

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 spillover effects toward combating the AIDS epidemic in developing regions.

(14) United States Census Bureau statistics show life expectancy in sub-Saharan Africa falling to around 30 years of age within a decade, the lowest in a century, and project life expectancy in 2010 to be 29 years of age in Botswana, 30 years of age in Swaziland, 33 years of age in Namibia and Zimbabwe, and 36 years of age in South Africa, Malawi, and Rwanda, in contrast to a life expectancy of 70 years of age in many of the countries without a high prevalence of AIDS.

(15) A January 2000 United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(16) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(17) The HIV/AIDS epidemic is of increasing concern in other regions of the world, with UNAIDS estimating that there are more than 5,600,000 cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that

HIV infections have doubled in just 2 years in the former Soviet Union.

(18) Despite the discouraging statistics on the spread of HIV/AIDS, some developing nations—such as Uganda, Senegal, and Thailand—have implemented prevention programs that have substantially curbed the rate of HIV infection.

(19) AIDS, like all diseases, knows no national boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(20) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

**(b) Purposes**

The purposes of this chapter are to—

(1) help prevent human suffering through the prevention, diagnosis, and treatment of HIV/AIDS; and

(2) help ensure the viability of economic development, stability, and national security in the developing world by advancing research to—

(A) understand the causes associated with HIV/AIDS in developing countries; and

(B) assist in the development of an AIDS vaccine.

(Pub. L. 106–264, title I, § 103, Aug. 19, 2000, 114 Stat. 749.)

SUBCHAPTER I—UNITED STATES ASSISTANCE

**§ 6811. Coordinated donor strategy for support and education of orphans in sub-Saharan Africa**

**(a) Statement of policy**

It is in the national interest of the United States to assist in mitigating the burden that will be placed on sub-Saharan African social, economic, and political institutions as these institutions struggle with the consequences of a dramatically increasing AIDS orphan population, many of whom are themselves infected by HIV and living with AIDS. Effectively addressing that burden and its consequences in sub-Saharan Africa will require a coordinated multidonor strategy.

**(b) Development of strategy**

The President shall coordinate the development of a multidonor strategy to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic in sub-Saharan Africa.

**(c) Definition**

In this section, the term “HIV/AIDS” means, with respect to an individual, an individual who is infected with the human immunodeficiency virus (HIV), the pathogen that causes the acquired immune deficiency virus (AIDS), or living with AIDS.

(Pub. L. 106–264, title I, § 113, Aug. 19, 2000, 114 Stat. 753.)

**§ 6812. African crisis response initiative and HIV/AIDS training**

**(a) Findings**

Congress finds that—

(1) the spread of HIV/AIDS constitutes a threat to security in Africa;

(2) civil unrest and war may contribute to the spread of the disease to different parts of the continent;

(3) the percentage of soldiers in African militaries who are infected with HIV/AIDS is unknown, but estimates range in some countries as high as 40 percent; and

(4) it is in the interests of the United States to assist the countries of Africa in combating the spread of HIV/AIDS.

**(b) Education on the prevention of the spread of AIDS**

In undertaking education and training programs for military establishments in African countries, the United States shall ensure that classroom training under the African Crisis Response Initiative includes military-based education on the prevention of the spread of AIDS.

(Pub. L. 106–264, title I, § 114, Aug. 19, 2000, 114 Stat. 754.)

SUBCHAPTER II—WORLD BANK AIDS TRUST FUND

PART A—ESTABLISHMENT OF THE FUND

**§ 6821. Establishment**

**(a) Negotiations for establishment of Trust Fund**

The Secretary of the Treasury shall seek to enter into negotiations with the World Bank or the Association, in consultation with the Administrator of the United States Agency for International Development and other United States Government agencies, and with the member nations of the World Bank or the Association and with other interested parties, for the establishment within the World Bank of—

(1) the World Bank AIDS Trust Fund (in this subchapter referred to as the “Trust Fund”) in accordance with the provisions of this part; and

(2) the Advisory Board to the Trust Fund in accordance with section 6824 of this title.

**(b) Purpose**

The purpose of the Trust Fund should be to use contributed funds to—

(1) assist in the prevention and eradication of HIV/AIDS and the care and treatment of individuals infected with HIV/AIDS; and

(2) provide support for the establishment of programs that provide health care and primary and secondary education for children orphaned by the HIV/AIDS epidemic.

**(c) Composition**

**(1) In general**

The Trust Fund should be governed by a Board of Trustees, which should be composed of representatives of the participating donor countries to the Trust Fund. Individuals appointed to the Board should have demonstrated knowledge and experience in the

fields of public health, epidemiology, health care (including delivery systems), and development.

**(2) United States representation**

**(A) In general**

Upon the effective date of this paragraph, there shall be a United States member of the Board of Trustees, who shall be appointed by the President, by and with the advice and consent of the Senate, and who shall have the qualifications described in paragraph (1).

