

108TH CONGRESS  
1ST SESSION

# S. 250

To address the international HIV/AIDS pandemic.

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IN THE SENATE OF THE UNITED STATES

JANUARY 30, 2003

Mr. DURBIN introduced the following bill; which was read twice and referred  
to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To address the international HIV/AIDS pandemic.

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 Coordination  
5       of HIV/AIDS Response Act” or the “Global CARE Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

8               (1) In a span of only 20 years the AIDS pan-  
9       demic has infected 60,000,000 people around the  
10      globe and continues to spread. More than  
11      22,000,000 people around the world have died from  
12      this disease.

1           (2) More than 14,000,000 children have been  
2 orphaned as a result of AIDS and this number is ex-  
3 pected to grow to more than 25,000,000 by the year  
4 2010, more AIDS orphans than the entire popu-  
5 lation of the State of Texas.

6           (3) The impact of the AIDS epidemic is not  
7 only a health issue but a moral issue, fundamental  
8 to development, to human security, and the security  
9 of the United States.

10          (4) Prevention, care, and treatment are all nec-  
11 essary components of an effective response to the  
12 global AIDS epidemic and the opportunistic infec-  
13 tions that result.

14          (5) Microenterprise development and other in-  
15 come-generating programs assist communities af-  
16 flicted by the HIV/AIDS pandemic and increase the  
17 productive capacity of communities and affected  
18 households.

19          (6) Microenterprise programs are also an effec-  
20 tive means to support the productive activities of  
21 healthy family members caring for the sick and or-  
22 phaned. Such programs should give priority to  
23 women infected with the AIDS virus or in HIV/  
24 AIDS affected families, and to women in high risk  
25 categories.

1           (7) There is currently no effective, single locus  
2           to coordinate the many United States Government  
3           agencies contributing to global HIV/AIDS activities,  
4           to foster strategic collaboration among them, or to  
5           communicate policies and plans with other vested  
6           constituents, including nongovernmental organiza-  
7           tions and private interests.

8           (8) Continued United States leadership and in-  
9           vestment is needed to meet the serious challenge of  
10          HIV/AIDS in the global community.

11 **SEC. 3. INTERAGENCY WORKING GROUP ON HIV/AIDS.**

12          (a) IN GENERAL.—There is established a Federal  
13          interagency working group (hereafter referred to in this  
14          Act as the “Working Group”) to ensure coordination of  
15          all Federal programs related to the prevention, treatment,  
16          and monitoring of HIV/AIDS in foreign countries, and to  
17          conduct global HIV/AIDS activities in a coordinated, stra-  
18          tegic fashion.

19          (b) MEMBERSHIP.—Members of the Working Group  
20          shall be appointed by—

- 21                  (1) the Secretary of Health and Human Serv-  
22          ices;  
23                  (2) the Secretary of State;  
24                  (3) the Secretary of Defense;  
25                  (4) the Secretary of Agriculture;

1           (5) the Administrator of the Health Resources  
2           and Services Administration;

3           (6) the Administrator of the United States  
4           Agency for International Development;

5           (7) the Director of the Centers for Disease  
6           Control and Prevention;

7           (8) the Director of the National Institutes of  
8           Health;

9           (9) the Director of the Peace Corps;

10          (10) the United States Executive Director of  
11          the International Bank for Reconstruction and De-  
12          velopment;

13          (11) the Secretary of Labor;

14          (12) the Secretary of Commerce; and

15          (13) the heads of such other Federal depart-  
16          ments and agencies as the President determines ap-  
17          propriate.

18          (c) CHAIRPERSON.—The chairperson of the Working  
19          Group shall be designated by the Secretary of Health and  
20          Human Services, in consultation with the Secretary of  
21          State.

