

April 1, 2025

Transcript of the Senate Roundtable on “The Dangerous Consequences of Funding Cuts to U.S. Global Health Programs” hosted by Senate Foreign Relations Committee Ranking Member, Jeanne Shaheen

Panelists

- Atul Gawande, former Assistant Administrator for Global Health, USAID
- Dan Schwarz, Vice President, Management Sciences for Health
- Nicolas Enrich, former Acting Assistant Administrator for Global Health, USAID

Written testimony for each panelists follows the transcript.

Congressional participants:

- Ranking Member Jeanne Shaheen (D-NH)
- Senator Chris Coons (D-DE)
- Senator Brian Schatz (D-HI)
- Senator Chris Van Hollen (D-MD)
- Senator Amy Klobuchar (D-MN)
- Senator Andy Kim (D-NJ)
- Senator Elizabeth Warren (D-MA)
- Senator Tim Kaine (D-VA)

Senator Shaheen

Good afternoon, everyone. Thank you all for joining us. For this, what we're calling the shadow hearing, which is really an opportunity for us to highlight, the devastating impacts of what the Trump administration has done at USAID. I want to thank our — the people who are testifying today. I didn't want to call you testifiers. That didn't sound quite right.

But thank you all so much for being here. I'm going to. The way this is going to work is I'm going to give a brief opening statement, and then I'm going to turn it over to, to our witnesses who are going to be speaking, and senators will be coming in and out.

And I think we have a number of people who are planning to attend, but we're not sure what time. So, in the meantime, I will ask questions as, we have an opening.

So, in less than two months, the Trump administration has undone six decades of investments that made the United States more respected and influential than any other country in the world. The resulting chaos has left us weaker and more vulnerable. Now, like all of my colleagues, I've always supported reforming government and making sure our tax dollars are spent wisely. But this administration has ignored U.S. laws enacted by Congress, cutting foreign assistance programs and USAID staff who are essential for our national security.

Last week, the Department of State announced their intention to move a sliver of USAID Global Health program over to the State Department. They also announced that they would be getting rid of all USAID staff with the experience and knowledge to manage these programs. These cuts leave us more vulnerable to the spread of deadly diseases like Marburg and Ebola. They cripple our responses to disasters like the

earthquake in Myanmar over the weekend. And in fact, one of the reports that I heard talking about that earthquake pointed out that because of the cuts at USAID, the United States was not responding as we would have in the past. Hurricanes in the Caribbean, as we enter what is expected to be an active hurricane season, this creates opportunities for our adversaries to gain influence.

And the Chinese embassy has flooded social media with images of China's rescue workers responding to crises instead of the United States. That bolsters China's image at our expense. China's now replacing a canceled American program for child nutrition in Cambodia, and Beijing just announced an early childhood project in Rwanda, where the United States recently cut programs.

These cuts represent a serious strategic error for less than 1% of our annual budget. America has built partnerships around the globe that have reduced the threat of illness and the spread of disease, including right here at home. Thanks to these programs, we've nearly eradicated polio. We've cut malaria deaths in half, and we've saved 25 million from HIV. These successes strengthen American's reputation on the global stage and help counter our adversaries' influence.

Now, like my colleagues, I'm committed to working with everyone on both sides of the aisle to preserve the vital programs we need to keep our country safe. I want to commend the courage of our speakers today. You are speaking up despite the dangers of retribution. I look forward to hearing your thoughts on how we can address the dangers left in the wake of the self-inflicted harm on U.S. security.

And I would just like to point out again, our speakers today are the honorable Nick Enrich — Am I pronouncing it correctly? — former assistant ambassador for global health at USAID, Dan Schwartz, Vice President for Management Sciences for Health, and Atul Gawande who is the former USAID, Assistant Administrator for Global health.

So, thank you all very much for being here. Let me welcome Senators Kim and Coons, who have joined Senator Warren and I on the panel. Thank you.

Let me ask you to begin, Mr. Enrich.

Mr. Enrich

Thank you. Ranking Member Shaheen. Members of the Senate Foreign Relations Committee, thank you for convening this important roundtable. I am Nicholas Enrich, a career civil servant with 15 years in the federal government under four administrations, both Democrat and Republican. Currently, I serve as the acting assistant administrator for global health at USAID. Overseeing approximately \$10 billion annually appropriated by Congress to strengthen health systems, to prevent and respond to infectious diseases, to improve maternal and child health, diagnose and treat HIV, TB, and malaria.

As a result of my lawful whistleblowing, I was placed on administrative leave on March 2nd 2025. On January 28th, the day I was designated as acting assistant administrator, Secretary of State Rubio issued a waiver for lifesaving humanitarian assistance to President Trump's executive order, pausing foreign assistance.

From day one, implementing the waiver was my highest priority. My team recognized it as the only way to mitigate the harm caused by the sudden halt of over 1000 of our programs, preventing pandemics and suffering worldwide. I challenge the administration to provide evidence of the waste, fraud, and abuse they claim to have found at U.S. aid.

In reality, USAID is among the most effective agencies in terms of return on investment, with strong financial oversight, ensuring accountability of our programs. If you want to see waste, look no further than the interest accruing on unpaid bills since payments were stopped. Interest at levels we have never seen before.

If you want to see fraud, look into the contractual promises we have made and then broken, forcing our partners into debt for relying on the deals we made with them.

If you want to see abuse, look at how the administration has prioritized payments for the few firms that have the ear of senior officials.

Despite our efforts, by the time I was placed on leave, we had been fully prevented from implementing the waiver. Our lifesaving programs had been effectively shut down. By March 2nd, when I was pushed out, nearly all of the contracts needed for a lifesaving work had been terminated abruptly— shuttering clinics, interrupting supply chains, and cutting patients off from treatment for deadly diseases like tuberculosis, risking a rise in new, potentially untreatable drug resistant strains.

All global health programing, aside from HIV, had been excluded from the agency's definition of life saving, contrary to the common understanding of the term life saving. U.S. aid was no longer able to respond to deadly outbreaks under the waiver, with very few exceptions.

Payments were halted for our life saving work. USAID, as efficient and reliable financial system was destroyed and replaced by a wasteful, inaccurate patchwork that fails to provide needed funding to implement our programs.

And the global health workforce was slashed from nearly 800 to just over 60, eliminating key experts, doctors, epidemiologists, and public health specialists. Those of us who have dedicated our careers to helping the most vulnerable are all too aware of the damage the dismantling of U.S. aid has caused.

However, the damage will not only affect people in need around the world, but also us here at home. This will impact our health, our well-being, our national security. The crisis has resulted from deliberate actions and obstruction by leadership at USAID, the Department of State, and DOGE. The reckless disregard for human life and national security prevented me and my team from implementing life saving humanitarian assistance.

Ultimately, with nearly all the awards terminated and with no path for funding new activities, it had finally become clear there was only one thing left to do. That was to document, in a series of memos, our repeated and increasingly desperate requests, pleas, and warnings regarding the need to implement activities to avert loss of life on a massive scale and substantial risks to U.S. national security.

On March 2nd, as my last official act before I was sent home, I sent those memos to the global health staff for their records in the event that the blame game ends up pointing the finger at them.

That brings us to today. Thank you again for the opportunity to speak before you.

Senator Shaheen

Thank you very much, Mr. Enrich. Mr. Gawande.

Mr. Gawande

Senator. Thank you the members of the committee.

I'm in Atul Gawande. I was the assistant administrator for global health during the last administration. It was the best job in medicine no one's ever heard of.

I led 800 health staff in the headquarters working alongside more than 1600 staff in 65-plus countries. With less than half the budget of my Boston hospital system — about \$9 per U.S. household — they saved lives by the millions and contained disease threats everywhere.

Before my departure on January 20, I briefed this committee about several major opportunities ahead for the next few years. Among them were three breakthroughs the Science Journal had just declared. One of them they called the scientific breakthrough of 2020. American scientists had developed a drug called Lenacapavir that could prevent or treat HIV with a single injection that lasted six months and perhaps even a year. Deploying this game-changer in high-risk communities through PEPFAR — I told them — could finally bring an end to HIV as a devastating public health threat.

Similarly, USAID launched a trial of a four-dose pill that could prevent tuberculosis in exposed individuals and dramatically reduce cases, while three TB vaccines complete testing.

And USAID was just about to scale up a novel, inexpensive package of existing drugs and treatments that were found to reduce severe hemorrhage after childbirth — the leading cause of maternal deaths — by 60%.

American companies, nonprofits, and scientists played key roles in these breakthroughs, and they were poised to transform global health over the next 5 to 10 years. The next administration, I had said when I briefed the committee, had no reason not to pursue these objectives. Congress had already funded them and there was nothing partisan about them at all.

But instead of saving millions of lives, we got surgery with a chainsaw. The new administration not only shuttered this work, they fired the staff of the entire agency, terminated 86% of its programs, and kneecapped the rest — all against Congressional directives. They dismantled the US's largest civilian force advancing global stability, peace, economic growth, and survival. And they have done it in a way maximized loss of life and mismanagement of taxpayer dollars.

Here are a few examples of the global health damage: Our 50-country network for stronger surveillance of deadly diseases, from bird flu to swine fever gone.

Our emergency response system that cut response times to global outbreaks from more than two weeks to less than 48 hours gone.

