacts of terrorism and their implications for disaster  
24 management and to coordinate implementation of  
25 such strategies.

1           “(4) Consulting with the Department of Edu-  
2           cation on the impact of terrorism on children and  
3           schools’ role in the development, implementation,  
4           and coordination of strategies to increase children’s  
5           psychological resilience and respond to the behav-  
6           ioral, cognitive, and emotional impacts of terrorism.

7           “(5) Consulting with and providing guidance to  
8           the States and local governments for the purpose of  
9           enabling them to effectively respond to the behav-  
10          ioral, cognitive, and emotional impacts of terrorism  
11          and their implications for disaster management.

12          “(6) Developing strategies for encouraging  
13          State and local public health and mental health  
14          agencies to closely collaborate in the development of  
15          integrated, science-based programs and protocols de-  
16          signed to increase the psychological resilience of the  
17          American public and respond to the behavioral, cog-  
18          nitive, and emotional impacts of terrorism and their  
19          implications for disaster management.

20          “(7) 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 of the Amer-  
3 ican public and respond to the behavioral, cognitive,  
4 and emotional impacts of terrorism and their impli-  
5 cations for disaster management.

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

8 “(e) STAFF.—The Secretary shall staff the task force  
9 as necessary to ensure it is able to perform the duties de-  
10 scribed in subsection (c).”.

11 **SEC. 5. ACTIVITIES OF STATES, DISTRICT OF COLUMBIA,**  
12 **AND TERRITORIES REGARDING NATIONAL**  
13 **RESILIENCE.**

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

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

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

4 (b) USA PATRIOT ACT.—Subsection (b) of section  
5 1014 of the Uniting and Strengthening America by Pro-  
6 viding Appropriate Tools Required to Intercept and Ob-  
7 struct Terrorism (USA PATRIOT ACT) Act of 2001 (42  
8 U.S.C. 3714) is amended—

9 (1) by striking “may be used to purchase” and  
10 inserting “may be used for the following:

11 “(1) To purchase”;

12 (2) by striking “In addition, grants under this  
13 section may be used to construct” and inserting the  
14 following:

15 “(2) To construct”; and

16 (3) by inserting at the end the following:

17 “(3) To enable State mental health authorities,  
18 in close collaboration with the respective State public  
19 health authorities and the interagency task force  
20 convened under section 319L of the Public Health  
21 Service Act, to better understand and manage  
22 human emotional, behavioral, and cognitive re-  
23 sponses to disasters, including by increasing the psy-  
24 chological resilience of the public and mitigating dis-  
25 tress reactions and maladaptive behaviors that could

1 occur in response to a conventional, biological, chem-  
2 ical, or radiological attack on the United States.”.

3 **SEC. 6. EFFORTS BY FEMA REGARDING NATIONAL RESIL-**  
4 **IENCE.**

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

7 (1) in subparagraph (A), by inserting “, includ-  
8 ing the risk of psychological injury” before the semi-  
9 colon;

10 (2) in subparagraph (B), by inserting “and the  
11 psychological consequences of trauma” before the  
12 semicolon; and

13 (3) in subparagraph (D), by inserting “over-  
14 come the psychological consequences of trauma,” be-  
15 fore “life,”.

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

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

23 (1) The recommendations of the interagency  
24 task force convened under section 319L of the Pub-  
25 lic Health Service Act (as amended by section 4 of

1 this Act) that are relevant to the Department of  
2 Health and Human Services or the Department of  
3 Homeland Security.

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

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

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

○