

---

## America and the World Health Organization: Through COVID-19 and Beyond

David M. Goad  
*Liberty University*

Follow this and additional works at: <https://digitalcommons.liberty.edu/jspp>



Part of the [American Politics Commons](#), [International Relations Commons](#), and the [Other Political Science Commons](#)

---

### Recommended Citation

Goad, David M. () "America and the World Health Organization: Through COVID-19 and Beyond," *Liberty University Journal of Statesmanship & Public Policy*. Vol. 2 : Iss. 1 , Article 5.  
Available at: <https://digitalcommons.liberty.edu/jspp/vol2/iss1/5>

This Research Article is brought to you for free and open access by Scholars Crossing. It has been accepted for inclusion in Liberty University Journal of Statesmanship & Public Policy by an authorized editor of Scholars Crossing. For more information, please contact [scholarlycommunications@liberty.edu](mailto:scholarlycommunications@liberty.edu).

## Introduction

The COVID-19 pandemic has injected many new norms into American society, forming what many have called the “new normal.” Words and phrases—such as “social distancing,” “distance learning,” “contact tracing,” “essential workers,” and “flattening the curve”—once limited to the lexicons of certain professions are now commonplace in American popular culture. In professional sports, cardboard cutouts and artificial crowd noise now serve as home-field advantage, doing little to replace the fans who have no choice but to cheer their team on from home. Even the age-old handshake has been replaced by the “elbow tap” in most social and professional circles, while face coverings have become the poster child of the “new normal.” Not surprisingly, many aspects of this “new normal” have spilled into the political arena, creating new, contentious policy debates regarding civil liberties, federalism, and foreign policy. As it relates to foreign policy, one of these new debates concerns America’s relationship with the World Health Organization (WHO).

As the COVID-19 pandemic has demonstrated, in today’s interconnected, globalized world, the state of global health has profound implications for the national security and economic interests of the United States (U.S.) and thus the overall well-being of American citizens. Almost a year after COVID-19 first surfaced in Wuhan, China, the international community continues to reel from the myriad medical, economic, and social impacts of the COVID-19 pandemic. In the U.S., the pandemic has brought the country’s relationship with the World Health Organization (WHO) into serious question, concerning both America’s financial support of the WHO and its membership in the Organization. Both the former and the latter raise significant questions concerning global health, the international balance of power, the responsible use of American taxpayer dollars, and U.S. economic and national security interests. Using WHO statistics, expertise and research from both the international and domestic health communities, and analysis from both sides of America’s political aisle, the following pages seek to provide and rationalize a holistic and responsible policy solution as an answer to the essay’s essential question: Should the U.S. remain in the WHO, and if so, in what capacity?

The first section will provide a brief overview of the pandemic and its impact on the U.S. to provide perspective. Subsequently, existing U.S. policy—that is, the pre-COVID status quo—concerning the WHO will be examined, weighing both the pros and cons of this approach. This examination and analysis of existing policy will provide context and serve as the foundation of the final section, which seeks to answer the essential question in the form of a holistic policy recommendation, along with a rationale for the policy approach recommended.

## Overview

In the final month of 2019, what is now known as COVID-19 first surfaced in Wuhan, the largest city in China’s Hubei province. On December 31, 2019, the World Health Organization published its first report on what would come to be known as COVID-19, stating that its China Country Office was “informed of a pneumonia of unknown cause” in Wuhan and that the Organization was “staying in close contact” with Chinese authorities as it monitored the situation.<sup>1</sup> Four weeks later, WHO Director-General Tedros Adhanom met with the Chinese president Xi Jinping to discuss what was, at the time, referred to as the “novel coronavirus.”

---

<sup>1</sup> “Coronavirus Disease (COVID-19) – Events as They Happen,” World Health Organization, accessed November 29, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

Topics at this meeting included “continued collaboration” between the WHO and Chinese authorities on containment measures, further studies regarding severity and transmission, and the sharing of data and biological material.<sup>2</sup> In the short-term, China agreed to allow the WHO to send experts to China to “work with Chinese counterparts on increasing understanding of the outbreak to guide global response efforts.”<sup>3</sup>

Since these early developments, there have been approximately 130 million cases of COVID-19 confirmed worldwide, along with nearly 3 million deaths.<sup>4</sup> With these figures continuing to rise, the U.S. is currently the world leader in both categories.<sup>5</sup> Indeed, these are staggering figures for a virus that—according to the WHO in a January 2020 post to its official Twitter account—showed “no evidence of human-to-human” transmission.<sup>6</sup>

Aside from this impact on human life and health, the global economy has been significantly impacted by the virus’ spread, and as the international community continues to deal with the myriad psychological, economic, and health-related side effects of COVID-19, it has, understandably, looked for some entity on which to place the blame. Both within the U.S. and the international community, it is the WHO that is receiving much of this blame. The most visible figure pointing a finger at the WHO at the pandemic’s outset was former U.S. President Donald Trump, at the time going so far as to pledge U.S. withdrawal from its membership in and financial support of the Organization.<sup>7</sup> Per *Stat*, an American health-related news source, President Trump cited the WHO’s protection of China “as the coronavirus pandemic took off” as his rationale.<sup>8</sup> While halting funding and ending the country’s relationship with the WHO did not receive bipartisan support—and in some cases not even within the President’s party—ire towards the WHO was expressed by prominent figures in both major parties.<sup>9</sup> One of the most outspoken Democrats at the beginning of the virus’ outbreak was New York Governor Andrew Cuomo, whose state has been arguably the most impacted by the virus. In April 2020, Cuomo echoed Trump’s misgivings about the WHO’s initial handling of COVID-19 stating, “The president says it’s the World Health Organization, and that’s why he’s taken action against them. Not my field [foreign policy]. But he’s right to ask the question because this was too little, too late.”<sup>10</sup>

Current events have made America’s involvement in and financial support of the WHO a hot-button issue in American foreign policy circles over the last year. However, the pandemic has merely served as a sounding board for a debate that has been brewing over the last decade in

---

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> The Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), “COVID-19 Dashboard,” Johns Hopkins Coronavirus Resource Center, accessed April 4, 2021. <https://coronavirus.jhu.edu/map.html>.

