

Nos. 25-1083, 25-1084

In the Supreme Court of the United States

MARKWAYNE MULLIN, SECRETARY, DEPARTMENT OF HOMELAND
SECURITY, ET AL.,

Petitioners,

v.

DAHLIA DOE, ET AL.,

Respondents.

DONALD J. TRUMP, PRESIDENT OF THE UNITED STATES, ET AL.,
Petitioners,

v.

FRITZ EMMANUEL LESLY MIOT, ET AL.,

Respondents.

ON WRIT OF CERTIORARI
TO THE UNITED STATES COURTS OF APPEALS
FOR THE SECOND AND DISTRICT OF COLUMBIA CIRCUITS

**BRIEF OF SINAI RESIDENCES AND LEADINGAGE
SOUTHEAST AS AMICI CURIAE IN SUPPORT OF
RESPONDENTS**

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INTEREST OF AMICI CURIAE¹

Amicus curiae Sinai Residences is a senior living community in South Florida that serves older adults, including residents in independent living, assisted living, memory care, short-term rehabilitation, and long-term skilled nursing settings. Sinai Residences provides housing, support, and care to elderly residents, many of whom depend on stable daily assistance from experienced caregivers and support staff.

Amicus curiae LeadingAge Southeast is a nonprofit regional association serving aging services providers across Florida, Alabama, Louisiana, and Mississippi. The association represents senior living communities and other providers across the continuum of care through advocacy, education, regulatory guidance, and coordination on issues affecting the care of older adults. Amicus Sinai Residences is a member of LeadingAge Southeast.

Amici have a direct interest in this case because it concerns the withdrawal of work authorization from a caregiving workforce on which senior care providers substantially rely, including through the termination of Haiti's Temporary Protected Status. Long-term care providers such as Sinai Residences and LeadingAge Southeast members operate in a sector marked by persistent staffing shortages and ongoing difficulty recruiting and retaining experienced direct care personnel. In that setting, the sudden removal of a large cohort of caregivers from the labor pool carries

¹ No counsel for any party authored this brief, in whole or in part. No person or entity other than amici contributed monetarily to its preparation or submission.

immediate consequences for providers and the residents they exist to serve.

Amici submit this brief to offer the Court the perspective of providers caring for elderly and medically vulnerable residents in a region with especially high demand for caregiving services. Their experiences bear on the practical consequences of disrupting a workforce that supports the day-to-day functioning of senior care communities and the well-being of the residents who depend on them.

SUMMARY OF ARGUMENT

In long-term care settings, continuity is essential to safety. Elderly residents depend on workers who know them, recognize when something is wrong, and can provide steady, reliable assistance. When those workers are abruptly lost, the harm is immediate and falls on residents least able to absorb it.

That is what makes the termination of TPS designations so consequential for long-term care. The sector already faces deep staffing shortages in direct care roles that are physically demanding, emotionally taxing, and hard to fill. Immigrant workers have become indispensable to meeting that need. Haitian TPS holders, in particular, serve in roles that keep facilities functioning and residents safe. They are a core part of the caregiving workforce on which many providers and residents rely.

Removing them from the labor force would not be a modest administrative inconvenience. It would destabilize care in facilities already operating under strain. Providers cannot quickly replace experienced aides with workers who can step seamlessly into those roles. The result is reduced continuity, heavier burdens on

remaining staff, and more fragile care for residents who depend on consistency most of all. In assisted living and memory care settings especially, losing familiar caregivers carries real consequences for residents' health, functioning, and dignity.

That failure to reckon with foreseeable harm is difficult to square with reasoned decisionmaking. Its consequences would fall most sharply on elderly and medically vulnerable residents—people who rely on their caregivers not just for daily assistance, but for the continuity and steadiness that help keep them safe.