Aids programs to prevent new cases of HIV in high-risk populations. Gone.

Programs for preventing child and maternal deaths that reached 93 million women and children under 5 in 2023 and added six years of life on average. Cut 92%.

Lifesaving tuberculosis programs cut 56%.

Lifesaving water and sanitation programs cut 86%.

Funding for Gavi, the Global Vaccine Alliance, which was set to vaccinate half a billion children, was listed as potentially terminated and if not restored, will cost 500,000 lives a year and drive higher exposure to measles in the United States.

The damage is already devastating and it is all part of a larger dismantling of America's world-leading capacity for scientific discovery, health care delivery, and public health that goes well beyond USAID. They are using the same playbook to purge staff and destroy programs across our entire domestic infrastructure in government, universities, and medical centers. And they inserting political controls, not only on USAID, but on NIH science research, FDA approvals, and CDC guidance.

For the sake of power, they are destroying an enterprise that added more than 30 years of life expectancy to Americans and made America the world leader in medical technology and innovation. We need you in Congress to stop this process. USAID cannot be restored to what it was. But we must salvage what we can of our health, science, and development infrastructure and stop the destruction.

Thank you.

Senator Shaheen

Thank you. Mr. Schwartz.

Mr. Schwartz

Good afternoon Ranking Member Shaheen and members of the Committee. Thank you for giving me the opportunity to speak with you today about the impact of the recent terminations of global health programs.

My name is Dan Schwartz, I'm from a small town in Appalachia and am a practicing pediatrician and a Vice President at Management Sciences for Health.

MSH is a Virginia-based nonprofit that works with communities to save lives by sustainably strengthening country health systems. MSH has been in operation since 1971 and has worked in more than 150 countries, often in close partnership and from support of the U.S. people.

My remarks today are informed by my career as a doctor, both here in the US and abroad. They are guided by my oaths to care for all and to do no harm. In the spirit of an objective analysis of the impact recent program terminations will have on the health of the most vulnerable communities around the world.

I would like to begin by telling you about one of the most effective methods of stopping malaria — which Doctor Gawande just referred to — seasonal malaria, chemo prophylaxis.

In the simple terms, it means what we provide treatment to women and children to women and children in malaria endemic areas at the beginning of the rainy season, which is the most high risk time for malaria.

In Nigeria, where we work. They have over 25% of the world's malaria deaths and over 30% of the malaria infections. And the poster at the back of the room documents that U.S. global health efforts have led to a decline in over 48% of malaria deaths globally in Nigeria. During the time that I am delivering these remarks to you, at least two children will die of malaria in Nigeria.

Every year, with the generous support provided by the American people, at the beginning of the rainy season we work with the Nigerian Ministry of Health to get the medications and train the health workers who provide it to those children.

This has prevented millions of cases of malaria and saved hundreds of thousands of lives. As that sign documents, Americans have a lot to be proud of.

This year, however, this will not happen because those programs, those US government-funded projects have been terminated. Millions of children are at risk of sickness and many will die. We should not be proud of that.

These stories, as my colleagues have mentioned, are not unique. Thousands of programs have been terminated without warning, with deadly consequences for communities around the world. In our organization, we had 15 USAID projects terminated and only five remain. We have let go of over 1,000 of our team members, valued colleagues who live and work in these communities, providing this life-saving treatment and message

We focus on building strong health systems. Viewed from this perspective, the at the systems level, these recent terminations are even more concerning. The elimination of foundational programs like maternal health or health worker training only serves to further undermine the effectiveness of the programs that remain.

These cuts will devastate entire communities. But let's bring it home right here to the city, to this room, to our states. The safety of Americans is very much at risk as global health security programs are shuttered. Programs that we implemented organization address things like the plague, Ebola, drug resistant tuberculosis — those have suddenly ended with no warning, even as we here in the United States experienced the worst tuberculosis outbreaks in decades.

These programs had helped emerging health, had helped address emerging health threats at their source in other countries, had helped those country governments deal with those issues themselves. They're gone.

Today, in this room, we should be discussing how to make America's investment in global health more efficient, more effective. We should be discussing how we can integrate programs such as HIV and malaria treatment into countries primary health care systems and reduce their reliance on outside sources— how we can help those countries to finance, plan and project for their own futures. Instead, we're repetitively asking if lifesaving foreign assistance is of benefit to the US. The answer to that question has been and always will be a resounding yes.

We have so much to be proud of. But with the recent program terminations, we are turning our backs on all of that. So much progress has already been lost in the past two months. So many lives will be lost with it. Thank you for the opportunity to speak today.

I look forward to our discussion.

Senator Shaheen

Thank you, Mr. Schwartz, and thank you to all of you for your very compelling and frightening testimony.

Let me welcome Senators Merkley and Schatz, who have joined us, and turn it over to Senator Warren for question.

Senator Warren

Thank you very much, Madam Chairman, for calling this hearing. You know, I want to start by saying how grateful I am to all three of you for the work you have done and the advocacy you continue. This hearing should not be one that only Democrats put on. We should be having a hearing that involves all of the Senate Democrats and Republicans.

Senator Shaheen

And if I could just interrupt for a minute. We did invite all of the Republicans on the committee and a number of others to come to the hearing, too.

Senator Warren

Which underscored the point even more sharply. We want all of our colleagues here to listen to what USAID actually does and what it means, not only for the future of the world, but specifically for the people of the United States of America.

Now, I was listening to Doctor Gawande, and he said, for \$9 a household in America, here's what we get. We got all of the programs that you've put together for global health. I see why you described this as a program that is efficient and that delivers great value.

We've talked so far about the importance of this program for countering the influence of our adversaries around the globe — a very important point. I also think we should talk about the importance of this program for a measure of our moral compass.

Who are we as a people, to understand our values. Just look at our budget. How we spend our treasure and what we lift up in this world.

But if I can, I'd like to focus on a third point that Doctor Schwartz alluded to. And that is the health of the people of the United States.

You talk about money that is spent elsewhere around the world. But what I'd like each of you to do, if you could, for just a minute, is to focus on how the dollars spend there actually help protect us here.

I listen to the diseases that you talked about TB, AIDS, polio, measles, Ebola. It's kind of a who's who of all the things that can go wrong in this world and that we can catch from each other.

And I hope each of you could spend just a couple of minutes talking about how the work and the dollars we spend elsewhere actually help keep our children safe, keep our seniors safe, keep all of us safe. And why it is if we simply let these diseases burn through the poorest parts of the world, that we will be at much greater risk.

So if I could, maybe the place to start is with you, Mr. Enrich?

Mr. Enrich

Thank you. It's a great question, and I think those are all important reasons the, countering influence, the moral compass, and the effect on American lives and especially American national security. And, you know, here we are at the fifth anniversary of the Covid pandemic.

And I think it should be clear to all of us by now that outbreaks abroad do not stay overseas. That's why Congress has appropriated millions and millions of dollars to shore up early warning systems, surveillance and fragile health systems around the world so that we can protect and detect and respond to diseases early — and unfortunately and so — so that we can get them before they get out of control, before they come to our borders.

And unfortunately, these are exactly the programs that have been terminated. You know, over the past two months, it's our key contracts for monitoring and surveillance that have been the ones that have been cut.

The political leadership has determined that strengthening those health systems to actually allow for us to, you know, see patients early and find out that there may be a problem before it becomes a major issue.

It's those health system strengthening projects that have been the first on the chopping block because they're not life saving.

And even the payment issue has that shut down our ability to pay partners to respond to ongoing outbreaks. You know, we're not even it's not even in that prevention stage anymore, when even though we're responding to specific outbreaks like Ebola in Uganda, we don't have the funds to actually have our partners on the ground do the work that they need to.

Senator Warren

Thank you. Thank you, Doctor Gawande. And can you add to that?

Mr. Gawande

Yes. I'd say add two things. One is that, a bipartisan effort supported the creation of a 50 country network that eliminated our blind spots around the world by having global health security advisers and working with governments to detect when diseases broke out and speed our reaction time. And it made a dramatic effect.

There were 21 serious outbreaks beyond the Covid in the last four years, and we got response times down to less than 48 hours, and stopped 11 outbreaks of Ebola and cousins of Ebola, for example, from reaching here.

But the second one I want to point out is that the strengthening of health systems so that we weren't just doing emergency aid, but we were actually strengthening health systems so we could get out of the game.

In numerous areas, first of all, you know, making sure countries are putting their funds on the table. Number two, making sure that as their incomes rise, they're putting more funds on the table.

We've seen, for example, the Vietnam, you know, exited from receiving assistance to have, need to cover pap for dollars, cover HIV dollars. They're paying for the medications themselves, while being part of a global network that has dramatically reduced the AIDS crisis.

We're in the opposite place now. We're seeing babies born again with HIV at rates we haven't seen before. We're seeing, HIV transmissions now regularly occurring. So we're going to see diseases come in much the same way that measles is also coming with more introductions here.

Finally, I'll say 11 of our 20 top trade partners were USAID supported countries. You have a place like India — where my parents came from — that went from famine to agricultural exporters, including the village where my father came from. And now becoming a critical partner in being a counterweight to China.

So there is direct health benefit, but also trade benefit, and then security benefit from the partnerships that we have created.

Senator Warren

Yeah. Good. Thank you very much, Doctor Gawande. Doctor Schwartz.

