ORAL ARGUMENT NOT YET SCHEDULED

No. 25-5291

IN THE UNITED STATES COURT OF APPEALS
FOR THE DISTRICT OF COLUMBIA CIRCUIT

PERSONAL SERVICES CONTRACTOR ASSOCIATION,
Plaintiff-Appellant,

v.

DONALD TRUMP, *et al.*,
Defendants-Appellees.

On Appeal from the United States District Court
for the District of Columbia

CORRECTED BRIEF OF *AMICI CURIAE* PHYSICIANS FOR HUMAN RIGHTS, DR. DVORA JOSEPH DAVEY, DR. SALIM S. ABDOOL KARIM, AND MARY DOE IN SUPPORT OF PLAINTIFF-APPELLANT AND REVERSAL

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STATEMENT REGARDING CONSENT TO FILE AND SEPARATE BRIEFING[1]

Pursuant to D.C. Circuit Rule 29(d), undersigned counsel for *amici curiae* certifies that a separate brief is necessary. Counsel has conferred with counsel for Appellant and confirms that the content of this brief does not overlap with the brief for Appellant or with other *amici*.

Amici are individuals and an organization who can attest to the irreparable harms caused by dismantling of USAID and the sudden and continued withholding of U.S. foreign assistance. *Amici* thus offer the Court perspectives otherwise absent: the voices of those who deliver care, advance lifesaving research, and bear the human cost of the U.S. government's decisions at issue. The survival and well-being of those they serve hinge on this Court's decision.

Amici therefore present distinct expertise and firsthand experience not yet before the Court, and which bear directly on the legal issues at stake.

[1] No counsel for a party authored this brief in whole or in part, and no person other than *amici curiae* or its counsel made a monetary contribution to its preparation or submission.

CORPORATE DISCLOSURE STATEMENT

Pursuant to Rule 26.1 of the Federal Rules of Appellate Procedure, *amici curiae* states that no party to this brief is a publicly held corporation, issues stock, or has a parent corporation.

CERTIFICATE AS TO PARTIES, RULINGS, AND RELATED CASES

I. Parties and *Amici*

Except for *amici* and any other *amici* who had not yet entered an appearance in this case as of the filing of Appellant's brief, all parties, intervenors, and *amici* appearing in this Court are listed in Appellant's brief to the extent they are known.

II. Rulings Under Review

References to the ruling at issue in this case appear in Appellant's brief and the Parties' Joint Appendix.

III. Related Cases

Related cases are listed in Appellant's brief.

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INTEREST OF AMICI CURIAE

Amici have seen firsthand the consequences when lifesaving aid is withheld. Their vantage points illustrate, in real terms, what it means when appropriated funds are withheld. *Amici* thus are in the position to offer the Court a unique perspective otherwise absent: the voices of those who deliver care, advance lifesaving research, and shoulder the human cost of the U.S. government's decisions at issue.

Physicians for Human Rights ("PHR"), which jointly received the Nobel Peace Prize, is an international non-profit organization working at the intersection of science, medicine, public health, and law to advocate for human rights and promote accountability and justice. PHR has offices in Kenya, the Democratic Republic of the Congo (DRC), Iraq, and the U.S. and currently works in Ethiopia, Syria, and Ukraine. In 2025, PHR conducted research on the impact of the U.S. global health funding cuts on public health and human rights in Kenya, DRC, Ethiopia, Uganda, and Tanzania.

Dr. Dvora Joseph Davey, an infectious disease epidemiologist specializing in maternal/newborn health, is Associate Professor in the Department of Epidemiology and Division of Infectious Diseases at UCLA, and Honorary Associate Professor of Epidemiology at the University of Cape Town. Since 2003, she has led HIV-research in Southern Africa, including NIH-funded studies

evaluating HIV prevention and sexually transmitted infection interventions in pregnant and lactating populations.