<sup>5</sup> Ibid.

<sup>6</sup> Kathy Gilsinan, “How China Deceived the WHO,” *The Atlantic*, April 12, 2020, accessed December 01, 2020. <https://www.theatlantic.com/politics/archive/2020/04/world-health-organization-blame-pandemic-coronavirus/609820/>.

<sup>7</sup> Andrew Joseph and Helen Branswell, “Trump: U.S. Will Terminate Relationship with the World Health Organization in Wake of COVID-19 Pandemic,” *Stat*, May 29, 2020, accessed November 29, 2020. <https://www.statnews.com/2020/05/29/trump-us-terminate-who-relationship/>.

<sup>8</sup> Ibid.

<sup>9</sup> Peter Sullivan, “Senate GOP Chairman Criticizes Trump Withdrawal from WHO,” *The Hill*, May 29, 2020, accessed December 22, 2020. <https://thehill.com/policy/healthcare/500205-senate-gop-chairman-criticizes-trump-withdrawal-from-who>.

<sup>10</sup> Marisa Fernandez, “Cuomo: WHO was ‘too little, too late’ on Coronavirus,” *Axios*, April 24, 2020, accessed November 29, 2020. <https://www.axios.com/cuomo-world-health-organization-coronavirus-346afe6b-50c9-4b11-9154-9431611505c1.html>.

America. As James M. McCormick notes, myriad factors over the last decade—such as the 2008 recession, increasing government debt, and the continuing war in Afghanistan—have fostered a mood of “constrained internationalism” in America.<sup>11</sup> More specifically, while a majority of the American public still favors America’s active role in the international community, an increasing number of Americans support scaling back international ambitions and commitments, not necessarily calling on America to “abandon its international role” but for the country to be more “selective” in some areas while remaining multilateral in others.<sup>12</sup> Such feelings have led to a steep drop in support for America’s role in strengthening intergovernmental organizations (IOs) such as the United Nations (UN) and the WHO.<sup>13</sup>

Given the rise of a constrained internationalist mood in America before the COVID-19 pandemic, it is reasonable to suggest that the WHO’s shortcomings at the pandemic’s outset have heightened these sentiments, placing America at a crossroads when it comes to its membership in and financial support of the WHO. In navigating this crossroads, it is important for U.S. policymakers to consider America’s role in the WHO both in the immediate and distant futures. In considering these short and long-term measures, U.S. foreign policymakers must find a balance between two important factors, each of which carries considerable biblical significance. First, they must consider the importance of projecting soft power in the spirit of Proverbs 19:17, of which the first clause is the most important: “Whoever is kind to the poor lends to the Lord, and he will reward them for what they have done” (NIV). In doing so, however, they must also consider implications of financial decisions in the spirit of Proverbs 10:4, which proclaims, “Lazy hands make for poverty, but diligent hands bring wealth.”

## **Examination of Existing Policy: The Pre-COVID Status Quo**

### **Membership and Assessed Funding**

To properly assess and conceptualize where U.S. policy regarding the WHO should move in both the immediate and distant futures, it is important to analyze the pre-COVID status quo and weigh the pros and cons of these policies. In doing so, necessary context is provided for subsequent sections, especially as it relates to spending, economic and national security, the international balance of power, and global health. Ultimately this context will serve as a foundation upon which readers can differentiate between existing policy and the policy recommendation made in the subsequent section.

A discussion of the existing policy must begin with America’s membership in the WHO. This is important because membership in the Organization comes with a nondiscretionary fee—or what is referred to as an “assessed” fee for member states. In layman’s terms, the assessed fee for member states equates to “membership dues,” which are calculated by a formula that takes into account the size of a member state’s economy and population.<sup>14</sup> According to WHO statistics, consistent with the 2018-2019 biennium, America’s current assessed fee is roughly

---

<sup>11</sup> James M. McCormick, *American Foreign Policy & Process*, 6th ed. (Boston: Wadsworth/Cengage Learning, 2014), 525.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> People’s Health Movement et al., *Global Health Watch 5: An Alternative World Health Report* (London: Zed Books, 2017), 241. <https://phmovement.org/wp-content/uploads/2018/07/D1.pdf>.

\$118.5 million (USD) per year in the current biennium (2020-2021), amounting to roughly a quarter (22%) of all assessed fees collected by the Organization from its member states.<sup>15</sup>

Comparatively speaking, America's chief international rivals—China and Russia—are assessed fees considerably lower than that of the U.S. In the 2018-2019 biennium, China and Russia, collectively, paid less than half of what the U.S. paid annually at roughly \$38 million (USD) and \$15 million (USD), respectively.<sup>16</sup> In the current biennium, China saw its annual fee increase to nearly \$64.5 million (USD), second behind the U.S. in annual assessed fees, yet making up only 12% of the WHO's total assessed fees—10% less than that of the U.S.<sup>17</sup> On the other hand, Russia saw its annual fee drop in the current biennium to approximately \$13 million (USD), which will account for just 2.4% of the WHO's assessed fees at the close of 2021.<sup>18</sup> For further comparison regarding assessed fees, collectively, the states that currently form the European Union (EU) barely outpace the U.S. in assessed fees in the current biennium. By the end of 2021, the 27 member states of the EU will have altogether paid approximately \$258.8 million (USD) in assessed fees, equating to just under 24% of the WHO's total assessed figures.<sup>19</sup> The above figures are provided as comparison points not to broach a discussion over impartiality but to show two things. First, how important the U.S. is to the WHO and thus the international community and global health from a financial perspective. And second, to conceptualize the price America pays to remain a member of the WHO—especially in comparison to other member states—which will carry much significance moving forward not only with regard to spending, but the international balance of power as well.