ARGUMENT

I. The Aging Services Sector Already Faces Severe Caregiver Shortages.

The United States is in a period of rapid demographic aging that is dramatically increasing the demand for senior care services. The Census Bureau projects that by 2034 adults age 65 and older will outnumber children under age 18 for the first time in the nation's history. U.S. Census Bureau, *Demographic Turning Points for the United States: Population Projections for 2020–2060* (2020), <https://perma.cc/5D6T-BPSB>. The population age 65 and older—already numbering more than 56 million Americans—is projected to reach 73 million by 2030 and more than 80 million by 2040. *Ibid.* These demographic changes are expected to only amplify the need for both institutional and home-based caregiving services.

The Department of Health and Human Services (HHS), for instance, projects that demand for nursing assistants—the workers who provide the majority of hands-on care in nursing and residential care

facilities—will grow by 44 percent between 2023 and 2038, with a similarly steep increase projected for nurses working in long-term care settings (40 percent). HHS, Nat'l Center for Health Workforce Analysis, *Long-Term Services and Supports Workforce Demand Projections, 2023–2038* (2025), <https://perma.cc/TK2A-VH3P>. A national analysis by PHI, a nonpartisan workforce research organization, further estimates that the United States will need to fill nearly 9 million direct care positions over the coming decade. PHI, *Direct Care Workers in the United States: Key Facts 2024*, <https://perma.cc/H267-D4J5>.

The ongoing replenishment required to sustain a workforce of that scale is significant. According to the Bureau of Labor Statistics, employment of home health and personal care aides alone is projected to grow by approximately 17 percent over the coming decade—much faster than the average occupation in the United States—with nearly 766,000 job openings projected each year, driven by a combination of workforce growth and persistent turnover among existing workers. PHI, *Direct Care Workers in the United States: Key Facts 2024*, <https://perma.cc/H267-D4J5>. This is not a one-time expansion but a continuous recruitment burden the sector must meet every year simply to maintain current care capacity.

Providers already report acute staffing pressures as a result of these structural trends. A nationwide survey of nursing home operators found that nearly all facilities report open staff positions, and that 20 percent have closed a unit, wing, or floor because of labor shortages. Am. Health Care Ass'n & Nat'l Center for Assisted Living, *Access to Care Report August 2024*, <https://perma.cc/G62C-YK57>. In fact, over a four-year

period, 774 nursing homes had to shutter operations, displacing almost 30,000 residents and turning 40 more counties into “nursing home deserts.” *Ibid.* In Florida, where amicus Sinai Residences operates, the shortage is especially severe: the State ranks 50th in the nation in the availability of personal care and home health aides, with just 16.0 aides per 1,000 adults age 65 and older, compared with a national average of 62.0. United Health Foundation, *America’s Health Rankings: Home Health Care Workers in Florida*, <https://perma.cc/QJ5W-7W5G>.

In short, the aging services sector is not confronting a hypothetical future shortfall. The crisis is already here, and the demographic forces driving it are only accelerating.

II. Immigrant Workers Are Deeply Embedded in the Caregiving Workforce.

Immigrants make up more than 18 percent of the nation’s 15.2 million healthcare workers. Migration Policy Institute, *Immigrant Health-Care Workers in the United States* (2023), <https://perma.cc/CZT9-5BT3>. That share is especially pronounced in the frontline occupations on which nursing homes and other long-term care providers most depend—among them, nursing assistants and personal care aides, roughly a quarter of whom are foreign-born. *Ibid.*

That reliance has only deepened over time, with immigrants making up 28 percent of the overall direct care workforce in long-term care settings—nearly double their 17 percent share of the total U.S. labor force. Kaiser Family Foundation, *What Role Do Immigrants Play in the Direct Long-Term Care Workforce?* (2025), <https://perma.cc/4EK8-UJZ7>. In fact,

that overall figure understates the concentration in specific roles: the Department of Labor’s own occupational data shows more than 41 percent of home health aides nationwide are foreign-born, as are 28 percent of personal care aides and 22 percent of nursing assistants. Emily Peck, *The immigrants caring for the nation’s elderly are losing their jobs*, Axios (June 18, 2025) (citing data provided to Axios by the Department of Labor), <https://perma.cc/GFW9-HK8C>.