Mr. Schwartz

I will be brief and merely add an example to my colleague's eloquent comments.

Senator Shaheen, you started by, offering the example of Rwanda and China's influence and starting a new, pediatric, health program there. Our organization, on February 25th, received determination for the USAID-funded ARMEA project in Rwanda.

Our team is now unfortunately, all, has departed. That work was funding exactly the health system strengthening that Nick and Atul both mentioned exactly the surveillance that they mentioned. And indeed, there was a Marburg outbreak earlier this year, which was effectively dealt with by the Rwandan government with U.S. support.

That support has been withdrawn and the sustainability and the long term system of strengthening that Atul mentions is questionable for the future.

The People's Republic of China is filling that gap. The people in the communities that we serve have lost services, and they are quick to, frankly speaking, look towards other options for their support that they need.

Thank you.

Senator Warren

Thank you very much, Senator Shaheen, for pulling us together on this. I am just reminded every time you speak out that cutting off aid to other nations through USAID is like cutting off our own hands as we try to do the work to keep ourselves safer and healthier.

And, I appreciate what you're doing, and I appreciate you're having this hearing today.

Senator Shaheen

Thank you very much, Senator Warren. Senator Kim.

Senator Kim

Thank you.

Thank you to the three of you coming out, mister, and which I just want to first say, I'm just so sorry for what you went through. You know, as someone who was a civil servant — I actually got my start at USAID under a Republican president — you should not have been treated that way. And we should be lifting up our civil servants.

Doctor Gawande, I just wanted to ask a quick question to you, because there has been a criticism that I've seen put out there by USAID saying that that the countries that were engaged in that they don't want our help, that these governments don't want or help, that we're pushing our own agenda, that we're undermining these nations that we're in.

I wanted to just hear your response. As someone who was immersed in this type of work, what your engagements were with these other nations that were engaged in. Do you feel like there were places where we were not invited or the governments of the country did not want us there?

Mr. Gawande

The demand for working with US scientists, US public health leaders, and to have cooperation that brought US resources always exceeded our capacity. And so we were always choosing what are the biggest priorities that met US interests and global goals such as — we've mentioned some of these goals, the eradication...

Well, let me start here. This was the agency that eradicated smallpox working alongside CDC. But we were the boots on the ground for that effort. In the same way, the work of eradicating polio around the world — in some corners, it was, it's been an uphill battle in communities, right?

We're down to wild type polio virus on the border areas of Afghanistan and Pakistan. Achieving these global goals has meant enormous demand by countries and then places that we also have to be able to work with communities and help them understand why achieving this global goal would actually mean something.

Lastly, I'll just say that the, we work... When I came in one of the, one of the most powerful examples for me was I'd initially come in and, and the crisis at the moment was Covid. And then Russia invaded and started attacking Kyiv. Ukraine approached us for providing whatever help that we could.

And with a handful of staff in Ukraine who were fleeing for security themselves, it was extraordinary — the Russians had cut off the supply of medicines to the country. They were not only attacking the hospitals. Cyberattacks had taken down the, hospital electronic record systems, and they were bombing and attacking oxygen tankers to stop oxygen from getting the hospitals.

The USAID team not only was asked to help, but partnered with the government and within a month had been able to bring a coalition of organizations together that created a humanitarian aid system that funneled from 5000 organizations support to keep the pharmacies — get the pharmacies are open again.

It included a medicines to support 250,000 HIV patients with a six month supply for the countries shipped there, worked with the government to shift the electronic medical record system to the cloud, where it could be free of cyberattacks, and a solution for the transport of everything from oxygen tanks to the medicines in the back of civilian cars and trucks to get to nodes across the country and keep the country supplied.

So, you know, in a country after country, the example is one of enormous desire to work with us, a strong partnership in determining the priorities, lots of work, often working with local organizations as well to strengthen capacity, and building for a long-term future.

Senator Kim

Thank you.

Senator Shaheen

Thank you, Senator Kim. Senator Coons.

Senator Coons

Thank you, Senator Shaheen, for convening this important conversation. And, to Doctor Gawande and Doctor Schwartz and Mr. Enrich—thank you. Thank you for your service. And thank you for your leadership. You are globally recognized leaders in public health. You are dedicated public servants and mister, and Mr. Enrich, you never should have been treated the way you were as a leader and a whistleblower who was simply trying to implement a waiver that claimed to provide an exemption from mass cuts to funding for lifesaving programs.

It is obscene to suggest, as this administration, the Trump administration, has, that somehow preventing malaria deaths among children, preventing HIV/AIDS deaths, stopping the spread of Ebola is not lifesaving. This is a Kafkaesque situation that all the NGO partners for USAID have found themselves in, as they have pled, and filed, and attempted to get answers about waivers that ultimately led to terminations.

And organizations like MSH have ended up having to lay off thousands around the world of some of the most capable and seasoned public health workers possible.

Your testimony has been compelling. Let me just ask, briefly, of all three of you, a simple question that I think allows you to focus some of the point of what's been done.

Is there any way to describe as efficient the cuts that have been made to our foreign aid programs?

We've met with some of the folks currently leading the charge for DOGE and the Trump administration, who've said they found widespread waste, fraud, and abuse, and that they were compelled by a concern for the American taxpayer to slash these programs, not with a measured, studied approach, but with a chainsaw.

Mr. Enrich, I think you were particularly compelling. How has it been efficient or wildly destructive and inefficient, this process of cuts? And then second, how does it impact the communities that we've spent decades building relationships with?

When treatment for TB ends, when prevention of malaria stops, when surveillance of Ebola ends? How is this impacting the way that nations around the world see the United States?

And what are the consequences? Mr. Enrich, if you'd please start.

Mr. Enrich

Thank you so much, Senator, for the question. And maybe I can focus on the question of efficiency, which I have several things to say about, and then can turn it over to colleagues related to the relationships the countries.

So I think, let me start by saying, as I said earlier, that I do challenge the administration to provide evidence of the waste, fraud, and abuse that they claim to have found.

The reality is USAID has been proven to be one of the most effective agencies when it comes to return on investment. We have secure financial systems that ensure our accountability and the accuracy of our programs. But that financial system has been destroyed by, by Pete Marocco, by DOGE and by the State Department.

And what it used to do was provide checks at every level to ensure the accuracy of our system. It required that vouchers were verified by contract managers and financial analysts to ensure that the payments were linked to the goods and services that were being provided and before we disbursed any funds.

But not only has the system that has been created taken that away, instead, it has put additional people in charge that have no actual connection to the contracts and payments that are being suggested. It is not clear at all how they're making decisions.

But what they are doing is making a lot of mistakes. They're making payments that are to the wrong partners. They're making payments that are out of line with the amount of funds that have been obligated, which is a financial controls issue. They're waiting to make payments to the point that the interest that's being accrued is literally breaking the Treasury system that's making those reimbursements.

There's one other point I want to make on the efficiency, which is that what is left with the programs and what is being left of our programs are the least efficient parts. They are lifesaving, yes — provide drugs. Right. It's drugs and commodities is the primary piece of what's left of our programing. But that's well — especially important is actually the least efficient part.

It's the system building at USAID that is the work that that actually gives us the return on investment that allows us to, as Atul mentioned earlier, start to transfer the ownership of things like buying drugs to the countries that need them and to allow — to build their systems to actually start, to focus on the prevention and on the strengthening of the health system means that over the long term, we don't need to be continually buying drugs.

And the fact that that part of our program has been completely locked off leaves us with, you know, best case, an eternal process of continuing to pay for drugs. It is really the least efficient.

Senator Coons

If I hear you right, we've abandoned the parts of your work that were moving countries off of dependency on foreign aid and advancing towards more efficient public health systems around the world and instead receded to just those parts that are commodity distribution and thus the least efficient. And that's been accomplished in a wildly inefficient, and in fact, mostly destructive way.

Doctor Gawande.

Dr. Gawande

I think you both said it extremely well. I will only add on the efficiency. We have an enterprise for addressing fraud, waste and abuse, addressing criminal issues, and that's our offices of the Inspector General.

When the Inspector general, Paul Martin, reported on half \$1 billion in food aid that was rotting in warehouses, having loss of controls to prevent diversion to actors who should not get it, the response was not to address the problem, but instead to fire the Inspector General. And that has muzzled the ability of, the inspector general to do their job in a place like USAID.

Second, USAID is the most audited, most accountable agency, in the US government...

Senator Coons

And if I could for a moment spending it was spending less than 1% of our total federal budget. And the Department of Defense, which is roughly \$850 billion, many, many, many multiples, has never cleared an audit. Is that your understanding?

Dr. Gawande

I can't speak to the Department of Defense.

Senator Coons

I can. They haven't. [That's correct. That's correct.]

Dr. Gawande

So, you know, for USAID, in the last six inspector general reports, 94% of the spending had been audited, 0.3% were found to have issues, half of that was reclaimed. That is not an enterprise that has been, you know, utterly riven by criminal behavior.

And furthermore, they have criminal, investigators with full authority to address those issues, and none were being reported in that space.

In terms of relationships, foreign policy to be successful is not just soldiers and defense. It is also having, partnerships with countries. USAID is the largest civilian ground force that the United States has, and it is the ground force that is able to make connections and do work, like in Ukraine that I described, without our troops on the ground.

