

The SPEAKER pro tempore. Without objection, the resignations are accepted.

There was no objection.

GLOBAL HEALTH SECURITY ACT OF 2020

Mr. CASTRO of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2166) to authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2166

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Global Health Security Act of 2020”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) In December 2009, President Obama released the National Strategy for Countering Biological Threats, which listed as one of seven objectives “Promote global health security: Increase the availability of and access to knowledge and products of the life sciences that can help reduce the impact from outbreaks of infectious disease whether of natural, accidental, or deliberate origin”.

(2) In February 2014, the United States and nearly 30 other nations launched the Global Health Security Agenda (GHSA) to address several high-priority, global infectious disease threats. The GHSA is a multi-faceted, multi-country initiative intended to accelerate partner countries’ measurable capabilities to achieve specific targets to prevent, detect, and respond to infectious disease threats, whether naturally occurring, deliberate, or accidental.

(3) In 2015, the United Nations adopted the Sustainable Development Goals (SDGs), which include specific reference to the importance of global health security as part of SDG 3 “ensure healthy lives and promote well-being for all at all ages” as follows: “strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”.

(4) On November 4, 2016, President Obama signed Executive Order 13747, “Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats”.

(5) In October 2017 at the GHSA Ministerial Meeting in Uganda, the United States and more than 40 GHSA member countries supported the “Kampala Declaration” to extend the GHSA for an additional 5 years to 2024.

(6) In December 2017, President Trump released the National Security Strategy, which includes the priority action: “Detect and contain biotreats at their source: We will work with other countries to detect and mitigate outbreaks early to prevent the spread of disease. We will encourage other countries to invest in basic health care systems and to strengthen global health security across the intersection of human and animal health to prevent infectious disease outbreaks”.

(7) In September 2018, President Trump released the National Biodefense Strategy, which includes objectives to “strengthen global health security capacities to prevent local bioincidents from becoming

epidemics”, and “strengthen international preparedness to support international response and recovery capabilities”.

SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States to—

(1) promote global health security as a core national security interest;

(2) advance the aims of the Global Health Security Agenda;

(3) collaborate with other countries to detect and mitigate outbreaks early to prevent the spread of disease;

(4) encourage other countries to invest in basic resilient and sustainable health care systems; and

(5) strengthen global health security across the intersection of human and animal health to prevent infectious disease outbreaks and combat the growing threat of antimicrobial resistance.

SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY REVIEW COUNCIL.

(a) ESTABLISHMENT.—The President shall establish a Global Health Security Agenda Interagency Review Council (in this section referred to as the “Council”) to perform the general responsibilities described in subsection (c) and the specific roles and responsibilities described in subsection (e).

(b) MEETINGS.—The Council shall meet not less than four times per year to advance its mission and fulfill its responsibilities.

(c) GENERAL RESPONSIBILITIES.—The Council shall be responsible for the following activities:

(1) Provide policy-level recommendations to participating agencies on Global Health Security Agenda (GHSA) goals, objectives, and implementation.

(2) Facilitate interagency, multi-sectoral engagement to carry out GHSA implementation.

(3) Provide a forum for raising and working to resolve interagency disagreements concerning the GHSA.

(4)(A) Review the progress toward and work to resolve challenges in achieving United States commitments under the GHSA, including commitments to assist other countries in achieving the GHSA targets.

(B) The Council shall consider, among other issues, the following:

(i) The status of United States financial commitments to the GHSA in the context of commitments by other donors, and the contributions of partner countries to achieve the GHSA targets.

(ii) The progress toward the milestones outlined in GHSA national plans for those countries where the United States Government has committed to assist in implementing the GHSA and in annual work-plans outlining agency priorities for implementing the GHSA.

(iii) The external evaluations of United States and partner country capabilities to address infectious disease threats, including the ability to achieve the targets outlined within the WHO Joint External Evaluation (JEE) tool, as well as gaps identified by such external evaluations.

(d) PARTICIPATION.—The Council shall consist of representatives, serving at the Assistant Secretary level or higher, from the following agencies:

(1) The Department of State.

(2) The Department of Defense.

(3) The Department of Justice.

