

109TH CONGRESS
1ST SESSION

S. 2170

To provide for global pathogen surveillance and response.

IN THE SENATE OF THE UNITED STATES

DECEMBER 21, 2005

Mr. FRIST (for himself, Mr. BIDEN, and Mr. LUGAR) introduced the following bill; which was read twice

DECEMBER 22 (legislative day, DECEMBER 21), 2005

Considered, read the third time, and passed

A BILL

To provide for global pathogen surveillance and response.

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 “Global Pathogen Sur-
5 veillance Act of 2005”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) The frequency of the occurrence of biologi-
10 cal events that could threaten the national security

1 of the United States has increased and is likely in-
2 creasing. The threat to the United States from such
3 events includes threats from diseases that infect hu-
4 mans, animals, or plants regardless of if such dis-
5 eases are introduced naturally, accidentally, or inten-
6 tionally.

7 (2) The United States lacks an effective and
8 real-time system to detect, identify, contain, and re-
9 spond to global threats and also lacks an effective
10 mechanism to disseminate information to the na-
11 tional response community if such threats arise.

12 (3) Bioterrorism poses a grave national security
13 threat to the United States. The insidious nature of
14 a bioterrorist attack, the likelihood that the recogni-
15 tion of such an attack would be delayed, and the
16 underpreparedness of the domestic public health in-
17 frastructure to respond to such an attack could re-
18 sult in catastrophic consequences following a biologi-
19 cal weapons attack against the United States.

20 (4) The ability to recognize that a country or
21 organization is carrying out a covert biological weap-
22 ons programs is dependent on a number of indica-
23 tions and warnings. A critical component of this rec-
24 ognition is the timely detection of sentinel events
25 such as laboratory accidents and community-level

1 outbreaks that could be the earliest indication of an
2 emerging bioterrorist program in a foreign country.
3 Early detection of such events may enable earlier
4 counterproliferation intervention.

5 (5) A contagious pathogen engineered as a bio-
6 logical weapon and developed, tested, produced, or
7 released in a foreign country could quickly spread to
8 the United States. Considering the realities of inter-
9 national travel, trade, and migration patterns, a
10 dangerous pathogen appearing naturally, acciden-
11 tally, or intentionally anywhere in the world can
12 spread to the United States in a matter of days, be-
13 fore any effective quarantine or isolation measures
14 could be implemented.

15 (6) To combat bioterrorism effectively and en-
16 sure that the United States is fully prepared to pre-
17 vent, recognize, and contain a biological weapons at-
18 tack, or emerging infectious disease, measures to
19 strengthen the domestic public health infrastructure
20 and improve domestic event detection, surveillance,
21 and response, while absolutely essential, are not suf-
22 ficient.

23 (7) The United States should enhance coopera-
24 tion with the World Health Organization, regional
25 international health organizations, and individual

1 countries, including data sharing with appropriate
2 agencies and departments of the United States, to
3 help detect and quickly contain infectious disease
4 outbreaks or a bioterrorism agent before such a dis-
5 ease or agent is spread.

6 (8) The World Health Organization has done
7 an impressive job in monitoring infectious disease
8 outbreaks around the world, particularly with the es-
9 tablishment in April 2000 of the Global Outbreak
10 Alert and Response Network.

11 (9) The capabilities of the World Health Orga-
12 nization depend on the quality of the data and infor-
13 mation the Organization receives from the countries
14 that are members of the Organization and is further
15 limited by the narrow list of diseases (such as
16 plague, cholera, and yellow fever) on which such sur-
17 veillance and monitoring is based and by the con-
18 sensus process used by the Organization to add new
19 diseases to the list. Developing countries, in par-
20 ticular, often are unable to devote the necessary re-
21 sources to build and maintain public health infra-
22 structures.

