

Trump slashes medical research funded by the National Institutes of Health

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The Trump White House escalated its war on public health February 7, announcing a drastic reduction in research grants to major universities from the National Institutes of Health. NIH research grants presently fund \$27 billion in direct research and \$9 billion in facilities and administration (F&A) costs. The new directive would slash F&A spending by \$4 billion, nearly 50 percent.

Because research projects do not proceed in a vacuum but require extensive administrative support ranging from janitorial services to utilities to safety compliance reviews, research grants are accompanied by grants for “indirect support,” averaging about 28 percent of the direct grant. This figure will now be reduced to 15 percent, the rate of indirect support provided in many private foundation grants.

This is a drastic cut, with a devastating impact on research institutions nationwide, crippling their ability to maintain laboratories, pay staff, and continue life-saving medical research. Not only that, it is to take effect over a single weekend, and applied to current research grants at a point that is nearly halfway through the federal fiscal year, making the cuts that much more disruptive.

A February 7, 2025, social media post by Dr. Eric Feigl-Ding, a leading epidemiologist, explained that the cuts will mean “[colleges] and universities won’t be able to support students, tuitions will increase, especially graduate students and researchers who find cures and preventions for cancer, diabetes, heart disease, Alzheimer’s and more. This will not only raise tuition and hurt the pipeline of future scientists/doctors but *completely decimate medical and public health research*” (his emphasis).

This attack on NIH funding is especially grievous given the long-term consequences of the COVID-19 pandemic, which revealed deep structural weaknesses in the US healthcare system, which was unprepared to respond to the threat posed by emerging pandemics. The rapid development of vaccines through NIH-backed programs demonstrated the agency’s essential role in responding to public health crises.

A 2022 study published in *Lancet Infectious Diseases* estimated that the COVID vaccines averted 19.8 million excess deaths worldwide, a reduction of 63 percent. In the first two years after the COVID vaccines were introduced, a Commonwealth Fund study estimated that cumulative effect of these treatments prevented more than 18 million additional hospitalizations and more than three million additional deaths.

However, the Trump administration’s budget cuts threaten future research on emerging infectious diseases, vaccine advancements, and long-term studies on post-COVID conditions such as Long COVID, which has affected countless millions worldwide. The suppression of funding means fewer resources for research into the ongoing health complications of COVID-19, including its impact on neurological disorders, cardiovascular health, and immune system function.

In parallel with these funding cuts, Trump has silenced public health agencies, issuing sweeping executive orders that prohibit government scientists from publishing research that does not align with the

administration’s ideological agenda. Researchers at the Centers for Disease Control and Prevention (CDC) and NIH have been ordered to withdraw manuscripts from scientific journals, while public health websites containing essential epidemiological data have been scrubbed of references to gender identity and racial disparities. This widespread censorship prevents scientists from accurately tracking the long-term effects of the pandemic and restricts access to vital health information that could help vulnerable populations. Moving forward, the veracity of the data being uploaded comes into question.

History and background of the NIH

The origins of the NIH can be traced back to the Marine Hospital Service (MHS), which was established in 1798 to provide medical care to sick and disabled seamen. The MHS, funded by a tax on merchant sailors’ wages, was the first federally supported public health initiative in the United States. By the late 19th century, public health crises such as yellow fever and cholera prompted the expansion of the agency’s scope beyond maritime health.

In the 1880s, Congress charged the MHS with examining passengers on arriving ships for contagious infections. Efforts to prevent the spread of disease in a period of widespread immigration coincided with the discoveries by 19th century scientists like Louis Pasteur and Robert Koch that food spoilage and diseases were attributable to specific organisms, leading to a deeper understanding of the social necessity of a broad public health policy. Central to this was the systematic reporting, study and analysis of emerging pathogens and epidemics.

In 1887, the MHS created the Hygienic Laboratory, which would later evolve into the NIH. The laboratory, located in Staten Island, New York, focused on bacteriological research to combat infectious diseases. It was staffed by pioneers such as Joseph Kinyoun, a microbiologist trained at Johns Hopkins University, who played a critical role in establishing the foundation for biomedical research in the United States.

The laboratory relocated to Washington D.C. in 1891 and its work expanded significantly over the next few decades. The Ransdell Act of 1930 formally renamed the laboratory the National Institute of Health, solidifying its role as a national research agency. Under the leadership of Lewis Ryers Thompson, the NIH began funding extramural research, providing grants to universities and independent research institutions.