Dr. Salim S. Abdool Karim, FRS, is a South African clinical infectious diseases epidemiologist renowned for contributions to HIV prevention and treatment. He is CAPRISA Professor of Global Health at Columbia University and director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban. Dr. Abdool Karim also holds appointments at Harvard, Cornell, and the University of KwaZulu-Natal. He serves on numerous editorial boards, including *The New England Journal of Medicine*, *Lancet Global Health*, and *Lancet HIV*, and he advises WHO committees on HIV and tuberculosis.

Mary "Doe"[2] is a mother and caretaker to eight children in Nairobi, Kenya. She relied on programs funded by USAID to conduct HIV outreach work, including by providing support to orphans with HIV. Mary's 15-year-old daughter is HIV-positive. As a result of the withholding of aid, it has become difficult to obtain the antiretroviral treatments ("ARVs") needed to treat her daughter's HIV infection. ARVs are lifesaving medications necessary to stop the virus's deadly progression to AIDS. Many classmates of Mary's daughter also carry the virus and are running out of, or can no longer access, the medicine they need—medicine they once obtained through USAID programming.

[2] Mary is identified by her first name only to protect her family's privacy.

Amici have a vital interest in ensuring that equitable relief standards account for the irretrievable loss of life and cascading public health harms that follow when Congress's appropriations are ignored. The very lives and well-being of those whom *amici* care for and serve have already suffered irreversible harm, and preventing further losses hinges on this Court's decision.

SUMMARY OF ARGUMENT

The real-world harms at issue are immediate and irreversible: lives lost, children harmed, and heightened threats to Americans' health and fiscal interests, including from the dismantling of the containment system which has successfully operated to minimize the spread of pernicious infectious diseases. Extraordinary relief is thus necessary to prevent further irreversible losses. Any balancing of equities overwhelmingly favors the injunction requested by Plaintiff-Appellant.

ARGUMENT

I. The Balance of Equities and Public Interest Weigh in Favor of Injunctive Relief

An application for injunctive relief requires courts to weigh the equities and the public interest. The court's role "is not to conclusively determine the rights of the parties, but to balance the equities as the litigation moves forward." *Trump v. Int'l Refugee Assistance Project*, 582 U.S. 571, 579 (2017).

For decades, Congress has determined that appropriations for lifesaving aid

programs serve the public interest—including the U.S.'s own national interests. In fact, Congress expressly declared that those appropriations play a "central role" in "protecting the United States."[3] This bipartisan determination as to the public interest has been implemented across twelve presidencies over USAID's 63-year history.

In a marked departure, Defendants-Appellees nevertheless eviscerated USAID's capacity and impounded billions of dollars that Congress had directed towards lifesaving assistance. While they vaguely asserted to the Court below that their actions would produce a savings and better "align" foreign aid with "American values," they offered no evidence of any urgent governmental need, no showing of institutional harm, and no explanation of how these abstract notions could outweigh concrete and immediate threats to human life—both abroad and domestically. JA889.

The district court responded to these assertions by concluding that the balance of equities was "difficult to weigh" and that "plaintiffs and the government have each identified plausible interests on either side of the equities ledger." JA889. It further held that "generalized allegations of irreparable harm are insufficient for preliminary relief." JA888.

[3] S. Rep. No. 118-200, at 33 (2024).

The court erred by failing to meaningfully engage with an "equities ledger," cursorily equating harms that are manifestly unequal. The weighing of these interests should not have been difficult—and overwhelmingly favor granting a preliminary injunction. Clearly, the harms identified by Plaintiff (and *amici* here), reflect not "generalized" assertions, but concrete, imminent, and ongoing losses to human life—harms that are, by definition, irreparable once they occur. People who die cannot be revived. Children born HIV-positive cannot be uninfected.

For its part, the Executive identified neither an immediate nor irreparable institutional injury that necessitated impoundment, let alone one capable of outweighing the catastrophic preventable harms its actions set in motion. Indeed, the Executive has offered no discernable explanation for what the country is losing by halting USAID's lifesaving programs, nor any accounting of the attendant public health and national security costs already caused and to be caused by its actions. Even as to savings, on what basis can it assert savings when no cost/benefit analysis was ever conducted?