23 (10) In particular, developing countries could
24 benefit from—

- 1 (A) better trained public health profes-
2 sionals and epidemiologists to recognize disease
3 patterns;
- 4 (B) appropriate laboratory equipment for
5 diagnosis of pathogens;
- 6 (C) disease reporting systems that—
- 7 (i) are based on disease and syndrome
8 surveillance; and
- 9 (ii) could enable an effective response
10 to a biological event to begin at the earliest
11 possible opportunity;
- 12 (D) a narrowing of the existing technology
13 gap in disease and syndrome surveillance capa-
14 bilities, based on reported symptoms, and real-
15 time information dissemination to public health
16 officials; and
- 17 (E) appropriate communications equip-
18 ment and information technology to efficiently
19 transmit information and data within national,
20 international regional, and international health
21 networks, including inexpensive, Internet-based
22 Geographic Information Systems (GIS) and rel-
23 evant telephone-based systems for early recogni-
24 tion and diagnosis of diseases.

1 (11) An effective international capability to de-
2 tect, monitor, and quickly diagnose infectious disease
3 outbreaks will offer dividends not only in the event
4 of biological weapons development, testing, produc-
5 tion, and attack, but also in the more likely cases of
6 naturally occurring infectious disease outbreaks that
7 could threaten the United States. Furthermore, a
8 robust surveillance system will serve to deter, pre-
9 vent, or contain terrorist use of biological weapons,
10 mitigating the intended effects of such malevolent
11 uses.

12 (b) PURPOSES.—The purposes of this Act are as fol-
13 lows:

14 (1) To provide the United States with an effec-
15 tive and real-time system to detect biological threats
16 that—

17 (A) utilizes classified and unclassified in-
18 formation to detect such threats; and

19 (B) may be utilized by the human or the
20 agricultural domestic disease response commu-
21 nity.

22 (2) To enhance the capability of the inter-
23 national community, through the World Health Or-
24 ganization and individual countries, to detect, iden-
25 tify, and contain infectious disease outbreaks, wheth-

1 er the cause of those outbreaks is intentional human
2 action or natural in origin.

3 (3) To enhance the training of public health
4 professionals and epidemiologists from eligible devel-
5 oping countries in advanced Internet-based disease
6 and syndrome surveillance systems, in addition to
7 traditional epidemiology methods, so that such pro-
8 fessionals and epidemiologists may better detect, di-
9 agnose, and contain infectious disease outbreaks, es-
10 pecially such outbreaks caused by the pathogens that
11 may be likely to be used in a biological weapons at-
12 tack.

13 (4) To provide assistance to developing coun-
14 tries to purchase appropriate communications equip-
15 ment and information technology to detect, analyze,
16 and report biological threats, including—

17 (A) relevant computer equipment, Internet
18 connectivity mechanisms, and telephone-based
19 applications to effectively gather, analyze, and
20 transmit public health information for infec-
21 tious disease surveillance and diagnosis; and

22 (B) appropriate computer equipment and
23 Internet connectivity mechanisms—

24 (i) to facilitate the exchange of Geo-
25 graphic Information Systems-based disease

1 and syndrome surveillance information;
2 and

3 (ii) to effectively gather, analyze, and
4 transmit public health information for in-
5 fectious disease surveillance and diagnosis.

6 (5) To make available greater numbers of pub-
7 lic health professionals who are employed by the
8 Government of the United States to international re-
9 gional and international health organizations, inter-
10 national regional and international health networks,
11 and United States diplomatic missions, as appro-
12 priate.

13 (6) To expand the training and outreach activi-
14 ties of United States laboratories located in foreign
15 countries, including the Centers for Disease Control
16 and Prevention or Department of Defense labora-
17 tories, to enhance the public health capabilities of
18 developing countries.

19 (7) To provide appropriate technical assistance
20 to existing international regional and international
21 health networks and, as appropriate, seed money for
22 new international regional and international net-
23 works.