(4) The Department of Agriculture.

(5) The Department of Health and Human Services.

(6) The Department of Labor.

(7) The Department of Homeland Security.

(8) The Office of Management and Budget.

(9) The United States Agency for International Development.

(10) The Environmental Protection Agency.

(11) The Centers for Disease Control and Prevention.

(12) The Office of Science and Technology Policy.

(13) The National Institutes of Health.

(14) The National Institute of Allergy and Infectious Diseases.

(15) Such other agencies as the Council determines to be appropriate.

(e) SPECIFIC ROLES AND RESPONSIBILITIES.—(1) IN GENERAL.—The heads of agencies described in subsection (d) shall—

(A) make the GHSA and its implementation a high priority within their respective agencies, and include GHSA-related activities within their respective agencies’ strategic planning and budget processes;

(B) designate a senior-level official to be responsible for the implementation of this Act;

(C) designate, in accordance with subsection (d), an appropriate representative at the Assistant Secretary level or higher to participate on the Council;

(D) keep the Council apprised of GHSA-related activities undertaken within their respective agencies;

(E) maintain responsibility for agency-related programmatic functions in coordination with host governments, country teams, and GHSA in-country teams, and in conjunction with other relevant agencies;

(F) coordinate with other agencies that are identified in this section to satisfy programmatic goals, and further facilitate coordination of country teams, implementers, and donors in host countries; and

(G) coordinate across GHSA national plans and with GHSA partners to which the United States is providing assistance.

(2) ADDITIONAL ROLES AND RESPONSIBILITIES.—In addition to the roles and responsibilities described in paragraph (1), the heads of agencies described in subsection (d) shall carry out their respective roles and responsibilities described in subsections (b) through (i) of section 3 of Executive Order 13747 (81 Fed. Reg. 78701; relating to Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats), as in effect on the day before the date of the enactment of this Act.

SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL HEALTH SECURITY.

(a) IN GENERAL.—The President shall appoint an individual to the position of United States Coordinator for Global Health Security, who shall be responsible for the coordination of the interagency process for responding to global health security emergencies. As appropriate, the designee shall coordinate with the President’s Special Coordinator for International Disaster Assistance.

(b) CONGRESSIONAL BRIEFING.—Not less frequently than twice each year, the employee designated under this section shall provide to the appropriate congressional committees a briefing on the responsibilities and activities of the individual under this section.

(c) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this subsection, the term “appropriate congressional committees” has the meaning given such term in section 8 of the Global Health Security Act of 2019.

SEC. 6. SENSE OF CONGRESS.

It is the sense of the Congress that, given the complex and multisectoral nature of global health threats to the United States, the President—

(1) should consider appointing an individual with significant background and expertise in public health or emergency response management to the position of United

States Coordinator for Global Health Security, as required by section 5(a), who is an employee of the National Security Council at the level of Deputy Assistant to the President or higher; and

(2) in providing assistance to implement the strategy required under section 7(a), should—

(A) coordinate, through a whole-of-government approach, the efforts of relevant Federal departments and agencies to implement the strategy;

(B) seek to fully utilize the unique capabilities of each relevant Federal department and agency while collaborating with and leveraging the contributions of other key stakeholders; and

(C) utilize open and streamlined solicitations to allow for the participation of a wide range of implementing partners through the most appropriate procurement mechanisms, which may include grants, contracts, cooperative agreements, and other instruments as necessary and appropriate.

SEC. 7. STRATEGY AND REPORTS.

(a) STRATEGY.—The United States Coordinator for Global Health Security (appointed under section 5(a)) shall coordinate the development and implementation of a strategy to implement the policy aims described in section 3, which shall—

(1) set specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans that reflect international best practices relating to transparency, accountability, and global health security;

(2) support and be aligned with country-owned global health security policy and investment plans developed with input from key stakeholders, as appropriate;

(3) facilitate communication and collaboration, as appropriate, among local stakeholders in support of a multi-sectoral approach to global health security;

(4) support the long-term success of programs by building the capacity of local organizations and institutions in target countries and communities;

(5) develop community resilience to infectious disease threats and emergencies;

(6) leverage resources and expertise through partnerships with the private sector, health organizations, civil society, non-governmental organizations, and health research and academic institutions; and

(7) support collaboration, as appropriate, between United States universities, and public and private institutions in target countries and communities to promote health security and innovation.