The very purpose of equitable interim relief is to preserve the status quo in order to "minimize—not maximize—harm" while the merits are resolved. *Noem v. Doe*, 145 S. Ct. 1524, 1525 (2025) (Jackson, J., dissenting). That is precisely why an injunction is essential here: to prevent further irreversible harm, preserve life-saving care, and ensure an eventual judgment is not rendered meaningless by the human

toll incurred in the meantime.

II. The Balance of Equities Overwhelmingly Favors an Injunction.

A. The sudden withdrawal of funding threatens the continuation of catastrophic harm.

Despite accounting for less than 1% of the federal budget, USAID has been among the most effective life-saving institutions in modern history. Between 2001 and 2021 alone, its programs prevented more than 91 million deaths worldwide, including over 30 million children under five.[4]

Worldwide, because of U.S. global health aid, mortality from HIV/AIDS fell by 65%, malaria and neglected tropical diseases fell roughly 50%, and maternal/perinatal deaths, tuberculosis, and other serious conditions also sharply declined.[5]

USAID helped eradicate wild poliovirus in Africa,[6] which once paralyzed

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[4] *See* Daniella Medeiros Cavalcanti et al., *Evaluating the Impact of Two Decades of USAID Interventions and Projecting the Effects of Defunding on Mortality up to 2030: A Retrospective Impact Evaluation and Forecasting Analysis*, 406 Lancet 283, 284 (2025), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01186-9/fulltext.

[5] *Id.* at 289-90.

[6] USAID, *Key Accomplishments (2017–2020)*, https://web.archive.org/web/20250114151823/https://2017-2020.usaid.gov/reports-and-data/key-accomplishments (archived Jan. 14, 2025).

75,000 children annually.[7] It delivered nearly 140 million treatments for two of the most pernicious early childhood illnesses (uncontrolled diarrhea and pneumonia).[8] It supplied half of the world's therapeutic food[9] for starving children.[10]

Over a decade from 2012 to 2023, USAID delivered 327 million malaria-prevention treatments to women and children.[11] Postnatal care was provided to 55 million newborns during their most vulnerable hours.[12] In 2023 alone, USAID supported the resuscitation of 238,000 babies not breathing at birth.[13]

On March 4, 2025, Nicholas Enrich, the Acting Assistant Administrator of Global Health for USAID, wrote a memo that began: "**Key Takeaway**: The temporary pause on foreign aid and delays in approving lifesaving humanitarian

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[7] WHO, *Africa Eradicates Wild Poliovirus* (Aug. 25, 2020), afro.who.int/news/africa-eradicates-wild-poliovirus.

[8] USAID, *Progress and Results: Maternal and Child Health and Nutrition Program* (Sept. 2024) [hereinafter, USAID, *Progress and Results*], https://perma.cc/XSH9-KFUJ.

[9] Supplying this food has "historically provided American farmers and manufacturers with a stable $2 billion market, supporting an estimated 15,000-20,000 jobs." Memorandum from Nicholas Enrich Acting Assistant Administrator for Global Health, (Mar. 4, 2025) [hereinafter "Enrich Memo"] at JA354.

[10] *See, e.g.*, Taiwo Adebayo, *Children Die as USAID Aid Cuts Snap a Lifeline for the World's Most Malnourished*, Associated Press (May 16, 2025), https://apnews.com/article/4447e210c4b5543b8ebb9a6b9e01aa53.

[11] USAID, *A Decade of Saving Lives Presenting Child and Maternal Deaths* (Mar. 2023), https://perma.cc/ML2T-YCWE.

[12] *See* USAID, *Progress and Results*, *supra* note 8.

[13] *Id.*

assistance (LHA) will lead to increased death and disability, accelerate global disease spread, contribute to destabilizing fragile regions, and heighten security risks" (emphasis in original).[14] Enrich's assessment has proven stunningly accurate.

