

From Pushback to Progress: Motivational Interviewing in U.S. and Foreign Aid Advocacy

Talking to congressional offices about the impacts of freezing or cutting foreign aid as well as Medicaid and SNAP cuts can be tough. Some offices deny that anyone was harmed. Others say the freeze was necessary—even helpful—and the One Big Beautiful Bill is saving lives. This can leave us on the defense, and stuck trying to prove harm, instead of having a more honest and productive conversation.

In those moments, motivational interviewing (MI) can be a powerful tool. By affirming values, exploring concerns, and working with resistance, we can foster more honest conversations, even with skeptical offices. The goal isn't to "win" an argument, but to hold space for a values-based conversation that encourages reflection and accountability. Below are some sample approaches for different arguments, using MI principles to guide engagement.

If they claim - "We had to freeze aid to root out fraud and waste."

We can affirm their concern for accountability and invite them to define what that means in practice:

- *"That makes sense—no one wants to see aid misused. Out of curiosity, what kind of fraud or waste were you most concerned about?"*
- *"It sounds like accountability is important to you. I agree. Did you know all program terminations were classified 'for convenience,' not 'for cause'? That raises questions: if there was actual wrongdoing, why didn't the administration use existing tools to investigate and hold actors accountable?"*
- *"I hear that you don't want foreign aid wasted—me neither. That's why strong oversight systems are so important. For example, the USAID Inspector General warned about billions in assistance at risk just before being removed. Do actions like that build or erode transparency, in your view?"*

If they claim - "The aid freeze was needed to save taxpayer money."

We can invite them to consider whether the freeze actually achieved cost savings, or if it created new costs and pushed costs into the future:

Short term:

- *“Interesting—what kinds of savings have you heard about? What would cost-saving success look like to you?”*
- *“You're raising a good point about fiscal responsibility. That's why I looked into the costs of the freeze itself. For example, USAID owes over \$1 million in late payment fees from just January to April this year—up from under \$56,000 in all of 2024. There's also a risk of lawsuits from terminated contracts. If we're still spending taxpayer money, but less efficiently, does that align with your goal?”*

Long term:

- *“Saving money is a worthy goal. But when we halt funding midstream, do we save—or risk losing prior investments?”*
- *“It's a bit like building a house and abandoning it halfway. Would that be saving—or wasting what's already been spent?”*
- *“USAID's Inspector General reported that U.S.-funded resources—like water purification units or mobile clinics—may now be abandoned. If we're trying to protect taxpayer investments, how should we think about those losses?”*
- *“Sometimes short-term savings create long-term costs. If aid cuts lead to disease resurgence or system collapse, could that end up costing more in both money and lives?”*

If they claim - “It was just a pause—no one died.”

We can open the conversation about harm, duration, and policy direction:

- *“What would a successful ‘pause’ look like to you? Would we expect programs to restart and full funding to return for effective initiatives?”*
- *“I've heard that too—and I want to believe it. But credible reports have documented people, including children, who died after losing access to clinics and medication in South Sudan and Nigeria.”*
- *“Since the pause, we've seen proposals to permanently cut funding to maternal and child health and TB programs. Does that feel like a temporary pause—or a longer-term shift in policy?”*

If they claim - “Those 4.8 million people will not lose their Medicaid unless they choose to do so ... If you can't find a job, then volunteer in your community for 20 hours, and you will meet the requirement.”

We can invite reflection and highlight the discrepancies with a gentle open question:

- *“At the same time, I wonder—how do you see that working for people who are caring for a sick parent, or living in rural areas without reliable transportation, or struggling with chronic health issues?”*
- *“Do you think they'd experience those requirements as a real choice, or more like a barrier?”*

If they claim - “We all are going to die.”

We can affirm and reflect on this statement that avoids debating.

- *“That’s true—we all will die someday. What I hear you pointing out is that death is part of life. At the same time, I think what worries many of us is when and how. Losing access to Medicaid could mean dying much sooner from something preventable—like not getting insulin, cancer screenings, or basic medications. I know you care about people having the chance to live healthy, productive lives.”*
- *“How do you see us making sure the program is sustainable while also preventing those kinds of avoidable deaths?”*

If they claim - “If you can work and you refuse to do so, you are defrauding the system. You're cheating the system. And no one in the country believes that that's right. So, there's a moral component to what we're doing.”

We can reframe the discrepancy in reality while also affirming and reflecting on the statement.

- *“I hear you—fairness really matters, and no one wants the system abused. At the same time, a lot of people on Medicaid aren't refusing to work—they're caring for family, dealing with illness, or in places without steady jobs.”*
- *“How do we make sure the program protects against fraud but doesn't punish people who are genuinely trying?”*