

110TH CONGRESS  
1ST SESSION

# H. R. 1891

To promote the development of disaster plans that will protect the maximum number of citizens; to foster public trust, confidence, and cooperation with these plans; and to encourage greater public participation in homeland security by allowing the American people to have a direct and influential role in developing and modifying community disaster preparedness, response, recovery, and mitigation plans in collaboration with government officials, emergency managers, health authorities, and professional responders, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2007

Mr. KENNEDY (for himself, Mr. THOMPSON of Mississippi, Mr. LANGEVIN, Ms. JACKSON-LEE of Texas, Mr. BLUMENAUER, Mr. GRIJALVA, Ms. ZOE LOFGREN of California, Mr. GONZALEZ, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committees on Energy and Commerce and Homeland Security, 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

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## A BILL

To promote the development of disaster plans that will protect the maximum number of citizens; to foster public trust, confidence, and cooperation with these plans; and to encourage greater public participation in homeland security by allowing the American people to have a direct and influential role in developing and modifying community disaster preparedness, response, recovery, and mitigation plans in collaboration with government officials,

emergency managers, health authorities, and professional responders, 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 “Ready, Willing, and  
5       Able Act”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

8               (1) Research indicates that effective responses  
9       to emergencies, particularly terrorist attacks, require  
10       the United States to adopt a new paradigm for de-  
11       veloping disaster plans. The current emergency man-  
12       agement approach mistakenly assumes the general  
13       public to easily be prone to panic and social chaos  
14       and expects citizens to comply with disaster plans  
15       they had little or no direct influence in developing.  
16       Keeping the general public away from participating  
17       in the actual development of disaster plans, and fail-  
18       ing to incorporate their “common-sense” knowledge,  
19       has alienated many citizens and jeopardized the abil-  
20       ity of the United States to respond effectively to do-  
21       mestic emergencies:

22               (A) According to the New York Academy  
23       of Medicine’s report, “Redefining Readiness:  
24       Terrorism Planning Through the Eyes of the

1 Public'', despite this Nation's investment in  
2 working out logistics and purchasing technology  
3 for responding to terrorist attacks and other  
4 disasters, current emergency response plans will  
5 ultimately fall significantly short of expectations  
6 because they were developed without the direct  
7 involvement of the public and therefore fail to  
8 account for all of the risks citizens would face  
9 in a disaster. Because current plans do not pro-  
10 tect the millions of Americans who would be at  
11 risk of developing complications from the small-  
12 pox vaccine, 60 percent of citizens surveyed  
13 said they would not go to a public vaccination  
14 site in a smallpox outbreak. Because schools  
15 and workplaces have not been prepared to func-  
16 tion as safe havens, 40 percent of citizens sur-  
17 veyed said they would not shelter in place for  
18 as long as told in a dirty bomb explosion. Only  
19 20 percent of people believe disaster planners  
20 know very much about their concerns and needs  
21 in the event of a disaster; only 50 percent are  
22 confident that they would receive the help they  
23 might require in the wake of a disaster; and  
24 only 30 percent believe the public can have a lot  
25 of influence on disaster plans being developed.

1           Nonetheless, even in communities that have  
2           never experienced a terrorist attack, over one-  
3           third of the population has a very strong inter-  
4           est in personally helping government agencies  
5           and community organizations develop disaster  
6           plans.

7           (B) According to the Heritage Foundation  
8           Executive Memorandum, “Beyond Duct Tape:  
9           The Federal Government’s Role in Public Pre-  
10          paredness”, community public safety measures  
11          and disaster response activities will succeed  
12          only if they are community-based. Every com-  
13          munity is unique and local preparedness plan-  
14          ning must account for local conditions of cul-  
15          ture, geography, language, infrastructure, poli-  
16          tics, and numerous other factors. Programs are  
17          much more effective when members of the com-  
18          munity are engaged in preparedness planning,  
19          sharing their concerns and ideas with emer-  
20          gency officials.

