

NO WHO PANDEMIC PREPAREDNESS TREATY WITHOUT
 SENATE APPROVAL ACT

AUGUST 30, 2024.—Committed to the Committee of the Whole House on the State
 of the Union and ordered to be printed

Mr. MCCAUL, from the Committee on Foreign Affairs,
 submitted the following

R E P O R T

together with

DISSENTING VIEWS

[To accompany H.R. 1425]

[Including cost estimate of the Congressional Budget Office]

The Committee on Foreign Affairs, to whom was referred the bill (H.R. 1425) to require any convention, agreement, or other international instrument on pandemic prevention, preparedness, and response reached by the World Health Assembly to be subject to Senate ratification, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS

	Page
Summary and Purpose	2
Hearings	3
Committee Consideration and Votes	3
Oversight Findings and Recommendations	4
New Budget Authority, Tax Expenditures, and Federal Mandates	4
Congressional Budget Office Cost Estimate	4
Committee Cost Estimate	5
Federal Mandates	5
Non-Duplication of Federal Programs	5
Performance Goals and Objectives	5
Congressional Accountability Act	5
New Advisory Committees	5
Earmark Identification	5
Section-by-Section Analysis	5
Changes in Existing Law	5
Dissenting Views	6

SUMMARY AND PURPOSE

H.R. 1425, the No WHO Pandemic Preparedness Treaty Without Senate Approval Act, ensures that any pandemic-related convention of the World Health Organization (WHO) that purports to bind the United States must be considered and ratified by the United States Senate as a treaty, subject to the requirements of article II, section 2 of the Constitution of the United States. The need to follow the requisite constitutional process is critical both because of the potential breadth and intrusiveness of the WHO convention being negotiated, and because of lingering public distrust of the WHO, given its manipulation by the Chinese Communist Party (CCP) in its deadly cover-up that contributed to the global COVID-19 pandemic.

As detailed elsewhere, it is beyond doubt that the CCP actively engaged in a cover-up designed to obfuscate data, hide relevant health information, and suppress doctors and journalists who attempted to warn the world of the COVID-19 outbreak.¹ WHO Director-General Tedros responded to the CCP's cover-up by praising the CCP for their "transparency," despite internal documents showing WHO frustration with the CCP's failure to share critical data. The WHO repeatedly parroted CCP talking points while ignoring conflicting information from reputable sources. Director-General Tedros' full-throated defense of the CCP's early response and embrace of their revisionist history, and the impact of his actions on the global response, remain incredibly concerning.²

The World Health Assembly (WHA), comprised of the Member States of the WHO, is currently negotiating a wide-ranging convention intended to define each country's responsibilities for future pandemic preparedness and response. The Biden Administration, through the Departments of State and Health and Human Services, is actively engaged in these discussions, with Ambassador Pamela K. Hamamoto serving as the U.S. Negotiator.

In December 2021, the WHA established the Intergovernmental Negotiating Body (INB) to draft the pandemic accord. WHO Member States met in February 2022 for their first INB meeting and convened a total of nine times for the draft to be considered at the 77th WHA (May 2024). However, their mandate expired without reaching an agreement. WHO Member States extended the accord negotiations up to the 78th WHA meeting in May 2025.

At his appearance before the Committee on March 22, 2024, Secretary of State Blinken stated that "on the pandemic agreement, the way things stand right now I don't see that coming to a conclusion in the near term. There's just not consensus on it." However, the possibility remains that an agreement may be reached before the end of 2024.

The incredibly broad draft under negotiation is at many points an attempt to legislate aspirational slogans. Numerous continuing concerns underscore why any resulting convention must be submitted to the Senate for ratification as a treaty—the correct "con-

¹House Foreign Affairs Committee Minority Staff (Ranking Member Michael T. McCaul), *Final Report: The Origins of the COVID-19 Global Pandemic, Including the Roles of the Chinese Communist Party and the World Health Organization* (September 21, 2020), <https://foreignaffairs.house.gov/blog/mccaul-releases-final-report-on-origins-of-covid-19-pandemic/>.

²*Id.*

stitutional process” (pursuant to Article 19 of the WHO Constitution).