24 **SEC. 3. DEFINITIONS.**

25 In this Act:

1 (1) ELIGIBLE DEVELOPING COUNTRY.—The
2 term “eligible developing country” means any devel-
3 oping country that—

4 (A) has agreed to the objective of fully
5 complying with requirements of the World
6 Health Organization on reporting public health
7 information on outbreaks of infectious diseases;

8 (B) has not been determined by the Sec-
9 retary, for purposes of section 40 of the Arms
10 Export Control Act (22 U.S.C. 2780), section
11 620A of the Foreign Assistance Act of 1961
12 (22 U.S.C. 2371), or section 6(j) of the Export
13 Administration Act of 1979 (as in effect pursu-
14 ant to the International Emergency Economic
15 Powers Act; 50 U.S.C. 1701 et seq.), to have
16 repeatedly provided support for acts of inter-
17 national terrorism, unless the Secretary exer-
18 cises a waiver certifying that it is in the na-
19 tional interest of the United States to provide
20 assistance under the provisions of this Act; and

21 (C) is a party to the Convention on the
22 Prohibition of the Development, Production and
23 Stockpiling of Bacteriological (Biological) and
24 Toxin Weapons and on Their Destruction, done

1 at Washington, London, and Moscow April 10,
2 1972 (26 UST 583).

3 (2) ELIGIBLE NATIONAL.—The term “eligible
4 national” means any citizen or national of an eligible
5 developing country who—

6 (A) does not have a criminal background;

7 (B) is not on any immigration or other
8 United States watch list; and

9 (C) is not affiliated with any foreign ter-
10 rorist organization.

11 (3) INTERNATIONAL HEALTH ORGANIZATION.—
12 The term “international health organization” in-
13 cludes the World Health Organization, regional of-
14 fices of the World Health Organization, and inter-
15 national health organizations, such as the Pan
16 American Health Organization.

17 (4) LABORATORY.—The term “laboratory”
18 means a facility for the biological, microbiological,
19 serological, chemical, immuno-hematological,
20 hematological, biophysical, cytological, pathological,
21 or other medical examination of materials derived
22 from the human body for the purpose of providing
23 information for the diagnosis, prevention, or treat-
24 ment of any disease or impairment of, or the assess-
25 ment of the health of, human beings.

1 (5) SECRETARY.—Unless otherwise provided,
2 the term “Secretary” means the Secretary of State.

3 (6) DISEASE AND SYNDROME SURVEILLANCE.—
4 The term “disease and syndrome surveillance”
5 means the recording of clinician-reported symptoms
6 (patient complaints) and signs (derived from phys-
7 ical examination and laboratory data) combined with
8 simple geographic locators to track the emergence of
9 a disease in a population.

10 **SEC. 4. ELIGIBILITY FOR ASSISTANCE.**

11 (a) IN GENERAL.—Except as provided in subsection
12 (b), assistance may be provided to an eligible developing
13 country under any provision of this Act only if the govern-
14 ment of the eligible developing country—

15 (1) permits personnel from the World Health
16 Organization and the Centers for Disease Control
17 and Prevention to investigate outbreaks of infectious
18 diseases within the borders of such country; and

19 (2) provides pathogen surveillance data to the
20 appropriate agencies and departments of the United
21 States and to international health organizations.

22 (b) WAIVER.—The Secretary may waive the prohibi-
23 tion set out in subsection (a) if the Secretary determines
24 that it is in the national interest of the United States to
25 provide such a waiver.

1 **SEC. 5. RESTRICTION.**

2 (a) IN GENERAL.—Notwithstanding any other provi-
3 sion of this Act, no foreign national participating in a pro-
4 gram authorized under this Act shall have access, during
5 the course of such participation, to a select agent or toxin
6 described in section 73.4 of title 42, Code of Federal Reg-
7 ulations (or any corresponding similar regulation) or an
8 overlap select agent or toxin described in section 73.5 of
9 such title (or any corresponding similar regulation) that
10 may be used as, or in, a biological weapon, except in a
11 supervised and controlled setting.