22          (d) DUTIES.—The Working Group shall—

23               (1) review all Federal programs related to the  
24               prevention, treatment, and monitoring of HIV/AIDS  
25               in foreign countries to ensure proper coordination

1 and compatibility of the activities, strategies, and  
2 policies of such programs;

3 (2) exchange information regarding the design  
4 and impact of such programs to ensure the United  
5 States Government can determine the best possible  
6 practices for HIV/AIDS prevention, treatment, and  
7 monitoring to improve the effectiveness of such pro-  
8 grams in countries in which they operate;

9 (3) set priorities across the Federal agencies  
10 represented in the Working Group;

11 (4) annually identify measurable goals for  
12 United States policy and outcomes related to HIV/  
13 AIDS in the global community;

14 (5) foster discussions with academia, non-  
15 governmental organizations, and industry to deter-  
16 mine how Federal Government programs can be im-  
17 proved;

18 (6) serve as a liaison between the Global Fund  
19 for HIV/AIDS, tuberculosis and malaria prevention  
20 and treatment efforts, and other multilateral efforts  
21 relating to HIV/AIDS prevention and treatment;  
22 and

23 (7) coordinate with international groups, such  
24 as the International AIDS Society, the United Na-  
25 tions Program on HIV/AIDS (UNAIDS), the World

1 Health Organization, and the Monitoring and Eval-  
2 uation Reference Group to ensure that information  
3 about successful programs, and from applied and  
4 basic research, is disseminated to policymakers, re-  
5 searchers, and practitioners in other nations.

6 (e) REPORT.—

7 (1) IN GENERAL.—The Working Group shall  
8 prepare a report that—

9 (A) describes the actions that are being  
10 taken to coordinate the multiple roles and poli-  
11 cies of, and foster collaboration among, the  
12 Federal agencies contributing to global HIV/  
13 AIDS activities;

14 (B) describes the respective roles and ac-  
15 tivities of each of the working group member  
16 agencies;

17 (C) describes actions taken to carry out  
18 the activities described in sections 4 and 5;

19 (D) contains any recommendations for leg-  
20 islative and funding actions that are needed to  
21 create a coherent, effective United States ap-  
22 proach to global HIV/AIDS that achieves the  
23 goals for United States policy and outcomes as  
24 established by the Working Group; and

1 (E) includes the results of the HIV/AIDS  
 2 goals and outcomes as established by the Work-  
 3 ing Group.

4 (2) SUBMISSION TO CONGRESS.—Not later than  
 5 1 year after the date of enactment of this Act, and  
 6 annually thereafter during each year for which the  
 7 Working Group is authorized, the chairperson of the  
 8 Working Group shall submit the report described in  
 9 paragraph (1) to the Committee on Foreign Rela-  
 10 tions, the Committee on Health, Education, Labor,  
 11 and Pensions, and the Committee on Appropriations  
 12 of the Senate, the Committee on International Rela-  
 13 tions, the Committee on Energy and Commerce, and  
 14 the Committee on Appropriations of the House of  
 15 Representatives.

16 (f) TERMINATION.—The Working Group established  
 17 under subsection (a) shall terminate on the date that is  
 18 3 years after the date of enactment of this Act.

19 **SEC. 4. THE INTERNATIONAL HIV/AIDS PREVENTION AND**  
 20 **CAPACITY DEVELOPMENT INITIATIVE.**

21 (a) GOAL.—The goal of the International HIV/AIDS  
 22 Prevention and Capacity Development Initiative estab-  
 23 lished by this section, is to prevent the spread of HIV/  
 24 AIDS and opportunistic infections.

1 (b) ACTIVITIES.—The goal described in subsection  
2 (a) shall be achieved through the conduct of activities that  
3 include—

4 (1) education, voluntary testing and counseling  
5 (that includes the incorporation of confidentiality  
6 protections with respect to such testing and coun-  
7 seling), including integration of such programs into  
8 women’s and children’s health programs;

9 (2) providing assistance to ensure a safe blood  
10 supply and to provide post-exposure prophylaxis to  
11 victims of rape and sexual assault;

12 (3) expanding the availability and use of  
13 condoms and other barrier methods for the preven-  
14 tion of HIV transmission;

15 (4) providing assistance through nongovern-  
16 mental organizations, particularly those organiza-  
17 tions that utilize both professionals and volunteers  
18 with appropriate skills and experience, to establish  
19 and implement culturally appropriate HIV/AIDS  
20 education and prevention programs;

21 (5) providing for improved infrastructure and  
22 institutional capacity to develop and manage edu-  
23 cation, prevention, care, and treatment programs,  
24 including resources to collect and maintain accurate



