

**REFORMING THE WHO:
ENSURING GLOBALHEALTH
SECURITY AND ACCOUNTABILITY**

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC

OF THE

COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY

HOUSE OF REPRESENTATIVES

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Written opening statements and the written statements of the witnesses are available on the U.S. House of Representatives Document Repository at: docs.house.gov.

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 - * H.R. 79; submitted by Rep. Mfume.
 - * H.R. 1546; submitted by Rep. Mfume.
 - * Amendment to Rules Committee Print 118-13; submitted by Rep. Mfume.
- Questions for the record to: Dr. Gawande; submitted by Rep. Miller-Meeks.
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REFORMING THE WHO: ENSURING GLOBALHEALTH SECURITY AND ACCOUNTABILITY

Wednesday, December 13, 2023

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC
Washington, D.C.

The Subcommittee met, pursuant to notice, at 2:03 p.m., in room 2154, Rayburn House Office Building, Hon. Brad Wenstrup (Chairman of the Subcommittee) presiding.

Present: Representatives Wenstrup, Comer, Malliotakis, Miller-Meeks, Lesko, Cloud, Joyce, Greene, McCormick, Ruiz, Dingell, Mfume, Ross, Garcia, and Tokuda.

Dr. WENSTRUP. The Select Subcommittee on the Coronavirus Pandemic will come to order. I want to welcome everyone here today.

Without objection, the Chair may declare a recess at any time.

I now recognize myself for the purpose of making an opening statement.

Today, the Select Subcommittee is holding a hearing to examine the future of the World Health Organization and our relationship as the United States with the WHO. The World Health Organization is supposed to be the preeminent organization that governs just that, the world's health. It played a key role in eradicating smallpox and significantly reducing the cases of polio around the globe. And yet, when the world was faced with the outbreak of COVID-19, the pandemic, we saw that the WHO does not always serve all of its members equally. We saw it is not an organization that serves all of humankind but instead perhaps an organization that became beholden to or entrapped in politics. When it was most essential that the WHO be able to step up and help everyone, it seems to have bowed to political affiliations over global public health. When the WHO should have been conducting independent investigations into the origins of COVID-19 and presenting the global community with verified information to help keep them safe, we instead saw that they ignored some facts and parroted back statements that came from the Chinese Communist Party.

We saw the WHO deny that COVID-19 was spread via human-to-human transmission, based entirely on the word of the Chinese Government. The WHO delayed naming COVID-19 a public health

emergency of international concern, a World Health Organization procedure that, amongst other things, would have allowed for the procurement and distribution of scarce supplies, all because the Chinese Communist Party told them the spread was under control. The WHO delayed serious measures to counter the global spread of COVID-19 because the CCP was only worried about their own bottom line.

When the WHO produced a report evaluating the possible origins of COVID-19, it became unquestionably evident that the entire report was nothing or but Chinese propaganda. Even Dr. Fauci was worried about the report, stating, "There was a lot of restrictions on the ability of the people who went there to really take a look. I have some considerable concerns about that." The CCP was so entrenched in influencing the WHO's investigation into the origins of COVID that they even contacted me.

With unanimous consent, I wish to submit for the record an email sent to me by the Chinese Embassy. So, ordered.

Dr. WENSTRUP. This email from the Chinese Embassy is another attempt to interfere with the investigations of COVID. The letter stated, "We express our grave concern regarding the COVID-19 origins hearing. We firmly oppose it." This kind of communication and action hardly expresses a clear conscience. The WHO's lack of independent investigation potentially allowed the beginning of the pandemic to be worse and spread further than it could have been. All in all, we saw the WHO more influenced by politics than public health, not necessarily their fault. There is no denying it, the WHO stumbled out the gate.

This subcommittee is as much about looking back as it is looking forward and preparing for the future. We must be better prepared when the next pandemic surfaces, and a scientifically focused WHO is paramount to that. It is evident the WHO is in need of some reform. So why not take an opportunity to ask the very people who are in the trenches how we can help them? Why not ask direct sources what we can do right now to equip future generations? Should there be an independent body that is able to conduct oversight? How can the ideal methods of data sharing and development be implemented across the world?

What we do know is that the WHO needs to be reestablished with raised expectations of transparency, verifiability, and accountability amongst its members as well. Running any public health organization in a political manner destroys the organization's credibility. The WHO needs to police its members, and not cower behind bullies. The WHO should have been in a position to tell the world that China was lying, if they were lying. The fact that it didn't do so until later is very telling. Honesty is always non-negotiable, especially during a once-in-a-generation public health emergency.

The WHO is currently drafting a new pandemic accord and new International Health Regulations that will apply to all its members. These changes must ensure American interests are protected. They must not violate international sovereignty, and they must hold China and others accountable. Further, any accord or treaty must be presented to Congress for approval. Anything else is wholly insufficient, especially in the minds of the American people. Let's use this opportunity to ensure that the WHO can actually protect

the world's global health and not just the political interest of a few of its members.

The United States should be setting the gold standard in incentivizing best practices, and we should be doing everything we can to force the WHO to listen to American interests. Nothing is more important than global public health, and properly reforming the WHO is the first step to that protection so that our officials and our providers can better care for our citizens and establish best practices, not only for here but perhaps around the world.

We are holding this hearing to look at the current circumstances surrounding the WHO and see how we can make it better and stronger for the future. I look forward to a strong on-topic discussion today. And I would now like to recognize Ranking Member Dr. Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, and I believe, Mr. Chairman, that this is the first time we gather after you made your announcement. So, I think it is absolutely appropriate to congratulate you on your decision regarding your retirement and to show you our full respect and full appreciation for the amount of service you have given to our Nation, not just as a policymaker here in Congress, but also in your service in our military and as a physician. And so, as a fellow physician, it is going to be sad to see you leave but know you are loved and know that you are very well respected, and our Nation appreciates you 100 percent.

Dr. WENSTRUP. And I will miss working with you, and I think we got a few bills we can get passed this year.

Dr. RUIZ. We must. We must. It has been a while, my friend, you know, and thank you to Ambassador Nkengasong, Assistant Secretary Pace, and Assistant Administrator Gawande for your participation today. I must say, Mr. Chairman, right now you probably can't see or really feel, but inside I am like a kid at a candy store. I am really excited to have all three of you here. All three of you have done remarkable work, have led your profession, and have been thought leaders for our Nation and many countries around the globe, so I want to thank you personally.

And I also want to give a special thank you to Dr. Atul Gawande, you see, because when I was a third-year medical school during my general surgery rotation at the Brigham and Women's Hospital, I actually scrubbed in with Dr. Gawande when he was a fellow there. And I really need to thank you for your kindness because despite you looking like you hadn't slept in 7 days, you were still kind and patient in helping me maneuver around the operating room, so thank you so much.

In the last 3 years, the world has persevered through a deadly pandemic that has claimed nearly 7 million lives across the globe. Now as we reflect on the international response to this public health crisis and look to the future, we must do so with a commitment to advancing global health security. There is no international organization as central to this work as the World Health Organization, which has contributed to monumental advancements in healthcare access, improvements in population health outcomes, and the defeat of deadly diseases even in the farthest corners of the world. The WHO's continued surveillance of global health threats has helped prevent outbreaks of deadly diseases, such as measles,

from arriving on our shores. And the WHO's global vaccination programs have helped contribute to an overall 54 percent increase in global life expectancy in the last 70 years and put us on track to prevent 51 million deaths from measles and hepatitis B around the world.

So, I want to take the time to emphasize now that our work to prevent and prepare for future pandemics is not in conflict with enhancing international cooperation, instead, our efforts are strengthened and fortified by it. In our last hearing on biosafety and biosecurity, we all agreed that threats to the American people's health do not end at our borders. So, in order for us to ensure our Nation is truly prepared for the next pandemic, we must continue to engage with the international community on work that prevents future threats from reaching our Nation. The United States has served as the preeminent leader in global health for decades, and now is not the time to cede that role to another country angling for global influence. No. Now is the time to reinforce the United States' global health leadership with meaningful reforms to the WHO that promote transparency and strengthen international cooperation in the event of future pandemics.

Thankfully, after years of volatile leadership under the previous Trump administration, the Biden administration has sought to correct course by re-engaging not only with the World Health Organization but our partners around the world to advance global health and our interest abroad. You see, when we become an isolationist Nation, we leave a void that other countries can come in and easily fill to use public health diplomacy as a way of geopolitical dominance.

Taking a lessons-learned approach from the early days of the pandemic, the Biden administration has pursued reforms to the WHO that I think we can all get behind, reforms that, one, enhance oversight of member states, compliance with international health regulations; two, develop an early warning system for public health threats; and three, strengthen investigative capabilities for public health emergencies of international concern, exactly what we are working on to strengthen. So, these reforms would not only institute positive change at the World Health Organization, but they would also enhance pandemic preparedness on a global scale and, therefore, reinforce U.S. influence in international institutions and norms.

You see, in many ways, global health is the cornerstone of our diplomatic efforts, and we must continue to find ways that enhance our role in this space on the international stage. The fact of the matter is when we leave gaps, our adversaries will fill them. So now, more than ever, we should work to deepen cooperation with our allies and commit to a collaborative approach to global health security that will ultimately counter the Chinese Communist Party and deter their influence. Bold investments in global health and pandemic prevention made through the Consolidated Appropriations Act and the American Rescue Plan have set the stage for this work. For example, the American Rescue Plan funds bolstering the WHO's COVID-19 vaccination administration efforts helped vaccinate approximately half the world's population for COVID-19 within a 1-year period, with the U.S. vaccines making their way to

key regions of the world where we compete with the PRC for influence. Additionally, the Biden administration has complemented these investments with forward-looking policies that advance U.S. interests abroad. Notably, under President Biden's leadership, the State Department established its Bureau of Global Health Security and Diplomacy with Ambassador-at-Large Nkengasong at the helm. Ambassador Nkengasong, I look forward to hearing from you today about how the Bureau has integrated global health security in our national security and foreign policy priorities and how the United States is engaging with WHO to advance that effort.

So, there is certainly a great deal of ground to cover in today's discussion, and it is my hope that today we can identify constructive reforms to the WHO that build on the administration's effort to enhance global pandemic preparedness as well as forward-looking policies that further cement America's leadership in global health security. So, with that, thank you, Mr. Chairman, and I yield back.

Dr. WENSTRUP. Well, thank you. Our witnesses today are Ms. Loyce Pace. Ms. Pace is the Assistant Secretary of Health and Human Services for Global Affairs. Ambassador John Nkengasong. Ambassador Nkengasong is the U.S. Global AIDS Coordinator and Senior Bureau Official for Global Health Security and Diplomacy for the Department of State. He worked as the WHO's special envoy for Africa during the COVID-19 pandemic. And Dr. Atul Gawande. Dr. Gawande is a surgeon, writer, and public health researcher. He is the current Assistant Administrator of the U.S. Agency for International Development for Global Health, as well as board certified in general and endocrine surgery.

Pursuant to the Committee on Oversight and Accountability Rule 9(g), the witnesses will please stand and raise their right hands.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Dr. WENSTRUP. Thank you. Let the record show that the witnesses all answered in the affirmative.

The Select Subcommittee certainly appreciates you all being here today, and I am sorry we had a delay in this meeting, but we are grateful that you are here today and look forward to your testimony.

Let me remind the witnesses we have read your written statements, and they will appear in full in the hearing record, but please limit your oral statements to 5 minutes. As a reminder, please press the button on the microphone in front of you so that it is on when you speak and so that the members can hear you. When you begin to speak, the light in front of you will turn green. After 4 minutes, the light will turn yellow. When the red light comes on, your 5 minutes has expired, and we would ask that you please wrap up opening statement.

I now recognize Ms. Pace to give an opening statement.

**STATEMENT OF LOYCE PACE
ASSISTANT SECRETARY FOR GLOBAL AFFAIRS
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Ms. PACE. Good afternoon, Chairman Wenstrup, Ranking Member Ruiz, and members of the Subcommittee. Thank you for ensuring that we identify and implement lessons from the COVID-19 pandemic to enhance our public health preparedness and our national security.

My office leads U.S. engagement with WHO and has been working since the start of the pandemic on institutional reforms that improve transparency and accountability both within the organization and, as you said, sir, across its 194 member states. We work closely with our colleagues at the Department of State, and USAID, as well as other Federal agencies to build pandemic prevention, preparedness, and response capacities worldwide.