(b) COORDINATION.—The President, acting through the United States Coordinator for Global Health Security, shall coordinate, through a whole-of-government approach, the efforts of relevant Federal departments and agencies in the implementation of the strategy required under subsection (a) by—

(1) establishing monitoring and evaluation systems, coherence, and coordination across relevant Federal departments and agencies; and

(2) establishing platforms for regular consultation and collaboration with key stakeholders and the appropriate congressional committees.

(c) STRATEGY SUBMISSION.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the President, in consultation with the head of each relevant Federal department and agency, shall submit to the appropriate congressional committees the strategy required under subsection (a) that provides a detailed description of how the United States intends to advance the policy set forth in section 3 and the agency-specific plans described in paragraph (2).

(2) AGENCY-SPECIFIC PLANS.—The strategy required under subsection (a) shall include specific implementation plans from each relevant Federal department and agency that describes—

(A) the anticipated contributions of the department or agency, including technical, financial, and in-kind contributions, to implement the strategy; and

(B) the efforts of the department or agency to ensure that the activities and programs carried out pursuant to the strategy are designed to achieve maximum impact and long-term sustainability.

(d) REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date on which the strategy required under subsection (a) is submitted to the appropriate congressional committees under subsection (c), and not later than October 1 of each year thereafter, the President shall submit to the appropriate congressional committees a report that describes the status of the implementation of the strategy.

(2) CONTENTS.—The report required under paragraph (1) shall—

(A) identify any substantial changes made in the strategy during the preceding calendar year;

(B) describe the progress made in implementing the strategy;

(C) identify the indicators used to establish benchmarks and measure results over time, as well as the mechanisms for reporting such results in an open and transparent manner;

(D) contain a transparent, open, and detailed accounting of expenditures by relevant Federal departments and agencies to implement the strategy, including, to the extent practicable, for each Federal department and agency, the statutory source of expenditures, amounts expended, partners, targeted populations, and types of activities supported;

(E) describe how the strategy leverages other United States global health and development assistance programs;

(F) assess efforts to coordinate United States global health security programs, activities, and initiatives with key stakeholders;

(G) incorporate a plan for regularly reviewing and updating strategies, partnerships, and programs and sharing lessons learned with a wide range of stakeholders, including key stakeholders, in an open, transparent manner; and

(H) describe the progress achieved and challenges concerning the United States Government's ability to advance the Global Health Security Agenda across priority countries, including data disaggregated by priority country using indicators that are consistent on a year-to-year basis and recommendations to resolve, mitigate, or otherwise address the challenges identified therein.

(e) FORM.—The strategy required under subsection (a) and the report required under subsection (d) shall be submitted in unclassified form but may contain a classified annex.

SEC. 8. COMPLIANCE WITH THE FOREIGN AID TRANSPARENCY AND ACCOUNTABILITY ACT OF 2016.

Section 2(3) of the Foreign Aid Transparency and Accountability Act of 2016 (Public Law 114-191; 22 U.S.C. 2394c note) is amended—

(1) in subparagraph (C), by striking “and” at the end;

(2) in subparagraph (D), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(E) the Global Health Security Act of 2020.”

SEC. 9. DEFINITIONS.

In this Act:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means—

(A) the Committee on Foreign Affairs and the Committee on Appropriations of the House of Representatives; and

(B) the Committee on Foreign Relations and the Committee on Appropriations of the Senate.

(2) GLOBAL HEALTH SECURITY.—The term “global health security” means activities supporting epidemic and pandemic preparedness and capabilities at the country and global levels in order to minimize vulnerability to acute public health events that can endanger the health of populations across geographical regions and international boundaries.

SEC. 10. SUNSET.

This Act, and the amendments made by this Act, (other than section 5) shall cease to be effective on December 31, 2024.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. CASTRO) and the gentleman from Texas (Mr. McCAUL) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. CASTRO).

