WHISTLEBLOWER AID

UNITED STATES SENATE COMMITTEE ON FOREIGN RELATIONS

STATEMENT OF NICHOLAS Z. ENRICH

APRIL 1, 2025

My name is Nicholas Enrich. I am a civil servant with 15 years of experience serving in the federal government, under four different administrations. I joined the federal government in 2010 as a Presidential Management Fellow. Since 2013 until now, I worked specifically at USAID, culminating in over 12 years of experience within the Agency. While my work was primarily with the Bureau for Global Health (GH), I also worked with the Bureau for Management. Currently, I am the Acting Assistant Administrator for GH at USAID. On March 2, 2025, I was placed on administrative leave as a result of my protected whistleblowing activities.

Prior to my current position, I was the Director of the Office of Policy, Programs, and Planning in the Bureau for Global Health. My responsibilities included: formulating and executing a global health budget, developing policy, engaging with legislators, procuring awards, monitoring and evaluation, and knowledge management. I was also responsible for the Bureau for Management and led the Critical Coordination Structure, USAID's operational readiness unit, to ensure continuity of operations and health and safety of the workforce. Additionally, I spent eight years serving in the Office of Infectious Diseases in the Bureau for Global Health. I hold a J.D. from Brooklyn Law School and a B.A. from Tulane University.

The GH Bureau has primary responsibility for implementing the approximately $10 billion annual budget for global health appropriated by Congress.[1] That budget includes funding for

[1] Congress Passes Full-Year Continuing Resolution Bill, Maintaining Global Health Funding at Prior Year Levels, KFF.org (Mar. 18, 2025), https://www.kff.org/global-health-policy/fact-sheet/congress-passes-full-year-continuing-resolution-bill-maintaining-global-health-funding-at-prior-year-levels/.

HIV, Tuberculosis (TB), Malaria, Maternal and Child Health, Infectious Diseases, Global Health Security, Family Planning and Reproductive Health, and Nutrition.

On January 28, 2025, I was designated by then-Acting USAID Administrator Jason Gray as the Acting Assistant Administrator for Global Health. That same day, Secretary of State Marco Rubio issued a blanket waiver[2] for life-saving humanitarian assistance (hereafter, LHA) from the actions instituted under Executive Order 14169 "Reevaluating and Realigning United States Foreign Aid" issued on January 20, 2025.[3] This EO was referred to as "the pause on foreign operations."

From January 28, 2025, implementing the LHA waiver was my top priority for the Bureau. However, by the time I was placed on administrative leave on Sunday, March 2, 2025, GH had been fully prevented from implementing the waiver, and our lifesaving programs had been effectively eliminated.

By Sunday, March 2, 2025, when I was pushed out of USAID, the following occurred:

(a) all – or nearly all – of our contracts and awards needed to implement the LHA waiver were terminated;

(b) authority to approve LHA activities was moved from GH leadership to the USAID Front Office, with an increasingly restrictive definition of what constituted "lifesaving activities," that ultimately excluded all GHP-USAID funds (except HIV);

[2] U.S. Dep't of State, Emergency Humanitarian Waiver to Foreign Assistance Pause (Jan. 28, 2025), https://www.state.gov/wp-content/uploads/2025/01/Final-Signed-Emergency-Humanitarian-Waiver.pdf.
[3] Exec. Order No. 14169, 90 Fed. Reg. 8619 (2025), https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/.

(c) with some miniscule exceptions, no payments had been processed for any of the lifesaving work, which resulted in the complete incapacitation of many implementing partners (even those whose awards had not been terminated); and

(d) the GH workforce was reduced from 783 to approximately 67 people with most key staff members critical for administering aid terminated or placed on administrative leave.

Our complete inability to implement lifesaving activities was the result of a series of intentional actions and obstructions taken by the Trump Administration about which the public has been misled, including: USAID, the Department of State, and the Department of Government Efficiency (DOGE). Their concerted actions ultimately prevented my team and me from getting LHA activities approved, and from providing the funds to awards that would implement lifesaving activities.

I was dismayed and frustrated to hear that Peter Marocco, Director of the Office of Foreign Assistance at the United States Department of State and Deputy Administrator at USAID, came to the Hill recently and blamed failure to implement lifesaving programs on what he called "malicious over-compliance" on the part of USAID/GH staff. To suggest that career civil servants who have dedicated their lives to improving global health would intentionally fail to implement lifesaving programs to make the Administration look bad is not only facially ludicrous, but provides a helpful window into the cynicism and disdain that colors some of the Administration's view the of the federal workforce and our critical programs.

As infuriating as it was to hear the Administration trying to put the blame on career civil servants, it was not surprising. In fact, it was in anticipation of this type of scapegoating that prompted me and my team to devote most of our last few days to documenting how we were

prevented from actually implementing the LHA waiver issued on January 28, 2025. My goal was to share that documentation with our staff, so that when they were inevitably blamed for the monumental impact of shutting down essential global health programs, we would be prepared to present an accurate recitation of facts to clarify the record.