Of course, the world has been profoundly impacted by the COVID-19 pandemic. In the U.S., unfortunately, we tragically lost more than a million lives, and nearly 7 million have died globally. We know there is no ocean large enough to protect Americans from a virus that can spread rapidly across the globe, so we also know that it is only a matter of time before the world faces another serious public health threat.

As it turns out, WHO has been on the front lines of nearly every global health challenge over the past 75 years, combating, containing, and curing some of the planet's most deadly diseases. Currently, WHO is responding to dozens of serious health emergencies, including in Gaza and in Ukraine, but it takes an effective WHO to adequately guard global health and well-being, supporting the safety and sovereignty of America. Frankly, if WHO didn't exist, we would have to create it.

That said, the COVID-19 pandemic also revealed major gaps in our global health security architecture, including and importantly at WHO. Working with like-minded member states, the U.S. is leveraging our seat at the table to drive dialogs and solutions required today because, unfortunately, we've learned the hard way that this is in our national interest. So, at that table, HHS is leading efforts to update the International Health Regulations to make them clearer, more precise, and better fit for purpose. Among other important reforms, we are advocating for amendments that would ensure rapid and transparent information sharing, enhance WHO's ability to assess health threats, and improve global implementation and compliance. Additionally, we are actively working alongside State Department colleagues to negotiate a global agreement that seeks to improve international accountability and collaboration on pandemic preparedness and response. Through both of these negotiations, we are advancing longstanding U.S. priorities to reinforce regional capacity and reduce risks posed by emerging infections. Ultimately, we are focused on finding sustainable solutions that break the cycle of pandemic crisis and complacency.

The U.S. is also pushing for reforms within WHO itself. With vocal U.S. leadership, the 2023 executive board meeting at the World Health Assembly approved a set of recommendations and plans for more stringent oversight of WHO's budget and business functions. We are closely monitoring progress with WHO leader-

ship and ensuring principles of good governance at all levels of the organization.

In closing, I would like to highlight two of the greatest health achievements of the 20th and 21st centuries: the elimination of smallpox and significant progress in eradicating polio. Both are the direct result of a partnership between the U.S., non-governmental organizations, countries around the world, and WHO. In fact, the U.S. was one of 59 countries that first signed the treaty establishing a World Health Organization. Since then, we have been party to many of its successes and, at the same time, have pushed the organization to be better over these last 75 years. You can be assured that the Biden-Harris administration is committed to building on this legacy through our ongoing work in service to the American people, which is our North Star.

Thank you again for the opportunity to testify on these important issues.

Dr. WENSTRUP. Thank you. I now recognize Ambassador Nkengasong to give an opening statement.

**STATEMENT OF JOHN NKENGASONG
AMBASSADOR-AT-LARGE, U.S. GLOBAL AIDS COORDINATOR
SENIOR BUREAU OFFICIAL FOR GLOBAL HEALTH SECURITY
AND DIPLOMACY
U.S. DEPARTMENT OF STATE**

Ambassador NKENGASONG. Good afternoon, Chairman Wenstrup, Ranking Member Ruiz, and members of the subcommittee. It is an honor to be with you today on behalf of the Department of State to discuss the U.S. Government's commitment to strengthen global health security to protect the American people. We engage internationally at all levels: bilaterally, regionally, and multilaterally with international organizations like the World Health Organization, WHO. I come before you today representing the State Department's newest bureau, the Bureau of Global Health Security and Diplomacy, which was launched on August 1 of this year by Secretary Blinken. I would like to thank Members of Congress for their support to establishing this Bureau.

The COVID-19 pandemic left a deep, lasting impact on all of us, with over 1 million American lives lost and at least 7 million globally. One estimate found that the American economy lost more than \$14 trillion due to the pandemic, and economists estimate global GDP contracted by 3 percentage point in 2020. The last few years have reinforced that a pandemic is not only a health crisis, it is an economic crisis, and it is a national security crisis. Without the combined leadership of the United States multilateral partners, including the WHO and others, the world may not yet have successfully made it out of the acute phase of the COVID-19 pandemic. The coordinated global effort required to deploy COVID-19 vaccines around the world was a major demonstration of this lesson.

A coalition of countries, including the United States, came together with the WHO to support the COVID-19 Vaccines Global Access initiative, commonly called COVAX. The United States, in partnership with COVAX and bilaterally, has donated close to 7 million safe and effective vaccines to over 117 countries and econo-

mies around the world, while simultaneously investing in regional vaccine manufacturing, supporting health workers and strengthening our capacity to prevent, detect, and respond to COVID-19 and future global health threats.

Under Secretary Blinken's leadership, the State Department continues to play a critical role in elevating global health security as a major priority in high-level global and regional dialogs. Our team at the Bureau of Global Health Security and Diplomacy is focused on collaborating across the U.S. interagency community and with Congress to do all that we can to mitigate future threats. Unfortunately, it is not a question of if a new health threat will emerge, it is a matter of when. The world needs greater cooperation, coordination, collaboration, and communication. A major priority continues to be ending HIV/AIDS as a public health threat by 2030. And in that spirit, I look forward to working with you in continued strong bipartisan fashion to pass a clean 5-year's PEPFAR reauthorization.

Despite the challenges WHO has faced, it continues to play a critical role in advancing global health security priorities by its coordinating roles and responding to emergencies and in promoting healthy lives worldwide. The WHO's leadership in developing evidence-based guidelines and policies for combatting HIV/AIDS have been critical for enhancing our own diplomatic efforts when working with partner countries to advance their respective HIV/AIDS responses. The United States must continue to play a critical leadership role to ensure the WHO is reformed to effectively address current and future global health challenges. We have engaged with the task force involved in these efforts and we continue to exercise our leadership in this space.

Thank you, Chairman Wenstrup and Ranking Member Ruiz, for the opportunity to testify on this important topic, and I look forward to your questions.

Dr. WENSTRUP. Thank you, Ambassador. I now recognize Dr. Gawande to give an opening statement.

**STATEMENT OF ATUL GAWANDE
ASSISTANT ADMINISTRATOR FOR GLOBAL HEALTH
UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT**

Dr. GAWANDE. Chairman Wenstrup, Ranking Member Ruiz, Dr. Ruiz, we are across a different table today, and who knew we would be here from where we were a few years ago. Also, members of the Select Subcommittee, thank you all for the chance to speak about USAID's commitment to global health security, to our partnership with the World Health Organization, and the importance of continuing reform to the systems required to secure our collective protection from international health threats.

USAID's health investments focus on reducing the global burden of mortality and disease and on protecting Americans from health threats from abroad. We work daily to prevent and respond to emerging threats, while also pursuing long-term goals, such as eradicating polio and ending the public health threats of HIV, malaria, and tuberculosis by 2030.

Success requires global collaboration. Collaboration for impact on health is what WHO has done for 75 years, and that is why WHO has been an essential partner and recipient of USAID funding. WHO's leadership of the Global Polio Eradication Initiative is one excellent example. The WHO demonstrates its unique convening power and technical capacity in leading polio activities worldwide. USAID has supported WHO's polio eradication efforts for 35 years, and now we have only 12 wild-type cases documented worldwide in the last year in a small region along the Afghanistan-Pakistan border. And last week, WHO's quiet but persistent diplomacy persuaded the Taliban to finally allow house-to-house vaccination, reversing its long opposition.

Among USAID's top priorities is strengthening global health security: the capacity to prevent, detect, and respond to infectious threats that can spread worldwide. And our partnership with WHO is critical in this work, allowing us to leverage its global network and technical expertise to help countries everywhere prepare for and manage dangerous outbreaks.

For example, in February, an outbreak of Marburg virus, a deadly cousin of Ebola, occurred in Central Africa in Equatorial Guinea. USAID and CDC supported and worked closely with WHO to respond because of their particular relationships and technical capacity there. Equatorial Guinea had resisted, as often happens with countries, resisted sharing information or permitting foreign involvement in what was happening, but WHO persuaded the government to accept U.S. support that ended up delivering diagnostic capacity, proper screening, isolation, and emergency treatment procedures, and PPE from the joint USAID-WHO emergency stockpile for frontline workers, and that produce the turnaround that ended the outbreak before it spread anywhere else.

There is simply no entity in global health other than WHO that has an equivalent mandate, reach, or capacity to influence the countries where USAID works and where we don't, and that influence is not, however, foolproof. It is up to countries whether they adhere to WHO recommendations, but as we saw during the COVID-19 pandemic, WHO's role is vital. Their systems for safety review, for sharing technical information for emergency response made vaccines, tests, and treatments available globally, saving millions of lives.

The pandemic exposed some fractures in our global health security systems, including at WHO. With our interagency partners, USAID has pushed for the critical reforms that WHO needed to increase effectiveness, transparency, and accountability in future emergencies and in tackling other health goals, and we see progress in what matters, which is lives saved. For example, historically, Ebola outbreaks have killed thousands, but in the six outbreaks of Ebola and Marburg virus that have occurred since I have started, I have seen the response get faster and better.

I was especially concerned about an April 2022 Ebola outbreak in a city of a million people in the Democratic Republic of Congo. In 2018, a similar outbreak in that region killed more than 2,000 people and required a 2-year billion-dollar global effort to stop it from getting across the world. Since then, USAID, CDC, and WHO came together with others to help the country improve its response

capacity. So, in 2022, when a man with a high fever arrived in a clinic in Equatorial province and died that day, the health worker had the training to recognize this could be Ebola. He had the protective gear he needed. He had the test equipment to make the diagnosis. He alerted contacts and the national health authorities who got a team onsite within 48 hours. They identified the contacts and brought newly approved vaccines, and as a result, Ebola claimed just five lives compared to the 2,000 lost in 2018. WHO and U.S. investment meant that the outbreak required no emergency foreign assistance at all.

I thank the subcommittee, and I look forward to your questions.

Dr. WENSTRUP. Well, thank you. That is excellent testimony from all of you. It is greatly appreciated. I now recognize myself for questions.

You have really touched on some things that I appreciate greatly. I have been in Vietnam twice in the last year, and I don't know that WHO was involved, but more our own CDC. And I think that the work that we did with our CDC and the Vietnamese Government during COVID was a tremendous plus, not only for the lives of the Vietnamese people but for our diplomacy, and so there is great opportunity. So, like I said, I don't know if WHO was involved with that, but the importance of the WHO being trusted comes into play with the example you just gave, Doctor, where they came in and said trust the Americans on this, let them work with you.

And if that is what is needed for that conduit, then they certainly need to be the trusted institution that we want them to be and that they have been and make sure that everyone agrees with that. And I suspect everyone here would agree that politics getting involved with science can create a distrust among the public at large just as politics always does. But I guess with your knowledge of what we have now in looking at COVID-19, I ask, was, in your opinion, China forthcoming and transparent regarding COVID-19 because, you know, the WHO put together a group to study this and go to China. The only American in the group was Dr. Peter Daszak of EcoHealth Alliance, and he maybe should have been somebody that even recused himself because he was a collaborator with Wuhan Institute of Virology. And China was deciding who got to go, and so these are things that raise people's concerns.

And Secretary Blinken said we have got real concerns about the methodology and the process that went into their report, including the fact that the government in Beijing apparently helped to write it. That is not an independent organization. And so, do you agree with the Secretary's assessment, and what are your thoughts during that time and moving forward? And we can go down the line.

Ms. PACE. Thank you, Mr. Chairman, and thank you for your reflections on your travel to Vietnam. I, too, have been able to visit the work of CDC and our partnership with WHO there. With regards to your question, it is an important one, especially because we have a lot of lessons to learn regarding COVID-19, and, unfortunately, one of those lessons is the importance of transparency. We are quite disappointed and share your frustration with the Government of China not being as forthcoming as they should have been with WHO at the time, especially because getting to the bot-

tom of this crisis is critically important, as you said, not only for COVID but for any outbreaks moving forward.

Ambassador NKENGASONG. Thank you, Chairman. We fully agree with your opening remarks about the trust capital that is required to dealing with global disease threats, and that comes with the ability to be fully transparent, to be accountable, to report in a timely fashion, and also to cooperate, and all of these elements were lacking in China's ability to cooperate with WHO and the world. And when you have a fast-moving respiratory disease like COVID, all of these elements are very important for the global health security.

