

## UNCLEARED NOMINATIONS

Mr. FRIST. Mr. President, there are several nominations that had been cleared for some length of time on our side of the aisle, and I was disappointed we were not able to clear them on the other side. The Intelligence Committee reported the General Counsel of the Office of the Director of National Intelligence on July 26, and that is being held up. We have the Assistant Secretary of Defense and an Under Secretary of Defense that we have been unable to reach consent on. I hope my colleagues on the other side of the aisle would allow these important defense and intelligence positions to go forward, and we will try again when we return.

## AUTHORITY TO MAKE APPOINTMENTS

Mr. FRIST. I ask unanimous consent that notwithstanding the upcoming recess or adjournment of the Senate, the President of the Senate, the President pro tempore, and the majority and minority leaders be authorized to make appointments to commissions, committees, boards, conferences, or inter-parliamentary conferences authorized by law by concurrent action of the two Houses or by order of the Senate.

The PRESIDING OFFICER. Without objection, it is so ordered.

## SIGNING AUTHORITY

Mr. FRIST. I ask unanimous consent that during adjournment the Senate majority leader and junior Senator from Virginia be authorized to sign duly enrolled bills or joint resolutions.

The PRESIDING OFFICER. Without objection, it is so ordered.

## ORDER FOR NOMINATIONS TO REMAIN IN STATUS QUO

Mr. FRIST. As in executive session, I ask unanimous consent all nominations received by the Senate during the first session of the 109th Congress remain in status quo following the sine die adjournment of the first session under the provisions of rule XXXI, paragraph 6, of the Standing Rules of the Senate, with the following exception: Calendar No. 436, Brett Kavanaugh, PN203, and a list of nominations from the armed services that are at the desk.

The PRESIDING OFFICER. Without objection it is so ordered.

## GLOBAL PATHOGEN SURVEILLANCE AND RESPONSE

Mr. FRIST. I ask unanimous consent the Senate proceed to the immediate consideration of S. 2170, introduced earlier today.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2170) to provide for global pathogen surveillance and response.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. I ask unanimous consent the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 2170) was read the third time and passed, as follows:

S. 2170

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the "Global Pathogen Surveillance Act of 2005".

## SEC. 2. FINDINGS; PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) The frequency of the occurrence of biological events that could threaten the national security of the United States has increased and is likely increasing. The threat to the United States from such events includes threats from diseases that infect humans, animals, or plants regardless of if such diseases are introduced naturally, accidentally, or intentionally.

(2) The United States lacks an effective and real-time system to detect, identify, contain, and respond to global threats and also lacks an effective mechanism to disseminate information to the national response community if such threats arise.

(3) Bioterrorism poses a grave national security threat to the United States. The insidious nature of a bioterrorist attack, the likelihood that the recognition of such an attack would be delayed, and the under-preparedness of the domestic public health infrastructure to respond to such an attack could result in catastrophic consequences following a biological weapons attack against the United States.

(4) The ability to recognize that a country or organization is carrying out a covert biological weapons program is dependent on a number of indications and warnings. A critical component of this recognition is the timely detection of sentinel events such as laboratory accidents and community-level outbreaks that could be the earliest indication of an emerging bioterrorist program in a foreign country. Early detection of such events may enable earlier counter-proliferation intervention.

(5) A contagious pathogen engineered as a biological weapon and developed, tested, produced, or released in a foreign country could quickly spread to the United States. Considering the realities of international travel, trade, and migration patterns, a dangerous pathogen appearing naturally, accidentally, or intentionally anywhere in the world can spread to the United States in a matter of days, before any effective quarantine or isolation measures could be implemented.

(6) To combat bioterrorism effectively and ensure that the United States is fully prepared to prevent, recognize, and contain a biological weapons attack, or emerging infectious disease, measures to strengthen the domestic public health infrastructure and improve domestic event detection, surveillance, and response, while absolutely essential, are not sufficient.

(7) The United States should enhance cooperation with the World Health Organization, regional international health organizations, and individual countries, including data sharing with appropriate agencies and departments of the United States, to help de-

tect and quickly contain infectious disease outbreaks or a bioterrorism agent before such a disease or agent is spread.