21          (C) Direct, participatory disaster planning,  
22          unlike the current approach, is a fail-safe  
23          against developing unrealistic emergency plans.  
24          It benefits lawmakers, government officials, and  
25          professional responders by identifying the full

1 range of risks that the public would face in dis-  
2 aster situations, by instructing what is feasible  
3 and not feasible in terms of crisis management,  
4 and by facilitating closer relations with leaders  
5 from different communities, which in turn fos-  
6 ters greater public trust and confidence. This is  
7 particularly important, as some communities  
8 may be less resilient to the consequences of dis-  
9 asters than others. For example, different com-  
10 munities have different degrees of access to  
11 health care, use languages other than English,  
12 and have variable levels of trust in traditional  
13 news sources, the medical community, and gov-  
14 ernment officials.

15 (2) According to “Clinical Infectious Diseases:  
16 Confronting Biological Weapons”, in June 2001, the  
17 simulated bioterrorism exercise, Dark Winter, was  
18 conducted to examine the challenges senior-level pol-  
19 icymakers would face if confronted with a bioter-  
20 rorist attack that initiated outbreaks of a contagious  
21 disease. The exercise was intended to increase  
22 awareness of the scope and character of the threat  
23 posed by biological weapons among senior national  
24 security experts and to bring about actions that  
25 would improve prevention and response strategies.

1 One of the important lessons learned was that indi-  
2 vidual actions of United States citizens will be crit-  
3 ical in ending the spread of a contagious disease,  
4 and leaders must gain the cooperation of the Amer-  
5 ican people. Dark Winter participants concluded—

6 (A) it is not possible to forcibly vaccinate  
7 the public or impose travel restrictions on large  
8 groups of the population without their coopera-  
9 tion;

10 (B) to gain cooperation, the public must  
11 believe there is fairness in the distribution of  
12 vaccines and other vital resources; and

13 (C) the public must be convinced that dis-  
14 ease-containment measures are for the general  
15 good of society and that all possible measures  
16 are being taken to prevent the further spread of  
17 the disease.

18 (3) Decades of social scientific research un-  
19 equivocally demonstrate that people are often at  
20 their finest during crises, contrary to the widely held  
21 belief that disasters easily lead to panic and a break-  
22 down in social order:

23 (A) Rather than panicking, members of the  
24 public typically converge en masse to help when  
25 disasters strike. Numerous studies document

1 the fact that individuals and groups in the im-  
2 mediate impact area of a disaster help manage  
3 evacuations, perform rescues, locate and dig out  
4 victims who are trapped, transport them to  
5 emergency care providers, and repeatedly put  
6 themselves in danger to ensure that others are  
7 safe. For example, in the immediate wake of  
8 the World Trade Center's collapse, numerous  
9 ordinary citizens acted swiftly and collectively in  
10 supporting search and rescue activities despite  
11 the obvious hazards and uncertainty about ad-  
12 ditional attacks.

13 (B) During disasters, people rarely panic,  
14 turn against their neighbors, or suddenly forget  
15 personal ties and moral commitments. Instead,  
16 the more consistent pattern is for people in dis-  
17 asters to bind and work together to help one  
18 another. For example, on September 11th, peo-  
19 ple successfully evacuated from lower Manhat-  
20 tan in one of the largest waterborne evacuations  
21 in history. Barges, fishing boats, ferries, and  
22 pleasure boats spontaneously and collectively  
23 supported the Coast Guard and harbor pilots in  
24 moving hundreds of thousands of people away  
25 from danger, as well as transporting emergency

1 personnel and equipment to docks near  
2 “Ground Zero”.

3 (C) Despite the fact that people may feel  
4 terrified in disaster situations, even to the point  
5 of feeling that their own lives are in imminent  
6 danger, individualistic, competitive behavior is  
7 rare. Instead, social bonds remain intact, and  
8 the sense of responsibility to family members,  
9 friends, fellow workers, neighbors, and even  
10 total strangers remains strong. For example,  
11 there are numerous accounts of healthy office  
12 workers delaying their evacuation in order to  
13 help injured and disabled colleagues down the  
14 stairwells of the World Trade Center.

15 (D) Highly adaptive and pro-social behav-  
16 ior by the public is common in various types of  
17 crises, including public health crises. For exam-  
18 ple, when the greater Toronto area faced an  
19 outbreak of SARS in 2003 that sickened a dis-  
20 proportionate number of health care workers,  
21 hundreds of American physicians volunteered to  
22 aid their Canadian colleagues despite the fact  
23 that SARS was a potentially lethal disease.

