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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.

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