GENERAL LEAVE

Mr. CASTRO of Texas. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2166.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. CASTRO of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, pandemics don't respect borders and they don't care about nationalities. We have witnessed that this year with the spread of the coronavirus. That is why this bill comes before us at a critical time. I want to say a very big thank you to GERRY CONNOLLY from Virginia for authoring this important legislation.

In the last 8 months, we have watched this pandemic spread around the world, upending the global economy, disrupting our lives and creating grave uncertainty about what happens next. Unfortunately, the administration's catastrophic response to the current COVID-19 pandemic has led to nearly 200,000 American deaths.

Madam Speaker, I reserve the balance of my time.

COMMITTEE ON ARMED SERVICES,

HOUSE OF REPRESENTATIVES,

Washington, DC, July 30, 2020.

Hon. ELIOT L. ENGEL,

Chairman, Committee on Foreign Affairs,
House of Representatives, Washington, DC.

DEAR CHAIRMAN ENGEL: I am writing to you concerning H.R. 2166, the “Global Health Security Act of 2020.” There are certain provisions in this legislation that fall within the Rule X jurisdiction of the Armed Services Committee.

In the interest of permitting your Committee to proceed expeditiously to floor consideration of this important bill, we will not formally consider H.R. 2166. We do so with the understanding that by waiving consideration of the bill, the Committee on Armed

Services does not waive any future jurisdictional claims over the subject matters contained in the bill which fall within its Rule X jurisdiction.

Please ensure that our exchange of letters is included in the Congressional Record during floor consideration of the bill. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective Committees.

Sincerely,

ADAM SMITH,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC, July 31, 2020.

Hon. ADAM SMITH,
*Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.*

DEAR CHAIRMAN SMITH: I am writing to you concerning H.R. 2166, the Global Health Security Act. I appreciate your willingness to work cooperatively on this legislation.

I acknowledge that provisions of the bill fall within the jurisdiction of the House Committee on Armed Services under House Rule X, and that your Committee will forgo action on H.R. 2166 to expedite floor consideration. I further acknowledge that the inaction of your Committee with respect to the bill does not waive any future jurisdictional claim over the matters contained in the bill that fall within your jurisdiction. I will also support the appointment of House Armed Services Committee conferees during any House-Senate conference convened on this legislation.

Lastly, I will ensure that our exchange of letters is included in the Congressional Record during floor consideration of the bill. Thank you again for your cooperation regarding the legislation. I look forward to continuing to work with you as the measure moves through the legislative process.

Sincerely,

ELIOT L. ENGEL,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC, July 31, 2020.

Hon. ADAM B. SCHIFF,
*House Permanent Select Committee on Intelligence,
House of Representatives, Washington, DC.*

DEAR CHAIRMAN SCHIFF: I am writing to you concerning H.R. 2166, the Global Health Security Act. I appreciate your willingness to work cooperatively on this legislation.

I acknowledge that provisions of the bill fall within the jurisdiction of the House Permanent Select Committee on Intelligence under House Rule X, and that your Committee will forgo action on H.R. 2166 to expedite floor consideration. I further acknowledge that the inaction of your Committee with respect to the bill does not waive any future jurisdictional claim over the matters contained in the bill that fall within your jurisdiction. I will also support the appointment of House Permanent Select Committee on Intelligence conferees during any House-Senate conference convened on this legislation.

Lastly, I will ensure that our exchange of letters is included in the Congressional Record during floor consideration of the bill. Thank you again for your cooperation regarding the legislation. I look forward to continuing to work with you as the measure moves through the legislative process.

Sincerely,

ELIOT L. ENGEL,
Chairman.

PERMANENT SELECT COMMITTEE ON
INTELLIGENCE, HOUSE OF REP-
RESENTATIVES,

August 24, 2020.

Hon. ELIOT ENGEL,
*Committee on Foreign Affairs,
House of Representatives, Washington, DC.*

DEAR CHAIRMAN ENGEL: I am writing to you concerning H.R. 2166, the Global Health Security Act. Certain provisions in the legislation fall within the jurisdiction of the House Permanent Select Committee on Intelligence (HPSCI), as set forth in Rule X of the House of Representatives for the 116th Congress.

