

Remarks by Peter Maybarduk

Public Citizen is a consumer advocacy group with one million members and supporters across the United States and a 50-year history standing for the public interest before Congress, government agencies, and the courts. I direct our Access to Medicines program, which for the past 15 years has been providing technical assistance all over the world, particularly in low- and middle-income countries. We work to overcome some of the many barriers to treatment, including funding barriers. Public Citizen also has a litigation practice which is able to bring lawsuits when there is a transgression.

Given the urgent need for more perspective on what has been negotiated in the new bilateral health agreements, Public Citizen filed Freedom of Information Act requests with the U.S. State Department seeking disclosure of the memoranda of understanding and the various related agreements. When the State Department did not produce the documents according to the statutory timeline, Public Citizen sued for their production. We are not alone in pursuing these agreements. Partners in the negotiating countries around the world are also pushing for transparency.

Why is obtaining these agreements so important? Two reasons. One is that they tell us what our government is and is not doing to combat infectious disease. The other is that these agreements tell the story of what foreign aid is becoming under Trump.

Of course, these are health agreements. What they achieve or fail to achieve has serious implications for millions of people. We don't yet know whether we'll be able to track or ensure their progress or what the accountability measures are. They target infectious diseases inadequately, which we all have a personal interest in fighting successfully.

A year ago, the Trump administration decimated U.S. global health programs. And while many programs survive and are working to rebuild in the aftermath of the cuts, the State Department is restructuring foreign aid under its America First Global Health Strategy. Each text is a piece of that strategy made manifest. Each is important in its own regard for what is being negotiated and what the reality on the ground in different countries will be going forward. Each is also important in terms of understanding how Trump has remade the world and what the Strategy means when it is put into practice. We have to start building that record for our own understanding, and so we can influence it before it's too late, and also to understand what the Trump administration expects or extracts in return.

Why does the State Department not release the agreements as it signs them? Our view is that the purpose of that is to divide and conquer the partners of the United States.

We are accustomed to working in cooperation with these countries, recognizing that, in health, the more we all know, the better that we all do. But the Trump administration has a very different perspective, treating its negotiating partners more like hostiles and treating health a bit like a conflict, as though U.S. negotiating advantage must be preserved through secrecy.

If one country doesn't know what another country has negotiated, it's more difficult to push for improved terms. The State Department's template agreement, which leaked early on in this process, gives a general awareness of some of the things that the United States is asking for. But how far can you go and how much can you tailor an agreement to suit your country's needs and interests? That information would be significantly enhanced through publication of the documents. We would learn if the health strategy is real or just paper, if there is accountability, if there are quid pro quo terms, and if the metrics are designed to improve health. With more transparency, countries would be better able to stand up for what they need, and we'd all be able to get better health outcomes.

The Trump administration claims its main complaint about foreign aid is that all the funding goes to a wasteful NGO sector, and that they will instead transfer aid money directly to partner governments. But even from the limited information in the press releases announcing the new agreements, we see grants for private companies who are going to make many millions of dollars off of the same processes. We may just be passing waste in new directions, with too little information made public to tell.

The Trump administration is also pushing extractive exchanges that have no connection to health. This is clearest in the case of Zambia, whose health agreement is reportedly linked with mining concessions. In our view, that's a new and terrible way of doing health. Where else is the United States putting extractive interests over health? What is the United States asking for in exchange for restoring just a part of the desperately needed aid that was cut last year?

Around 30 agreements have been signed so far. Few of these are available for the public to read. Public Citizen tracks the agreements and annexes that have been shared publicly on its website.¹ Still, there is much more to learn. Beyond Africa, countries in Latin America and Asia have also signed agreements. The main texts don't appear to be classified and, from the agreements that we've seen, include a provision allowing either party to release the text.

We know that this is a U.S. government that likes to move fast and break things. We all should be working together to make these agreements public, because it is important to influence the negotiations before they are concluded and to ensure affected communities can plan for the implementation phase.

Many transparency laws are national, and one of the interesting opportunities from today's panel is to have conversations across borders about the transparency efforts that are underway from civil society organizations in different countries and how they connect. Lawsuits on each continent are part of the disclosure endeavor.

Activists in Kenya successfully pressed for the release of one of the first agreements, which was immensely helpful in understanding what's being negotiated. In Zambia, the Chapter One Foundation and LCK Foundation also filed in their analogous freedom of information infrastructure and petitioned their constitutional court. In Lesotho, 21 organizations are warning about the lack of transparency. This transparency push is starting to spread across all the countries that are implicated, and we want to do everything we can to encourage it. Together, we're going to bring health back into the light.

¹ *U.S. Bilateral Health Agreements: Texts and Related Information*, PUBLIC CITIZEN (Mar. 11, 2026), <https://www.citizen.org/article/u-s-bilateral-health-agreements-case-act-reporting/>