### Voluntary Funding

In addition to their nondiscretionary “membership fees,” member states also make voluntary contributions. According to a Congressional Research Service (CRS) report conducted in April 2020, in the years leading up to the pandemic (2012-2018), the U.S. averaged nearly \$254 million (USD) per year in voluntary contributions to the WHO.<sup>20</sup> Voluntary funding is made through several executive branch accounts—which, is initially appropriated through Congress—including the Agency for International Development (USAID), Health and Human Services (HHS), Center for Disease Control (CDC), and the State Department's Migration and Refugee's account.<sup>21</sup> According to the same CRS report, the majority of voluntary funding in

---

<sup>15</sup> “Assessed Contributions,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2018-19/contributors/overview/ac>; “Assessed Contributions,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2020-21/contributors/overview/ac>.

<sup>16</sup> “Assessed Contributions,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2018-19/contributors/overview/ac>.

<sup>17</sup> “Assessed Contributions,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2020-21/contributors/overview/ac>.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Luisa Blanchfield and Tiaji Salaam-Blyther, “US Funding to the World Health Organization (WHO),” everyCRSreport.com, April 30, 2020, accessed December 01, 2020. [https://www.everycrsreport.com/reports/IN11369.html#:~:text=U.S.%20Voluntary%20Funding&text=Congress%20appropriates%20overall%20funding%20for,needs%20and%20U.S.%20policy%20priorities.&text=U.S.%20voluntary%20contributions%20fluctuate%20yearly%20\(Figure%201\)](https://www.everycrsreport.com/reports/IN11369.html#:~:text=U.S.%20Voluntary%20Funding&text=Congress%20appropriates%20overall%20funding%20for,needs%20and%20U.S.%20policy%20priorities.&text=U.S.%20voluntary%20contributions%20fluctuate%20yearly%20(Figure%201)).

<sup>21</sup> Ibid.

recent years has been “allocated through USAID and HHS-related accounts for activities focused on infectious disease control, malaria control, and emergency response.”<sup>22</sup>

The comparative statistics for voluntary funding are not as staggering for the U.S. as are the statistics for assessed fees. Specified (or earmarked) voluntary contributions make up the largest portion of voluntary donations to the WHO. In the 2018-2019 biennium, the U.S. was the world leader in specified voluntary contributions to the WHO, earmarking \$655 million (USD) towards specific programs.<sup>23</sup> Two nongovernmental organizations (NGOs) followed the U.S.—the Bill and Melinda Gates Foundation (BMGF) and Gavi, The Vaccine Alliance (GAVI), respectively.<sup>24</sup> The second-largest member-state contributor in the 2018-2019 biennium for specified voluntary contributions was the United Kingdom (UK), which directly followed the BMGF and GAVI Alliance at approximately \$318.5 million (USD) in donations to specific programs.<sup>25</sup> Through the third quarter of the WHO’s 2020 fiscal year, the U.S. ranks third in specified voluntary contributions, currently at approximately \$357 million (USD) behind the BMGF and Germany, respectively.<sup>26</sup> Where this U.S. statistic regarding voluntary funding should head in the immediate and distant futures will be a significant focal point in the policy recommendation section.

### Pros of Existing Policy

Over the last decade, the U.S. has consistently been the leader in both voluntary and assessed contributions by member states, and there are both pros and cons to these policies.<sup>27</sup> Before moving on to the specific pros and cons, it is important to point out one additional difference between voluntary and assessed funds as it relates to benefits for the U.S.: The WHO may use financing from the latter in a discretionary manner, while most funds allocated voluntarily—either by member states or NGOs—are often earmarked for specific causes.<sup>28</sup> Thus, funding received through assessed fees is far more flexible for the WHO than those received on a voluntary basis. Moreover, voluntary funding far surpasses assessed financing, so the majority of the WHO’s revenue can be described as inflexible and perhaps tied to the interests of those who allocated the funds.<sup>29</sup>

The first and most obvious benefit of America’s current policy is that by being a member of the WHO, the U.S. has a significant say in shaping global health policy. As Amanda Glassman and Brin Datema of the Center for Global Development note, by withdrawing from the WHO, the U.S. “would lose its ‘seat at the table’ in shaping global practices and guidelines, crisis response operations, and partnerships.”<sup>30</sup> Thus, by pulling itself out of the WHO, the U.S.

---

<sup>22</sup> Ibid.

<sup>23</sup> “Voluntary Contributions Specified,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2018-19/contributors/overview/vcs>.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> “Voluntary Contributions Specified,” World Health Organization, accessed December 22, 2020. <https://open.who.int/2020-21/contributors/overview/vcs>.

<sup>27</sup> People’s Health Movement et al., *Global Health Watch 5: An Alternative World Health Report* (London: Zed Books, 2017), 250. <https://phmovement.org/wp-content/uploads/2018/07/D1.pdf>.

<sup>28</sup> Ibid, 249.

<sup>29</sup> Ibid.

<sup>30</sup> Amanda Glassman and Brin Datema, “What Is the World Health Organization Without the United States?,” Center for Global Development, May 26, 2020, accessed December 1, 2020. <https://www.cgdev.org/blog/what-world-health-organization-without-united-states>.

could potentially empower rival nations in the international balance of power, which could have serious implications given the relationship between global health and U.S. national and economic security. For decades, America’s military strength has been seen as synonymous with its national security and economic interests. However, as one infectious disease specialist and Harvard professor notes, “COVID-19 demonstrates that national security—the security of everyday men, women, and children, of small business, of schools, of the food supply, of livelihoods—relies on health” and that “health in the U.S. is inextricably linked to the health of everyone around the world.”<sup>31</sup> Thus, America’s seat at the WHO “table” could be just as important as its seat at the UN “table” with regard to national security in the current age of globalization.