24 (E) Often, people focused on the manage-  
25 rial and technical challenges of crisis manage-



1           ment misinterpret the general public as panic-  
2           stricken and chaotic when they are, in fact, en-  
3           gaging in rational behavior. Such behaviors in-  
4           clude seeking more information, questioning au-  
5           thorities, and undertaking precautionary meas-  
6           ures even if authorities believe these measures  
7           are unwarranted.

8           (F) While there always exists a possibility  
9           for a breakdown in the social order during a  
10          crisis, numerous disaster experts agree that the  
11          most effective ways for government officials to  
12          counter any potential for panic and to facilitate  
13          recovery are—

14               (i) to provide the public with the most  
15               accurate and timely information possible  
16               during a crisis and not withhold vital infor-  
17               mation;

18               (ii) to make provisions for the ethical  
19               and rational distribution of vital resources  
20               that could have a direct impact on health;  
21               and

22               (iii) to include community residents in  
23               disaster preparedness efforts before a crisis  
24               occurs to ensure that response plans are

1                   realistic and address the full range of risks  
2                   that the public would face.

3           (4) Civil-society organizations, those organiza-  
4           tions created to bring people together for common  
5           pro-social purposes, such as professional societies,  
6           business groups, labor unions, service organizations,  
7           neighborhood associations, and faith-based groups,  
8           have assumed critical roles in responding to disas-  
9           ters. In the wake of the attacks on the World Trade  
10          Center and the Pentagon, civil-society organizations  
11          and their members organized themselves to aid the  
12          search-and-rescue efforts and the longer-term recov-  
13          ery process. Unions, tenant associations, professional  
14          societies, businesses, churches, and other groups gal-  
15          vanized existing social ties, leadership structures,  
16          and communication links to channel crucial aid:

17                (A) The American Medical Association  
18                contacted State and local medical societies and  
19                specialty organizations to request volunteers.  
20                More than 1,700 medical personnel responded  
21                to requests for critical-care specialists.

22                (B) Building trades and labor unions im-  
23                mediately gathered crews of engineers, iron-  
24                workers, laborers, Teamsters, and others to set  
25                up equipment and to look for architectural

1 drawings in order to perform the dangerous  
2 work of searching through the rubble for sur-  
3 vivors. One union hall located in Tribeca was  
4 converted into a Red Cross Disaster Service  
5 Center that helped connect affected residents  
6 with critical relief services.

7 (C) Members of the Independence Plaza  
8 North Tenants' Association in lower Manhattan  
9 effectively directed streams of people to safety  
10 and away from the World Trade Center com-  
11 plex; they organized "urgent needs" crews to  
12 canvass the area around "Ground Zero" looking  
13 for homebound residents who required assist-  
14 ance; and they acted as volunteers for local  
15 businesses when paid employees could not get  
16 to the area.

17 (D) The Seamen's Church Institute of  
18 New York and New Jersey, headquartered in  
19 lower Manhattan, dedicated its cooking facilities  
20 to feeding rescue and recovery workers; mem-  
21 bers of the Episcopal churches in the area took  
22 turns staffing the kitchen.

23 (5) Effective communication by government and  
24 emergency officials helps facilitate the public's pro-  
25 ductive responses to disasters:

1 (A) According to the Presidential/Congres-  
2 sional Commission on Risk Assessment and  
3 Risk Management, risk communication and  
4 analysis should be integrated at all stages of  
5 the risk management process so emergency  
6 managers and government officials address  
7 issues of concern to the public and share infor-  
8 mation in a way that facilitates effective action  
9 and creates public confidence.

10 (B) According to the New York Academy  
11 of Medicine's report, "Redefining Readiness:  
12 Terrorism Planning Through the Eyes of the  
13 Public", officials cannot effectively commu-  
14 nicate risk to the public until they first learn  
15 the full range of risks the public would actually  
16 face in particular disaster situations.

17 (C) According to the Heritage Foundation  
18 Executive Memorandum, "Beyond Duct Tape:  
19 The Federal Government's Role in Public Pre-  
20 paredness", the most vital role the Federal Gov-  
21 ernment can have in enhancing the public re-  
22 sponse to a terrorist attack is to ensure that its  
23 communications are understandable, credible,  
24 and actionable.