In the interest of permitting your committee to proceed expeditiously to floor consideration of this important bill, I am willing to waive this committee's right to sequential referral. By waiving consideration of H.R. 2166, HPSCI does not waive any future jurisdictional claim over the subjects contained in the bill which fall within HPSCI's Rule X jurisdiction. I further request that you urge the Speaker to appoint members of HP SCI to any conference committee which is named to consider provisions addressing such subjects.

Finally, I ask that our exchange of letters be included in the Congressional Record during consideration of the measure on the House floor.

I continue to be grateful for the cooperative spirit in which you have worked regarding this matter and others between our respective committees, and look forward to a prompt floor vote on H.R. 2166.

Sincerely,

ADAM B. SCHIFF,
Chairman.

Mr. MCCAUL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, as this painful year has hammered home: viruses and pandemics know no borders. The bipartisan Global Health Security Act reaffirms our commitment to promoting global health security as a core issue of national security.

This bill—and I want to thank my friend, GERRY CONNOLLY and STEVE CHABOT, who, I am not sure if he will be able to speak or not—but I want to thank them for bringing this bill forward.

This bill directs the President to establish an interagency review council that will support our executive branch agencies and ensure coordination between their efforts. It also requires the designation of a lead official as the United States coordinator for Global Health Security, who will be responsible for coordinating the U.S. response to global health crises across agencies.

As our country continues to fight COVID-19 and this pandemic, we must make sure our preparations to fight future threats to the health and security of Americans are as efficient and effective as they can be.

Madam Speaker, I want to thank the sponsors of the bill, Mr. CONNOLLY and Mr. CHABOT, for their leadership in supporting and introducing this bill.

I reserve the balance of my time.

Mr. CASTRO of Texas. Madam Speaker, I yield 5 minutes to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY. Madam Speaker, I thank my good friend from Texas (Mr.

CASTRO) and my other good friend from Texas (Mr. MCCAUL) for their leadership and generosity in allowing us to bring this bipartisan bill before the floor.

Madam Speaker, I rise, of course, in support of H.R. 2166, the Global Health Security Act, which reaffirms the United States' commitment in promoting global health security.

I first introduced this bill in partnership with my colleague, STEVE CHABOT of Ohio, 2 years ago, before the pandemic, when we identified a dearth of leadership and strategy around U.S. planning for a global health security emergency.

Tragically, the global COVID-19 pandemic has underscored not only the need for a robust Federal response to such a crisis, but also the importance of investing in global health security around the world because viruses and diseases do not respect national borders. We are truly in this together.

Amid concerns about the response to COVID-19, I welcome the fact that the House Foreign Affairs Committee coalesced around a bipartisan solution that addresses deficiencies in the current response as well as to demonstrate a commitment to a comprehensive and sustainable approach to global health security.

One of the critical lessons learned during the U.S. response to the 2014 Ebola outbreak in West Africa was the need for a permanent designated official responsible for coordinating the interagency response to a global health security emergency in the event of a pandemic.

In fact, the primary recommendation of the recent CSIS report on Strengthening America's Health Security is to restore the health security leadership at the White House National Security Council by naming a senior level leader in charge of coordinating U.S. efforts to anticipate, to prevent, and to respond to biological crises.

Despite bipartisan support, sadly, the administration eliminated the previous NSC position responsible for just such a crisis 2 years ago.

At a time when decisive leadership and robust Federal coordination is sorely needed to combat the global COVID-19 pandemic, our Global Health Security Act would reestablish the government-wide lead for pandemic response by creating a U.S. coordinator.

This legislation also establishes an interagency review council, as Mr. MCCAUL indicated, charged with implementing U.S. commitments around a Global Health Security Agenda and sets important metrics for global health security planning.

And the bill requires a global health security strategy that helps other countries, as well as our own, to strengthen their healthcare systems in order to detect, prevent and mitigate outbreaks early.

Republican and Democratic Presidents have recognized the critical importance of global health security,

from President Obama's role in launching the Global Health Security Agenda to President Trump's National Security Strategy and National Biodefense Strategy.