Moving forward, I am happy to walk through the roadblocks I encountered in my efforts to implement the LHA waiver. I can provide insight into the impacts on global health and US national security caused by our inability to implement LHA programs, and I can share knowledge about the actions of political appointees at various government agencies – including DOGE – as they relate to the unworkable processes and obstacles in implementing the LHA waiver policy.

Process: Everchanging guidance

On January 28, 2025, the LHA waiver was issued by Secretary Marco Rubio.[4]

On January 29, 2025, Senior leadership at USAID held a Senior Management Meeting (SMM) where the then-Deputy Chief of Staff (DCOS), Joel Borkert, discussed the approach on how to approve and report LHA waiver activities.

On January 29, 2025, the Executive Secretariat at USAID issued a "waiver request form". GH interpreted that this did not apply to the LHA waiver that was already issued, but did, in fact, apply to other requests for activities that had not already been granted a waiver.

At the Senior Management Meeting on January 29, 2025, my team described GH's proposed approval process for LHA activities. The proposed approval process was for GH to approve

[4] U.S. Dep't of State, Emergency Humanitarian Waiver to Foreign Assistance Pause (Jan. 28, 2025), https://www.state.gov/wp-content/uploads/2025/01/Final-Signed-Emergency-Humanitarian-Waiver.pdf.

activities that were needed to implement LHA, and then the approved activities would be shared with the USAID Front Office for tracking and awareness.

On February 1, 2025, Ebola activities for the International Organization for Migration (IOM), UNICEF, and The International Federation of Red Cross and Red Crescent Societies (IRFC) were the first activities that I approved under the waiver. The Agreement Officer for these awards sent letters to the implementing partners to notify them that the activities were approved under the LHA waiver, and that the Stop Work Orders previously received due to "the pause" in foreign assistance were partially lifted for the applicable approved activities.

On February 4, 2025, I drafted an informational memorandum documenting the GH process and definitions for LHA.[5] This memo included a list of activities needed to avert loss of life within the next 90 days, including: (1) Direct Service Delivery; (2) Emergency Response to Infectious Disease Outbreaks; and (3) Essential Health Commodities & Supply Chain Management. GH would approve the LHA activities and share the list of approved activities with the Agency Front Office for tracking and payment. Joel Borkert approved the memorandum on February 6, 2025.

On or about February 7, 2025, and February 10, 2025, respectively, GH approved approximately 20 of the most critical LHA activities through the process outlined in the February 4, 2025, memo and sent it to the USAID Front Office for tracking and payment.

On February 11, 2025, Paul Seong sent an email about the GH approval process for LHA activities, that said: "Please hold off on any more approvals until we have a conversation with

[5] https://s3.documentcloud.org/documents/25515976/doc-20250207-wa0002-250207-1100028292-2-1.pdf

Joel Borkert on this [LHA approval process].” I shared the instruction to “hold off” with GH and regional bureau staff.

On February 13, 2025, Joel Borkert called a meeting about the “false narrative in the press” that approvals for LHA activities had been paused. When Borkert asked what I knew about this, I referenced the email Paul Seong sent on February 11, 2025, which specifically had directed GH to hold off on the approval of LHA activities. Joel Borkert and several other USAID political appointees, including Laken Rapier (Senior Front Office Advisor), Adam Korzeniewski (White House Liaison), Tim Meisburger (Assistant to the Administrator, Bureau of Humanitarian Assistance), and Mark Lloyd (Assistant to the Administrator, Bureau for Conflict Prevention and Stabilization). Joel Borkert became visibly angry and shouted at me: “Approvals are not paused, there never was a pause.” Then, Joel Borkert directed me to draft a follow-up memo to correct the “false narrative in the press”, and to warn staff against leaking information to the press - which I did.

Mark Lloyd, issued this second informational memo on February 13, 2025. This memo served: (1) to correct “the false narrative in the press;” (2) to confirm that LHA waiver continued and that approval was “never paused;” and (3) to remind staff that unauthorized external communications were a violation of the standards of conduct and subject to discipline, including removal. Attached to the memo was a reinstatement of the GH approval process that had been paused by Paul Seong’s February 11, 2025 email.

The next day, February 14, 2025, new Agency Front Office guidance was issued. The new guidance, titled “Foreign Assistance Pause Blanket Waiver and Exception Guidance,” fully contradicted the February 13, 2025, memorandum issued the day before, and rendered all

guidance before it moot. The new guidance removed approval authority of what constituted LHA activities from GH, and moved it to the Agency Front Office – specifically to the Assistant to the Administrator for Management and Resources, Ken Jackson. This meant that any LHA activity now required Agency leadership approval before it could be implemented. The review process that was created is as followed:

a. First GH would review, then it would pass to Mark Lloyd. From Mark Lloyd, Agency Front Office Advisor Paul Seong would have to clear.
b. Then, it would pass to Chief of Staff Joel Borkert until, finally, it was presented to Ken Jackson for final approval.

