THE TRUMP ADMINISTRATION'S RESPONSE TO COVID-19 IN LATIN AMERICA AND THE CARIBBEAN

HEARING
BEFORE THE
SUBCOMMITTEE ON
THE WESTERN HEMISPHERE, CIVILIAN SECURITY,
AND TRADE
OF THE
COMMITTEE ON FOREIGN AFFAIRS
HOUSE OF REPRESENTATIVES
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THE TRUMP ADMINISTRATION’S RESPONSE TO COVID-19 IN LATIN AMERICA AND THE CARIBBEAN

Wednesday, July 1, 2020

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON THE WESTERN HEMISPHERE,
CIVILIAN SECURITY AND TRADE,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC,

The subcommittee met, pursuant to notice, at 3:11 p.m., in room 2172, Rayburn House Office Building, Hon. Albio Sires (chairman of the subcommittee) presiding.

Mr. Sires. Good afternoon, everyone. And thank you to our witnesses for being here today.

This hearing will come to order. Without objection, the chair is authorized to declare a recess of the committee at any point, and all members will have 5 days to submit statements, extraneous material, and questions for the record subject to the length limitation in the rules.

To insert something into the record, please have your staff email the previously mentioned address or contact full committee staff.

As a reminder to members, staff and all others physically present in this room per recent guidance from the Office of the Attending Physician, masks must be worn at all times during today’s proceeding except when a member is speaking at the microphone.

Please also sanitize your seating area. The chair views these measures as a safety issue, therefore an important matter of order and decorum for this proceeding.

Please keep your video function on at all times even when you are not recognized by the chair. Members are responsible for muting and unmating themselves, and please remember to mute yourself after you finish speaking.

Consistent with H.Res. 965 and the accompanied regulations, staff will only mute members and witnesses as appropriate when they are not under recognition to eliminate background noise.

I see that we have a quorum, and we will now recognize—I will now recognize myself for remarks.

I want you to know that I shortened this for you, Ambassador.

Mr. Kozak. Thank you, sir.

Mr. Sires. Good afternoon, everyone, and thank you to our witnesses for being here today, and thank you for your patience. Due to this afternoon’s votes, I want to be sure that my colleagues can ask questions, so I will make just a few remarks and submit my full statement for the record.

(1)
In March and April, my home State of New Jersey was among the places hardest hit by the coronavirus pandemic. While I worked to help secure personal protection equipment for our hospitals and ensure the message of our public health experts were reaching my constituents, as chairman of the subcommittee, I also continued to watch closely what was happening in Latin America and the Caribbean.

In the face of this pandemic, which has caused so much suffering in this country and throughout our hemisphere, I have been reminded of how interconnected we are. The pandemic has demonstrated that the security of our neighbors has direct implication for us.

My message today is that we are all in this together. For that reason, I have deep concerns about President Trump’s response to the pandemic in Latin America and the Caribbean. This pandemic has laid bare the cost of President Trump’s approach on going it alone in our foreign policy.

In April, President Trump froze funding for the Pan American Health Organization, which was doing lifesaving work in Venezuela. This is the same organization that had worked closely with USAID a year earlier to reduce the measles crisis in Venezuela by over 90 percent. The President decided that making a political point was more important than saving lives.

I know that the cuts he imposed last year to our foreign assistance programs in the Northern Triangle are still undermining our ability to reduce poverty and food insecurity in the region. Nonetheless, I have called this hearing because we know that this pandemic is not going away anytime soon.

I am grateful to Ambassador Kozak and Mr. Hodges for testifying. I know they are here representing thousands of hardworking public servants in the State Department and USAID. I want to take note of those individuals who worked to repatriate thousands of Americans at the beginning of the pandemic, including dozens of my constituents. We are deeply grateful for your service.

My message to the Trump administration is to let us work with you, Democrats and Republicans, to support this region in stemming the spread of the coronavirus. I urge the administration to reengage with Congress and return to the normal practice of regularly briefing members and staff, including on shared priorities like the crisis in Venezuela.

In the coming months, we must work shoulder to shoulder with countries in the region to address both immediate health impacts and secondary effects of the pandemic. I will always advocate for stronger engagement in our hemisphere, and I look forward to working with the administration and my colleagues to ensure that Latin America and the Caribbean are prioritized in our foreign assistance and diplomatic response.

Thank you, and I now turn to Ranking Member Rooney for his opening statement.

[The prepared statement of Mr. Sires follows:]
Opening Statement –
“The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean”
Wednesday, July 1, 2020

- Good afternoon everyone and thank you to our witnesses for being here today.

- Over the last four months, the coronavirus has devastated communities throughout the Western Hemisphere.

- In March and April, my home state of New Jersey was among the places hardest hit by the pandemic.

- While I worked around the clock to help secure personal protective equipment for our hospitals and to ensure the messages of our public health experts were reaching my constituents, as chairman of this subcommittee I also continued to watch closely what was happening in Latin America and the Caribbean.

- I looked on with deep sadness as families in Guayaquil searched for coffins to bury the dead.

- I saw desperate Venezuelans, who had fled the Maduro dictatorship, being forced to return home, as they lost their jobs and housing in neighboring countries.

- And I listened with great alarm on June 1st, when the World Health Organization declared that Latin America had become the new epicenter of the coronavirus pandemic.

- In the face of this pandemic, which has caused such pain and suffering in this country and throughout our hemisphere, I have been reminded of how interconnected we are.

- The pandemic has demonstrated that the security of our neighbors has direct implications for us.

- My message today is that we are all in this together.

- For that reason, I have deep concerns about many aspects of the Trump Administration’s response to the pandemic in Latin America and the Caribbean.

- During my fourteen years in Congress, across Democratic and Republican administrations, I have consistently advocated for the United States to deepen our engagement with Latin America and the Caribbean.
I believe in America’s capacity to lead in this hemisphere and I have never hesitated to criticize the executive branch, including those in my own party, when it fails to engage with our neighbors on the basis of shared interests and mutual respect.

- I am grateful to Ambassador Kozak and Mr. Hodges for testifying before us today.
- I know they are here representing thousands of hard-working public servants in the State Department and USAID who have done heroic work during these challenging times.
- I want to take particular note of those individuals who worked to repatriate thousands of Americans at the beginning of the pandemic, including dozens of my constituents.
- We are deeply grateful for your service.
- That said, this pandemic has laid bare the costs of President Trump’s approach of going it alone in our foreign policy.

- In April, President Trump froze funding to the Pan-American Health Organization, which was doing life-saving work in Venezuela.
- This is the same organization that had worked closely with USAID a year earlier to reduce measles cases in Venezuela by over 90 percent.
- The President clearly decided that making a political point was more important than saving lives.
- As the virus continues to spread, President Trump has insisted on deporting individuals who have tested positive for Covid-19.
- These deportations have undermined the public health response in Haiti, where we have invested hundreds of millions of taxpayer dollars to support Haiti’s hospitals and health ministry.
- After the U.S. deported over 100 Covid-positive individuals to Guatemala, their president said publicly that the U.S. was no longer behaving like an ally.
- Unfortunately, President Trump’s disregard for public health guidance has served as a model for some leaders in the region.
- President Bolsonaro of Brazil followed President Trump’s lead, dismissing the coronavirus as a “little flu” and actively undermining the advice of his own public health experts.
Rather than responding like the leader of one of the world’s most influential democracies,
President Bolsonaro has behaved more like Nicaragua’s authoritarian leader, Daniel Ortega, who
predictably went into hiding when the virus surfaced and left courageous medical workers and
local civil society to take over the coronavirus response effort.

The results of this approach are clear.

Brazil now trails only the United States for the highest number of coronavirus deaths in the world.

Nonetheless, I have called this hearing because we know that this pandemic is not going away
anytime soon.

My message to the Trump Administration is to let us work with you, Democrats and Republicans,
to support the region in stemming the spread of coronavirus.

I urge the administration to reengage with Congress and return to the normal practice of
regularly briefing members and staff, including on shared priorities like the crisis in Venezuela.

In the coming months, we must work shoulder to shoulder with countries in the region to address
not just the immediate health impacts, but also the secondary effects of the pandemic, like
increased poverty, unemployment, and food insecurity.

I will always advocate for stronger engagement in our hemisphere.

And I look forward to working with the administration and my colleagues to ensure that Latin
America and the Caribbean is prioritized in our foreign assistance and diplomatic response.

Thank you and I now turn to Ranking Member Rooney for his opening statement.
Mr. Rooney. Thank you, Chairman Sires, for organizing this hearing on [inaudible].

According to the John’s Hopkins [inaudible]—there are over nine—I cannot tell if it is working or not. Is it working?

Mr. Sires. You are working. Get closer to the mic.

Mr. Rooney. Is it working okay now? I am technologically challenged.

Mr. Sires. You and I both.

Mr. Rooney. There are over 9.1 million COVID cases in the world and responsible for over 470,000 deaths. The Western Hemisphere was impacted early. And as the cases began to arise in the United States, we also saw the disease ravage Peru, Ecuador, and Chile.

Today we are seeing alarming spikes in Mexico and Brazil. Brazil alone has over 1.1 million cases. And as winter arrives in South America, the region enters flu season which may make things deteriorate further.

Many countries in Latin America and the Caribbean are facing challenges in their response to the pandemic, which is overburdening their fragile healthcare systems.

One example is Haiti, which is preparing for an increase in COVID amid serious economic challenges, political crises, rampant urban violence, and they still really have not ever recovered from the earthquakes.

In addition to these challenges, the countries are struggling to combat misinformation and a lack of public health education on preventative measures. True to their authoritarian nature, the regimes of Venezuela, Cuba, and Nicaragua, are using the pandemic to maintain their stranglehold on power, manipulate their people, and further oppress their citizens.

The Castro regime in Cuba continues to exploit the pandemic for political and financial gain by trafficking their doctors as part of a misleading medical diplomacy. The Ortega regime has refused outright to acknowledge the true impact of the disease while reports have expressed burials under the cover of darkness are exposing their horrible lack of transparency.

Last, the disease threatens to overwhelm Venezuela’s already depleted health system and exacerbate the country’s ongoing social and political instability. Sadly, the Maduro regime continues to show that it cares more about its hold on power than it does about the well-being of the Venezuelan people.

Despite these challenges, the United States has stepped up as the single largest donor to the international COVID response, providing over $82 million in foreign assistance to at least 24 countries in the Western Hemisphere to support their pandemic response and recovery.

This health assistance includes support for water, sanitation, and hygiene, risk communication and community engagement, and infection prevention, control, and rapid response. It targets assistance to vulnerable populations like refugees, migrants, and their host communities.
Last, we have seen the United States provide ventilators to countries in the region which we know are critical in saving lives. U.S. leadership during this pandemic is critical.

The emergency assistance we are providing to our neighbors in the Western Hemisphere demonstrates our commitment to our region’s well-being and builds upon our long-term investment in our hemispheric prosperity.

As we continue to face immense challenges presented by the pandemic, it is an opportunity for the international community to come together, and I applaud the efforts made so far. Nonetheless, there is still a lot of uncertainty surrounding the virus and the future impact in the region.

The United States needs a strategy for how it will respond, and not only to the immediate health impact of the pandemic but also to the secondary impacts of the crisis on the late elections in Bolivia, the growing influence of adversaries like Iran in Venezuela, the exploitation of the crisis by transnational criminal organizations—and, by the way, thank you, Chairman, for holding that hearing on [inaudible] Here a while back—and increased food insecurity, as well as the continual malign influence of China.

I look forward to the testimonies of our witnesses and the many questions that will be raised.

And thank you, Chairman Sires, for hosting this important hearing. I yield back.

Mr. Sires. Thank you very much, Ranking Member Rooney. Nice to see you, even if it is on the screen.

Mr. Rooney. Right.

Mr. Sires. I will now introduce——

Mr. Rooney. Nice to see you.

Mr. Sires. I will now introduce the honorable Michael Kozak, acting assistant secretary for the Western Hemisphere affairs. As a charter member of the Career Executive Service, Ambassador Kozak has held many senior positions, including as acting assistant secretary in the Bureau of Democracy, Human Rights, and Labor.

He has also held the role of senior director of the National Security Council’s staff and served as the United States Ambassador to Belarus and the chief of missions in Cuba.

Ambassador Kozak, we welcome you and thank you for your patience.

STATEMENT OF THE HONORABLE MICHAEL G. KOZAK, ACTING ASSISTANT SECRETARY, BUREAU OF WESTERN HEMISPHERE AFFAIRS, U.S. DEPARTMENT OF STATE

Mr. Kozak. Chairman Sires, Ranking Member Rooney, and distinguished members of the subcommittee, it truly is an honor to be asked to discuss our response to the pandemic in Latin America and the Caribbean, and to see you again, sir. This is a very welcome place to be.

Latin America is currently experiencing the highest number of daily reported COVID-19 deaths in the world. Chile, Brazil, Peru, and Mexico report the region’s highest infection rates. The pandemic has gravely affected all of the region’s economies.
The U.S. Government mounted a robust response to the COVID-19 pandemic in the region. Our attention first turned to U.S. citizens overseas. The Department mounted the largest repatriation effort in its history.

As of June 16, the State Department repatriation task force has facilitated the return of more than 64,000 U.S. citizens from Latin America and the Caribbean. And I should say, that is about two-thirds of what we have done worldwide has been in our region.

The United States also stepped up to support the region through foreign assistance. My colleague, Senior Deputy Assistant Administrator for Latin America and the Caribbean, Josh Hodges, will go into the details, but the State Department and USAID have provided nearly $120 million in COVID-19 supplemental and humanitarian assistance response in Latin America and the Caribbean.

Additionally using humanitarian assistance funding from the U.S. Southern Command and the Department of Defense, security cooperation officers implemented 183 COVID-19-related humanitarian assistance projects in 26 countries. These initial projects added up to more than $10 million in rapidly delivered support in the form of PPE, cleaning equipment, hand sanitizer, and field hospital tents.

Thanks to the support of the American manufacturing base, we have delivered on President Trump’s commitment to meet the ventilator needs of many foreign governments once the projected needs of the U.S. had been met. We have donated 950 ventilators to countries in the region, and we are currently processing 2,000 more. To date, the recipient countries include Colombia, Brazil, El Salvador, Honduras, and Peru.

The U.S. Government has also facilitated the commercial procurement of U.S. manufactured ventilators by countries in the region. The U.S. has supported flexible and rapid financing packages to countries in the region through international financial institutions to aid in their economic recovery.

With U.S. support, the IMF has deployed $40 billion to 19 countries in the region. We have also supported increased assistance by the World Bank and the Inter-American Development Bank.

In addition, the U.S. International Development Finance Corporation recently launched its health and prosperity initiative to mobilize private sector investment in support of global health resilience.

The Department coordinated with other government agencies, including DHS and HHS, to protect all persons in U.S. territory from the COVID-19 pandemic. In this regard, sustained cooperation with other countries on the removal of foreign nationals is important.

Continuing removal flights during a COVID-19 pandemic has been a challenge for some countries, but it has also helped avoid increasing the numbers of immigrants in ICE detention centers, and thus risking more exposure.

Out of more than 37,000 ICE removals to Latin America and the Caribbean from March to mid-June, approximately 220 deportees tested positive after removal flights. And I should mention that virtually all of those were for Guatemala for reasons we still do not understand. But still, a very small percentage.
The Western Hemisphere faces this severe health challenge, I want to take this opportunity to discuss a topic of great concern to the United States and to Secretary Pompeo, which you raised, Mr. Chairman.

The administration has ongoing concerns about PAHO's involvement in the Mais Medicos program in Brazil, in which doctors who were supplied by the Cuban regime for a large amount of money paid not to the doctors but to the regime.

On June 23, the PAHO executive committee approved governance reform measures. It has also—which would avoid something like this happening in the future without the involvement and approval of the executive committee. It has also committed to conduct an independent external evaluation of the program. We are hopeful that soon the measures for the independent evaluation will be in place and that that will allow us to resume our assessed contributions to PAHO.

The combined and complex challenges of the COVID-19 pandemic present a unique opportunity for the United States in confronting the crisis and its economic effects. Despite all that has happened, the United States remains the partner of choice for almost all countries in the region. We will work together to mount a coordinated, cost-effective, “Disciplined” and comprehensive strategy to recover from the virus and advance prosperity and opportunity in the region.

If we succeed, we will have gone a long way toward cementing our strong, strategic partnerships in the region with our closest neighbors. And we look forward to working with you on that endeavor and look forward to your questions. Thank you, Mr. Chairman.

[The prepared statement of Mr. Kozak follows:]
TESTIMONY OF
AMBASSADOR MICHAEL KOZAK
ACTING ASSISTANT SECRETARY OF STATE
BUREAU OF WESTERN HEMISPHERE AFFAIRS
U.S. DEPARTMENT OF STATE
BEFORE THE
SUBCOMMITTEE ON THE WESTERN HEMISPHERE,
CIVILIAN SECURITY AND TRADE
OF THE COMMITTEE ON FOREIGN AFFAIRS
OF THE U.S. HOUSE OF REPRESENTATIVES
“THE TRUMP ADMINISTRATION’S RESPONSE TO COVID-19 IN LATIN AMERICA
AND THE CARIBBEAN”
July 1, 2020

Chairman Sires, Ranking Member Rooney, and distinguished Members. It is an honor to be
asked to discuss our response to the pandemic in the Western Hemisphere.

Latin America is currently experiencing the highest number of daily reported COVID-19
deaths in the world, with Chile, Brazil, Peru, and Mexico reporting the region’s highest infection
rates. As of June 4, 2020, there have been 1,146,612 reported cases and 57,738 deaths in Latin
America and the Caribbean.