Now, maternal-health programs reaching 93 million women and children have been cut by 92%; water and sanitation initiatives slashed by 86%; and vaccine programs halted—threatening 500,000 preventable deaths annually.[15]

Each year without USAID, 17 million pregnant women and 11 million newborns will lose essential care. Fifteen million children will go untreated for pneumonia and diarrhea—leading killers of children under five.[16] And 1 million children with "severe wasting"—a painful and life-threatening form of malnutrition—will be left to starve without therapeutic food.[17]

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[14] Enrich Memo, *supra*., note 9 at JA346. Enrich went on to write that this risked "directly endangering American national security, economic stability, and public health."

[15] *See* Dr. Atul Gawande, Fmr. Assist. Admin. for Global Health, USAID, Testimony before Senate Roundtable on The Dangerous Consequences of Funding Cuts to U.S. Global Health Programs, 2 (Apr. 1, 2025) [hereinafter Gawande Testimony], https://www.foreign.senate.gov/imo/media/doc/atul_gawande_testimony_at_sfrc_global_health_roundtable.pdf; Enrich Memo, *supra*., note 9 at JA347.

[16] *See id* at 14.

[17] *See id.*

The dismantling of USAID, which is in part before this Court, is in the process of inflicting harm "similar in scale to a global pandemic or a major armed conflict,"[18] with projections of 14 million avoidable deaths in the next five years. That's 14 million deaths, and this number includes 4 million children under five.[19] Already, as of November 5, it is estimated that USAID's dismantling has caused 600,000 people to die, two-thirds of them children.[20]

Contrast this to the fact that USAID achieved the incredible outcomes described above at the annual cost of "just twenty-four dollars per American," managing to save lives "on an almost unimaginable scale."[21] Such minimal cost underscores how implausible it is that any claimed fiscal "savings" could outweigh the concrete, ongoing harms now before this Court that the Executive argues justifies the impoundment of duly appropriated funds.

Former USAID leaders have warned that continued withholding of already committed funds will mean "increased death and disability" and "accelerated global disease spread," with hundreds of thousands to millions more cases of polio,

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[18] Cavalcanti et al., *supra* note 4, at 284.

[19] *Id.* at 290.

[20] Atul Gawande, *The Shutdown of U.S.A.I.D. Has Already Killed Hundreds of Thousands*, The New Yorker (Nov. 5, 2025), https://www.newyorker.com/culture/the-new-yorker-documentary/the-shutdown-of-usaid-has-already-killed-hundreds-of-thousand.

[21] *Id.*

malaria, multidrug-resistant tuberculosis, and other infections each year.[22] And eventually, these will be at our doorstep. The result is what historian Richard Rhodes has described as "public man-made death."[23]

The dismantling of USAID and withholding of obligated funds has also derailed USAID-funded HIV prevention trials, abandoning participants mid-study and raising the risk of drug-resistant HIV, which experts warn will be "catastrophic" not just for Africa but for global health.[24] For *amici*, these projections are a daily reality.

Amicus Dr. Abdool Karim has seen firsthand how aid cuts have reversed gains in limiting the spread of another infectious disease, Mpox. Mpox was declared a Public Health Emergency of International Concern by the WHO and a Public Health Emergency of Continental Security by the Africa CDC after cases began to surge in mid-2024. As Chair of the Africa CDC's Emergency Consultative Group, Dr. Abdool Karim has played a central role in the response. He witnessed the Mpox vaccination program grind to a halt overnight when USAID staff

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[22] Enrich Memo, *supra,* note 9. at JA 356-359.

[23] Gawande, *The Shutdown of U.S.A.I.D., supra* note 20.