**(B) Effective and termination dates**

**(i) Effective date**

This paragraph shall take effect upon the date the Secretary of the Treasury certifies to Congress that an agreement establishing the Trust Fund and providing for a United States member of the Board of Trustees is in effect.

**(ii) Termination date**

The position established by subparagraph (A) is abolished upon the date of termination of the Trust Fund.

(Pub. L. 106-264, title I, §121, Aug. 19, 2000, 114 Stat. 754.)

**§ 6822. Grant authorities**

**(a) Program objectives**

**(1) In general**

In carrying out the purpose of section 6821(b) of this title, the Trust Fund, acting through the Board of Trustees, should provide only grants, including grants for technical assistance to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including access to affordable drugs.

**(2) Activities supported**

Among the activities the Trust Fund should provide grants for should be—

(A) programs to promote the best practices in prevention, including health education messages that emphasize risk avoidance such as abstinence;

(B) measures to ensure a safe blood supply;

(C) voluntary HIV/AIDS testing and counseling;

(D) measures to stop mother-to-child transmission of HIV/AIDS, including through diagnosis of pregnant women, access to cost-effective treatment and counseling, and access to infant formula or other alternatives for infant feeding;

(E) programs to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic;

(F) measures for the deterrence of gender-based violence and the provision of post-exposure prophylaxis to victims of rape and sexual assault; and

(G) incentives to promote affordable access to treatments against AIDS and related infections.

**(3) Implementation of program objectives**

In carrying out the objectives of paragraph (1), the Trust Fund should coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

**(b) Priority**

In providing grants under this section, the Trust Fund should give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate.

**(c) Eligible grant recipients**

Governments and nongovernmental organizations should be eligible to receive grants under this section.

**(d) Prohibition**

The Trust Fund should not make grants for the purpose of project development associated with bilateral or multilateral bank loans.

(Pub. L. 106-264, title I, §122, Aug. 19, 2000, 114 Stat. 755.)

**§ 6823. Administration**

**(a) Appointment of an Administrator**

The Board of Trustees, in consultation with the appropriate officials of the Bank, should appoint an Administrator who should be responsible for managing the day-to-day operations of the Trust Fund.

**(b) Authority to solicit and accept contributions**

The Trust Fund should be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds.

**(c) Accountability of funds and criteria for programs**

As part of the negotiations described in section 6821(a) of this title, the Secretary of the Treasury shall, consistent with subsection (d) of this section—

(1) take such actions as are necessary to ensure that the Bank or the Association will have in effect adequate procedures and standards to account for and monitor the use of funds contributed to the Trust Fund, including the cost of administering the Trust Fund; and

(2) seek agreement on the criteria that should be used to determine the programs and activities that should be assisted by the Trust Fund.

**(d) Selection of projects and recipients**

The Board of Trustees should establish—

(1) criteria for the selection of projects to receive support from the Trust Fund;

(2) standards and criteria regarding qualifications of recipients of such support;

(3) such rules and procedures as may be necessary for cost-effective management of the Trust Fund; and

(4) such rules and procedures as may be necessary to ensure transparency and accountability in the grant-making process.

**(e) Transparency of operations**

The Board of Trustees should ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the Trust Fund.

(Pub. L. 106-264, title I, §123, Aug. 19, 2000, 114 Stat. 756.)

**§ 6824. Advisory Board****(a) In general**

There should be an Advisory Board to the Trust Fund.

**(b) Appointments**

The members of the Advisory Board should be drawn from—

(1) a broad range of individuals with experience and leadership in the fields of development, health care (especially HIV/AIDS), epidemiology, medicine, biomedical research, and social sciences; and

(2) representatives of relevant United Nations agencies and nongovernmental organizations with on-the-ground experience in affected countries.

**(c) Responsibilities**

The Advisory Board should provide advice and guidance to the Board of Trustees on the development and implementation of programs and projects to be assisted by the Trust Fund and on leveraging donations to the Trust Fund.

**(d) Prohibition on payment of compensation****(1) In general**

Except for travel expenses (including per diem in lieu of subsistence), no member of the Advisory Board should receive compensation for services performed as a member of the Board.

**(2) United States representative**

Notwithstanding any other provision of law (including an international agreement), a representative of the United States on the Advisory Board may not accept compensation for services performed as a member of the Board, except that such representative may accept travel expenses, including per diem in lieu of subsistence, while away from the representative's home or regular place of business in the performance of services for the Board.

(Pub. L. 106-264, title I, §124, Aug. 19, 2000, 114 Stat. 756.)

## PART B—REPORTS

**§ 6831. Reports to Congress****(a) Annual reports by Treasury Secretary****(1) In general**

Not later than 1 year after August 19, 2000, and annually thereafter for the duration of the Trust Fund, the Secretary of the Treasury shall submit to the appropriate committees of Congress a report on the Trust Fund.