I think the burden is still on China, that for the past 3 years China has not been forthcoming the way it should be in working with WHO, working with us directly so that we just understand what the origin is of the virus is so that it can better prepare us for the future. As we have all said, it is a matter of time before we are faced with another threat, yes, so I think I fully agree with you that we need to build a trusting relationship that will enable us to be able to respond in a very timely fashion.

Dr. GAWANDE. I will add only that I am in complete agreement with my colleagues. China was not forthcoming early on about human-to-human transmission. As we noted, it has common reluctance under SARS, which happened years before. WHO pushed hard and was public about that lack of forthcoming behavior in a way that did not occur in this particular instance. However, WHO got a lot right that were critical to getting vaccines out to the world, getting treatments out to the world.

We will say that we have also seen that history has shown that they are capable of improvement. After Ebola where response to emergencies were very slow, U.S. pressure ended up driving the creation of a Global Health Emergencies Program that massively improved response on the ground in many subsequent outbreaks. And similarly, after COVID, U.S. pushed successfully for the creation of a Standing Committee on Health Emergencies Prevention, Preparedness, and Response, and that is already giving U.S. and others more real-time oversight of handling in the case of potential PHEIC, the Public Health Emergencies of International Concern.

Dr. WENSTRUP. I think, you know, new methodologies coming forward are going to benefit us all in the future. I guess my real concern is if a member is not participating in the way that should be expected, not only how do we call them out in a way that might get them to behave as they should, you know. So, my question would be, do we say, "well, you can't be part of the WHO if you are not going to adhere to the rules," or is there some enforcement mechanism? I don't know where to turn on that, if that were to happen again in the same way, so I would love to hear your ideas as you deal with the WHO and the frustration that everyone had.

Ms. PACE. So, I will try and respond to this question, Mr. Chair. Again, it is a good one, especially because we need everyone to be good actors around the table. One of the things that we are able to do as board members of WHO is at least track that very level of accountability and really understand how we all come together to support the work of the organization. As it turns out, we are board members alongside the Chinese Government as well as other

actors, like Syria. And so, it is one of the reasons why we want to remain at the table, if nothing else, to be a voice in that room and ensure that that voice is rooted in science and in the important work of WHO really serving not only America but the world in ways that we want to see.

Ambassador NKENGASONG. Chairman, I agree with my colleague that we have to be at the table all the time and exercise our leadership because it is by being at the table that we will rally our friends and allies to put pressure across the board on countries that may not want to cooperate fully. We know that when we are not at the table, others will take our seat at the table. I think we have to always be at the table and continue to put pressure on to them. The administration has been very clear on this, that we have to work in the area of global health security. We must work with people that we agree with and with people that we do not agree with because we just don't know where the next threat will come from. The platform for that is WHO. I can't think of any other platform that could serve that role.

Now, the burden is on all of us, the burden of leadership to continue to put pressure on WHO to reform so that it can be more agile, it can be more forceful, and it can be more accountable in responding to or putting pressure where it is needed so that countries can be more transparent in their reporting.

Dr. GAWANDE. I will only add a couple of points to my colleagues. One is that we want respect for our sovereignty and so we also limit how much WHO can control or demand things of us. And that is one of the challenges here that we are protective of our own sovereignty and, therefore, do not want to have those tools potentially challenge us or other member states.

The second point about possibly, well, then could we force out a China that does not adhere, and we want China under the tent. Once a country pulls out, they become a blind spot in our national security. Currently, China does participate as a network of 129 countries that submit flu and other illness data. It is the reason we have an effective annual flu vaccine because we have access to information being supplied through those means. And so, we want to have China continue to be a joint actor in this work, and so that leaves us in a space where it is diplomacy.

Now, the additional reforms that U.S. is advocating for under reforming the International Health Regulations are to make a clear, tiered response. Right now, we just have a Public Health Emergency of International Concern, and that is the declared level, and we are looking for a three level set of tiers so that there is an earlier indication that countries have a health issue developing of concern. There are clear standards about what transparency requires and then clear requirements that WHO has to live up to for reporting, making public, and indicating when countries are not adhering to those. So that set of commitments are a part of what we are aiming to negotiate and produce in strengthening international health regulations and pandemic accord.

Dr. WENSTRUP. Well, I would also like to see something where the host nation, in this case China, doesn't get to decide who the United States sends and doesn't restrict who we send because, frankly, I would have been very pleased if any of the three of you

were there when that occurred. With that I yield back, and I now recognize the Ranking Member for questions.

Dr. RUIZ. Thank you. As Ranking Member of the Select Subcommittee, I have long called for a forward-looking approach to preventing and preparing for future public health threats that applies the lessons that we have learned from the COVID-19 pandemic. Emerging public health threats are not bound by our borders, meaning that this objective is as important for our engagement with the international community as it is for our domestic efforts. Reforming the World Health Organization to insulate it from political pressure and strengthen the international community's response to emerging public health threats is central to this mission.

So, I would like to begin by asking each of our witnesses, with respect to the United States' global health engagement in reforming the WHO, what is the single most important lesson that we should take away from the COVID-19 pandemic? Let's start with you, Assistant Administrator Gawande, and then we will move to the left.

Dr. GAWANDE. Thank you. No. 1 lesson from COVID, I think, is that in crisis, U.S. leadership is indispensable. First, we are often the first in, and then we bring others along. A case in point is the U.S. providing more COVID vaccines without charge than any country in the world with 700 million vaccines, but then we also supported COVAX as a mechanism that then got other countries to do their share. We came in early with funding first, but the net contribution of COVAX was even larger in the end. There are multiple other examples in the ways we lead on oxygen capacity and building that out in places that didn't have capacity for oxygen in the face of a respiratory virus around antivirals being distributed.

American leadership works because when we lead, we pull in partners and allies with us. We demonstrate the values of global collaboration and harnessing collective national security, and American engagement with the WHO has been essential to our effective global response as a result.

Dr. RUIZ. Thank you. Ambassador Nkengasong?

Ambassador NKENGASONG. Thank you, Congressman. I think then, but one lesson from, I believe, or one of the lessons from the COVID-19 pandemic is that a disease threat anywhere in the world is immediately a threat in the United States. It took only 2 months for COVID to spread: 165 days, 2 months. On January the 4th, there were just about four countries in the world that had reported COVID but by March 20, about 165 countries that reported COVID. So, it tells us a story of a common connectivity, common vulnerability, and the inequalities or inequities that we have to address. In all of this, I think the lesson that follows from there is our leadership is important, a leadership in making sure that we are engaged, proactively engaged, such that such a threat when it occurs and anywhere that it occurs, we squash it before it becomes a threat in the United States.

Dr. RUIZ. Thank you. Assistant Secretary Pace?

Ms. PACE. Thank you, Ranking Member Ruiz, for this question. My colleague, Assistant Administrator Gawande, touched on the importance of the International Health Regulations, and when it comes to lessons, I think we can think of it in a couple of different

ways. First, as he mentioned, there are ways that we as HHS are working to amend those International Health Regulations, not only through the alert system or improvement of that system that he described, but also thinking of ways to give WHO flexibility to share the information that they see or receive by other means. So, I believe the Chair as well spoke to the limitations with regards to countries if and when they choose to be transparent with us.

In the event they are less than transparent with WHO, WHO actually has other means to understand the situation, perhaps by other sources or other publicly available information, but they might hesitate for fear of backlash from that country if they get ahead of them. And then that country essentially retracts and isn't a partner in the response or otherwise continues to be more opaque in what they share or less than forthcoming. And so, what we are hoping to do also through these amendments is make it so that WHO has permission, so to speak, to notify other countries around the world if and when they give certain actors a chance to provide what they know and those actors just don't respond. We just, essentially, don't want to be in the dark, and that is why it is so important to work in this way on these IHR.

Dr. RUIZ. Thank you. The State Department and Department of Health and Human Services have also been representing the United States in the ongoing pandemic agreement negotiations, which are generating recommendations for member states to promote cooperation on preventing, preparing, and responding to future pandemics. Ambassador Nkengasong, what steps is the State Department taking to advance the United States' interest in global health leadership in the ongoing pandemic agreement negotiations?

Amb. NKENGASONG. Thank you. The State Department is working very closely with colleagues from the Department of Health and Human Services to support our negotiating team in Geneva. And it is very clear, as you earlier said, that we need this instrument, pandemic accord or pandemic agreement, that would protect us. I mean, if you ask me to summarize that in one line, I would say it is an accord that will do the things that we have been discussing here, which is allow us to dictate early, respond early to threats that will emerge and invariably would emerge because we all know that we live in an era of pandemics.

So, we are actually looking at ways we could continue to work with several countries, more than 190 countries around the table negotiating this. This is not a fast process, but it is a necessary process. We have to be at the table and continue to show leadership in the way we work with countries to share sequences, share viruses when a threat arises, and share of course the medical countermeasures. Yes, I think that is central to our ability to protect ourselves. Imagine if a virus or an unknown virus emerge in anywhere in the world where we don't have access to. I mean, we rely on this kind of an accord or agreement to have access to those specimens, sequences, so that we can develop a diagnostic test, vaccines, or therapeutics.

Dr. RUIZ. Assistant Secretary Pace, how would the framework of the recommendations in the pandemic agreement apply lessons we learned from the COVID-19 pandemic to advance international pandemic prevention and preparedness?

Ms. PACE. Well, certainly this potential agreement would do quite a bit to complement what is already in place, such as the International Health Regulations. One of the shortcomings, unfortunately, of the COVID-19 pandemic is it did not allow for a high degree of accountability when it came to accessing innovations in particular, and one of the things we are trying to negotiate as part of this agreement is to ensure that those innovations reach everyone, including Americans, on time.

As the Ambassador mentioned, that involves sharing samples and data so that we can actually produce or manufacture these innovations, in other words, spur R&D, essential R&D, but then there is a question of how these innovations reach people around the world. That isn't just a moral question, but it is a strategic one, frankly, because in the absence of vaccinations, for example, we had the opportunity for variants to emerge, and thus kept us in this ongoing fight against COVID. So, it is our hope that this potential agreement helps to, again, sort of buttress what we are able to do at a more technical level with regards to pandemic preparedness and response.

Dr. RUIZ. Thank you. And as negotiation for the pandemic agreement have been underway, there have been some misrepresentations of how this treaty would square with the United States sovereignty. Ambassador Nkengasong, could you please help us understand, correct the record regarding these misinterpretations?

Amb. NKENGASONG. Thank you, Congressman. Let me say upfront that that has not at all been a subject of discussion during the pandemic accord or agreement. We will not allow such. If ever such a discussion was to occur during the negotiation, I can assure you that we will not allow it to happen. As a matter of fact, when you look at the draft that is circulating, the draft pandemic accord agreement or instrument, on Article 3, Section 2 clearly on the principles stipulates and affirm the importance of the sovereignty of the countries. That is, the countries themselves that have the right over their people. I think that is very clear, Article 3, Section 2 of that, so I think that misinformation or disinformation is unfortunate. The accord has absolutely nothing to do with the sovereignty of our country.

Dr. RUIZ. Thank you. And now that we have closed the chapter on the darkest days of the COVID-19 pandemic, we must dedicate our efforts to ensuring that the United States is leading the way, as you have identified, as one of the biggest lessons learned in preventing and preparing for the future public health threats, which requires an international response that will allow access, transparency, and data to contain an emergency virus in the host country with full cooperation of the host country in order to prevent it from spreading elsewhere. I think that should be our singular focus as a global community wherever this virus may arise, even if it arises in the United States, to really have international cooperation to prevent because that is how you are going to prevent the next pandemic. Thank you, and with that, I yield back.

Dr. WENSTRUP. Now I recognize Ms. Malliotakis from New York.

Ms. MALLIOTAKIS. Thank you. I am sure you all know that the United States stands as one of the World Health Organization's top donors, contributing roughly \$700 million in 2020 and 2021, with

over 65 percent being voluntary above our membership dues. And in December 2021, the Biden Administration announced another \$280 million contribution aimed at ending COVID-19, bolstering health systems, and providing urgent relief, and as taxpayers, we want to make sure that our money is being used properly, that there are metrics in place, and that, as you say, we have a seat at the table.