12 (b) RELATIONSHIP TO REGULATIONS.—The restric-
13 tion set out in subsection (a) may not be construed to limit
14 the ability of the Secretary of Health and Human Services
15 to prescribe, through regulation, standards for the han-
16 dling of a select agent or toxin or an overlap select agent
17 or toxin described in such subsection.

18 **SEC. 6. FELLOWSHIP PROGRAM.**

19 (a) ESTABLISHMENT.—There is established a fellow-
20 ship program under which the Secretary, in consultation
21 with the Secretary of Health and Human Services and
22 subject to the availability of appropriations, shall award
23 fellowships to eligible nationals to pursue public health
24 education or training, as follows:

25 (1) MASTER OF PUBLIC HEALTH DEGREE.—
26 Graduate courses of study leading to a master of

1 public health degree with a concentration in epidemi-
2 ology from an institution of higher education in the
3 United States with a Center for Public Health Pre-
4 paredness, as determined by the Director of the Cen-
5 ters for Disease Control and Prevention.

6 (2) ADVANCED PUBLIC HEALTH EPIDEMIOLOGY
7 TRAINING.—Advanced public health training in epi-
8 demiology for public health professionals from eligi-
9 ble developing countries to be carried out at the
10 Centers for Disease Control and Prevention, an ap-
11 propriate facility of a State, or an appropriate facil-
12 ity of another agency or department of the United
13 States (other than a facility of the Department of
14 Defense or a national laboratory of the Department
15 of Energy) for a period of not less than 6 months
16 or more than 12 months.

17 (b) SPECIALIZATION IN BIOTERRORISM.—In addition
18 to the education or training specified in subsection (a),
19 each recipient of a fellowship under this section (in this
20 section referred to as a “fellow”) may take courses of
21 study at the Centers for Disease Control and Prevention
22 or at an equivalent facility on diagnosis and containment
23 of likely bioterrorism agents.

24 (c) FELLOWSHIP AGREEMENT.—

1 (1) IN GENERAL.—A fellow shall enter into an
2 agreement with the Secretary under which the fellow
3 agrees—

4 (A) to maintain satisfactory academic
5 progress, as determined in accordance with reg-
6 ulations issued by the Secretary and confirmed
7 in regularly scheduled updates to the Secretary
8 from the institution providing the education or
9 training on the progress of the fellow’s edu-
10 cation or training;

11 (B) upon completion of such education or
12 training, to return to the fellow’s country of na-
13 tionality or last habitual residence (so long as
14 it is an eligible developing country) and com-
15 plete at least 4 years of employment in a public
16 health position in the government or a non-
17 governmental, not-for-profit entity in that coun-
18 try or, with the approval of the Secretary, com-
19 plete part or all of this requirement through
20 service with an international health organiza-
21 tion without geographic restriction; and

22 (C) that, if the fellow is unable to meet the
23 requirements described in subparagraph (A) or
24 (B), the fellow shall reimburse the United
25 States for the value of the assistance provided

1 to the fellow under the fellowship program, to-
2 gether with interest at a rate that—

3 (i) is determined in accordance with
4 regulations issued by the Secretary; and

5 (ii) is not higher than the rate gen-
6 erally applied in connection with other
7 Federal loans.

8 (2) WAIVERS.—The Secretary may waive the
9 application of subparagraph (B) or (C) of paragraph
10 (1) if the Secretary determines that it is in the na-
11 tional interest of the United States to provide such
12 a waiver.

13 (d) AGREEMENT.—The Secretary, in consultation
14 with the Secretary of Health and Human Services, is au-
15 thorized to enter into an agreement with the government
16 of an eligible developing country under which such govern-
17 ment agrees—

18 (1) to establish a procedure for the nomination
19 of eligible nationals for fellowships under this sec-
20 tion;

21 (2) to guarantee that a fellow will be offered a
22 professional public health position within the devel-
23 oping country upon completion of the fellow's stud-
24 ies; and

1 (3) to submit to the Secretary a certification
2 stating that a fellow has concluded the minimum pe-
3 riod of employment in a public health position re-
4 quired by the fellowship agreement, including an ex-
5 planation of how the requirement was met.