The result is that we have had influence in Africa. We have had influence in Asia, influence in Latin America, in countries that we otherwise were not having that influence. And that symbol of the United States was one of our commitment to freedom, to self-determination, and to global goals that served everybody's interests, like controlling AIDS in the world, eliminating polio, and stopping deadly diseases before they spread.

So, the relationships that we have now, you couldn't have done it in a you couldn't have let's say we were making a major policy pivot for whatever crisis reason or policy reason.

This would not be the way to do it with the most destructive impact — little concern for the people who were left, dropped out of clinical trials, left without treatments. Children by the millions. And failing to address that.

And so we have instantly lost trust making it so we can't go back to where we were. We have to rebuild those relationships, and that will take time if we even begin to start.

Senator Coons

Thank you. Doctor Schwartz.

Dr. Schwartz

Thank you very much, Senator Coons.

I'll build on my colleague's comments by just sort of reiterating and simplifying three points. Number one, as Nick and Atul said, primary health care and systems building that is efficient upstream prevention is far more efficient than downstream crisis management. In the physician world, we look at primary health care clinics and we look at the emergency room.

The emergency room, frankly, is a disaster that you don't ever want to have to go to unless you really need an emergency management. What you want to do is you want to manage things upstream.

To use the example that I started with, or seasonal malaria chemo prophylaxis campaigns in Nigeria to prevent malaria — we provide women and children with those medications at the beginning of the rainy season and throughout the rainy season, so that they can stay in school, they can stay on the farm, they can stay in their jobs, they can take care of their families. They never get sick. They never have that crisis management.

That's efficiency.

If you have to manage the crisis, if you have to manage end stage malaria, cerebral malaria, children dying in a clinic — there's no there's no efficiency there.

Point number two: discussion of fraud. I'm a physician, I'm not a compliance officer nor our chief financial officer, but I would be very happy and I am very aware that all of our audits have been clean. They are all available through basic policy and on our website. We are 501c3. We are a not-for-profit. Every dollar that we receive goes to support our mission. I'm not particularly... I'm not sure that the particular financials are relevant to this conversation, but we would be happy to provide those. And we've never been asked.

I would invite, honestly, our Republican colleagues, our DOGE colleagues, to call me. We'd be happy to provide you information.

But much more importantly, I would invite them to come with me to the communities that we serve in Nigeria to see firsthand what efficiency looks like, Senator Coons, and what crisis management looks like now, because those communities have been forsaken.

Senator Coons

Thank you.

As you know, I have I've traveled to Liberia during Ebola, to Kenya and Tanzania, to Zimbabwe and South Africa, to visit public health clinics staffed by U.S development professionals and NGO partners, to see the impact in rural villages and in major cities, and over 15 years of work alongside our nonprofit partners and development professionals.

I just have to say how grateful I am for the service, the sacrifice, the work and the impact, and how alarmed I am at the consequences of this fraudulent, cruel, wasteful crushing of USAID and everything it's meant.

I'll close by saying this. It hurt my heart last night to see the national news where the world is focusing on the humanitarian crisis caused by an earthquake in Myanmar. And instead of a USAID Dart team leading the response, there was a team from the PRC that was being celebrated for their having saved some victims from the rubble.

From the rubble of USAID, we need to rebuild a world class foreign aid engagement with the world and rebuild trust with the partners that we have spent so many decades engaging with, or we will permanently harm the people of the United States.

Thank you.

Senator Shaheen

Thank you, Senator Coons. Well said.

Senator Schatz.

Senator Schatz

Thank you, Senator Shaheen.

Thank you to all three of you for being here.

Mr. Enrich, I'm wondering if you can paint a picture for us of what it was like inside the building as the DOJ's team came in, because we're talking consequences, and I think that's the topic at hand, and they are dire. But in terms of reversing what happened, I think it is actually quite important to understand the kind of storm trooper vibe literally storming into buildings, seizing servers, trying to get into skiffs.

I want you to paint a picture for us of what it was like, who was in the room, whether they would identify themselves, talk to us like you're home for dinner with your family and you say, whoa, that was that was a day.

Because I actually think I don't want to skip over the unlawfulness of it. I don't want to skip over the thuggery of it. And this is maybe one of your first opportunities, certainly in the Senate, to tell that story.

Mr. Enrich

Thank you, Senator. So I guess maybe I could start with the last day in our office space, which was February 3rd. It was a Monday. I had gotten in early, around 7:00. And, you know, I was wondering — this is at a time, I should say, when already, the pictures have been taken off the walls and the name of USAID had had come off of the, of the, outside of the building.

And so, it was not business as usual, but this was a particularly memorable day for me. Because it was the day that we were all told to go home. So that day, at about 830 in the morning, I started to get notices from staff who were being barred from entering the building, although I and several colleagues were already inside. They were, you know, just wanted to know, can you please get my — the picture of my wedding or the souvenir that I brought back and had on my desk.

Personal effects were assumed to be lost at this point, and we were told that we would soon be escorted out of the building. And so, I walked around and gathered information from who needed what and went from office to office with a bag, literally putting people's wedding photos into it to carry them out.

And, and it was, you know, the other staff that were in the building were doing the same thing— a lot of tears, a lot of frustration. The next day, we were all informed that we were that we would be put on administrative leave.

There was a very small number of staff who were excluded from that. But there was on — there did not seem to be any rhyme or reason to those numbers.

At that time, I emailed — or I chatted, excuse me — the Chief of Staff for USAID — his name was Joel Burkhardt — at the time. And I told him, you know, we just had a meeting today about an Ebola outbreak in Uganda. The staff that you just met with have now been put on administrative leave. We need them back.

And so he asked me, he said, you know, who are the staff that you need? And I said, well, we need a lot of staff, but I can start to give you names. What he wrote back to me was, “DOGE is turning people off, but in a very corporate way, without mission critical analysis. Then we come in and do the repairs. I wish there was a more respectful and deliberate way to do this, but it's out of my control.”

The next day when we explained that we were struggling to figure out how many patients had been kicked off of clinical trials for tuberculosis treatment, and we said, we are struggling with that because our entire tuberculosis team was on administrative leave, the same chief of staff, Joe Burkhardt, said to the room in frustration, “You see, this is why just because you can do this to Twitter does not mean it'll work here.”

And so that's just an example of the confusion that was caused by DOGE coming in, shutting off accounts. And, even the confusion that was causing with the USAID's political leadership leaving us absolutely no way to do our jobs.

Senator Schatz

Who's in charge? I mean, I know on paper who's in charge of USAID right now, but, is it the secretary as the acting administrator? Is it still Pete Morocco is this new DOGE person who's running whatever is left of it? And are they still in a sort of search and destroy mode, or have they moved on to another executive agency?

Mr. Enrich

So, the answer to who is in charge is a very complicated one that I'm not sure I don't know. Who knows the answer that, let's put it that way.

Senator Schatz

Including the secretary. Those are my words. Yeah.

Mr. Enrich

Those are your words. Yes. What I would say is that they are still in destroy mode as of Friday. There was a notice that was sent to all, USAID staff, telling them that the entire agency was terminated, including everyone except for 15 staff would be fired, as of July or September, they say that a few of the elements will be moved over to the State Department.

But again, like we have been working throughout this process, working with State Department staff to try to figure out who, you know, do they have the capabilities and what would they need?

And they simply do not have the capabilities to take on the efforts of USAID.

Don't take my word for it. Take their word for it. They will happily tell you that these are functions that they do not have. Take their actions for it.

For example, the farm program where Congress, you know, appropriates about \$6 billion a year to the State Department to implement that far. And what do they do with that money? Well, most of it they give to USAID because U.S. aid has the capabilities to actually implement it. They don't have those there at state.

Maybe someday in the future they'll be able to replicate and rebuild that capacity. But I, I shudder to think of what's lost in the interim.

Senator Schatz

Just, first of all, I should say this just one last time. I really do appreciate your public service, and I'm going to thank you, but thank you as a sort of proxy for everybody works in this space. These incredible public servants, these incredibly talented people who have made real sacrifices to live abroad or to make less money, because they care about this mission. So, I just wanted to thank you.

The final thought is, it is true that they are doing all this damage. It is not true that. I mean, I very much worry even a about us stipulating to the idea that they are, laying off these people. They're not permitted to do that the statute.

And so excuse me for being quaint having an executive agency follow the federal law, but I will not stipulate to the idea that just because someone wrote a memo saying we're going to risk all of you, and by September, this will be under the State Department, not without a new authorizing statute.

Will you do that? Not without a new appropriate bill. Will you do that? That's not your side of the shot.

But I just think, even as all of us who believe in this enterprise are moving forward and being very clear eyed about how bad this is, we can never stipulate to the idea that this is permanent or that this is legal, because the legal system is on our side.

The statutes are on our side and we will prevail. The challenge is how much pain and how much damage internationally and domestically we do. In the meantime.

Senator Shaheen

Thank you, Senator Schatz.

Also. Well said.

Senator Van Hollen.

Senator Van Hollen

Thank you. And I want to start by thanking Senator Shaheen for convening us here. Really, the full Senate Foreign Relations Committee should be convening this hearing. And I want to thank Senator Shaheen for asking Chairman Risch to do so.

I see it as a gross abdication of our Senate responsibility to not have a hearing while Elon Musk and DOGE and others are trying to dismantle A.I.D., which is established by statute.

