

110TH CONGRESS  
1ST SESSION

# S. 1687

To provide for global pathogen surveillance and response.

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IN THE SENATE OF THE UNITED STATES

JUNE 25, 2007

Mr. BIDEN (for himself, Mr. HAGEL, Mr. KENNEDY, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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## 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 2007”.

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  
11 of the United States has increased and is likely in-

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

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

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

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

1 emerging bioterrorist program in a foreign country.  
2 Early detection of such events may enable earlier  
3 counterproliferation intervention.

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

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

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

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

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

10 (9) The capabilities of the World Health Orga-  
11 nization depend on the timeliness and quality of the  
12 data and information the Organization receives from  
13 the countries that are members of the Organization,  
14 pursuant to the 2005 revision of the International  
15 Health Regulations. Developing countries, in par-  
16 ticular, often lack the necessary resources to build  
17 and maintain effective public health infrastructures.

18 (10) In particular, developing countries could  
19 benefit from—

20 (A) better trained public health profes-  
21 sionals and epidemiologists to recognize disease  
22 patterns;

23 (B) appropriate laboratory equipment for  
24 diagnosis of pathogens;

25 (C) disease reporting systems that—

1 (i) are based on disease and syndrome  
2 surveillance; and

3 (ii) could enable an effective response  
4 to a biological event to begin at the earliest  
5 possible opportunity;

6 (D) a narrowing of the existing technology  
7 gap in disease and syndrome surveillance capa-  
8 bilities, based on reported symptoms, and real-  
9 time information dissemination to public health  
10 officials; and

11 (E) appropriate communications equip-  
12 ment and information technology to efficiently  
13 transmit information and data within national,  
14 international regional, and international health  
15 networks, including inexpensive, Internet-based  
16 Geographic Information Systems (GIS) and rel-  
17 evant telephone-based systems for early recogni-  
18 tion and diagnosis of diseases.

19 (11) An effective international capability to de-  
20 tect, monitor, and quickly diagnose infectious disease  
21 outbreaks will offer dividends not only in the event  
22 of biological weapons development, testing, produc-  
23 tion, and attack, but also in the more likely cases of  
24 naturally occurring infectious disease outbreaks that  
25 could threaten the United States. Furthermore, a

1 robust surveillance system will serve to deter, pre-  
2 vent, or contain terrorist use of biological weapons,  
3 mitigating the intended effects of such malevolent  
4 uses.

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

7 (1) To provide the United States with an effec-  
8 tive and real-time system to detect biological threats  
9 that—

10 (A) utilizes classified and unclassified in-  
11 formation to detect such threats; and

12 (B) may be utilized by the human or the  
13 agricultural domestic disease response commu-  
14 nity.

15 (2) To enhance the capability of the inter-  
16 national community, through the World Health Or-  
17 ganization and individual countries, to detect, iden-  
18 tify, and contain infectious disease outbreaks, wheth-  
19 er the cause of those outbreaks is intentional human  
20 action or natural in origin.

21 (3) To enhance the training of public health  
22 professionals and epidemiologists from eligible devel-  
23 oping countries in advanced Internet-based disease  
24 and syndrome surveillance systems, in addition to  
25 traditional epidemiology methods, so that such pro-

1       professionals and epidemiologists may better detect, di-  
2       agnose, and contain infectious disease outbreaks, es-  
3       pecially such outbreaks caused by the pathogens that  
4       may be likely to be used in a biological weapons at-  
5       tack.

6               (4) To provide assistance to developing coun-  
7       tries to purchase appropriate communications equip-  
8       ment and information technology to detect, analyze,  
9       and report biological threats, including—

10               (A) relevant computer equipment, Internet  
11       connectivity mechanisms, and telephone-based  
12       applications to effectively gather, analyze, and  
13       transmit public health information for infec-  
14       tious disease surveillance and diagnosis; and

15               (B) appropriate computer equipment and  
16       Internet connectivity mechanisms—

17               (i) to facilitate the exchange of Geo-  
18       graphic Information Systems-based disease  
19       and syndrome surveillance information;  
20       and

21               (ii) to effectively gather, analyze, and  
22       transmit public health information for in-  
23       fectious disease surveillance and diagnosis.