1 HIV/AIDS surveillance data to target programs and  
2 measure effectiveness of interventions;

3 (6) the conduct of vaccine research and develop-  
4 ment partnership programs with specific plans to de-  
5 velop a safe, effective, accessible, preventive HIV  
6 vaccine for use throughout the world;

7 (7) research and development of microbicides to  
8 prevent the transmission of HIV and other sexually  
9 transmitted infections;

10 (8) the development and expansion of finan-  
11 cially sustainable micro-finance institutions and  
12 other income generation programs that strengthen  
13 the economic and social viability of communities af-  
14 flicted by the HIV/AIDS pandemic, including sup-  
15 port for the savings and productive capacity of af-  
16 fected poor households caring for orphans;

17 (9) promoting evaluation and intervention ef-  
18 forts and providing training to support program as-  
19 sessment; and

20 (10) other activities as determined necessary by  
21 the Working Group established under section 3(a).

22 (c) COORDINATED EFFORTS.—From amounts made  
23 available under section 6 for each fiscal year, the Sec-  
24 retary of State (in consultation with the United States  
25 Agency for International Development), the Secretary of

1 Health and Human Services and other Federal members  
 2 of the Working Group (established under section 3(a))  
 3 shall coordinate activities as part of the International  
 4 HIV/AIDS Prevention and Capacity Development Initia-  
 5 tive under this section consistent with host country needs  
 6 and in conjunction with host country plans, with programs  
 7 to prevent, treat and monitor HIV/AIDS in foreign coun-  
 8 tries.

9 **SEC. 5. THE INTERNATIONAL AIDS CARE AND TREATMENT**  
 10 **ACCESS INITIATIVE.**

11 (a) GOAL.—The goal of the international AIDS care  
 12 and treatment access initiative established by this section  
 13 is to prolong the lives of individuals with HIV/AIDS, to  
 14 preserve the families of these individuals, to prevent chil-  
 15 dren from becoming orphans and to increase the produc-  
 16 tivity of these individuals by allowing them to lead active  
 17 lives and reduce the need for costly hospitalizations for  
 18 treating opportunistic infections caused by HIV/AIDS.

19 (b) ACTIVITIES.—The goal described in subsection  
 20 (a) shall be achieved through the conduct of activities that  
 21 include—

22 (1) creating or improving the medical, public  
 23 health, and physical infrastructures needed to ensure  
 24 that care and treatment for individuals affected by

1 HIV/AIDS can be delivered efficiently, effectively  
2 and safely;

3 (2) mobilizing communities to provide much  
4 needed services ranging from home based palliation  
5 to assistance with housing and nutrition;

6 (3) encouraging the adoption of policies and  
7 practices that reduce stigma against HIV-infected  
8 individuals;

9 (4) providing a comprehensive package of care  
10 and treatment for those living with HIV/AIDS in-  
11 cluding antiretroviral drugs, treatment of opportu-  
12 nistic infections, and optimum nutrition;

13 (5) helping preserve families, which will con-  
14 tribute to stability within homes and across devel-  
15 oping nations and will help diminish the growing  
16 AIDS orphan crisis;

17 (6) providing training and education to civilian  
18 and military health care providers and laboratory  
19 workers from developing nations for the purpose of  
20 promoting safe and effective use of antiretroviral  
21 drugs and quality medical support services;

22 (7) linking care and treatment services to prov-  
23 en prevention programs, including expanded vol-  
24 untary counseling and testing efforts;

1           (8) assisting governments with policy develop-  
2           ment and resource allocation;

3           (9) promoting evaluation of intervention efforts  
4           and providing training to support program assess-  
5           ment; and

6           (10) other activities as determined necessary by  
7           the Working Group established under section 3(a).

8           (c) COORDINATED EFFORTS.—From amounts made  
9           available under section 6 for each fiscal year, the Sec-  
10          retary of State, the Secretary of Health and Human Serv-  
11          ices and other Federal members of the Working Group  
12          (established under section 3(a)) shall coordinate activities  
13          as part of the international AIDS care and treatment ac-  
14          cess initiative under this section, consistent with host  
15          country needs and in conjunction with host country plans.