That is stunning to me that this could happen without any official oversight.

So again, thank you, Senator Shaheen, and thank all of you for your service.

I want to say amen to the comments my colleagues have made about all the good work A.I.D. does. Elon Musk said of idea that it was a, quote, criminal enterprise. I have pointed out to our Republican colleagues that that makes all of them coke inspectors, you know, criminal enterprise. They have supported it, including the Secretary of State, enthusiastically.

But I wanted to ask you, Mr. Enrich, and you, Mr. Gawande, about two other statements that Elon Musk has made. One of the statements he made was during a cabinet meeting at the white House regarding Ebola. He said, oh, we make mistakes sometimes. And, you know, we temporarily stopped the Ebola program — whoops! But, we've restarted it. Well, it's bad enough to make that mistake.

But, Mr. Enrich, I'd like you to comment on the veracity of the claim that they started it again and what the status is today. And Mr. Gawande, another statement he made was, quote, no one has died as a result of a brief pause to do a sanity check on foreign aid funding. No one.

So my question to you is very simple. Is that true? That no one has died because of what Elon Musk and the administration have done?

Mr. Enrich, if you could start.

Mr. Enrich

Thank you, Senator.

So as to Elon Musk statement at the White House that, the Ebola activities had been restarted, it was not accurate then. It's not accurate now.

Despite the Ebola response activities being the first that we pushed as soon as the waiver was issued, the activities were never allowed to move forward and ultimately those contracts were terminated.

We repeatedly raised the fact that we could we had partners that were at the airport ready to screen travelers to make sure that they did not have Ebola before leaving the country. But the activities could not start because the administration would not allow funding to move for those partners, and that we had 27,000 sets of PPE that we had already procured that were sitting and ready for immediate deployment at a warehouse in nearby Kenya that could have been deployed urgently.

However, leadership up to and including Pete Marocco blocked the approval and the availability of funds, despite saying the opposite publicly and also in response, to Congress, I understand and certainly to the National Security Council.

There is some good news when it comes to Ebola, and that is the systems that we have helped build, to detect and respond to outbreaks, are still in place.

Thanks to USAID efforts over the past years, Uganda was able to identify the outbreak and start to respond earlier than in the past.

And while we absolutely we have were prevented and have been prevented throughout from standing up a robust, response to Ebola, our fingers are crossed that the systems that we have built over the years will hold, and prevent a larger outbreak.

And I obviously, personally truly hope that the outbreak does not spread. But I do think that merely crossing our fingers and hoping is a dangerous approach to global health policy.

Senator Van Hollen

Thank you.

So Elon Musk's statement there was just false.

Mr. Enrich

Yeah. That's correct.

Senator Van Hollen

Mr. Gawande.

Dr. Gawande

About the claim that no one has died — it's absolutely false. And I have spoken to people who have reached out to me asking for help in exactly these situations.

An example is that a, a medical facility supported on the Myanmar to, provide medical care, was cut off with no access to oxygen, no alternative delivery system for that. A woman who had come with severe pneumonia had to be turned away because the facility was shut down. And she died three days later from pneumonia. That could easily been addressed.

Just a week ago, I was contacted by colleagues in Kenya where, HIV programs have been shuttered since January 24th cases of HIV have risen and they're seeing now complications of HIV. There's a disease called Cryptococcus meningitis. So, a parasite getting to the brain because of the loss of immune systems and had a person who, U.S. had supported having a treatment for Cryptococcus meningitis and it was sitting on shelves in the warehouse, but inaccessible to this person. And this person died, and they still don't have that treatment on hand to be able to address these problems.

I could go on down the list. They not only are there examples of people who've died, there are deaths happening every day [Van Hollen: And TB... is another...] TB is another example. And TB is the biggest killer in the world. The biggest infectious disease killer in the world. More than a million people. You have cut off of diagnostics of treatments and of prevention.

TB kills slowly, but I had a discussion with a colleague where an HIV patient who'd lost, access to medicines, had now developed TB and absent that treatment, got a particularly severe case with absence of an immune system and died from the condition.

So we know that this is happening around the world.

Senator Van Hollen

Thank you all again. Thank you for what you do. Thank you for exposing the lies that are being used as a cover up to claim that this is all about efficiency. When it's not, it's killing people and they're lying about it.

Thank you, Madame.

Senator Shaheen

Thank you, Senator Van Hollen. I'm going to Senator Kaine. But before I do that, I just want to ask a follow up question to Senator Van Hollen. And that is when you talk to those, partners, former partners on the ground. What do they say about how they feel about the United States as the result of ending those programs and what they're saying? To the people who have been affected,

Dr. Gawande

The emotions. I would have expected anger. The number one is disbelief. This is not the America they knew. They can't believe it. For decades we have been there. They and it's not just America. It's Americans. People they know and trust, people they built relationships with. And they can't believe how they are being treated.

Looking, talking to Foreign Service Officers that they could count. They feel sorry for us, incredibly, and they are also used to catastrophe more than we may be. And they believe in God. They tell me they have faith; that they will find the way through, but they are suffering and they just can't fathom that they would be treated this way and that others, are treated and that and that the colleagues around them are being treated this way.

And then they're getting to work rolling up sleeves, trying to figure out, well, they're making calls to anybody and everybody philanthropies, China, you know, obviously their own governments where they have capacity, and trying to prioritize who's going to, you know, suffer, have to suffer the most coming out of this.

Senator Shaheen

I, I had the occasion to visit Poland, which is the place where we have been shipping equipment and so many Ukrainian refugees had come through Poland. And it was about a week after the services were cut off and we met with, the head of a mental health program that was treating Ukrainian refugees coming across. And I will not forget what he said to us.

He said, "No, all of my life in Poland, we have looked up to America. You have been the partner that we could always count on send. And now that trust is gone, we can't count on you because you've turned your back on us." And that's what we're seeing everywhere.

Senator Kaine.

Senator Kaine

Thanks very much for your being here and for your service and your expertise.

I'm going to tell you the question I'm going to ask, and then I'm going to talk for a little bit. So you can think about an answer.

We haven't yet, as the committee been able to have access in a public setting, to ask the Secretary of State what the hell is going on, we know him very well. We worked very closely with him. We worked with him on pro-USAID initiatives over the course of many years.

That's why he received a significant vote of confidence from this committee and from the Senate as a whole. He is going to come before us sometime soon. I think the idea is that we're working out the timing of that.

And the question I'm going to ask each of you is, if you were sitting in the room with him at a public hearing, what would you say to Secretary Rubio?

While you're thinking about that I was a missionary in Honduras in 1980 and 81, and I saw USAID on the ground as I was running my little school that taught kids to be welders and carpenters. The U.S. presence through USAID, through the Peace Corps, through other important initiatives, was a very palpable sense of life in this, at the time, fairly small community and people around the world saw the same thing.

What a what a treat it was for me to come to the Senate, you know, 40 years later and be on the Foreign Relations Committee and be able to interact with USAID in a different way. And over the time that I have served with Senator Shaheen here, I've just been here a little bit over 12 years, and she's been here longer.

But the ability to see USAID around the world. I once went back to Honduras to visit the school where I worked. And there's a nearby city, San Pedro Sula, that at the time was very, very dangerous.

The U.S. ambassador to Honduras escorted Senator Cornyn and me in an SUV into a neighborhood, and he said, you're about to enter the most dangerous neighborhood, in the most dangerous city, in the most dangerous country on the planet. Honduras had the highest murder rate on the planet San Pedro Sula, the highest in Honduras, and this neighborhood, the highest in San Pedro Sula. And we went in. This would have probably been in 2015.

And we saw a USAID funded community center in this very, very violent neighborhood where kids were learning and parents could send kids and feel like they had a sense of refuge. And where there were health programs that were available to poor people who might not have them otherwise.

And again, it made me think back to my time decades before and be really proud of USAID. The work that the those guys have done is work that has a familiar ring to it. If you are used to watching corporate raiders try to take down a company in a fire sale scenario, okay, I'm going to take over this country and company, and I'm going to squeeze every asset out and give it out.

If you think of the United States as if we're in a fire sale scenario, then okay, the actions sort of make some sense. But nobody believes that we're not in a fire sale scenario and no part of our federal government should be treated as if we're in a file fire sale scenario where you squeeze everything out,

sack everything, take every purchase card, and put everybody on a \$1 limit and then say that you'll, you know, bring it back later if you can determine it's necessary.

We were given Senator Shaheen some, you know, a little positive good news at the beginning.

Well, there's going to be humanitarian waivers for USAID medical programs. That waiver process first has been completely inscrutable.

And second, efforts get waivers for things that are clearly humanitarian have been unavailing. So I think the administration, the DOJ, is just treating USAID and others as if the U.S. is in some kind of a fire sale scenario, and they're going to try to squeeze some value out of it, probably to combine with tariff revenue to give as a tax break to the wealthiest.

But the pain that's being felt in communities around the world, and the pain that's being felt by people who've devoted their lives to serving others, is really something that is inestimable and very, very tragic.

So what we need to do is we need to convince the American public that the US in the fire sale, that the US is a going concern, we're going to celebrate 250 years of American democracy in 2026. And by God, I want it to be a celebration. I don't want it to be a coronation. I don't want it to be a requiem or a wake. I want it to be a celebration. And that's sort of my marching order every time I come into this place: Let's make 2026 a celebration of democracy, not a coronation. And not a requiem or wake. But to do that, we have to make our case the American public and have them believe that this corporatist effort to kind of view that the US is under a fire sale scenario is, you know, just completely outrageous.