However, I am really concerned about what we have seen from the WHO throughout the COVID-19 pandemic. I mean, they denied human-to-human spread of COVID-19 based solely on CCP propaganda. It was not until January 23 of 2020 the WHO finally recognized that human-to-human spread was occurring. It was a month after the first warnings. The WHO delayed naming COVID-19 a public health emergency. It delayed serious measures like travel restrictions because the CCP told them the spread was under control. The WHO continued to praise the Communist Chinese Party's failed efforts to combat the pandemic despite a globally recognized cover-up. And then when we pushed for an investigation into the origins, the CCP was given full veto power over inclusion of American scientists, right? The communist Chinese vetoed the three Americans put forward by our government to be in that investigative body, and the CCP was given full power to edit and alter the final reports.

And so, I am compelled to ask the question, I mean, how do you justify continuing U.S. support for the WHO given their debatable handling of COVID-19 investigations and apparent compliance with misleading communist Chinese narratives? And I agree, the World Health Organization has played a tremendous role in history. United States was one of the founders, and when it came to the AIDS epidemic, in particular, and others, they have been, but it seems to me that they are now corrupted by the communist Chinese. So, what do we do, and why should we continue to fund them if they continue to do what the Chinese tell them to do?

Ms. PACE. Well, thank you, Madam Congresswoman, for that question. Again, we really do appreciate being able to reflect on some of these very important lessons learned. With regards to our support of WHO, the leadership is very clear that we expect reforms with regards to the way they do business, and the U.S. has worked with WHO over time, particularly in the past several years, toward those types of reforms.

You had Assistant Administrator Gawande mention the Standing Committee on Health Emergency Preparedness and Response. That committee was established by the executive board in which we hold a seat, and the U.S. was supportive for the reasons that you described, particularly because we felt the board needed to have better oversight over WHO's response in emergencies and direct them accordingly.

Ms. MALLIOTAKIS. Yes. The issue is that even when we have a seat at the table, it doesn't mean that we are seeing actual reforms, and we have this problem with other international organizations as well. It is not just the World Health Organization. The fact that we have so much of those egregious violators of human rights sitting on the U.N. Human Rights Council and that they are allowed to get away with it, I mean, it is a much larger issue of these global

international organizations that have been infiltrated by these nefarious bad actors. You know, Iran chairing the U.N. Human Rights Council, I mean, that is disgraceful, OK? So, this is just another example, I mean, the way that here we are seeing Communist China having this much influence in the World Health Organization, so it is a much larger question.

I guess my question to all of you is, what can we do as United States, other than send more American tax dollars to these organizations, what else can we do to truly reform them because what I hear from the administration is, oh, we have got to elect better actors to the committee. That is why we went back to the U.N. Human Rights Council after President Trump removed us was because this administration felt, well, if we were at a seat at the table, we can get better nations, democracies, freedom-loving people to be represented on those councils, but it has not happened. So, what really can we do to change it?

Amb. NKENGASONG. Thank you. Let me provide additional information on what we are practically doing. We, the United States, are part of the Member States Task Force on Strengthening WHO's Budget, Programmatic, and Financial Governance, and as you have heard from us, I mean, there were about 96 actions that were required. And thanks to our leadership, our presence at the table, about 67 of those have been implemented, and we have about 25 or more that by the end of 2025 must be implemented. We are actively putting pressure where we believe it is producing the return on investment in terms of the actions that were required of WHO and what they are actually implementing.

Ms. MALLIOTAKIS. Well, I appreciate that. It is yet to be seen whether any of this will really amount to anything other than nice words, but, again, I have run out of time, so I will yield back. But I think we just got to stop throwing good money after bad until we see some changes at these international institutions.

Dr. WENSTRUP. I now recognize Mrs. Dingell from Michigan.

Mrs. DINGELL. Thank you, Madam Chair. I want to build actually on what you were talking about because we are all worried about what did happen, et cetera, during COVID how we don't repeat it and how we make WHO stronger. When it comes to preventing and preparing for future pandemics, whether we like it or not, safeguarding global health and our own national security interests are inextricably linked with other countries around the world. That is when we live in this modern world. That is a reality. So, under President Biden, the United States has reasserted its global health leadership by reengaging with the WHO and proposing substantive reforms to promote transparency and strengthen the international community's position against countries that obfuscate and evade accountability.

So let me start with you, Assistant Secretary Pace, and have you elaborate a little more. How has the Biden Administration's reengagement with the WHO helped to solidify America's global health leadership in the wake of COVID-19 pandemic, and what are you doing? You are not just talking, you are acting?

Ms. PACE. Absolutely, Madam Congresswoman. Thank you for that question. Yes, we want to reassure you that our role as leaders at this table is directly connected to what we view as our na-

tional security and those interests. I talked about the executive board, and I will continue to talk about the executive board because that governing body really does serve an important purpose in steering and guiding the work of WHO. There are 34 members. The U.S. is one. As I mentioned, China, Syria, Belarus are also members of that body.

So, what we do is we really take advantage of our seat at the table to ensure that our interests, whether they be in global health security, specifically in biosafety and biosecurity, or in other areas of public health, are well-represented. We have had other members cycle on and off of the board as well, even in my time as alternate board member, including Russia. And you can imagine during that time as we were deliberating as a board around how we respond in Ukraine, for example, and WHO's work in that space, how important U.S. leadership was, again, at that table.

Finally, when it comes to the reforms that Ambassador Nkengasong mentioned, we have been very specific and deliberate with WHO about what we would like to see. We really need to understand, for example, how they are allocating their funding and ensuring that funding is going toward programs that have a real impact. This might seem basic to us, but we have to remember WHO was a technical institution in its origination, in its origins, and over time it has had to become more management savvy. And so, we as a U.S. Government are helping steer the organization in that direction and again having it operate at its highest and best use.

Mrs. DINGELL. So, thank you for that. Mr. Ambassador, I am going to go to you, and I am going to ask you to build on that and ask you another question. The Biden Administration has established the Bureau of Global Health Security and Diplomacy to lead the State Department's work on preventing, detecting, and responding to infectious disease. How has the Biden Administration's efforts to integrate global health security across foreign policy through your bureau advanced our national security interests? And knowing that you all work together, how do we make sure China doesn't lie to us the next time, which is what my colleagues on the other side and we are worried about? How do we not undermine people's confidence in WHO but assure them that we are working and holding those countries accountable for telling us what is going on?

Amb. NKENGASONG. Thank you, Congresswoman, for that. There are three goals that are driving the new bill that Secretary Blinken launched on August the 1st. One is to leverage all the assets that we have domestically and globally so that we can address the challenges of global health security as a whole.

As you know, Congresswoman, through the program, the PEPFAR, the President's Emergency Plan for AIDS Relief, we have footprints in about 55 countries in the world, and we have built capacity in those countries. Those assets and public health systems are being used in responding to other disease threats like COVID. It was very instrumental, especially in Africa, when COVID emerged, and we used that for rolling out testing, vaccinations, and other PPEs there. So, by having such a footprint, we have diplomatic leverage in countries that we are operating in, and we have

access to the leadership of those countries. We have professional allies, and we have control over what is going on in terms of having the right information through such a platform there.

Second is really to coordinate, I mean coordinating. We have said severally during this hearing that and highlighted the importance of coordination. I think one of the things that the Bureau is doing, will do, to advance our foreign policy through the lens of global health security is to coordinate everything, assets that we have both internally and externally. Last is to elevate the global health security as part of our foreign policy. During the COVID-19 pandemic, our Secretary of State, Secretary Blinken, established a platform called the Foreign Ministers' Platform, which was very instrumental in reaching out other sectors of the society, other than the ministries of health in our partner countries. And that platform was very useful in the way we discussed how vaccines would be distributed and the way PPE were made available. So we want to build on that, those existing platforms, and expand on them so that we have regular contacts with foreign ministries across the world to continue to promote global health security as a foreign policy.

Mrs. DINGELL. Thank you, Mr. Ambassador. I yield back.

Dr. WENSTRUP. Now I will now recognize Dr. Miller-Meeks from Iowa.

Dr. MILLER-MEEKS. Thank you, Mr. Chairman, and I thank the witnesses for testifying before the Select Subcommittee today.

It is no secret that the World Health Organization failed during the early phases of the COVID-19 pandemic. Our leading world health agency ended up being manipulated by the Chinese Communist Party and used to dilute transparency and accountability, especially when it came to investigating the origins of the coronavirus. And since the beginning of 2021, I have stated the origins were necessary to understand because of immediate disclosure of potential pathogens because of biosafety lab work being done in the appropriate laboratory setting and the ethics of certain types of research, such as gain-of-function research.

As a physician and a former state public health director, I value public health and both the mission of the World Health Organization, and it has done good since its creation in 1948, since eradicating polio or smallpox in 1980, and working to reduce polio cases worldwide. However, previous achievements cannot be used as a cover for undeniable and costly failures during the COVID-19 pandemic, especially when the United States has historically been the WHO's largest contributor.

During the pandemic, the WHO constantly and adamantly praised China's leadership, delayed calling it a pandemic and acknowledging human-to-human transmission, while many of us in the public health community were saying exactly those things. And it is clear evidence that the Chinese Communist Party was lying to world leaders and restricting international access to its labs and information. The CCP was given full access to the WHO's COVID-19 origins report before it was published. The Wall Street Journal reported that the WHO-led team sent to investigate COVID-19 origins had little power to conduct a thorough, independent investigation during that trip. And China initially resisted international pressure for an inquiry and later imposed strict limitations, se-

cured China veto rights over participants, and expanded its scope to encompass other countries.

As the WHO seeks to alter international health regulations, it is vital that the United States and other member countries not let bad actors hijack the review process. Similar to how the CDC lost public trust during its actions during the pandemic, the WHO has accomplished the same, but now has the chance to rebuild its reputation. And let me just comment on several of the things you said. Dr. Gawande, we don't want respect for our sovereignty. We demand to be respected. We demand it, especially from members who are not acting in good faith. And if we cannot be assured of our sovereignty, it is up to Members of Congress to have an accord or a treaty, have congressional approval so that our sovereignty is respected.

And, Ms. Pace, we don't choose to be transparent. The 24-hour disclosure of potential pandemic pathogens is not a choice, it is a violation, and that is where accountability comes into play. So, oversight of the global bureaucracy is vital, as is reviewing investments the United States is making in global health landscape through its agencies like the U.S. Agency for International Development. Ms. Pace, in your written testimony, you state that the Biden-Harris Administration is working tirelessly to ensure that WHO is effectively delivering on its mission. Do you believe that limiting the influence of the Chinese Communist Party on IHR revision process is important to ensure that the WHO is effectively delivering on its mission?

Ms. PACE. Thank you for that question, Madam Congresswoman. And yes, it is quite important for us to ensure that in these deliberations around improving the International Health Regulations, that they evolve in a way that serves all countries, and, importantly, to your point, ensures our highest and best level of prevention, preparedness, and response. It is one of the reasons that the U.S. actually took a leadership role in calling for the revisions of the International Health Regulations and introduced the original 13 or handful of amendments that now other countries have also come in to say we think this is also a good idea and we are also willing to come to the table and have a constructive conversation about how this can be improved.

Dr. MILLER-MEEKS. While I don't support withdrawing from the WHO or necessarily not funding the WHO, I do believe there are other ways to hold the Chinese Communist Party accountable, and one of those is whether or not they have a seat at the negotiating table for the pandemic accords and IHR revisions. Dr. Nkengasong, or excuse me, Mr. Nkengasong, Ambassador, do you believe that China was transparent during and after the pandemic, and do you think they should have a seat at the negotiating table?

Amb. NKENGASONG. Thank you, Congresswoman. As I said earlier, China wasn't transparent in its ability to report and be accountable to a serious threat that ended up costing the lives of 1 million people here in the United States and 7 million in the world. This is the worst crisis that we have faced in the last 100 years in terms of a pandemic, a respiratory disease that emerged, and it actually required more transparency, full transparency of what happened at that time. And I don't think for the past 3 years we

can say that China has been fully cooperative and accountable, both to the WHO and to the rest of the world.

Dr. MILLER-MEEKS. Thank you, Ambassador. I have one last question for Dr. Gawande in relationship to fraud within USAID and then the request for additional funding. However, due to my time being expired, I am going to submit the question and ask for it to be responded to in writing.