As it relates to voluntary contributions, the pro here is quite simple: The U.S. can guide WHO policy by earmarking voluntary contributions for specific programs. Thus, the more the U.S. invests voluntarily, in theory, the more influence America has on where and how the WHO spends its money. In 2019, 70% of U.S. voluntary contributions went to program-specific budgets, such as the aforementioned areas of infectious disease control, malaria—and most important in current events—emergency response.<sup>32</sup> As Glassman and Datema note, a reduction in voluntary funding would result in “less attention to disease control objectives the United States cares about” and would leave the U.S. “little say over the guidance and norms that are used by low-income country government partners.”<sup>33</sup>

Lastly, U.S. membership, funding, and cooperation with the WHO benefits the entire international community as it relates to expertise, infrastructure, and the sharing of data. Citing WHO statistics, Glassman and Datema note that a significant portion of the people working around the world for the WHO are U.S. nationals, and nearly 10% of the WHO’s 800 collaborating centers are located in the U.S.—21 of which are housed with CDC centers.<sup>34</sup> This not only gives the U.S. a significant say in global discussions, but the expertise provided by the CDC and other U.S. experts provides significant benefits for global health.

### Cons of Existing Policy

The cons of existing U.S. policy with the WHO can be boiled down to one simple yes-or-no question, and it is a question that every policymaker should ask him or herself when analyzing policy that involves allocating a significant amount of taxpayer dollars: Has the existing U.S. policy seen a return on the investment (R.O.I.) of taxpayer dollars? As it relates to U.S. policy regarding the WHO, U.S. policymakers must apply this question to two scenarios. First, has U.S. membership in the WHO—and the assessed fees associated with this membership—seen a return on the investment of American taxpayer dollars for the American people at the country level? Second, have the financial investments made by the U.S., both assessed and voluntarily, benefited not only the American people but the international

---

<sup>31</sup> Joia Mukherjee, “Global Health Is National Security,” *Just Security*, September 30, 2020, accessed December 01, 2020. <https://www.justsecurity.org/72623/global-health-is-national-security/>.

<sup>32</sup> “The U.S. Government and the World Health Organization,” Kaiser Family Foundation, April 16, 2020, accessed December 01, 2020. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/>.

<sup>33</sup> Amanda Glassman and Brin Datema, “What Is the World Health Organization Without the United States?,” Center for Global Development, May 26, 2020, accessed December 1, 2020. <https://www.cgdev.org/blog/what-world-health-organization-without-united-states>.

<sup>34</sup> *Ibid.*

community as well? In many ways, the WHO's initial handling of COVID-19 suggests a single answer for both questions: No.

The first question is not a selfish question for any American policymaker or citizen to ask. While the WHO is a global, cooperative organization consisting of nearly every country in the world that seeks to improve global health for the collective benefit, member states also join for their own, individual benefit. This much is acknowledged in the WHO's mission statement, which states the Organization's mission as one that seeks to "to promote health, keep the world safe and serve the vulnerable, with measurable impact for people *at the country level* [emphasis added]."<sup>35</sup>

For many in the U.S., COVID-19 has brought its annual \$118 million membership investment into question. As noted earlier, the U.S. currently leads the world in COVID-19 cases and COVID-19-related deaths. While there are certainly questions concerning domestic policy that can be raised about the virus' spread once it reached the U.S., this does not negate the WHO's initial, ineffective response in the virus' early stages. After all, it was the WHO's responsibility, not that of individual member states, to coordinate responsibly with China to properly inform the international community.

The largest knock on the WHO's initial response to the pandemic was its lack of transparency and inability to obtain information vital to the international community. In May 2020, former HHS Secretary Alex Azar noted this failure, citing it as a primary reason the COVID-19 outbreak spread out of control: "There was a failure by this organization to obtain the information that the world needed. And that failure cost many lives."<sup>36</sup> Some have attributed the WHO's failure to "inherent structural problems," such as its reliance on information from member states, which makes the WHO "vulnerable to misinformation and political influence."<sup>37</sup> As will soon be discussed, much of this vulnerability can be connected to the Organization's financial situation.

What's worse, these structural problems appear to have been present before COVID-19 and were not properly addressed. According to Adam Kamradt-Scott, "the WHO's management of the 2009 H1N1 pandemic and of the 2014 outbreak of Ebola Virus Disease (EVD) in West Africa has been perceived as inept, dysfunctional, even shambolic" resulting in "several independent external reviews of the organization's performance," each of which concluded that there was "urgent need to reform" long before COVID-19.<sup>38</sup> Given the WHO's handling of the three most recent significant viral outbreaks, it is reasonable to question the R.O.I. that the U.S. has seen concerning its assessed fees, especially in the last decade. Additionally, as it relates to U.S. voluntary funding, much of which is allocated to emergency response and infectious disease control, it is reasonable to suggest that this R.O.I. has been absent well before the COVID-19 outbreak not just for the U.S., but for the entire international community as well.

---

<sup>35</sup> "Our Values," World Health Organization, accessed December 01, 2020. <https://www.who.int/about/who-we-are/our-values>.

<sup>36</sup> Bill Chappell, "Azar Accuses WHO Of Failure that 'Cost Many Lives' in COVID-19 Pandemic," *NPR*, May 18, 2020, accessed December 01, 2020. <https://www.npr.org/sections/coronavirus-live-updates/2020/05/18/858151841/azar-accuses-who-of-failure-that-cost-many-lives-in-covid-19-pandemic>.

<sup>37</sup> Kathy Gilsinan, "How China Deceived the WHO," *The Atlantic*, April 12, 2020, accessed December 01, 2020. <https://www.theatlantic.com/politics/archive/2020/04/world-health-organization-blame-pandemic-coronavirus/609820/>.

<sup>38</sup> Adam Kamradt-Scott, "WHO's to Blame? The World Health Organization and the 2014 Ebola Outbreak in West Africa," *Third World Quarterly* 37, no. 3 (January 04, 2010), 401, accessed December 04, 2020. <https://doi-org.ezproxy.liberty.edu/10.1080/01436597.2015.1112232>.