Most countries implemented strict preventive measures such as stay-at-home orders, curfews,
and border closures. Yet, while some countries have seen a lower peak, others have struggled to
contain the spread of the virus. Ensuring widespread compliance with social distancing and
other public health measures has been a consistent challenge, with large numbers of informal
workers in the region engaged in high-contact jobs. In other countries, political controversy or
unprepared health systems delayed the timely implementation of appropriate social distancing
policies, allowing the virus to circulate freely.

The pandemic has gravely affected the region’s economies. In mid-June, the International
Monetary Fund (IMF) adjusted down its 2020 forecasts for Latin America from a 4.2 percent to a
9.4 percent economic retraction.

Some of the region’s strongest economic drivers – agriculture, tourism, remittances, and light
manufacturing – are labor-dependent and stand to be deeply affected. The pandemic struck a
double blow to tourism, as it affected both local economies and the economies of their
customers’ home nations. By closing borders quickly and implementing rigorous public health
measures, most Eastern Caribbean nations managed to limit the spread of the virus, and as of
June 15, 2020 have taken important steps to reopen their economies and welcome international
tourists.

I would now like to turn to our response to the COVID-19 pandemic in the region. When the
crisis first hit the Americas in late February, our attention first turned to U.S. citizens overseas.
The Department mounted the largest repatriation effort in its history to bring home Americans from around the world. As of June 16, 2020, the State Department’s Repatriation Task Force has facilitated the return of more than 100,000 Americans citizens and permanent residents to the United States from 136 countries since the beginning of the pandemic. Of those, more than 64,000 were from Latin America and Caribbean countries. To accomplish this task, we used a wide variety of transport options, including commercial flights, U.S.-government chartered flights, Department of Homeland Security and Department of Defense resources, and specialized medevac flights.

Repatriation efforts were complicated by abrupt closures of airspace and land borders. To complicate matters, in many countries, U.S. citizens were spread out over the rural countryside or on far-flung islands, where local transportation is difficult even during normal times.

The complexity in repatriating American citizens is exemplified by the circumstances Embassy Lima confronted in Peru. In an attempt to stem the spread of COVID-19, President Martin Vizcarra declared a state of emergency on March 15, 2020 closing all land borders and civilian airports on March 16, 2020. The government instituted a military and police-enforced quarantine and a 6:00 pm-5:00 am curfew. Most travelers in Peru were unable to depart before the shutdown of commercial flights. With the closure of Peru’s international airports, authorities strictly limited flight permits, allowing only a handful from countries all over the world to depart daily from a small military airport. We developed a plan with Peruvian authorities to use our U.S. government-funded hangar, the embassy’s plane, chartered buses, boats, and charter flights to bring our people home. Peruvian authorities came to support our entry and exit permit requests. As of June 15, 2020, Embassy Lima and the Department facilitated the return of more than 11,000 Americans from Peru.

Another example were the coordinated actions to bring back American citizens from the Caribbean. Since Caribbean countries closed their borders in mid-March, U.S. Embassies and Consulates across the region coordinated more than 253 repatriation flights, which returned more than 28,000 Americans and legal permanent residents. Our posts in the Caribbean were faced with the novel challenge of coordinating one way, direct-charge (“Free”) flights with commercial airlines. The geography of the Caribbean as well as the small numbers of American citizens and residents spread across the region often created logistical as well as financial barriers to mounting these repatriation efforts. Our embassies fielded phone calls and established online forums to register requests for repatriation. Posts then worked with local government authorities and the commercial airlines to negotiate flight logistics.

The United States also stepped up to support the region through foreign assistance. My colleague Senior Deputy Assistant Administrator for Latin America and the Caribbean Josh Hodges will go into the details, but the Department of State and U.S. Agency for International Development (USAID) have provided nearly $120 million in COVID supplemental and humanitarian assistance response in Latin America and the Caribbean. This includes $21 million to El Salvador, Guatemala, and Honduras; $13.5 million to Ecuador; $13 million to Haiti; $20.6 million to Colombia; $13 million to Peru; $12 million to the Venezuelan people; $9.5 million to Brazil; nearly $1.9 million to Mexico, and $2 million to help 10 Caribbean countries.
Using humanitarian assistance funding from the U.S. Southern Command and the Department of Defense, security cooperation officers based at our diplomatic missions identified and implemented 183 COVID-related Humanitarian Assistance projects in 26 countries. These initial projects added up to more than 10 million dollars in rapidly-delivered support in the form of Personal Protective Equipment (PPE), cleaning equipment, hand sanitizer, field hospital tents, and other goods designed to protect medical personnel and other first responders – donations that were both sourced locally and procured via the Defense Logistics Agency (DLA).

Our All-of-America approach to combat COVID-19 extends beyond the State Department and USAID, as we closely coordinate with other U.S. Government agencies, including the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), the Department of Defense, and the White House COVID Task Force, as well as with academia and the private sector.

One of the essential commodities to provide care to patients affected by COVID-19 are programmable ventilators to support respiratory function on severely affected patients. As the pandemic expanded, many countries around the world found themselves lacking the number of ventilators they would need to provide care for their expected numbers of critically ill patients. Thanks to the expertise and flexibility of the American manufacturing base, it has been possible to deliver on President Trump’s commitment to meet the requests from many foreign governments once projected U.S. needs had been met.

We have donated 950 ventilators to countries in the region, and we are currently processing nearly 2,000 more. To date, the recipient countries include Colombia, Brazil, El Salvador, Honduras, and Peru. In addition to the donations, the U.S. government has also facilitated commercial procurement of U.S. manufactured ventilators in the region. Notably, over 1,000 ventilators have been allocated for Mexico, with 400 received to date. The U.S. government helped industry prioritize these purchases to avoid a bidding war and to fairly allocate purchase opportunities to match needs.

The United States has also supported flexible and rapid financing packages to countries in the region through international financial institutions to aid in their economic recovery. With U.S. support, the IMF has deployed $40 billion to 19 countries in the region. We have also supported increased assistance by the World Bank and Inter-American Development Bank, and shown flexibility on lending to upper-middle income countries. In addition, the U.S. International Development Finance Corporation (DFC) recently launched its Health and Prosperity initiative to mobilize private sector investment in support of global health resilience.

The Department coordinated with other government agencies, including the Department of Homeland Security (DHS) and HHS, to protect all persons in U.S. territory from the COVID-19 pandemic.

In this regard, sustained cooperation with other countries on the removal of foreign nationals is important. The expectation is that each country will continue to meet its international legal obligation to accept its own nationals. However, a country’s special conditions can impact its willingness or ability to accept its citizens with final removal orders. When this occurs, U.S.
Immigration and Customs Enforcement (ICE) works directly with foreign governments and with the Department of State to address the situation. Whereas the Department does not have an operational role in the U.S. immigration detention and removals process, we provide diplomatic support to ICE when negotiating with foreign governments, and we have done so successfully during the pandemic. While continuing removal flights during the COVID-19 pandemic has been a challenge for some countries in the region, it has also helped avoid increasing the numbers of immigrants in ICE detention centers and thus risking exposure. Before deportees are placed on removals flights ICE provides them with medical screenings. Anyone who fails to pass the screening or is suspected of having a potentially contagious health condition is denied boarding and referred to an ICE-approved facility for further screening.

Out of more than 37,000 ICE removals to Latin America and the Caribbean from March to mid-June, Guatemala, Colombia, Ecuador, Brazil, Mexico, Jamaica, and Haiti reported that approximately 220 deportees tested positive after removal flights—including more than 190 from Guatemala. As a precaution, Guatemala temporarily suspended receiving ICE removals of single adult deportees from May 15 to June 9, 2020 though it continued to receive unaccompanied children and some family units. The Department worked closely with the Government of Guatemala and ICE to improve testing protocols and exchange information on quarantine procedures upon arrival. Through this enhanced cooperation, Guatemala agreed to resume receiving removal flights on a regular schedule.

On March 20, 2020 the CDC Director issued an order under Title 42 to suspend entry for certain individuals at the U.S. southern and northern borders and to return certain individuals to the country from which they entered the United States, their country of origin, or another location as practicable. The original order was renewed indefinitely in May, subject to review every 30 days by CDC, until it is determined that continuation of the order is no longer necessary. Pursuant to the Title 42 orders, from mid-March to May 31, 2020, U.S. Customs and Border Protection (CBP) expelled 43,551 persons along the U.S. southern and northern borders. Mexican single adults make up the majority of those being expelled under Title 42 authority and comprise about 58 percent of those encountered by CBP on the U.S. southern border in FY 2020 to date.

On June 16, 2020 Canada, Mexico, and the U.S. extended non-essential travel restrictions along the northern and southern borders. Under the currently applicable restrictions, those borders will remain closed to non-essential travel until July 21, 2020. We continue to work closely with DHS, HHS, and our Canadian and Mexican counterparts to protect U.S. as well as Canadian and Mexican citizens from the risk of further spread of the virus across our shared borders.

As the Western Hemisphere faces this severe health challenge, I want to take this opportunity to discuss a topic of great concern to the United States and to Secretary Pompeo. As you are aware, the Administration has ongoing concerns about the Pan American Health Organization’s (PAHO’s) involvement in the Medicos program in Brazil, in which doctors were supplied by the Cuban regime for a large amount of money.
On June 10, 2020 Secretary Pompeo voiced the United States’ concerns over PAHO’s role in the program. The Secretary’s remarks came after more than 18 months of U.S. engagement with PAHO’s leadership to understand how PAHO came to be the middleman in this arrangement. Specifically, we have been asking that PAHO commence an external review that would yield the transparency necessary to understand what happened so that we can take the necessary steps to ensure trust in the future.

On June 23, 2020 the PAHO Executive Committee approved governance reform measures aimed to have the Executive Committee review and approve any programs that are of high risk to PAHO, such as Mais Medicos. PAHO has also committed to conduct an independent, external evaluation of the Mais Medicos program. The United States, along with Canada and Brazil, is working with PAHO staff to move the external review forward. We are hopeful that soon the measures will be in place that will allow resumption of our assessed contributions to PAHO.

The combined and complex challenges of the COVID pandemic present a unique opportunity for the United States in confronting the crisis and its economic effects. The U.S. remains the partner of choice for almost all countries in the region. If we work together to mount a coordinated, cost-effective, disciplined, and comprehensive strategy to recover from the virus and advance prosperity and opportunity in the region, we will have gone a long way towards cementing our strong strategic partnerships with our closest neighbors.
Mr. Sires. Thank you, Ambassador. Thank you.

We will then hear from Mr. Josh Hodges, Senior Deputy Assistant Administrator in USAID’s Bureau for Latin America and the Caribbean. Prior to his current position, Mr. Hodges was a policy director in the National Security Council’s Western Hemisphere Affairs directorate.

He served previously as a national security policy advisor on the Senate Judiciary Committee, and military legislative assistant designee to the Senate Armed Services Committee, as well as legislative director in the House of Representatives.

Mr. Hodges, thank you for joining us today, and thank you for your patience.

STATEMENT OF MR. JOSH HODGES, SENIOR DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR LATIN AMERICA AND THE CARIBBEAN, UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. Hodges. Thank you, sir.

Chairman Sires, Ranking Member Rooney, members of the subcommittee, thank you for the invitation to testify today.

I am grateful for the committee’s support of the work of USAID particularly as we address the effects of COVID across Latin America and the Caribbean. We are committed to the immediate priority of helping our hemispheric neighbors protect themselves and combat the pandemic and its long-term effects.

I want to acknowledge the leadership of President Trump, Vice President Pence, Secretary Pompeo, and Acting Administrator John Barsa, as well as our talented teams around the world. I want to also thank Congress and the American people for the critical resources provided to respond to this global crisis.

USAID recognizes that to protect our national security priorities and develop efforts in the region we must begin to look to the future, adapt our processes and structures accordingly, and act. USAID is well positioned to manage a robust and growing response to the threat of COVID.

Since March, USAID alone has provided more than $105 million to respond to COVID-19, in addition to State Department funds. However, the nature of COVID-19 pandemic, as outlined by the chairman and ranking member, is compounding ongoing challenges including those that stem from the threat of Chinese exploitation in a region overburdened by the Venezuelan humanitarian crisis.

These challenges add to the complexity of the COVID pandemic and our response to it. We are deeply concerned about shortages of food and water estimated to increase as a result of COVID.

We have seen how malign external actors, such as the Communist Party of China, are extending alleged assistance that comes with strings attached that do not have the best interest of the region in mind.

As the region suffers an unprecedented economic slowdown, the forecast suggests it could suffer the world’s worst increase in joblessness. USAID, as part of the interagency’s global All of America response to COVID, is rising to the challenge to stand with our international partners. We are addressing the effects of the pandemic in over 30 countries in Latin America and the Caribbean.
For example, we are strengthening healthcare and providing expert technical assistance, training, capacity building, and lifesaving diagnostics and treatment. We are improving clinical care, minimizing the risk of onward transmissions, and helping to prevent and control infections.

In addition, we are helping ministries of health provide reliable, verifiable information about how the public can protect themselves and each other. We are sending ventilators to care for the most critically ill patients.

USAID has delivered 950 lifesaving, high-quality American-made ventilators to Brazil, Honduras, Peru, El Salvador, and Colombia as of this morning. In addition, we have ongoing shipments to other countries in the region, as well.

But COVID is not simply a health crisis, and our response cannot just be a health response. We have seen that when we do not address poor governance and conflict we wipe out investments in health, education, and other basic social services.

We are leveraging our development programming to complement our investments in global health. We are pivoting programs and dedicating resources to mitigate the nonhealth effects of COVID by incentivizing the private sector to mitigate the nonhealth effects of COVID on rural and urban populations. We are addressing critical needs in social protection, education, water, sanitation, and food security, as well as creating jobs and increasing access to credit, as the Ambassador outlined.

We are also analyzing and planning for the medium and long-term effects of COVID. No other nation can match our unparalleled generosity, our open, collaborative approach, or our long-term commitment to helping countries on their Journey to Self-Reliance.

We are also facing the challenge of malign external influence, particularly by the Chinese Communist Party, Iran, and others. Beijing has intervened in sovereign nations’ internal affairs to engineer consent for its policies attaching strings to our neighbors’ everyday well-being.

Chinese authorities have attempted to extend their influence over discourse and behavior around the world, including in Latin America and the Caribbean. This means the United States must tell our story effectively and accurately, and identify areas to engage with local communities in their own language.

Our line of resources for the challenges ahead including in areas of health, governance, energy and infrastructure, investment, digital technology, and others. The COVID situation in Latin America and the Caribbean remains dangerous, as has been outlined, and is likely to exacerbate underlying conditions and ongoing crisis.

This is the right thing to do. We will strengthen the regional supply chain, and it is our own domestic national security and prosperity that is also being taken into consideration.

I want to thank the committee again, and I look forward to questions.

[The prepared statement of Mr. Hodges follows:]
Prepared Testimony of Joshua Hodges
Senior Deputy Assistant Administrator for Latin America and the Caribbean
United States Agency for International Development (USAID)

Before the
Subcommittee on the Western Hemisphere, Civilian Security, and Trade
of the Committee on Foreign Affairs
of the U.S. House of Representatives
“The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean”

Wednesday, July 1, 2020

Chairman Sires, Ranking Member Rooney, and members of the Subcommittee, thank you for the invitation to testify today about the Trump Administration’s response to COVID-19 in Latin America and the Caribbean. I am grateful for the Committee’s support for the work of the United States Agency for International Development (USAID), particularly as we address the effects of COVID-19 across the region.

As you are fully aware, the COVID-19 pandemic is unique, in that it is causing widespread health and economic devastation across the world, in developed and developing countries alike. The challenges that COVID-19 brings forward have the ability, if unchecked, to magnify underlying and ongoing development challenges in Latin America and the Caribbean, which potentially undermines the significant investments made through the generosity of the American people. USAID recognizes that, to protect development efforts in the region adequately, we must begin to look to the future, adapt our processes and structures accordingly, and act. Of course, this is all in addition to the immediate priority of helping our hemispheric neighbors protect themselves from and combat COVID-19.

I want to acknowledge the leadership of President Trump, Vice President Pence, Secretary Pompeo, Acting Administrator John Barsa, and our talented teams around the world as we work together to defeat COVID-19, both at home and globally. I would also like to thank Dr. Steven Olive particularly, who has used his decades of experience as a USAID Senior Foreign Service Officer to help lead USAID’s Bureau for Latin America and the Caribbean for the past two years, and whose help the past eight weeks has been a continual and large part of the successful functioning during these challenging times. Lastly, I want to thank Congress and the American people for the critical resources provided to respond to this global crisis.

Prior to the COVID-19 pandemic, the White House had demonstrated through unprecedented outreach, engagement, and commitment to our partners its dedication to Latin America and the Caribbean. Twelve regional Heads of State have met with President Trump to date, and the region hosted multiple high-level visitors from the U.S. Government; former USAID Administrator Mark Green alone visited a dozen countries in the region, and current Acting Administrator John Barsa has made several trips. This focus on the region has positioned USAID to help manage a robust and growing response to the current threat of COVID-19.

In support of the Administration’s priorities, USAID seeks to maintain the positive steps of the United States’ partnerships with the people of Latin America and the Caribbean by working to increase self-reliance, strengthen mutual economic prosperity, further democracy, and find ways
in the current environment to promote regional security and contribute to efforts to strengthen our regional supply chain infrastructure.

