

the constitutionality of any provision of this chapter. Notwithstanding any other provision of law, during the full calendar year of, and the two full calendar years following October 21, 1998, the district court shall accord such a case a priority in its disposition ahead of all other civil actions except for actions challenging the legality and conditions of confinement.

(b) En banc review

Notwithstanding any other provision of law, during the full calendar year of, and the two full calendar years following October 21, 1998, any appeal from a final order entered by a district court in an action brought under subsection (a) of this section shall be heard promptly by the full Court of Appeals sitting en banc.

(Pub. L. 105-277, div. I, title V, § 503, Oct. 21, 1998, 112 Stat. 2681-885.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (a), was in the original “this Act” and was translated as reading “this division”, meaning div. I of Pub. L. 105-277, Oct. 21, 1998, 112 Stat. 2681-856, known as the Chemical Weapons Convention Implementation Act of 1998, to reflect the probable intent of Congress. For complete classification of division I to the Code, see Short Title note set out under section 6701 of this title and Tables.

SUBCHAPTER V—MISCELLANEOUS PROVISIONS

§ 6771. Prohibition

(a) In general

Neither the Secretary of Defense nor any other officer or employee of the United States may, directly or by contract—

- (1) conduct any test or experiment involving the use of any chemical or biological agent on a civilian population; or
- (2) use human subjects for the testing of chemical or biological agents.

(b) Construction

Nothing in subsection (a) of this section may be construed to prohibit actions carried out for purposes not prohibited by this chapter (as defined in section 6701(8) of this title).

(c) “Biological agent” defined

In this section, the term “biological agent” means any micro-organism (including bacteria, viruses, fungi, rickettsiae or protozoa), pathogen, or infectious substance, or any naturally occurring, bio-engineered or synthesized component of any such micro-organism, pathogen, or infectious substance, whatever its origin or method of production, capable of causing—

- (1) death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism;
- (2) deterioration of food, water, equipment, supplies, or materials of any kind; or
- (3) deleterious alteration of the environment.

(Pub. L. 105-277, div. I, title VI, § 602, Oct. 21, 1998, 112 Stat. 2681-886.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (b), was in the original “this Act” and was translated as reading “this

division”, meaning div. I of Pub. L. 105-277, Oct. 21, 1998, 112 Stat. 2681-856, known as the Chemical Weapons Convention Implementation Act of 1998, to reflect the probable intent of Congress. For complete classification of division I to the Code, see Short Title note set out under section 6701 of this title and Tables.

CHAPTER 76—ASSISTANCE TO COUNTRIES WITH LARGE POPULATIONS HAVING HIV/AIDS

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§ 6801. Definitions

In this chapter:

(1) AIDS

The term “AIDS” means the acquired immune deficiency syndrome.

(2) Association

The term “Association” means the International Development Association.

(3) Bank

The term “Bank” or “World Bank” means the International Bank for Reconstruction and Development.

(4) HIV

The term “HIV” means the human immunodeficiency virus, the pathogen which causes AIDS.

(5) HIV/AIDS

The term “HIV/AIDS” means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(Pub. L. 106-264, title I, §102, Aug. 19, 2000, 114 Stat. 749.)

REFERENCES IN TEXT

This chapter, referred to in text, was in the original “this title”, meaning title I of Pub. L. 106-264, Aug. 19, 2000, 114 Stat. 748, which is classified principally to this chapter. For complete classification of title I to the Code, see Short Title note set out below and Tables.

SHORT TITLE

Pub. L. 106-264, §1, Aug. 19, 2000, 114 Stat. 748, provided that: “This Act [enacting this chapter, amending sections 2151b, 2222, 2293, 2367 and 2395 of this title, and enacting provisions set out as notes under this section and sections 2151 and 2151b of this title] may be cited as the ‘Global AIDS and Tuberculosis Relief Act of 2000’.”

Pub. L. 106-264, title I, §101, Aug. 19, 2000, 114 Stat. 749, provided that: “This title [enacting this chapter and amending sections 2151b, 2222 and 2293 of this title] may be cited as the ‘Global AIDS Research and Relief Act of 2000’.”

§ 6802. Findings and purposes**(a) Findings**

Congress makes the following findings:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300’s and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 34,300,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, more than 3,800,000 have died from AIDS, more than 1,300,000 are living with the disease; and in 1 year alone—1999—an estimated 620,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world’s population, it is home to more than 24,500,000—roughly 70 percent—of the world’s HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 18,800,000 deaths because of HIV/AIDS,

of which more than 80 percent occurred in sub-Saharan Africa.

(6) The gap between rich and poor countries in terms of transmission of HIV from mother to child has been increasing. Moreover, AIDS threatens to reverse years of steady progress of child survival in developing countries. UNAIDS believes that by the year 2010, AIDS may have increased mortality of children under 5 years of age by more than 100 percent in regions most affected by the virus.

(7) According to UNAIDS, by the end of 1999, 13,200,000 children have lost at least one parent to AIDS, including 12,100,000 children in sub-Saharan Africa, and are thus considered AIDS orphans.

(8) At current infection and growth rates for HIV/AIDS, the National Intelligence Council estimates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing threefold or more in the next 10 years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse, or child soldiery.

(9) Donors must focus on adequate preparations for the explosion in the number of orphans and the burden they will place on families, communities, economies, and governments. Support structures and incentives for families, communities, and institutions which will provide care for children orphaned by HIV/AIDS, or for the children who are themselves afflicted by HIV/AIDS, will be essential.

(10) The 1999 annual report by the United Nations Children’s Fund (UNICEF) states “[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response” and that “finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.”.

(11) The discovery of a relatively simple and inexpensive means of interrupting the transmission of HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs US\$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African and Latin American countries to reduce mother-to-child transmission (also known as “vertical transmission”) of HIV.

(12) According to UNAIDS, if implemented this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(13) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to address often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spill-