Once the February 14, 2025 guidance was issued, no GH LHA waiver activities were approved ever again.

Starting on February 18, 2025, GH submitted a list of LHA activities that had been halted and GH was requesting approval to resume on a daily basis in accordance with the February 14, 2025, guidance. Note: ultimately there were 72 activities for which approval was requested. These activities were submitted repeatedly, but never approved.

On February 19, 2025, Joel Borkert emailed me, Mark Lloyd, and Brian Frantz (Acting Assistant Administrator, Africa Bureau). Joel Borkert's email said that "life saving things like Marburg do not need a waiver (so there should be no pause). They do need to go through the payment approval process." This email was a direct contradiction to the February 14, 2025, guidance, which specified that LHA activities required approval and provided the process for obtaining approval.

On February 20, 2025, I tried to clarify this discrepancy with Mark Lloyd by email, noting that although the official guidance provided a specific approval process, the USAID Chief of Staff had written that no approval was needed. Mark Lloyd never responded.

On February 21, 2025, I suggested a track-change revision to the February 14, 2025, guidance to codify Joel Borkert's statement that Agency Front Office approval was not needed for LHA. The proposed revision clarified that Ken Jackson's approval was only required for the payments; as the activities themselves were already approved by GH. I did not receive a response until February 26, 2025, when Mark Lloyd wrote that Joel Borkert was incorrect and that the February 14, 2025, guidance was, in fact, the correct process.

On February 21, 2025, Mark Lloyd told us about an additional layer to the process for awards managed at USAID missions. This addition required missions to go through the GH review chain, rather than through the existing regional bureau process.

On February 24, 2025, in an effort to move the stalled approvals and payments forward, I met with Mark Lloyd and Tim Meisburger. Together, we walked through each of the 72 LHA activities that were sent for waiver approval. Mark Lloyd and Tim Meisburger instructed GH to narrow the focus of its requests and to deprioritize activities related to neglected tropical diseases, MPox, Polio, Ebola, and any monitoring and surveillance activities. It was made clear that anything on that deprioritization list would not be approved. Further, Mark Lloyd and Tim Meisburger stated that even activities that had been approved by GH under the previous guidance needed to be re-approved, indicating that the Agency Front Office did not recognize any of the approximately 20 previous GH approvals for applicability of the LHA waiver under any of the

previous memos. The effect of the February 24, 2025 meeting was an extreme narrowing of the definition of LHA.

On February 25, 2025, relying on my discussion with Mark Lloyd and Tim Meisburger from the previous day, GH submitted a revised priority list of the most critical LHA waiver activities to Lloyd. Lloyd never responded, and to my knowledge none of the activities were ever approved.

On February 25, 2025, GH was made aware of a Frequently Asked Questions document (FAQ) on the LHA waiver developed by the State Department and approved by Peter Marocco. One of the questions was to specify the funding accounts that the LHA waiver applied to, and it explicitly excluded all all non-PEPFAR[6] health funding, meaning that none of the activities submitted for under the LHA waiver were eligible.

On February 26, 2025, I flagged the problematic definition of lifesaving activities to Mark Lloyd and Tim Meisburger. Tim Meisburger said the definition was a mistake. I said it should be corrected, and sent proposed redline edits to the FAQs for correction. Lloyd and Meisburger took no action to correct the guidance, and the FAQs were formally issued to USAID via Agency Notice on February 26, 2025, with the original, "mistaken" definition of LHA, which excluded all non-PEPFAR health activities.

Later in the day on February 26, 2025, all, or nearly all, of our awards for global health assistance were terminated.

[6] The United States President's Emergency Plan for AIDS Relief, https://www.state.gov/pepfar/.

Process: Failure to process payments

On or about February 7, 2025, it was clear that payments were not being processed for approved LHA activities. This was one of the key mandates of "Programs Group," a part of the Coordination Support Team (CST) that was set up on February 7, 2025, to address problems related to a smooth drawdown of USAID and folding it into the State Department. Without access to funds, implementing partners were simply unable to carry out approved LHA activities.

At a meeting on February 10, 2025, the Programs Group alerted Agency leadership that the lack of access to funds for implementing partners was a critical impediment to the ability to carry out the LHA waiver. This was because access to USAID financial systems (known as GLAAS and Phoenix) had been completely turned off by DOGE. This order ultimately prevented the flow of any funds to partners who were approved to implement LHA activities. At that point, it was clear: to process payments, Phoenix needed to be turned back on with access restored.

On or about February 10, 2025, Meghan Hanson, Director of the Office of Policy, and Tim Meisburger claimed the reason Phoenix would not be turned on was because a series of illegal payments had been made in contravention of "the pause". When I noted that the Stop Work Orders (SWOs) on all of USAID's/GH's awards should solve that issue, there was no response.

