

Pathogens don't respect politicians: US federal disruption poses a new threat to global public health

We are facing a new threat to global health.

The COVID-19 pandemic made it clear to health-care providers, public health practitioners, policy-makers, and communities that pathogens do not respect borders.¹ Now we highlight that nor do infectious diseases defer to presidents or politicians. Changes imposed by the new US administration in January, 2025, rapidly began to dismantle a complex global ecosystem of public health strategies and institutions that have been established over the past century to protect communities from infection and other public health threats.

The USA abruptly announced its withdrawal from the WHO. Then US Health and Human Services staff were ordered to cease public communication, and important regular reports from federal health agencies have been halted, including the Mortality and Morbidity Weekly Report (published since 1952) and the weekly influenza report, both released by the Centers for Disease Control and Prevention (CDC).² CDC staff have been forbidden from engaging in WHO activities, disrupting health partnerships which are critical to both US and global health security.³ Public datasets, which are core resources for health practitioners and scientists, are being taken offline.⁴ CDC scientists have been ordered to rescind submitted journal publications containing key terms which the White House is attempting to ban.⁵ Many National Institutes of Health (NIH) activities, alongside other US-government funded health initiatives, are on pause without clear direction, freezing billions of dollars of research activity.⁶ The ban on federal diversity-related programmes⁶ has led to immediate staff suspensions,⁷ and risks erasing decades of progress on equity.

A near total freeze on US foreign aid has dire consequences for organisations that provide public health interventions, including life-saving diagnostics, medications, and humanitarian supplies. The US Agency for International Development (USAID) terminated contractors, put many high-level staff on leave, and its website (www.usaid.gov) went dark.⁸ PEPFAR (the President's Emergency Plan for AIDS Relief) suspended HIV and tuberculosis diagnosis, treatment, and prevention services for over 20 million people around the world.^{9,10} Beyond the enormous practical repercussions related to disruption of core national and global public health functions,^{11,12} these mandates are creating a pervasive environment of confusion, panic, and fear.

Many people have little awareness of the complex national and international systems that provide them with safe water, food, diagnostics, medications, blood products, and vaccines. They are protected by global programmes and collaborations that have pre-empted or ended epidemics, preventing mass morbidity and mortality. There are extensive data and reporting systems that contribute to identifying and confronting public health threats, from viral hepatitis to cancer. Where infrastructure is fragile, programmes such as PEPFAR and USAID have saved millions of lives, with impacts that reach far beyond the immediate recipients. PEPFAR, established in the US with bipartisan Congressional support, has been one of the most effective foreign aid programmes in history.

The sudden sabotage of disease control efforts has profound and immediate effects, especially among marginalised and under-served groups who already experience health and social inequities.¹³ We know that—along with infectious diseases—reproductive health, migrant health, global health, and activities focused on advancing equity are among the most vulnerable targets. But in fact, no-one is safe; in our interconnected world, status does not insulate individuals or countries from public health threats. Ironically, the more effective and seamless our programmes are, the less we think of them, leading to a comfortable ignorance. Such blindspots, in the context of a reactionary political agenda, allow the decimation of critical services that will have devastating consequences in the USA and globally. We confront the possibility of millions of lives and livelihoods at stake,¹⁴ and a generation or more of lost progress.

We must now defend the principles of shared humanity, by challenging the destruction of key roles, resources, skills, and collaborations in science and public health infrastructure. Countless Americans, and people across the globe, are united in opposition to this sabotage. While protest—especially during such a chaotic and rapidly evolving crisis—can feel like shouting into an abyss, silence is not a legitimate response.¹⁵ We call for immediate practical action to protect individuals and communities, preserve data, and defend public health systems, by supporting, restoring, and resourcing crucial activities that protect and preserve health for all. If there is a shift in prioritisation and funding, there are ways of transitioning with transparent dialogue, rather than the abrupt and wholesale closure of lifesaving programmes which abandon many stakeholders and recipients. The current catastrophic threat to global health infrastructure must be stopped.

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