The United States continues to lead the global response to COVID-19, and the American people have continued to support our neighbors around the world, allocating more than $12.4 billion to benefit the United States Government’s global COVID-19 response, including more than $100 million since March in COVID-19-related response in Latin America and the Caribbean. However, the nature of the COVID pandemic is compounding ongoing challenges that stem from the threat of Chinese exploitation and a region over-burdened by the Venezuela humanitarian crisis.

Context
As you know, the countries of Latin America and the Caribbean have quickly become a new epicenter of the pandemic. Despite early action taken in key countries, such as the Republics of Colombia, Honduras, Peru, and Bolivia, to flatten the curve, by June 22, 2020, the region had more than two million confirmed cases of COVID-19, and tens of thousands more recorded every day. The pandemic has hit the Federative Republic of Brazil particularly hard, with more than one million confirmed cases, but no nation has gone without feeling the effects of the virus.

We are in an unprecedented time, when the region faces the most profound economic crisis in history because of COVID-19. The United States, as the world’s largest economy and undisputed leader in foreign assistance, will continue to demonstrate our commitment to the Western Hemisphere. We believe that, through the effective use of investment, development, and coordination, we can help secure a mutually prosperous and fully free Western Hemisphere.

This pandemic is affecting a region that is already facing several other ongoing challenges. For example, lack of economic opportunity and high levels of crime and violence, including by transnational criminal organizations and gangs, have contributed to regional insecurity and driven people to migrate. Anti-democratic and repressive forces in some countries, such as Venezuela, Cuba, and Nicaragua have consolidated power into the hands of the few, which makes many vulnerable and further limits access to food, medicine, and employment. The inept policies of the illegitimate regime of Nicolás Maduro have caused the near-total collapse of Venezuela and driven more than five million people to flee their homeland. Neighboring countries have welcomed these Venezuelans generously, but struggle to provide basic necessities for their own citizens and the Venezuelans who are living within their borders now.

Thanks in part to the previous work of USAID, the region has relatively strong health care; however, there are significant inequities in access to care, particularly among indigenous, migrant, mobile, and other poor and vulnerable populations. Additionally, with more than 70 percent of its population living in cities, Latin America and the Caribbean is among the most urbanized regions in the world, which is undoubtedly accelerating transmission of the virus. Globally, the region has the third-highest level of deaths from non-communicable diseases, such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, these underlying conditions could have linkages to higher levels of mortality from COVID-19.
These challenges add to the complexity of the COVID-19 pandemic and the response to it. The pandemic brings its own non-health challenges, as well. USAID is deeply concerned about shortages of food and water, estimated to increase as a result of COVID-19. Already, we have seen an uptick in violence against women and minorities, particularly as governments enact stay-at-home and quarantine orders. At the same time, malign external actors such as the Communist Party of China are using others’ suffering as an excuse to extend “assistance” that comes with unsustainable debt and other strings that only pull countries further away from the goal of self-reliance.

As the region suffers an unprecedented economic slowdown, forecasts suggest it will suffer the world’s worst increase in joblessness. USAID is providing support to our international partners, and Acting Administrator Barsa is actively seeking ways to work collaboratively to address these rising concerns.

USAID’s Response
USAID is continuing our long-term development programs that address these and other challenges, while also working with the U.S. Department of State, the Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services, the U.S. Department of Defense, and others as part of an All-of-America response to COVID-19. We recognize that diseases do not respect national borders, which is why funding efforts against COVID-19 overseas is a national security action and helps to protect American lives here at home.

USAID has stood up a COVID-19 Task Force to oversee the Agency’s worldwide response to the pandemic. Within this framework, we as a Regional Bureau coordinate closely with the Task Force and USAID’s Bureaus for Global Health and Humanitarian Assistance to ensure a comprehensive response and optimize the use of taxpayer funds and resources.

USAID is addressing the effects of the pandemic in 30 countries throughout Latin America and the Caribbean, including nations in which we do not currently have bilateral Missions, such as Ecuador, Bolivia, and Uruguay. Since March 2020, we have provided more than $105 million from the International Disaster Assistance and Global Health Programs accounts and the Economic Support Fund, as well as other resources from across USAID for the response. We are working with local governments, international organizations, the American and local private sector, faith-based organizations, and non-governmental groups to deliver urgent assistance to those who need it most. This includes supplemental funding appropriated by the Congress in response to this global crisis.

At USAID, we deliver more than just funds. Our assistance puts communities in a better position to respond to this dangerous pathogen. We are strengthening health care while providing expert technical assistance, training, capacity building, and life-saving diagnostics and treatment in partner countries throughout Latin America and the Caribbean to respond to COVID-19.

For example, the United States is proud to partner with the governments of the countries of the region to send much needed ventilators that will help provide care for the most critically ill patients. To date, USAID has delivered 750 lifesaving, high-quality, American-made ventilators.
to aid the urgent need to treat patients with severe COVID-19 in Brazil, Honduras, Perú, and the Republic of El Salvador, and we are working on several more deliveries over the coming days, weeks, and months. USAID is also providing additional ventilator supplies (such as filters, tubes, mouth pieces, and other important accessories), service and maintenance packages, and technical assistance (where necessary) to assess health facilities' capacity to use the equipment and help strengthen their ability to provide safe and appropriate clinical care for people with severe COVID-19.

With both supplemental resources and ongoing programs, we are improving clinical care in the region, minimizing the risk of onward transmission and helping to prevent and control infections in healthcare facilities. We fund enhanced case-finding and event-based surveillance for COVID-19, and help train and equip rapid-response teams to investigate cases and conduct contact-tracing. We finance the rehabilitation and repair of water systems to ensure there is access to clean water at health facilities, promote healthy hand-washing behaviors, and work with utilities and other service-providers to maintain access to clean water and sanitation so businesses and markets can reopen safely. We also help Ministries of Health to provide the public with reliable, verifiable information that keeps citizens informed about how best to protect themselves and each other.

We are making progress in reaching those most affected by COVID-19 in the region, by tailoring our response to the needs on the ground. For example, as the first cases were diagnosed in the Republic of Guatemala, USAID helped to convert the Villa Nueva specialty hospital into the national emergency site for treating suspected, moderate, and severe cases of COVID-19. USAID-funded experts provided technical support to the Guatemalan Ministry of Health to ensure this key hospital was ready to start caring for COVID-19 patients. In Perú, USAID-financed partners are working in some of the most heavily affected regions in the Amazon and along the Northern Coast, where they will establish an accredited molecular testing lab; administer 36,000 COVID-19 tests; expand capacity to provide oxygen therapy; conduct 450,000 telemedicine consultations through a medical call center; and support outreach by community health workers to 18,000 vulnerable households. In Colombia, USAID has worked with the Colombian Victims' Unit (Unidad para Atención y Reparación Integral a las Víctimas) to train women who are former victims of the conflict to produce more than 6,400 essential masks to deliver to vulnerable communities. In the Republic of Haiti, USAID funds 164 hospitals and health centers in all ten of Departments, and is providing chlorine, hand-washing stations, and locally procured masks to help communities address the pandemic. We are also working with the United Nations Haiti Cholera Response Multi-Partner Trust Fund to ensure long-term investments in water and sanitation support efforts against COVID-19.

Moving Forward
As USAID continues to address the immediate needs posed by COVID-19, we have rising concerns about the ongoing and future second- and third-order effects of the pandemic in the region. COVID-19 is not simply a health crisis, and our response cannot be just a health response. Controlling epidemics requires more than a stand-alone effort, and we must integrate our health efforts into a broader development approach. We have seen that when we do not address poor governance and conflict, we wipe out investments in health, education, and other
basic social services. Because of this reality, USAID is leveraging our development programming to complement our investments in global health.

According to projections by the World Food Programme, the socio-economic impact of the pandemic in countries where the organization has a presence in the region potentially could leave nearly 14 million vulnerable people severely food-insecure this year, an increase of 400 percent in one year. Similarly, the International Monetary Fund has predicted that regional economic growth is projected to contract by 5.2 percent in 2020, yielding the worst recession in 50 years.

These are significant challenges, but USAID is already looking over the horizon and working to address them. We have built excellent relationships with governments, civil society, and the private sector in our partner countries through our long-term programs in the region, and we are pivoting programs and dedicating supplemental resources from the Economic Support Fund to mitigate the non-health effects of COVID-19 across a variety of sectors and prevent development backsliding. Our programs work with governments, the private sector, non-governmental organizations, and commercial firms to advance countries’ own development, rather than trap them in unsustainable debt through offers that come with strings attached, as we have seen with “predatory assistance” from the Chinese Communist Party and other malign actors.

Through this funding, USAID is incentivizing the private sector to invest in mitigating the non-health effects of COVID-19 on both rural and urban vulnerable populations; addressing critical needs in the areas of social protection, psychosocial support, education, water and sanitation, and food security; and creating jobs and increasing access to credit. This funding bolsters strong development gains in the region and ensures the effectiveness of our existing programs across a variety of sectors. In addition to mitigating second-order effects via supplemental funding, USAID is also a proud part of the U.S. Government’s America Crece - or Growth in the Americas - an initiative that helps to build more resilient, connected economies in the region.

For example, our Caribbean Energy Initiative is addressing the systemic issues of high electricity prices, frequently poor service, and heavy reliance on expensive, imported fossil fuels, which continue to plague many parts of the region. The program also works in tandem with the private sector to boost the resilience of the energy sector in the face of hurricanes, earthquakes, floods, and market shocks. We continue our efforts to build strong, citizen-responsive, democratic societies, through programs that advance transparency and root out corruption, and also through our funding for civil society, faith-based organizations, independent media, and human rights defenders.

USAID has begun to think about how we can successfully execute our mission in the COVID-19 world, in a way that is flexible and agile. To that end, under the direction of Acting Administrator Barsa, as part of our effort to work across USAID to look over the horizon, to ensure alignment of USAID’s policies, programs, and operations with the new development landscape of the post COVID-19 world. We are analyzing and planning for the medium- and long-term effects of COVID-19 because we know the United States will remain a trusted partner, and should be the preferred partner, in countries across the world, especially in Latin America.

and the Caribbean. No other nation can match our unparalleled generosity, our open, collaborative approach, or our long-term commitment to helping communities on their journey to Self-Reliance.

**Countering Malign External Actors**
I would like to speak briefly to the challenge of malign external influence. As you are aware, the Administration and Congress have been speaking out through hearings, statements, and reports that shed light on the Chinese Communist Party’s (CCP) malign behavior and its impact. Beijing has intervened in sovereign nations’ internal affairs to engineer consent for its policies, and authorities from the People’s Republic of China have attempted to extend their influence over discourse and behavior around the world, including Latin America and the Caribbean. PRC actors are exporting the tools of the CCP’s techno-authoritarian model to countries around the world, which are enabling authoritarian states to exert control over their citizens and surveil the political opposition; training foreign partners in propaganda and censorship techniques; and using bulk collection and analysis of data to intimidate dissenters and design propaganda to shape public sentiment. Similarly, efforts to control the flow of information related to COVID-19 by the CCP and other disinformation efforts around the world have disrupted the response to the pandemic.

As USAID continues our efforts to address COVID-19, we are pre-eminently aware that being the leader in the kind of international development that helps countries develop beyond the need for foreign assistance is only one portion of the fight. The CCP party-state controls the world’s most heavily resourced and sophisticated set of propaganda and surveillance tools. The medium- and long-term prosperity of the region’s national and economic security, as well as the integrity of development enterprise, will require the United States to tell our story effectively and accurately, identify areas to engage further and more directly with local communities in their languages, and align our resources appropriately for the challenges ahead.

**Conclusion**
As around the world, the COVID-19 situation in Latin America and the Caribbean is still in progress and remains dangerous, and is likely to exacerbate underlying conditions and ongoing crises. COVID-19 remains a serious and ongoing threat, and we foresee future difficulties as the second-order effects of the virus further buffet the region’s health care, economies and democracies, and as criminal groups and malign actors exploit chaos to attempt to expand their networks.

Thanks to the generosity of the Congress, and of course, the American people, USAID has provided critical needs and resources to health facilities that were at capacity and bracing for collapse. We have an obligation and national-security imperative to continue to do the same when it comes to limiting the secondary effects of this pandemic.

USAID is steadfast in our commitment to helping our neighbors fight this pandemic even as we fight the virus on the homefront. We are confident that using the resources appropriated to us by Congress, our programs will help the region build stronger, healthier, more resilient societies. This is the right thing to do, and it is key to our own domestic national security and prosperity.
Chairman Sires, Ranking Member Rooney, thank you again for the invitation to testify. I welcome your questions.
Mr. SIRES. Thank you for your testimony.

I will now recognize members for 5 minutes each. And pursuant to House Rules, all time yield is for the purpose of questioning our witnesses.

As a reminder to members joining virtually, please turn on your video function so I may not only see you but also recognize you as we move into questions.

Because of the virtual format of this hearing, I will recognize members by committee seniority and alternating between Democrats and Republicans. If you miss your turn, please let our staff know and we will circle back to you. If you seek recognition, you must unmute your microphone and address the chair verbally.

I will start by recognizing myself. The World Health Organization declared on June 1 that Latin America is the new epicenter of the pandemic. Brazil has the second highest number of cases in the world, and Peru, Chile, and Mexico are not far behind. Yet, less than 10 percent of our foreign assistance for coronavirus response is being provided for Latin America and the Caribbean.

And the question is, with Latin America accounting for half of the daily deaths around the world, do you believe that the region is being adequately prioritized with only 10 percent of our assistance is being directed there?

Josh?

Mr. HODGES. Yes, sir. I would say that the region is being adequately prioritized. And just to put this into context, in addition to the $105 million, we have redirected additional funds from USAID's ongoing programs to account for the COVID-19 realities that are in place.

And with those two figures included, I believe that it doubles the amount of COVID-related funding going to the region. And including, sort of taking a step back from the funding specifically, sir, with these lifesaving ventilators that we are providing to the region, in a global context there are more ventilators being provided to Latin America and the Caribbean than to anywhere else globally. And so, yes, I do believe that we are adequately prioritizing the region.

Mr. SIRES. How many ventilators you say were provided?

Mr. HODGES. As of today, as I said earlier, we are—by the end of the week there will be 1,000 there, and that is more than has been delivered globally.

Mr. SIRES. Is that—to all the countries in the region?

Mr. HODGES. Yes, sir, to date.

Mr. SIRES. As of today?

Mr. HODGES. Yes, sir.

Mr. SIRES. Ambassador, how is the U.S. assisting countries like Brazil, where the outbreak is severe, while President Bolsonaro has refused to take the pandemic seriously?

Mr. KOZAK. Well, sir, let me say first that we have been collaborating with Brazil. I think they have received well over $9 million just in COVID-19-related response.

Brazil is a little bit like the United States in terms of having portions of the country where the virus has taken hold pretty strongly,
particularly in the north and northeast. And then there are other parts where it has actually not been that strong.

But also like the United States, the response in Brazil is largely being governed at the local and provincial or state level, so that the type of response that has been adopted in different parts of Brazil is somewhat different, as is the case here.

And I should mention, just as you look at this region wide, you know, nobody has got the magic formula yet for dealing with this disease, so we are being very respectful of the sovereign decisions of different governments. Some people—sometimes the same people will criticize somebody for being too harsh in applying measures and then turn around and criticize them for being too lax.

We have tried not to engage in that because, you know, we do not have the secret sauce ourselves. The one place we have been critical though is countries that are not being serious about reporting and sharing data and being transparent.

And that is when I talked about how some of the highest figures of reported infection are in our region, that is true, but that is not necessarily because that is where the highest infection is. It is because some countries are massively underreporting and not being taken to task for that, including in our region, some that you mentioned and Mr. Rooney mentioned.

But anyway, the upshot is we have been working collaboratively with Brazil. We have had to, at different times, put measures in effect. We have barred travel from Brazil, routine travel from Brazil. They have banned travel from the United States simply to avoid spreading the disease. That is not—you know, it was not done in the spirit of punitiveness or something. It was a cooperative effort to reduce it.

And I think probably the proof of how things are going in Brazil, we have got something on the order of 275,000 United States citizens who live in Brazil, routinely live there. We were initially thinking, boy, we are going to get a flood when we—when they started restricting travel.

We have seen very few people leaving, and that is because so far the health systems in Brazil are keeping up with the pandemic. I mean, in some areas it is tough. Their ICUs are getting up 75, 80 percent capacity. But in other parts it is, you know, going along in an okay way, and people are not voting with their feet by leaving.

So I think that is a sign that, you know, Brazil, while it has got a tough, tough problem, there is no two ways about it, is dealing with it in different ways depending on the part of the country. And, you know, we are in it together and we will try to come through it together in full collaboration with them.

Mr. Sires. I see that the Supreme Court ordered the President to wear a mask. We should have that here.

Mr. Kozak. Well, courts have different authorities in different countries, sir.

Mr. Sires. I will now recognize Ranking Member Mr. Rooney for questioning.

Mr. Rooney. Chairman, I agree with you about the mask thing. I think lead by example is what leadership is all about. We have problems—let me read my note here.
First of all, I would like to ask Mr. Hodges, what are we doing to deal with China's actions in Latin America? I do not trust China a bit, and they will exploit this to the
[inaudible], and so I would like to know what we are doing to proactively deal with them and to shore up Taiwan’s presence in Latin America.

Mr. HODGES. Thank you, sir. It is a very pertinent question. And we are actively, here at USAID, working with our State counterparts as well as the rest of the interagency taking this issue of China in the region very seriously.