Dr. MILLER-MEEKS. Thank you, Mr. Chair. I yield back.

Dr. WENSTRUP. Mr. Mfume from Maryland is now recognized.

Mr. MFUME. Thank you, Mr. Chairman. By the way, I didn't know that you were leaving us, so I will associate my remarks with the Ranking Member and say to you that it is indeed a loss for the Congress and for the sense of bipartisanship, quite frankly, that has really been demonstrated over and over again by this committee. I want you to know that your decision to voluntarily leave is not new. I did the same thing 27 years ago, and look where it got me, so.

Dr. WENSTRUP. That crossed my mind.

Mr. MFUME. Yes, you may be back. And by the way, I want to also agree that this is a great panel of witnesses. And I appreciate all the work that you have done, all that you are doing, and the many things that we don't know about because we get an hour here with you or 2 hours there, but your reputations precede all of you, and I am glad that you are here today.

Mr. Chairman, the World Health Organization has helped, as we all know, to build an effective health system and has overseen for many, many years the expansion of healthcare access across the globe, in fact, 75 years. And through this work, the World Health Organization has markedly increased a number of things, not the least of which is the average life expectancy globally from 47 years to 72 years. It is, of course, important for countries that are part of the WHO, such as the United States, to give critical feedback to the WHO on reforms to help strengthen its mission. I mean, we all have some ideas, I think, of what we would like to see.

And that is why I was actually shocked when I learned that the committee was not going to center this hearing around bringing witnesses from the World Health Organization to testify before us, particularly since the title of the hearing is reforming the WHO. It just seems like we have lost a great opportunity here. And some of the things that have been raised, such as finding a way to reduce, if not eliminate, China's influence, finding ways to have greater accountability and finding ways to make sure that oversight is fixed and set, seems to have eluded us as a result of this. I strongly hope that the committee will at some point in the future consider bringing in representatives from the WHO so that we might, in fact, be able to get to the heart of some of the things that keep us up at night and trouble us when we think about what we would like to see from this particular organization.

Again, I appreciate the witnesses who are here today. There are a couple of things that strike me as kind of ironic. And I believe, Mr. Chairman, that the horse just got out of the barn, that some of this stuff that we are reacting to, it was really the role of this Congress and the previous Congress to get in front of, and that did not happen. So, we are playing catch-up. We are mopping up the

floor. In some instances we are assigning blame. But the real blame, I think, here is in the Congress for not providing the proper oversight from the time that the pandemic hit. And I agree it was a difficult time for all of us then, but we ought to be a little careful about warning reform without being able to identify the reform that we warn.

This year, several members of the other side of the aisle are offering amendments that would eviscerate, gut, and do away with, quite frankly, the World Health Organization. I have before me H.R. 1546 to prohibit the use of any and all funds to implement any obligations of the United States under the World Health Organization pandemic treaty; H.R. 79, a bill directing the President to withdraw the United States from the constitution of the World Health Organization; and an amendment to the Labor HHS appropriation that says none of the funds made available by this appropriation shall be made available to the World Health Organization.

I would ask unanimous consent that they be entered into the record.

Dr. WENSTRUP. Without objection.

Mr. MFUME. So, this is a very serious situation. I am going to come to the Assistant Secretary, Ms. Pace, in just a moment because she said something that struck me, and that is that if there was no World Health Organization, we would have to invent one. And I agree with that totally, much as was the case in 1948 when countries around the world really understood the need to find a way to collaborate together.

And I would ask Ms. Pace, as Assistant Secretary, if you had your way and a magic wand, since we don't have the WHO here to talk about reforms that we think and they think might be needed, what would be one or two of the things that you would suggest for the consideration of this committee?

Ms. PACE. Well, thank you for that question, Mr. Congressman. I appreciate it because we do want a WHO that is effective and truly in service to the world. I also want to reflect on what we have offered as highlights on what the WHO has done right or well. It is not just smallpox or polio that are its success stories. In fact, many of its success stories in global health security, as we call it, are even seen and heard today, only they don't make headlines because of that very success.

So, whether it is with regards to Ebola or Marburg outbreaks, which we have all experienced and worked with WHO to address in the past couple of years, or even in longstanding programs, such as childhood immunizations or maternal care around the world, addressing maternal mortality, and other really important issues such as AIDS, TB, and malaria, this is the work of WHO that even helps to complement longstanding U.S. programs. The fact is we cannot be everywhere as a country, nor should we be. We cannot be the World Health Organization ourselves, and so we rely on this multilateral institution to work or partner with us and leverage our resources so that they and we collectively can have that much greater impact.

Mr. MFUME. Thank you very much. My time has expired. Thank you, Mr. Chairman.

Dr. WENSTRUP. I just want to point out that the WHO and other international organizations are immune from congressional testimony. That doesn't mean we can't reach out to them directly in a less official way.

Mr. MFUME. Yes, because I would like to know what they think their reform should be.

Dr. WENSTRUP. We are planning that, and we are planning that.

Mr. MFUME. OK. Thank you.

Dr. WENSTRUP. Yes. Thank you. I now recognize Mrs. Lesko from Arizona.

Mrs. LESKO. Thank you, Mr. Chairman, and thank you all for being here today. My questions are going to be to the Ambassador. Ambassador, on January 14, 2020, the WHO tweeted that, "Preliminary investigations conducted by Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus." A *National Review* article states that the Chinese Communist Party jailed any doctor that disseminated any information about COVID-19 that was not first cleared through their state-run media. A *Wall Street Journal* article states that the U.S. intelligence sources since discovered that the CCP covered up and lied about the extent of the outbreak.

According to the CIA, on January 21, 2020, China threatened to cease participation in all international COVID-19 efforts if the WHO declared a Public Health Emergency of International Concern. Well, guess what? WHO delayed declaring COVID-19 a Public Health Emergency of International Concern. By the time the WHO declared COVID-19 a Public Health Emergency of International Concern on January 30 of 2020, the disease infected almost 10,000 and killed 1,000 in 19 different countries.

Despite declaring COVID-19 a Public Health Emergency of International Concern and extensive evidence of transmission through travel, the WHO insisted other countries not restrict travel or trade to China. In fact, the WHO never recommended restricting travel. The WHO routinely praised the Chinese Communist Party's efforts to combat the spread of COVID-19 despite multiple reports that the CCP engaged in a massive disinformation campaign. According to the U.S. intelligence community report, the CCP severely under reported both its total number of cases and deaths caused by COVID-19.

My question, Ambassador, do you believe the WHO relied too much on false information from the Chinese Communist Party?

Amb. NKENGASONG. Thank you, Congresswoman, for that very important question. And it is very clear that, and I agree with you entirely, that the CCP did not act in this crisis in a way that was responsible in terms of fighting a threat that had emerged. It wasn't accountable, it wasn't transparent, and it didn't act in a timely fashion. That is very, very clear. I think WHO has since become more forceful. There are several pronouncements that WHO's leadership had made over the course as the pandemic evolved and they have become more critical, but has that enabled and provided the right access to information? I don't think so. We need to continue to press hard on CCP to have the right information. I think the reforms that are on the way going on at WHO and the pandemic accord and the revisions of the IHR are all instruments that

I believe strongly, so that working with others is the best way for us to be at the table, build a coalition of people that are like minded so that they can put the right pressure on any country that behaves in that fashion, including the PRC.

Mrs. LESKO. Well, and so I think you said something about it, but what other reforms are needed before the U.S. invests more money in the WHO, because, ultimately, isn't that the United States' leverage is not to invest money until they do the reforms?

Amb. NKENGASONG. The reforms that WHO is currently leading, and we are at the table pushing that, is in the areas of accountability, country-level impact. That is what happens in country because we know that a threat anywhere in the world is immediately a threat here in the United States, governance of WHO, the human resources, financial resources. So, there is a whole set of categories of reforms that we have put on the table for WHO, and we are pressing WHO to carry that on, and as I said earlier, of the 96 action items, about 67 have been acted on. About 29 of them will be acted on by end of 2025, and we will keep an eye on that and continue to press them to change and reform.

Mrs. LESKO. Well, thank you, and please continue to press them to reform because it is a lot of money that we are investing, and I don't want them controlled by the Chinese Communist Party. And so, with that, I yield back.

Dr. WENSTRUP. I now recognize Ms. Ross from North Carolina.

Ms. ROSS. Thank you, Mr. Chairman, and I, too, want to thank you for your leadership, and you will be sorely missed in Congress.

So, I want to appreciate, first, all of the witnesses acknowledging the problems with the WHO and the Chinese Communist Party during the coronavirus pandemic. Mr. Raskin is not with us today, so I also want to remind the committee that the Trump Administration was praising the Chinese Communist Party at the beginning of the coronavirus pandemic and wasn't stepping up to the plate to work with our international partners. The Biden Administration came in, recognized many of these problems, and thanks to the good work of many of you, we have become a better global partner. It does not mean that the WHO should be exonerated for not cracking down on the Chinese Communist Party, but the WHO was not alone in believing the Chinese Communist Party at the beginning of the pandemic, to the detriment of the entire world and to this country.

I do want to talk about how we should work with the WHO going forward and the value of all of your leadership and any contributions that we make going forward. So, with our guidance and our leadership, the WHO has worked to improve health outcomes around the world, standing up localized responses to public health emergencies, and bolstering defenses against deadly diseases. And we will talk about some of the ones that Ms. Pace has raised, but, in fact, for every dollar we invest in the WHO, the WHO generates a minimum return of \$35 in public health benefits.

Assistant Administrator Gawande, how has U.S. participation in the WHO not just benefited the world, but benefited public health here at home?

Dr. GAWANDE. This is such an important question. There are multiple roles that WHO plays that leads to them improving health

and lifespan of billions of people around the world, including Americans, and there are three central roles. One is that they lead collective action to reduce common killers, and we talked about eradication of smallpox, we talked about polio, but there are many other examples, and one that we rely on here at home is WHO is essential for our annual flu shot. The global tracking system has a network of 129 countries, including China, that report on flu upticks, share specimens and data, and that is the way we ended up with an annual effective flu shot here, and it is important that we participate in WHO to maintain that effectiveness.

A second example is WHO coordinates action on health threats in countries where USAID and our other agencies are in and in places that are not, and they do that through something called the Global Outbreak Alert and Response Network. And I can attest to, from experience on a weekly basis responding to news of potential outbreaks across the world, whether it is Ebola, Marburg, potentially unknown causes, that this information is vital for our early action, triangulating to other sources when you don't necessarily trust the country source, and making sure that we understand what is happening so we can move quickly to stop spread and address issues that protect the lives and economic security of all Americans.

And third, the WHO brings together global experts for agreed-upon norms and standards for treatments and preventions of virtually every medical condition that human beings can face, and the results of that benefit us in a variety of different ways. One example is that they create the International Classification of Diseases. And that system where we all call diseases the same thing means that our electronic medical record companies have a global market for their medical record systems, and we are the biggest supplier and seller of those record systems because of that common framework that is negotiated. And there are many examples of these in addition to that.

Ms. ROSS. I see my time is about to expire. I am going to submit a couple more questions for the record, but a couple of you have mentioned PEPFAR. Could somebody—you choose who—briefly talk about how important it is that Congress continue to fund PEPFAR?

Amb. NKENGASONG. PEPFAR, Congresswoman, is, in a collective view, the greatest act of humanity in terms of our solidarity to the world. I mean, imagine what PEPFAR has done over 20 years: save 25 million lives, prevented HIV infection from occurring in about 5.5 million children in the world. Before PEPFAR, the face of the devastation that the disease had caused in the world was just frightening.

In the recent commentary, the former President of Botswana stated that in a headline that without PEPFAR, the country would have been extinct by now. We should be very proud of what we have done, the values that we have shown, which is the values of our solidarity with the rest of the world, that we care for the rest of the world, and we are leaders in the discussion we are having today, which is leaders in global health and global health security.

It has also provided a huge platform for the ability for countries to detect and respond to other diseases. I mean, as I mentioned

earlier, PEPFAR platforms were instrumental in being leveraged to roll out testing for COVID and for vaccination. And in other countries where Ebola and cholera outbreaks have occurred, they have been used, and by doing that, they enable these infections to be detected early before they become a threat in our own country. So, we are not just helping countries in Africa and the rest of the world, but we are also protecting ourselves by making sure that PEPFAR continues to be reauthorized.