- The draft—which adds social, cultural, political, environmental, and climate issues to pandemic preparedness—is unlimited in its potential scope. It does not include defined parameters to protect United States sovereignty from encroachment by other countries or the WHO, and even its generic nod to national sovereignty includes problematically vague caveats (“provided that activities within their jurisdiction or control do not cause damage to their peoples and other countries”) that invite second-guessing.

- The draft contains overbroad, deliberately vague, and undefined language that would cross longstanding redlines to maintain a humanitarian principle of neutrality. For example, it could be read as requiring support for abortion, in its unspecific references to essential health services, universal health coverage, gender responsiveness, and sustainable development goals, among others.

- U.S. taxpayers should not be subjected to mandatory funding or any other obligations without full disclosure of all obligations and the taxpayers’ consent. The draft commits signatories to contributing large sums to a Coordinating Financial Mechanism (in addition to the World Bank’s Pandemic Fund) and sets percentages of current domestic funding to pay for specific health initiatives designated by the WHO.

- The intellectual property of U.S. companies must be protected. The draft would trample on intellectual property rights and could hinder biotechnology innovation. Secretary Blinken himself identified “intellectual property” as being one of the issues thwarting consensus among WHO Member States.

- The draft includes no accountability or improved transparency measures for the CCP and its role in misleading the WHO and covering up the origins of the COVID–19 pandemic.

The United States continues to contribute far more technical expertise and funding to global health security than any other nation. We have even supported the International Health Regulations to address infectious disease outbreaks and other public health emergencies around the world. Requiring proper constitutional consideration of a questionable and untested WHO pandemic convention is not an assault on pandemic preparedness. Rather it is the minimum due diligence that Congress owes to the American people to protect their health, well-being, and self-governance from overreaches by unelected international bureaucrats.

HEARINGS

On May 22, 2024, the full committee held a hearing entitled “The State of American Diplomacy in 2024: Global Instability, Budget Challenges, and Great Power Competition” with the Secretary of State, the Honorable Antony Blinken. The hearing included Member questions about whether any WHO Pandemic Treaty would be submitted to the Senate for ratification, and a discussion with the Secretary about the content and status of the treaty discussions.

COMMITTEE CONSIDERATION AND VOTES

The Committee considered H.R. 1425 pursuant to notice, in open session, at a markup on July 10–11, 2024. The bill, as introduced,

was ordered favorably reported to the House by a vote of 24 Ayes to 23 Noes.

- Ayes (24): McCaul, Smith, Wilson, Perry, Issa, Wagner, Burchett, Green, Barr, Young Kim (CA), Salazar, Huizenga, Hill, Davidson, Baird, Kean, Lawler, Mills, McCormick, Moran, James, Self, Zinke, Moylan.

- Noes (23): Meeks, Sherman, Connolly, Keating, Bera, Castro, Titus, Wild, Phillips, Allred, Andy Kim (NJ), Jacobs, Manning, Cherfilus-McCormick, Stanton, Dean, Jonathan Jackson (IL), Kamlager-Dove, Costa, Crow, Amo, Mfume, Schneider.

OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the House of Representatives, are incorporated in the “Summary and Purpose” section of this report, above.

NEW BUDGET AUTHORITY, TAX EXPENDITURES, AND FEDERAL MANDATES

Clause 3(c)(2) of House rule XIII is inapplicable because this bill does not provide new budget authority or increased tax expenditures.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

H.R. 1425, No WHO Pandemic Preparedness Treaty Without Senate Approval Act			
As ordered reported by the House Committee on Foreign Affairs on July 11, 2024			
By Fiscal Year, Millions of Dollars	2024	2024-2029	2024-2034
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	*	*
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 1425 would require any international agreement on pandemics negotiated by the World Health Organization to be considered an international treaty, requiring consent by the U.S. Senate before it can be implemented. CBO estimates that the administrative costs of preparing and submitting such an international agreement to the Senate would total less than \$500,000 over the 2024–2029 period. Any spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Sunita D'Monte. The estimate was reviewed by Christina Hawley Anthony, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the Congressional Budget Office cost estimate on this measure.