In the end, these shortcomings are what have left the U.S. foreign policymakers at a crossroads when considering the country's relationship with the WHO. When navigating this crossroads, it is important to consider the pros as well as the cons of this relationship both in the immediate and distant futures. Failing to recognize the pros could have serious implications for the U.S. concerning global politics, national security, and global health—thus they cannot be ignored. But neither can it be ignored that the U.S. is spending a significant sum of taxpayer dollars on an organization that has been consistently ineffective at accomplishing what it was established to do. Thus, it is important to both compartmentalize and learn from the cons that have been highlighted by COVID-19, while still acknowledging the pros. By compartmentalizing the cons, it is possible to acknowledge the benefits that can come with existing policy while simultaneously working to responsibly address the drawbacks.

## The Path Forward

### Policy Recommendation

Given the role that global health plays in U.S. national security and economic interests, in addition to the financial investment that the U.S. has already made in the Organization, the U.S. must remain a *committed* member state of the WHO in both the immediate and distant futures. In addition to maintaining its membership status, the U.S. should aim to take a leading role among member states in reforming the structural deficiencies that have led to the WHO's lack of success in handling not just COVID-19, but other recent global health crises as well. In taking this leading role, the U.S. must be ready to commit the necessary resources—money, manpower, and infrastructure—to provide and maintain remedies for these issues through voluntary funding, which could potentially include increased levels of voluntary funding. However, this funding should be under the condition that, once the pandemic has passed, the WHO cooperates with a U.S. investigation into the Organization and its handling of the COVID-19 outbreak.

### Rationale for the Short-Term Future

First and foremost, while the WHO certainly mishandled the initial response to COVID-19, there is nothing that can be done now to change what unfolded as a result. The main focus now must be global recovery, and the WHO will be the leading the charge for this in the international community. Thus, the WHO's success in the short-term is inherently connected not just to the international community but to the U.S. on the country level as well because of the relationship between global health and U.S. economic and national security interests.

Vital to the WHO's success is the funding provided by the U.S., consistently the Organization's largest member-state donor in recent years.<sup>39</sup> Freezing any funding to the one IO most able to guide the world *out* of the pandemic in the midst of it would be detrimental to improving global health and would prolong its impact on the economic and security interests of America. Representative Eliot Engel, Chairman of the House Foreign Relations Committee, put it best in a communique to former Secretary of State Mike Pompeo earlier this year, acknowledging that freezing funds to the Organization would “only worsen an already dire

---

<sup>39</sup> “Withholding Funding from the World Health Organization Is Wrong and Dangerous, and Must Be Reversed,” *Nature* 580, no. 7804 (April 17, 2020), 431, accessed December 06, 2020. <https://doi-org.ezproxy.liberty.edu/10.1038/d41586-020-01121-1>.

situation by undermining one of our key tools to fight the spreading disease.”<sup>40</sup> A group of medical doctor’s conceptualized Engel’s argument with a simple analogy:

Suppose a large forest fire hits California. Millions of acres are burning, and many towns are threatened. The Forest Service firefighters are cutting breaks and dropping water from helicopters. They plan their strategy using weather models that predict which way wind patterns will push the fire. Unfortunately, the models are imperfect. The wind turns in an unexpected direction. As a result, several towns are destroyed, and there are billions of dollars in damage. What’s the proper response to such a disaster? If you were the current U.S. government [Trump Administration], you would shut down the Forest Service in the midst of the fire. At least that’s what’s happening now with the World Health Organization (WHO).<sup>41</sup>

### Rationale for the Long-Term Future

In 1948, the U.S. was a key founding member of the WHO, establishing its role as a leader in the global community in the post-war years.<sup>42</sup> Today, as in 1948, the U.S. has international rivals seeking to gain influence in the international community, and as COVID-19 has shown, global health is an area where this power struggle can play out. As David Wainer and Nick Wadhams have pointed out, COVID-19 represents “the latest salvo in a broader struggle between the U.S. and China over global leadership” as both countries continue to court “other nations and public opinion” in order to “position themselves for the post-virus world.”<sup>43</sup> Thus, should the U.S. fail to maintain its “seat at the table” following the pandemic, this would, simply by default, empower rival nations—especially China—on the international scene. The WHO will continue to exist once COVID-19 has passed, and it is in the best interest of the U.S. to maintain its active role in the Organization not only to potentially influence a reform process but to serve as a check over other member states who might attempt to influence this process to their advantage. This can only be achieved by “paying to play” in the form of assessed contributions.

As it relates to U.S. voluntary funding becoming conditional upon the WHO’s cooperation with a U.S. investigation into the organization, this ensures two things. First, it ensures that the U.S. is making responsible discretionary decisions with taxpayer dollars, whether that involves increased, maintained, or reduced voluntary funding to the WHO. Second, it ensures that, regardless of the decision, it was made responsibly after U.S. government officials conducted necessary and thorough research into the use of American taxpayer dollars.

<sup>40</sup> Eliot L. Engel, letter to Mike Pompeo, April 27, 2020.

[https://foreignaffairs.house.gov/\\_cache/files/6/e/6ebd95bd-76ff-4eeb-afc8-56ff96206c04/8CD54BDD144026EDC5618B546B0C9054.4-27-2020-ele-letter-to-pompeo-who-doc-request.pdf](https://foreignaffairs.house.gov/_cache/files/6/e/6ebd95bd-76ff-4eeb-afc8-56ff96206c04/8CD54BDD144026EDC5618B546B0C9054.4-27-2020-ele-letter-to-pompeo-who-doc-request.pdf).

<sup>41</sup> Barry R. Bloom, Ph.D., Paul E. Farmer, M.D., Ph.D., and Eric J. Rubin, M.D., Ph.D., “WHO’s Next—the United States and the World Health Organization,” *The New England Journal of Medicine* 383, no 7 (August 13, 2020), 676, accessed December 07, 2020. <https://www.nejm.org/doi/pdf/10.1056/NEJMe2024894>.