Over the next three weeks, DOGE – in coordination with the Department of State and USAID leadership – attempted to determine what the minimum level of Phoenix access should be to process payments for top priority activities. The result was that access to financial systems was never restored for the Agreement and Contracts Officers (A/COs), the individuals who could actually verify that the work that had been contracted for had been completed, and had access to approve vouchers. Instead, access was only granted for a tiny number of individuals, of whose

identities I am unaware. It was unclear on what basis decisions were made, or which payments would be processed. Based on information we received, however, it was clear that the only payments prioritized were those for plaintiffs in ongoing payment lawsuits. On February 14, 2025, a new process was established in the wake of the "Foreign Assistance Pause Blanket Waiver and Exception Guidance." The new process required a form to be filled out and sent to Ken Jackson, who would approve payments. This created an immediate backlog of approvals for payments that, to the best of my knowledge, has still not been cleared.

This "new system" replaced the "old system" that worked for years. Additionally, this new system, in my opinion, removed vital checks and balances to avoid waste, fraud, and abuse by removing the individuals from the approval process with actual knowledge needed to verify what the funds had been used for. Additionally, the new system opened the door to massive mistakes from individuals that do not understand USAID financial systems. Mistakes that occurred included massive overpayments that were approved, payments that were sent to the wrong partners, or for the total TEC/Ceiling of the award, rather than just allowable disbursements – including unallowable costs.

On February 24, 2025, we learned from Department of State Financial Officer Maureen Danzot that payments needed to be submitted for approval not just for waivers, but also for payments for previously incurred costs prior to "the pause". This was jarring because this step has never been a part of the approval process, and therefore no approval requests had been submitted by GH through the established process for previously incurred costs for any implementing partners.

The failure to provide access to funds and the corresponding backlog of payments resulted in the inability of implementing partners to execute critical lifesaving activities and, in some cases, led to implementing partners terminating their staff or dissolving altogether – resulting in long-term setbacks to foreign assistance capacity.

Peter Marocco stated that the changes to the payment system, which removed access to the system for almost all staff, were necessary to address the problem of "insufficient payment control or review mechanism." However, the new system actually eliminated the existing robust due diligence system of payment control and review by removing system access for project managers and Agreement Officers who were positioned to validate expenditures against expected deliverables and allowable costs. Instead, the new system allows access only for a small number of individuals with no knowledge of the awards for which payments are requested, no visibility of the vouchers submitted by implementing partners, and no understanding of the scope or intended deliverables of the awards for which they are assessing requests for payments.

Termination of Contracts

Starting on February 8, 2025, and at regular intervals through February 26, 2025, GH became aware that State leadership and DOGE had begun to identify "tranches" of awards that should be immediately terminated. These lists of awards slated for termination were sent to the Office of Acquisition and Assistance (OAA) with exceedingly short timelines and immense pressure to move the terminations as quickly as possible.

With the first three tranches on or about February 8, 9, and 10, 2025, OAA informed GH which of the awards we managed were slated for termination. We quickly reviewed the awards to identify if any of them were needed to implement LHA activities, and then informed OAA and

Agency leadership when we identified awards that had already been approved for activities under the waiver, or would likely be needed for LHA activities in the near future. For the first three tranches, the notification email from OAA asked Agreement Officers (AOs) to ensure that none of the waivers (e.g., LHA) applied to the awards slated for termination. However, the timeframes for actions were so short that at least one GH award was terminated that had already been approved under the LHA waiver.

On February 11, 2025, I received a warning email from Jeremy Lewin, a DOGE staff member. The email said: "I [Jeremy Lewin] am hearing that Global Health is conducting supplemental reviews of awards slated for termination by Secretary Rubio and Acting Deputy Administrator Marocco. This is delaying the timely processing of these termination notices and is unacceptable." Further, Lewin specified that "bureaus should not be conducting their own policy and program reviews before acting on these termination instructions." I responded by saying GH was flagging awards that were slated for termination that had been approved to implement lifesaving activities under the LHA waiver, for Agency consideration prior to termination. I said that I would stop, if told to. Lewin never responded.

Following that exchange, future tranches – including tranches on February 23, 2025, and February 26, 2025 – did not include the caveat for AOs to check to see if any of the waivers applied before terminating the awards.

On February 26, 2025, the sixth "tranche" of awards arrived. This time, all – or nearly all – remaining GH awards needed to implement the LHA waiver were terminated without advanced notice.

It is important to note: It was never clear what criteria State/DOGE were using to terminate awards. It all seemed very random. OAA leadership told me they had to do keyword searches to find critical infrastructure awards that were on the termination lists (e.g., the award for Phoenix, for the lease to the one remaining USAID building, for the phone company, etc.). Additionally, Tim Meisburger said that part of the problem was that LHA awards had unclear names that did not convey that they included lifesaving work. He was referring to the problem of utilizing a keyword search approach to identify critical infrastructure awards.