16       **SEC. 6. FUNDING FOR PREVENTION, CARE, TREATMENT,**  
17                               **AND CAPACITY DEVELOPMENT ACTIVITIES.**

18          (a) CENTERS FOR DISEASE CONTROL AND PREVEN-  
19          TION.—There is authorized to be appropriated to the Cen-  
20          ters for Disease Control and Prevention, \$275,000,000 for  
21          fiscal year 2004, \$330,000,000 for fiscal year 2005, and  
22          such sums as may be necessary for each of fiscal years  
23          2006 and 2007, to carry out the provisions of sections 3  
24          through 5 and other global HIV/AIDS prevention, care,  
25          treatment, and capacity development activities determined

1 appropriate by the Secretary of Health and Human Serv-  
 2 ices. Any amounts so appropriated shall remain available  
 3 until expended.

4 (b) HEALTH RESOURCES AND SERVICES ADMINIS-  
 5 TRATION.—

6 (1) IN GENERAL.—There is authorized to be  
 7 appropriated to the Health Resources and Services  
 8 Administration, \$20,000,000 for fiscal year 2004,  
 9 \$22,000,000 for fiscal year 2005, and such sums as  
 10 may be necessary for each of fiscal years 2006 and  
 11 2007, to carry out the provisions of sections 3  
 12 through 5 and other global HIV/AIDS activities de-  
 13 termined appropriate by the Secretary of Health and  
 14 Human Services. Any amounts so appropriated shall  
 15 remain available until expended.

16 (2) ASSISTANCE TO FOREIGN COUNTRIES.—  
 17 From amounts appropriated under paragraph (1)  
 18 for each fiscal year, the Administrator of the Health  
 19 Resources and Services Administration, as part of  
 20 the international AIDS care and treatment access  
 21 initiative, may provide assistance to foreign coun-  
 22 tries and areas in developing, providing, and evalu-  
 23 ating—

24 (A) care, support, and treatment services  
 25 with respect to HIV/AIDS, including those for

1 opportunistic infection related to HIV/AIDS in-  
2 fections;

3 (B) palliative HIV/AIDS care;

4 (C) care for those who are affected by, al-  
5 though not infected with, HIV/AIDS;

6 (D) training of health care providers; and

7 (E) other activities as determined appro-  
8 priate by the Secretary of Health and Human  
9 Services and the Administrator of the Health  
10 Resources and Services Administration.

11 (c) NATIONAL INSTITUTES OF HEALTH.—There is  
12 authorized to be appropriated to the National Institutes  
13 of Health, \$90,000,000 for fiscal year 2004,  
14 \$112,000,000 for fiscal year 2005, and such sums as may  
15 be necessary for each of fiscal years 2006 and 2007, to  
16 carry out the provisions of sections 3 through 5 that are  
17 related to the mission of the Institutes, and other global  
18 HIV/AIDS activities determined appropriate by the Sec-  
19 retary of Health and Human Services, including vaccine  
20 research to develop a safe and accessible preventive HIV  
21 vaccine for use throughout the world. Any amounts so ap-  
22 propriated shall remain available until expended.

23 (d) AGENCY FOR HEALTHCARE RESEARCH AND  
24 QUALITY.—There is authorized to be appropriated to the  
25 Agency for Healthcare Research and Quality, \$20,000,000

1 for fiscal year 2004, \$22,000,000 for fiscal year 2005, and  
2 such sums as may be necessary for each of fiscal years  
3 2006 and 2007, to carry out the provisions of sections 3  
4 through 5 that are related to the mission of the Agency,  
5 and other global HIV/AIDS activities determined appro-  
6 priate by the Secretary of Health and Human Services,  
7 including evaluation of global HIV/AIDS programs and  
8 cost, use and access to HIV/AIDS treatment. Any  
9 amounts so appropriated shall remain available until ex-  
10 pended.

11 (e) FOOD AND DRUG ADMINISTRATION.—There is  
12 authorized to be appropriated to the Food and Drug Ad-  
13 ministration, \$45,000,000 for fiscal year 2004,  
14 \$55,000,000 for fiscal year 2005, and such sums as may  
15 be necessary for each of fiscal years 2006 and 2007, to  
16 carry out the provisions of sections 3 through 5 that are  
17 related to the mission of the Administration, and other  
18 global HIV/AIDS activities determined appropriate by the  
19 Commissioner of Food and Drugs, including review of  
20 more sensitive tests and further efforts to ensure a safe  
21 blood supply. Any amounts so appropriated shall remain  
22 available until expended.