<sup>42</sup> “Withholding Funding from the World Health Organization Is Wrong and Dangerous, and Must Be Reversed,” *Nature* 580, no. 7804 (April 17, 2020), 431, accessed December 06, 2020. <https://doi-org.ezproxy.liberty.edu/10.1038/d41586-020-01121-1>.

<sup>43</sup> David Wainer and Nick Wadhams, “Trump’s WHO Attack Accelerates Breakdown in Global Cooperation,” *Bloomberg*, April 15, 2020, accessed December 06, 2020. <https://www.bloomberg.com/news/articles/2020-04-15/trump-s-who-attack-accelerates-breakdown-in-global-cooperation>.

## Steps Necessary to Pursue Policy Recommendation

### Short-Term

In the short term, the concrete steps for pursuing the policy recommendation are quite simple: The U.S. should reverse any policy that defunds or freezes funds to the WHO during the COVID-19 pandemic. Subsequently, the aforementioned U.S. executive agencies responsible for allocating voluntary funding to the WHO should re-evaluate their existing budgets and determine how they can responsibly increase U.S. specified funding to the Organization as it continues to navigate the international community out of the crisis. At this point in the pandemic, anything short of this will only further the global health crisis, which directly impacts the security (health) and economic well-being of U.S. citizens.

### Long-Term

First and foremost, any current or future administration should reverse any policy that ends with the U.S.' formal withdrawal from the WHO. Moreover, members of Congress should be prepared to exercise constitutional checks and balances over any president who attempts to make this decision unilaterally either in the present or in the future, thus cementing the U.S.' role in the WHO long-term. There are several avenues to pursue this option, but Congress' legislative power provides the most legitimate avenue to a long-term policy solution. Additionally, more important than having a "seat at the table" is actually filling this seat with an able-minded professional who carries clout in the international health community. This ensures U.S. influence in—and perhaps more importantly—oversight of the WHO and other member states seeking to gain influence in the Organization for their own rather than the collective benefit.

Perhaps the most important seat at the table for any member state is one of the 34 seats on the WHO's Executive Board, the body responsible for implementing "the decisions and policies" of the World Health Assembly, the larger governing body in the WHO where each member state has representation.<sup>44</sup> The U.S. has consistently held a seat on the Executive Board—the equivalent of the UN's Security Council—where member states are elected or re-elected to three-year terms.<sup>45</sup> The U.S. was re-elected to the Board in 2017, a term that was to begin in 2018; however, it was not until May of 2020, amid the pandemic, that Brett Giroir was confirmed by the U.S. Senate.<sup>46</sup>

Moving forward, all parties involved with the confirmation process should work more diligently and efficiently to ensure that, when the U.S. is elected or re-elected to serve on the WHO Executive Board, a nominee is swiftly named and confirmed. This involves not only a nomination from the president but active pressure from his or her office to ensure that the Senate prioritizes the nomination process for this seat. As former U.S. Executive Board member Dr.

---

<sup>44</sup> "WHO Executive Board," World Health Organization, accessed December 07, 2020. <https://www.who.int/about/governance/executive-board>.

<sup>45</sup> Cameron Joseph, "Trump Is Scapegoating the WHO—But Failed to Confirm a U.S. Representative for 3 Years," *VICE*, April 20, 2020, accessed December 07, 2020. <https://www.vice.com/en/article/z3ba5j/trump-is-scapegoating-the-who-but-failed-to-confirm-a-us-representative-for-3-years>.

<sup>46</sup> U.S. Department of Health and Human Services, "Secretary Azar Statement on Senate Confirmation of Brett Giroir to WHO Executive Board," news release, May 8, 2020, accessed December 07, 2020. <https://www.hhs.gov/about/news/2020/05/08/secretary-azar-statement-on-senate-confirmation-of-brett-giroir-to-who-executive-board.html>.

Nils Daulaire noted in April 2020, failing to swiftly confirm the U.S. member to the Board for nearly two years provided an opening to any country who wanted to “move in to occupy the power and influence that the United States...voluntarily ceded.”<sup>47</sup> With China serving the same three-year term on the Board as the U.S., Dr. Daulaire noted that the U.S. absence was specifically counter to U.S. interests as it “handed China exactly the kind of leverage” it needed as the U.S.’ international rival aimed to raise its “power and influence at the WHO.”<sup>48</sup>

The U.S. confirmation process is slow and arduous for a reason. Much like the legislative process, it is designed with checks and balances in mind, thus these confirmations tend to become backlogged following transitions of power. Regardless, the appointment to such an important position should be highly prioritized moving forward, perhaps one of the first within the State Department, which oversees the U.S. role in the WHO.<sup>49</sup> Failure to take this confirmation process seriously left the U.S. without a medical expert at the emergency meeting of the Executive Board in February 2020, which one Trump administration official said left the U.S. “with a rotation of mid-level officials” who lacked “the clout to push for real reform.”<sup>50</sup>

And it is reform of the Organization that should be the driving force behind any decision to decrease, maintain, or increase voluntary funding to the WHO. As three health professionals noted in *The New England Journal of Medicine* in August 2020, the WHO is severely underfunded, which accounts for the structural inefficiencies that led to its lack of success in handling the world’s most recent infectious disease outbreaks: “The fact is, however, that it [the WHO] relies on information from affected countries, along with invitations from these countries, to investigate outbreaks, and it lacks the adequate funding for those investigations.”<sup>51</sup> This puts any country—most recently, the powerful and financially sound Chinese Communist Party—in a position to control a narrative when it should be the WHO controlling the narrative.

