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**CHAIRMAN ADAM B. SCHIFF  
HOUSE PERMANENT SELECT COMMITTEE ON  
INTELLIGENCE  
COVID-19 IN SUB-SAHARAN AFRICA  
JUNE 15, 2020**

Good afternoon and welcome.

This is the House Permanent Select Committee on Intelligence's first remote hearing. Before we proceed to our topic today, the impact of the COVID-19 pandemic in sub-Saharan Africa, I want to address some housekeeping matters

**First**, today's session will be conducted entirely on an unclassified basis. All participants are cautioned to refrain from discussing any classified or other information protected from public disclosure.

**Second**, the Committee is conducting this virtual hearing in compliance with House Resolution 965 and the regulations for remote committee proceedings. It is being broadcast live on the Committee's website.

Like many of you, I would have much preferred to hold this hearing in person, in Washington, D.C. However, because the threat posed by the COVID-19 pandemic remains serious and widespread, we are proceeding remotely, in order to ensure the safety of our witnesses, Members, staff, and the public.

I had hoped that today's hearing would be a bipartisan one. Unfortunately, our Republican colleagues have decided not to participate. I hope that they will join us for future hearings. Whether conducted remotely, or in person, these hearings are official business and I am committed to continuing our work, notwithstanding the pandemic and Members on both sides of the aisle should expect a busy schedule in the coming weeks and months.

I want to remind Members of a few procedures to help you navigate this new platform.

**First**, consistent with regulations, the Committee will keep microphones muted to limit background noise. Members are responsible for unmuting themselves when they seek recognition or when recognized for their five minutes. Because there are sometimes delays when muting and unmuting microphones, I would ask that

## UNCLASSIFIED

Members and witnesses allow sufficient time before speaking to ensure that the last speaker has finished talking.

**Second**, Members and witnesses must have their cameras on at all times. If you need to step away from the proceeding please leave your camera on.

**Third**, if you encounter technical difficulties, please contact technical support through the channels established prior to this hearing. Our technical staff will work to get you back up and running as quickly as possible.

**Finally**, consistent with past practice, I will at the appropriate time recognize Members for their five minutes in order of seniority, starting with those who were present at the commencement of this hearing.

I thank you all for your patience as we navigate this new technology in order to continue serving our country in this unprecedented time.

And with that, I will now turn to the topic of today's hearing.

As part of its oversight work, the Committee is conducting a review of the Intelligence Community's role in responding to the COVID-19 pandemic, examining first how the IC is postured to collect, analyze, and disseminate intelligence on global health threats generally, and pandemic disease in particular, and second, a detailed review of the past eight months. As I have said on several occasions, the Intelligence Community is one element of the nation's pandemic preparedness infrastructure – and by no means is it in the lead.

Nevertheless, there are likely things that can be done to enable the IC to better warn policymakers and other elements across the government of outbreaks of disease. The threat from pandemics has been featured in the IC's annual World Wide Threat Assessment for several years running, and is forecast to become worse due to climate change and continued human encroachment on wilderness areas.

Congress and the American people have been rightly focused on the effects of COVID-19 here at home. Nearly 120,000 of our fellow citizens have lost their lives, tens of millions of Americans are out of work, our children, who should be winding up a school year and preparing for summer, have been stuck at home for months, and in many states across the country, cases are rising and hospitalizations are up.

## UNCLASSIFIED

But COVID-19 is a worldwide pandemic and it has spread to almost every corner of the globe – from Asia to Europe to North America to Latin America to South Asia and Africa.

While some countries and regions have already withstood the first wave of cases and are now on the downward slope of the epidemiological curve, confirmed infections across much of sub-Saharan Africa are growing, threatening fragile health care systems ill equipped to cope with the demand for intensive medical interventions. Across a region that is still lacking in terms of access to clean water and suffers from high rates of poverty and food insecurity, the types of measures that have been effective in curbing the spread of COVID-19 in other areas – hand-washing, social distancing, and staying at home – are not practicable.

Across sub-Saharan Africa, COVID-19 cases have now topped 168,000 with South Africa accounting for a quarter of the total African cases. Continent-wide, the case count now stands at 230,000. And the pandemic is accelerating – it took 98 days to reach for the African continent as a whole to reach 100,000 cases and only 19 days to move to 200,000 cases.

Sub-Saharan Africa has suffered terribly from HIV/AIDS, malaria, tuberculosis, and Ebola in recent decades and will doubtless suffer greatly from COVID-19 as well. But as tragic as the death toll will be, it is the secondary effects to African economies, political stability, and health care infrastructure that concern many experts on Africa. I am especially concerned about the impact of COVID-19 on vaccination and other preventative health care measures that are essential to ensuring that today's African children grow into healthy adults and also the impact of the pandemic on women and girls. Yesterday's *Washington Post* included a story about the impact of COVID-19 on girls' education in Africa.