FEDERAL MANDATES

The Committee adopts as its own the identification, description, and assessment of federal mandates contained in the Congressional Budget Office cost estimate on this measure.

NON-DUPLICATION OF FEDERAL PROGRAMS

Clause 3(c)(5) of House rule XIII is not applicable to this measure, as it is not a bill or joint resolution that establishes or reauthorizes a federal program.

PERFORMANCE GOALS AND OBJECTIVES

The goal of H.R. 1425 is to ensure that no pandemic preparedness agreement, convention, or other instrument reached by the World Health Assembly can be construed as legally binding on the United States unless it has been ratified as a treaty by the United States Senate, as required by article 2 of the Constitution of the United States.

CONGRESSIONAL ACCOUNTABILITY ACT

H.R. 1425 does not apply to terms and conditions of employment or to access to public services or accommodations within the legislative branch.

NEW ADVISORY COMMITTEES

H.R. 1425 does not establish or authorize any new advisory committees.

EARMARK IDENTIFICATION

H.R. 1425 contains no congressional earmarks, limited tax benefits, or limited tariff benefits as described in clauses 9(e), 9(f), and 9(g) of House rule XXI.

CHANGES IN EXISTING LAW

The bill, as reported, does not propose to repeal or amend a statute or part thereof.

DISSENTING VIEWS

H.R. 1425 attempts to undermine a historic opportunity to reach a Pandemic Accord agreement alongside 194 World Health Organization Member States.

While Senate ratification followed by Presidential signature is the formal process by which treaties are ratified under the United States Constitution, the President has the authority of acceding to an agreement through executive action alone, without the advice and consent of the Senate. In fact, the vast majority of all U.S. international legal agreements are approved via executive action rather than formal Senate approval. While framed as an effort to increase Congressional oversight, this measure is aimed at effectuating a policy with which Republican members disagree by hampering current U.S. multilateral diplomatic efforts to reach a Pandemic Agreement—a process that has already been faced with an avalanche of malign mis- and disinformation.

On May 2, 2024, the entire Republican Senate Caucus sent a letter to President Biden voicing their opposition to U.S. negotiations to reach a Pandemic Accord agreement citing false claims that an agreement would harm U.S. sovereignty. In reality, the draft Pandemic Agreement advances global health security without impacting U.S. national sovereignty as it explicitly states that it does not give the World Health Organization (WHO) any power to dictate specific policy to member nations and that Member States may implement policies according to their sovereign laws.

On May 24, 2024, House Democrats sent a letter to the U.S. Mission in Geneva expressing strong support for the WHO Intergovernmental Negotiating Body's (INB) efforts to reach a Pandemic Agreement. We are standing on the precipice of history to learn from the botched global response to the COVID-19 pandemic. During that response, we saw inequities, inequalities, and unfairness across the international system—vaccine manufacturing capabilities benefiting wealthy nations, and vaccine access being denied to less wealthy nations who were forced to wait in line and, in some cases, punished for sharing COVID samples with CDC labs and other global health institutions that helped improve the efficacy of our U.S.-produced vaccines.

We must support efforts to institute a strong global framework that secures our national sovereignty, improves the U.S. and global response to future health emergencies, and strengthens national health security. The draft Pandemic Agreement, currently being negotiated among WHO members, including the United States, helps coordinate a global response to public health threats that knows no borders, strengthens the global health workforce, improves distribution of medical countermeasures, and provides funding for WHO members to improve their response capacity. The draft Pandemic Agreement also enhances transparency and infor-

mation sharing among WHO members, which is critical to advancing data sharing about emerging pathogens with pandemic potential.

We must not forget the dark times that COVID-19 brought to our communities across the United States and globally, including the tragic number of lives lost due to the illness. The next pandemic is not a matter of if, but when. We must get the Pandemic Agreement done as it could prove essential to saving American lives. This bill undermines diplomatic efforts seeking to strengthen global health security, and House Foreign Affairs Committee Democrats unanimously opposed this measure.

Sincerely,

GREGORY W. MEEKS,
Ranking Member.

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