However, this does not mean that the U.S. should simply throw more taxpayer dollars at the WHO in the form of voluntary funding in hopes that merely more money will cure the Organization’s inherent ills. In holding the power of the purse, Congress holds significant power in the foreign policy process, and with this power comes the obligation to responsibly allocate U.S. taxpayer dollars. To ensure that the U.S. is responsibly disbursing taxpayer dollars on a voluntary basis to the WHO, once the pandemic has subsided, leaders in Congress should set up a select committee in either the House or the Senate to investigate what went wrong with the WHO’s response to COVID-19. As several members of the Senate have suggested, future U.S. voluntary funding of the WHO should be conditioned upon their cooperation with such an investigation, defunding or eliminating the Organization’s funding and directing it towards other programs willing to be more transparent should they fail to cooperate.<sup>52</sup> A return to the pre-COVID-19 status quo without this stick and carrot over voluntary funding would be the

---

<sup>47</sup> Cameron Joseph, “Trump Is Scapegoating the WHO—But Failed to Confirm a U.S. Representative for 3 Years,” *VICE*, April 20, 2020, accessed December 07, 2020. <https://www.vice.com/en/article/z3ba5j/trump-is-scapegoating-the-who-but-failed-to-confirm-a-us-representative-for-3-years>.

<sup>48</sup> *Ibid.*

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

<sup>51</sup> Barry R. Bloom, Ph.D., Paul E. Farmer, M.D., Ph.D., and Eric J. Rubin, M.D., Ph.D., “WHO’s Next—the United States and the World Health Organization,” *The New England Journal of Medicine* 383, no 7 (August 13, 2020), 676, accessed December 07, 2020. <https://www.nejm.org/doi/pdf/10.1056/NEJMe2024894>.

<sup>52</sup> Rick Scott, Ron Johnson, Thom Tillis, Steve Daines, and Kevin Cramer, letter to Lindsey Graham and Patrick Leahy, April 24<sup>th</sup>, 2020. <https://www.rickscott.senate.gov/sites/default/files/2020-04/200424%20WHO%20Approps%20letter.pdf>.

equivalent of engaging in diplomacy without force (or the threat thereof) and would give the WHO no reason to cooperate in good faith.

Should the WHO cooperate with the investigation, the select committee should use this opportunity to determine where maintained or increased levels of U.S. voluntary funding can be directed (earmarked) to ensure that the right areas of reform are being addressed as it relates to emergency response. This would involve holding hearings when necessary and applicable or sending research teams staffed with experts to conduct interviews and research with the ultimate goal of determining where U.S. money should be spent with regard to reform in the Organization. While this process may prove to be slow and arduous, it is the only way to ensure that U.S. taxpayer dollars are getting a return on what they invest in the WHO.

### **Conclusion**

Navigating this crossroads with the WHO is a very delicate situation for U.S. officials. National security, global leadership, the immediate and distant futures of global health, and significant sums of taxpayer dollars are at stake. When it comes to U.S. membership in the WHO, this is not a question that can be considered solely based on a compartmentalized dissatisfaction over COVID-19. Issues of national security and the global balance of power must be considered to form a comprehensive solution. Given the benefits of “paying to play” concerning the former and the latter, it is hard to rationalize pulling out of the Organization based on the cost to have a seat at the table. As it relates to conditioning voluntary founding upon the WHO’s cooperation with a congressional investigation, this ensures three things. First, it provides the WHO with the necessary stick and carrot to cooperate in good faith should it choose to do so. Second, regardless of the WHO’s decision to cooperate, it ensures that U.S. taxpayer dollars are being responsibly directed. Lastly, in the event that the WHO does cooperate, the U.S. can earmark its voluntary funding more responsibly and logically to ensure that voluntary funds are directed towards measures necessary to achieve true reform.

Ultimately, these policy recommendations would pursue a responsible form of constrained internationalism aligned with biblical principles. Without completely abandoning its role in the international community, the U.S. can be more responsible—and thus “selective”—about how it spends its money and can remain true to the spirit of Proverbs 19:17.<sup>53</sup> However, it also ensures that the U.S. remains diligent in how it spends its money pursuant to this goal by carefully overseeing U.S. taxpayer dollars in the spirit of Proverbs 10:4.<sup>54</sup>

---

<sup>53</sup> “Whoever is kind to the poor lends to the Lord, and he will reward them for what they have done” (NIV).

<sup>54</sup> “Lazy hands make for poverty, but diligent hands bring wealth” (NIV).