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

(9) The capabilities of the World Health Organization depend on the quality of the data and information the Organization receives from the countries that are members of the Organization and is further limited by the narrow list of diseases (such as plague, cholera, and yellow fever) on which such surveillance and monitoring is based and by the consensus process used by the Organization to add new diseases to the list. Developing countries, in particular, often are unable to devote the necessary resources to build and maintain public health infrastructures.

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

(A) better trained public health professionals and epidemiologists to recognize disease patterns;

(B) appropriate laboratory equipment for diagnosis of pathogens;

(C) disease reporting systems that—

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

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

(D) a narrowing of the existing technology gap in disease and syndrome surveillance capabilities, based on reported symptoms, and real-time information dissemination to public health officials; and

(E) appropriate communications equipment and information technology to efficiently transmit information and data within national, international regional, and international health networks, including inexpensive, Internet-based Geographic Information Systems (GIS) and relevant telephone-based systems for early recognition and diagnosis of diseases.

(11) An effective international capability to detect, monitor, and quickly diagnose infectious disease outbreaks will offer dividends not only in the event of biological weapons development, testing, production, and attack, but also in the more likely cases of naturally occurring infectious disease outbreaks that could threaten the United States. Furthermore, a robust surveillance system will serve to deter, prevent, or contain terrorist use of biological weapons, mitigating the intended effects of such malevolent uses.

(b) PURPOSES.—The purposes of this Act are as follows:

(1) To provide the United States with an effective and real-time system to detect biological threats that—

(A) utilizes classified and unclassified information to detect such threats; and

(B) may be utilized by the human or the agricultural domestic disease response community.

(2) To enhance the capability of the international community, through the World Health Organization and individual countries, to detect, identify, and contain infectious disease outbreaks, whether the cause of those outbreaks is intentional human action or natural in origin.

(3) To enhance the training of public health professionals and epidemiologists from eligible developing countries in advanced Internet-based disease and syndrome surveillance systems, in addition to traditional epidemiology methods, so that such professionals and epidemiologists may better detect, diagnose, and contain infectious disease outbreaks, especially such outbreaks

caused by the pathogens that may be likely to be used in a biological weapons attack.

(4) To provide assistance to developing countries to purchase appropriate communications equipment and information technology to detect, analyze, and report biological threats, including—

(A) relevant computer equipment, Internet connectivity mechanisms, and telephone-based applications to effectively gather, analyze, and transmit public health information for infectious disease surveillance and diagnosis; and

(B) appropriate computer equipment and Internet connectivity mechanisms—

(i) to facilitate the exchange of Geographic Information Systems-based disease and syndrome surveillance information; and

(ii) to effectively gather, analyze, and transmit public health information for infectious disease surveillance and diagnosis.

(5) To make available greater numbers of public health professionals who are employed by the Government of the United States to international regional and international health organizations, international regional and international health networks, and United States diplomatic missions, as appropriate.

(6) To expand the training and outreach activities of United States laboratories located in foreign countries, including the Centers for Disease Control and Prevention or Department of Defense laboratories, to enhance the public health capabilities of developing countries.

(7) To provide appropriate technical assistance to existing international regional and international health networks and, as appropriate, seed money for new international regional and international networks.

### SEC. 3. DEFINITIONS.

In this Act:

(1) **ELIGIBLE DEVELOPING COUNTRY.**—The term “eligible developing country” means any developing country that—

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

(B) has not been determined by the Secretary, for purposes of section 40 of the Arms Export Control Act (22 U.S.C. 2780), section 620A of the Foreign Assistance Act of 1961 (22 U.S.C. 2371), or section 6(j) of the Export Administration Act of 1979 (as in effect pursuant to the International Emergency Economic Powers Act; 50 U.S.C. 1701 et seq.), to have repeatedly provided support for acts of international terrorism, unless the Secretary exercises a waiver certifying that it is in the national interest of the United States to provide assistance under the provisions of this Act; and

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

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

(A) does not have a criminal background;

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

(C) is not affiliated with any foreign terrorist organization.