24               (5) To make available greater numbers of pub-  
25       lic health professionals who are employed by the

1 Government of the United States to international re-  
2 gional and international health organizations, inter-  
3 national regional and international health networks,  
4 and United States diplomatic missions, as appro-  
5 priate.

6 (6) To expand the training and outreach activi-  
7 ties of United States laboratories located in foreign  
8 countries, including the Centers for Disease Control  
9 and Prevention or Department of Defense labora-  
10 tories, to enhance the public health capabilities of  
11 developing countries.

12 (7) To provide appropriate technical assistance  
13 to existing international regional and international  
14 health networks and, as appropriate, seed money for  
15 new international regional and international net-  
16 works.

17 **SEC. 3. DEFINITIONS.**

18 In this Act:

19 (1) **ELIGIBLE DEVELOPING COUNTRY.**—The  
20 term “eligible developing country” means any devel-  
21 oping country that—

22 (A) has agreed to the objective of fully  
23 complying with requirements of the World  
24 Health Organization on reporting public health  
25 information on outbreaks of infectious diseases;

1           (B) has not been determined by the Sec-  
2           retary, for purposes of section 40 of the Arms  
3           Export Control Act (22 U.S.C. 2780), section  
4           620A of the Foreign Assistance Act of 1961  
5           (22 U.S.C. 2371), or section 6(j) of the Export  
6           Administration Act of 1979 (as in effect pursu-  
7           ant to the International Emergency Economic  
8           Powers Act; 50 U.S.C. 1701 et seq.), to have  
9           repeatedly provided support for acts of inter-  
10          national terrorism, unless the Secretary exer-  
11          cises a waiver certifying that it is in the na-  
12          tional interest of the United States to provide  
13          assistance under the provisions of this Act; and

14           (C) is a party to the Convention on the  
15          Prohibition of the Development, Production and  
16          Stockpiling of Bacteriological (Biological) and  
17          Toxin Weapons and on Their Destruction, done  
18          at Washington, London, and Moscow April 10,  
19          1972 (26 UST 583).

20          (2) ELIGIBLE NATIONAL.—The term “eligible  
21          national” means any citizen or national of an eligible  
22          developing country who—

23           (A) does not have a criminal background;

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

1 (C) is not affiliated with any foreign ter-  
2 rorist organization.

3 (3) INTERNATIONAL HEALTH ORGANIZATION.—

4 The term “international health organization” in-  
5 cludes the World Health Organization, regional of-  
6 fices of the World Health Organization, and inter-  
7 national health organizations, such as the Pan  
8 American Health Organization.

9 (4) LABORATORY.—The term “laboratory”  
10 means a facility for the biological, microbiological,  
11 serological, chemical, immuno-hematological,  
12 hematological, biophysical, cytological, pathological,  
13 or other medical examination of materials derived  
14 from the human body for the purpose of providing  
15 information for the diagnosis, prevention, or treat-  
16 ment of any disease or impairment of, or the assess-  
17 ment of the health of, human beings.

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

20 (6) DISEASE AND SYNDROME SURVEILLANCE.—

21 The term “disease and syndrome surveillance”  
22 means the recording of clinician-reported symptoms  
23 (patient complaints) and signs (derived from phys-  
24 ical examination and laboratory data) combined with

1 simple geographic locators to track the emergence of  
2 a disease in a population.

3 **SEC. 4. ELIGIBILITY FOR ASSISTANCE.**

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

8 (1) permits personnel from the World Health  
9 Organization and the Centers for Disease Control  
10 and Prevention to investigate outbreaks of infectious  
11 diseases within the borders of such country; and

12 (2) provides pathogen surveillance data to the  
13 appropriate agencies and departments of the United  
14 States and to international health organizations.