6 (e) PARTICIPATION OF UNITED STATES CITIZENS.—

7 On a case-by-case basis, the Secretary may provide for the
8 participation of a citizen of the United States in the fel-
9 lowship program under the provisions of this section if—

10 (1) the Secretary determines that it is in the
11 national interest of the United States to provide for
12 such participation; and

13 (2) the citizen of the United States agrees to
14 complete, at the conclusion of such participation, at
15 least 5 years of employment in a public health posi-
16 tion in an eligible developing country or at an inter-
17 national health organization.

18 (f) USE OF EXISTING PROGRAMS.—The Secretary,
19 with the concurrence of the Secretary of Health and
20 Human Services, may elect to use existing programs of
21 the Department of Health and Human Services to provide
22 the education and training described in subsection (a) if
23 the requirements of subsections (b), (c), and (d) will be
24 substantially met under such existing programs.

1 **SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECH-**
2 **NIQUES AND DISEASE AND SYNDROME SUR-**
3 **VEILLANCE.**

4 (a) **LABORATORY TECHNIQUES.—**

5 (1) **IN GENERAL.—**The Secretary, after con-
6 sultation with the Secretary of Health and Human
7 Services and in conjunction with the Director of the
8 Centers for Disease Control and Prevention and the
9 Secretary of Defense, and subject to the availability
10 of appropriations, shall provide assistance for short
11 training courses for eligible nationals who are lab-
12 oratory technicians or other public health personnel
13 in laboratory techniques relating to the identifica-
14 tion, diagnosis, and tracking of pathogens respon-
15 sible for possible infectious disease outbreaks.

16 (2) **LOCATION.—**The training described in
17 paragraph (1) shall be held outside the United
18 States and may be conducted in facilities of the Cen-
19 ters for Disease Control and Prevention located in
20 foreign countries or in Overseas Medical Research
21 Units of the Department of Defense, as appropriate.

22 (3) **COORDINATION WITH EXISTING PRO-**
23 **GRAMS.—**The Secretary shall coordinate the training
24 described in paragraph (1), where appropriate, with
25 existing programs and activities of international
26 health organizations.

1 (b) DISEASE AND SYNDROME SURVEILLANCE.—

2 (1) IN GENERAL.—The Secretary, after con-
3 sultation with the Secretary of Health and Human
4 Services and in conjunction with the Director of the
5 Centers for Disease Control and Prevention and the
6 Secretary of Defense and subject to the availability
7 of appropriations, shall establish and provide assist-
8 ance for short training courses for eligible nationals
9 who are health care providers or other public health
10 personnel in techniques of disease and syndrome
11 surveillance reporting and rapid analysis of syn-
12 drome information using Geographic Information
13 System (GIS) tools.

14 (2) LOCATION.—The training described in
15 paragraph (1) shall be conducted via the Internet or
16 in appropriate facilities located in a foreign country,
17 as determined by the Secretary.

18 (3) COORDINATION WITH EXISTING PRO-
19 GRAMS.—The Secretary shall coordinate the training
20 described in paragraph (1), where appropriate, with
21 existing programs and activities of international re-
22 gional and international health organizations.

1 **SEC. 8. ASSISTANCE FOR THE PURCHASE AND MAINTEN-**
2 **NANCE OF PUBLIC HEALTH LABORATORY**
3 **EQUIPMENT AND SUPPLIES.**

4 (a) **AUTHORIZATION.**—The President is authorized to
5 provide, on such terms and conditions as the President
6 may determine, assistance to eligible developing countries
7 to purchase and maintain the public health laboratory
8 equipment and supplies described in subsection (b).