**(2) Report elements**

The report shall include a description of—

(A) the goals of the Trust Fund;

(B) the programs, projects, and activities, including any vaccination approaches, supported by the Trust Fund;

(C) private and governmental contributions to the Trust Fund; and

(D) the criteria that have been established, acceptable to the Secretary of the Treasury and the Administrator of the United States Agency for International Development, that would be used to determine the programs and activities that should be assisted by the Trust Fund.

**(b) GAO report on Trust Fund effectiveness**

Not later than 2 years after August 19, 2000, the Comptroller General of the United States shall submit to the appropriate committees of the Congress a report evaluating the effectiveness of the Trust Fund, including—

(1) the effectiveness of the programs, projects, and activities described in subsection (a)(2)(B) of this section in reducing the worldwide spread of AIDS; and

(2) an assessment of the merits of continued United States financial contributions to the Trust Fund.

**(c) Appropriate committees defined**

In subsection (a) of this section, the term “appropriate committees” means the Committee on Foreign Relations and the Committee on Appropriations of the Senate and the Committee on International Relations, the Committee on Banking and Financial Services, and the Committee on Appropriations of the House of Representatives.

(Pub. L. 106-264, title I, §131, Aug. 19, 2000, 114 Stat. 757.)

## CHANGE OF NAME

Committee on International Relations of House of Representatives changed to Committee on Foreign Affairs of House of Representatives by House Resolution No. 6, One Hundred Tenth Congress, Jan. 5, 2007.

Committee on Banking and Financial Services of House of Representatives abolished and replaced by Committee on Financial Services of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred from Committee on Energy and Commerce of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

## PART C—UNITED STATES FINANCIAL PARTICIPATION

**§ 6841. Authorization of appropriations****(a) In general**

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to HIV/AIDS or economic development, there is authorized to be appropriated to the Secretary of the Treasury \$150,000,000 for each of the fiscal years 2001 and 2002 for payment to the Trust Fund.

**(b) Allocation of funds**

Of the amounts authorized to be appropriated by subsection (a) of this section for the fiscal years 2001 and 2002, \$50,000,000 are authorized to be available each such fiscal year only for programs that benefit orphans.

(Pub. L. 106-264, title I, §141, Aug. 19, 2000, 114 Stat. 758.)

**§ 6842. Certification requirement****(a) In general**

Prior to the initial obligation or expenditure of funds appropriated pursuant to section 6841 of this title, the Secretary of the Treasury shall certify that adequate procedures and standards have been established to ensure accountability for and monitoring of the use of funds contributed to the Trust Fund, including the cost of administering the Trust Fund.

**(b) Transmittal of certification**

The certification required by subsection (a) of this section, and the bases for that certification, shall be submitted by the Secretary of the Treasury to Congress.

(Pub. L. 106-264, title I, §142, Aug. 19, 2000, 114 Stat. 758.)

**CHAPTER 77—UNITED STATES-CHINA  
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SUBCHAPTER I—GENERAL PROVISIONS

**§ 6901. Findings**

The Congress finds the following:

(1) In 1980, the United States opened trade relations with the People's Republic of China by entering into a bilateral trade agreement, which was approved by joint resolution enacted pursuant to section 2435(c) of title 19.

(2) Since 1980, the President has consistently extended nondiscriminatory treatment to products of the People's Republic of China, pursuant to his authority under section 2434 of title 19.

(3) Since 1980, the United States has entered into several additional trade-related agreements with the People's Republic of China, including a memorandum of understanding on market access in 1992, two agreements on intellectual property rights protection in 1992 and 1995, and an agreement on agricultural cooperation in 1999.

(4) Trade in goods between the People's Republic of China and the United States totaled almost \$95,000,000,000 in 1999, compared with approximately \$18,000,000,000 in 1989, representing growth of approximately 428 percent over 10 years.

(5) The United States merchandise trade deficit with the People's Republic of China has grown from approximately \$6,000,000,000 in 1989 to over \$68,000,000,000 in 1999, a growth of over 1,000 percent.

(6) The People's Republic of China currently restricts imports through relatively high tariffs and nontariff barriers, including import licensing, technology transfer, and local content requirements.

(7) United States businesses attempting to sell goods to markets in the People's Republic of China have complained of uneven application of tariffs, customs procedures, and other laws, rules, and administrative measures affecting their ability to sell their products in the Chinese market.

(8) On November 15, 1999, the United States and the People's Republic of China concluded a bilateral agreement concerning terms of the People's Republic of China's eventual accession to the World Trade Organization.

(9) The commitments that the People's Republic of China made in its November 15, 1999, agreement with the United States promise to eliminate or greatly reduce the principal barriers to trade with and investment in the People's Republic of China, if those commitments are effectively complied with and enforced.