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

19 **SEC. 5. RESTRICTION.**

20 (a) IN GENERAL.—Notwithstanding any other provi-  
21 sion of this Act, no foreign national participating in a pro-  
22 gram authorized under this Act shall have access, during  
23 the course of such participation, to a select agent or toxin  
24 described in section 73.4 of title 42, Code of Federal Reg-  
25 ulations (or any corresponding similar regulation) or an

1 overlap select agent or toxin described in section 73.5 of  
2 such title (or any corresponding similar regulation) that  
3 may be used as, or in, a biological weapon, except in a  
4 supervised and controlled setting.

5 (b) RELATIONSHIP TO REGULATIONS.—The restric-  
6 tion set out in subsection (a) may not be construed to limit  
7 the ability of the Secretary of Health and Human Services  
8 to prescribe, through regulation, standards for the han-  
9 dling of a select agent or toxin or an overlap select agent  
10 or toxin described in such subsection.

11 **SEC. 6. FELLOWSHIP PROGRAM.**

12 (a) ESTABLISHMENT.—There is established a fellow-  
13 ship program under which the Secretary, in consultation  
14 with the Secretary of Health and Human Services and  
15 subject to the availability of appropriations, shall award  
16 fellowships to eligible nationals to pursue public health  
17 education or training, as follows:

18 (1) MASTER OF PUBLIC HEALTH DEGREE.—  
19 Graduate courses of study leading to a master of  
20 public health degree with a concentration in epidemi-  
21 ology from an institution of higher education in the  
22 United States with a Center for Public Health Pre-  
23 paredness, as determined by the Director of the Cen-  
24 ters for Disease Control and Prevention.

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

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

19          (c) FELLOWSHIP AGREEMENT.—

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

23                         (A) to maintain satisfactory academic  
24                         progress, as determined in accordance with reg-  
25                         ulations issued by the Secretary and confirmed

1 in regularly scheduled updates to the Secretary  
2 from the institution providing the education or  
3 training on the progress of the fellow's edu-  
4 cation or training;

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

16 (C) that, if the fellow is unable to meet the  
17 requirements described in subparagraph (A) or  
18 (B), the fellow shall reimburse the United  
19 States for the value of the assistance provided  
20 to the fellow under the fellowship program, to-  
21 gether with interest at a rate that—

22 (i) is determined in accordance with  
23 regulations issued by the Secretary; and

1                   (ii) is not higher than the rate gen-  
2                   erally applied in connection with other  
3                   Federal loans.

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

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

14                  (1) to establish a procedure for the nomination  
15                  of eligible nationals for fellowships under this sec-  
16                  tion;

17                  (2) to guarantee that a fellow will be offered a  
18                  professional public health position within the devel-  
19                  oping country upon completion of the fellow's stud-  
20                  ies; and

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

1 (e) PARTICIPATION OF UNITED STATES CITIZENS.—

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

5 (1) the Secretary determines that it is in the  
6 national interest of the United States to provide for  
7 such participation; and

8 (2) the citizen of the United States agrees to  
9 complete, at the conclusion of such participation, at  
10 least 5 years of employment in a public health posi-  
11 tion in an eligible developing country or at an inter-  
12 national health organization.

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

20 **SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECH-**  
21 **NIQUES AND DISEASE AND SYNDROME SUR-**  
22 **VEILLANCE.**

23 (a) LABORATORY TECHNIQUES.—

24 (1) IN GENERAL.—The Secretary, after con-  
25 sultation with the Secretary of Health and Human

1 Services and the Secretary of Defense and in con-  
2 junction with elements of those departments that en-  
3 gage in activities of this type overseas, and subject  
4 to the availability of appropriations, shall provide as-  
5 sistance for short training courses for eligible na-  
6 tionals who are laboratory technicians or other pub-  
7 lic health personnel in laboratory techniques relating  
8 to the identification, diagnosis, and tracking of  
9 pathogens responsible for possible infectious disease  
10 outbreaks.