9 (b) **EQUIPMENT AND SUPPLIES COVERED.**—The
10 equipment and supplies described in this subsection are
11 equipment and supplies that are—

12 (1) appropriate, to the extent possible, for use
13 in the intended geographic area;

14 (2) necessary to collect, analyze, and identify
15 expeditiously a broad array of pathogens, including
16 mutant strains, which may cause disease outbreaks
17 or may be used in a biological weapon;

18 (3) compatible with general standards set forth
19 by the World Health Organization and, as appro-
20 priate, the Centers for Disease Control and Preven-
21 tion, to ensure interoperability with international re-
22 gional and international public health networks; and

23 (4) not defense articles, defense services, or
24 training, as such terms are defined in the Arms Ex-
25 port Control Act (22 U.S.C. 2751 et seq.).

1 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed to exempt the exporting of goods
3 and technology from compliance with applicable provisions
4 of the Export Administration Act of 1979 (as in effect
5 pursuant to the International Emergency Economic Pow-
6 ers Act; 50 U.S.C. 1701 et seq.).

7 (d) LIMITATION.—Amounts appropriated to carry
8 out this section shall not be made available for the pur-
9 chase from a foreign country of equipment or supplies
10 that, if made in the United States, would be subject to
11 the Arms Export Control Act (22 U.S.C. 2751 et seq.)
12 or likely be barred or subject to special conditions under
13 the Export Administration Act of 1979 (as in effect pursu-
14 ant to the International Emergency Economic Powers Act;
15 50 U.S.C. 1701 et seq.).

16 (e) PROCUREMENT PREFERENCE.—In the use of
17 grant funds authorized under subsection (a), preference
18 should be given to the purchase of equipment and supplies
19 of United States manufacture. The use of amounts appro-
20 priated to carry out this section shall be subject to section
21 604 of the Foreign Assistance Act of 1961 (22 U.S.C.
22 2354).

23 (f) COUNTRY COMMITMENTS.—The assistance pro-
24 vided under this section for equipment and supplies may
25 be provided only if the eligible developing country that re-

1 ceives such equipment and supplies agrees to provide the
2 infrastructure, technical personnel, and other resources re-
3 quired to house, maintain, support, secure, and maximize
4 use of such equipment and supplies.

5 **SEC. 9. ASSISTANCE FOR IMPROVED COMMUNICATION OF**
6 **PUBLIC HEALTH INFORMATION.**

7 (a) ASSISTANCE FOR PURCHASE OF COMMUNICATION
8 EQUIPMENT AND INFORMATION TECHNOLOGY.—The
9 President is authorized to provide, on such terms and con-
10 ditions as the President may determine, assistance to eligi-
11 ble developing countries to purchase and maintain the
12 communications equipment and information technology
13 described in subsection (b), and the supporting equipment,
14 necessary to effectively collect, analyze, and transmit pub-
15 lic health information.

16 (b) COVERED EQUIPMENT.—The communications
17 equipment and information technology described in this
18 subsection are communications equipment and informa-
19 tion technology that—

20 (1) are suitable for use under the particular
21 conditions of the area of intended use;

22 (2) meet the standards set forth by the World
23 Health Organization and, as appropriate, the Sec-
24 retary of Health and Human Services, to ensure

1 interoperability with like equipment of other coun-
2 tries and international organizations; and

3 (3) are not defense articles, defense services, or
4 training, as those terms are defined in the Arms Ex-
5 port Control Act (22 U.S.C. 2751 et seq.).

6 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
7 tion shall be construed to exempt the exporting of goods
8 and technology from compliance with applicable provisions
9 of the Export Administration Act of 1979 (as in effect
10 pursuant to the International Emergency Economic Pow-
11 ers Act; 50 U.S.C. 1701 et seq.).