Okay, so I filibustered and now I will. Well, I'll say one more thing. The filibuster said that I want to get your answer. I, I gave a speech on the 250th anniversary of American democracy at a, an event in Virginia two Saturdays ago. Because we're starting most states are starting efforts. And I got asked to deliver a speech about 250 years of American of democracy and Virginia's role in it in 15 minutes. And, oh, don't be political. So I was like, well, what do what do I say?

And then I decided, you know, I'm not going to tackle the whole topic. I'm just going to tackle one thing. And I talked about the most unlikely thing. July 4th, 1776. The Declaration of Independence, July 5th, 1776, in Williamsburg, the Virginia legislature met to write the state constitution, to write the Virginia Declaration of Rights, to elect the first governor, and also to design our state flag, which is essentially stayed constant since 1776. And it's a very unique state flag.

First, there's only six state flags with a woman on it, and ours is the only one with a woman who's partially topless because she's an Amazon designed after the Roman, notion of virtues, and she's standing on top of a deposed tyrant with a whip that's knocked out of the tire, with a chain that's knocked out of the tyrants hands.

The flag also contains our motto. Every state's motto is upbeat and positive. Live free or die, ad astra per aspera, Onward, Excelsior! Hope Michigan's has the most random one. It's really positive there. Their motto is, if you seek a pleasant peninsula, look about you. Well, I wasn't looking for a peninsula, but I'd rather it be pleasant and unpleasant.

So Virginia's is the only motto that's not positive. It's a rebuke. Six Semper tyrannis. Thus, be it ever to tyrants that the phrasing of it is not in the current tense, like no tyrants are down to tyrants. The word semper is ever or always. It's really in the future tense.

Those who designed the flag believed that the battle against tyranny was not just a relic of something in the past, but that it needed to be considered in the future tense. And that virtue would triumph over tyranny.

And I just challenged my audience. We walked by Virginia Flag every day, and that flag is asking us two questions do we retain the ability to recognize tyranny? Do we retain the virtue to defeat it? And those two questions are powerful questions these days to me and to so many others. Okay, now, I filibustered enough.

If you had Secretary Rubio sitting right here before you, having given important parts of your life to the global USAID mission, what would you say to the Secretary?

Mr. Enrich

Thanks for the question, Senator. So I'm going to answer this in maybe a more boring way. I'm a civil servant. And so that that's how I will answer this.

I mean, I think that each administration is entitled to pursue their own policy directions. And the responsibility of the civil service is to help them pursue that. And, you know, as long as it's within the bounds of law, as Senator Schatz mentioned earlier, that that's what we're here to do. If the administration wants to end foreign aid again, assuming that that's within the legal bounds of their role, then that is their prerogative.

But that said, it's the way that they have approached that aim that I wouldn't want to talk about and that I've tried to convey, abruptly terminating contracts, that are providing lifesaving services, abandoning patients in the middle of clinical trials—these demonstrate a kind of callous and reckless disregard for human life that I just want to make sure that everyone is aware of that, that Secretary Rubio is aware of that. That's the result of what happening. And, and that it also is a direct threat to U.S. national security, as we as we've talked about.

And, you know, these programs, if the goal is to win them down, that could be done ethically, it could be done humanely. It could be done smoothly. It could be done in a way that saves countless lives compared to the way it's been done, and in a way that could save countless billions of US taxpayer dollars as opposed to the way that it's been done, where instead we have PPE expiring in warehouses that is needed for outbreaks, or we have medicines that are expiring on ships that are not being allowed to be transferred.

And I guess for me, I would just want to make sure that the Secretary is aware that the impact of the actions that have been taken by the administration in terms of the way that USAID have been dismantled, have been unnecessarily cruel and destructive, in ways that they just didn't need to be.

Senator Kaine

Before Mr. Gawande, that's such a good answer, because let's have some situational awareness now. We have a white House that has two Republican majorities in the two houses in Congress. So if they had decided, let's follow a normal budget practices, we're going to put together a budget and we have a bee in our bonnet about foreign aid programs.

We want to reduce and make them better. Whatever. They could have developed a plan, they could have called the legislative leadership down and said, listen, we need your support in this plan. And then they could have done it pursuant to a normal budgetary order.

The fact that they have not tells me that they don't have confidence that they could even sell that plan to the Republican majorities of these two houses. And so their end running even their own majorities, because they lack confidence that the way they're doing this would be acceptable to their own Republican majorities.

Senator Kaine

Mr. Gawande.

Dr. Gawande

I have a two part question for the Secretary.

Part one would be to say Republicans and Democrats came together to finance the creation of a 50-country network for surveillance for deadly outbreaks and an emergency response capability that successfully cut response times for global outbreaks from more than two weeks to under 48 hours. So, what makes us stronger, safer and more prosperous about cutting that?

The second part is we have had a global reduction in childhood deaths, childhood mortality in the U.S. and abroad of 75% over the last 50 years. 40% of that benefit is from vaccines alone. 60% of that benefit is from measles vaccine alone, 60% of the vaccine benefit. Yes.

So, what makes us stronger, safer and more prosperous about cutting the maternal child health programs that have supported that to happen by 92% and to terminate the vaccine aid that is currently necessary for having a measles response as our own country is going through, a mounting measles outbreak that is showing no signs of getting better?

Senator Kaine

Thank you. That would that very, very good points, Dan.

Mr. Shwarz

Thank you very much, Senator.

I would, offer Senator Rubio — Secretary Rubio, excuse me — the message that a friend of mine sent me just 12 hours ago last night, via WhatsApp, echoing the words of Senator Shaheen and the Polish Ukrainian border, these are not the Americans that I've worked with for the past 25 years.

I know these are not American values. Your words at the beginning of our of our session today, you talked about the moral compass of America. And I would ask Secretary Rubio how this advances our moral compass on the global stage and indeed, most importantly, here at home. How do we look our children in the eyes and say that this is our moral compass?

The best way to be stronger, safer, more secure, more prosperous just by being the moral compass for the world that evokes trust, that evokes global social capital, that makes us the most strong, safe, prosperous nation we possibly can be.

Thank you.

Senator Shaheen

We are we are waiting for at least one senator. So that gives me an opportunity to ask my questions. And, I, I want to start, I think, by following up on Senator Schatz question for you Mr. Enrich, about what it was like at USAID, because there have been representations to us by Peter Marocco and others who have taken over, that all of the program, I mean, this was in the court filing, that all of the programs at USAID have been reviewed by, the secretary and people on his behalf. And significant, as you pointed out, in the beginning, about 85% of those programs have been eliminated, and that they used metrics to make decisions about keeping or retaining programs.

Now, you were there for a period of time before, they came in and told you to leave, and so you had a chance to see some of what was being said about the programs and the changes at USAID.

Can you share with us any metrics that you saw being used to make decisions about what programs were kept and, which ones were eliminated?

Mr. Enrich

No. As far as I know, there were — I don't know if there were any metrics. If there were, I had not seen them. What I can tell you is that the decisions that were being made about which mechanisms, which contracts to terminate and which ones to not terminate were completely at odds with the guidance that we were getting, that there were that the administration planned to continue lifesaving humanitarian assistance. When the first few tranches, as they were called, like slates of, of contracts that came down for, termination were shared with us, they included among them some of the most critical awards that were needed to implement lifesaving humanitarian assistance activities, for which we were already had sent letters to those partners that they should resume those activities.

For example, when we flagged this for the USAID political leadership, we were told that, by DOGE actually, we were told that these had already been reviewed, as you said, by the secretary, without giving us any understanding of what the metrics and that the technical team should not be doing their own reviews. And so my response to that was simply that you know, it's their choice which ones they're going to terminate.

However, if they are planning to do lifesaving humanitarian assistance, then they can't terminate the awards that are needed to do that. So I think that that's one thing.

The other anecdote I'll share in terms of what my insight into what metrics they may or may not have been using was on February 26th, the day that the majority of the rest of our contracts were terminated.

We had a meeting of the team that was working to transition efforts from USAID to State Department. We were told by the political leadership at that meeting — when we flagged a long list of awards that were needed for life saving activities — we were told that the problem was the names of those awards didn't make clear that they were lifesaving. It didn't have the word lifesaving in the name. And therefore, it was very hard for the Secretary's team to understand which award should or should not be terminated. And so, the implication was that if we had been more clear in the names that these were lifesaving awards, maybe then they would have been saved.

Senator Shaheen

I'm going to get back to that lifesaving issue, with you, Doctor Gawande. But now I want to ask some other questions. And that is I think you mentioned in your opening statement that there, the office in Washington went from about 800 people down to about 60. Did I accurately hear that?

Mr. Enrich

Yes. The global health staff went from approximately 800 to approximately 60.

Senator Shaheen

And was there any, any way of determining how they decided which 60 were going to stay and who they were going to get rid of? Did you ever hear any explanation for how that was determined?

Mr. Enrich

Similar to the confusion related to the contract terminations, the determinations related to who was considered essential staff was equally confusing and concerning. The same day, I believe February 23rd, that there was a list of staff that got notices saying that they would, that they were essential and needed to report to work, whereas everyone else would be put on administrative leave the same that same day.