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

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

22 (b) DISEASE AND SYNDROME SURVEILLANCE.—

23 (1) IN GENERAL.—The Secretary, after con-  
24 sultation with the Secretary of Health and Human  
25 Services and the Secretary of Defense and in con-

1 junction with elements of those departments that en-  
2 gage in activities of this type overseas, and subject  
3 to the availability of appropriations, shall establish  
4 and provide assistance for short training courses for  
5 eligible nationals who are health care providers or  
6 other public health personnel in techniques of dis-  
7 ease and syndrome surveillance reporting and rapid  
8 analysis of syndrome information using Geographic  
9 Information System (GIS) tools.

10 (2) LOCATION.—The training described in  
11 paragraph (1) shall be conducted via the Internet or  
12 in appropriate facilities located in a foreign country,  
13 as determined by the Secretary.

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

19 **SEC. 8. ASSISTANCE FOR THE PURCHASE AND MAINTENANCE OF PUBLIC HEALTH LABORATORY EQUIPMENT AND SUPPLIES.**

22 (a) AUTHORIZATION.—The President is authorized to  
23 provide, on such terms and conditions as the President  
24 may determine, assistance to eligible developing countries

1 to purchase and maintain the public health laboratory  
2 equipment and supplies described in subsection (b).

3 (b) EQUIPMENT AND SUPPLIES COVERED.—The  
4 equipment and supplies described in this subsection are  
5 equipment and supplies that are—

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

8 (2) necessary to collect, analyze, and identify  
9 expeditiously a broad array of pathogens, including  
10 mutant strains, which may cause disease outbreaks  
11 or may be used in a biological weapon;

12 (3) compatible with general standards set forth  
13 by the World Health Organization and, as appro-  
14 priate, the Centers for Disease Control and Preven-  
15 tion, to ensure interoperability with international re-  
16 gional and international public health networks; and

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

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

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

10       (e) PROCUREMENT PREFERENCE.—In the use of  
11 grant funds authorized under subsection (a), preference  
12 should be given to the purchase of equipment and supplies  
13 of United States manufacture. The use of amounts appro-  
14 priated to carry out this section shall be subject to section  
15 604 of the Foreign Assistance Act of 1961 (22 U.S.C.  
16 2354).

17       (f) COUNTRY COMMITMENTS.—The assistance pro-  
18 vided under this section for equipment and supplies may  
19 be provided only if the eligible developing country that re-  
20 ceives such equipment and supplies agrees to provide the  
21 infrastructure, technical personnel, and other resources re-  
22 quired to house, maintain, support, secure, and maximize  
23 use of such equipment and supplies.

1 **SEC. 9. ASSISTANCE FOR IMPROVED COMMUNICATION OF**  
2 **PUBLIC HEALTH INFORMATION.**

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

12 (b) COVERED EQUIPMENT.—The communications  
13 equipment and information technology described in this  
14 subsection are communications equipment and informa-  
15 tion technology that—

16 (1) are suitable for use under the particular  
17 conditions of the area of intended use;

18 (2) meet the standards set forth by the World  
19 Health Organization and, as appropriate, the Sec-  
20 retary of Health and Human Services, to ensure  
21 interoperability with like equipment of other coun-  
22 tries and international organizations; and

23 (3) are not defense articles, defense services, or  
24 training, as those 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 communications equip-  
10 ment or information technology that, if made in the  
11 United States, would be subject to the Arms Export Con-  
12 trol Act (22 U.S.C. 2751 et seq.) or likely be barred or  
13 subject to special conditions under the Export Administra-  
14 tion Act of 1979 (as in effect pursuant to the Inter-  
15 national Emergency Economic Powers Act; 50 U.S.C.  
16 1701 et seq.).