12 (d) LIMITATION.—Amounts appropriated to carry
13 out this section shall not be made available for the pur-
14 chase from a foreign country of communications equip-
15 ment or information technology that, if made in the
16 United States, would be subject to the Arms Export Con-
17 trol Act (22 U.S.C. 2751 et seq.) or likely be barred or
18 subject to special conditions under the Export Administra-
19 tion Act of 1979 (as in effect pursuant to the Inter-
20 national Emergency Economic Powers Act; 50 U.S.C.
21 1701 et seq.).

22 (e) PROCUREMENT PREFERENCE.—In the use of
23 grant funds under subsection (a), preference should be
24 given to the purchase of communications equipment and
25 information technology of United States manufacture. The

1 use of amounts appropriated to carry out this section shall
2 be subject to section 604 of the Foreign Assistance Act
3 of 1961 (22 U.S.C. 2354).

4 (f) ASSISTANCE FOR STANDARDIZATION OF REPORT-
5 ING.—The President is authorized to provide, on such
6 terms and conditions as the President may determine,
7 technical assistance and grant assistance to international
8 health organizations to facilitate standardization in the re-
9 porting of public health information between and among
10 developing countries and international health organiza-
11 tions.

12 (g) COUNTRY COMMITMENTS.—The assistance pro-
13 vided under this section for communications equipment
14 and information technology may be provided only if the
15 eligible developing country that receives such equipment
16 and technology agrees to provide the infrastructure, tech-
17 nical personnel, and other resources required to house,
18 maintain, support, secure, and maximize use of such
19 equipment and technology.

20 **SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO**
21 **UNITED STATES MISSIONS AND INTER-**
22 **NATIONAL ORGANIZATIONS.**

23 (a) IN GENERAL.—Upon the request of the chief of
24 a diplomatic mission of the United States or of the head
25 of an international regional or international health organi-

1 zation, and with the concurrence of the Secretary and of
2 the employee concerned, the head of an agency or depart-
3 ment of the United States may assign to the mission or
4 the organization any officer or employee of the agency or
5 department that occupies a public health position within
6 the agency or department for the purpose of enhancing
7 disease and pathogen surveillance efforts in developing
8 countries.

9 (b) REIMBURSEMENT.—The costs incurred by an
10 agency or department of the United States by reason of
11 the detail of personnel under subsection (a) may be reim-
12 bursed to that agency or department out of the applicable
13 appropriations account of the Department of State if the
14 Secretary determines that the agency or department may
15 otherwise be unable to assign such personnel on a non-
16 reimbursable basis.

17 **SEC. 11. EXPANSION OF CERTAIN UNITED STATES GOVERN-**
18 **MENT LABORATORIES ABROAD.**

19 (a) IN GENERAL.—Subject to the availability of ap-
20 propriations, the Director of the Centers for Disease Con-
21 trol and Prevention and the Secretary of Defense shall
22 each—

23 (1) increase the number of personnel assigned
24 to laboratories of the Centers for Disease Control
25 and Prevention or the Department of Defense, as

1 appropriate, located in eligible developing countries
2 that conduct research and other activities with re-
3 spect to infectious diseases; and

4 (2) expand the operations of such laboratories,
5 especially with respect to the implementation of on-
6 site training of foreign nationals and activities af-
7 fecting the region in which the country is located.

8 (b) COOPERATION AND COORDINATION BETWEEN
9 LABORATORIES.—Subsection (a) shall be carried out in
10 such a manner as to foster cooperation and avoid duplica-
11 tion between and among laboratories.

12 (c) RELATION TO CORE MISSIONS AND SECURITY.—
13 The expansion of the operations of the laboratories of the
14 Centers for Disease Control and Prevention or the Depart-
15 ment of Defense located in foreign countries under this
16 section may not—

17 (1) detract from the established core missions
18 of the laboratories; or

19 (2) compromise the security of those labora-
20 tories, as well as their research, equipment, exper-
21 tise, and materials.

