

117TH CONGRESS 1ST SESSION

S. 296

To limit funding for the World Health Organization, and for other purposes.

IN THE SENATE OF THE UNITED STATES

February 8, 2021

Mr. Scott of Florida (for himself and Mr. Hawley) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To limit funding for the World Health Organization, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "World Health Organi-
- 5 zation Accountability Act of 2021".
- 6 SEC. 2. FINDING.
- 7 Congress finds that, in response to the World Health
- 8 Organization's denial that Taiwan ever alerted the organi-
- 9 zation to the possibility of human-to-human transmission
- 10 of COVID-19, the Central Epidemic Command Center
- 11 made the following statement on April 11, 2020:

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"(1) The Taiwan Centers for Disease Control (Taiwan CDC) learned from online sources that there had been at least seven cases of atypical pneumonia in Wuhan, China. In China, the term 'atypical pneumonia' is commonly used to refer to SARS, a disease transmitted between humans caused by coronavirus.

"(2) Owing to its experience with the SARS epidemic in 2003, Taiwan vigilantly kept track of information about the new outbreak. On December 31, 2019, Taiwan sent an email to the International Health Regulations (IHR) focal point under the World Health Organization (WHO), informing WHO of its understanding of the disease and also requesting further information from WHO. Given the lack of clarity at the time, as well as the many rumors that were circulating, Taiwan's aim was to ensure that all relevant parties remained alert, especially since the outbreak occurred just before the Lunar New Year holiday, which typically sees tremendous amounts of travel. To be prudent, in the email we took pains to refer to atypical pneumonia, and specifically noted that patients had been isolated for treatment. Public health professionals could discern from this wording that there was a real possi

- bility of human-to-human transmission of the disease. However, because at the time there were as yet no cases of the disease in Taiwan, we could not state directly and conclusively that there had been human-to-human transmission.
 - "(3) The Taiwan CDC also contacted the Chinese Center for Disease Control and Prevention in a bid to obtain more information. However, in response to our inquiries, the WHO IHR focal point only responded with a short message stating that Taiwan's information had been forwarded to expert colleagues; China provided only a press release.
 - "(4) Even though Taiwan strongly suspected that human-to-human transmission of the disease was already occurring at the time, we were unable to gain confirmation through existing channels. Therefore, on the day the aforementioned email was sent to WHO, the Taiwan government activated enhanced border control and quarantine measures based on the assumption that human-to-human transmission was in fact occurring. These measures included screening passengers on flights from Wuhan prior to disembarkation.
 - "(5) In mid-January, the Taiwan CDC dispatched experts to Wuhan to gain a better under-

1	standing of the epidemic, the control measures taken
2	there, and patients' exposure history. Based on pre-
3	liminary research, Taiwan determined that this form
4	of pneumonia could indeed spread via human-to-
5	human transmission.".
6	SEC. 3. RESTRICTION ON WORLD HEALTH ORGANIZATION
7	FUNDING.
8	(a) In General.—No funds may be provided as an
9	assessed or voluntary contribution to the World Health
10	Organization (WHO) until—
11	(1) the World Health Organization replaces all
12	of the top leadership of the organization that was in
13	place as of January 1, 2020, including the positions
14	set forth in subsection (b); and
15	(2) Taiwan is accepted as a Member State of
16	the World Health Organization.
17	(b) Covered Positions.—The positions referred to
18	in subsection $(a)(1)$ are as follows:
19	(1) WHO Director-General.
20	(2) WHO Deputy Director-General.
21	(3) Chef de Cabinet.
22	(4) Executive Director for External Relations
23	and Governance.
24	(5) Executive Director, WHO Health Emer-
25	gencies Programme.

1	(6) Chief Scientist.
2	(7) Senior Advisor to the Director-General, Or-
3	ganizational Change.
4	(8) Special Advisor to the Director-General.
5	(9) Assistant Director-General, Special Advisor
6	to the Director-General, Strategic Priorities.
7	(10) Assistant Director-General, Universal
8	Health Coverage/Healthier Populations.
9	(11) Assistant Director-General, Business Op-
10	erations.
11	(12) Assistant Director-General, WHO's office
12	at the United Nations in New York.
13	(13) Assistant Director-General, Access to
14	Medicines and Health Products.
15	(14) Assistant Director-General, Universal
16	Health Coverage/Communicable and Noncommu-
17	nicable Diseases.
18	(15) Assistant Director-General, Emergency
19	Preparedness and International Health Regulations.
20	(16) Assistant-Director General, Strategic Ini-
21	tiatives.
22	(17) Assistant Director-General, Emergency
23	Response.
24	(18) Director-General's Envoy for Multilateral
25	Affairs

1	(19) Assistant Director-General, Antimicrobial
2	Resistance.
3	(20) Assistant Director-General, for Data, Ana-
4	lytics and Delivery.
5	(21) WHO Regional Director for Africa.
6	(22) WHO Regional Director for the Americas.
7	(23) WHO Regional Director for South-East
8	Asia.
9	(24) WHO Regional Director for Europe.
10	(25) WHO Regional Director for the Eastern
11	Mediterranean.
12	(26) WHO Regional Director for the Western
13	Pacific.
14	(e) Limitation.—No funds may be provided as a
15	United States assessed or voluntary contribution to the
16	World Health Organization in a fiscal year in excess of
17	the amount contributed by any other Member State of the
18	organization during such fiscal year.

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