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

24       (f) ASSISTANCE FOR STANDARDIZATION OF REPORT-  
25 ING.—The President is authorized to provide, on such

1 terms and conditions as the President may determine,  
2 technical assistance and grant assistance to international  
3 health organizations to facilitate standardization in the re-  
4 porting of public health information between and among  
5 developing countries and international health organiza-  
6 tions.

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

15 **SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO**  
16 **UNITED STATES MISSIONS AND INTER-**  
17 **NATIONAL ORGANIZATIONS.**

18 (a) IN GENERAL.—Upon the request of the chief of  
19 a diplomatic mission of the United States or of the head  
20 of an international regional or international health organi-  
21 zation, and with the concurrence of the Secretary and of  
22 the employee concerned, the head of an agency or depart-  
23 ment of the United States may assign to the mission or  
24 the organization any officer or employee of the agency or  
25 department that occupies a public health position within

1 the agency or department for the purpose of enhancing  
2 disease and pathogen surveillance efforts in developing  
3 countries.

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

12 **SEC. 11. EXPANSION OF CERTAIN UNITED STATES GOVERN-**  
13 **MENT LABORATORIES ABROAD.**

14 (a) IN GENERAL.—Subject to the availability of ap-  
15 propriations, the Director of the Centers for Disease Con-  
16 trol and Prevention and the Secretary of Defense shall  
17 each—

18 (1) increase the number of personnel assigned  
19 to laboratories of the Centers for Disease Control  
20 and Prevention or the Department of Defense, as  
21 appropriate, located in eligible developing countries  
22 that conduct research and other activities with re-  
23 spect to infectious diseases; and

24 (2) expand the operations of such laboratories,  
25 especially with respect to the implementation of on-

1 site training of foreign nationals and activities af-  
2 fecting the region in which the country is located.

3 (b) COOPERATION AND COORDINATION BETWEEN  
4 LABORATORIES.—Subsection (a) shall be carried out in  
5 such a manner as to foster cooperation and avoid duplica-  
6 tion between and among laboratories.

7 (c) RELATION TO CORE MISSIONS AND SECURITY.—  
8 The expansion of the operations of the laboratories of the  
9 Centers for Disease Control and Prevention or the Depart-  
10 ment of Defense located in foreign countries under this  
11 section may not—

12 (1) detract from the established core missions  
13 of the laboratories; or

14 (2) compromise the security of those labora-  
15 tories, as well as their research, equipment, exper-  
16 tise, and materials.

17 **SEC. 12. ASSISTANCE FOR INTERNATIONAL HEALTH NET-**  
18 **WORKS AND EXPANSION OF FIELD EPIDEMI-**  
19 **LOGY TRAINING PROGRAMS.**

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

23 (1) enhancing the surveillance and reporting ca-  
24 pabilities for the World Health Organization and ex-

1       isting international regional and international health  
2       networks; and

3               (2) developing new international regional and  
4       international health networks.

5       (b) **EXPANSION OF FIELD EPIDEMIOLOGY TRAINING**  
6 **PROGRAMS.**—The Secretary of Health and Human Serv-  
7 ices is authorized to establish new country or regional  
8 international Field Epidemiology Training Programs in el-  
9 igible developing countries.

10 **SEC. 13. REPORTS.**

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

20 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

21       (a) **AUTHORIZATION OF APPROPRIATIONS.**—Subject  
22 to subsection (c), there are authorized to be appropriated  
23 for the purpose of carrying out activities under this Act  
24 the following amounts:

25               (1) \$40,000,000 for fiscal year 2008.

1           (2) \$75,000,000 for fiscal year 2009.

2           (b) AVAILABILITY OF FUNDS.—The amounts appro-  
3           priated pursuant to subsection (a) are authorized to re-  
4           main available until expended.

5           (c) LIMITATION ON OBLIGATION OF FUNDS.—Not  
6           more than 10 percent of the amount appropriated pursu-  
7           ant to subsection (a)(1) may be obligated before the date  
8           on which a report is submitted, or required to be sub-  
9           mitted, whichever first occurs, under section 13.

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