(3) **INTERNATIONAL HEALTH ORGANIZATION.**—The term “international health organization” includes the World Health Organization, regional offices of the World Health Organization, and international health organizations, such as the Pan American Health Organization.

(4) **LABORATORY.**—The term “laboratory” means a facility for the biological, micro-

biological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other medical examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.

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

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

### SEC. 4. ELIGIBILITY FOR ASSISTANCE.

(a) **IN GENERAL.**—Except as provided in subsection (b), assistance may be provided to an eligible developing country under any provision of this Act only if the government of the eligible developing country—

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

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

(b) **WAIVER.**—The Secretary may waive the prohibition set out in subsection (a) if the Secretary determines that it is in the national interest of the United States to provide such a waiver.

### SEC. 5. RESTRICTION.

(a) **IN GENERAL.**—Notwithstanding any other provision of this Act, no foreign national participating in a program authorized under this Act shall have access, during the course of such participation, to a select agent or toxin described in section 73.4 of title 42, Code of Federal Regulations (or any corresponding similar regulation) or an overlap select agent or toxin described in section 73.5 of such title (or any corresponding similar regulation) that may be used as, or in, a biological weapon, except in a supervised and controlled setting.

(b) **RELATIONSHIP TO REGULATIONS.**—The restriction set out in subsection (a) may not be construed to limit the ability of the Secretary of Health and Human Services to prescribe, through regulation, standards for the handling of a select agent or toxin or an overlap select agent or toxin described in such subsection.

### SEC. 6. FELLOWSHIP PROGRAM.

(a) **ESTABLISHMENT.**—There is established a fellowship program under which the Secretary, in consultation with the Secretary of Health and Human Services and subject to the availability of appropriations, shall award fellowships to eligible nationals to pursue public health education or training, as follows:

(1) **MASTER OF PUBLIC HEALTH DEGREE.**—Graduate courses of study leading to a master of public health degree with a concentration in epidemiology from an institution of higher education in the United States with a Center for Public Health Preparedness, as determined by the Director of the Centers for Disease Control and Prevention.

(2) **ADVANCED PUBLIC HEALTH EPIDEMIOLOGY TRAINING.**—Advanced public health training in epidemiology for public health professionals from eligible developing countries to be carried out at the Centers for Disease Control and Prevention, an appropriate facility of a State, or an appropriate facility of another agency or department of the United

States (other than a facility of the Department of Defense or a national laboratory of the Department of Energy) for a period of not less than 6 months or more than 12 months.

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

### (c) FELLOWSHIP AGREEMENT.—

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

(A) to maintain satisfactory academic progress, as determined in accordance with regulations issued by the Secretary and confirmed in regularly scheduled updates to the Secretary from the institution providing the education or training on the progress of the fellow’s education or training;

(B) upon completion of such education or training, to return to the fellow’s country of nationality or last habitual residence (so long as it is an eligible developing country) and complete at least 4 years of employment in a public health position in the government or a nongovernmental, not-for-profit entity in that country or, with the approval of the Secretary, complete part or all of this requirement through service with an international health organization without geographic restriction; and

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

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

(ii) is not higher than the rate generally applied in connection with other Federal loans.

(2) **WAIVERS.**—The Secretary may waive the application of subparagraph (B) or (C) of paragraph (1) if the Secretary determines that it is in the national interest of the United States to provide such a waiver.

(d) **AGREEMENT.**—The Secretary, in consultation with the Secretary of Health and Human Services, is authorized to enter into an agreement with the government of an eligible developing country under which such government agrees—

(1) to establish a procedure for the nomination of eligible nationals for fellowships under this section;

(2) to guarantee that a fellow will be offered a professional public health position within the developing country upon completion of the fellow’s studies; and

(3) to submit to the Secretary a certification stating that a fellow has concluded the minimum period of employment in a public health position required by the fellowship agreement, including an explanation of how the requirement was met.

(e) **PARTICIPATION OF UNITED STATES CITIZENS.**—On a case-by-case basis, the Secretary may provide for the participation of a citizen of the United States in the fellowship program under the provisions of this section if—

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

(2) the citizen of the United States agrees to complete, at the conclusion of such participation, at least 5 years of employment in a public health position in an eligible developing country or at an international health organization.