[24] Stephanie Nolen, *Abandoned in the Middle of Clinical Trials, Because of a Trump Order*, N.Y. Times (Feb. 6, 2025), https://www.nytimes.com/2025/02/06/health/usaid-clinical-trials-funding-trump.html; *see* also, Chris Beyrer, *On going backwards*, 405 The Lancet 1458 (Apr. 26, 2025), https://doi.org/10.1016/S0140-6736(25)00771-8.

managing vaccine storage in the DRC were barred from releasing supplies locked in USAID storerooms. Several hundred new Mpox cases are now being reported each week in the DRC, with a death rate just over 1%.

Amicus PHR has analyzed the tragic losses caused by the dismantling of USAID in Uganda, Tanzania,[25] DRC,[26] Kenya,[27] and Ethiopia[28]—and the horrifying personal consequences. As early as June, the impacts were immediately felt in Tigray, Ethiopia, where health workers reported that in one camp alone, eight internally displaced people, including a pregnant woman, died when USAID-supported care was cut off.[29] In one Ugandan clinic, five of 20 babies delivered to

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[25] PHR, *On the Brink of Catastrophe: U.S. Foreign Aid Disruption to HIV Services in Tanzania and Uganda* (September 2025) [hereinafter PHR, *On the Brink of Catastrophe*], https://phr.org/wp-content/uploads/2025/09/On-the-Brink-of-Catastrophe-U.S.-Foreign-Aid-Disruption-to-HIV-Services-in-Tanzania-and-Uganda_PHR_September-2025.pdf.

[26] PHR, *Abandoned in Crisis: The Impact of U.S. Global Health Funding Cuts in the Democratic Republic of the Congo* (July 2025) [hereinafter PHR, *Abandoned in Crisis*], https://phr.org/wp-content/uploads/2025/07/PHR-Research-Brief-Aid-Cuts-DRC-2025.pdf.

[27] PHR, *"The System is Folding in on Itself": The Impact of U.S. Global Health Funding Cuts in Kenya* (July 2025) [hereinafter PHR, "*The System is Folding"*], https://phr.org/wp-content/uploads/2025/07/PHR-Research-Brief-Aid-Cuts-Kenya-2025.pdf.

[28] PHR, *Shuttered Clinics, Preventable Deaths: The Impact of U.S. Global Health Funding Cuts in Ethiopia* (June 12, 2025) [hereinafter PHR, *Shuttered Clinics, Preventable Deaths*], https://phr.org/our-work/resources/shuttered-clinics-preventable-deaths-the-impact-of-u-s-global-health-funding-cuts-in-ethiopia/.

[29] *Id*.

HIV positive mothers between mid-January and mid-April were born HIV positive, a devastating reversal after years of near elimination of mother-to-child transmission.[30] This alarming trend was witnessed in Kenya as well.[31] In DRC, clinicians are reporting that the global health funding cuts have left survivors of sexual violence without life-saving post-exposure prophylaxis kits which are immediately essential to prevent pregnancy and the transmission of sexually transmitted infections following assault.[32] A Ugandan health official stated that they no longer could afford the transport to do necessary community health services.[33] Another stated: "TB prevalence rate is shooting up. We see people come with cryptococcal meningitis. Before we just had just a few numbers. You could count them on your fingers. And now, we are experiencing a good number of such… life-threatening illnesses. They are claiming lives…."[34]

PHR has also documented alarming coping behavior in response, including dose-skipping and rationing of medication. As a result, the risk of developing drug-resistant pathogens increases, because when suboptimal levels of drugs are present

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[30] *See* Payal K. Shah, *U.S. Foreign Aid Cuts to Healthcare Trigger a Global Human Rights Crisis: How the World Must Respond*, Just Security (June 18, 2025), https://www.justsecurity.org/114839/us-foreign-aid-cuts-world-must-respond/.

[31] PHR, "*The System is Folding," supra* note 27, at 6.

[32] PHR, *Abandoned in Crisis*, *supra* note 26, at 7.

[33] PHR, *On the Brink of Catastrophe*, *supra* note 25, at 7.