1 **SEC. 3. GOALS.**

2 The goals of this Act are as follows:

3 (1) To promote the development of disaster  
4 plans that will protect the maximum number of citi-  
5 zens; to foster public trust, confidence, and coopera-  
6 tion with these plans; and to encourage greater pub-  
7 lic participation in homeland security by allowing the  
8 American people to have a direct and influential role  
9 in developing and modifying community disaster pre-  
10 paredness, response, recovery, and mitigation plans  
11 in collaboration with government officials, emergency  
12 managers, health authorities, and professional re-  
13 sponders.

14 (2) To create a working group composed of  
15 Federal officials and State, county, local, and tribal  
16 Citizen Corps Council members to coordinate the ef-  
17 forts of different government agencies in identifying,  
18 developing, and implementing strategies to allow the  
19 American public to have such a role.

20 (3) To encourage greater public participation in  
21 homeland security and to improve disaster plans by  
22 enabling the States and localities to effectively incor-  
23 porate volunteers from the general public to assume  
24 a direct and influential role in community-based dis-  
25 aster preparedness, response, recovery, and mitiga-  
26 tion planning efforts in collaboration with State and

1 local government officials, emergency managers,  
2 health authorities, and professional responders,  
3 thereby integrating these volunteers' collective experiential knowledge into disaster plans which will ultimately protect many more citizens than would otherwise be possible.

7 (4) To encourage integration of risk communication and analysis protocols into all stages of the risk management process within the Department of Homeland Security and the Department of Health and Human Services so that emergency managers, health officials, and government officials can better address issues of concern to the public and can share that information in a way that more effectively facilitates action and promotes greater public confidence and safety.

17 **SEC. 4. WORKING GROUP TO INCREASE PUBLIC PARTICIPATION IN COMMUNITY-BASED DISASTER PLANNING EFFORTS.**

20 (a) ESTABLISHMENT.—The Secretary of Homeland Security and the Secretary of Health and Human Services, acting jointly, shall establish a working group to perform the duties described in subsection (b).

24 (b) DUTIES.—The working group shall—

1           (1) assist the Department of Homeland Secu-  
2       rity and the Department of Health and Human  
3       Services—

4           (A) to promote the development of disaster  
5       plans that will protect the maximum number of  
6       citizens, to foster greater public trust, con-  
7       fidence, and cooperation with these plans, as  
8       well as to encourage greater public participation  
9       in homeland security, by identifying, developing,  
10      and reviewing strategies that provide the Amer-  
11      ican people the means to volunteer to develop  
12      community-based disaster preparedness, re-  
13      sponse, recovery, and mitigation plans, and to  
14      modify pre-existing disaster plans, in collabora-  
15      tion with State and local government officials,  
16      emergency managers, health authorities, and  
17      professional responders;

18          (B) to help State and local officials provide  
19      the necessary means and infrastructure for the  
20      American public to volunteer to assume a direct  
21      and influential role in community-based disaster  
22      preparedness, response, recovery, and mitiga-  
23      tion planning efforts, and to modify pre-existing  
24      disaster plans, in collaboration with State and  
25      local government officials, emergency managers,

1 health authorities, and professional responders,  
2 thereby integrating these volunteers' collective  
3 experiential knowledge into disaster plans which  
4 will ultimately protect many more citizens than  
5 would otherwise be possible; and

6 (C) to develop standards to measure the  
7 success of a community's level of direct,  
8 participatory disaster planning efforts in—

9 (i) building partnerships between  
10 State and local government officials, emer-  
11 gency managers, health authorities, profes-  
12 sional responders, and community-based  
13 leaders of: industry and business, civil soci-  
14 ety organizations, schools, infrastructure  
15 (such as utilities, transit systems, rail-  
16 roads, ports, and airports) and health care  
17 organizations;

18 (ii) identifying the full range of risks  
19 citizens would actually face as a result of  
20 a conventional or unconventional terrorist  
21 attack, as well as the most likely other dis-  
22 asters for their particular community;

23 (iii) developing community-based dis-  
24 aster preparedness, response, recovery, and  
25 mitigation plans, and modifying pre-exist-



1 ing plans, which take into account the full  
2 range of risks identified pursuant to clause  
3 (ii); and

4 (iv) developing communication links  
5 for government authorities to disseminate,  
6 in a timely manner, vital health and safety  
7 information to community-based leaders,  
8 allowing the information to be forwarded  
9 to the greater general public by individuals  
10 who speak the same languages and are  
11 part of their community's particular cul-  
12 ture and day-to-day life;