A similar pattern is visible in Florida, where amicus operate. According to the Florida Immigrant Coalition, over 113,000 Haitian TPS holders work in Florida, contributing approximately \$1.3 billion in state and local taxes. Amelia Orjuela Da Silva, *Lives of South Florida Haitians on hold as TPS expiration looms*, WLRN Public Media, <https://perma.cc/L4PV-C4FY>. Their broad participation in the economy underscores just how much their removal would compound the strain on providers in a State already struggling to staff caregiving roles.

Their workforce presence is even more significant given what direct care workers do on a daily basis. PHI reports that nursing assistants provide 60 percent of all nursing hours in nursing homes and spend more time with residents than any other category of nursing staff. PHI, *Direct Care Workers in the United States: Key Facts 2025*, <https://perma.cc/3PCW-5BNK>. Those workers, along with home care workers and residential care aides, assist with washing, dressing, eating, toileting, and general mobility. As one resident at amicus Sinai Residences describes it, that assistance involves “the most intimate and personal aspects of [her] daily life.” She explains that she relies on the aides there because she “can’t do these things

[her]self anymore,” and they provide dignified care when she is “exposed, physically vulnerable, and completely dependent on another person after living 80 years on [her] own.”

Sustaining that level of intimate care depends not just on having enough workers, but on having workers who are willing to stay and ensure continuity. PHI has documented that immigrant direct care workers remain in their positions longer than U.S.-born workers, providing the workforce stability that is especially scarce in a sector defined by chronic turnover. PHI, *Immigration and the Direct Care Workforce* (2025), <https://perma.cc/CC9P-3DBX>. That stability, in turn, translates into measurable care benefits: analyzing pre-pandemic data across more than 10,000 nursing homes, researchers found that facilities in regions with higher concentrations of immigrant certified nursing assistants were associated with more direct care hours per resident per day, lower rates of resident falls, and fewer pressure ulcers. Hankyung Jun & David C. Grabowski, *Nursing Home Staffing: Share of Immigrant Certified Nursing Assistants Grew as U.S.-Born Staff Numbers Fell, 2010–21*, 43 *Health Affairs* 108, 114–15 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10824124/pdf/nihms-1958663.pdf>; see also David C. Grabowski, Jonathan Gruber & Brian E. McGarry, *Is Immigration Good for Health? The Effect of Immigration on Older Adult Mortality in the United States*, NBER Working Paper No. 34791 (2026), <https://perma.cc/6UPQ-8NA7> (study by researchers from Harvard Medical School, the Massachusetts Institute of Technology, and the University of Rochester finding that increased immigration substantially

expanded the healthcare workforce, without evidence of crowding out of native-born workers, and was associated with lower mortality among older adults).

Experienced direct care workers who know their residents well learn the subtle cues—e.g., a change in breathing pattern, a reluctance to eat—that can signal a developing problem before it becomes a crisis. See PHI, *Direct Care Workers in the United States: Key Facts 2024*, <https://perma.cc/3UCX-YY3V>. One resident at amicus Sinai Residences explains that her nurse aide understands things about her care “that are deeper than a medical record.” Because the resident has difficulty swallowing, the aide watches how she sits, swallows, even how long she pauses between bites—staying attuned to risks that “someone new might not recognize.” For residents living with dementia or other cognitive impairments, continuity of care and familiar caregivers are especially important to reduce anxiety, confusion, and distress. See, e.g., J.M. Reckrey et al., *The Need for Stability in Paid Dementia Care: Family Caregiver Perspectives*, 42 J. Applied Gerontology 607 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9636070/pdf/nihms-1798353.pdf>; S.K. Kim & H. Park, *Effectiveness of Person-Centered Care on People with Dementia: A Systematic Review and Meta-Analysis*, 12 Clinical Interventions in Aging 381 (2017), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5322939/pdf/cia-12-381.pdf> (finding that person-centered care interventions reduced agitation and neuropsychiatric symptoms).