Whether it is the current COVID-19 pandemic or the next crisis, it is clear these threats are going to be ongoing and perhaps increasing. Saving lives from the next global pandemic starts with investing in preparedness before it strikes. As we have seen time and again, diseases don't respect borders, and global health crises have immense security, economic, and humanitarian consequences, as we are seeing now.

Our Global Health Security Act recognizes the critical role of U.S. leadership in international health security and enshrines U.S. global health security policy in statute.

I am proud that this bill passed the House Foreign Affairs Committee unanimously and was included in both the House-passed HEROES Act and the House-passed National Defense Authorization Act.

The Global Health Security Act is endorsed by ChildFund International, Global Health Council, International Medical Corps, IntraHealth International, the Johns Hopkins Center for Health Security, Nuclear Threat Initiative, the ONE Campaign, PATH, the American Society of Tropical Medicine and Hygiene, Management Sciences for Health, Sabin Vaccine Institute, The Borgen Project, and the American Society for Microbiology, among others.

Madam Speaker, I want to thank my colleagues on a bipartisan basis, my friend from Ohio, STEVE CHABOT, RICK LARSEN from Washington, BRIAN FITZPATRICK from Pennsylvania, AMI BERA from California, and ANN WAGNER from Missouri, for serving as original cosponsors on this bipartisan bill.

I urge my colleagues to adopt it as a prudent measure in response to this pandemic.

Mr. MCCAUL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I reiterate the vision of both Mr. CONNOLLY and Mr. CHABOT for introducing this bill, and the discussions I believe, as the gentleman stated from Virginia, took place 2 years ago, well before the COVID-19 pandemic.

Madam Speaker, I yield 5 minutes to the gentleman from Ohio (Mr. CHABOT), who introduced the bill and is the co-author.

Mr. CHABOT. Madam Speaker, I want to thank the ranking member for yielding. And I want to thank the gentleman from Virginia (Mr. CONNOLLY) for his leadership on this.

Madam Speaker, I rise in support of H.R. 2166, the Global Health Security Act. And this was already stated, it was bipartisan legislation offered by my good friend, Mr. CONNOLLY. We have worked on a whole range of issues in a bipartisan manner over the years. He is a Democrat and I am a Republican, but we actually worked together.

He and I introduced it at the beginning of last year. So this was early 2019 to strengthen U.S. and global preparedness for and capacity to respond to pandemics like the coronavirus.

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This legislation was not born out of the coronavirus. It was born out of a bipartisan vision for strengthening global health systems around the world in case a disease like the coronavirus emerged. And as we know, it did, catching the whole world really flat-footed.

Congressman CONNOLLY and I introduced this legislation in April 2019, well before anyone had ever heard the term "COVID-19." When the Foreign Affairs Committee considered this legislation in March of this year, there were 100,000 coronavirus cases worldwide. That number has now risen, as we know, to over 30 million that we know of.

The Global Health Security Act has two main objectives.

First, it codifies bipartisan support for the Global Health Security Agenda. This multilateral partnership started under the Obama administration and was embraced by the Trump administration. It aims to strengthen health systems and laboratories in countries across the globe so that they meet International Health Regulation standards.

Many of our constituents may wonder why we should support health systems abroad when there are so many needs here at home. Well, the coronavirus pandemic clearly shows that a weak and opaque health system in another country—in this case, China—can directly threaten us right here in America. That is why we must remain vigilant, so we can contain future emergent deadly diseases where they originate before they have a chance to become a pandemic and affect us here at home.

Second, our bill makes sure that we have the personnel in place to prepare and respond to pandemics like the coronavirus. We need someone to coordinate our government's response since that response inevitably involves several agencies across the government, from the State Department to the CDC, et cetera.

Several Republicans, including then-Chairman Ed Royce, called on the Obama administration to appoint a single point person with a health background during the Ebola outbreak back in 2014. President Obama's team got it half right by choosing a single person, who was a political appointee. The Trump administration appointed Dr. Debbie Birx, this time a universally respected health expert, as White House Coronavirus Response Coordinator under Vice President MIKE PENCE.

In any event, our bill would make this position permanent so that when the next pandemic comes, America and the world are fully prepared to address that crisis.