World War II accelerated the expansion of NIH. The Public Health Service Act of 1944 reorganized the agency and significantly increased federal investment in medical research. Figures like Vannevar Bush, a key science advisor to President Franklin D. Roosevelt, championed the idea that the federal government should play a leading role in funding scientific discovery. This advocacy led to the rapid expansion of NIH research

programs and the establishment of multiple institutes dedicated to studying specific diseases.

During the post-war era, the NIH was responsible for landmark medical breakthroughs, including the development of the polio vaccine by Jonas Salk, advances in cancer treatment, and groundbreaking work in genetics and molecular biology. The agency's reputation grew internationally, making it a model for government-supported biomedical research.

The COVID-19 pandemic demonstrated the ongoing need for federal investment in public health research, especially in the areas of mRNA vaccine technology, antiviral treatments, and the study of long-term health complications of viral infections. Indeed, more than just on a national level, these institutions needed to function cohesively with other public health entities organized under an international health system that could address the social determinants of health from occupational, communicable and non-communicable diseases.

Jay Bhattacharya: A right-wing ideologue to head NIH

Efforts to develop a globally coordinated health system came under attack with COVID. Fascist elements close to the first Trump administration promoted the big lie that the pandemic originated in the malign activities of the Chinese Communist Party and nefarious "gain-of-function" experiments supposedly conducted at the Wuhan Institute of Virology (WIV).

In this regard, the selection of Jay Bhattacharya as NIH director is entirely provocative and anti-science. Bhattacharya, a Stanford professor of medicine and health economist, is on record as a purveyor of the lab-leak conspiracy theory, for which not a shred of evidence exists.

Bhattacharya first gained national attention during the COVID-19 pandemic for his opposition to public health measures such as lockdowns, vaccine mandates, and mask requirements. He was one of the lead authors of the provocative Great Barrington Declaration, a document advocating for "focused protection" as opposed to population-wide interventions to curb COVID-19 spread.

The declaration, which argued for allowing the virus to spread naturally among lower-risk populations while isolating vulnerable groups, was widely criticized by leading epidemiologists, the World Health Organization (WHO), and Dr. Anthony Fauci, then-head of the National Institute for Allergies and Infectious Diseases, a major unit of NIH, as impractical and unethical. Public health officials warned that the strategy would lead to mass infections, overwhelmed hospitals, and increased mortality, particularly among the elderly and immunocompromised.

Beyond his advocacy for herd immunity, Bhattacharya played a role in advancing misleading research that downplayed the severity of COVID-19. His Santa Clara seroprevalence study, which claimed that COVID-19 was far more widespread than initially believed (and therefore had a much lower fatality rate, the ratio of deaths to cases of infection) was later exposed for methodological flaws, biased sampling, and undisclosed funding from corporate interests. Critics pointed out that Bhattacharya's findings (apparently preconceived) were used to justify reopening policies that led to preventable deaths, further undermining trust in public health institutions.

In an op-ed published in *The Stanford Daily*, Dr. Santiago E Sanchez, a 6th year joint MD and PhD student in the Medical Scientist Training Program at Stanford Medical School familiar with the highly dubious study, offered the following insights on the catastrophe that will ensue with Bhattacharya at the helm of the NIH:

Bhattacharya spent much of last year failing upwards on the coattails of Republican presidential hopefuls, first appearing at Ron DeSantis' campaign kickoff after dutifully serving a year on Florida's "Public Health Integrity Committee" alongside AIDS denialist Bret Weinstein before joining AIDS denialist RFK Jr.'s short-lived campaign (I am not accusing Bhattacharya of being an AIDS denialist; I am accusing him of being someone who doesn't care that his comrades and patrons are) until finally landing a nomination he has long coveted from Trump, the man he secretly advised during his first term to lift pandemic restrictions and pursue maximal levels of infections in the population in order to achieve herd immunity months before a single person would be vaccinated.

Bhattacharya also became a frequent guest on right-wing media platforms, where he positioned himself as a champion of "individual freedom" over socially necessary health measures. He falsely equated public health mandates with government overreach, despite overwhelming evidence that masking, social distancing, and vaccines were critical in reducing COVID-19 mortality rates. His involvement with politically motivated lawsuits against pandemic mitigation measures signaled his alignment with corporate and ultra-right advocates that sought to eliminate regulatory oversight.

His appointment to lead the NIH raises concerns that he will shift funding priorities away from pandemic preparedness and public health research, instead directing resources toward free-market-driven health policies that prioritize economic growth over human well-being. Given his history of spreading misinformation, dismissing scientific consensus, and aligning with ideologically driven think tanks, his leadership represents a significant threat to the integrity and independence of NIH research.