Termination of Staff

As of January 20, 2025, there were 783 positions in GH.

Four diversity and inclusion positions were eliminated on January 23, 2025.

On January 25, 2025, stop work orders (SWOs) on all contracts – including Global Health Technical Assistance Support Contract (GHTASC), GH's primary contract for institutional support contractors (ISCs) who made up nearly half of the GH workforce – resulted in the termination of 374 ISCs that supported GH. This cut included all support staff, including administrative and program assistants, across the bureau. Cuts also eliminated technical health experts. Because Direct Hire employee positions are prioritized for positions with inherently governmental functions, like contract management, budget administration, and external representation, the vast majority of support staff and technical expertise were hired as ISCs. Thus, the abrupt loss of 374 ISCs on January 25, 2025 essentially incapacitated the effective operations of the GH Bureau.

On January 27, 2025, 5 Agency Front Office staff members were placed on administrative leave.

On January 31, 2025, 19 additional staff members were put on administrative leave, in accordance with Executive Order 14168 "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government."

On February 3, 2025, all – or nearly all – staff lost system access to all USAID systems, including email. While some regained access on February 4, 2025, others did not. The majority of GH received Administrative Leave Notices and lost system access again (if they had regained it) on February 4, 2025.

On February 5, 2025, there were 151 workforce members who retained network access. The widespread administrative leave resulted in confusion, uncertainty, broken chains of command, and a critical lack of operational staff needed to perform essential roles. The result was that GH's ability to operate was crippled between February 4, 2025 and February 10, 2025.

On February 6, 2025, I emailed Agency leadership to describe the detrimental effects of the massive staffing cuts. In the email, I wrote: "We must express in the strongest possible terms that the [reduction in] USAID global health personnel globally is deeply concerning and dangerous, as it directly undermines the safety and well-being of both American citizens and vulnerable populations worldwide who rely on USAID's life-saving global health programming, including emergency outbreak response." Additionally, I wrote: "Reducing the USAID global health workforce in Washington and at Missions to such minimal levels is tantamount to condemning lives. As you know, there is an escalating Ebola outbreak in Uganda right now. Insufficient staffing to address this crisis directly jeopardizes the safety of American citizens."

On February 7, 2025, a U.S. district court judge granted a temporary restraining order (TRO) that prevented the government from placing additional USAID employees on leave.

On February 10, 2025, all staff placed on administrative leave returned.

On February 23, 2025, the TRO expired and all staff were notified that they would be on administrative leave, barring a classification as "essential." Approximately only 70 GH staff received an Essential Personnel Designation.

On February 23, 2025, 71 personnel assigned to four GH Offices received Reduction in Force (RIF) letters. The affected offices are: (1) GH's Front Office; (2) Office of Policy, Programs, and Planning; (3) Office of Professional Development and Management Support; and (4) Office of Population and Reproductive Health. Additionally, 15 staff members that received RIF letters had also received an Essential Personnel Designation earlier that day.

The overall impact of the staffing cuts was stunning. Our budget and operations personnel, for example, were reduced from 51 staff members 4. The Office of HIV/AIDS was reduced from approximately 300 to 19 staff members.

Ebola Outbreak

An Ebola outbreak in Uganda was identified in late January 2025. I met with Joel Borkert and the GH Outbreak Response Team on February 4, 2025. At that meeting we identified key actions we needed to take to move forward, and discussed the key activities under the LHA waiver for UNICEF, IFRC, IOM and WHO.

On February 4, 2025, letters were sent to UNICEF, IFRC, IOM to notify them of the approved activities under the LHA waiver and to inform them to resume the Ebola response activities in Uganda.

On February 5, 2025, Joel Borkert forwarded an email from the National Security Council (NSC) Deputy Director that said: "I understand State has approved a waiver for the Ebola

programs, but it would be immensely valuable to confirm at the Deputies Committee meeting that State has fully implemented the waiver and that necessary personnel at USAID HQ and in the field are fully funded and remaining in place to conduct critical monitoring and containment activities. With 10,000 Americans in Uganda at any given time—and with two confirmed U.S.-person exposures—we need to make sure we're minimizing spread and the possibility of this jumping to the United States. This is something we've been discussing with your team over the last week since the State ALDAC assistance pause was put into place. But amidst the broader USAID reform efforts, I am still getting various reports of personnel and funding obstacles to Ebola program implementation. The DC will be a good opportunity to establish confirmation for the interagency that our Ebola assistance teams are on the ground and working."