## BIBLIOGRAPHY

- “Assessed Contributions.” World Health Organization. Accessed December 22, 2020. <https://open.who.int/2018-19/contributors/overview/ac>.
- “Assessed Contributions.” World Health Organization. Accessed December 22, 2020. <https://open.who.int/2020-21/contributors/overview/ac>.
- Blanchfield, Luisa, and Tiaji Salaam-Blyther. "U.S. Funding to the World Health Organization (WHO)." *EveryCRSreport.com*, April 30, 2020. Accessed December 01, 2020. [https://www.everycrsreport.com/reports/IN11369.html#:~:text=U.S. Voluntary Funding&text=Congress appropriates overall funding for,needs and U.S. policy priorities.&text=U.S. voluntary contributions fluctuate yearly \(Figure 1\)](https://www.everycrsreport.com/reports/IN11369.html#:~:text=U.S. Voluntary Funding&text=Congress appropriates overall funding for,needs and U.S. policy priorities.&text=U.S. voluntary contributions fluctuate yearly (Figure 1)).
- Bloom, Barry R., Ph.D., Paul E. Farmer, M.D., Ph.D., and Eric J. Rubin, M.D., Ph.D. "WHO's Next — The United States and the World Health Organization." *The New England Journal of Medicine* 383, no. 7 (August 13, 2020): 676-77. Accessed December 07, 2020. <https://www.nejm.org/doi/pdf/10.1056/NEJMe2024894>.
- Chappell, Bill. "Azar Accuses WHO Of Failure That 'Cost Many Lives' In COVID-19 Pandemic." *NPR*, May 18, 2020. Accessed December 01, 2020. <https://www.npr.org/sections/coronavirus-live-updates/2020/05/18/858151841/azar-accuses-who-of-failure-that-cost-many-lives-in-covid-19-pandemic>.
- "Coronavirus Disease (COVID-19) - Events as They Happen." World Health Organization. Accessed November 29, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- Engel, Eliot L. Letter to Mike Pompeo. April 27, 2020. Washington, D.C. [https://foreignaffairs.house.gov/\\_cache/files/6/e/6ebd95bd-76ff-4eeb-afc8-56ff96206c04/8CD54BDD144026EDC5618B546B0C9054.4-27-2020-ele-letter-to-pompeo-who-doc-request.pdf](https://foreignaffairs.house.gov/_cache/files/6/e/6ebd95bd-76ff-4eeb-afc8-56ff96206c04/8CD54BDD144026EDC5618B546B0C9054.4-27-2020-ele-letter-to-pompeo-who-doc-request.pdf)
- Fernandez, Marisa. "Cuomo: WHO Was "too Little, Too Late" on Coronavirus." *Axios*, April 24, 2020. Accessed November 29, 2020. <https://www.axios.com/cuomo-world-health-organization-coronavirus-346afe6b-50c9-4b11-9154-9431611505c1.html>.
- Gilsinan, Kathy. "How China Deceived the WHO." *The Atlantic*, April 12, 2020. Accessed December 01, 2020. <https://www.theatlantic.com/politics/archive/2020/04/world-health-organization-blame-pandemic-coronavirus/609820/>.
- Glassman, Amanda, and Brin Datema. "What Is the World Health Organization Without the United States?" Center for Global Development, May 26, 2020. Accessed December 1, 2020. <https://www.cgdev.org/blog/what-world-health-organization-without-united-states>.

- Joseph, Andrew, and Helen Branswell. "Trump: U.S. Will Terminate Relationship with the World Health Organization in Wake of Covid-19 Pandemic." *Stat*, May 29, 2020. Accessed November 29, 2020. <https://www.statnews.com/2020/05/29/trump-us-terminate-who-relationship/>.
- Joseph, Cameron. "Trump Is Scapegoating the WHO—But Failed to Confirm a U.S. Representative for 3 Years." *Vice*, April 20, 2020. Accessed December 07, 2020. <https://www.vice.com/en/article/z3ba5j/trump-is-scapegoating-the-who-but-failed-to-confirm-a-us-representative-for-3-years>.
- Kamradt-Scott, Adam. "WHO's to Blame? The World Health Organization and the 2014 Ebola Outbreak in West Africa." *Third World Quarterly* 37, no. 3 (January 04, 2016): 401-18. Accessed December 04, 2020. doi:<https://doi-org.ezproxy.liberty.edu/10.1080/01436597.2015.1112232>.
- McCormick, James M. *American Foreign Policy & Process*. 6th ed. Boston: Wadsworth/Cengage Learning, 2014.
- Mukherjee, Joia. "Global Health Is National Security." *Just Security*, September 30, 2020. Accessed December 01, 2020. <https://www.justsecurity.org/72623/global-health-is-national-security/>.
- "Our Values." World Health Organization. Accessed December 01, 2020. <https://www.who.int/about/who-we-are/our-values>.
- People's Health Movement, Medact, Third World Network, Health Poverty Action, Medico International, and Asociación Latinoamericana De Medicina Social. *Global Health Watch 5: An Alternative World Health Report*. London: Zed Books, 2017. Accessed November 26, 2020. <https://phmovement.org/wp-content/uploads/2018/07/D1.pdf>.
- Scott, Rick, Ron Johnson, Thom Tillis, Steve Daines, and Kevin Cramer. Letter to Lindsey Graham and Patrick Leahy. April 24<sup>th</sup>, 2020. <https://www.rickscott.senate.gov/sites/default/files/2020-04/200424%20WHO%20Approps%20letter.pdf>.
- Sullivan, Peter. "Senate GOP Chairman Criticizes Trump Withdrawal from WHO." *The Hill*, May 29, 2020. Accessed December 22, 2020. <https://thehill.com/policy/healthcare/500205-senate-gop-chairman-criticizes-trump-withdrawal-from-who>.
- The Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). "COVID-19 Dashboard." Johns Hopkins Coronavirus Resource Center. Accessed November 29, 2020. <https://coronavirus.jhu.edu/map.html>.

“The U.S. Government and the World Health Organization.” Kaiser Family Foundation, April 16, 2020. Accessed December 1, 2020. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/>.

U.S. Department of Health and Human Services. "Secretary Azar Statement on Senate Confirmation of Brett Giroir to WHO Executive Board." News release, May 8, 2020. Accessed December 07, 2020. <https://www.hhs.gov/about/news/2020/05/08/secretary-azar-statement-on-senate-confirmation-of-brett-giroir-to-who-executive-board.html>.

"Voluntary Contributions Specified." World Health Organization. Accessed December 22, 2020. <https://open.who.int/2018-19/contributors/overview/vcs>.

"Voluntary Contributions Specified." World Health Organization. Accessed December 22, 2020. <https://open.who.int/2020-21/contributors/overview/vcs>.

Wainer, David, and Nick Wadhams. "Trump's WHO Attack Accelerates Breakdown in Global Cooperation." *Bloomberg*, April 15, 2020. Accessed December 06, 2020. <https://www.bloomberg.com/news/articles/2020-04-15/trump-s-who-attack-accelerates-breakdown-in-global-cooperation>.

“WHO Executive Board.” World Health Organization. Accessed December 07, 2020. <https://www.who.int/about/governance/executive-board>

"Withholding Funding from the World Health Organization Is Wrong and Dangerous, and Must Be Reversed." *Nature* 580, no. 7804 (April 17, 2020): 431-32. Accessed December 06, 2020. doi:<https://doi-org.ezproxy.liberty.edu/10.1038/d41586-020-01121-1>.