As industry leaders have attested to Congress, the loss of long-tenured certified nursing assistants and other staff who know residents’ clinical needs,

routines, and preferences is not merely an inconvenience, but a “costly, time-consuming and destabilizing” burden borne by residents and their families. Letter from Katie Smith Sloan, President & CEO, LeadingAge, to Sen. Elizabeth Warren et al. (Feb. 18, 2026), <https://perma.cc/QGZ8-3J8R>. Those harms are felt most acutely in memory care and long-term care settings, where staff continuity is essential. *Ibid.*

In a sector built around daily, hands-on care, immigrant employees are not disposable labor. They are experienced caregivers and support staff whose knowledge of residents, routines, and facility operations is integral to the safe and stable delivery of care.

III. Immediate Loss of TPS Work Authorization Disrupts Care Delivery

Against that backdrop, the impact of TPS terminations on care delivery is not speculative. Providers across the country have already lost TPS-holding employees or are bracing to lose them. These workers cannot be replaced at scale on short notice in a sector that was already short-staffed before this policy took effect.

Amicus Sinai Residences reports that approximately 40 of its employees are currently working under TPS. Those employees serve in a range of essential roles, including a sizable number of certified nursing assistants, some licensed nurses, and employees in culinary and other support functions that are necessary to daily care operations. Some of those caregivers have served amicus and its residents for up to ten years, doing demanding work in positions difficult to fill through recruitment of U.S. workers alone.

That account is not unique. In recent months, a Boston-area rehabilitation and skilled care facility reported that TPS termination would cause it to lose roughly 40 percent of its dietary aides and 15 percent of its certified nursing assistants. Simón Rios, *In meeting with members of Congress, Haitians voice fears of losing legal status next month*, WBUR (Jan. 21, 2026), <https://perma.cc/TV2S-4VGH>. And in South Florida, a senior care provider reported that about 100 of its employees serving older adults were Haiti TPS designees. Christina Vazquez, *South Florida leaders applaud judge's ruling to pause attempted removal of Haitian TPS*, WPLG Local 10 (Feb. 3, 2026), <https://perma.cc/3J3N-K9ZK>. LeadingAge recently reported to Congress that providers were already losing long-tenured certified nursing assistants, dietary aides, and nurses, increasing reliance on overtime and agency staffing and threatening continuity of care for older adults. Letter from Katie Smith Sloan, President & CEO, LeadingAge, to Sen. Elizabeth Warren et al. (Feb. 18, 2026), <https://perma.cc/QGZ8-3J8R>.

Providers have not been passive in response. Even before a district court last summer temporarily restored the prior February 3, 2026 Haiti TPS end date, amicus Sinai Residences had increased salaries and referral bonuses in an effort to blunt the staffing disruptions caused by abrupt immigration policy changes. *Haitian Evangelical Clergy Ass'n v. Trump*, 789 F. Supp. 3d 255, 276 (EDNY 2025); see also Matt Sedensky, *Nursing Homes Struggle with Trump's Immigration Crackdown*, Associated Press (July 14, 2025), <https://perma.cc/7WV4-HSAG>. It also had to scramble to fill shifts after employees lost work authorization on short notice. Other providers have done the

same—recruiting nurses from abroad, partnering with refugee-resettlement channels, and raising compensation—only to find those workarounds frustrated by visa delays and instability in work-authorization rules. *Ibid.*