Approx. I don't know the number. Approximately several hundred staff in the Global Health Bureau also received a reduction in force letter saying that they were fired as of April 24th.

I personally got both. I was deemed essential to stay, but at the same day received a letter to say that I was terminated. And my position and competitive area had been eliminated. So again, similarly, this is a case of confusion between who's in charge at USAID, whether it's DOGE, whether it's State, whether it's USAID, and just a mismanaged process that caused confusion and chaos and the inability for us to do our jobs.

Senator Shaheen

Well, chaos is a good word. I think, to describe it.

Let me also ask you, in our conversation with Mr. Marocco, we were citing, what we had heard from individuals about programs that, supposedly were humanitarian. And we're going to be started up again, but people were not seeing that actually happen. And his explanation for that excuse really, was that, the payment system was so arcane and complex that they couldn't just start a payment again, that it took, a lot of time in order to do that. Can you explain why that would be the case?

Mr. Enrich

So that's actually not accurate. We have a perfectly functioning payment system. And I won't get I will not bore you with the details, but what I can tell you is that we were specifically informed that DOGE had shut down access to our payment system because of concerns of widespread fraud. We didn't get any more details than that.

Senator Shaheen

We heard that, too. But then after the payment system was up and running again, what we heard was, oh, well, but we can't start things quickly because it's this complex, arcane payment system that we have to.

Mr. Enrich

So again, that's not accurate. The reality is they inserted an additional level that they called a "Needed Manual Check". And I will tell you that it was not a needed manual check because we already had a needed manual check, which was the very detailed process by which the project managers for individual contracts review each individual invoice and voucher and make a determination that whether those payments should be made based on the approved work plans and the goods and services received. To ensure that we're only paying for the things we need.

Those individuals were completely eliminated from the process, from the process, and instead there was this additional layer of those staff that were, add that did get access to this to the system and were, making decisions. And it must have been very challenging for them to make those decisions. And it probably did take a lot of extra time because they didn't have any access to the contracts or know what the approved cost should have been.

So, it's very unclear how they were making decisions, on which ones did or did not go forward. And that because of those delays, it uncovered other major complications. Like as I mentioned earlier, the unprecedented challenges related to the accruing of interest because it was taking so long to pay these bills that the Treasury system was not — we've never experienced that problem before, so they had to address a problem, that had never come up before because of these additional, complications that they had added to the system.

Senator Shaheen

Because they had no idea what they were doing.

Mr. Enrich

That's correct.

Senator Shaheen

You were agreeing with that, Doctor Schwartz, do you want to add?

Dr. Schwartz

I certainly would not comment on the internal workings of the system, but as, a physician on the side of one of the implementing partners, I'll say that, prior to, this new administration, as Nick mentions, we did not have difficulty working with our many highly respected USAID partner around the missions and in Washington, receiving payments, submitting invoices.

Occasionally, we would appropriately receive questions, from one of, you know, Nick's or Atul's staff about, oh, help us understand why this is, etc., and that I would say would be good, business practice. But we certainly never had any difficulty receiving, payments from an arcane, nonfunctional payment system.

The other thing I would highlight, to your first question to Nick, about criteria or evaluation, from project side, I'll just highlight the example of tuberculosis. My organization, here's three projects. Very similar content.

Kenya, Ethiopia, Indonesia. Indonesia happens to have the second highest TB burden in the world right now. I will just simply say that USAID has decided to continue our work in Ethiopia and Kenya and not in Indonesia. We have received no feedback. Much less, evidence-based evaluation of criteria, shall we

say, on why similar public health and preventative treatment content for the same disease in three different countries might be deemed worth continuing or not.

Senator Shaheen

So, say the three countries again.

Dr. Schwartz

Kenya and Ethiopia have been continued—or let me rephrase that — are not yet fully terminated and we are in active discussions about potentially continuing them. Whereas, the largest USAID flagship project called TB in Indonesia, has been terminated. Indonesia has the second highest burden of TB in the world currently.

It is a massive problem, from programmatic perspective. You know, obviously there's nuanced differences, of course, but, much of the content of those three programs are relatively similar. And dare I suggest that, some of the, geopolitical interests of Indonesia and South Pacific may also be relevant to American interest at this time. And yet Indonesia is the country that has been terminated. We have we have no understanding of why that is.

Senator Shaheen

Yes. In the world. Right?

Dr. Schwartz

I merely offer the public health perspective. I will defer the political commentary.

Senator Shaheen

Doctor Gawande, I want to go. We've had a lot of back and forth with people at the State Department and with Mr. Marocco about what the definition is of “lifesaving programs,” and as, Mr. Enrich explained, that has been challenging.

As I understand what the Trump administration is saying is that they intend to retain only what has been defined as urgent emergency support that directly maintains life in crisis situations— so that's their definition of life saving. So, from the perspective of health, what does that definition leave out and what are the implications of narrowing that definition for global populations?

Dr. Gawande

In a sense it's well, so that definition essentially is saying if they are imminently at risk of death, only then will we take action. Preventing problems upstream, which is far more effective, is not considered lifesaving.

Senator Shaheen

And maybe not even then, given the examples that you, said you would heard of people who have died. Based on the end of programs.

Dr. Gawande

That's right. When we were... when I was leading global health, we established a straightforward, metric of what we were aiming to do across all of our programs. And the goal was to reduce the percentage of deaths in the countries where we worked that occurred before the age of 50.

So that's children, people of working age. You don't have a functioning economy. If you lose, your population before the age of 50 or in childhood. And the work that we sought to do was, improve the likelihood of having a life expectancy that approaches places around the world, and you can achieve that on, low levels of investment. You can get remarkable reductions in death before 50. And I would call that the clearest definition of life saving.

We are trying to bring stronger economies, more stable societies and healthier people, across the United States and the world. It starts with children and young adults and being able to reach the full span of working age. And that work ranged from preventing outbreaks of diseases to preventing HIV in the world. And it's been and the US has been remarkably successful in being able to do that.

Senator Shaheen

And do you have concerns about the withdrawal of the U.S. from the World Health Organization?

Dr. Gawande

On day one, one of the executive order signed that now is almost ignored is the fact that the United States not only said we were ending membership in the W.H.O., but our agencies could no longer provide funds immediately to W.H.O., even under passed contracts, and could no longer even communicate.

And so, issues like getting our, getting the fall flu vaccine, which depends on a W.H.O. process that accesses specimens from people in China and in other parts of the world where we don't have direct access directly provides the capability for the United States to guide the determination of our own for fall flu vaccine.

Now, that's still going to happen. And W.H.O. runs a strong process for that, but not with direct U.S involvement and not with a advisory committee doing the technical oversight. W.H.O., who is the emergency capability.

When you visited, visited a Ziv in Kyiv — I'm sorry, in your visited, a warehouse, warehouses along the border with Ukraine — those where the medical supply warehouses and central hub. There was built by W.H.O. with contributions from the United States and other donors, enabling the supply that has been supporting that country. And there are emergencies all around the world where they play a critical role.

Is there much that in the last administration we were doing to drive better efficiency? Are they are frustrating organizations sometimes? All of this, absolutely yes. But the you cannot fight global health on a transactional basis around the world. It will we are seeing the consequences now.

Senator Shaheen

And what's the role of China in the W.H.O.?

Dr. Gawande

Well, they are a member just as any other country is. They are, the United States as the largest bilateral contributor, had influence precisely because we put staff in the W.H.O. The measles program, the majority of that funding, for example, came from the United States. Our experts are often the ones driving, review and content. And that's the critical way we make this role.

China has made major investments in science and health. They are determined to eclipse our science and health capability, and their scientists and their personnel are now going to be the people who will be driving much of that, more of that work.

Senator Shaheen

And given what happened during the first Covid outbreak, when China had a media blackout, when they did not share information with the rest of the world about what was going on, how trusting should we be of the role that China is going to play in the show, and what that might mean for us in the U.S.?

Dr. Gawande

It certainly complicates it even further. So, did one of its key failures in Covid was accepting the Chinese line that there was no human to human transmission, when for weeks they had known that there was and that has had setback W.H.O with no question. It was because of Chinese pressure and influence and ways that they were hiding information. And we see that behavior, continuing to this day, all countries that have outbreaks do not want that information to get out until they're ready to get it out.

And we were in the process of negotiating a pandemic treaty around the world that would give W.H.O. the authority to report on key information, that it gathers around the world that suggests that outbreaks, are occurring where they're occurring. And, and, and China is not going to be supportive of making that more transparent.

Senator Shaheen

Thank you all very much. Senator Klobuchar.

Senator Klobuchar

Thank you very much, Senator Shaheen. And, welcome back. And I guess a shadow hearing this time. But thank you for being here. Mr. Gawande and all of you, I really appreciate your work. We have a lot going on here today, but I wasn't going to miss this just because I spent about an hour and a half last week on the phone with a number of our USAID workers and, you know, their stories of their life's work and all the good work they've done, and then watching the name of their agency being stripped off the wall was something I'll never forget.

And, Doctor Gawande, you, know that the US government invests only a small percentage? Oh, I know we always use this number of the federal budget and global health programs well, under 1%. And as you put it today, your budget for global health work at USAID was less than half the budget of the hospital where you did surgery in Boston. I think that's kind of extraordinary. But as you've said, your work at USAID reach hundreds of millions of people, because of the fact that this is — they found a way to do this offensively and in mass ways. During your time, how would you describe the rate of return on the investments you led in global health?