So, I am really counting on working with you in a bipartisan way to get PEPFAR reauthorized for the next 5 years so that we get the job done. I think our goal is to bring HIV-AIDS to an end as a public health threat in 6 short years, 2030.

Ms. ROSS. Thank you for your indulgence. Mr. Chairman, I yield back.

Dr. WENSTRUP. I now recognize Mr. Cloud from Texas for 5 minutes of questions.

Mr. CLOUD. Thank you, Mr. Chairman, Ranking Member, and thank you all for being here today. Very important topic of conversation.

I wanted to start with kind of the leadup to COVID and what was happening before then. In 2018–2019, I believe the U.S. contributed about \$839 million, China about \$80 million. The Rotary Club actually had more investment in the WHO than China. Does the Rotary Club have a seat on the board? No. OK. China does? Still? OK. And then some of the items that the resources were being used for: in September 2019, the WHO published a paper on addressing the harmful masculinities to improve sexual and reproductive health rights. February 2020, this is right after saying that there is not human-to-human transmission and then working to correct that, the WHO was busy addressing the important health issues by holding a conference on road safety. Right now, they are still working on groundbreaking research series on health benefits of the arts. Other, there are resources being spent to shift negative attitudes toward abortion and prevent conscientious objection. Regardless of what you think on abortion, even if you think it is right, if you are working to change people's minds on it, that is not providing you scientific medical service, which I would—you know, I am pro-life, I disagree with abortion—but this is political action, not medical action.

Legal recognition of self-determined gender identity in the provision of gender-affirming care, things that the WHO is invested in. Now, this is not protecting countries against the pandemic. And so, we continue to be by far the largest contributor to the WHO, 10 times the amount of China leading into the pandemic, but it would have seemed that China had about 10 times the influence during the pandemic in having their issues protected and addressed. And I appreciate the Ambassador acknowledging the list that Ms. Lesko so capably presented of the missteps and misinformation that came from China and the WHO, but you kind of shifted the finger to China, which is appropriate, but her point was in getting back to the missteps the WHO had in protecting it.

And so, what I wonder at this point is why we are not seeing full-throated response to bring China to account. Why is China still on the board? Why did they get a vote? Will the Biden Administra-

tion stand up to China and have them removed from the board? Why do they get a vote going forward on any of this? Could you speak to that, please?

Ms. PACE. Certainly. Mr. Congressman, thank you for this question because it is important to understand sort of the inner workings of WHO and how it is directed or working in service to its member states.

So, the way that board elections work or selections work is each region actually puts forth someone from amongst their member countries to serve on the board. Now, there have been times when the U.S. has objected to those nominations. However, not being a member of certain regions, we don't have the say in terms of who they put forward and ultimately nominate to the board, just as they don't have a say in what the Americas region does to put the U.S. on the board as many times as we have. And so we do, in the World Health Assembly object, as we did when Belarus was nominated, when DPRK was nominated for the reasons that I am sure you and your colleagues agree, there are issues with their engagement. However, what we do with their space—

Mr. CLOUD. Well, we are not seeing those bold full-throated acknowledgment that we need to. You know, there could be a vote held in the board meeting to discipline China, to remove them from it, to counteract their influence in what is going on. I think after you have killed a couple million people, you should not be able to get a vote on the board, and from our perspective, we are continuing to fund this. And so, I will go back to my initial list, which we could add a number of other items, to encouraging taxing on sugar and climate change and all these different things.

If you are involved in any issue that remotely affects the health of an individual, that seems like a whole lot of mission creep and a whole lot of power that the WHO was asking for, that you are asking us to be the primary funder with only one-thirty-fourth influence on the board. And so how do we, as the people funding this on the backs of the American people, address those concerns when there seems to be a whole lot of mission creep that goes beyond protecting against pandemics?

Ms. PACE. Well, if I may try to respond again, Mr. Congressman. Thank you again for that question. With regards to WHO's program of work, they do work across the spectrum of public health, not only in pandemics or outbreaks. Importantly, when it comes back to the benefit of WHO for Americans, their work in non-communicable diseases is applicable to us and even justifies our engagement with them. Whether it is on diabetes or cancer or other issues that we face here in our country, it is an important partnership that we maintain.

Mr. CLOUD. The vast majority of our input is voluntary, and my understanding is that comes with our ability to earmark what that is for, and we have great concerns. There is a lot of opacity in us getting to what we are earmarking and what it is actually being spent on, so we can talk about transparency, the need for transparency of what we are earmarking for it. We can't find the information on that, so it would be great if you could help us with that. But then it gets earmarked to these very vague categories. Many of the items I read are under these vague broad categories on the

WHO website. And there are things I don't think the American people feel like they should be funding when it comes to, yes, happy to work with polio and those kinds of things, a number of these other things shouldn't be on the backs of American people. Thank you. I yield back. Thank you, Chairman.

Dr. WENSTRUP. I now recognize Ms. Tokuda from Hawaii for 5 minutes of questions.

Ms. TOKUDA. Thank you, Mr. Chair, and mahalo for your leadership, and I echo the comments of our colleagues today in thanking you for your service.

Sadly, we have heard too often dangerous claims that withdrawing from the World Health Organization would somehow make the world safer for Americans and hold the PRC accountable. Make no mistake, a return to the Trump Administration's isolationist approach to global health will undoubtedly put American lives at risk. Calls for accountability and cutting funding or withdrawing from the WHO are not part of any legitimate effort for reform, and they are not part of any thoughtful strategy about how to make us safer and healthier.

As our witnesses have shared today, if we aren't at the table, someone else will take our place, and if it is accountability we want, we need China under the tent versus operating in a blind spot. Republicans' repeated attempts to gut global health programs, including domestic programs at the CDC that track the outbreaks of emerging diseases and fight bioterrorism, will not keep Americans safe. In fact, just the opposite.

Donald Trump's dissolution of the National Security Council's Global Health Unit, which is monitoring cases of a deadly flu strain in China and an outbreak of yellow fever in Angola just prior to the pandemic, did not keep Americans safe. And in one of the most egregious global health decisions of all, Donald Trump's attempts to halt U.S. funding and withdraw from the World Health Organization are not only a national embarrassment but also sent a signal to our competitors that the United States was willing to abdicate our global leadership.

Ambassador Nkengasong, you previously served at the World Health Organization, including during the pandemic. How did Donald Trump's decision to cut U.S. funding for the WHO and pull us out of the organization shape perceptions of the United States, and in what ways might this have actually elevated the PRC's influence on interest within the organization?

Amb. NKENGASONG. Thank you, Congresswoman, for that statement and the question. I must state very clearly that we always have to have a seat at the table, is the only way that we can influence the issues and protect our interests, is the only way we can influence the issues and protect our interests. We are not at the table because we want to just be generous but because we are truly wanting to protect our interests. When we, the United States, isn't at the table, others will take our place. Our competitors are waiting for such an opportunity to influence the discussion, the dialog, and tilt it even in their favor. I think we should never accept that to happen.

And just for the record, Congresswoman, I have never worked at WHO, so my comments are totally transparent. I was a special

envoy for COVID for Africa during very early days of COVID until I was nominated for this position, so I have been an envoy but not worked at WHO. But you are absolutely right, we should always have a seat at the table and use that seat to protect our interests and to advance our interest in global health security.

Ms. TOKUDA. Thank you for that clarification there, Ambassador. And I would also argue that we have heard a lot today on this dais about the PRC's elevated influence within the WHO, and I would argue that that probably happened as a result of the United States vacating its position upon the WHO. So again, we should always have that seat at the table, lest someone else take it from us. We are thankful that President Biden has moved quickly to reverse the Trump Administration's harmful decision even if the damage has already been done.

Assistant Secretary Pace, as a senior official regularly engaged with the WHO, what is your assessment of how our country is still recovering on the international stage from the harmful decision to cut U.S. funding and withdraw from the WHO?

Ms. PACE. Well, thank you, Madam Congresswoman, for this very important question because U.S. leadership is quite essential in this space. And just turning back to the negotiations, for example, it took quite a bit for us to bring countries along with our proposal to amend the International Health Regulations. I think to this day, we feel there is quite a bit of skepticism with regards to whether or not the U.S. is entering those conversations in good faith. Honestly, I think we know here our intentions and the importance of improving those existing regulations, but there are still questions about our intentions and our staying power, if you will. An important aspect of those regulations as well includes helping build or rebuild the capacity of countries around the world to actually implement them and adhere to them.

And so, one important question that countries have or continue to have of us is whether the U.S. will continue to be a part of that technical assistance even beyond funding. The enduring relationships that we have had, that my colleagues have described are essential, and so we have tried to ensure those member states that we are here again in service to Americans but also in ways that hopefully will benefit the world.

Ms. TOKUDA. Thank you very much. And no doubt we have a lot of work to do to, again, rebuild that trust and that presence on the global stage. And no doubt, attempted cuts to funding is not helping in assuring those other member countries that we have the staying power that we should have to ensure safety and security of the health and accountability overall for Americans and others across the globe. So, thank you very much, Mr. Chair, and I yield back my time.

Dr. WENSTRUP. I now recognize the chairman of the full committee, Mr. Comer.

Chairman COMER. Thank you, Mr. Chairman. During the COVID-19 pandemic, the WHO did not step up to the plate. Instead, it aligned itself with the Chinese Communist Party. On December 31, 2019, Taiwan sent an email to the WHO that warned about a potential outbreak, particularly human-to-human transmission. On January 14, 2020, ignoring this warning, the WHO,

based on information from China, claimed there was no evidence of human-to-human transmission. This tweet contradicted even the WHO's own expert. Then, in June 2020, the WHO was still claiming there was no transmission of COVID-19, so this was also false.

Starting with Ms. Pace and going down the line, do you agree that these statements were not accurate?

Ms. PACE. Thank you for the question, Mr. Chair. We of course are here to really learn the lessons of COVID-19, and one of the things that we have talked about with WHO is the importance of ensuring that we get to the bottom of its origins.

Chairman COMER. Ambassador?

Amb. NKENGASONG. I fully agree with my colleague. WHO should continue to be reformed, strengthen its reform so that in future, they can actually play the role that they have played in the past in protecting us.

Chairman COMER. Doctor?

Dr. GAWANDE. And I would agree with your calling out that the Chinese Government was intransigent, was not transparent, and was behaving irresponsibly. This is the situation where the WHO was too credulous. They called out Chinese behavior in SARS and were willing to call out publicly that China was not being forthcoming, and in this particular case, they did not until too late.

Chairman COMER. So—

Dr. GAWANDE. Now, there was more they did better, but this was important.

Chairman COMER. Well, the WHO also praised China's transparency during the outbreak, even while China was silencing journalists and whistleblowers were going missing. Again, down the line, do you think China was forthcoming in sharing data about the pandemic, Ms. Pace?

Ms. PACE. No, sir, absolutely not.

Chairman COMER. Ambassador?

Amb. NKENGASONG. No.

Chairman COMER. Doctor?

Dr. GAWANDE. No.

Chairman COMER. So, the flaws of the WHO all culminated in its origins report in 2021, a report based off an investigation that only had one American, Peter Daszak, who was funding the lab being investigated. He was the only American on that, had its access to labs restricted by the Chinese Communist Party. And the Chinese Communist Party had final editing privileges of the report, so it is no wonder the report was bogus. Dr. Fauci said he had considerable concerns about the report, and Secretary Blinken said we have got real concerns about the methodology and the process that went into that report, including the fact that the Government in Beijing helped write the report. Ambassador, do you believe the Chinese Government improperly influenced the outcome of the report?

Amb. NKENGASONG. They did.

Chairman COMER. Ms. Pace, it is our understanding that the U.S. put forward some names to be part of that investigation, and China rejected them. Is that your understanding as well?

Ms. PACE. Thank you for the question, Mr. Chair. I do know that the U.S. has worked to not just put forward names for that par-

ticular investigation but for the multiple visits or investigations and missions that the WHO was seeking to have.

Chairman COMER. So, did China reject those names?

Ms. PACE. I am not aware of why those recommendations were not accepted, unfortunately, but we—

Chairman COMER. But it is our understanding that China rejected those. Like, China was calling the shots, so the WHO took China's word time and time again. Ms. Pace, how can we better ensure that the WHO reports facts, not just what the Chinese Communist Party is telling them?