[34] *Id.* at 14.

in the body, pathogens can replicate and allow drug-resistant strains to emerge.[35]

PHR's study in eastern DRC has also documented the severe strain on vaccination and other infectious disease control programs. Clinicians reported that these breakdowns were severely "impacting efforts to combat certain preventable diseases" and that epidemiological surveillance had ceased altogether.[36]

These harms are irremediable. Once an infant that should have been saved dies, that loss cannot be undone. Each day of aid withheld compounds the toll from the loss of USAID: vaccination gaps fuel ever-widening outbreaks;[37] treatment lapses seed drug-resistant strains making both medical care and efforts to contain infectious diseases significantly more difficult;[38] and halted medical outreach severs lifelines for survivors of violence and displacement.[39] It is these individuals

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[35] PHR, *On the Brink of Catastrophe*, *supra* note 25, at 14.

[36] *See* PHR, *Abandoned in Crisis*, *supra* note 26, at 6.

[37] *See, e.g.*, Adam Taylor & Emmanuel Martinez, *Trump Cuts to USAID Halt Funding for Global Vaccinations*, Wash. Post (Mar. 26, 2025), https://www.washingtonpost.com/world/2025/03/26/usaid-cuts-gavi-vaccines-trump/.

[38] *See, e.g.*, CDC, *The Urgent Threat of TB Drug Resistance* (Mar. 2025), https://www.cdc.gov/global-hiv-tb/media/pdfs/2025/03/2025_DGHT_DR-TB_Factsheet.pdf; PHR, *On the Brink of Catastrophe*, *supra* note 21, at 35.

[39] *See, e.g.*, Ilgin Yorulmaz, *U.S. Foreign Aid Cuts Hit Women Hard in the War Zones of Eastern Congo and Sudan*, PassBlue (Feb. 11, 2025), https://www.passblue.com/2025/02/11/us-foreign-aid-cuts-hit-women-hard-in-eastern-congo-and-sudan/; PHR, *Shuttered Clinics, Preventable Deaths, supra* note 27.

left suddenly abandoned who cry out for a restoration of funding.

B. The withholding of aid threatens U.S. public health.

These harms do not remain abroad. Treatment gaps will inevitably fuel the spread of preventable diseases in the United States. From HIV/AIDS to Ebola to COVID-19, the lesson is clear: protecting U.S. public health requires sustained action abroad.

As former and senior USAID officials warned, "infectious disease…knows no borders," and without USAID's safety net "to keep diseases in check, illnesses will make America less safe,"[40] with cuts directly "endanger[ing] American lives."[41] As former USAID Administrator Andrew Natsios, who served under President George W. Bush, cautioned Congress: "We will rue the day that we destroyed USAID."[42]

History confirms the danger: "reductions in funding for global health initiatives… correlate with surges in disease."[43] By contrast, USAID's surveillance

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[40] Amy Uccello, Personal Statement to House Foreign Affs. Comm. Shadow Hearing (Mar. 25, 2025), https://perma.cc/KV8Y-2S7V.

[41] Enrich Memo, *supra* note 9, at JA 356-359.

[42] Andrew S. Natsios, Fmr. USAID Administrator, Testimony Before H. Comm. on Foreign Affairs (Feb. 13, 2025), https://docs.house.gov/meetings/FA/FA00/20250213/117889/HHRG-119-FA00-Wstate-NatsiosA-20250213.pdf.

[43] Enrich Memo, *supra* note 9, at JA348 ("A failure to contain infectious diseases at their source heightens the risk of transmission to the United States,

was "the reason" the deadly 2014 Ebola outbreak was contained to West Africa, [44] with only 11 cases reaching U.S. soil. USAID averted a domestic catastrophe.[45]

The danger is not static. Gaps in coverage foster mutation and drug resistance.[46] Multidrug-resistant tuberculosis, an airborne contagion, exemplifies the threat. The CDC has warned of a U.S. resurgence, stressing that "the time is now" to "find and cure all cases" to "create a safer America." [47]

Immunization disruptions are similarly perilous. USAID programs slated to reach half a billion children now stand defunded, heightening measles risk throughout the U.S.[48]

Prevention is cheaper than response. As USAID Administrators since Reagan have affirmed, with less than one percent of the federal budget, USAID delivers programs that "benefit Americans" and make "our security and economy…better for it." Then-Senator Marco Rubio agreed: "We don't have to

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posing a direct threat to public health and economic stability.").