13 (2) consult with the Department of Justice, the  
14 Department of Defense, the Department of Edu-  
15 cation, the Department of Commerce, the Depart-  
16 ment of Labor, the American Red Cross, and other  
17 agencies and organizations deemed appropriate by  
18 the working group to identify and develop strategies  
19 for—

20 (A) promoting greater public participation  
21 in homeland security by facilitating community-  
22 based disaster preparedness, response, recovery,  
23 and mitigation planning efforts; and

1 (B) helping State and local officials to in-  
2 corporate public volunteers into community-  
3 based disaster planning efforts;

4 (3) consult with and provide guidance to State  
5 and local governments for the purpose of helping  
6 them to provide the necessary means and infrastruc-  
7 ture for the American public to have a direct and in-  
8 fluential role in developing and reviewing community  
9 disaster preparedness, response, recovery, and miti-  
10 gation plans, and to modify pre-existing disaster  
11 plans, in collaboration with State and local govern-  
12 ment officials, emergency managers, health authori-  
13 ties, and professional responders, thereby integrating  
14 these volunteers' collective experiential knowledge  
15 into disaster plans which will ultimately protect  
16 many more citizens than would otherwise be pos-  
17 sible; and

18 (4) not later than the working group's termi-  
19 nation date described in subsection (g), prepare and  
20 present to the Secretary of Homeland Security and  
21 the Secretary of Health and Human Services specific  
22 recommendations on how the Department of Home-  
23 land Security and the Department of Health and  
24 Human Services may—

1           (A) promote the development of disaster  
2 plans that will protect the maximum number of  
3 citizens; to foster public trust, confidence, and  
4 cooperation with these plans; and to encourage  
5 greater public participation in homeland secu-  
6 rity by providing the American people with the  
7 necessary means to volunteer to develop and  
8 modify community disaster preparedness, re-  
9 sponse, recovery, and mitigation plans in col-  
10 laboration with government officials, emergency  
11 managers, health authorities, and professional  
12 responders; and

13           (B) help State and local officials provide  
14 the necessary means and infrastructure for the  
15 American public to volunteer to assume a direct  
16 and influential role in community-based disaster  
17 preparedness, response, recovery, and mitiga-  
18 tion planning efforts, and to modify pre-existing  
19 disaster plans, in collaboration with State and  
20 local government officials, emergency managers,  
21 health authorities, and professional responders,  
22 thereby integrating these volunteers' collective  
23 experiential knowledge into disaster plans which  
24 will ultimately protect many more citizens than  
25 would otherwise be possible.

1 (c) MEMBERSHIP.—

2 (1) COMPOSITION.—The working group shall be  
3 composed of 21 members, as follows:

4 (A) Three representatives of the Depart-  
5 ment of Homeland Security, as follows:

6 (i) The Secretary of Homeland Secu-  
7 rity (or the Secretary's designee).

8 (ii) The Under Secretary for Federal  
9 Emergency Management (or the Under  
10 Secretary's designee).

11 (iii) The Under Secretary for Pre-  
12 paredness (or the Under Secretary's des-  
13 ignee).

14 (B) Three representatives of the Depart-  
15 ment of Health and Human Services, as fol-  
16 lows:

17 (i) The Secretary of Health and  
18 Human Services (or the Secretary's des-  
19 ignee).

20 (ii) The Director of the Centers for  
21 Disease Control and Prevention (or the Di-  
22 rector's designee).

23 (iii) The Assistant Secretary for Pre-  
24 paredness and Response (or the Assistant  
25 Secretary's designee).

1 (C) Fifteen members appointed by the  
2 Comptroller General of the United States in ac-  
3 cordance with paragraph (2).

4 (2) APPOINTED MEMBERS.—

5 (A) QUALIFICATIONS.—The Comptroller  
6 General of the United States may appoint an  
7 individual under paragraph (1)(C) only if the  
8 individual—

9 (i) is a current member of a State,  
10 county, local, or tribal Citizen Corps Coun-  
11 cil;

12 (ii) is not a Federal, State, or local  
13 government employee or elected official;  
14 and

15 (iii) is not an employee, volunteer, or  
16 representative of a business, association, or  
17 advocacy organization involved in home-  
18 land security services other than volunteer  
19 services to Citizen Corps.