We have active discussions throughout the region on the reality of why China is approaching with these deals that they come to different countries with, as well as just exposing the truth and the nature of some of those and the debt traps that are behind them, as well as highlighting areas—in some cases, it is as simple as showing them what is happening in other areas of the world, so the heads of State can see that China does not have the region's best interest at heart.

In other cases we are working with civil society organizations, we are working on a variety of different fronts to really just expose the truth behind the Chinese model. And it really is a question of do you want long-term, sustainable growth, or do you want something that is going to put your country in debt and be at the mercy of the Chinese?

They are also looking to expand very aggressively with digital technology in the region, and I would be happy to have folks come brief you and your staff on this more thoroughly. But they are aggressively trying to get their technology into the region so that they can sort of push more repressive efforts, as well as just further sort of get their talons into the region.

Mr. ROONEY. Are we doing anything to advance recognition of Taiwan? I know we have had a lot of countries abandon Taiwan in the last 10 years.

Mr. HODGES. Sir, this is more in the State Department's lane, so I will hand it over to Ambassador Kozak, but this is——

Mr. ROONEY. Sure.

Mr. HODGES. You are absolutely right, and this is an issue that USAID—I talk regularly with Taiwanese officials.

Mr. KOZAK. Yes. Thank you.

Mr. ROONEY. Ambassador.

Mr. KOZAK. Nine of the 15 countries that recognize Taiwan are in Latin America and the Caribbean, and we are doing everything we can to keep it that way.

I think Taiwan has done a good job. It has the same advantage we do in competing with China, which is, by and large, countries in the region share our values: They are for human rights; they are for democracy; they are for free-market competition. And China is the antithesis of all of those things.

So we have encouraged Taiwan to be as forward-leaning as possible on it. In the context of the current health pandemic, Taiwan actually had some really good best practices and is exporting them in the region.

And I would say more broadly, as my colleague was just saying about China's influence in the region, people are starting to catch
on, you know. It only takes so many times when you realize that China has just loaned some money to your predecessor in government and now all your oil production for the next 20 years is mortgaged to China, or that there was some hidden fine print and that they are going to take over your major port.

So we are telling the countries, sure, trade with China. We trade with China. But do it on your 21st century transparent terms. Don’t do it on their 19th century imperialist terms. And be cognizant of the security risks and so on.

My deputy has been a real champion on this and has gone around and done not only bilateral diplomacy but public diplomacy throughout the region to try to bring this out, and I think we have made a real dent. We have seen national governments throughout the region really shying away from these kinds of investments by China that turn into debt traps and so on.

And what we are seeing is China is now trying to target like the local and state-level officials because they think they can still have fun there, and we are trying to counter it at that level as well.

With the current health crisis, yes, China at the outset was able to offer all kinds of PPE and so on because, turns out, supply chains were such that an awful lot of that was being manufactured in China, and it took us a bit of time to get back in the game.

But I would say, when you go around the region, sure, people will take a face mask from China if that is what is available, but that does not mean that they think China is helping on this. They all know the figures that China has put out on its own experience are completely ridiculous and false.

They know that China has not provided information to not only the World Health Organization but any responsible international organizations. They have not provided samples of the early versions of this. They suppressed information that would have likely reduced the spread and the virulence of all of this.

So nobody is very happy with China. Yes, they will take their face masks and their hand sanitizer, but they are not going to decide that all is forgiven and that China is the champion on this.

So——

Mr. SIRES. Thank you, Ambassador.

Mr. KOZAK [continuing]. We will keep working it. We are working it hard. We have got a strategy. We are going to continue to flog it. But we are more than holding our own, I would say.

Mr. SIRES. Thank you, Ambassador.

I will now recognize Greg Meeks for 5 minutes.

Mr. MEENGS. Hello. Can you hear me?

Mr. SIRES. I can see you too.

Mr. MEENGS. So you can see me and hear me. Good deal.

So let me ask this question. You know, on May 20, I wrote an op-ed titled, “A Prescriptive Path forward for Saving Struggling Countries and Economies.”

And within that piece, I advocated for globally coordinated stimulus package that provides immediate and much-needed aid for countries with the least developed healthcare systems, and urgent stopgap measures to halt the hemorrhaging and emerging markets, and a push for the private sector to reinvest in these developing nations, and more sustainably this time, and rebuilding post-
COVID-19 in a way that improves prevention capacities and resilience and risk readiness.

So I am going to say to the deputy assistant administrator, I am heartened to see that USAID is already thinking over the horizon and strategizing about assistance in a post-COVID-19 world.

What additional assistance is planned in future fiscal years to ensure our allies and neighbors have ample support as they battle COVID within their borders? And are current U.S. funding levels sufficient given the enormity of the damage inflicted by COVID?

Mr. Hodges. Thank you very much for the question, sir. And I am very happy to be talking about this because it is critical, ongoing work.

To the immediate question of future funding, there are ongoing internal deliberative conversations, so I cannot get into specific amounts, but I can tell you USAID and the State Department have had a number of conversations to this end.

USAID is actively working to look over the horizon. We recognize that there is a sense of urgency. We have to address COVID today but also, at the same time, be working to get ahead of it and not just weeks ahead of it, and to curb the current trend in the region but to actually have longstanding, sustainable development pathways.

And to do that we have both LAC and agency-wide engaged in an Over-the-Horizon review, and we are meeting regularly to talk about this, to look at the lessons we are learning everyday, and just recognizing that we must prepare for lasting changes in order for the development landscape to stay ahead of this, to improve the region so that we come out of this stronger with a stronger supply chain to benefit the United States, but also just to ensure that Journey to Self-Reliance.

And so we are—to the final question about what we need to do differently, we are actively looking at our current programs and operations to see what we need to do differently. And I would very much like to followup with you on that conversation as this conversation evolves.

Mr. Meeks. Thank you.

Let me ask, and many of you know that I have been intricately involved in Colombia, particularly with the plight of African Colombians and the indio populations. I have heard repeatedly from those leaders in Choco and the Pacific region that economic and political conditions in the country continue to progress slowly despite the peace plan implementation.

In fact, there has been a report that was done by University of Notre Dame Kroc Institute for International Peace Studies, which talks about how COVID is devastating to them. I suspect that similar trends are occurring throughout the region.

So my question again is, are African Colombians and indigenous populations in Colombia seeing regressions in economic and political power? And is COVID further compounding the eroding political and economic conditions for African Colombians and indigenous populations region wide?

And the last, USAID and State Department, you know, will you move forward with the substantive COVID response plans, and will...
all agencies consider the fact that systemic disparities which existed before COVID?

Mr. KOZAK. Thanks for the question, Mr. Meeks. And you are absolutely right that the effect of this on indigenous and marginalized populations has been even worse than on the population at large throughout the region. That is true in our country as well. When you start from a lower base, you have less margin for error. So we are quite cognizant of that.

We have had programs for years that have been focused on trying to improve the situation of those populations. I think, as we look, as my colleague was saying, as we try to retool our existing programs, that is part of what we will try to do is to see if we can bring it up.

But what I wanted to note on this problem overall is that we are building on a solid base here. We have been very involved and active for decades in this region. That is why we still are the partner of choice. And we have been—even before the COVID-19 outbreak we have been looking at ways to say how do we maximize the benefit of what we have been trying to do in the development area.

Some of our programs are absolutely critical and I think are effective in the governance area, in trying to build stronger civil society and so on. But what a lot of these countries still suffer from is, you know, corruption, lack of transparency, lack of rule of law in their legal systems and so on.

And not only is that bad in and of itself but it discourages investment, and private investment is going to produce much more development than anything that we or other governments can do to bring that about.

So this is why we had started the initiative of America Crece that Congress did through BUILD Act for the DFC. And we see a real opportunity there—we saw it before the COVID-19 crisis—to really start bringing investment into the poorest areas of these countries, you know, build out infrastructure, build out energy so that those parts of the countries can start developing.

Yes, it will have to be tweaked and adjusted because the COVID-19 crisis has made us start from a lower baseline than we might otherwise have, but I think the fundamentals were in place ahead of time, and we can take advantage of those and really make a difference in the aftermath of this pandemic.

Mr. SIRES. Thank you, Ambassador.

Chris Smith? I will now recognize Chris Smith.

I will now recognize Ted Yoho for 5 minutes.

Mr. YOHO. Thank you, Mr. Chairman.

And I appreciate our witnesses being there, and the input has been great.

I want to just commend USAID for the work you guys are doing, along with the DFC. I talked to Adam Boehler, and he said he was tasked at getting 150,000 respirators from the United States domestically and to distribute them. And from what I understand, El Salvador had 50 respirators in their whole country, 50 respirators. We have given them over 500, the way I understand it. And, you know, so the work you guys are doing are good. It is good. We just need to keep doing that.
The comment I want to get or the response I want to get from you is when we go into this, and we are in the middle of a pandemic, we are going to be looking at food shortages before long—I mean, we already have that now, but with the collapsed economies around the world.

What we have seen in our country with our farmers in my State having to plow up their fields because there are no markets, there is going to be a food shortage that I do not think we have seen on this level in a very long time. And I would like to get your thoughts on that of what we are doing now to counter that.

And then when we go in there with aid, and, Ambassador Kozak, I heard you and I appreciate it, and I really appreciate the sentiment that our aid goes to good governance, rule of law, anti-corruption, anti-narcotics, and we have been doing that for probably 20 years, but we do not have it right.

And so what happens is China is going to come in there, they do not care about rule of law, they do not care about those things that we try to do that really we know and those countries know is best for them, but China is going to say, here is your money. And as Mr. Hodges brought out, here is your 5G network. And when you have an authoritarian leader in a country that is getting its pockets lined with cash from China they are going to become more authoritarian and line up with China.

And I just want to hear what your response is, how we can do something better or different, and then briefly touch on Haiti. You know, Haiti has gone through the struggles probably worse than most countries I have ever seen, especially in the Western Hemisphere. Yet, today in the 21st century, less than 20 percent of the people in Haiti have potable water. You cannot fight a pandemic if you do not have potable water.

And one last thing—I am sorry to do this—is I have noticed they have cut back in Central and Latin America on the measles, mumps, and rubella vaccine. There is very strong evidence that says the rubella component of the MMR vaccine is giving some cross protection with COVID-19.

And the research is out there. We will be happy to send it to you. And if there is anything that we could do to help stimulate any kind of response against the COVID-19 until there is a tangible, safe, effective vaccine, I would have you look at this. We have shared this with the administration, CDC, and all that.

So I have thrown you a lot, and if you want to respond to any of that, I would appreciate it.

Mr. Hodges. Yes, sir. I will take a couple of those questions first.

So, yes, in El Salvador, you are correct, sir. Thanks to the generosity of the American people and what we have done there to date, the U.S. Government donated ventilators that supported a 200 percent increase in El Salvador’s ICU capacity. And obviously, there is a long way to go to getting ahead of this, but we know the people there are incredibly appreciative.

Thanks to these ventilators, they have gone up from 87 ICU beds pre-COVID to 174 ICU beds, and that is according to the Salvadoran Ministry of Health. And so we are continuing to move forward on lifesaving needs throughout the region, and very, very
proud of the work that our teams are doing. And it is tireless work, but very, very happy to see things continue to move.

Related to the agriculture industry question that you raised, I will touch on that just very briefly. We have engaged USAID for our part, and I do not want to take too much of the time from the Ambassador here, but we have engaged with the Department of Commerce to make sure that our programs we are funding and putting in place related to COVID keep things moving in the region and connect back here, so that everything is working together in a strategic way.

But with that, I will—oh, yes, on vaccines, we continue to work on a vaccine through GAVI. And USAID already invest—playing a key role in research and development and future production for availability of future vaccines.

Mr. SIRES. Thank you.

Mr. KOZAK. And I might add to that on the questions about China and Haiti. Look, on China, I mentioned the good governance and so on. That is a necessary but not sufficient component of development. And we have seen that in a number of countries where we have run good programs on that front but we have not made a dent in the development of those countries, and we think that is in part because the climate for investment remains so poor.

But I will give you some examples that I think people are seeing around the region. Costa Rica had the Chinese come in and build a sports stadium in the capital. Great. Looks nice. They have a soccer stadium. The thing has all kinds of structural defects. They were telling me they cannot—there is no instruction book. Everything is in Chinese, So the electrical workers and so on cannot figure out the wiring diagrams, and it is not turning out to be that good a deal for them.

On the other hand, Panama, right next door, through U.S. investment, they have 1.5 billion new liquified natural gas terminal there and become the hub for the region. That is going to produce real economic growth throughout the region, and it is a real investment. It is not a bubble.

El Salvador was telling us that Chinese came in and they had a deal where they were going to help them develop a port, but when the Salvadoreans started looking at the fine print the Chinese were in a position where they could call the loan, you know, a couple years after it was made and then——

Mr. YOHO. Right.

Mr. KOZAK [continuing]. Take over the port.

And in addition, they found that China was going around and was trying to buy up 73 percent of the coastline of El Salvador. So they said, we almost became prisoners of the Chinese Communist Party in our own country. So this is the kind of stuff we are trying to push out there.

Even if you are a democratically elected leader with authoritarian tendencies, if you have got independent parliament, you have got independent journalists and so on watching this, it is going to be hard to get away with that kind of an investment.

Mr. SIRES. Thank you, Ambassador.

I now recognize——

Mr. YOHO. Thank you.
Mr. SIRES [continuing]. Joaquin Castro.
Mr. CASTRO. Thank you, Chairman.
And thank you, witnesses, for your testimony today.

It is our understanding that Mexican President Lopez Obrador will be visiting Washington, DC. to meet with President Trump soon to discuss USMCA. However, Canada’s Prime Minister Justin Trudeau is not scheduled to meet with them.

Given the rising number of cases of COVID in Mexico, which you have described, and the United States, which we are all experiencing, do you believe it is wise for the Presidents to meet during a global pandemic that is affecting their countries with some of the greatest number of cases?

Mr. KOZAK. Thank you for the question, Mr. Castro. Well, today is the entry into force of USMCA, so it is a very important day. We think that, you know—talk about developing economies in the region. This is really going to increase the powerhouse of the three countries in North America, so it is something very worth noting and trying to advance implementation of.

In terms of response to the virus, U.S., Canada, and Mexico have worked very, very closely together. We have had coordination at the head of government level, but we have had like weekly coordination, my colleague, Deputy Secretary Biegun, has worked with his counterparts.

So there has been—when you look at like border restrictions on U.S., Canada, Mexico, those have all been coordinated amongst the three countries. So we have tried to find the right balance between keeping commerce going amongst the countries and at the same time cutting back on nonessential travel so as to——

Mr. CASTRO. Secretary Kozak, let me ask you, do you have any idea why Prime Minister Trudeau was not invited if this is to celebrate USMCA?

Mr. KOZAK. I do not—I have not seen the announcement the White House has put out yet, but there has been a desire for some time for a bilateral agreement between the Mexican President and our President. It will be the Mexican President Lopez Obrador’s first trip abroad as President of Mexico.

You know, we have lots of contact with Canada. I would stay tuned on that. We are in daily touch and very high-level touch with Canada on a whole range of issues, including trade issues. So I would not draw conclusions that—because a week after at USMCA comes in effect the two Presidents are meeting that that is somehow an exclusion of Canada.

Mr. CASTRO. Okay. Let me ask you all, during the coronavirus pandemic, we have seen several Latin America governments take on authoritarian physicians and spread false information to their own people. For example, El Salvador’s government has detained their citizens for violating their stay-at-home order and forcing them to stay in quarantine centers.

On the other hand, President Bolsonaro of Brazil continues to downplay the statistics and danger of the virus, putting Brazilians in danger. What actions has the State Department and USAID taken to discourage these displays of antidemocratic rule and the spread of misinformation?
Mr. Kozak. Well, as I mentioned before, Mr. Castro, we have tried to be a little bit cautious about telling other countries how to deal with the pandemic. We have not found the magic formula yet for getting the right balance between, you know, stay-at-home orders and recovering the economy.

As I mentioned with Brazil, it is very much like our country, a Federal arrangement where the power tends to be vested in local and State authorities anyway, and you see different reactions all around Brazil and different results.

In El Salvador, you know, we have seen some steps there that were pretty tough but we have seen those in cities in the United States as well. So we have not wanted to, you know, put on our bossy pants about what you should be doing about COVID-19.

At the same time, we do defend, you know, people's right to express themselves and that kind of thing and have said so when that has been affected in other countries.

Where we have drawn the line though is there is some countries where what they are reporting is simply—we know that they are cooking the books in terms of reporting on the disease, not only to their own people but to regional and world health authorities, and that compounds the problem.

Mr. Castro. Thank you.

Mr. Kozak. So there we have been a little more prescriptive.

Mr. Castro. I yield back, Chair.

Mr. Sires. Thank you.

Mr. Sires. Thank you.

John Curtis? Is he on?

Ken Buck.

Michael Guest.

Mr. Guest. Thank you, Mr. Chairman.

Gentlemen, I want to thank you both for being here today.

Mr. Hodges, I had the opportunity last week to speak with Administrator Barsa on some of the same topics that we are discussing here today. And I wanted to ask you, Mr. Hodges, you say on page three of your written testimony there on the top paragraph, you talk about challenges that add to the complexity of COVID.

Mr. Hodges. Yes, sir. Thank you for the question.

So for one specific example, in 2017 alone, China extended more than $6.8 billion in non-concessional loans to the LAC region. And as we know, Chinese loans come with strings attached that do not
allow countries to progress, as in the testimony, on this Journey to Self-Reliance.