I responded to the email on February 5, 2025, with a request for a call. In that call, I planned to summarize the operational challenges that hindered a full-scale USAID Ebola response. I never received a reply. I ended up sending a reply summarizing GH's obstacles and confusions in a February, 5, 2025, email. The email described the challenges instituted by the new Administration that hindered our efforts to mount a robust Ebola response, including communications restrictions, newly established bureaucratic bottlenecks, massive staffing cuts, and inability to engage with WHO. Just for the staffing challenges, I summarized the following: "An ebola outbreak of this severity is an all-hands-on-deck situation under normal circumstances, and is time consuming and psychologically draining. We are not in a position to effectively respond when our entire bureau loses access to the network and systems, and are spending hours each day trying to figure out who is still working at USAID versus on administrative leave, our staff who should be focused on ebola are forced to cover other critical

infectious disease outbreaks like Mpox, tuberculosis, and malaria as there are no staff left to work on those. Recognizing that USAID is going through a major overhaul right now, that process needs to be temporarily paused in order for us to respond to this critical national security threat by flexing all relevant staffing capacities and implementation mechanisms."

On February 6, 2025, I emailed Agency leadership – including Joel Borkert, Paul Seong, and Ken Jackson – warning unequivocally that the cuts of GH staff would hamper Ebola response and place American lives at risk.

On February 7, 2025, I told Paul Seong and Joel Borkert via email that disbursements were needed for Ebola activities, and that we still needed help on utilizing the WHO agreement to make this happen.

On February 8, 2025, I emailed Agency leadership – including Joel Borkert, Paul Seong, Ken Jackson, and Tim Meisburger – stating that cuts to staff would result in deaths. Further, I advised they needed to stop canceling contracts, and needed to turn payments back on. I wrote: "in order to implement life-saving humanitarian health assistance in a responsible and effective manner, USAID/GH requires full operational capacity of all USAID staff responsible for programming and administration of these activities, both at Missions and in Washington… In addition to USAID staff, we have requested a halt to the termination of all global health-focused awards until a determination is made as to whether the mechanisms are needed to implement life saving humanitarian assistance. Another issue that requires immediate action is the resumption of payment services for all health and humanitarian partners/projects carrying out critical life saving assistance so that they can be paid for work conducted prior to and permitted under the Waiver. At this time, a significant portion of partners who are receiving our direction to resume or

continue lifesaving global health activities are not able to carry out this work as they are not being paid, and in many cases, are still owed payment for work performed prior to receipt of the stop work order. Unless the steps above are taken to restore USAID's ability to responsibly and effectively manage our lifesaving programs and implementing partners, the consequences on lives lost and funding squandered will grow exponentially and irreversibly in many cases."

On February 11, 2025, I emailed Mark Lloyd, Joel Borkert, and Ken Jackson, to note that we still needed guidance on how to move forward with the transportation of personal protective equipment (PPE) that would assist in Ebola response. WHO was the implementer for this effort, and there needed to be cooperation with the organization directly. I did not receive a response.

On February 12, 2025, I notified Tim Meisburger, Mark Lloyd, and Joel Borkert via email that there was an urgent need to process payments for Ebola activities. I noted that "our implementing partners are still unable to access funds to implement the work USAID has authorized them to undertake as part of the USG response to this critical health emergency. For example, IOM is positioned to bolster Ebola screening at Entebbe International Airport in Uganda, but has not commenced as they are not able to access advance funds. This is leading to unscreened passengers traveling internationally, potentially onwards to the U.S…. Yesterday, Elon Musk publicly confirmed from the Oval Office about USAID that 'we have, for example, turned on funding for Ebola prevention….' This hasn't actually happened for USAID-funded Ebola activities due to this payment obstacle."

Rather than offering to push to get the payments issue resolved, Tim Meisburger responded by criticizing the implementing partner for refusing to work without funds. In an email, Tim Meisburger wrote: "So, this is one of the most critical health emergencies in the world, but the

International Organization for Migration, which has capacity on the ground, will not provide this screening because the US has a short-term cash flow problem? I'm really appalled." I responded, via email: "We share your concerns about IOM starting activities, but are not in position to force them without providing access to funding as provided in the agreement terms… In the interim, the lack of payment is hampering our ebola response." Neither Tim Meisburger, nor other Agency Front Office recipients of my email ever responded.

Day by day, my team and I raised the payment issues. However, none of our partners ever received access to funds for activities, LHA or otherwise.

On February 18, 2025, I shared an Action Memo requesting Peter Marocco's approval to use the WHO agreement to transfer personal protective equipment (PPE) needed for the Ebola response to Uganda. Since February 4, 2025, I repeatedly requested approval to utilize the WHO award that was needed to move the approximately 27,000 sets of PPE. The PPE was in a WHO warehouse in neighboring Kenya, and was already procured under the agreement. This activity could not be approved under the LHA waiver process because engagement with WHO was prohibited by a separate Executive Order issued on January 20, 2025 ("Withdrawing the United States from the World Health Organization"). Despite repeatedly requesting written guidance on how to utilize the WHO agreement to move PPE, no guidance was ever provided, and the February 18, 2025 Action Memo was another attempt to seek approval to move the critically needed PPE. Mark Lloyd cleared the Action Memo on February 19, 2025. The Action Memo was sent to Joel Borkert for the next stage of clearance.

