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Perspective

When Disregard for Population Health Becomes US Policy

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For decades, US disease and mortality rates exceeded those in other high-income countries,¹ a gap that widened over time. When US life expectancy flatlined after 2010, experts recommended policies to address the leading causes of death and structural factors that systematically put the health of the US population at risk.² They called for widening access to health care, alleviating economic stresses on low-income and middle-class households, reducing income inequality, strengthening the social safety net, and tightening regulations to protect public health.

Few of these recommendations were implemented. Such policies are politically unpopular in the US and are opposed by powerful special interests. Although the nation made some progress in addressing the drug and obesity epidemics, too little was done to address structural issues or slow the trajectory. Between 2010 and 2019, all-cause mortality at ages 25 to 64 years increased by 19.6%.³

Too little was done during the COVID-19 pandemic. Other countries outperformed the US in controlling viral transmission and vaccinating their populations. US life expectancy losses were greater than in most high-income countries.¹ By 2023, 37 countries had higher life expectancy than the US.⁴ The high US mortality rates produced an enormous death toll. By one estimate, not having achieved the low mortality rates of peer countries cost 13.3 million US lives between 1984 and 2021.⁵

Actions by the Trump administration could escalate this crisis. A pivot has occurred: the nation's inaction in addressing the US health disadvantage has been replaced by something worse, government actions that—intentionally or not—endanger population health. Since taking office, the Trump administration has done the opposite of what experts, policy research, and logic recommend to improve population health. Widening access to health care was recommended, but the Trump administration slashed Medicaid funding by more than \$1 trillion and allowed Patient Protection and Affordable Care Act premiums to skyrocket.⁶ Tighter regulations were recommended, but the administration weakened health and safety regulations in what it called the “biggest deregulatory action in US history.”⁷

Education and income are the most powerful social determinants of health, but the administration began disman-

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households. Job and wage growth slowed, prices increased, and social welfare programs were defunded to finance regressive tax cuts, what some consider the largest wealth transfer in US history.⁸

The administration's Make America Healthy Again campaign took positive steps, such as working to speed approvals and lower the costs of prescription drugs. The Secretary of Health and Human Services, Robert F. Kennedy Jr, brought welcome attention to food quality. However, these positive steps occurred against the backdrop of counter-vailing policies that jeopardized health. The administration began dismantling the nation's premiere health agencies, firing thousands of workers, replacing top scientists with ideologues, and terminating vital programs on disease surveillance, tobacco control, chronic diseases, injury prevention, firearms, primary care, mental health, and more. It cut medical research funding by more than \$1 billion and banned work on health inequities and other topics disliked by the president.⁹

Secretary Kennedy took steps to decrease vaccine use, risking the return of preventable infectious diseases. Inexperienced advisors, who replaced vaccine experts on the Advisory Committee on Immunization Practices, began undoing childhood and COVID-19 vaccine recommendations. Kennedy canceled messenger RNA vaccine research, weakening the nation's capacity to produce vaccines rapidly in future pandemics.⁶ Kennedy stoked parental worries about vaccine safety and encouraged states to drop school mandates for childhood immunizations. Levels of vaccine coverage and herd immunity waned.⁶ Measles cases reached record highs.⁶

It is as if the government's policy is to no longer concern itself with the health consequences of its choices. Data collection to document the consequences is also ending. Health agencies have idled dozens of databases.¹⁰ Along with cutting food assistance, the administration stopped tracking the prevalence of hunger.¹¹ The Environmental Protection Agency stopped considering the cost of human life in cost-benefit analyses.¹²

This disregard for population health extends overseas. The administration banned global health research, slashed humanitarian assistance in low-income or low-resource countries, and cutted the US Agency for International

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worldwide by 2030.¹³ Risking planetary health, the administration promoted fossil fuels and opposed climate mitigation.

To be fair, not everyone sees health as their top priority. Strengthening the economy, lowering taxes, satisfying shareholders, or retaining political office often takes precedence for those in power. Some US residents with fervent beliefs are willing to forgo health to preserve personal autonomy, limit government intrusion, or uphold other ideologic principles. The premise that the administration's policies will compromise health is disputed. Deregulators consider market forces more effective in optimizing outcomes. Vaccine critics like Kennedy see net gain in reducing vaccine exposure; they apply a different risk-benefit calculus, assigning greater risks to vaccines and fewer benefits than conventional science would suggest. Public health has become politicized. Those who distrust data and mainstream scientists may question claims that current policies are harmful.

Evidence on how current policies are affecting health will take years to gather. Mortality data for 2025 and beyond will be unavailable until at least 2027. However, there are reasons to predict adverse health outcomes. The causal pathways are easy to imagine. Policies that do little to help people get an education, find sustainable employment, or earn livable wages diminish the resources they need to protect their health (eg, eat well, exercise, live in healthy homes and neighborhoods), screen for disease, or obtain care when illnesses occur. Reducing safety net assistance at a time of increasing prices, housing costs, health insurance premiums, and medical bills could deepen economic deprivation, forcing struggling families to neglect their health. Economic precarity and stress can heighten depression, smoking, addiction disorders, domestic violence, and self-harm.

Policies have consequences. Rural hospitals close when Medicaid funding declines. Injuries increase when safety regulations are lifted. Respiratory illnesses worsen when smokestacks emit more pollutants. Disease outbreaks widen as immunization levels wane. Deaths occur when lifesaving research is canceled. If current policies increase mortality rates, the gap in life expectancy between the US and other countries will likely widen further. The list of countries with better health statistics will grow. These are grim predictions, but a nation that removes health protections

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The degree to which the public supports, or is even tracking, these developments is unclear. Data are lacking to know how public attitudes are distributed across the population or what people understand about the health implications for themselves or their children. Some percentage of the US population is following and concerned about the tumult at health agencies and the policy drift from conventional science. Some percentage is pleased with what they see. Some are unaware, either uninformed or misinformed about recent developments. Some are disinterested, trusting the authorities to make responsible choices.

Regardless of their views, people deserve to know when policies will increase their risk of experiencing diseases, injuries, or an early death, even if they will dismiss the warning. When policies put lives at stake, health professionals and organizations must speak out. They cannot count on news organizations to keep the public informed. The duty to present the data with scientific rigor and to clarify how policy changes could help or hurt individuals falls on the health and scientific communities. Academic and scientific institutions should build coalitions to safeguard vital data and surveillance programs, conduct independent assessments that forecast the health consequences of policy choices, and communicate their concerns to legislatures, town halls, and media outlets. Although speaking out carries risks in the current climate, the duty to warn remains, even if it invites recrimination or will go unheeded. Informed consent matters. US citizens may be content to live shorter lives than people in other countries and to accept policies that further compromise their health, but they should do so knowingly.

Article Information

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