So what we see is China—and we see this globally really is that China comes in. They come, as the Ambassador outlined earlier, in El Salvador. They try sort of a myriad of different approaches to take control of different—whether it is ports, whether it is just critical infrastructure so that they are the ones that own those resources that should belong to the—in this case the El Salvadorean people, but the region, basically to the region, and instead China winds up being the de facto owner of those just due to the balance of debt.

And I would be happy to follow up with you and your staff with some more concrete examples of that, but that is the big scope of it, sir. They really provide what looks like a good deal to these countries that are in need of investment, but when you really dig down into the details of it, it winds up putting the country at a disadvantage in the long term.

And just to put this into context, in 2017, U.S. official development assistance was nearly $2 billion to the region while China’s was around $400 million. And that U.S. figure does not include FDI or U.S. remittances back to the region.

And if you combine all that together, the amount that the United States and the people of the United States and people who come here from other countries from the region provide back to the region for economic benefit dwarfs what China is offering to them. And our offer comes with the good-faith promise that we want you to succeed, we want a strong region, we want a prosperous region.

Mr. GUEST. And is Congress providing you and your agency with the tools you need to counteract what China is doing in that region as it relates to assistance to developing countries?

Mr. HODGES. Sir, I would defer to Ambassador Kozak on this sort of more diplomacy-focused question. But USAID appreciates everything Congress has been providing us to date. And as I said earlier, as we look over the horizon on this, I would welcome the opportunity to come back and speak with you on this.

Mr. GUEST. Mr. Ambassador, is Congress providing you the tools that you need to combat what we are seeing China’s attempt to grow their influence in these countries?

Mr. KOZAK. Yes, Congressman. I would say Congress is, but with the notion that we are not going to compete with China sort of dollar for dollar on their terms, because we are not going to do rotten loans and the kind of thing that my colleague was just describing. So we are trying to put it in other areas.

I think some of the tools Congress has given us recently, particularly the DFC, is a really giant leap forward. And there are some complications in it that it is limited, we cannot use it in all the countries in the region because of income level restrictions and that kind of thing, but those kinds of efforts are really huge. Anything that allows us to leverage private investment because, you know, if we can spend $100 million of taxpayer money and get $1 billion dollars of private investment, that is a whole lot bigger impact than just the $100 million. And it really is a force multiplier in dealing with China where we really do already outstrip them.
But the other part has been public diplomacy efforts, and I think we have been able to do that effectively. We might be able to use some help from Congress just as Members travel and so on, reminding everybody what you get into if you go down the wrong path with China.

Mr. Sires. Thank you, Ambassador. I do not think too many people are going to be traveling in the next 6 months.

We have votes. We are going to try to keep this within the time. Adriano Espaillat is recognized for 5 minutes.

Dean Phillips is recognized for 5 minutes.

Mr. Phillips. Thank you, Mr. Chairman, and to our two witnesses.

You know, earlier this month, the prominent Mexican labor lawyer Susana Prieto was arrested on trumped up charges and subsequently denied bail, in retaliation for her labor advocacy, which comes on the eve of the implementation of the USMCA, in which ensuring Mexican labor standards is clearly a vital component. When asked about Ms. Prieto's arrest in a Ways and Means Committee hearing, U.S. Trade Representative Lighthizer shared that he believed that Prieto's arrest was a bad indicator, quote, "bad indicator," of Mexico's commitment to labor reform.

As Mexican President Obrador is set to visit Washington of course this month, I urge President Trump and Secretary Pompeo to raise that matter and stress its importance to the United States.

My first question is directed to you, Mr. Ambassador. I trust that you believe that heads of State should respect the separation of powers and the constitutional roles of each branch of government. Is that a fair statement?

Mr. Kozak. Yes, sir.

Mr. Phillips. I am glad to hear that. So I have a series of questions about El Salvador where President Bukele continues to undermine democratic institutions. Do you believe it was appropriate for him to send El Salvador's armed forces to the national assembly after lawmakers refused to give him the funding that he had asked for?

Mr. Kozak. No, and we said so at the time.

Mr. Phillips. I presume it is not the right approach to civil military relations, of course.

My second question is relative again to the national assembly, which passed legislation twice that did not give the President the authority that he wanted. Both times, President Bukele put in place executive orders undermining the assembly and granting himself those powers. Also, both times the country's constitutional court ruled that President Bukele was in violation of the Constitution. Most egregiously, both times the President went ahead with his executive orders anyway.

I presume you feel it was not appropriate for the President to disregard the will of the national assembly and the Constitutional court. Is that fair?

Mr. Kozak. Not to—yes, not to disregard the authorities of the court. But I would say this part of the dispute within El Salvador, there is an argument over what powers the President has constitutionally and in an emergency, whether he needs enabling legislation from the legislature or not. The three branches are having a
robust argument about that. We have tried to urge them all to be respectful of each other and to try to come to some accommodation on a practical way forward, but it is on the theoretical or constitutional level of who has the inherent authority to do one thing or another and what limitations it is subject to. You know, we are trying to see them do an orderly good-faith process, but it is a little bit of a political question doctrine too.

So we have been reluctant to jump into the middle of the legal debate, as distinct from when you bring troops into a legislature, that is not a legal debate anymore. And in that case, I must say the President ended up deferring to the court that he should not have done that.

Mr. PHILLIPS. Okay, yes. Mr. Ambassador, you might recall, in an April 24 press briefing you were asked about President Bukele’s actions on democratic actions. Your comment was, quote, “He’s got extremely high popularity ratings so far for his handling of the crisis,” end quote. I trust you do not believe that his popularity should make him exempt from respecting democratic norms. Is it that fair to say?

Mr. KOZAK. That is correct. And that was not the intent of my answer. I think that was a longer answer. And one of the other questions had been whether the measures he was taking were too draconian. And I was pointing to the approval ratings of the population for the majors to say apparently they did not find them to be draconian, but that certainly would not be an excuse or a reason for violating a constitutional separation of powers.

Mr. PHILLIPS. I appreciate that. And, last and relative to El Salvador, while the Trump administration, you know, has been vocal about the disastrous public health responses in both Venezuela and Nicaragua, it has really been silent about power grabs in El Salvador and Bolivia. So do you believe that the State Department’s inconsistency in calling out these governments undermines our interests by feeding into the perception at least that our criticisms on human rights grounds are informed by ideology rather than democratic principles?

Mr. KOZAK. Sir, I believe our criticisms with respect to both Venezuela and Nicaragua have been a systematic effort to cover up what is going on on the medical front, reporting false information, not only to their own populations, but to medical authorities and so on. That is distinct from the legal issues of whether one branch of government has a certain amount of authority over it or not. This is kind of unprecedented areas.

But it is—that is why I was saying we have been critical of countries that are falsifying data, basically. We have been much more willing to cut some slack to countries that are struggling to get it right on what is the right balance between shutdowns and opening up your economy and that kind of thing. It is the same kind of issues that we are struggling with at home, and we do not want to try to usurp that decision.

Mr. SIRES. Thank you, Ambassador.

Andy Levin.

Mr. PHILLIPS. Yes, my time is up. Thank you.

Mr. SIRES. The chair recognizes Andy Levin.
Mr. Levin. Thank you so much, Mr. Chairman. I appreciate you holding this hearing.

Ambassador Kozak, you have a long career of service focused on the Western Hemisphere and human rights. So I know you are aware of the human rights abuses that the Haitian people have endured. I am committed as a Member of Congress and a long-time human rights defender, including in Haiti, to fight for Haitian human rights. And I am extremely worried that this administration’s policies have done the opposite, especially when it comes to COVID.

The State Department issued a do-not-travel advisory for Haiti on March 5. That is the highest level travel advisory a State can issue, and this was weeks before the Department put out a global travel advisory because of COVID. The Haiti advisory warns emergency response, including ambulance service, is limited or nonexistent, that is a quote. To me, that says that the Department understood that Haiti’s healthcare infrastructure was incredibly weak. Yet just 1 month later, on April 7, our country began to deport Haitians, despite the pandemic and the knowledge that Haiti was not equipped to contain it. And the U.S. has continued these deportations even after a number of Haitians arrived in Haiti, were tested, and were positive for COVID.

So my first question is this. We know COVID has devastated even the best healthcare systems. We know Haiti cannot handle it. We know how quickly this virus jumps borders. So even if we control the virus in the United States, if it takes hold in Haiti, our whole region remains at risk. Are you confident, sir, that Haiti can respond possibly to a sizable outbreak of COVID?

Mr. Kozak. Well, on the latter point, there is no doubt—your premise to your question is quite right—that the Haitian infrastructure in this area is very weak, as it is in many areas of their society and culture.

Mr. Levin. Okay. Yes, in many countries. And how many people has the United States deported to Haiti who have tested positive for COVID?

Mr. Kozak. It has been a handful. Let me mention, though, the policy on that so that there is some understanding of why we are doing it and how we are doing it. And I have had this conversation with all of the most senior officials in the Haitian Government as well.

The U.S. has continued, as I said in my testimony, removals—people with final orders of removal from the United States because we did not want to start piling—having people pile up in ICE detention facilities once they have got their final orders of removal. If you do that, you are creating a congregate setting in which the spread of disease is at some risk. So the calculation has been that it is much better for people to be home with their families——

Mr. Levin. Sir, excuse me, I have limited time, and I am going to reclaim my time. Sir, I have limited time; I want to reclaim it.

I do not think it is credible for this administration to say it is concerned about people piling up in ICE detention facilities when we continue to detain scores and hundreds and hundreds of people who have nothing but a civil infraction in ICE facilities, and the danger of COVID-19 spread in them is incredible. So the small
number of people who you might, you know, deport to Haiti or whatnot is a tiny fraction of that problem.

I want to know what U.S. policy is advanced by deporting COVID-19-positive people to Haiti, as we have done. I believe it is at least eight people and maybe more.

Mr. KOZAK. Congressman, the total number of COVID-19-positive are people who have been deported and later have shown up as COVID-19 positive is 220 out of 37,000. Of those, I think 186 were Guatemalan. We are still trying to figure out why the numbers are so high there. So it is a very small percentage, and if you exclude Guatemala, it is a super small percentage. The reason it is small is that the policy of ICE, and they would be able to go into it in more detail, they do not put anybody on a removal flight who they have any indication has a contagious disease or is sick in any way. They wait for them to recover before they take them out.

The reason you get a handful where they turn up positive at the other end is that with this disease, you can test positive—or test negative in the morning and test positive in the afternoon. So there has been a conscious effort. They have improved their protocols all along. We worked with the other countries to put in place good sound protocols. It has been a very good cooperative effort. But the bottom line is getting people back home to their families, out in their communities, away from being in a congregate setting is better for them. The leaders of those countries recognize that as well, and——

Mr. LEVIN. Okay. Sir, I am going to reclaim my time again.

Mr. KOZAK [continuing]. They have worked with us.

Mr. LEVIN. Sir, the idea that deporting people and sending them back to their families is an absurd statement, with all due respect. Many people we are deporting have not been in those countries many years.

Let me just ask you one other question because my time is limited. I know Omlo—

[sic]—is visiting President Trump next week. Will President Trump bring up with Omlo the unconscionable and unacceptable detention of the labor activist and attorney Susana Prieto? Will he bring that up with Omlo, yes or no, or will you encourage him to?

Mr. KOZAK. Well, I cannot tell you what the President will do until he does it. But I can say that her case is very familiar to us. We are in close touch with her through her family and are tracking it very closely.

Mr. CASTRO. Okay.

Mr. KOZAK. And as Ambassador Lighthizer said, we see this as a very bad development. I think the Mexican government knows that. And——

Mr. CASTRO [presiding]. Secretary Kozak, I am going to have to—thank you, Representative Levin. We are going to have to go on.

Mr. LEVIN. Thank you, Mr. Chairman. Thank you.

Mr. CASTRO. Absolutely. It should be noted, though, I was at two ICE detention centers in the last few weeks and they do not test everybody who was there. Just to make that clear.

Let me go on to Vicente Gonzalez of Texas.

Vicente, are you around?

How about Representative Vargas?
Mr. VARGAS. Yes, I am here. Can you hear me, Mr. Chairman?

Mr. CASTRO. Yes.

Mr. VARGAS. Mr. Chairman, thank you again for holding this hearing, Mr. Sires. And thank you, Ambassador and Director, for being here.

I do want to followup with some of the questions of the deportations. In particular, on March 20, 2020, the CDC issued an order using COVID as a pretext to circumvent the asylum process and humanitarian protections for unaccompanied children and others. The order was extended indefinitely in May. Since the order went into effect, you said 37,000 people have been deported, but I believe it is 43,000 people have been automatically expelled without due process, including 2,175 unaccompanied children. The majority are being pushed into Mexico. Children are being deported into crowded deportation flights into their home countries.

Title 42 proceedings, the public health authority claims to give authority to automatically expel asylum seekers and children without due process. The provision was never meant to regulate immigration and I think is being grossly misused. And we do know that some of these people that have been deported, as you just stated, 220 have COVID, but not all of them are tested.

So I would like to ask you, how is that in any way humane, and how are we doing the right thing, especially when we are trying to show the world, especially Latin America, that we are not China?

Mr. KOZAK. Thank you, sir. And you are right, I was talking about 37,000 coming out of ICE detention facilities as opposed to people who are encountered at the border and turned around pursuant to the Title 42 order of CDC. And I think the numbers you cited are the right ones for that.

I would note, for those people, the—again, the rationale, as I understand it, behind CDC’s order was to avoid large numbers of people congregating at the border control points, ports of entry. And the result is that the people who we are turning back, I think in the 95, 96 percent of them are going back into Mexico within 90 minutes to 2 hours of arriving at the port of entry. So it is a very different deal.

In one case, you have people who have been held in detention for some time; in the other, you have people who show up and you are saying, wait, do not come in now, we are not open for business. And so that is the distinction.

Mr. VARGAS. But with the rapid—you stated and I believe the chairman also stated that the epicenter of the coronavirus is in Latin America, do not you think it is unconscionable that we just send these people back, not knowing exactly the situation in the country, especially the children? How is that in any way humane or the right thing to do?

Mr. KOZAK. Well, again, I would refer you to the health authorities, but I would observe that the country with the most infections is the United States. So they are coming from countries with lower infections into—if we let them into the United States, then, you know, you have a risk here as well. So, you know, you have to—I would have to refer you back to colleagues at CDC as to all the rationale that went into the decisionmaking on this.
We are involved in the diplomatic part of it, not the operational part, but in trying to work with other governments to be sure we are coordinated and aligned on this. And I must say, in that, we have had extremely good professional cooperation across the board. There has been a willingness, everybody realizes that this is an extremely difficult humanitarian situation and has worked with us and very effectively to try to deal with it.

Mr. VARGAS. Well, I guess, again, I do want to thank you for your service. I know you have had a long and distinguished service, but frankly, I think that the nations down there see what—especially the people there—see exactly what we are doing, is we are not giving the immigrants that come here an opportunity to go through a due process procedure where they are asking for asylum. Instead, we are simply throwing them back into their countries into situations very difficult, without giving them any opportunity to prove their case. And I do not think it is a good situation, especially when we are trying to combat what is happening in Latin America, vis—vis the Chinese, who I think are giving the Latin Americans a very raw deal.

Mr. KOZAK. Well, sir, I would observe one thing that we are avoiding, which is the human smugglers. They are really adept at finding every—every time we change a procedure, every time we do something, they immediately shift around and try to victimize people who would fit the category they think they can smuggle into the U.S. And, frankly, that is one of the biggest dangers. If you start getting large numbers of people being coming out of Central America in caravans, going in the back of trucks through the desert and everything, again, that is certainly not going to be healthy for them either.

I would like to put some emphasis on some of the things we are trying to do to deal with protection concerns of people in the region, though. It is not that people do not have legitimate concerns in some of these places. But one of the little known things we have been doing for some years now is working with the U.N. authorities. There is a system called the protection transfer arrangements in the three Central American countries. And if people have protection concerns, they are saying I am being persecuted for political, religious, social reasons, they can go to UNHCR, they can get their case adjudicated. And if it is found meritorious, they will try to place them.

A great percentage of the people who have been found meritorious that way have been placed in the United States, but they are coming here in a safe, orderly, legal way and not coming, showing up at the border in the hands of human smugglers. So this is what we are trying to do is channel that demand into a channel that is safe, orderly, legal and is not being abused and subjecting a lot of people to abuse by smugglers.

Mr. VARGAS. I think my time has expired. I certainly would have challenged you on that. But, again, thank you very much. I appreciate it.

Mr. SIRES [presiding]. Vicente Gonzalez is recognized for 5 minutes.

Well, this has been a very interesting hearing, not only in the process, but all the good information that we received. Thank you
again for being here and for joining us, whether virtually or in person, for this important hearing.

This virus has taken nearly 130,000 lives in our country and another 100,000 lives in Latin American and the Caribbean. In the face of this devastation, we must come together to work with our southern neighbors to bring the coronavirus under control.

I thank our witnesses and the members for their participation. I look forward to working with my colleagues in Congress and the administration to support the public health response and economic recovery in the region.

And with that, the committee is adjourned.