Joel Borkert called me on February 19, 2025, saying that he did not understand why PPE had not been moved yet. I explained that we had not received approval to do so, due to restrictions on

engaging with the WHO under the Executive Order. I reminded him that Peter Marocco could immediately sign the Action Memo, which would allow the PPE to be rapidly transferred to Uganda to aid in the Ebola response. Joel Borkert said that was "not going to happen." Instead, Joel Borkert told me that Peter Marocco was ordering me to find another way to get the PPE distributed, without using WHO. This was problematic for many reasons, including the fact that WHO owned the Uganda warehouse where the PPE was being stored.

In a follow-up email later on February 19, 2025, Joel Borkert reiterated Peter Marocco's order: "I just spoke with Mr. Marocco regarding the U.S. purchased and owned PPE in a WHO warehouse in Kenya. We are ordering you to pick up the PPE and deliver it to the necessary people and organizations in the region to respond to ongoing infectious disease outbreaks." Then, Peter Marocco responded to Joel Borkert's email and threatened to fire me if I did not move the PPE immediately. Peter Marocco's email directed Joel Borkert, Mark Lloyd and Tim Meisburger to "take all necessary personnel actions in the event this is not completed in the next 12 hours."

Despite working late into the night trying to make it happen, moving the PPE without engaging WHO was simply not possible. There was no one who could take possession of the PPE, and no way to get it out of the warehouse without utilizing WHO services. A slightly longer term option to utilize UNICEF instead was identified, and we moved forward with that approach. However, the effort became moot when the UNICEF agreement was terminated, without warning, on February 26, 2025 before any PPE could be delivered.

On February 24, 2025, I addressed each waiver request in a meeting with Mark Lloyd and Tim Meisburger in an effort to move forward approvals and payments. Tim Meisburger specifically noted that Ebola was a "scam" because there had only been "one death." I tried to

explain that Ebola was still in an incubation period, and that we should see the response through. However, political leadership was not amenable to this suggestion. Tim Meisburger and Mark Lloyd provided guidance instructing GH to narrow the focus of its requests and to deprioritize activities related to neglected tropical diseases, MPox, Polio, Ebola, and any monitoring and surveillance activities. Funding for the items listed (Ebola, etc.) would not be approved. Mark Lloyd and Tim Meisburger stated at the meeting that even activities that had been approved by GH under the previous guidance needed to be re-approved, indicating that the Agency FO does not recognize any previous GH approvals for applicability of the LHA waiver under the February 6, 2025, informational memo.

On February 24, 2025, Peter Marocco responded to a NSC inquiry as to the status of Ebola response activities. In an email, Peter Marocco wrote: "We have approved every Ebola support program I am aware of - even the ones that we believe may have exaggerated magnitude." Based on all that transpired in the days before, it is likely Peter Marocco knew his statement was untrue. As described above, none of the Ebola activities had been approved, and Peter Marocco was aware of this fact. On February 25, 2025, Elon Musk said in a White House cabinet meeting that Ebola activities had been accidentally turned off, and then turned back on immediately. This was also false, as none of the activities were approved, and no funds had been made available for any Ebola response activities.

On February 26, 2025, a second Ebola death in Uganda was reported, indicating that the outbreak was not over (at least two additional deaths have since been reported, bringing the total deaths to at least four). The GH Outbreak Response Team briefed Tim Meisburger and Mark Lloyd on the importance of approving activities to respond to the outbreak.

Later on February 26, 2025, the UNICEF agreement was terminated without warning. This signaled the end of any ability to move PPE, or to conduct other critical Ebola response activities. On February 27, 2025, I emailed leadership – including Joel Borkert, Mark Lloyd, Ken Jackson, and Tim Meisburger – to warn them about the risk of terminating the UNICEF agreement. I wrote: "As you know, UNICEF is one of our few key implementing partners implementing the Uganda Ebola response…. we were just notified that our agreement with UNICEF was terminated. As you heard in your briefings yesterday and today, this is a critical blow to our ability to implement the Ebola response at a critical time."

The Memos

On March 2, 2025, I sent two memos to all GH staff members, and a third memo was in draft version. It is important I explain why I drafted them.

By the end of the day on February 26, 2025, with all – or nearly all – of the awards needed to implement LHA terminated, and with no path for approval of new activities or any way for them to access funds if there was approval, it had finally become clear that we would not be able to implement the LHA waiver. At that point, I determined that our top priority for GH had changed from working to implement the LHA waiver, to needing to document the events that occurred including vacillating guidance and roadblocks that had been established preventing us from implementing lifesaving activities, and to warn the Administration of the risks that this posed to human life and U.S. national security.