[44] *Id.* at 4.

[45] *See* CDC, *Outbreak History*, (May 6, 2024) https://www.cdc.gov/ebola/outbreaks/index.html.

[46] *See, e.g.*, CDC, *How Flu Viruses Can Change: "Drift" and "Shift"* (Sept. 17, 2024), https://www.cdc.gov/flu/php/viruses/change.html. *See* also Enrich Memo, *supra*., note 8, at JA349.

[47] CDC, *The Urgent Threat of TB Drug Resistance*, *supra* note 37, at 1.

[48] *See* Gawande Testimony, *supra* note 15, at 2. *See* also Enrich Memo, *supra*., note 9 at JA349.

give foreign aid. We do so because it furthers our national interest."[49] The alternative—reactive crisis spending—exacts exponentially higher [50]tolls. Any asserted governmental interest in withholding spending is neither immediate nor irreversible.

"USAID has added more than 30 years to U.S. life expectancy."[51] Those gains now hang in the balance, as the abrupt cessation of aid threatens to unleash new threats upon the American public.

C. Taxpayers lose twice when funds lapse.

Congress appropriated USAID funds to save lives and advance U.S. interests. Withholding those funds thwarts Congress's will, wastes appropriations, and exacerbates humanitarian and security risks. The arbitrary and capricious manner in which impoundment occurred—without any planning to mitigate foreseeable harms—has aggravated the destructive effects that come with such lack of planning or consideration of the benefits of what is being destroyed. The result has not been fiscal prudence but fiscal loss: taxpayers pay once for

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[49] J. Brian Atwood et al., *USAID Is Foreign Policy's Best Value*, Politico (Nov. 2, 2011), https://www.politico.com/story/2011/11/usaid-is-foreign-policys-best-value-067453.

[50] The Washington Institute, *A Conversation on the Middle East featuring Senator Marco Rubio*, YouTube, at 34:47 (Feb. 27, 2013), https://www.youtube.com/watch?v=j0s9fF5mZds.

[51] Gawande Testimony, *supra* note 15, at 2.

dismantled programs and again for the costlier emergency responses when preventable crises erupt.

The public interest therefore lies in the government carrying out Congress's directives, not undermining them. As this Court has recognized, there is "no public interest in the perpetuation of unlawful agency action." *League of Women Voters v. Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016). To the contrary, both the equities and the public interest weigh heavily in favor of preserving it.

Instead, irreparable harm has been acute and even magnified by the absence of any reasonable transition from obligated funds. This harm clearly outweighs any purported countervailing interest. Financial loss can be remedied later; lost lives cannot. USAID's historic record shows what is possible when Congress's directives are honored. The devastation detailed in the brief shows what happens when they are not.

CONCLUSION

For these reasons stated, *amici* respectfully urge the Court to rule in favor of Plaintiff-Appellant's request for injunctive relief.

CERTIFICATE OF COMPLIANCE

I hereby certify that this brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) because it contains 3,462 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

I further certify that this brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6), because it has been prepared in a proportionally spaced typeface using Microsoft Word 14-point Times New Roman font.

Executed this 3rd day of December 2025.

/s/ Natasha N. Arnpriester
Natasha N. Arnpriester

CERTIFICATE OF SERVICE

I hereby certify that on this 3rd day of December 2025, I electronically filed the foregoing document using the Court's CM/ECF system, causing a notice of filing to be served upon all counsel of record.

Dated: December 3, 2025

/s/ Natasha N. Arnpriester
Natasha N. Arnpriester