Ms. PACE. Thank you for the question, Mr. Chair. It is important for us to get to the bottom of this. I just want to take a step back and also note the multiple missions, international missions that WHO—

Chairman COMER. We know about the missions.

Ms. PACE. OK.

Chairman COMER. We just have a problem with China, or I have a problem, with China calling the shots on it. I don't think that turned out very well during COVID-19. My last question for each of you, and you can just answer "yes" or "no" for the sake of time. Do you believe that the Chinese Government ought to be held accountable for the lack of cooperation in the early days of the pandemic? Ms. Pace?

Ms. PACE. Thank you, sir. We do think that the International Health Regulations and improving those will make all countries be held accountable.

Chairman COMER. Should China be held accountable?

Ms. PACE. We believe all countries should be held accountable for any violation.

Chairman COMER. Well, I mean, do you not think China is a little special in this situation since it, by all accounts, came from China and they completely lied and were not truthful with the world population about the outbreak of COVID-19, that they, you know, had veto power over who America put on boards, and rejected reports that we now know could have been helpful?

Mr. PACE. I share your frustration with China's lack of cooperation.

Chairman COMER. But should we hold China accountable?

Mr. PACE. Well, that is something that we are trying to do by amending these International Health Regulations and ensuring that violations can't happen in the way that they did previously.

Chairman COMER. Ambassador, should we hold China accountable?

Amb. NKENGASONG. I think we have said, Congressman, that transparency and accountability were totally lacking, and we hope that it is the purpose and intent of the IHR reforms and the pandemic agreement accord, that will improve accountability to any country, and not just PRC, but any country in future when they default.

Chairman COMER. Doctor?

Dr. GAWANDE. Yes, China should be called to account, and the Office of the Director of National Intelligence has indicated that we are still in a world where there is no definitive answer to two viable theories about the origins of COVID, and that in order to re-

solve this issue, the People's Republic of China would need to be forthcoming about data that can resolve these issues, which they have not been.

Chairman COMER. Mr. Chairman, my time has expired. I yield back.

Dr. WENSTRUP. I now recognize Mr. Garcia from California.

Mr. GARCIA. Thank you, and thank you, Mr. Chairman. I want to thank our witnesses for making the time to be here today as well and for your service to health not just here at home, but across the world.

We know that the World Health Organization plays a critical role in global response, which impacts, of course, everything that happens here in the U.S. During the pandemic especially, we know that the World Health Organization was a critical partner to everything going on globally across the world. And just as our own country's response to the pandemic was imperfect and we learned as we went along, we also know that that also was the case for the WHO. Everyone across the globe struggled to address this crisis as it happened, and we lost millions and millions of lives, not just here at home but across the world.

I am grateful for each of you to speak candidly about ways we can improve in ways we can, not just strengthen our partnerships but also look at lessons learned. I am also grateful to my colleagues here today for the chance to have a serious discussion of how to prevent and respond to future emergencies, that we should be also very clear there is a difference between a good faith conversation about ways to improve the World Health Organization and proposals to slash the World Health Organization, including critical funding or even withdraw from the World Health Organization completely.

Now, at the last hearing in the subcommittee, we heard about the importance of international biosafety standards—we had a great discussion—and everyone agreed that we needed both additional funding and oversight for global biosafety and biosecurity. There was wide agreement on this. Assistant Secretary Pace, if I am not mistaken, the WHO plays a huge role in safeguarding biosafety and biosecurity in our laboratories. Isn't that correct?

Ms. PACE. Yes, Mr. Congressman, that is correct. It is important.

Mr. GARCIA. Thank you. That is what I understand as well. So, if my colleagues are serious about international biosafety standards, it sure seems that co-sponsoring bills that are titled, "Withdraw the United States From the Constitution of the World Health Organization," or another bill that is titled, "The No Taxpayer Funding for the World Health Organization Act," it would appear to me that bills like this would actually hurt global health and hurt our health programs here in the United States. Would you agree that that would be the case, Assistant Secretary?

Ms. PACE. Thank you, Mr. Congressman. We would certainly not want anything to hinder WHO's ability to protect Americans and the world.

Mr. GARCIA. And, Assistant Secretary Pace, and it is not just members of this committee because numerous members of this committee actually co-sponsored these bills that are on this subcommittee. The former President now, of course, trying to be Presi-

dent again, Donald Trump, tried to destroy the World Health Organization and separate the United States from any of its health responsibilities. He quoted it as “extraordinarily bad,” “a threat to all Americans,” “the U.S. role will be diminished,” “it is short-sighted, unnecessary, and unequivocally dangerous.” He is talking about the world’s leading health collaborative that brings countries together to take on pandemics. And we know, and at least I believe, that he is also responsible, in large part, for the failures of the last pandemic that led to the death, as we know, of over a million Americans. And so, would you also agree that supporting the World Health Organization is critical to the success of American health, Assistant Secretary Pace?

Ms. PACE. Yes, Mr. Congressman, I would agree that it is critical. Of course, we need an effective WHO to do so, but they have done much over the past 75 years to demonstrate their value to Americans and the world.

Mr. GARCIA. Thank you. And finally, I just want to also add that it is also unfortunate that there is so much vaccine misinformation happening just right now and across this country and across the world, and it is happening here in the subcommittee. I mean, just last week, we had a colleague that published a post openly encouraging parents to defy pediatricians and refuse childhood vaccinations, which we know is not advised by the medical science here today, and anti-vaccine misinformation is dangerous and is costing American lives. Childhood vaccine rates against preventable diseases, like measles, polio, and hepatitis, are declining to dangerously low levels, and we are seeing a resurgence of some of these same diseases in our communities because of declining vaccination rates.

And so, while we’re having these hearings on the broader pandemic, we must also remember to be honest, focus on the truth, and support organizations that are battling pandemics and trying to keep people safe. And so, with that, I yield back.

Dr. WENSTRUP. I now recognize Dr. Joyce from Pennsylvania.

Dr. JOYCE. Thank you, Chairman Wenstrup, for holding today’s hearing, and thank you for our witnesses for your time and for your testimony.

COVID-19 was the most devastating global public health emergency since the inception of the World Health Organization. Their flagrant lack of action from the beginning was a primary concern, but their blatant dereliction of responsibility is why there must be reform, why we are holding this hearing.

This subcommittee was established in response to the misguided policies, mishandling, and inconsistent guidance that arose amid the pandemic. In the beginning, the COVID narrative was controlled by the WHO, who are corrupted by the CCP, and they ultimately placed CCP political interests ahead of their international duties. The CCP steered clear, steered the dialog. The CCP skewed the statistics, and they fed the WHO information that would ultimately effectively shield the Chinese Government from blame.

Now, it is almost 4 years later, and the same organization is calling on member nations to enter a pandemic treaty. Entering a treaty with an organization that refuses to hold bad actors accountable is the antithesis of what WHO’s mission, and it is the antithesis

of the principles of all Americans. The American people want, and American people deserve answers from this committee. They deserve to know that we intend to safeguard our Nation and protect our citizens from the next global public health emergency.

Ambassador Nkengasong, Article II, Section 2, Clause 2 of the United States Constitution clearly states the powers of the executive office as it pertains to the making or entering of treaties. Nowhere does it grant the World Health Assembly that authority. Do you believe that the World Health Assembly will attempt to act unilaterally and circumvent congressional approval and enter the U.S. into an agreement like the Pandemic Prevention, Preparedness, Response Treaty?

Amb. NKENGASONG. Thank you, Congressman, for the statement, and let me just repeat what I stated earlier before. You are right that the pandemic accord, which is still being drafted, if we look at Article 3, Section 2, it talks about sovereignty, which is that the countries and only the countries have the right over the people and themselves to make a determination as to how to manage health issues in their country. So absolutely, as a principal of that pandemic accord treaty—we still don't know how we will call it in the end, but the "accord" is a word that has been used now, not necessarily a treaty because we are still early on in the process of negotiation with more than 194 countries or so—so that absolutely we are at the table. We will never allow any language in the accord or treaty that will remotely suggest that our sovereignty will be taken over by WHO.

Dr. JOYCE. And it would never occur, from your understanding, whether you call it a treaty or an accord, it would not occur without congressional approval. Is that what you just stated, sir?

Amb. NKENGASONG. I am stating that we are still early in the negotiation, and we don't know how the final outcome will look and—

Dr. JOYCE. The citizens of the United States expect that any treaty would only occur by the Senate with congressional approval.

Ms. Pace, the WHO acted as a bulwarking apologist for the CCP, and a few examples include they praised the CCP's failed efforts to combat the pandemic despite a globally recognized cover-up. The WHO denied human-to-human spread of COVID-19 based solely on CCP propaganda. The WHO delayed naming COVID-19 as a public health emergency because China claimed that the spread was under control. The WHO delayed implementing pandemic-stalling measures to protect trade with and travel to China. With that in mind, how can we ever restore public trust in the WHO? All three of you just stated, you acknowledged when Chairman Comer asked if China was forthcoming with COVID-19, you all said no. When Chairman Comer continued, and all three of you stated that the People's Republic of China should be held accountable, isn't that trust permanently fractured with the WHO's firm alliance with the Chinese Communist Party?

Ms. PACE. Thank you for this question, sir—Mr. Congressman—excuse me. You know, it is, as I mentioned earlier, very frustrating and unfortunate that China in particular did not cooperate at such a critical time. It is one of the reasons why we are working through these International Health Regulations to rebalance things, to

make it so that we are not all beholden to the failure of a single actor.

Dr. JOYCE. Didn't that fracture your ability to come forth as what you should be doing by your mission statement? Isn't that culpability because of the Chinese Communist Party's undue and over-influence on the WHO?

Ms. PACE. It is one of the reasons we are frustrated. Our hands were tied because we did not receive the information that we needed from them. And so, what we are trying to do through these amendments is unlock that information by other means in the event something like that ever happens again.

Dr. JOYCE. So, my final question is how would you prepare your organizations for the next pandemic, both in-house and in conjunction with the WHO, knowing what you just stated, that that makes it an incredibly difficult situation and a relationship that does not have trust in it?

Ms. PACE. Thank you again for this question because it is so important that we do rebuild that very trust and so that we can be most effective in preventing or mitigating a future pandemic. One of the things that we are doing as a lesson learned is strengthening not only our multilateral partnerships but our regional partnerships. And so, ensuring that we are working with networks, particularly in Asia but in other regions of the world, to understand disease trends, this is building on, obviously, decades of relationships and partnerships that HHS has had globally over time. But really looking to not rely, again, on a single actor to save us is something that we have taken away from COVID-19—

Dr. JOYCE. And my time is closing, and I think you really drive home that the single actor did not save us. That single actor, the Chinese Communist Party, destroyed so many human lives, and the culpability and the ability to respond is what we have taken on as a charge for this committee. Mr. Chairman, thank you. I thank the witnesses for being present here today, and I yield the remainder of my time.

Dr. WENSTRUP. I now recognize Ms. Greene from Georgia.

Ms. GREENE. Thank you, Mr. Chairman, and thank you to the witnesses that are here today. This is an important conversation due to the COVID-19 pandemic response, government lockdowns, forced vaccinations, school closures. Many Americans have lost faith and trust not only in our government, but also in the WHO, and it is extremely serious.

The WHO colluded with the Chinese Communist Party. In January 2020, the WHO repeated Chinese communist propaganda by saying that there was no human-to-human transmission with COVID. The WHO waited several weeks to declare COVID-19 a public health emergency because China insisted they had the situation under control, which was a lie. The WHO did not impose any travel restrictions, unlike President Trump, to help slow the spread of COVID-19 because China did not want their economy to slow down. The WHO continued to praise China's handling of the pandemic despite a globally recognized cover up. The WHO went along with the CCP's fake claims about the origins of the virus not being from a lab, and our investigations and our own intelligence agencies have told us otherwise.

The International Health Regulations, the IHR, is a treaty of the WHO meant to usher in a new era of global public health that requires all member states to cooperate to make the world more secure. The IHR requires only a simple majority to amend it. There have been over 300 amendments proposed, and member states will not be able to see these amendments before they are scheduled to vote. At an October 2023 meeting, the working group compiling the amendments for the 77th World Health Assembly in May 2024 was told that they do not have to produce their document before the meeting. Some of the amendments include expanding the ability of the WHO Director-General to declare public health emergencies, to include regional declarations as well as intermediate threats, allowing Director-General to act on information in the public domain without verification from member states and creation of a compliance committee to enforce their rules. I can assure you the American people do not want the WHO enforcing any rules on their own personal decisions regarding their health.