(f) **USE OF EXISTING PROGRAMS.**—The Secretary, with the concurrence of the Secretary of Health and Human Services, may

elect to use existing programs of the Department of Health and Human Services to provide the education and training described in subsection (a) if the requirements of subsections (b), (c), and (d) will be substantially met under such existing programs.

**SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECHNIQUES AND DISEASE AND SYNDROME SURVEILLANCE.**

(a) LABORATORY TECHNIQUES.—

(1) IN GENERAL.—The Secretary, after consultation with the Secretary of Health and Human Services and in conjunction with the Director of the Centers for Disease Control and Prevention and the Secretary of Defense, and subject to the availability of appropriations, shall provide assistance for short training courses for eligible nationals who are laboratory technicians or other public health personnel in laboratory techniques relating to the identification, diagnosis, and tracking of pathogens responsible for possible infectious disease outbreaks.

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

(3) COORDINATION WITH EXISTING PROGRAMS.—The Secretary shall coordinate the training described in paragraph (1), where appropriate, with existing programs and activities of international health organizations.

(b) DISEASE AND SYNDROME SURVEILLANCE.—

(1) IN GENERAL.—The Secretary, after consultation with the Secretary of Health and Human Services and in conjunction with the Director of the Centers for Disease Control and Prevention and the Secretary of Defense and subject to the availability of appropriations, shall establish and provide assistance for short training courses for eligible nationals who are health care providers or other public health personnel in techniques of disease and syndrome surveillance reporting and rapid analysis of syndrome information using Geographic Information System (GIS) tools.

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

(3) COORDINATION WITH EXISTING PROGRAMS.—The Secretary shall coordinate the training described in paragraph (1), where appropriate, with existing programs and activities of international regional and international health organizations.

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

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

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

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

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

(3) compatible with general standards set forth by the World Health Organization and, as appropriate, the Centers for Disease Con-

trol and Prevention, to ensure interoperability with international regional and international public health networks; and

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

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to exempt the exporting of goods and technology from compliance with applicable provisions of the Export Administration Act of 1979 (as in effect pursuant to the International Emergency Economic Powers Act; 50 U.S.C. 1701 et seq.).

(d) LIMITATION.—Amounts appropriated to carry out this section shall not be made available for the purchase from a foreign country of equipment or supplies that, if made in the United States, would be subject to the Arms Export Control Act (22 U.S.C. 2751 et seq.) or likely be barred or subject to special conditions under the Export Administration Act of 1979 (as in effect pursuant to the International Emergency Economic Powers Act; 50 U.S.C. 1701 et seq.).

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

(f) COUNTRY COMMITMENTS.—The assistance provided under this section for equipment and supplies may be provided only if the eligible developing country that receives such equipment and supplies agrees to provide the infrastructure, technical personnel, and other resources required to house, maintain, support, secure, and maximize use of such equipment and supplies.

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

(a) ASSISTANCE FOR PURCHASE OF COMMUNICATION EQUIPMENT AND INFORMATION TECHNOLOGY.—The President is authorized to provide, on such terms and conditions as the President may determine, assistance to eligible developing countries to purchase and maintain the communications equipment and information technology described in subsection (b), and the supporting equipment, necessary to effectively collect, analyze, and transmit public health information.

(b) COVERED EQUIPMENT.—The communications equipment and information technology described in this subsection are communications equipment and information technology that—

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

(2) meet the standards set forth by the World Health Organization and, as appropriate, the Secretary of Health and Human Services, to ensure interoperability with like equipment of other countries and international organizations; and

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

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to exempt the exporting of goods and technology from compliance with applicable provisions of the Export Administration Act of 1979 (as in effect pursuant to the International Emergency Economic Powers Act; 50 U.S.C. 1701 et seq.).

(d) LIMITATION.—Amounts appropriated to carry out this section shall not be made available for the purchase from a foreign country of communications equipment or information technology that, if made in the United States, would be subject to the Arms Export Control Act (22 U.S.C. 2751 et seq.) or likely be barred or subject to special condi-

tions under the Export Administration Act of 1979 (as in effect pursuant to the International Emergency Economic Powers Act; 50 U.S.C. 1701 et seq.).