[Whereupon, at 4:36 p.m., the subcommittee was adjourned.]
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APPENDIX

SUBCOMMITTEE HEARING NOTICE
COMMITTEE ON FOREIGN AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-6128

Subcommittee on the Western Hemisphere, Civilian Security, and Trade

Albio Sires (D-NJ), Chairman

July 1, 2020

TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS

You are respectfully requested to attend an OPEN hearing of the Committee on Foreign Affairs, to be held by the Subcommittee on the Western Hemisphere, Civilian Security, and Trade in Room 2172 of the Rayburn House Office Building. Pursuant to H.Res. 965, Members who wish to participate remotely may do so via Cisco WebEx. The hearing is available by live webcast on the Committee website at https://foreignaffairs.house.gov/

DATE: Wednesday, July 1, 2020
TIME: 1:00 p.m., EDT
LOCATION: 2172 Rayburn House Office Building
SUBJECT: The Trump Administration's Response to COVID-19 in Latin America and the Caribbean

WITNESS:
The Honorable Michael G. Kozak
Acting Assistant Secretary
Bureau of Western Hemisphere Affairs
U.S. Department of State

Mr. Josh Hodges
Senior Deputy Assistant Administrator
Bureau for Latin America and the Caribbean
United States Agency for International Development

*NOTE: Witnesses may be added.

By Direction of the Chairman

The Committee on Foreign Affairs seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202-225-9025 at least four business days in advance of the event, whenever practicable. Questions with regard to special accommodations should be directed to the Committee.
COMMITTEE ON FOREIGN AFFAIRS

MINUTES OF SUBCOMMITTEE ON WESTERN HEMISPHERE, CIVILIAN SECURITY, AND TRADE HEARING

Day: Wednesday  Date: July 1, 2020  Room: 2172

Starting Time: 3:11pm  Ending Time: 4:36pm

Recesses: 0 (to ) (to ) (to ) (to ) (to ) (to )

Presiding Member(s)
Chairman Albio Sires

Check all of the following that apply:

Open Session ☑  Electronically Recorded (tape) ☑
Executive (closed) Session ☐  Stenographic Record ☐
Teledicted ☑

TITLE OF HEARING:
The Trump Administration's Response to COVID-19 in Latin America and the Caribbean

SUBCOMMITTEE MEMBERS PRESENT:
See attendance sheet (attached).

NON-SUBCOMMITTEE MEMBERS PRESENT: (Mark with an * if they are not members of full committee.)

HEARING WITNESSES: Same as meeting notice attached? Yes ☑ No ☐
(If "no", please list below and include title, agency, department, or organization.)

STATEMENTS FOR THE RECORD: (List any statements submitted for the record.)
QFRs from Chairman Albio Sires and Rep. Dean Phillips (attached).

TIME SCHEDULED TO RECONVENE or
TIME ADJOURNED: 4:36pm

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RESPONSES TO QUESTIONS SUBMITTED FOR THE RECORD

Questions for the Record Submitted to
U.S. State Department Bureau of Western Hemisphere Affairs
Acting Assistant Secretary Ambassador Michael Kozak by
Chairman Albio Sires

The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean
Subcommittee on Western Hemisphere, Civilian Security and Trade
House Committee on Foreign Affairs
Wednesday, July 1, 2020

Question 1:

International NGOs have told subcommittee staff that the Maduro government has been slow-walking or outright denying registration to the majority of international organizations that are trying to operate in the country. According to the latest information the Subcommittee has received, there were only seven or eight INGOs registered to work in Venezuela. Some INGOs seeking to work in Venezuela have reportedly been informed by the U.S. Government that they will be unable to receive USG funding until they are registered there. Does the U.S. Government currently fund any INGOs that are not registered in Venezuela?

Answer 1:

Yes, we do. For certain types of projects, there is a strong preference to work with organizations that have some form of legal or formal registration in Venezuela because of the necessity to access import permits, visas, and advocate for humanitarian access and neutrality. There is at least one international implementer delivering development/democracy-assistance that is not registered at the national level. However, their operation is structured so that they do not require formal registration to carry out programming.

Question 2:

Is there a uniform policy across the U.S. government requiring that INGOs be registered locally, in accordance with local laws? If so, has the U.S. Government considered issuing exemptions in the case of certain organizations seeking to operate in Venezuela, recognizing the unique circumstances in the country where the government that exercises de facto control over NGO registration is not recognized as legitimate by the United States or many of its allies?
Answer 2:

There is no official policy on this matter. We understand that USAID generally defers to the INGOs whose programs we support through our assistance awards to determine the applicable requirements and local laws in different operating environments. Neither USAID nor PRM are subject to any U.S. government-wide policy that would necessitate an exemption.

Question 3:

Is the U.S. Government considering other workarounds to address the difficulties for INGOs of registering in Venezuela?

Answer 3:

Yes, registration at the municipal level rather than at the national level has been the main work around to overcome difficulties of humanitarian INGOs registering in Venezuela. INGOs are able to formally operate with municipal-level registration. Municipal-level registration does not provide INGOs with the legal agreements required to receive humanitarian staff visas or import permits, but it does technically allow them to set up offices, hire domestic staff, and work inside Venezuela as a legal entity. The humanitarian community has been attempting to coordinate with the Maduro regime for a significant time period to facilitate a mechanism for INGO registration and temporary entry as international entities. Thus far, nothing has come to fruition.

Question 4:

Do you agree that cutting funding for PAHO’s lifesaving work in Venezuela is counterproductive to the U.S. policy of advancing a democratic transition in Venezuela and undermines the U.S.-supported humanitarian response in Venezuela?
Answer 4:

As we announced following determination by Secretary Pompeo in early June, the United States remains committed to the health response in Venezuela and where the United States is unable to find suitable alternative implementers, in cooperation with USAID, we are providing health-related funding to PAHO for implementation of its health programs inside Venezuela. As you know, we have longstanding concerns with PAHO’s role in the Cuban Medical Mission program with Brazil, in which PAHO provided well over $1 billion to the Cuban regime. We are pleased that PAHO has agreed to an independent review of this program as well as much needed governance reform measures to ensure there is appropriate oversight and accountability of programs in the future. This latest agreement by PAHO fulfills the remaining key criterion for payment of assessed contributions by the Department and as such, the Department has released an assessed contribution payment in the amount of $65 million.

Question 5:

Is the Trump Administration planning to issue an exemption for PAHO’s work in Venezuela and for its work with Venezuelan migrant populations in Colombia and elsewhere? If so, when will this exemption be issued and what has delayed the process for issuing it?

Answer 5:

Subsequent to our public announcement on June 11, the Department and USAID continued targeted foreign assistance funding to PAHO for strategic health and humanitarian programs, such as the Venezuela humanitarian and refugee crisis. This funding will include PAHO projects in Venezuela and its work with Venezuelan refugee populations outside of Venezuela. For timing of programming implementation, I refer you to USAID. I would also note that as PAHO has agreed with us on an independent review of its role in the Cuban doctors program, we have now resumed assessed contributions to PAHO.
Question 6:
What steps have the State Department and USAID taken to mitigate the challenges that may arise from the U.S. pulling out of the WHO for coordinating aid deliveries and facilitating cooperation both inside Venezuela and across the region?

Answer 6:
PAHO is continuing to receive U.S. funding for health and humanitarian programs inside Venezuela and elsewhere in the region.

Question 7:
In your testimony, Ambassador Kozak, you stated, “We are hopeful that soon the measures will be in place that will allow resumption of our assessed contributions to PAHO.” This statement seems to suggest that the U.S. is in arrears with regard to its annual contributions to PAHO because of PAHO’s role in the Mais Medicos program. Is it accurate that the U.S. has not made annual payments to PAHO because of its role in the Mais Medicos program? If so, has that information been communicated by the administration to PAHO, clarifying that PAHO must undertake specific reforms related to the Mais Medicos program (as detailed in Ambassador Kozak’s testimony) in order for the payments to resume?

Answer 7:
It is indeed accurate to say the U.S. government has longstanding concerns about governance, transparency, and accountability at PAHO, including the Mais Medicos project. These were conveyed to PAHO and we have had discussions for many months regarding the specific reforms we and other member states sought. Subsequent to my testimony, PAHO initiated an independent review of the organization’s participation in Mais Medicos, an arrangement from which the Cuban regime earned an estimated $1 billion. This action fulfills the remaining key criterion for payment of assessed contributions by the Department; and, as such, the Department has released to PAHO an assessed contribution payment in the amount of $65 million. The Department will continue to closely monitor PAHO’s operations and the
conduct of the external review to ensure PAHO’s activities are in the U.S. national interest and an effective use of American taxpayer money.

**Question 8:**
Is the freeze in funding for PAHO’s programming in Venezuela related in any way to PAHO’s role in the *Mais Médicos* program? If so, please explain the connection.

**Answer 8:**
Yes. As noted, the U.S. government has longstanding concerns about governance, transparency, and accountability at PAHO, particularly in relation to its involvement with the *Mais Médicos* project. However, in addition to the exception for the Venezuela regional crisis that I announced June 11, PAHO has recently initiated an independent review of the organization’s participation in Mais Médicos, an arrangement from which the Cuban regime earned an estimated $1 billion. This fulfills the remaining key criterion for payment of assessed contributions by the Department and as such, the Department has released an assessed contribution payment in the amount of $65 million.

**Question 9:**
Has the State Department communicated with federal or local government officials in Mexico to address the risks these migrants are facing, which are now compounded by the pandemic? If so, what message has been conveyed and is it the State Department’s position that the Mexican government bears responsibility for the safety and well-being of these asylum seekers?

**Answer 9:**
The Department regularly engages the Government of Mexico (GOM) to address security challenges and closely monitors the security situation at the U.S. southern border. The United States, Mexico, and Canada have worked closely during the COVID-19 pandemic to implement actions designed to prevent the spread of the virus, including the restrictions on non-essential travel that have been in place since March 20. Department personnel have been in contact with
shelter administrators, Mexican National Institute of Migration staff, Mexican Commission on Refugee Assistance personnel, and Mexican Secretariat of Foreign Relations leadership about the living conditions, health, and security of migrants returned to Mexico under the Migrant Protection Protocols (MPP), those returned to Mexico pursuant to Title 42 of the U.S. Code, and those near the U.S.-Mexico border.

As part of the June 2019 U.S.-Mexico Joint Declaration, the GOM committed to authorizing the entrance of all of individuals identified eligible for MPP for humanitarian reasons, in compliance with its international obligations. The GOM has helped provide access to healthcare, education, and jobs to individuals awaiting U.S. immigration processing. The GOM has noted publicly that individuals under the MPP are accorded all rights and freedoms recognized in Mexico’s Constitution, the international treaties to which Mexico is a party, and Mexico’s Migration Law.

**Question 10:**
Is the State Department or USAID providing any assistance to Mexico to ensure these migrants are safe while awaiting asylum hearings?

**Answer 10:**
PRM is funding programs that support asylum seekers, refugees, stateless persons, and vulnerable migrants, including individuals enrolled in the Migrant Protection Protocols (MPP). This funding supports the activities of the UN High Commissioner for Refugees to promote access to asylum and local integration opportunities as well as the International Organization for Migration (IOM) to support local and government shelters in northern Mexico and access to emergency assistance for individuals transitioning out of shelters. PRM funding for IOM also includes Assisted Voluntary Returns available for migrants throughout the country, including for
individuals subject to MPP who wish to withdraw their U.S. applications and need assistance returning to their home countries.

The Department, through the Bureau of Population, Refugees, and Migration (PRM) also has provided nearly $2 million in COVID-19-specific funding in Mexico and authorized international organization partners to mobilize elements of nearly $103 million in existing humanitarian programs to limit the spread of the virus among vulnerable migrants, asylum seekers, and refugees.

Under the Merida Initiative more broadly, USAID works with the federal and state governments, private sector, civil society, and academia in Mexico with a focus on strengthening rule of law, preventing crime and violence, promoting and protecting human rights, and reducing corruption through greater transparency, integrity, and accountability. USAID prioritizes preventing crime and violence in border states, especially Baja California, Chihuahua, and Nuevo Leon.

Question 11:
In May, the Trump Administration indefinitely extended the executive order it introduced in March expelling all those arriving to the southern border. The New York Times has reported that children are being returned under the policy, without any notification being provided to their families and in some cases without telling them where they are being sent to. Since the order went into effect, over 43,000 people have been automatically expelled, including at least 2,175 unaccompanied children, according to CBP. Under domestic law, the U.S. must comply with trafficking screenings and other procedures mandated by the Trafficking Victims Protection Reauthorization Act (TVTPRA). Yet, under the CDC order, these critical protections - which are meant to prevent children from being trafficked - are seemingly being ignored. Only 39 children out of the 1,001 expelled in May were given access to these critical protections, according to a June 18 report by CBS News. What is your response to reporting suggesting that children are being returned under this new policy in violation of the Trafficking Victims Protection Reauthorization Act and sent into conditions where they could become victims of human trafficking?
Answer 11:

The Center for Disease Control and Prevention has issued an order, under authorities in Title 42 of the U.S. Code, to suspend the introduction of certain persons in the United States to prevent the spread of COVID-19 in the United States. The Department would refer you to DHS on the steps it is taking to ensure Title 42 expulsions are carried out in a manner consistent with U.S. law.

Question 12:

Are the State Department or USAID providing any direct assistance to children being returned under this policy?

Answer 12:

USAID, through the International Organization for Migration (IOM), assists the governments of El Salvador, Guatemala, and Honduras with safe reception and reintegration of all nationals returned to these countries, including children, regardless of the mechanism through which they are returned. USAID, through IOM, supports protection for returned children, including supervision until they can be picked up by family members, or referrals to non-governmental organization shelters. Assistance includes development of protocols and training to child protection system institutions to assist returned children during the reception process in their country of origin, family reunification processes that ensure the best interests of the child, and efforts for their reintegration into their home country, including psychosocial assistance.

Question 13:

How does the State Department respond to concerns raised by foreign governments suggesting that they are no longer being consistently informed by the United States Government about the returns of their citizens, including children, under the new policy?
Answer 13:

The U.S. government is in regular contact with governments in the region on migration issues, including on Title 42 expulsions. The Department would refer you to DHS for additional information regarding Title 42 issues.

Question 14:

Does the State Department believe that the coronavirus could impact drug supply routes in Latin America and the Caribbean? If so, in what ways?

Answer 14:

Yes. During the COVID-19 pandemic, foreign governments have enacted various border control measures that affect the drug trafficking routes used by transnational criminal organizations (TCOs) and gangs throughout the hemisphere. Partner nations continue to move forward with counternarcotics efforts, with programming adjustments made as trafficking routes evolve. In Mexico, we have seen continued land, maritime, and air seizures during the pandemic. Through our Merida Initiative assistance, we remain focused on reducing the impact on the United States of heroin, fentanyl, methamphetamine, cocaine, and other illicit drugs originating from or transiting through Mexico. We also continue to partner with Mexico to disrupt the business model of TCOs. Likewise, in Central America, support to land and maritime interdictions remains a priority activity as evidenced through high seizure levels sustained in recent months.

The increased deployment of U.S. military and Coast Guard assets in the Caribbean has generated 1,000 arrests and the interdiction of 120 metric tons of narcotics in 12 weeks. This restricts the supply of funds to the TCO’s even as we use the extradition process to put their leadership behind bars.
Question 15:
Is the State Department actively adapting U.S. counternarcotics assistance programs to address the pandemic’s impact on drug-trafficking and organized crime?

Answer 15:
Yes. We are increasingly concerned about transnational criminals using the COVID-19 crisis as an opportunity to modify their methods and increase trafficking. Through our foreign assistance programming, we support partner nation law enforcement entities in addressing current and emerging threats; and, our programs continue to report progress in counternarcotics efforts. Many of the partner nation police forces have seen a decrease in security services personnel and a decrease in local government funding due to the economic slowdown. The Department’s programs are adapting to meet the changing situation. For example, traditional classroom training opportunities are pivoting to virtual platforms to continue to support collaborative efforts. Our regional counternarcotics partnerships are growing with multi-national maritime coordination between Costa Rica, Panama, and Colombia, and improved maritime and land interdiction capabilities by vetted and specialized police units in Belize, El Salvador, Guatemala, and Honduras. These programs are adjusting to target maritime interdiction efforts and prosecutions in strategic areas with the highest trafficking levels of illicit drugs destined for the United States, with some countries, like Costa Rica, on track to set a record for seizures in 2020.

Question 16:
Has the State Department conveyed to the interim government of Bolivia the United States’ position that elections should be held as soon as possible, recognizing the necessary public health precautions that will need to be in place? If so, at what level has this message been communicated?
Answer 16:
Following the fraudulent elections last October, the Department has repeatedly stressed to the transitional government, all political parties, and the Bolivian people the need to hold free, fair, transparent, and inclusive new elections. USAID and the Department of State’s bureaus of Democracy, Human Rights, and Labor (DRL), and Conflict and Stabilization Operations (CSO) are supporting Bolivia’s Electoral Tribunal and Bolivian civil society in this effort. We are also providing funding to support the Organization of American States’ technical assistance to Bolivia’s electoral authorities.

It is important to note that Bolivia’s Electoral Tribunal, which represents an independent fourth branch of government, sets the election date in accordance with Bolivia’s electoral law, which is passed by the National Assembly and then promulgated by the President. Working in consultation with one another, these actors agreed to postpone the intended May 3, 2020 election date due to the COVID 19 crisis and reached a consensus on a new election date, now set for September 6, 2020. We have continuously stressed to all branches of government and political parties at the highest level the need to continue working constructively together so that Bolivia’s new elections are carried out in a transparent and inclusive manner and in accordance with Bolivian law.

Question 17:
Does the State Department have a response plan in place if the Áñez government announces a delay of the elections scheduled for September 6th?

