

Evidence abandoned: Trump’s cabinet and the fallout for science

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Trump’s presumptive cabinet raises fears for population health given its anti-science bias. Christina Pagel and colleagues argue that the UK scientific establishment should practice solidarity and resistance with their American counterparts.

US President-elect Donald Trump is choosing his cabinet, and it will be a cabinet unlike any other in the history of the republic. His nominees could be the characters in a dystopian novel. As Secretary of Defence he proposes someone who, when in the military, was **reportedly** considered a “possible insider threat”¹ and has minimal managerial experience.² His nominee as Director of National Intelligence has expressed what Senator Mitt Romney has described as “treasonous” support for Presidents Assad and Putin.³ As the hottest year on record ends, Trump proposes a cheerleader for fossil fuel extraction to the post of interior secretary⁴ while his pick for the Environmental Protection Agency has repeatedly voted against clean water and air legislation.⁵ As Education Secretary, we have someone whose expertise is in wrestling.⁶ As the nominee for Secretary of Health and Human Services, we have Robert F Kennedy Jr, someone who has embraced conspiracy theories, especially about vaccines, and has no medical or health policy experience.⁷ The pattern continues as one descends the hierarchy. Names being considered for heads of health agencies have provoked disbelief in the scientific community given their previous actions, including contrarian stances during the covid-19 pandemic.^{8,9}

These appointments, should the Senate confirm them, recall the term “kakistocracy,” coined in the seventeenth century to describe “government run by the worst, least qualified, or most unscrupulous citizens.”¹⁰ They also recall Michael Gove’s famous comment during the Brexit campaign: the “people of this country have had enough of experts.”¹¹ Trump has nominated people who do not just ignore expertise. They pour petrol on it and toss in the match of conspiracy theories.

The American public health and medical communities are understandably anxious about what Kennedy’s appointment will mean. Much has already been written on the risks to the health of the US population¹² and the wider threat to global programmes such as the GAVI

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Alliance, the Global Fund to Fight AIDS, TB and Malaria and the many global public goods, like surveillance and research, that the US has contributed so much to.^{13 14}

However, concerns go beyond any individual decisions that Kennedy and the rest of the Trump cabinet might make. Even when they have some justification, like proposals on ultra-processed food, the issue is how they were decided. The dominant ethos involves an explicit disdain for the scientific process.¹⁵ When policymakers at the highest levels flatly deny well-established evidence, embrace conspiracy theories, and weaponize culture wars to undermine scientific discourse, instead prioritising ideology and self-enrichment, chaos and disaster ensue. They have already made clear that they will brook no opposition, moving quickly to degrade those bodies established to protect the public, like the Environmental Protection Agency, Department for Education, Food and Drug Administration, and the Centers for Disease Control and Prevention. This will have consequences long after Trump completes his term. As the UK discovered, when the relationship between evidence and policy broke down following Brexit, it is easier to break something than to fix it.¹⁶

These appointments have profound consequences for leading US scientists. Some have already been targeted,¹⁷ with [Elon Musk](#)¹⁸ and other Trump supporters¹⁹ calling for Anthony Fauci's prosecution. Trump and several of his nominees have called for action against leading universities, seizing their endowments or removing their accreditation.²⁰ Kennedy has medical journals in his sights.²¹ Meanwhile, congressional Republicans are pushing through legislation that would give the federal government wide-ranging powers to target any non-profit organisation that challenges it.²²

All scientists in the US will face choices. Both history and contemporary experience in authoritarian regimes tells us that many will acquiesce.²³⁻²⁵ Some, seeing the opportunities for funding and career enhancement, will become cheerleaders for the new regime. Others will simply keep their heads down, in some cases shifting their focus away from now controversial areas such as climate science, public, reproductive health or [the spread of disinformation](#). We previously saw how research on gun violence was throttled in the US following the Dicky Amendment of 1996.²⁶ A relaxation of this legislation by the Biden administration seems unlikely to survive.²⁷ Will university leaders suppress criticism of the US leadership to avoid becoming targets of the administration? Even now, they will have seen what happened to [some](#) leaders because of campus protests.²⁸

Those of us in the rest of the world also face choices, and history will judge us [too](#) on what we decide. First, we must support our US colleagues and their institutions. This could be amplifying their evidence-informed [advocacy](#) for public health measures such as

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<https://www.cbsnews.com/news/elon-musk-anthony-fauci-viral-tweet-backlash-health-experts/>

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Where universities are already stopping

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Stanford University and the University of Washington have already either folded or refocused their work on viral election misinformation after being inundated with information requests and subpoenas from Jim Jordan, a Republican congressman who chairs the House judiciary committee, costing them hefty legal fees. "

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vaccination or milk pasteurisation, including [US colleagues](#) in international grants; and welcoming them to our institutions on secondments, fellowships, or permanent jobs. Second, we must redouble our efforts to ensure the autonomy and funding of our own scientific institutions and strengthen [our](#) pipeline from evidence into policy. Third, we can and must critique and debunk US guidance that is not scientifically rigorous. Finally, we must confront disinformation wherever we encounter it, including within our own ranks. Our record in the United Kingdom is not great, exemplified by the prolonged struggle to get the General Medical Council (GMC) to investigate complaints about spreading vaccine disinformation.²⁹

One thing is clear. We cannot afford to “stay in our lane.” As scientists and clinicians, we must strive to overcome our epistemic and disciplinary differences and demonstrate solidarity and collaboration in defence of evidence-informed policy. And we must move beyond merely producing evidence; we must become its advocates, fighting for truth and integrity in public discourse. Our collective voice and courage are more critical than ever.

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Competing interests: KB is member of the board of the World Obesity Federation and chairs its policy and prevention committee. The Federation receives industry funding. MM was a member of the Lancet Commission on the first Trump administration and is a member of the current Commission on the United States, neither of which are remunerated. He is also a member of the US National Academy of Medicine.

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