23 (f) UNITED STATES AGENCY FOR INTERNATIONAL  
24 DEVELOPMENT.—There is authorized to be appropriated  
25 to the United States Agency for International Develop-

1 ment, \$550,000,000 for fiscal year 2004, \$655,000,000  
2 for fiscal year 2005, and such sums as may be necessary  
3 for each of fiscal years 2006 and 2007, to carry out the  
4 provisions of sections 3 through 5 and other global HIV/  
5 AIDS prevention, care, treatment, and capacity develop-  
6 ment activities determined appropriate by the Secretary  
7 of State. Any amounts so appropriated shall remain avail-  
8 able until expended.

9 (g) DEPARTMENT OF DEFENSE.—There is author-  
10 ized to be appropriated to the Department of Defense,  
11 \$20,000,000 for fiscal year 2004, \$22,000,000 for fiscal  
12 year 2005, and such sums as may be necessary for each  
13 of fiscal years 2006 and 2007, to carry out the provisions  
14 of sections 3 through 5 that are related to mission of the  
15 Department, and other global HIV/AIDS activities deter-  
16 mined appropriate by the Secretary of Defense including  
17 HIV/AIDS prevention and education with host country  
18 armed forces. Any amounts so appropriated shall remain  
19 available until expended.

20 (h) DEPARTMENT OF AGRICULTURE.—There is au-  
21 thorized to be appropriated to the Department of Agri-  
22 culture, \$25,000,000 for fiscal years 2004 and 2005, and  
23 such sums as may be necessary for each of fiscal years  
24 2006 and 2007, to carry out the provisions of sections 3  
25 through 5 that are related to the mission of the Depart-



1 ment, and other global HIV/AIDS activities determined  
2 appropriate by the Secretary of Agriculture, including  
3 strengthening the capacity of organizations providing com-  
4 munity-based nutrition services. Any amounts so appro-  
5 priated shall remain available until expended.

6 (i) DEPARTMENT OF LABOR.—There is authorized to  
7 be appropriated to the Department of Labor, \$20,000,000  
8 for fiscal year 2004, \$22,000,000 for fiscal year 2005, and  
9 such sums as may be necessary for each of fiscal years  
10 2006 and 2007, to carry out the provisions of sections 3  
11 through 5 that are related to the mission of the Depart-  
12 ment, and other global HIV/AIDS activities determined  
13 appropriate by the Secretary of Labor, including work-  
14 place-based HIV/AIDS prevention in host countries. Any  
15 amounts so appropriated shall remain available until ex-  
16 pended.

17 (j) DEPARTMENT OF COMMERCE.—There is author-  
18 ized to be appropriated to the Department of Commerce,  
19 \$10,000,000 for fiscal years 2004 and 2005, and such  
20 sums as may be necessary for each of fiscal years 2006  
21 and 2007, to carry out the provisions of sections 3 through  
22 5 that are related to the mission of the Department and  
23 other global HIV/AIDS activities determined appropriate  
24 by the Secretary of Commerce, including encouraging the  
25 involvement of multinational United States corporations

1 in the fight against HIV/AIDS. Any amounts so appro-  
2 priated shall remain available until expended.

3 (k) GLOBAL HEALTH FUND.—

4 (1) AUTHORIZATION.—There is authorized to  
5 be appropriated \$2,100,000,000 for fiscal year  
6 2004, \$2,550,000,000 for fiscal year 2005, and such  
7 sums as may be necessary for each of fiscal years  
8 2006 and 2007, to be used for United States con-  
9 tributions to a global health fund negotiated by the  
10 United States consistent with the general principles  
11 contained in the Global AIDS and Tuberculosis Re-  
12 lief Act of 2000 (22 U.S.C. 6801 et seq.) and the  
13 initiative of the Secretary General of the United Na-  
14 tions or other multilateral efforts to prevent, treat,  
15 and monitor HIV/AIDS in countries in sub-Saharan  
16 Africa and other developing countries, including ef-  
17 forts to provide hospice and palliative care for indi-  
18 viduals with HIV/AIDS.