I was concerned that when the impacts on global health that resulted from the dismantling of USAID became clear, the Administration would blame USAID/GH staff for ineffectively implementing the waiver they put in place – a concern that has already become a reality, with

Peter Marocco blaming USAID staff for "malicious over-compliance." That was why it was critical to factually document all we had done, and to ensure that staff had access to the documentation, whether they were still working, on administrative leave, or terminated.

The memos served to summarize the repeated requests, pleas, and warnings regarding the need to implement lifesaving activities to avert loss of life on a massive global scale and substantial risks to U.S. national security and foreign policy interests.

Specifically, modeling and analysis suggests that the failure to implement LHA, if prolonged, will likely result in: a 39 percent increase in Malaria cases annually, and up to an additional 166,000 deaths; an annual 28-32 percent increase in Tuberculosis and drug-resistant Tuberculosis globally; up to an additional 28,000 cases of viral hemorrhagic fever (e.g., Ebola, Marburg, etc.); and an additional 200,000 annual cases of paralytic Polio, and hundreds of millions of new infections overall.[7]

Additionally, ending these lifesaving activities will result annually in 16.8 million pregnant women not receiving lifesaving services like essential medications and services for postpartum hemorrhaging and eclampsia; 11.2 million newborn babies not receiving critical postnatal care within two days of childbirth; 14.8 million children not receiving treatment for pneumonia and diarrhea, two of the top causes of preventable death in children under 5; over 3 million people living with HIV losing access to their lifesaving treatment; and one million children not treated for severe acute malnutrition.[8]

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[7] Nicholas Enrich, *Risks to U.S. National Security and Public Health: Consequences of Pausing Global Health Funding for Life Saving Humanitarian Assistance*, NY TIMES (Mar. 4, 2025), https://static01.nyt.com/newsgraphics/documenttools/2dbddd9a823b8824/168a9032-full.pdf.
[8] *Id.*

Beyond the direct impact on human lives due to ending these lifesaving activities, other widespread impacts will be felt indirectly. For example, ending disease monitoring and surveillance prevents early detection of emerging diseases and eliminates opportunities to respond swiftly before they overwhelm health systems and spread uncontrollably. The lack of surveillance risks turning localized outbreaks into widespread public health emergencies, further endangering both local populations and global health security.

Additionally, the end to critical USAID global health programs creates substantial risks to U.S. national security. A halt to global health aid programs increases the risk of dangerous diseases reaching the U.S. In a globally connected world, outbreaks abroad do not stay overseas. When public health systems – with support from USAID – fail to contain infectious diseases, the chances of U.S. exposure rise through travel, military personnel, and migration. Uncontrolled epidemics abroad could trigger serious outbreaks in America. Mathematical models and empirical examples illustrate this risk. Without effective disease surveillance networks, the U.S. will be flying blind until diseases show up at our own border. That scenario is a recipe for more imported outbreaks on U.S. soil. For instance, the quick detection and containment of Ebola in West Africa is what kept the 2014 outbreak from becoming a larger U.S. crisis. Even so, the few Ebola cases that did reach America illustrated the heavy burden of managing dangerous contagions: a single Ebola patient in New York in 2014 cost the city health department $4.3 million in response measures (contact tracing, specialized treatment, etc.), and no secondary cases occurred. If global surveillance and response capacity erode, the U.S. could face multiple such cases or simultaneous threats (e.g. Ebola, drug-resistant malaria and tuberculosis, novel coronaviruses, etc.). American hospitals and the public health system would be stretched by

needs like isolation units, specialized diagnostics, and round-the-clock epidemiological investigations.

Finally, the halting of USAID global health activities poses substantial risks to U.S. foreign policy interests, as the global economic repercussions will have impacts on U.S. trade and markets. Reduced productivity will occur in key trade regions from heightened disease burdens. Diseases like malaria, HIV, and TB primarily strike working-age adults or their children, impairing productivity and economic output in Africa, Asia, and beyond.

For example, malaria costs Africa an estimated $12 billion per year in lost GDP from worker absenteeism, lower productivity, and healthcare expenses.[9] Unchecked high rates of maternal and childhood morbidity or mortality can exacerbate impacts on productivity.[10] Undernutrition can reduce a nation's GDP by as much as 16.5 percent, as malnourished children perform worse in school and experience productivity losses as adults.[11] Lower productivity in these regions weakens their economic output and trade capacity, thereby diminishing their ability to import U.S. goods and services. This contraction in trade not only limits market opportunities for U.S. businesses but also undermines the economic resilience of global supply networks that support U.S. markets.

Over the longer term, the cumulative impact of widespread disease and reduced human capital in low-and middle-income countries will undermine global economic growth. America's prosperity is deeply intertwined with global markets: U.S. companies invest in and source from these countries, and emerging economies constitute important consumer bases. If those

[9] *Id.at 8.*
[10] *Id.*
[11] *Id.*

economies are continuously set back by health disasters, the global GDP will be smaller than it otherwise would be, acting as a brake on U.S. growth as well.