

EXHIBIT B

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

_____)	
AMERICAN FOREIGN SERVICE)	
ASSOCIATION, et al.,)	
)	
<i>Plaintiffs,</i>)	Civil Action No. 1:25-CV-352
)	
v.)	
)	
DONALD TRUMP, et al.,)	
)	
<i>Defendants.</i>)	
_____)	

DECLARATION OF TERRY Doe

I, TERRY Doe, declare the following under penalties of perjury:

1. I am over 18 years of age and competent to give this declaration. This declaration is based on my personal knowledge, information, and belief.
2. I am a member of the American Foreign Service Association.
3. I am the Deputy Director of an overseas Technical Office. I manage a team that manages a portfolio of private sector and education activities. I have served numerous tours overseas, including two in active war zones. My current tour is located in a country with routine political upheaval and there are portions of the country that are off limits for official Americans because of ongoing ethnic and religious insurgency.
4. This cruel and harmful USAID shutdown has been tremendously painful for me and my entire family. I have been on constant alert since the stop work order for our programming was issued, working up to 20 hours a day to execute all of

the necessary associated processes, manage staffing challenges, and keep up to speed on all of the shifts in guidance. Each day has brought a new constellation of suffering. First with our implementing partners, then our beneficiaries who stopped getting lifesaving support, and then ourselves, the USG employees, both American and local national staff. There has been constant uncertainty, constant changing directives, a full and abject failure to follow any of our pre-established processes and procedures. I am constantly trying to determine (1) if I can seek clarification for what appears to be incomplete and hastily assembled direction—which often times may be illegal based on the training I've been previously provided at USAID—or (2) if I risk reprisal in seeking this necessary guidance.

5. While managing this extraordinary workload, I also have family responsibilities that I manage. My wife is 31 weeks pregnant, after years of infertility and \$50,000 of personal investment in countless fertility treatments across multiple tours, spanning three continents. We have been overjoyed with this pregnancy but that joy has turned to turmoil, sadness, and dread. Because of the stress and strain of the constant onslaught by my employer in recent weeks, my wife has repeatedly been in the hospital with a life-threatening condition and stress-related complications. Because of these medical complications, she was told she needed to immediately evacuate because of a high risk of hemorrhage, which would be life-threatening to both my wife and our baby. The embassy medical unit concurred with our local physician's direction that she needed to urgently depart and they requested an urgent medical evacuation approval through State Foreign Programs/State Med

Washington. However, the request for medical evacuation was denied twice by the State Department Washington, first on February 4th and again on February 6th, with a message from State Med stating that “there is no USAID funding for medevacs.” The staff in the Medical Unit who shared this determination with me did so through their own tears as they assured me that they knew this was wrong and could be incredibly dangerous for my wife and unborn child. They told me that they didn’t want to do this to us but they had no choice because they had to follow Washington’s directives. They advised me I should consider paying our own way to a third country where my wife could access more advanced and reliable care.

6. I later learned that there was a verbal directive from State Department Washington leadership to Regional Medical Officers and the Medical Evacuations Team to cease all USAID medical evacuations, hospitalization support, and guarantees of payment for urgent medical services. Prior to this Administration, each of these services was provided to all Foreign Service Officers and their Eligible Family Members, in no small part because we serve in remote, austere, and unstable countries throughout the globe. This verbal directive not to provide these essential, life-saving services was in place from approximately February 1st until February 7th.

7. I frantically contacted everyone I could think of to try to find someone who could countermand this directive. On February 7th, my US senator intervened and was able to get the State Department to authorize a medevac for my wife.

8. However, before my wife could be medically evacuated, on February 8th, my wife began hemorrhaging and had to be admitted to the hospital at our overseas

post. As of February 17th, she remains hospitalized and on bedrest until her due date in April. The night we arrived to the hospital, her doctors informed us that it would now be too dangerous for her to get on a plane, even for a very short flight to better regional care and the three successive flights necessary to travel back to the US was simply a nonstarter. The stress on all USAID families since January 20th contributed to her deteriorating medical condition, and the freezing of USAID funds delayed her in getting the medical evacuation that doctors recommended until it was too late. Now I'm afraid for her and my baby's health because of this rushed, haphazard and cruel push to shut down the agency. This didn't have to happen. I don't know how to explain to our daughter, who is living through all of this with me and my wife, that our own government is doing this to us.