19 (2) CHARACTERISTICS OF GLOBAL HEALTH  
20 FUND.—It is the sense of Congress that, consistent  
21 with the general principles outlined in the Global  
22 AIDS and Tuberculosis Relief Act of 2000 (22  
23 U.S.C. 6801 et seq.), United States contributions  
24 should be provided to a global health fund under  
25 paragraph (1) only if the fund—

1 (A) is a public-private partnership that in-  
2 cludes participation of, and seeks contributions  
3 from, governments, foundations, corporations,  
4 nongovernmental organizations, organizations  
5 that are part of the United Nations system, and  
6 other entities or individuals;

7 (B) has the World Bank serving as the fi-  
8 duciary agent of the fund and in any other ca-  
9 pacity deemed appropriate by the international  
10 community;

11 (C) includes donors, recipient countries,  
12 civil society, and other relevant parties in the  
13 governance of the fund;

14 (D) contains safeguards against conflicts  
15 of interest in the governance of the fund by the  
16 individuals and entities described in subpara-  
17 graph (A);

18 (E) supports targeted initiatives to address  
19 HIV/AIDS, tuberculosis, and malaria through  
20 an integrated approach that includes prevention  
21 interventions, care and treatment programs,  
22 and infrastructure capacity-building;

23 (F) permits strategic targeting of re-  
24 sources to address needs not currently met by  
25 existing bilateral and multilateral efforts and

includes separate subaccounts for different activities allowing donors to designate funds for specific categories of programs and activities;

(G) reserves a minimum of 5 percent of its grant funds to support scientific or medical research in connection with the projects it funds in developing countries;

(H) provides public disclosure with respect to—

(i) the membership and official proceedings of the mechanism established to manage and disburse amounts contributed to the fund; and

(ii) grants and projects supported by the fund;

(I) authorizes and enforces requirements for the periodic financial and performance auditing of projects and makes future funding conditional upon the results of such audits; and

(J) provides public disclosure of the findings of all financial and performance audits of the fund.

## **SEC. 7. GLOBAL PHYSICIAN CORPS.**

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Sec-

1 retary”), in consultation with the Secretary of State, is  
 2 authorized to establish a Global Physician Corps for the  
 3 purpose of carrying out the activities described in sub-  
 4 section (d).

5 (b) RECRUITMENT OF PHYSICIANS.—

6 (1) IN GENERAL.—The Secretary is authorized  
 7 to recruit and employ for international assignments  
 8 as part of the Global Physician Corps—

9 (A) physicians who—

10 (i) are trained in infectious diseases  
 11 and other medical disciplines; and

12 (ii) have demonstrated expertise in the  
 13 treatment of HIV/AIDS;

14 (B) retired commissioned officers of the  
 15 Public Health Service Corps; and

16 (C) physicians who are trained in such dis-  
 17 ciplines as the Secretary shall determine to be  
 18 necessary.

19 (2) RECRUITMENT AT SCHOOLS.—The Sec-  
 20 retary may conduct recruitment programs for the  
 21 Global Physician Corps at schools of medicine.

22 (c) TIME PERIODS.—

23 (1) IN GENERAL.—Physicians hired under sub-  
 24 section (b) shall be employed for periods of not more  
 25 than 2 years.

1           (2) EXTENSIONS.—The Secretary may author-  
2       ize extensions of employment under paragraph (1)  
3       as the Secretary determines appropriate.

4       (d) ACTIVITIES.—The Global Physician Corps, using  
5       international assignments of physicians, shall—

6           (1) care for and treat individuals affected by  
7       HIV/AIDS;

8           (2) train host country physicians in the safe  
9       and effective use of antiretroviral drugs to treat and  
10      care for infected individuals, and provide quality  
11      medical support services for such host country physi-  
12      cians;

13          (3) establish or adapt appropriate clinical proto-  
14      cols for HIV prevention, care, and treatment, and  
15      train medical personnel in these protocols; and

16          (4) carry out other activities as determined ap-  
17      propriate by the Secretary.