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

(f) ASSISTANCE FOR STANDARDIZATION OF REPORTING.—The President is authorized to provide, on such terms and conditions as the President may determine, technical assistance and grant assistance to international health organizations to facilitate standardization in the reporting of public health information between and among developing countries and international health organizations.

(g) COUNTRY COMMITMENTS.—The assistance provided under this section for communications equipment and information technology may be provided only if the eligible developing country that receives such equipment and technology agrees to provide the infrastructure, technical personnel, and other resources required to house, maintain, support, secure, and maximize use of such equipment and technology.

**SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO UNITED STATES MISSIONS AND INTERNATIONAL ORGANIZATIONS.**

(a) IN GENERAL.—Upon the request of the chief of a diplomatic mission of the United States or of the head of an international regional or international health organization, and with the concurrence of the Secretary and of the employee concerned, the head of an agency or department of the United States may assign to the mission or the organization any officer or employee of the agency or department that occupies a public health position within the agency or department for the purpose of enhancing disease and pathogen surveillance efforts in developing countries.

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

**SEC. 11. EXPANSION OF CERTAIN UNITED STATES GOVERNMENT LABORATORIES ABROAD.**

(a) IN GENERAL.—Subject to the availability of appropriations, the Director of the Centers for Disease Control and Prevention and the Secretary of Defense shall each—

(1) increase the number of personnel assigned to laboratories of the Centers for Disease Control and Prevention or the Department of Defense, as appropriate, located in eligible developing countries that conduct research and other activities with respect to infectious diseases; and

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

(b) COOPERATION AND COORDINATION BETWEEN LABORATORIES.—Subsection (a) shall be carried out in such a manner as to foster cooperation and avoid duplication between and among laboratories.

(c) RELATION TO CORE MISSIONS AND SECURITY.—The expansion of the operations of the laboratories of the Centers for Disease Control and Prevention or the Department of

Defense located in foreign countries under this section may not—

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

(2) compromise the security of those laboratories, as well as their research, equipment, expertise, and materials.

**SEC. 12. ASSISTANCE FOR INTERNATIONAL HEALTH NETWORKS AND EXPANSION OF FIELD EPIDEMIOLOGY TRAINING PROGRAMS.**

(a) **AUTHORITY.**—The President is authorized, on such terms and conditions as the President may determine, to provide assistance for the purposes of—

(1) enhancing the surveillance and reporting capabilities for the World Health Organization and existing international regional and international health networks; and

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

(b) **EXPANSION OF FIELD EPIDEMIOLOGY TRAINING PROGRAMS.**—The Secretary of Health and Human Services is authorized to establish new country or regional international Field Epidemiology Training Programs in eligible developing countries.

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

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

(b) **PURPOSES.**—The purposes of the Office of Foreign Biological Threat Detection and Warning shall be—

(1) to integrate public health, medical, agricultural, societal, and intelligence indications and warnings to identify in advance the emergence of a transnational biological threat;

(2) to provide rapid threat assessment capability to the appropriate agencies or departments of the United States that is not dependent on access to—

(A) a specific biological agent;

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

(C) information related to the means of introduction of such agent; and

(3) to build the information visibility and decision support activities required for appropriate and timely information distribution and threat response.

(c) **TECHNOLOGY.**—The Office of Foreign Biological Threat Detection and Warning shall employ technologies similar to, but no less capable than, those used by the Intelligence Technology Innovation Center (ITIC) within the Directorate of Science and Technology of the Central Intelligence Agency to conduct real-time, prospective, automated threat assessments that employ social disruption factors.

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

**SEC. 14. REPORTS.**

Not later than 90 days after the date of enactment of this Act, the Secretary, in conjunction with the Secretary of Health and Human Services and the Secretary of Defense, shall submit to Congress a report on the implementation of programs under this

Act, including an estimate of the level of funding required to carry out such programs at a sufficient level.

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

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

(b) **AVAILABILITY OF FUNDS.**—The amount appropriated pursuant to subsection (a) is authorized to remain available until expended.