Many African countries and economies have made enormous strides in the last two decades. The continent has a youthful population, a growing middle class, and institutions, both national and regional, which are growing, albeit at an uneven pace. While there have been improvements, governance remains an issue across Africa and the dislocations caused by COVID-19 could lead to backsliding as governments seek to curb social unrest caused by economic dislocation and attempts to enforce social distancing. And if young Africans sense that their governments are failing them, they are more likely to turn to violence, whether spontaneous, or as part of an organized group like AQIM, al Shabaab, or ISIS.

## UNCLASSIFIED

For the United States, helping African states to get through the pandemic is profoundly in our interest. Through PEPFAR and other development programs, the United States and its partners have helped to reduce the disease burden across the continent and to improve economies. We stand to benefit from a stable, more prosperous Africa that can confront terrorism, future pandemics, and will assume increasing importance as a market for American goods and services. Most importantly, as the United States, Europe, and Asia are “graying,” sub-Saharan Africa’s population is very young. Nearly half of Africans alive today were born after the 9/11 attacks on New York and Washington and that trend is expected to continue.

China understands the potential of Africa and that is why Beijing is making a concerted effort to build economic, political and security ties with governments across Sub-Saharan Africa. Through the Belt and Road Initiative, the provision of “smart city” technology to African governments, and aggressive campaigns to provide mobile telephone infrastructure to hundreds of millions of Africans, China seeks to become the partner of choice for many on the continent. That should concern every American and China has been using the COVID-19 outbreak to further its soft power in Africa, including a recent pledge of \$2 billion to the World Health Organization over the next two years to fight COVID in a sharp contrast to President Trump’s announcement of an American withdrawal from the WHO.

With that, I would like to introduce our panel of experts, who will help us to better understand these and may other dimensions of the effects of COVID-19 in Africa. I understand that each of you will make remarks of 5 to 7 minutes and that we will then turn to questions.

**Linda Thomas-Greenfield** is a Senior Vice President at ASG and leads the firm's Africa practice. She joined ASG following a long and distinguished 35-year foreign service career. From 2013-2017, Ambassador Thomas-Greenfield served as U.S. Assistant Secretary of State for African Affairs, where she led the development and management of U.S. policy toward sub-Saharan Africa, with a focus on economic empowerment, investment opportunities, peace and security, and democracy and governance. Prior to that appointment, she served as Director General of the Foreign Service and Director of Human Resources, leading the team in charge of the State Department's 70,000 personnel.

Her Foreign Service career also included an ambassadorship to Liberia from 2008 to 2012, and postings at the U.S. Mission to the United Nations in Switzerland, as well as in Kenya, Nigeria, The Gambia, Pakistan, and Jamaica. In Washington, she

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served as Principal Deputy Assistant Secretary of the State Department's Bureau of African Affairs, and as Deputy Assistant Secretary in the Bureau of Population, Refugees and Migration.

**Michelle D. Gavin** is senior fellow for Africa Studies at the Council on Foreign Relations. She has over twenty years of experience in international affairs in government and non-profit roles. She was formerly the managing director of The Africa Center, a multidisciplinary institution dedicated to increasing understanding of contemporary Africa. From 2011 to 2014 she was the United States ambassador to Botswana, and served concurrently as the United States representative to the Southern African Development Community (SADC).

Prior to that, Gavin was a special assistant to President Obama and the senior director for Africa at the National Security Council, where she led major policy reviews of Sudan and Somalia, and helped to originate the Young African Leaders Initiative.

Before joining the Obama administration, she was an international affairs fellow and adjunct fellow for Africa at CFR. Earlier in her career she worked in the U.S. Senate, where she was the staff director for the Senate Foreign Relations Committee's subcommittee on African affairs, director of international policy issues for Senator Russ Feingold, and legislative director for Senator Ken Salazar.

**J. Stephen Morrison** is senior vice president at the Center for Strategic and International Studies (CSIS) and director of its Global Health Policy Center. Dr. Morrison writes widely, has directed several high-level commissions, and is a frequent commentator on U.S. foreign policy, global health, Africa, and foreign assistance. He served in the Clinton administration, as committee staff in the House of Representatives, and taught for 12 years at the Johns Hopkins School of Advanced International Studies.

**Judd Devermont** is the director of the Africa Program at the Center for Strategic and International Studies (CSIS). Prior to joining CSIS, he served as the national intelligence officer for Africa from 2015 to 2018. In this position, he led the U.S. intelligence community's analytic efforts on sub-Saharan African issues and served as the DNI's personal representative at interagency policy meetings. From 2013 to 2015, he was the Central Intelligence Agency's senior political analyst on sub-Saharan Africa. Mr. Devermont also served as the National Security Council director for Somalia, Nigeria, the Sahel, and the African Union from 2011 to 2013. In this role, he contributed to the U.S. Strategy Toward Sub-Saharan Africa, signed

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by President Obama in 2012, and managed the process that resulted in U.S. recognition of the Somali government for the first time since 1991. Mr. Devermont spent two years abroad working at the U.S. Embassy in Abuja, Nigeria from 2008 to 2010.

Mr. Morrison, I believe that you are leading off for the panel and I yield the floor to you.