Moreover, Bhattacharya's association with right-wing think tanks such as the Hoover Institution and the Heritage Foundation, both of which have been instrumental in promoting anti-lockdown rhetoric and minimizing the dangers of COVID-19, signals a broader ideological shift in how federal health policies will be shaped. His stance aligns with a broader political movement aimed at dismantling public health safeguards, discrediting scientific expertise, and promoting deregulation under the guise of personal freedom. His leadership at the NIH could have profound and lasting consequences on how future pandemics and public health crises are handled, potentially setting back decades of medical progress.

The *Journal of the Academy of Public Health*: Politics disguised as science

A major controversy surrounding Bhattacharya is his role in the creation of the *Journal of the Academy of Public Health*, a publication with deep ties to right-wing political organizations. The journal has been accused of functioning as a pseudo-scientific platform for promoting anti-public health narratives and legitimizing corporate-backed, libertarian viewpoints.

The Heritage Foundation, a well-established conservative think tank, has provided substantial financial backing for the journal. This aligns with the foundation's broader efforts to deregulate public health, undermine trust in government-led medical initiatives, and promote for-profit approaches to healthcare policy. The RealClearFoundation, a subsidiary of RealClear Media Group, has also contributed heavily to the journal, ensuring that its research aligns with right-wing pro-Trump and anti-regulatory perspectives.

Additionally, the DonorsTrust (American non-profit donor-advised fund founded in 1999 with the goal of safeguarding the intent of libertarian and conservative donors), often referred to as a “dark money ATM” for conservative causes, has funneled significant funds into the journal. Along with the Sarah Scaife Foundation and the Ed Uihlein Family Foundation, these organizations have a well-documented history of financing climate denialism, opposition to government healthcare programs, and disinformation campaigns surrounding vaccines and public health measures.

The journal’s editorial board includes figures like Martin Kulldorff, another co-author of the Great Barrington Declaration, and Scott Atlas, a former Trump administration official who consistently downplayed the danger of COVID-19. These affiliations demonstrate that the new journal has no scientific credibility, as its content is shaped by individuals motivated by ultra-right politics rather than scientific objectivity.

By providing a veneer of academic legitimacy to right-wing public health disinformation, the journal serves as a tool for eroding public trust in scientific institutions. It exemplifies the coordinated effort by conservative think tanks and corporate interests to control the narrative around public health policy, ensuring that future federal health measures align with their ideological and economic priorities.

Theoretical and evolutionary biologist Carl Bergstrom, speaking to *Wired*, said of the new public health rag that is attempting to “cast doubt around established scientific consensus:”

If you can create the illusion that there is not a predominance of opinion that says vaccines and masks are effective ways of controlling the pandemic, then you can undermine that notion of scientific consensus, you can create uncertainty, and you can push a particular agenda forward.

Conclusion: Fight the assault on public health

The Trump administration’s war on public health is a deliberate strategy to dismantle science-based governance, suppress medical research, and impose an extreme ideological agenda on American society and, by extension, on the rest of the world. The suppression of public health research, the erosion of scientific integrity through right-wing think tanks, and the funding of ideological publications that masquerade as academic journals all point to a coordinated effort to weaken public trust in science.

This crisis extends beyond the NIH. It is part of a broader campaign to privatize healthcare, dismantle regulatory agencies, and prioritize corporate profits over human lives. The fight for public health is not just about scientific funding, but about resisting the corruption of scientific endeavors by fascist politics and ensuring that medical research serves the public good. The outcome of this struggle will shape the future of public health, pandemic preparedness, and the credibility of scientific institutions for generations to come.

The historical legacy of the NIH as a leader in biomedical research and public health advancements is under dire threat. If these regressive policies continue, the scientific workforce in the US could suffer irreversible setbacks, with leading researchers fleeing to nations that continue to prioritize evidence-based health policies. Such a brain drain would devastate the public health system, making it unable to respond effectively to future health crises, from new pandemics to chronic diseases.

In an increasingly interconnected world, such a collapse would have global consequences. The NIH has long served as a beacon of

international collaboration, funding cutting-edge research in infectious disease control, vaccine development, and health equity. If the agency is systematically dismantled, the void left in global health leadership will likely be filled by private entities prioritizing profit over human well-being, exacerbating inequality and worsening health outcomes worldwide.



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