18      (e) ASSIGNMENTS.—

19          (1) IN GENERAL.—The Director of the Centers  
20      for Disease Control and Prevention, the Adminis-  
21      trator of the Health Resources and Services Admin-  
22      istration, and the Director of the National Institutes  
23      of Health shall collaborate with the Secretary and  
24      the United States Agency for International Develop-  
25      ment to determine where physicians hired under this

1 section are most needed to serve and to appro-  
 2 priately place such physicians.

3 (2) TRAVEL.—The Secretary shall determine  
 4 travel requirements and any reimbursements to be  
 5 provided under this section.

6 (f) STAFF.—The Secretary shall ensure that ade-  
 7 quate staff is provided to effectively administer the Global  
 8 Physician Corps.

9 (g) PAY.—The Secretary shall determine pay and  
 10 benefits to be provided under this section.

11 (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
 12 authorized to be appropriated to carry out this section  
 13 \$5,000,000 for fiscal year 2003, and \$25,000,000 for each  
 14 of fiscal years 2004, 2005, and 2006.

15 **SEC. 8. AUTHORITY FOR INTERNATIONAL PROGRAMS.**

16 Section 307 of the Public Health Service Act (42  
 17 U.S.C. 242l) is amended—

18 (1) in subsection (b)(7) by inserting “new” be-  
 19 fore “facility in any foreign country”;

20 (2) by striking subsection (b)(8); and

21 (3) by adding at the end the following:

22 “(d)(1) The Secretary is authorized to utilize authori-  
 23 ties contained in section 2 of the State Department Basic  
 24 Authorities Act of 1956 (22 U.S.C. 2669), subject to the  
 25 limitations set forth in subsection (e).

1       “(2) The Secretary is authorized to use the authority  
 2 in section 1 of the Act of April 18, 1930 (46 Stat. 177;  
 3 22 U.S.C. 291) and section 1 of the Foreign Service  
 4 Buildings Act (22 U.S.C. 292) directly or through con-  
 5 tract, grant, or cooperative agreement to lease, alter, or  
 6 renovate facilities in foreign countries as necessary to con-  
 7 duct programs of assistance for international health activi-  
 8 ties, including activities relating to HIV/AIDS and other  
 9 infectious diseases, chronic and environmental diseases,  
 10 and other health activities abroad.

11       “(e) In exercising the authority set forth in para-  
 12 graphs (1) and (2) of subsection (d), the Secretary shall  
 13 consult with the Secretary of State to assure that planned  
 14 activities are within the legal strictures of the State De-  
 15 partment Basic Authorities Act of 1956 and other applica-  
 16 ble laws.”.

17 **SEC. 9. IMPROVING GLOBAL HEALTH THROUGH SAFE IN-**  
 18 **JECTIONS.**

19       Chapter 1 of part I of the Foreign Assistance Act  
 20 of 1961 (22 U.S.C. 2151 et seq.) is amended by adding  
 21 at the end the following:

22 **“SEC. 135. ASSISTANCE FOR THE IMPROVEMENT OF INJEC-**  
 23 **TION SAFETY.**

24       “There is authorized to be appropriated each fiscal  
 25 year, \$1,000,000 for the purpose of developing and imple-



1   menting effective strategies to improve injection safety, in-  
 2   cluding developing and promoting technologies that im-  
 3   prove the safety of injections provided for preventive and  
 4   curative services, developing robust, environmentally  
 5   sound, reasonably priced means for improving the safety  
 6   of the disposal of used injection supplies, and launching  
 7   an intensive 5-year communication initiative, in conjunc-  
 8   tion with WHO, UNICEF, and the GAVI to promote the  
 9   safe and appropriate use of injections.”.

10   **SEC. 10. AIDS ORPHAN RELIEF.**

11       (a) **SHORT TITLE.**—This section may be cited as the  
 12   “AIDS Orphans Relief Act of 2002”.

13       (b) **PURPOSES.**—The purposes of this section are—

14           (1) to make microfinance programs an impor-  
 15       tant component of United States policy in fighting  
 16       the effects of the Acquired Immune Deficiency Syn-  
 17       drome (AIDS) pandemic worldwide; and

18           (2) to encourage targeted use of food and food-  
 19       related assistance for humanitarian purposes and for  
 20       sustainable development in communities affected by  
 21       AIDS.