9. I am currently facing a Sophie's choice. While we cannot move my wife to better medical care because it is too dangerous for her health, neonatal capabilities in the country where we are posted are limited. We are exploring a self-paid medical evacuation flight with NICU capabilities to get our daughter out in the event she is born too early to survive with the capabilities at post. We do not have medical evacuation insurance because medical evacuation was a condition of my employment with the United States Government. Now that the USG cannot be relied upon to meet their legal duty of care to my family, partially because USAID and DOS funding actions are severely delayed, even in life-threatening emergencies, and partially because this administration cruelly has taken the position that our lives are acceptable collateral damage for their political gain, if our daughter comes as early

as doctors fear she might, we will need to pay over \$120,000 out of pocket to fly her to necessary care. If this scenario becomes reality, I will have to fly with our baby to another country while my wife remains at post, in hospital. Our other daughter will have to stay behind in the care of friends, no doubt terrified and traumatized. Our entire extended family is on alert so they can loan us the necessary cash in the event we need to organize the NICU flight. How much is one of our lives worth? Is it the \$120,000 medical flight? Is it less? I never thought my own employer would make me have to jump through these logistical gymnastics to keep my family alive while I dutifully served my country.

10. State Med Foreign Programs did send an email on February 15th to all pregnant officers that were seeking medical evacuation that stated, "I want to assure you that no one who has met the criteria for medevac has been denied that service." That declaration is contrary to our lived experience and extensive documentation of what has transpired since my wife's medical situation began deteriorating rapidly on February 1, 2025.

11. Further compounding the tremendous stress of this situation is the reality that our post leadership is continuing to prepare for a full evacuation of all American USAID staff and, despite the Temporary Restraining Order, all communications to us are indicating that we will be forcefully evacuated as soon as the court allows Peter Marocco's planned evacuation to be executed. First, we were told the involuntary evacuation would begin February 7th, then February 14th, and now we have been told to prepare for February 21st. All Americans at post were

required to attend a four-hour logistics session on February 12th to prepare for the rapid forced evacuation.

12. Based on that session and other conversations, I understand that the Administration plans to terminate as many USAID staff as possible upon their return to the U.S. These conversations indicate that the Administration hopes to achieve that goal “no-later-than-March 8th.” It remains unclear if the Administration’s 30-day plan will restart when/if the TRO is removed, or if they will proceed with a compressed timeline to ensure as many as possible are evacuated and terminated by March 8th. Further to this, there has been considerable conversation around the reality that our terminations must occur before the latest Continuing Resolution expires on March 14th so we can’t be used as a political bargaining chip against the Administration’s agenda.

13. A member of the DOS evacuation task force unofficially shared that leadership was considering routing all evacuees to a warehouse at Dulles Airport for immediate termination and out-processing upon landing back in the United States, similar to the procedures utilized to evacuate refugees from Afghanistan. Notably absent from the task force’s discussions are support for resettlement for USAID officers and their families. Jokes from Administration political staff about us being federal flotsam continue.

14. I have requested a waiver from the forced evacuation on medical grounds, which has been supported by a memo from the Regional Medical Officer noting the life-threatening nature of my wife’s hospitalization and the likely deadly

risk of her flying, but I have continued to not receive any response to that medical waiver request. I have submitted this waiver request numerous times, to varying levels of management at USAID and at Department of State. To date, no clear process has been shared and each time, none of my questions are answered. No one has any clarity on what standard the waiver requests will be considered under and many from various leadership roles throughout USAID and DOS have shared their worry that the waiver process will be for show and to temporarily appease the court to get the TRO lifted and no waivers will actually be granted, even in dire medical circumstances like those of my family. It has been further suggested that if we get an initial waiver, it may be rescinded later based on the Administration's keen desire to get to zero USAID staff on the federal roll as rapidly as possible.

15. Related to this medical waiver submission, I have requested confirmation that I will not have to bear the cost of remaining in our host country USG-provided housing with my wife and children, and these requests have been met with silence or redirection. Communications have been shared with me that this request for clear guidance have been made all the way up to the Front Office of the Department of State and still no one is comfortable issuing a clear policy or directive on what to do in our case where we have no choice in remaining in our overseas post.

16. The only guidance I have been able to independently source is general guidance being provided to all staff at post on how to self-fund an extended stay here. The denial and delay of my wife's urgent medical evacuation means that unless we are willing to risk her death during the extended journey back to the United States,

or a third country with better medical care than our post, we will be in our host country for an extended period. Further, it is highly likely that my unborn child will need a prolonged stay in the NICU. Facing this reality with confidence that my employer would deliver on their duty of care to an officer with a career appointment would have been hard enough. Doing so without my employer honoring their duty of care, while potentially being terminated for convenience and political motivation is personally, professionally, mentally, emotionally, and physically devastating. I should be able to focus on my wife's wellbeing and preparing to welcome our unborn child, but the United States Government is robbing me of that fundamental need.

17. We would face insurmountable visa challenges if the waiver on medical grounds is not approved and we are required to stay in country on our own and not under Chief of Mission authority. Because my wife is unable to travel, we cannot leave the country as is required to terminate diplomatic visas and switch to another class of visa. Once my diplomatic assignment ends, our whole family has 15 days to depart the country. There is no option to convert a diplomatic visa to another type of visa while in country. Further, we are required to apply for other types of visas while outside our host country and visas can take 14-21 days to process. With a medically fragile wife and newborn child, I have no idea how we can manage this visa hurdle. After consulting with multiple immigration lawyers, it is clear there is no legal path forward other than remaining under Chief of Mission authority.