20 (B) DIVERSITY.—The Comptroller General  
21 of the United States shall ensure that the mem-  
22 bers appointed under paragraph (1)(C)—

23 (i) reflect a broad geographic and cul-  
24 tural representation;

1 (ii) include at least 3 representatives  
2 from urban areas, 3 representatives from  
3 suburban areas, and 3 representatives  
4 from rural areas; and

5 (iii) include 5 representatives who  
6 serve on a State Citizen Corps Council and  
7 10 representatives who serve on either a  
8 county, local, or tribal Citizen Corps Coun-  
9 cil.

10 (C) TERMS.—Each member appointed  
11 under paragraph (1)(C) shall be appointed for  
12 the life of the working group.

13 (D) CHAIRPERSON.—Not later than 14  
14 days after the date on which the Comptroller  
15 General of the United States completes the ap-  
16 pointment of the 15 members required to be ap-  
17 pointed under paragraph (1)(C), the Comp-  
18 troller General shall designate the chairperson  
19 of the working group from among such mem-  
20 bers.

21 (E) VACANCIES.—A vacancy in the work-  
22 ing group shall not affect the powers or the du-  
23 ties of the working group and shall be filled in  
24 the same manner in which the original appoint-  
25 ment was made.

1 (d) SUBCOMMITTEES.—The working group may es-  
 2 tablish subcommittees for the purpose of increasing the  
 3 efficiency of the working group.

4 (e) MEETINGS.—The working group shall meet not  
 5 less than 4 times each year.

6 (f) STAFF.—The Secretary of Homeland Security  
 7 and the Secretary of Health and Human Services may de-  
 8 tail, on a reimbursable basis, personnel of the Department  
 9 of Homeland Security or the Department of Health and  
 10 Human Services, respectively, to the working group to as-  
 11 sist the working group in carrying out the duties described  
 12 in subsection (b).

13 (g) TERMINATION.—The working group shall termi-  
 14 nate not later than 3 years after the date on which the  
 15 working group adjourns its first meeting.

16 (h) DEFINITIONS.—For purposes of this section:

17 (1) The term “disaster” includes terrorist at-  
 18 tacks and any other emergency event designated by  
 19 the working group involved.

20 (2) The term “working group” means the work-  
 21 ing group established under this section.

22 **SEC. 5. STATE COOPERATION WITH WORKING GROUP.**

23 Clause (ii) of section 319C–1(b)(1)(A) of the Public  
 24 Health Service Act (42 U.S.C. 247d–3a(b)(1)(A)) is  
 25 amended—

1           (1) in subclause (IV), by striking “and” at the  
2       end;

3           (2) in subclause (V), by striking “or” at the  
4       end and inserting “and”; and

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

6                       “(VI) will take specific steps to  
7                       comply with the recommendations of  
8                       the working group established pursu-  
9                       ant to section 4 of the Ready, Willing,  
10                      and Able Act to provide the means  
11                      and infrastructure necessary for the  
12                      public to volunteer to assume a direct  
13                      and influential role in community-  
14                      based disaster preparedness, response,  
15                      recovery, and mitigation planning ef-  
16                      forts, and to modify pre-existing dis-  
17                      aster plans, in collaboration with gov-  
18                      ernment officials, emergency man-  
19                      agers, health authorities, and profes-  
20                      sional responders, thereby integrating  
21                      these volunteers’ collective experiential  
22                      knowledge into disaster plans which  
23                      will ultimately protect many more citi-  
24                      zens than would otherwise be possible;  
25                      or”.



1 **SEC. 6. REPORT TO CONGRESS.**

2 Not later than 1 year after receiving the rec-  
3 ommendations of the working group established pursuant  
4 to section 4, the Secretary of Homeland Security and the  
5 Secretary of Health and Human Services, acting jointly,  
6 shall submit a report to the Congress that includes each  
7 of the following:

8 (1) The recommendations of the working group  
9 relevant to the Department of Homeland Security or  
10 the Department of Health and Human Services.

11 (2) A description of the steps that have or have  
12 not been taken by each Federal department to im-  
13 plement the recommendations of the working group.

14 (3) Thorough explanations for rejection of any  
15 recommendations by the working group.

16 (4) Other steps taken to meet the goals of this  
17 Act.

○