22       (c) **MICROCREDIT PROGRAMS.**—Chapter 1 of part I  
 23   of the Foreign Assistance Act of 1961 (22 U.S.C. 2151  
 24   et seq.), as amended by section 9, is further amended by  
 25   adding at the end the following new section:

1 **“SEC. 136. ASSISTANCE FOR MICROCREDIT PROGRAMS FOR**  
 2 **COMMUNITIES AFFECTED BY AIDS.**

3 “(a) IN GENERAL.—In addition to any other funds  
 4 authorized to be appropriated by this chapter for micro-  
 5 enterprise activities or activities relating to Human Im-  
 6 munodeficiency Virus (HIV) or Acquired Immune Defi-  
 7 ciency Syndrome (AIDS), there is authorized to be appro-  
 8 priated each fiscal year, \$50,000,000 for purposes of as-  
 9 sisting microcredit programs that serve the very poor, es-  
 10 pecially women, in communities heavily affected by AIDS.

11 “(b) PROGRAM ELEMENTS.—

12 “(1) IN GENERAL.—The maximum amount of  
 13 credit provided an individual under a microcredit  
 14 program under subsection (a) may not exceed \$600,  
 15 and the average loan size for a program receiving re-  
 16 sources under this section may not exceed \$300.

17 “(2) PROGRAMS.—To the maximum extent  
 18 practicable, amounts shall be provided under sub-  
 19 section (a) for programs that—

20 “(A) provide HIV prevention or AIDS care  
 21 and support, whether directly or through link-  
 22 ages with other programs;

23 “(B) employ best practices for assisting  
 24 the very poor; and

25 “(C) operate in a sustainable manner.”.

1 (d) FOOD ASSISTANCE PROGRAMS.—Title IV of the  
 2 Agricultural Trade and Development Assistance Act of  
 3 1954 (7 U.S.C. 1731 et seq.) is amended by adding at  
 4 the end the following:

5 **“SEC. 417. ASSISTANCE FOR COMMUNITIES AFFECTED BY**  
 6 **AIDS.**

7 “(a) IN GENERAL.—The President may provide food  
 8 assistance under this Act to developing countries in order  
 9 to assist such countries in mitigating the effects of Ac-  
 10 quired Immune Deficiency Syndrome (AIDS) on commu-  
 11 nities in such countries, including—

12 “(1) assistance to address the nutritional needs  
 13 of individuals in such communities who have AIDS;

14 “(2) assistance for households affected by  
 15 AIDS; and

16 “(3) assistance as part of other aid or assist-  
 17 ance designed to create or restore sustainable liveli-  
 18 hood strategies in communities affected by AIDS.

19 “(b) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) AUTHORIZATION.—There is authorized to  
 21 be appropriated to carry out this section  
 22 \$50,000,000 for fiscal year 2003 and for each subse-  
 23 quent fiscal year.

24 “(2) RELATIONSHIP TO OTHER AUTHORIZA-  
 25 TIONS.—Amounts authorized to be appropriated for

1 a fiscal year under paragraph (1) are in addition to  
2 any other amounts authorized to be appropriated  
3 under this Act for such fiscal year.”.

4 **SEC. 11. PILOT PROGRAM.**

5 (a) PROGRAM AUTHORIZED.—The Director of the  
6 Centers for Disease Control and Prevention shall create  
7 a pilot program to carry out the activities described in sub-  
8 section (b).

9 (b) ACTIVITIES.—The Director shall—

10 (1) capitalize on demonstrated successes in pro-  
11 viding antiretroviral drugs to people living with HIV/  
12 AIDS in resource-poor settings;

13 (2) apply learning from the United States that  
14 treatment involving antiretroviral drugs must be ac-  
15 companied by an array of medical and social services  
16 if such treatment is to be successful;

17 (3) provide a limited procurement of pilot  
18 antiretroviral drugs and technical assistance to pilot  
19 programs designed to assess feasibility of large-scale  
20 programs; and

21 (4) provide technical assistance to host country  
22 governments to foster partnerships with private-sec-  
23 tor manufacturers for the purpose of assuring sus-  
24 tained drug availability.

1       (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section,  
3 \$50,000,000 for each of fiscal years 2003 and 2004, and  
4 such sums as may be necessary for each of fiscal years  
5 2005 through 2007.

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