Answer 17:
Bolivia’s Electoral Tribunal, which represents an independent fourth branch of government, sets the election date in accordance with Bolivia’s electoral law, which is passed by
Bolivia’s National Assembly and then promulgated by the President. Working in consultation with one another, these actors agreed to postpone the intended May 3, 2020, election date due to the COVID 19 crisis, and reached a consensus on a new election date, now set for September 6, 2020. We continue to stress to all branches of government and the political parties at the highest levels the need to continue working constructively together so that Bolivia’s new elections are free and fair, carried out in a transparent and inclusive manner, and are in accordance with Bolivian law.

**Question 18:**

Has the State Department conveyed concerns to the interim government that the criminal charges being presented against former government officials in the MAS party are being viewed by many observers in the international community as politically motivated?

**Answer 18:**

As we have reported in numerous Human Rights Reports to Congress, arbitrary detention and the politicization of the judicial branch is a long-standing problem in Bolivia. While the previous government was not willing to engage with us in this area, the Transitional Government has requested U.S. government assistance to help reform and professionalize Bolivia’s judicial system. In January 2020, a team of democracy and conflict specialists from USAID, CSO, and DRL travelled to Bolivia to conduct an initial democracy, rights, and governance (DRG) assessment to determine current and potential program opportunities. Furthermore, at the invitation of the Transitional Government, our Bureau of International Narcotics and Law Enforcement Affairs (INL) visited Bolivia in March to meet with the Minister of Justice and numerous law enforcement agencies to determine what areas of the judicial system are most in need of reform. After Bolivia’s elections and depending on political will and bilateral funding,
INL looks forward to engaging with Bolivia’s newly elected government to improve the impartiality and transparency of the judiciary.

Question 19:
Are you concerned about the regional security implications of the Ortega regime’s dismissive and reckless response to the coronavirus?

Answer 19:
The Ortega regime’s response to COVID-19 thus far has had negative implications not only for the citizens of Nicaragua, but for regional neighbors as well. Nicaragua has deliberately misrepresented data relevant to the crisis and thus misinformed both individual and institutional responses. As the destination of choice for Nicaraguans seeking refuge from the Ortega regime, Costa Rica is rightly concerned about the impact of the Nicaraguan government’s approach to the pandemic. Costa Rica was forced to close its border with Nicaragua for nearly three weeks in June 2020 after a number of truck drivers tested positive attempting enter the country. Further border closures would negatively affect regional supply chains and food security.

Question 20:
Can you speak to the role of Nicaraguan medical professionals and civil society in rising to the occasion and stepping up on behalf of the Nicaraguan people? What threats and challenges do they face?

Answer 20:
Doctors have been targeted for speaking up about the coronavirus in Nicaragua. In response to the government’s disinformation and failure to mitigate the COVID-19 pandemic in Nicaragua, including forbidding personal protective equipment (PPE) use by public sector medical personnel, medical professionals and civil society stepped up to provide information to
Nicaraguan citizens on the impact and spread of COVID-19 in the country. Medical associations joined together to call for transparency, equipment, and supplies for medical workers, while civil society groups organized donations of PPE and much-needed medical equipment.

The government retaliated by threatening and harassing medical workers and associations, firing at least 14 public sector doctors. Despite the challenges, medical workers have continued to serve the public, at great personal risk. Independent analysts from *Observatorio Ciudadano*, an opposition-organized civil society group tracking the pandemic, reports that over 700 medical professionals present COVID-like symptoms and at least 94 have died.
Questions for the Record submitted to
USAID Bureau for Latin America and Caribbean
Senior Deputy Assistant Administrator Joshua Hodges by
Chairman Albio Sires

The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean
Subcommittee on Western Hemisphere, Civilian Security and Trade
House Committee on Foreign Affairs
Wednesday, July 1, 2020

QUESTION 1a:

During your testimony, Mr. Hodges, you stated that additional assistance had been redirected toward COVID-19 response in Latin America and the Caribbean.

- How much additional assistance has been redirected so far and how much will be redirected in the future?

ANSWER:

To date, approximately $100 million in existing funds has been redirected to address the COVID-19 crisis in Latin America and the Caribbean (LAC). We have encouraged our Missions to use available funding where necessary and appropriate to rapidly and effectively respond to this crisis and expect they will continue to do so. Redirections are still subject to the limits of appropriation law, statutory requirements, budget processes, and USAID’s program processes. We look forward to working with Congress on this important issue.

QUESTION 1b:

- From what accounts and regions was assistance redirected?

ANSWER:

Funds have been redirected within several areas, including the Development Assistance (DA), Economic Support Fund (ESF), and GHP-USAID accounts. USAID has not redirected funding from other regions for use in COVID-19 response in LAC.
QUESTION 1c:
- What kind of analysis was performed to ensure that redirected funds would not set back ongoing efforts in the region in areas such as anti-corruption, healthcare infrastructure, non-coronavirus-related health needs, and food insecurity?

ANSWER:

The Bureau for Latin America and the Caribbean (LAC) Missions leveraged the capacity of existing activities to slow the spread of COVID-19 and to mitigate its impacts on individuals, households, communities, and local institutions; the funds redirected for COVID-19 response remain programmed for their appropriated purpose. For example, no funds from the LAC Bureau increased or decreased Congressionally-directed levels or were reprogrammed to another Program Category. Instead, redirected funds adapted activities to rapidly respond to COVID-19 and urgent needs based on in-country demands expressed by USAID missions, host countries, or our implementing partners to mitigate COVID-19 impacts.

QUESTION 1d:
- Given recent media reporting suggesting that U.S. global assistance has been expended very slowly, can you speak about what specific steps USAID is taking to expedite the funding that Congress appropriated so that it reaches countries in Latin America and the Caribbean?

ANSWER:

On average around the world, the Bureau for Humanitarian Assistance (BHA) is obligating COVID-19 IDA supplemental funding 40 percent faster than their non-expedited timelines. While we are in unprecedented times right now, with a rapidly evolving situation on the ground in almost every country accurate information is critical to international perceptions and informed decision making within the countries USAID operates. We are working aggressively to obligate all of our resources for COVID-19 as swiftly and effectively as
possible. At the same time, we want to ensure that we are accountable for the effective use of funds for COVID-19 and are good stewards of U.S. taxpayer dollars.

To date, USAID and the Department of State have made available $112.89 million in Supplemental funds for the response to COVID-19 in Latin America. The total includes $62.5 million in humanitarian assistance from USAID through the International Disaster Assistance (IDA) account. Humanitarian partners can begin working as soon as USAID commits humanitarian assistance resources to them; they do not have to wait for the final obligation of funds.

With respect to the GHP and ESF COVID-19 Supplemental funds in Latin America and the Caribbean, we are using a variety of tools to expedite their obligation and implementation, while still optimizing impact. For example, in countries where USAID was not providing health assistance, like Brazil, Bolivia, and Peru, we are forging partnerships with new and underutilized partners (NUPs). An important obstacle to working with NUPs, locally-established partners (LEPs), and non-traditional partners is the amount of time required to co-create, negotiate, and on-board these partners. This is traditionally a lengthy process due to U.S. acquisition and assistance policies, yet, in these countries we are leveraging existing agreements such as the New Partners Initiative EXPAND agreement, as well as new tools, including the Agency’s Expedited Procedures Package (EPP) for Responding to Outbreaks of Contagious Infectious Diseases, to significantly reduce delays and barriers associated with engaging the most effective partners on the ground for the COVID-19 response.

QUESTION 2a:
International NGOs have told subcommittee staff that the Maduro government has been slow-walking or outright denying registration to the majority of international organizations that are trying to operate in the country. According to the latest information the Subcommittee has received, there were only seven or eight INGOs registered to work in Venezuela. Some INGOs seeking to work in Venezuela have reportedly been informed by the U.S. Government that they will be unable to receive USG funding until they are registered there.

- Does the U.S. Government currently fund any INGOs that are not registered in Venezuela?

**ANSWER:**

At USAID, on the humanitarian side, there is a strong preference to work with organizations that have some form of legal or formal registration in Venezuela because of the necessity to access import permits, visas, and advocate for humanitarian access and neutrality. On the development/democracy-assistance side, there is at least one international implementer that is not registered at the national level, but their operation is structured so that they do not require formal registration to carry out programming.

**QUESTION 2b:**

- Is there a uniform policy across the U.S. government requiring that INGOs be registered locally, in accordance with local laws? If so, has the U.S. Government considered issuing exemptions in the case of certain organizations seeking to operate in Venezuela, recognizing the unique circumstances in the country where the government that exercises de facto control over NGO registration is not recognized as legitimate by the United States or many of its allies?

**ANSWER:**

USAID generally defers to the INGOs whose programs we are supporting through our assistance awards to determine the applicable requirements and local laws in different operating environments. USAID is not currently subject to such a U.S. government-wide policy that would necessitate an exemption.

**QUESTION 2c:**
• Is the U.S. Government considering other workarounds to address the difficulties for INGOs of registering in Venezuela?

ANSWER:
Yes, registration at the municipal level rather than at the national level has been the main workaround to overcome difficulties of humanitarian INGOs registering in Venezuela. With municipal-level registration, INGOs are able to formally operate. Municipal-level registration does not provide INGOs with the legal agreements required to receive humanitarian staff visas or import permits, but it does technically allow them to set up offices, hire domestic staff, and work inside Venezuela as a legal entity. The humanitarian community has been working with the Maduro regime for a significant time period to facilitate a mechanism for INGO registration and temporary entry as international entities — so far nothing has come to fruition.

QUESTION 3a:
The World Health Organization’s regional arm, the Pan-American Health Organization (PAHO), has worked closely with USAID to address the humanitarian crisis in Venezuela. A measles vaccination campaign implemented by PAHO and USAID reduced the number of new cases by 91% from 2017 to 2019. After the Trump Administration froze funding to the WHO, Chairmen Engel and Sires sent a letter to Secretary Pompeo in May urging the administration to resume funding for PAHO for its work in Venezuela. But on May 29, President Trump announced that he would pull the U.S. out of the WHO altogether, and ultimately did so on July 7, 2020.

• Do you agree that cutting funding for PAHO’s lifesaving work in Venezuela is counterproductive to the U.S. policy of advancing a democratic transition in Venezuela and undermines the U.S.-supported humanitarian response in Venezuela?

ANSWER:
The U.S. Government remains committed to responding to the health crisis in the Bolivarian Republic of Venezuela, and has not cut funding to the Pan American Health Organization (PAHO). As Assistant Secretary of State Michael Kozak announced in June, in select places in the Western Hemisphere where we determine other organizations cannot perform adequately or
in a timely manner, as during the current situation in Venezuela, the U.S. Agency for International Development (USAID) is able to consider additional voluntary contributions to PAHO at this time.

PAHO has a long history of work in Venezuela, and continues to play a critical role in supporting the humanitarian response to the chaos caused by the illegitimate Maduro regime. PAHO is one of the main organizations in the region that is distributing testing kits for COVID-19 and other pandemic-specific supplies in the region, and it is the only organization that can provide an effective level of surveillance and diagnosis for COVID-19 inside Venezuela.

We were heartened to see that the Health Advisor to the Venezuelan National Assembly (AN), Dr. Julio Castro, and Maduro’s “Ministro del Poder Popular para la Salud,” Carlos Alvarado González, signed an agreement on June 1, 2020 —facilitated and witnessed by PAHO— that commits the AN and the regime’s Ministry of Health to collaborate on the response to COVID-19 and secure resources to combat the pandemic in Venezuela. To date, this arrangement has been a successful step in political and public-health collaboration.

USAID holds the same long-standing concerns as the U.S. Department of State regarding PAHO’s role in the Cuban Medical Mission program, which is the subject of an ongoing Federal lawsuit. USAID expects that PAHO will operate inside Venezuela under the principles of neutrality, impartiality, and independence. As Acting Administrator John Barsa wrote to PAHO’s Director, Dr. Carissa Etienne, USAID insists that, to receive funding from us, PAHO will agree to do the following:
• Clear with us in advance the names and locations for the facilities through which it (and/or any sub-recipients) would provide assistance with our funds or deliver USAID-financed supplies;
• Prevent our assistance from flowing through the Maduro regime’s Ministerio del Poder Popular para la Salud;
• Refuse to allow the Maduro regime to restrict eligibility for any care or supplies funded by USAID to holders of a Carnet de Patria (Homeland Card); and
• Make every effort to mark all assistance funded by USAID appropriately with visible PAHO branding to ensure beneficiaries do not attribute the provision of aid to any political entity.

QUESTION 3b:
• Is it your understanding that the Trump Administration is planning to issue an exemption for PAHO’s work in Venezuela and for its work with Venezuelan migrant populations in Colombia and elsewhere?

ANSWER:
According to policy guidance issued by Secretary of State Pompeo in June, the U.S. Agency for International Development is able to consider providing additional resources to the Pan American Health Organization to implement critical health and humanitarian-related activities in places where we determine that other organizations cannot perform adequately or in a timely manner, such as during the current crisis in the Bolivarian Republic of Venezuela.

QUESTION 3c:
• What steps has USAID taken to mitigate the challenges that may arise from the U.S. pulling out of the WHO for coordinating aid deliveries and facilitating cooperation both inside Venezuela and across the region?
ANSWER:

During this unprecedented moment, the U.S. Agency for International Development (USAID) remains committed to providing urgently needed assistance to people inside the Bolivarian Republic of Venezuela, Venezuelans across the region who have fled the regime-driven chaos in their homeland, and the communities that are generously hosting them.

USAID does not depend on the World Health Organization for this work. We are collaborating with United Nations agencies and international non-governmental organizations in Venezuela and across the region to ensure the flow of necessary aid continues. For example, USAID is providing $7 million in supplemental funds from the International Development Assistance (IDA) account appropriated through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (COVID-19 Supplemental), to another United Nations agency to deliver life-saving aid to children and families inside Venezuela, including health care and improvements to basic sanitation in hospitals and clinics. USAID also is funding the training of health providers to detect COVID-19, along with the procurement and distribution of key cleaning and waste-management items in accordance with international guidelines for the prevention and control of infections in hospitals and primary health facilities. In the Republic of Colombia, USAID is providing over $6.5 million in IDA funding from the COVID-19 Supplemental to the International Federation of Red Cross and Red Crescent Societies to increase access to critical health care, water, sanitation, and hygiene, and to deliver medical supplies and equipment to health facilities.

QUESTION 4b:
What challenges is USAID facing in providing assistance to Northern Triangle countries, given decreased personnel and fewer potential partners, as a result of the cuts imposed by President Trump?

**ANSWER:**

As new programs designs are completed and funds are made available, USAID will conduct a competition for these awards in pursuit of advancing the most effective development strategies and approaches.

**QUESTION 4c:**

- How has the redirection of a significant portion of assistance toward implementing asylum cooperation agreements impacted the advances that U.S. assistance had made in food security, strengthening healthcare systems, and combating corruption in these countries?

**ANSWER:**

USAID is not engaged in the implementation of the Asylum Cooperative Agreements, and our work in all of these sectors continues to address the lack of economic opportunities, food insecurity, violence, drought, and corruption. USAID, through the International Organization for Migration (IOM), does support migrants returned to their home countries, by ensuring safe reception, transport and reintegration into the home country, with the aim of deterring repeat migration. USAID works closely with inter-agency partners and key actors, including the U.S. Departments of State and Homeland Security, as well as IOM, UNHCR, and host government ministries to ensure close coordination on returns. In Guatemala and Honduras, USAID maintains a portfolio of food security, good governance and anti-corruption, education, workforce development, citizen security, and economic growth programming. USAID’s work in all of these sectors contributes to addressing the drivers of illegal immigration to the United States. Additionally, USAID is executing health programming related to COVID-19 in all three
countries as well as dedicated maternal and child health and nutrition programming in Guatemala.

As you are aware, USAID/EI Salvador does not have non-COVID-19 health or food security programs.

**QUESTION 4d:**
- Given recent setbacks in the fight against corruption in Honduras—including the departure of MACCIH and the recent passage of a new criminal code which reduces sentences for corruption—how is USAID programming addressing the underlying conditions that enable corruption to thrive at the highest levels of the Honduran government?

**ANSWER:**

In close collaboration with the Department of State’s Bureau for International Narcotics and Law Enforcement (INL), USAID is planning complementary support for Honduras’ justice system focused on institutional strengthening, strategic planning, and results-based budgeting for key justice system institutions; electronic case management systems; and increased capacity for the investigators, prosecutors, and judges charged with confronting crime and reducing impunity levels in Honduras. These efforts will combat priority crimes, including corruption, gang-related violence, and human trafficking. Additionally, USAID will spearhead local community-led transparency and anti-corruption accountability efforts to prevent opportunities for corruption and allow citizens to participate in local decision-making to improve service delivery. USAID will also continue to strengthen the National Anti-Corruption Council’s (CNA) ability to prevent, detect, and investigate corruption cases. In addition, USAID is supporting reforms to help remove the barriers that corruption places on private sector productivity, including one-stop shops for business permits and licenses, overhauling the tax system, strengthening business chambers, and developing legislative reform capacity in private sector guilds.
Furthermore, USAID has redirected existing resources to address corruption in Honduras in the context of the COVID-19 pandemic. For example, we are providing ongoing support to the CNA, which has already produced seven reports as part of a series entitled “Corruption in the Times of COVID-19” that have identified alleged irregularities in the Government of Honduras’ COVID-19 response. In addition, under USAID’s Fiscal Transparency Activity, we are working with the Ministry of Finance on improving access to budget information and budget management, and assessing how GOH expenditures linked to COVID-19 are reported.

