



Physicians for  
Human Rights

520 Eighth Avenue  
23rd Floor  
New York, NY  
10018

+1.646.564.3720  
phr.org

Sen. James Risch  
Chairman, Senate Foreign Relations Committee

Sen. Jeanne Shaheen  
Ranking Member, Senate Foreign Relations Committee

Rep. Brian Mast  
Chairman, House Foreign Affairs Committee

Rep. Gregory Meeks  
Ranking Member, House Foreign Affairs Committee

Sen. Lindsey Graham  
Chairman, Senate Appropriations Subcommittee on State and Foreign Operations

Sen. Brian Schatz  
Ranking Member, Senate Appropriations Subcommittee on State and Foreign Operations

Rep. Mario Diaz-Balart  
Chairman, House Appropriations Subcommittee on National Security and Department of State

Rep. Lois Frankel  
Ranking Member, House Appropriations Subcommittee on National Security and Department of State

## **Save Lives Globally and Safeguard Americans' Health: Congress Must Restore U.S. Global Health Leadership**

Dear Honorable Chairmen and Ranking Members:

Physicians for Human Rights writes with recommendations related to the proposed funding reduction for global health programming included in the [White House's FY26 budget request](#). While the full package and details on specific programs has yet to be released, the White House's Fiscal Year 2026 (FY26) budget request includes billions of dollars of cuts to vital global health programs. This is a crucial moment to understand how the aid cuts imperil lives and health, and what the administration's plans are to protect against global health threats that transcend borders.

**Physicians for Human Rights urges members of Congress to exercise Congress' power to determine the FY26 federal budget and to protect, restore, and fully fund global health aid to prevent further loss of life and grave risks to health arising from incapacitated global health response, globally as well as within our own borders.**

**Through evidence, change is possible.**



Since January, the consequences of the U.S. government funding freeze have begun to ripple across the globe. This is especially clear in countries already strained by conflict, poverty, and weak health systems. From [fears of a “superbug” in Zambia](#) to [Ebola containment breakdowns in Uganda](#), the stories emerging from health care workers reveal a worsening public health crisis that threatens not only vulnerable communities abroad, but also American global health security and strategic interests.

Physicians for Human Rights has spoken with health workers from conflict-devastated Tigray in northern Ethiopia, where an estimated [600,000 people died](#) during the 2020 to 2022 conflict. They described how the U.S. funding freeze resulted in thousands of layoffs in the already deeply strained health sector, halted the reconstruction of three critical health facilities, and forced the closure of mobile clinics serving thousands of internally displaced people. The cuts are causing shortages of essential medical supplies and reproductive health services which clinicians report are leading to preventable deaths, including women dying in childbirth because the facility where they would seek care had closed. Our partners in Ethiopia also report that thousands of survivors of sexual violence, both children and adults, are no longer able to access facilities that provide a one-stop center for post-rape medical care.

The experience of Ethiopia is borne out across dozens of countries where lifesaving services, many funded for years by U.S. global health dollars, have suddenly disappeared, with no time for contingency planning, no bridge funding, and no alternative infrastructure. Projections published in [The Lancet estimate that, “without continued PEPFAR programmes, models predict that by 2030, an additional 1 million children will become infected with HIV, 0.5 million additional children will die of AIDS, and 2.8 million children will additionally become orphaned by AIDS.”](#) Partners have reported to Physicians for Human Rights that deaths have already occurred due to the disruption of programs addressing maternal and child health, tuberculosis, malaria, HIV, and other leading causes of death. These cuts have deadly consequences that will drastically increase over time.

The U.S. funding cuts are not only a manmade humanitarian catastrophe, but also undermine American global health leadership, global security, and strategic partnerships. The abrupt nature of the freeze and the absence of an organized response have sent a dangerous message: that lifesaving aid is now subject to abrupt cuts, rather than long-term planning grounded in public health and focused on health outcomes.

The funding cuts are destabilizing health systems while weakening preparedness for future pandemics. With global vaccination programs interrupted and monitoring tools like the Demographic and Health Surveys suspended, the United States’ ability to detect and contain emerging health threats is diminished. The longer this funding gap persists, the greater the risk of widespread disease outbreaks and instability – both of which ultimately impact the United States, through the emergence of drug-resistant infections that transcend political borders. History has shown that when the United States leads on global health, the world is safer, and so are Americans. In the wake of the COVID-19 pandemic, there is no need to relearn this lesson. Global health investments are not charity, but a strategic, cost-effective investment in global stability and American prosperity.

**Through evidence, change is possible.**



For this reason, Physicians for Human Rights urges Congress to take the following actions immediately:

- **Protect, restore, and fully fund global health initiatives.** This includes full multiyear appropriations for PEPFAR, global health support, and related programs that provide frontline health services, build resilient health systems, and improve infectious disease surveillance.
- **Insist on transparency, oversight, and reinstatement of monitoring programs** such as the Demographic and Health Surveys, which provide essential data to assess health trends, track outcomes, and prepare for future threats.
- **Mobilize supplemental emergency funds or bridge resources**, either through appropriations or bipartisan diplomacy, to mitigate the fallout from the January 2025 aid freeze and prevent further destabilization.
- **Encourage multilateral coordination, urging the United States and other donor governments and philanthropic partners** to collaborate to help close critical funding gaps that jeopardize shared global health goals.

Millions of lives are at risk as long as these funding cuts remain in place. The United States must not abandon its long-standing role as a global health leader. Doing so not only endangers communities abroad, but it also increases the likelihood of future crises that will reach our borders. Now is the time to protect hard-won progress, save lives, and preserve the strategic advantages of American leadership in global health.

Physicians for Human Rights is also eager to connect you or your staffers to members of our networks who are experiencing the impacts of these policies on the ground around the world. Please contact us if you would like Physicians for Human Rights to arrange for a briefing with our experts and network members to understand the impact of these cuts.

Sincerely,

Payal Shah, JD  
Physicians for Human Rights (PHR)  
Director of Research, Legal, and Advocacy

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