If certain IHR amendments are adopted next year, sovereign countries, including the United States, would be obligated to adhere to the treaty. The Biden Administration led the charge for amendments to the IHR, including a new compliance committee. The treaty would create a conference of the parties which could call on the United Nations for help in implementing the treaty. There is already talk of that conference of the parties being merged together with the IHR. While the Biden Administration wants to entangle the U.S. in more globalist organizations and imperil the health and safety of American citizens, President Trump withdrew the U.S. from the WHO completely, wisely anticipating such precarious mandates as the ones being proposed.

The move toward a global health security state is reliant upon surveillance, which relies on data. Remember China, that is what they did to their citizens and still do. The treaty and the IHR call for more sharing of personal health data in the name of safety and outbreak prevention. That is an invasion of privacy for the American people.

The next step is to create a digital profile of everyone in the world, and if the WHO is given binding power, the U.N. will essentially have the power to restrict any American's movement, access to healthcare, medicine, et cetera. I can assure you right now the American people will never comply with anything like this from a globalist organization regarding their personal health decisions and, as a matter of fact, any way they decide to conduct their lives. I think this is extremely dangerous.

I have a question, Ms. Pace. The working group for the IHR were told recently they did not have to produce their final draft of proposed amendments to the IHR for the 77th World Health Assembly until the event in May 2024. How can the U.S. or any member state have any meaningful way to evaluate and consider the proposed amendments before they are put to a vote?

Ms. PACE. Thank you very much for the question, Madam Congresswoman. This is a really important issue for us, especially considering our leadership on the International Health Regulations, not only in this administration but also going back to the previous administration.

And so a couple of things in response. One, I want to be certain and assure everyone here that we echo what the Ambassador said earlier about the pandemic agreement. That also applies to the International Health Regulations and any negotiations or amendments there. We are not going to accept anything that would undermine our national sovereignty and, in fact, the WHO does not have that authority over our U.S. health policies. And so I wanted to be sure and reiterate that. I think that, in addition, one of the things that we are hoping, I also wanted to assure you—excuse me—that the U.S. is very much at the table for these negotiations. And so we do have visibility into the various amendments being proposed and the opportunity or ability to push back, again, as we need to out of respect for our own sovereignty or other national laws and policy. And that is something we are absolutely doing if and when necessary.

Finally, with regards to our own amendments, we did feel it was important to revisit the tiered alert system, as we described earlier, so that we are not in a position of scrambling in an outbreak but rather have some intermediate alert whereby we can mobilize resources before we are all in a panic. Also, one of the reasons why we touched on verification of public information is because you had actors like the CCP or a PRC not providing that. And so we wanted to provide a sort of alternate pathway, again, to protect America and the world in the event countries weren't being forthcoming.

Ms. GREENE. Thank you, Ms. Pace. I can also assure you in a future Trump Administration, given the way the WHO conducted itself, it could be very likely that we withdraw again from the WHO. Thank you, Mr. Chairman, I yield back.

Dr. WENSTRUP. I now recognize Dr. McCormick from Georgia.

Dr. MCCORMICK. Thank you, Mr. Chair. Much like other international organizations, such as the World Trade Organization, the United Nations, the World Health Organization is vying to gain more authority through Pandemic Prevention, Preparedness, and Response Accord, in my opinion. This worries me greatly. Let me be clear: the United States should never ever allow international organizations, specifically the World Health Organization, to impede our sovereignty, which I know you just reaffirmed.

With that said, I think that when you designed the World Health Organization, it was intended to be a data gathering, an observer, an informant to nations around the world with a goal of providing interchange of information from different healthcare organizations for emergencies. However, the Biden administration must ensure the WHO authority is limited to setting public health standards and providing a forum for countries to exchange information but not to be given greater authority to infringe on our Nation's sovereignty.

Now, I know we had this debate, world tribunals and other areas where we have world organizations that want to overreach. I think it is really important when we talk about U.S. national interests advanced to these upcoming negotiations of the Pandemic Prevention, Preparedness and Response accord, which I believe both of you are involved in, correct? Ambassador? OK. So you are both involved. Can you both commit to complete transparency during these processes?

Ms. PACE. Yes, sir. Thank you for the question. We have been—

Dr. MCCORMICK. Just “yes” is fine.

Ms. PACE. Yes, sir. Thank you.

Dr. MCCORMICK. Mr. Ambassador?

Amb. NKENGASONG. Yes.

Dr. MCCORMICK. Thank you. Can you both commit to making the proposed treaty and amendments public to any proposal public to allow for commentary and opinion?

Ms. PACE. We have done so. Thank you, sir.

Dr. MCCORMICK. Right, and we will continue to do so—

Ms. PACE. Yes, we absolutely will continue to do so.

Dr. MCCORMICK. OK. Great. With that said, one of the things I am worried about is we obviously have been compromised in the past where we have been given misinformation and then propagated that information, which you fully admitted and which we pointed out probably 10 times just today, where we propagated Chinese misinformation, if you will, whether it be just through not vetting the process or not thinking it through. We didn’t really take the world’s opinion. We just took one country’s and kind of propagated that. That worries me in the future. My question is how do we get the trust back, and, even more importantly, I think, what have we done to hold China accountable, or is there a way because I am telling you, if you look at the World Trade Organization, for example, China has been taken to Court 27 times and defeated in court. We still don’t have any teeth actually to hold them accountable. How do we keep countries like China and other bad actors from abusing the system from giving us the inappropriate information, and how do we hold them accountable because I don’t feel like they have been held accountable at all.

Ms. PACE. Well, I will try to respond to this question, Mr. Congressman. It is an important one. As the Ambassador said earlier, we are quite clear, particularly in multilateral settings, what we expect of all member states, including China, and even in our bilateral engagements, we also have been able to reiterate our expectation—

Dr. MCCORMICK. With all due respect, Ms. Pace.

Ms. PACE. Yes.

Dr. MCCORMICK. Saying I expect you to do something and holding somebody accountable is like saying I expect my kid not to take cookies and then doing nothing when they steal them. What have we done to keep them accountable? Mr. Ambassador? I will give you a shot.

Amb. NKENGASONG. Thank you, Congressman, for that question. I share your concerns with how China conducted itself during this pandemic and continue to do so, and there are two instruments that we are working on, and I see those as instruments for accountability, the IHR and the pandemic accord. And let me be very clear, there is absolutely no room in the pandemic accord that will allow WHO to have influence or to make any determination over our sovereignty. Absolutely not. As principle, Article Number 3, as I have stated repeatedly during this hearing, clearly defines what countries have versus what WHO would have. I mean, that really affirm the leading role of each country over his sovereignty.

Dr. MCCORMICK. So I appreciate you answering the question you already previously answered, which we are not going to lose our sovereignty. That is great, but the question that was never answered and the reason we are here is to hold you accountable. The question is, what are we doing to hold them accountable, which was not answered.

Amb. NKENGASONG. No, I think we answered that. Very quickly, there are two instruments we are working on, the IHR and the pandemic accord, which are instruments that will be used for ensuring accountability.

Dr. MCCORMICK. Accountability for sovereignty, yes, but I guess my question is the bad actions. But I am out of time, so I yield back. Thank you.

Dr. WENSTRUP. I would like to yield to the Ranking Member, Dr. Ruiz for a closing statement, if you would like to make one.

Dr. RUIZ. I would. Thank you, Mr. Chairman, and excuse my absence. I was opening a national roundtable on healthcare with the congressional Hispanic Caucus and came back as soon as I could, right in the nick of time. So thank you again to the witnesses for your testimonies.

The WHO plays a critical role in advancing global health security. Throughout today's hearing, we have discussed much of this vital work: improving access to care, surveilling for deadly diseases, administering lifesaving vaccines, and more. And so before we conclude today I want to emphasize, again, for the record, that our work to prevent and prepare for future pandemics is not in conflict with enhancing international cooperation, but rather our efforts are strengthened and fortified by it. In all of our conversations, both today and going forward, I hope we continue to recognize the value our participation in the WHO brings to our Nation's diplomatic foreign policy and national security interest. In fact, almost everyone in the panel today said that one of the biggest lessons learned is that we need to lead in this effort.

And so right now we have the opportunity to not only enhance global pandemic prevention and preparedness but also cement our Nation's leadership in global health. And we can do so by continuing to foster international collaboration and advance reforms to the WHO, in the International Health Regulations. The pandemic accords are very vital, real-time priority instruments and tools to have the influence that we need in this space and that promote transparency, improve surveillance, and strengthen cooperation with standards and norms. So these matters are of critical importance to global health security and hope that we can find ways to work together here in Congress and with our administration partners to pursue constructive reforms that will save lives and reduce harm in the event of a future pandemic.

Again, I want to thank all of our witnesses. You are in the frontlines, much respect. Thank you for your hard work. Thank you for your service to our Nation, and I want to thank the Chairman and yield back.

Dr. WENSTRUP. Thank you, Dr. Ruiz. And again, thank all of you for your time today. I think this has been extremely valuable. You know, the whole situation obviously is frustrating, but this committee remains committed to a shared goal of preparing for the

next pandemic, lessons learned, so that the issues that the WHO had, Chinese transparency, all of these, they are highly relevant to our preparedness here in the United States.

My feeling is the more we can set the tone for what it takes to be prepared, others can as well and could make an organization like the WHO much stronger if there is cooperation. Like every witness today said, China was not transparent, they weren't forthcoming, all of those things. I can't help but think of Ronald Reagan's line: we need to trust but verify. That is what was missing is the verification, and so, why not trust? You assume people are going to be honest brokers, you would hope, and when they are not and you can't check that, I think that lesson learned is international organizations, or at least ourselves, need to be there on the ground to see what the actual truth is. So I think that is one of the lessons learned.

And I would say here, too, early on in the pandemic, I said to the Administration, America needs to be hearing from the doctors treating COVID patients. That is who they trust. That is what every patient in America, person in America can relate to, is the one wearing the white coat that is there to say I am going to try and take care of you as best I can. Doctor, you know that feeling, and it makes a big difference.

You know, we heard some comments today, again, trusting without verification is a problem. If the president of one country is telling the president of another country everything's under control, we got this, well, we see what that leads to, when you are lied to and don't know you are being lied to, then you don't get the guidance and leadership that you should. Honesty is the lesson learned. To me, the WHO needs full access and the WHO representing all of its partners need full access to be able to do things correctly.

We talked about revisions to IHR. We need that to be without political influence. You all have testified to that today, and I thank you for your work. I heard things today that I think are really good for us to hear, and we agree: U.S. leadership is indispensable in this process. And I was pleased to hear all of you talking about an agreement that protects the United States is your priority, and that is what we need to have. But I also agree that if we are going to protect the United States, we have to do everything we can around the globe when we are talking about a pandemic. It can't just be the United States. You know, without accurate data, without truth, without honesty, we can't help fully or quickly, which is key to a pandemic response.

So it became clear to me that the WHO's success depends on the United States and that the United States is going to have to depend on honest data access and everything else through the WHO. So we can't have a situation where one country gets to deny us from being part of the team and controlling the situation on the ground, but I see a lot of opportunity here. I do have in front of me the draft and appreciate that this is public, and we need to go through it.

We are here to represent the American people and the taxpayer dollars, so we want to know what the investment is and what it looks like, and so I appreciate the openness. There is a difference between an accord and a treaty, and that concerns Members of

Congress, as you can imagine. And I will say, so in Congress, when Congress is frustrated, what is the power they have? The power of the purse. So we do want to be involved. We want to be involved with this so we can honestly report what the intent is, where the money is going, and how we are trying to make the world a better place and the health of America, in particular. And with that, I yield back, and I want to again thank you all.

With that and without objection, all members will have 5 legislative days within which to submit materials and to submit additional written requests for the witnesses, which will be forwarded to the witnesses for their response.

Dr. WENSTRUP. And if there is no further business, without objection, the Select Subcommittee stands adjourned. Thank you all.

[Whereupon, at 4:29 p.m., the Subcommittee was adjourned.]