**QUESTION 5:**

The 2020 hurricane season in the Atlantic basin began on June 1 and is expected to exhibit above-normal levels of activity. The U.S. National Oceanic and Atmospheric Administration (NOAA) predicted 13 to 19 named storms this season, of which six to 10 could become hurricanes, including three to six major hurricanes of Category 3 or higher. USAID has briefed Foreign Affairs Committee staff on its preparedness efforts in anticipation of the 2020 hurricane season.

- How is USAID deploying assistance plans while still practicing safety measures due to COVID-19?
- To what extent and how is USAID accounting for the compounding of crises if hurricanes hit countries that are being affected by the coronavirus pandemic?

**ANSWER:**

USAID is actively planning and preparing for an above-normal hurricane season this year in the Atlantic and eastern Pacific. The National Oceanic and Atmospheric Administration (NOAA) is forecasting an above-normal Atlantic hurricane season—which runs from June 1 to November 30 each year. According to its mid-season update, NOAA forecasts that during the 2020 Atlantic hurricane season, there will be 19 to 25 named storms—of which seven to 11 may become hurricanes, including three to six major hurricanes. A key aspect of this preparation has been adapting USAID’s standard operating procedures for responding to multiple hurricane scenarios, particularly in the Latin America and Caribbean region, while also addressing the specific operating constraints of the COVID-19 pandemic.
The safety and security of USAID staff remains paramount. USAID has plans that incorporate comprehensive safety measures for disaster responses within the COVID-19 environment.

Senior USAID leadership will approve staff deployment based on critical human resource needs and consider if staff can work on the response remotely before deploying teams.

If deployment is required, USAID will provide staff with a personal-protection travel kit. The USAID Bureau for Humanitarian Assistance’s Regional Office in San Jose, Costa Rica will pre-position personal protective equipment (PPE) including face masks (N-95), thermometers, face shields, gloves, goggles, and essential hygiene and disinfection products for travel kits. Before deploying, individual team members will be informed of host country entrance regulations and will ensure compliance with host government requirements for arriving passengers, including - but not limited to - COVID-19 testing, health declarations, use of PPE, temperature checks, rapid antigen tests, medical insurance, mandatory quarantines, and isolation instructions for passengers arriving with COVID-19 symptoms.

All USAID staff will comply with host government public health prevention measures, U.S. Embassy guidance, and USAID safety and security plans established for hurricane response deployments.

USAID has conducted a scenario-based table-top exercise to describe response procedures and the added challenges of responding in the COVID-19 environment. Consultations with U.S. embassies and USAID missions throughout the LAC region to review factors related to staff deployment, access restrictions, COVID-19 status, coordination to expedite clearance processes, quarantine, and other anticipated changes are ongoing. USAID is also providing a Mission Disaster Preparedness six-session online learning series geared towards USAID staff.
and Mission Disaster Relief Officers and alternates in the Latin America and Caribbean region. These trainings are designed to ensure effective coordination between Embassies and USAID during a disaster, and how to access tools and resources.

**QUESTION 6:**

When stay-at-home orders began to be implemented in Latin America, many analysts warned of the exacerbation of another pandemic—that of gender-based violence. In Mexico, for example, calls and messages sent to the National Network of Violence rose more than 80% between mid-March and mid-April compared to the previous month. In Argentina, calls to domestic violence hotlines grew 40% after the government instituted a mandatory quarantine. In Colombia, calls are up 90%.

- What is the extent of USAID’s existing gender-based violence prevention programming for the region?
- How has this programming been modified to address the increased challenge brought on by the COVID-19 pandemic?

**ANSWER:**

USAID is monitoring the uptick in reported gender-based violence during the COVID-19 pandemic, particularly as countries continue to enact stay-at-home and quarantine orders, and has begun to take steps to address these concerns within our programming. USAID has long recognized the importance of preventing and responding to gender-based violence (GBV) and takes a multi-pronged approach. In Latin America and the Caribbean, USAID partners with non-governmental organizations, faith-based organizations, and host governments to increase awareness of the scope of the problem and its impact, improve services for survivors of violence, and strengthen prevention efforts.

For example, USAID works with non-governmental organizations, human rights defenders, faith-based organizations, and host government institutions in El Salvador, Guatemala, and Honduras to address gender-based violence. In El Salvador, USAID supports initiatives to reduce impunity for GBV cases, including integrated victims assistance centers. In
Guatemala, USAID has helped to strengthen the Women’s Secretariat, which is responsible for coordination of gender-based violence cases across prosecutors’ offices, and links the Public Ministry to victim service providers. In Honduras, USAID supports civil society organizations to provide legal and/or psychological services to survivors of domestic and gender-based violence. In Mexico, USAID supports civil society organizations and groups to engage in dialogue on femicides and prevention, and supports families of victims, including with legal support. Crime and violence prevention and justice programs prioritize facilitating better coordination and information-sharing between police, prosecutors, and state/municipal authorities, a key factor for preventing GBV. In response to the COVID-19 pandemic, a USAID partner organized a virtual forum to help citizens access domestic violence information as well as available services. The forum connected participants with representatives from the Specialized Public Prosecutors Office of Femicides and Crimes against Women and Girls, the National Institute for Women, and a local organization - Alternativas Pacificas.

USAID is implementing internal processes to ensure that GBV is addressed in programming. For example, we have embedded gender and gender-based violence advisors in the technical teams of our COVID-19 Task Force. COVID-19 programming response efforts must be informed by all relevant analyses, including the collection and use of sex-disaggregated data, which will influence the GBV prevention and risk mitigation efforts. USAID also requires humanitarian partners to ensure that programs are safe and accessible to all, particularly the most vulnerable, and do not create additional risks. USAID has dedicated at least $20 million in COVID-19 ESF funding to address the needs of vulnerable and marginalized populations.

In addition, USAID partners are providing assistance to victims of GBV and conducting outreach to raise awareness about the problem. For example, in Colombia a human rights
defender, leading a USAID-supported network of nearly 2,000 women in southern Colombia, pivoted her welfare visits from in-person to virtual in the wake of COVID-19. With USAID support, she and her colleagues continue supporting women survivors by phone, connecting them with various legal and psychosocial services, and health care. She has sought creative solutions for women leaders under threat, including finding them safe lodging after repeated threats to their lives.

In LAC, USAID supports programming to raise GBV awareness in Costa Rica, Guatemala, Honduras, El Salvador, Belize, and the Dominican Republic. This program supports meaningful engagement of men and women to raise awareness and support positive behavior change, such as managing emotions, in the face of the effects caused by the COVID-19 pandemic. The campaign also provides information on how to denounce violence against women and children in specific countries.
Questions for the Record submitted to
U.S. State Department Bureau of Western Hemisphere Affairs
Acting Assistant Secretary Ambassador Michael Kozak by
Representative Dean Phillips

The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean
Subcommittee on Western Hemisphere, Civilian Security and Trade
House Committee on Foreign Affairs
Wednesday, July 1, 2020

Question 1:

Ambassador Kozak, I’m very concerned about democratic backsliding in Guatemala. In that light, Mr. Chairman, I ask unanimous consent to submit for the record two documents: the first, a letter from 50 members of the Guatemalan Congress asking the Secretary General of the Organization Americas States to analyze and respond to both corruption in Guatemala and the persecution of Constitutional Court judges and the second a report submitted to Secretary General Almagro with the letter. The country’s Congress and the Supreme Court have taken questionable actions in an attempt to remove the justices of the Guatemalan Constitutional Court in what appears to be retaliation for a recent ruling on the election of Supreme Court and Appellate Court judges. Weakening the Constitutional Court will seriously undermine the rule of law in Guatemala. What is the State Department and the U.S. Embassy doing to communicate concerns about these threats to the Guatemalan government, the private sector and civil society as well as relaying the importance of electing impartial and independent judges to the highest courts?

Answer 1:

The State Department and U.S. Embassy, through our diplomatic engagement and public messaging, have consistently encouraged the Guatemalan government to combat systemic corruption in all branches of government and to maintain the integrity and independence of the Guatemalan courts, including the Constitutional Court. Our programs in Guatemala continue to prioritize support for combatting corruption and strengthening the rule of law in Guatemala. In June, Secretary Pompeo announced the public designation of former Guatemalan Presidential Chief of Staff Gustavo Adolfo Alejos Cambara due to his involvement in significant corruption under Section 7031(c) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, which renders corrupt officials and their immediate family members
ineligible for entry into the United States. We will continue to underscore the importance of eliminating corrupt influence in Guatemalan institutions, both in our diplomatic engagements with Guatemalan authorities and through our programs supporting the rule of law.

**Question 2:**

In the last year, the Governments of Guatemala and Honduras have kicked out two anti-corruption bodies: the MACCIH in Honduras and the UN commission, the CICIG in Guatemala. Both were advancing in high level cases of corruption and vital to strengthening the rule of law in the longer term. The United States should express concern to governments when such efforts are taken and continue supporting broader anti-corruption efforts in light of the termination of both bodies. Advancing anti-corruption efforts is also a condition for aid. Yet the State Department certified Honduras and Guatemala despite the terminations of these bodies, which is very concerning. Can you provide further insight into decision making behind these certifications?

**Answer 2:**

The Governments of Guatemala and Honduras each have their own distinct challenges with respect to several of the certification criteria. They have nonetheless made some progress in each of the certification criteria.

In January, President Giannetti created an anti-corruption commission in Guatemala to identify corruption within the Executive Branch and provide its findings to the public ministry for prosecution. The Department believes that U.S. foreign assistance can help these countries make even more significant progress in areas relevant to the certification, including to address corruption. To this end, U.S. foreign assistance programs are helping to build the capacity of the newly created anti-corruption unit in Guatemala.

The Department was disappointed the Honduran government chose not to renew the mandate of MACCIH. However, the Honduran attorney general announced in January the creation of a new anti-corruption unit within the public ministry (UFERCO). This entity has taken over investigations from the previous anti-corruption unit (UFECIC), in effect taking on the investigations MACCIH had helped support.
Question 3:
Ambassador Kozak and Mr. Hodges, can you both speak to what oversight and control mechanisms the State Department and USAID are using to guarantee that these new funds given to address the outbreak are not stolen but rather used to respond to the pandemic?

Answer 3:
USAID and WHA have worked closely together to ensure that the funding provided to our embassies and USAID Missions is tied to performance measures given to each implementer, as well as systematic reporting requirements. By and large, the assistance we provided is not government-to-government aid. Rather we work with implementers in the field to undertake targeted interventions in support of the joint USAID-State Department Strategy for Supplemental Funding for COVID-19. Our officers in the field are charged with coordinating the use of the assistance consistent with host country needs, aligning resources with the COVID-19 supplemental strategy, and ensuring that our interventions are appropriately managed.
Questions for the Record submitted to
USAID Bureau for Latin America and Caribbean
Senior Deputy Assistant Administrator Joshua Hodges by
Representative Dean Phillips

The Trump Administration’s Response to COVID-19 in Latin America and the Caribbean
Subcommittee on Western Hemisphere, Civilian Security and Trade
House Committee on Foreign Affairs
Wednesday, July 1, 2020

QUESTION:

The State Department stated that it has provided $111 million in health assistance to El Salvador, $564 million in health assistance to Guatemala, and $178 million in health assistance to Honduras over the past 20 years, yet the health systems in these countries remain weak and incapable of responding to COVID-19 pandemic in large part due to the endemic corruption that has long plagued these countries. Just this week, the latest corruption scandal exploded in Honduras when the Honduran Association for more Just Society reported new cases of corruption in the purchase of materials to supply public hospitals with respirators, biosecurity products and seven mobile hospitals. Ambassador Kozak and Mr. Hodges, can you both speak to what oversight and control mechanisms the State Department and USAID are using to guarantee that these new funds given to address the outbreak are not stolen but rather used to respond to the pandemic?

ANSWER:

USAID and the Department of State recognize the government health systems in these countries are not where they need to be and this is concerning to us. We also recognize this pandemic is taxing even the most sophisticated health systems in the world. USAID and the Department work diligently to ensure our funding is tied to performance measures given to each implementer, as well as systematic reporting requirements. By and large, the assistance we provide is not government-to-government aid, but rather works through implementers in the field to undertake targeted interventions in support of the joint USAID-State Department Strategy for Supplemental Funding for COVID-19. Our officers in the field are charged with coordinating the assistance to ensure it is consistent with host country needs, aligns with the strategies we put in place to address this pandemic supplemental funding, and appropriately
managed. USAID is taking steps to ensure improved application of funds and that as applicable, funds are mutually beneficial across programs with an intent to collectively build toward more long-term strategic intended outcomes. Below are further examples from El Salvador, Honduras, and Guatemala.

USAID/Honduras has redirected existing resources to address corruption in the context of COVID-19. For example, USAID is providing ongoing support to the National Anti-Corruption Council, which so far has produced seven reports as part of a series entitled “Corruption in the Times of COVID-19” that have identified alleged irregularities in the Government of Honduras’ (GOH) COVID-19 response. In addition, under the Fiscal Transparency Activity, USAID/Honduras is working with the Ministry of Finance on improving public access to budget information, providing support to improve overall budget management, and assessing how GOH expenditures linked to COVID-19 are reported.

USAID/El Salvador is implementing a number of activities to support anti-corruption programming, both with the Government of El Salvador (GOES) and with civil society organizations. Working directly with the GOES, USAID supports both central and municipal governments to respond to the COVID-19 pandemic and improve the tracking and transparency of funds utilized to respond to the epidemic. At the municipal level, USAID is enhancing the ability of municipal governments to track funds and counter corruption at the local level.

Further, working with civil society, USAID/El Salvador promotes the creation and effective implementation of the Access to Public Information Act through the Transparency Consortium, which is composed of media organizations, think tanks, universities, and other Civil Society Organizations. These activities train local citizen associations in requesting public information and using the legal tools provided by the Access to Public Information Act. Finally,
USAID supports one of the main local universities to train local leaders on transparency and anti-corruption matters.

USAID works with the Government of Guatemala to battle corruption, improve public service delivery, and increase civic participation. USAID recognizes that victims of corruption are 83% more likely to migrate than non-victims.

In Guatemala, USAID will increase the capacity of government institutions to implement anti-corruption and transparency actions, and will strengthen the engagement of informed citizens and civil society organizations (CSOs) to hold the government accountable for its commitments to transparency through the Open Government Partnership (OGP). USAID will provide support for the institutionalization of the Government of Guatemala’s (GOG) Presidential Commission on Open and Electronic Government, a body responsible for promoting open government, transparency, and anti-corruption mechanisms. It will also support CSOs’ oversight, advocacy, and anti-corruption capacity to promote initiatives for a more accountable government. USAID will support public awareness initiatives to increase public knowledge of key government commitments on anti-corruption and transparency.

Additionally, USAID will address corruption by improving the transparency of the GOG’s public financial management institutions. Specifically, USAID will provide demand-driven technical support to GOG institutions engaged in budget formulation, public expenditure management, domestic revenue mobilization, transparency, open government, and civil service management. USAID supports improvements in government procurement systems, tax audits, and civil service management to reduce opportunities for corruption.
As part of its rule of law portfolio, USAID will implement transparency and accountability systems within justice sector institutions as well as provide technical assistance to improve criminal investigation, prosecution and adjudication of corruption cases (e.g. tax fraud or contraband). Assistance will be given to develop new investigation and case management models to investigate potential fraud and embezzlement cases linked to GOG responses to COVID-19. USAID will also strengthen the Anti-Corruption Presidential Commission to establish a strategic plan, implement the public policy against corruption and articulate efforts across different sectors. Particular attention will be given to procurement and services carried out during the COVID-19 response.
The Acting Administrator

July 6, 2020

The Honorable Carissa Etienne, M.D.
Director
Pan American Health Organization
525 23rd Street, N.W.
Washington, D.C. 20037

Dear Madam Director:

The U.S. Agency for International Development values our partnership with the Pan American Health Organization (PAHO) as we work to provide humanitarian assistance to the Venezuelan people, especially in response to the pandemic of COVID-19.

We appreciate PAHO’s efforts to maintain regular, balanced contact and robust information-sharing with the Venezuelan National Assembly and the Administration of Interim President Juan Guaidó. We also applaud PAHO’s recent facilitation of the agreement signed on June 1, 2020, between representatives of the National Assembly and the regime of Nicolás Maduro, which committed both parties to collaborate on the response to COVID-19.

As we prepare to discuss potential funding to PAHO for vaccination and health care in Venezuela, USAID reiterates our understanding that your organization will uphold the principles of independence, impartiality, and neutrality in all decision-making related to its Venezuelan programming and operations. Consistent with this expectation, USAID understands that PAHO will not require beneficiaries to hold or present a Carnet de la Patria (Homeland Card) as a condition for receiving assistance funded by USAID, and that PAHO will not provide USAID-financed assistance via the Comités Locales de Abastecimiento y Producción (CLAP) or through the national Ministry of Health. We also understand that PAHO will maintain every effort to mark all humanitarian assistance appropriately with visible PAHO branding to ensure beneficiaries do not attribute the provision of aid to any political entity. In addition, we expect that PAHO will clear with USAID in advance the names and locations of any health or other facilities through which your team or any sub-recipients will deliver USAID-funded supplies.

Thank you for your attention to this matter. I would appreciate your written confirmation that you agree to abide by the conditions outlined in this letter with respect to any future USAID funding for activities in Venezuela. We remain committed to providing assistance to meet the needs of the Venezuelan people during these challenging times, and look forward to a continued relationship with PAHO.

Sincerely,

John Barsa

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