Dr. Gawande

Like nothing I've ever experienced. Let me put the numbers in even sharper relief. The average American household pays a little over \$12,000 in taxes to the US government. The portion that goes to USAID is about \$38. The portion for the global health component is under nine. That is about \$9 for that. And that is a, that is enabling capability that reaches hundreds of millions and saves lives by the millions.

It does it by not just buying medicine at the last moment that people need it, but by working upstream to build stronger systems in governments that can then drive solutions on their own, are all of our work in disease response has enabled capacity that, for example, in a country as poor as the Democratic Republic of Congo that had Ebola outbreak spreading for months before a response could be mounted and required \$1 billion or more of, of global aid to get it under control, now has managed multiple Ebola outbreaks with response times that are under are a matter of 24 to 48 hours and without emergency assistance, needing to come in behind it.

So this, the efficiency of being able to control the world's global, AIDS epidemic, not just with U.S resources, but by really leading the way and bringing other governments to invest, including the governments that we work with themselves, that has had a, a remarkable impact and pay off. I think there is more we can do to make it even more efficient. There always is. But compared to our own health system, the return on investment is extraordinary.

Senator Klobuchar

And I was just thinking back to a trip that I took to Africa where this woman was in a hut, and she was just — she walked every day for three hours, a widow, had two kids. And we said to her, what are your biggest challenges? Which was rather senatorial question that maybe you shouldn't ask in a hut. And she pointed to one of these, the help that we'd given them, and it showed her as a leader for her area on hygiene and how many babies had been born around her and how they had gotten baby well care.

And she said, challenges. I don't have any challenges. I'm a leader. And it just dawned on me at that point, just getting them, basic hygiene, vaccines, those kinds of things had made such a difference. And that's as you know, that's how we make friends. I'm looking at Senator Shaheen with her foreign relations leadership. That's how we make friends security wise, but also how we make friends economy wise as their economies grow. And that's how America has really come up in the world.

And it makes me very concerned if we just turn our backs. Not only is it the wrong thing to do morally, it's also really the wrong thing to do for our security and for our economy. One example of that, and I know you talked about tuberculosis already. I miss that moment, Mr. Enrich, but I was going to ask you, Doctor Schwartz, about malaria.

You noted that you're organizations work in Nigeria to combat malaria. Could you give us a sense of the global impacts of reducing U.S. support for antimalarial programs and what that could mean?

Dr. Schwartz

Thank you very much, Senator.

Like Atul, you asked about return on investment, I'll give you an exact number. We just spoke with a different funder after the most recent, cuts to the Presidential malaria Initiative in Nigeria. Our team had been responsible for what we call seasonal malaria chemo prophylaxis. And depending on the year,

somewhere between 8 and 12 states, throughout malaria, throughout Nigeria, we work with the Nigerian Ministry of Health at the beginning of rainy season every year to make those plans.

Since February, when the Presidential Malaria Initiative projects were cut, we have been discussing with other potential partners to continue that important work in Nigeria. We just last week spoke with another partner. And I'll give you an example of the state of bend way in Nigeria. For each of the children reached, about 70% of the global malaria deaths are under five, the under five years of age. So for each of the children reached in Ben West, they cost \$1.09 to provide the intervention on an annualized basis, \$1.09.

I'm not sure if you're a mother. I'm a father. I would say that \$1.09 for my son on an annualized basis is a pretty impressive return on investment. To save that child's life. Hope that's helpful.

Senator Klobuchar

Thank you. One of the things, one of the arguments, that we make at home, that is really when you see Ebola and some of these other things is just you can't put your heads in the sand that this is going to come our way. It's going to knock on our doors. No matter what we do.

I remember a few years ago having dinner with Doctor Osterholm at the University of Minnesota. Now, there's a very always a very positive dinner conversation. As he has predicted, some of these, trends and, some of these pandemics and what we've seen and I remember asking, what do you think will be the next thing?

And he actually talked a lot— this is, and not it wasn't avian flu — but it was just about some of the diseases transmitted from animals to humans if we let this go. And I understand that among the recently terminal programs that USAID is collaboration with the UN Food and AG Organization, which conducts surveillance in 49 countries for diseases that can be transmitted from animals to humans. Another surveillance program led by Tufts also focuses on reducing the risk of viral spillover from animals to humans that was terminated.

As the ranking Democrat on the Agriculture Committee, where we're dealing with avian flu and some of the things we've seen, I'm really concerned about this.

So what are the dangers? Which one of you can answer this? But, what are the dangers of undercutting this kind of disease surveillance work?

Dr. Gawande

So I'll just say that FAO, Food and Food and Agriculture Organization, as just one example, is a critical network that we have now brought in to 50 countries, 49 countries around the world, to 75% of our pandemic risks come from animals to human transfer of disease.

And they are the ones who are out in the communities monitoring bird flu, monitoring for anthrax, monitoring for, African swine fever, which doesn't necessarily transfer to humans but does devastate our agricultural sector as well. And they enable a response that can contain matters before they get out of control.

That capability alone, number one, it's when you ask countries and experts that capability is the most popular and often highest priority investment that that they call for. And shutting off that capability is

blinding ourselves to what we need to be able to see the surveillance in the first place and then critical to getting that response time.

So it's not spreading faster than you can get ahead of it. Doesn't mean you always get ahead of it, but this is one of the most one of the most unwise decisions, most dangerous decisions that we've made to terminate that contract.

Mr. Enrich

Could I just add briefly to that if I can turn this thing on? So, I think what I would add to that from the perspective of what I've seen over the last couple of months at, at USAID, is the, the, the reason that you've seen all of those agreements that you mentioned being terminated and many more that, are related to monitoring of diseases, disease surveillance, is because of the way that the administration is interpreting what life saving means.

And they're narrowly looking at it in terms of if you can't tell me the specific life that's saved by the activity, then it doesn't count as lifesaving, which means that we're ruling out all of the surveillance and as Doctor Gawande said, that means that we're talking about flying blind without knowing what's going to be out there. And it's because of this narrow and frankly nonsensical definition of the term life saving.

Dr. Schwartz

I'll briefly just add, shortly before this administration took, took over, I was in, Senegal, Dakar and, Abidjan, Cote d'Ivoire, discussing with FAO, as part of a US government USAID funded project. And in both cases, the governments were very excited, as Atul mentioned, to continue to build their own surveillance systems.

A factoid that I think many Americans do not know is that the most antibiotics in our world do not go to humans. They go to animals in the agricultural sector. And so, it is not a question of when the next zoonotic pandemic will start. It is a guaranteed fact. It is merely a question of when, not if. We will have new viruses; we will have new bacteria that will come from our animal friends and that will enter human bodies.

And so, when we are working with countries like Senegal and Cote d'Ivoire, both of which export massive amounts of agriculture, vegetables and, and meat, cows, etc., we should be worried about their viruses and bacteria and how we are helping to support those systems because they are not localized Senegalese problems. They are global problems, and they will end up on American soil.

Senator Klobuchar

Thank you.

Just last, not a question. Just, this were at this cusp of this. To me, that's all of the technology that's been going on, all of the human genome mapping, that we're just on this cusp of a great medical discoveries. We've already seen them. Okay, now I'll namedrop again, Mayo Clinic, from my state.

But, we just are on the cusp with personalized medicine and though if we smartly used AI for some of this, for the rare diseases and the like, and to me, this is America's leadership and our ability to produce ideas and cures and treatments and get them out there to the rest of the world will just be the biggest

backtrack and not just a backtrack for humanity and morally, but also a back track for us and our economic and scientific and technological leadership.

I think you characterized it, Doctor Gawande as this was America at its best of what we've done, and I can't think of a better way to say it. Thanks.

Senator Shaheen

Well, thank you, Senator Klobuchar. That was an excellent way to say it.

And let me just make sure I understood, the response to your question about diseases jumping from animals to humans. Did I understand you to say, Doctor Gawande, that 75% of the pandemic threat comes from that?

Dr. Gawande

Correct.

Senator Shaheen

And how is that? How is that determined?

Dr. Gawande

That's determined by looking at past deadly disease outbreaks and where they have come from. So that maybe Ebola, which comes from wild animals to humans. It could be bird flu, which again is from animals to humans, and risks across the spectrum.

Senator Shaheen

And for all those reporters who are here, if you missed it, they said the contract to do that for 75% of the pandemics that we're going to face in the future has been terminated. So, what kind of a threat does that present to the American public? Okay.

Thank you all very much. We really appreciate your being here today, your past service. Let me add my concern that's been expressed by the other senators who were here about the way, you, Mr. Enrich and Mr. Schwartz have been treated. Doctor Gawande, you were gone by the time the new administration came in, but the way those people who have given their lives to try and help others have been treated is an abomination and it should not be allowed. And we appreciate your being here today to share with us.

I would ask each of you, if you're able to do that, to provide your written testimony, because I'd like to share it with some of our colleagues. I also want to thank Jodi Herman and all of the Senate Foreign Relations staff who made today's hearing possible. And we will continue a series, the series of hearings to share what is the result of the horrific cuts to USAID and what that means for Americans and for the world.

Thank you all.