Witnessing the death toll and the economic devastation that the coronavirus has brought, I think all Americans will agree that protecting our Nation's health from future pandemics must be seen as a national security priority. We need to take this opportunity to recommit to leadership on global health security and prepare the world to face and defeat the next pandemic.

I urge my colleagues to support this bill. I again thank the gentleman from Virginia (Mr. CONNOLLY) for his leadership on this bill.

Mr. CASTRO of Texas. Madam Speaker, I reserve the balance of my time.

Mr. MCCAUL. Madam Speaker, I yield 3 minutes to the gentlewoman from Missouri (Mrs. WAGNER), an esteemed member of the Foreign Affairs Committee, the vice chairwoman of the Foreign Affairs Committee, and also a cosponsor of this bill.

Mrs. WAGNER. Madam Speaker, I thank the ranking member for yielding.

Madam Speaker, I rise today in support of H.R. 2166, the bipartisan Global Health Security Act. This very important bill will greatly bolster the United States' ability to prevent and respond to global health threats like the coronavirus pandemic.

As we have seen during this tragedy, infectious diseases can spread across borders and oceans with deadly speed. Improving nations' abilities to address public health threats before they spin out of control is, in fact, a matter of national security.

The United States must lead the way in strengthening international health security measures. Investing in multilateral initiatives that reduce the threat of global health catastrophes is a bipartisan priority, and I am proud to colead this landmark bill with Representatives CONNOLLY, CHABOT, BERA, FITZPATRICK, and LARSEN.

The Global Health Security Act establishes a special adviser for global health security at the National Security Council, ensuring that U.S. efforts to respond to public health emergencies are efficient and well-coordinated.

It also requires the United States to proactively strategize for future crises and strengthens our ability to help our partners fight and contain outbreaks within their own borders.

The Global Health Security Act will save lives by helping us prepare for or prevent the next pandemic. I urge my colleagues to support this bill.

Mr. CASTRO of Texas. Madam Speaker, I reserve the balance of my time.

Mr. MCCAUL. Madam Speaker, I yield myself the balance of my time.

The thing I really enjoy about the Foreign Affairs Committee, as I know the Speaker would agree with me, is that it is bipartisan. I would say that the majority of bills passed out of our committee—in fact, I would say no

other committee has passed more bipartisan bills than the House Committee on Foreign Affairs, as it should be.

I thank my good friend JOAQUIN CASTRO from Texas.

Of course, Madam Speaker, you are from Texas. We seem to have a trifecta here today from Texas.

But I will say Chairman ENGEL has been a great partner to me, working together as a chairman and ranking member should on a national security committee. We should put the interests of the Nation above partisan politics, and that has been our charge and our duty.

I am, quite frankly, proud to say that is how we have conducted ourselves in this Congress. It is very gratifying, Madam Speaker, to close out this session of Congress, before this very tumultuous election cycle and very divisive time in our politics and our American history, but for me to be able to close this out in a very bipartisan way, that, I think, is what most Americans out there want from their leaders in the Congress.

I thank the gentleman from Texas and the Speaker from Texas for your bipartisan support. I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. CASTRO of Texas. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

As the saying goes, an ounce of prevention is worth a pound of cure, and that is undoubtedly true in global health. We have seen firsthand the dangers of a lack of preparedness.

Today's legislation will prepare a coordinated response for future pandemics. I give a special thank you to Mr. CONNOLLY for authoring this important legislation and, of course, I thank Mr. MCCAUL of Texas and the others who have worked in a bipartisan way to get this bill to the floor today.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Ms. JACKSON LEE). The question is on the motion offered by the gentleman from Texas (Mr. CASTRO) that the House suspend the rules and pass the bill, H.R. 2166, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ELECTING CERTAIN MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. JEFFRIES. Madam Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1135

Resolved, That the following named Members be, and are hereby, elected to the fol-

lowing standing committees of the House of Representatives:

COMMITTEE ON NATURAL RESOURCES: Ms. Barragán (to rank immediately after Mr. Garcia of Illinois).

COMMITTEE ON WAYS AND MEANS: Mr. Richmond (to rank immediately after Mr. Horsford).