18. In the last two weeks, while dealing with this crisis, I have been in touch with over 25 pregnant FSOs who are dealing with similar stresses at the worst

possible time for the health of their pregnancies. Some have long had their obstetrical medical evacuation orders approved and tickets purchased and within the last week have seen unilateral amendments to these orders that make them revocable based on USAID's planned closure date of March 8th. Some have already given birth and are in the tender early days of welcoming their new babies and, by State Department policy and precedent, should have 45 days (vaginal birth) to 60 days (cesarian section birth) of housing and peace while covered by their medical evacuation orders but are now worried they will be cancelled without notice. Others should imminently be traveling on medical evacuation, either because of urgent medical issues like my family's, including where their medical situations have precipitously declined because of the extraordinary stress that has been placed on them over the last two weeks at the behest of Agency and State Department leadership, or because they are nearing their due dates.

19. In all cases, every single medical evacuation request is either in prolonged pending status, outright denied, written to allow the Department of State to cancel medical evacuation rights for the employee, or amended to allow the Department of State to cancel medical evacuation rights for the employee. In several cases, the Department of State Medical Unit at various posts has told officers that while they want to help them, their hands are tied because of direction from Washington not to process the authorization cables for medevac, so they just aren't providing them services, leaving them in limbo in some of the most austere operating environments in the world. Further, the Med Units have advised the officers and

families that they should plan to travel on a Permanent-Change-of-Station ticket to a place where they have “community” because DOS will not be providing them with any financial or medical support once they depart post. All of us are in a similar state of purgatory and are trying to scramble to put plans and finances in place rapidly to ensure our families are healthy and safe despite all of the uncertainty that has been thrust upon us. There is a general feeling of hopelessness, sadness, and abandonment across the group.

20. Through all of the challenges faced over recent weeks, having access to my government email and being able to maintain official contact with USG colleagues has been critical to our safety. Even though internal USAID systems and services are not working as they normally would,¹ at least being able to ask questions, reach out to various management and leadership points of contact, and seek support from within the Agency and Department has been key. Further, numerous critical systems are fully inaccessible without a government email in tandem with a Personal Identity Verification card/Yubikey, which I have learned as I have feverishly worked to identify which accounts and services I will continue to have access to outside of USAID. If I am put on administrative leave and my email is taken away, one of the final lifelines I have will be removed. Simply having a cell phone with WhatsApp is no replacement for the network of support I can reach out to.

21. I do not have SCRY Panic on my work or personal phone, as it has not

¹ For many systems (such as the Phoenix payment system), the systems have either been intentionally taken off line by DOGE and political staff, their access has been restricted or revoked for swaths of staff, or they have otherwise been compromised by DOGE staff.

been offered to me. SCRY Panic is a relatively new service with limited Agency usage. There has been no training or guidance on its use at my post.

22. In a February 10 SAFE program test, my number and email were not notified during the test, despite having been included in numerous prior SAFE tests. I am unsure if this is because of the changes undertaken by DOGE to disconnect various USAID systems. These auxiliary applications have intermittent functionality, with noted challenges throughout my more than a dozen years with the Agency, and the only real long-term way to ensure security and safety information reaches me has been through my government email.

23. Regarding the suggestion that Go-Bags provide security and safety to staff overseas, there are approximately 15 Go-Bags at my post and more than 70 American staff. Only a subset of the staff is trained on their usage and you must have access to the embassy facilities to be able to check them out. In a country where political unrest and violence is common, in a true emergency, those of us on administrative leave would be the last in line for “Go-Bags” and would otherwise be compromised in the event of urgent manmade or natural disasters requiring evacuation.

24. Any one of the things I have had to endure since January 20th would have been more than enough to worry about at one time. When you compound my wife and unborn child’s precarious health situation; caring for a scared and worried toddler who clearly knows her world has changed but who cannot grasp all that is going on around her; the extraordinary pressure to immediately halt my life’s life-

saving work without adequate and lawful guidance; concern over remaining housed; potential joblessness; the risk of extraordinary financial expenditures to keep my family alive; concern over being forced to violate the terms of my diplomatic visa (which would result in permanently being barred from my host country and would severely impact all future international travel for the remainder of my life, not just to my current host country); the wellbeing of the staff I manage; worry for my colleagues at post and around the world (many of whom who are suffering their own deleterious health declines because of the stress from this unfolding assault on USAID); consideration for our implementing partners and beneficiaries (some of whom have died in our lapse of programming); and dozens of other worries that cascade through my mind, I am left wondering if anyone will worry about my little family. Will anyone be able to help us return to some semblance of safety and security? Will anyone help my wife and unborn child survive this inhuman cruelty?

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 17, 2025.

/s/ Terry Doe
Terry Doe