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

**RECOGNIZING THE REPUBLIC OF CROATIA**

Mr. FRIST. I ask unanimous consent the Senate now proceed to the consideration of S. Res. 342, which was submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 342) recognizing the Republic of Croatia for its progress in strengthening democratic institutions, respect for human rights, and the rule of law and recommending the integration of Croatia into the North Atlantic Treaty Organization.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be laid upon the table, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 342) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

**S. RES. 342**

Whereas the United States recognized the Republic of Croatia on April 7, 1992, acknowledging the decision of the people of Croatia to live in an independent, democratic, and sovereign country;

Whereas since achieving their independence, the people of Croatia have dedicated themselves to building a functioning democratic society, based on the rule of law, respect for human rights, and a free market economy;

Whereas Croatia has made progress in judicial reform and has adopted a judicial reform strategy;

Whereas Croatia has demonstrated a desire to protect minority rights and promote a viable multiethnic society;

Whereas, in 2002, Croatia adopted the Constitutional Law on the Rights of National Minorities, ensuring the representation of minorities in the Parliament of Croatia and the establishment of the councils of national minorities;

Whereas the Government of Croatia has concluded specific bilateral agreements on the protection of minority rights with Hungary, Italy, and Serbia and Montenegro and has concluded an agreement on cooperation with representatives of the Independent

Democratic Serb Party in the Parliament of Croatia;

Whereas three prominent members of the Parliament of Croatia, Ratko Gajica, Milorad Pupovac, and Vojislav Stanimirovic, who represent the Serb minority, sent a letter to the Assistant to the President for National Security Affairs, Stephen Hadley, expressing their support for the Prime Minister of Croatia, Ivo Sanader, and for Croatia's path toward membership in the European Union and in the North Atlantic Treaty Organization (“NATO”);

Whereas Croatia has shown dedication to advancing the return, reconstruction, and restitution of property in Croatia;

Whereas Croatia has proven to be a reliable partner of the United States in seeking the stabilization of the region;

Whereas Croatia participated in the Iraq International Conference held in Brussels on June 22, 2005, and offered to train and educate nationals of Iraq at universities in Croatia;

Whereas Croatia is taking part in the training of Iraqi security forces at the International Training Center in Jordan and has offered to train additional security personnel for Iraq in Croatia;

Whereas Croatia has been a partner in the war against terrorism, sent troops to Afghanistan as part of the NATO-led International Security Assistance Force in support of the war against terrorism in 2002, and has provided civilians to staff the Provincial Reconstruction Team under the leadership of NATO in Fayzabad;

Whereas, during July 2005, Croatia adopted a decision to triple its military presence in the International Security Assistance Force;

Whereas Croatia has endorsed and is participating in the Proliferation Security Initiative with like-minded nations across the world to prevent the flow of weapons of mass destruction, missile systems, and related material;

Whereas, on June 1, 2005, Croatia was the fourth nation to sign the Proliferation Security Initiative Shipboarding Agreement with the United States to prevent the maritime transfer of dangerous shipments of weapons or other illicit materials to keep such weapons and materials out of the hands of dangerous actors and terrorists;

Whereas, since Croatia has become an independent country, the United States has shown support for Croatia in many ways, including by providing Croatia with economic and military assistance that has contributed significantly to the progress and continued success occurring in Croatia;

Whereas the United States has encouraged Croatia's transformation and the future membership of Croatia in NATO;

Whereas a whole and free Europe cannot be fully achieved without the integration into NATO of all countries that share the common values of democracy, the rule of law, and respect for human rights;

Whereas the Membership Action Plan developed for NATO, which was launched in April 1999, is a program of assistance that provides both goals and a roadmap for countries aspiring to membership in NATO;

Whereas Croatia was invited into the Membership Action Plan in May 2002 and has made substantial progress toward the achievement of the reforms required for receiving an invitation to start accession talks with NATO;

Whereas the United States, Croatia, Albania, and Macedonia are signatories to the United States-Adriatic Charter for Partnership, which promotes Euro-Atlantic integration and commits the signatory nations to the values and principles of NATO and to membership in NATO at the earliest possible time;