Mr. JEFFRIES (during the reading). Madam Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

GLOBAL CHILD THRIVE ACT OF 2020

Mr. CASTRO of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4864) to develop and implement policies to advance early childhood development, to provide assistance for orphans and other vulnerable children in developing countries, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4864

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global Child Thrive Act of 2020".

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to a 2019 report from the United Nations Inter-Agency Group for Child Mortality Estimation entitled "Levels & Trends in Child Mortality", the annual number of deaths among children younger than 15 years of age dropped by 56 percent between 1990 and 2018, from approximately 14,200,000 to approximately 6,200,000.

(2) According to a 2016 article published in The Lancet entitled "Early childhood development: the foundation of sustainable development"—

(A) an estimated 250,000,000 children in low-income and middle-income countries suffer suboptimal development due to poverty and stunting alone; and

(B) children who do not meet developmental milestones are expected to lose about 25 percent of their average yearly income once they become adults.

(3) According to a report from the United Nations Children's Fund (UNICEF), entitled "The State of the World's Children 2016: A fair chance for every child", nearly 250,000,000 of the world's 650,000,000 primary school age children do not master basic literacy and numeracy.

(4) According to a 2018 report from the World Health Organization entitled "Nurturing Care for early childhood development"—

(A) the environment in which a child grows has a profound impact on future learning, behavior, and health; and

(B) a country's economic diversity and growth could be improved by investment in early childhood development.

(5) According to a 2017 UNICEF report entitled "UNICEF's Programme Guidance for Early Childhood Development", nurturing

care, which is key to early childhood development, consists of a core set of interrelated components, including—

(A) behaviors, attitudes, and knowledge about caregiving, including health, hygiene care, and feeding;

(B) stimulation, such as talking, singing, and playing;

(C) responsiveness, such as early bonding, secure attachment, trust, and sensitive communication; and

(D) safety, including routines, protection from violence, abuse, neglect, harm, and environmental pollution.

(6) According to a 2016 report published in The Lancet entitled "Advancing Early Childhood Development: From Science to Scale"—

(A) nurturing care from parents, relatives, and other caregivers and services are formative experiences for young children;

(B) programs promoting nurturing care can improve early childhood development outcomes; and

(C) children who do not receive nurturing care display negative development outcomes, such as greater sensitivity to the effects of stress or behavioral problems, especially children who do not receive nurturing care before their second birthday.

(7) According to the "Advancing Protection and Care for Children in Adversity 2019–2023: A U.S. Government Strategy for International Assistance", children who live without protective family care, in abusive households, on the streets, or in institutions, or who are trafficked, are participating in armed groups, or are being exploited for their labor are more likely to be exposed to violence, exploitation, abuse, and neglect.

(8) According to a 2017 UNICEF report entitled "Early Moments Matter for every child", violence, abuse, neglect, and traumatic experiences produce toxic stress that limits neural connectivity in developing brains.

(9) According to a 2014 working paper from the National Scientific Council on the Developing Child at Harvard University entitled "Excessive Stress Disrupts the Architecture of the Developing Brain"—

(A) situations that produce toxic stress increase the production of cortisol in a child's brain, which disrupts its healthy development; and

(B) chronic stress can potentially affect the expression of genes that regulate the stress response across the life course.

(10) According to a 2018 article in the North Carolina Medical Journal entitled "Adverse Childhood Experiences (ACEs): An Important Element of a Comprehensive Approach to the Opioid Crisis", adverse childhood experiences (ACEs) are traumatic or stressful experiences, including emotional, physical, or sexual abuse, domestic violence, household substance abuse, household mental illness, parental separation or divorce, and the incarceration of a household family member.

(11) According to a 2016 report in Development and Psychopathology entitled "Childhood Adversity and Epigenetic Regulation of Glucocorticoid Signaling Genes: Associations in Children and Adults"—

(A) children and adults are at risk of developing psychiatric disorders and other medical conditions if they have had an adverse childhood experience; and

(B) adults who have had numerous ACEs die nearly 20 years earlier, on average, than adults who have not had numerous ACEs.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the United States Government should continue efforts to reduce child mortality rates and increase attention on prevention efforts and early childhood development programs;