Even where providers manage to keep operations running at baseline capacity, reduced staffing means remaining workers have to absorb greater loads. That places additional strain on residents, staff, and day-to-day care operations in settings where staffing levels materially affect resident outcomes. See Centers for Medicare & Medicaid Services, *Updates to the Care Compare Website July 2022* (July 27, 2022), <https://perma.cc/MVW5-7NGZ>. Some facilities are already relying on costly temporary agency workers; others are turning away prospective residents because they lack sufficient staff to provide safe care. See Tami Luhby, *Many Haitians may soon not be able to work in the U.S. That will make caring for the elderly much harder*, CNN Business (Feb. 1, 2026), <https://perma.cc/9YPV-5Z8F>. According to Rachel Blumberg, CEO and President of amicus Sinai Residences, the wage adjustments and recruitment efforts needed to attract replacement workers could cost the organization roughly \$600,000 annually, if not more, with much of that burden falling on the residents. For facilities operating on thin margins, the financial pressure of agency staffing and wage competition compounds a recruitment challenge that providers expect could take years to work through. *Ibid.*; see also Elizabeth Trovall, *Retirement communities to lose Haitian staff as TPS expiration looms*, Marketplace (Jan. 22, 2026), <https://perma.cc/5AGP-FY2B>.

Staffing shortfalls also reverberate through the healthcare system. When nursing homes cannot safely accept additional residents, hospitals face greater difficulty discharging patients who no longer need acute care but still require ongoing support. MedPAC reported in 2024 that skilled nursing facilities were limiting admissions and that, by extension, hospitals were experiencing discharge delays and difficulty transitioning patients to those facilities. Medicare Payment Advisory Comm’n, *March 2024 Report to the Congress: Medicare Payment Policy* at 173 (Mar. 15, 2024), <https://perma.cc/F2HN-SMFX>. The American Hospital Association has likewise warned that “[d]elays in discharges as patients move through the continuum of care can cause harm to [their] health outcomes,” slow their recovery, and “put incredible strain on hospitals and health systems” during those excess days before discharge. Am. Hospital Ass’n, *Issue Brief: Patients and Providers Faced with Increasing Delays in Timely Discharges* (Dec. 2022), <https://perma.cc/MRN7-9VK3>.

Removing a significant share of the existing workforce does not restore a workable balance. It makes an existing shortage worse, in a sector that was already understaffed and straining to recruit and retain workers.

IV. The Most Significant Harms Fall on Residents and Their Families.

In senior care settings, continuity matters. Long-tenured aides, nurses, and support staff know which residents need extra time at meals, which ones become anxious during transfers, or which ones have difficulty communicating discomfort. When those

workers are abruptly lost, that practical knowledge goes with them to the detriment of residents. See Dana B. Mukamel et al., *Association of Staffing Instability With Quality of Nursing Home Care*, 6 JAMA Network Open e2250389 (Jan. 10, 2023), <https://perma.cc/7MRY-B2DM> (finding that day-to-day instability in licensed practical nurse and certified nurse aide staffing was associated with worse rates of pressure ulcers, falls, and infections among residents).

The loss of continuity can be especially serious for residents who depend heavily on routine, have limited mobility, are cognitively impaired, or are less able to explain their needs. One resident at amicus Sinai Residences explains that the consistency of having the same aides is “essential to [her] safety and well-being.” They know, for example, that she takes approximately 40 pills each day and cannot swallow them whole, so they crush them, mix them with applesauce, and ensure she takes them at the proper times. Because they have cared for her over years, they know not just her chart, but her “nature and [her] medical needs without hesitation.”

For those residents, caregivers do more than perform assigned tasks, and residents cannot simply be reassigned to different staff without meaningful disruption. As Ms. Blumberg of amicus Sinai Residences explains, long-tenured caregivers know how a resident expresses pain or physical distress during ordinary daily care, such as bathing, toileting, transfers, and other routine interactions. They understand how to comfort residents during moments of stress, often preventing further agitation and reducing the need for medication. Some residents, according to Ms.

Blumberg, may not verbally report pain, even when it is significant. Instead, discomfort may appear through behavioral changes: becoming unusually quiet, gripping armrests during transfers, or resisting care that is typically well tolerated. A new caregiver, hearing no verbal complaints, may assume the resident is comfortable or at least not in need of intervention. By contrast, a familiar caregiver would recognize those cues immediately and know to slow down, reposition the resident carefully, or notify clinical staff before the pain escalates.