1 **SEC. 12. ASSISTANCE FOR INTERNATIONAL HEALTH NET-**
2 **WORKS AND EXPANSION OF FIELD EPIDEMI-**
3 **LOGY TRAINING PROGRAMS.**

4 (a) **AUTHORITY.**—The President is authorized, on
5 such terms and conditions as the President may deter-
6 mine, to provide assistance for the purposes of—

7 (1) enhancing the surveillance and reporting ca-
8 pabilities for the World Health Organization and ex-
9 isting international regional and international health
10 networks; and

11 (2) developing new international regional and
12 international health networks.

13 (b) **EXPANSION OF FIELD EPIDEMIOLOGY TRAINING**
14 **PROGRAMS.**—The Secretary of Health and Human Serv-
15 ices is authorized to establish new country or regional
16 international Field Epidemiology Training Programs in el-
17 igible developing countries.

18 **SEC. 13. FOREIGN BIOLOGICAL THREAT DETECTION AND**
19 **WARNING.**

20 (a) **IN GENERAL.**—The President shall establish the
21 Office of Foreign Biological Threat Detection and Warn-
22 ing within either the Department of Defense, the Central
23 Intelligence Agency, or the Centers for Disease Control
24 and Prevention with the technical ability to conduct event
25 detection and rapid threat assessment related to biological
26 threats in foreign countries.

1 (b) PURPOSES.—The purposes of the Office of For-
2 eign Biological Threat Detection and Warning shall be—

3 (1) to integrate public health, medical, agricul-
4 tural, societal, and intelligence indications and warn-
5 ings to identify in advance the emergence of a
6 transnational biological threat;

7 (2) to provide rapid threat assessment capa-
8 bility to the appropriate agencies or departments of
9 the United States that is not dependent on access
10 to—

11 (A) a specific biological agent;

12 (B) the area in which such agent is
13 present; or

14 (C) information related to the means of in-
15 troduction of such agent; and

16 (3) to build the information visibility and deci-
17 sion support activities required for appropriate and
18 timely information distribution and threat response.

19 (c) TECHNOLOGY.—The Office of Foreign Biological
20 Threat Detection and Warning shall employ technologies
21 similar to, but no less capable than, those used by the In-
22 telligence Technology Innovation Center (ITIC) within the
23 Directorate of Science and Technology of the Central In-
24 telligence Agency to conduct real-time, prospective, auto-

1 mated threat assessments that employ social disruption
2 factors.

3 (d) **EVENT DETECTION DEFINED.**—In this section,
4 the term “event detection” refers to the real-time and
5 rapid recognition of a possible biological event that has
6 appeared in a community and that could have national se-
7 curity implications, regardless of whether the event is
8 caused by natural, accidental, or intentional means and
9 includes scrutiny of such possible biological event by ana-
10 lysists utilizing classified and unclassified information.

11 **SEC. 14. REPORTS.**

12 Not later than 90 days after the date of enactment
13 of this Act, the Secretary, in conjunction with the Sec-
14 retary of Health and Human Services and the Secretary
15 of Defense, shall submit to Congress a report on the im-
16 plementation of programs under this Act, including an es-
17 timate of the level of funding required to carry out such
18 programs at a sufficient level.

19 **SEC. 15. AUTHORIZATION OF APPROPRIATIONS.**

20 (a) **AUTHORIZATION OF APPROPRIATIONS.**—Subject
21 to subsection (c), there is authorized to be appropriated
22 for fiscal year 2006 such sums as may be necessary to
23 carry out this Act.

1 (b) AVAILABILITY OF FUNDS.—The amount appro-
2 priated pursuant to subsection (a) is authorized to remain
3 available until expended.

4 (c) LIMITATION ON OBLIGATION OF FUNDS.—Not
5 more than 10 percent of the amount appropriated pursu-
6 ant to subsection (a) may be obligated before the date on
7 which a report is submitted, or required to be submitted,
8 whichever first occurs, under section 14.

○