That intimate understanding of a resident's needs, limitations, and routines shows up throughout the day. During meals, for instance, familiar caregivers know the pacing a resident needs to safely finish their meal. Some residents respond best to quiet prompts and need encouragement with each bite. When rushed or given multiple instructions, they may stop eating altogether. An unfamiliar caregiver may mistake that response for refusal, whereas a trusted long-term caregiver would recognize it as overstimulation and adjust accordingly.

The same is true for residents with cognitive impairment. As one family member describes it, her mother, who has dementia, lives in memory care at Sinai Residences and can become "very agitated and confused, often without warning." A nurse who knows her well understands "how to calm her down, redirect her, and make her feel safe again." She knows "what tone to use, what to say, and how to approach her in a way that prevents escalation." Without that familiar caregiver, the family member explains, her mother becomes "frightened, withdrawn, and much harder to comfort."

The value of that continuity extends beyond the facility walls. For that same family member, “the only reason [she] can feel at peace” while living far from her mother is that she knows her mother is in the care of people who “truly understand her.” In a world that dementia has already made “confusing,” those caregivers provide “comfort, stability, and care” that cannot be replicated by “strangers who would not know who she is” or the person she has long been. See Sarah L. Krein et al., “*Sometimes It’s Not About the Money... It’s the Way You Treat People...*”: A Qualitative Study of Nursing Home Staff Turnover, 23 J. Am. Med. Dir. Ass’n 1178 (July 2022), <https://perma.cc/JHZ4-EB3Q> (finding that family members of nursing home residents consistently described the need for staff who know individual residents personally, and that turnover disrupts the continuity of care on which both residents and families depend).

That is why the effects of TPS terminations cannot be measured only in vacancies or hiring timelines. For residents in amici’s and other senior care facilities, the stakes are immediate and personal. As one resident puts it, her caregivers have become more than hired staff: “They treat me with the same care and patience as I imagine a daughter would take care of her own mother.” While she wishes she had children, that leads her to cherish the photos and stories the nurses and aides share with her every day all the more. She has come to know their children, keeps up with how they are doing in school and sports, and feels as if she has become a “grandma” herself. To lose these trusted caregivers all at once, she reflects,

would be no different than “having family members taken away.”

V. The Harms to Residents Confirm Both the Need for Reasoned Decisionmaking and the Equity of Preserving the Status Quo.

The experiences of amici and their residents do not require this Court to second-guess agency policy. They do, however, show why the effects of the agency’s hasty TPS terminations are too serious to ignore. When the government withdraws work authorization en masse from caregivers on whom providers and residents depend, it must at least confront the far-reaching consequences that follow. As this Court has repeatedly held, an agency acts arbitrarily when it fails to consider “an important aspect of the problem.” *Motor Vehicle Mfrs. Ass’n v. State Farm Mut. Auto Ins. Co.*, 463 U. S. 29, 43 (1983). And when it dismantles an existing regime, it must at least account for reliance interests. *Dep’t of Homeland Sec. v. Regents of the Univ. of Cal.*, 591 U. S. 1, 30–33 (2020). That is especially so here, where the government has largely failed to address the impact that stripping thousands of caregivers of work authorization will have on elderly and medically vulnerable adults in U.S. communities. See *Miot v. Trump*, 2026 WL 266413, at *29 (DDC Feb. 2, 2026).

The same facts also support relief under 5 U. S. C. § 705, bearing directly on irreparable harm, the balance of equities, and the public interest. See *Nken v. Holder*, 556 U. S. 418, 434 (2009). In the aging services industry, the loss of work authorization for so many TPS holders would mean missed shifts,

disruptions in day-to-day care, and the abrupt severing of relationships on which elderly residents depend. Those harms fall not on caregivers alone, but on residents, families, and the surrounding healthcare system as well. In that respect, they go to the heart of the § 705 inquiry and underscore why interim relief is warranted here.

CONCLUSION

For all these reasons, and those stated by Respondents, this Court should affirm the district court's order postponing the termination of Haiti's TPS designation and remand for further proceedings.

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