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The Trump administration's politics of cruelty and its impact on global health

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ABSTRACT

This Commentary addresses key decisions made and policies approved primarily during the first six months of the second Trump administration in the U.S.A. that affect global health, with an emphasis on their implications for the work of World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), among others. We highlight the roots of these decisions and priorities in Project 2025 (a policy guidance plan endorsed by more than 100 right-wing U.S. organizations), and their articulation through a series of Executive Orders implemented in accord with the U.S. Department of Government Efficiency (DOGE). The Commentary also addresses the ways in which what might be best be described as a politics of cruelty has informed the U.S. administration's actions, assesses the impact that this is likely to have on the future global health, and suggests some of the reasons why global health proved to be such an easy target for the incoming U.S. administration.

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Introduction

Since Donald Trump's inauguration for a second term as president of the U.S.A. on January 20, 2025, the measures announced by his administration are leading to a drastic restructuring of institutions and programmes, both inside and beyond the U.S.A.

Taking this observation as an starting point, this Commentary addresses the Trump administration's measures that have affected global health—especially in the first six months of government (January–July 2025)—with special emphasis given to their impact on the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). By highlighting the impact of these measures on specific organisations, we hope to contribute to a better understanding of what it means when destruction, cruelty, and lack of empathy and solidarity inform and guide public policy.

Although the focus of our discussion will be concentrated on the first six months of the second Trump administration, it will also look at how the events during this period reverberated over the course of its first year. Equally important, we will highlight how the emphasis on cruelty as a policy driver had been already firmly established by analyses of the first Trump administration (January 2017–January 2021) (Kivisto, 2019). Long before these events, the significance of cruelty as a political instrument had been defined by the political philosopher, Judith Shklar, as 'the deliberate infliction of physical, and secondarily emotional, pain upon a weaker person or group by stronger ones in order to achieve some end, tangible or intangible, of the latter' (Shklar, 1989, p. 29). Public cruelty is made possible by differences in power and is intended to produce fear. Some minimal level of fear is present in any political system (including liberal democracies). However, the uncontrolled use of 'institutionalized cruelty' to produce 'systemic fear' (Shklar, 1989, p. 29)

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transforms legitimate authority into domination and oppression. It was precisely this form of institutionalised cruelty that seemed to many observers to drive the policies and programmes of the first Trump administration, as highlighted by Adam Serwer's influential observation that 'the cruelty is the point' (Serwer, 2018).

There now is strong consensus on the part of a wide range of critical observers that no presidential administration in U.S. history was so marked by a 'politics of cruelty' as was the case during that administration. Perhaps nothing reinforced this notion as strongly as that administration's decision to separate more than 2000 children from their parents at the US-Mexican border—a policy that David Remnick succinctly described as 'deliberate state-sponsored cruelty', and which he defined as being both central to Trump's character and the foundation of his politics (Remnick, 2018, p. 1–2). Other analyses have shifted the focus from the brutality of the administration's immigration policies to its defence of white supremacy and racism, misogyny and violence against women, homophobia and transphobia (Cahill & Pettus, 2020; Inwood, 2019; Rothe & Collins, 2019). But in spite of the different areas of focus that these analyses have identified, the administration's deployment of cruelty and callousness as central features of its approach to social policy had gained widespread recognition by the end of Trump's first term.

In this Commentary, we will argue that the emphasis given to cruelty during the first Trump administration can help us to make sense its revitalization during the second administration. But we also want to stress the importance of looking beyond the emotional and psychological dimensions of the politics of cruelty in order to better understand its structural dimensions. For critical analysts, even though we may be impacted by the kinds of scenes that observers such as Serwer described emphasizing the obvious pleasure that Trump and his supporters gained from the pain that their actions cause—and the sense of community that they built by 'rejoicing in the suffering of to those they hate' (Serwer, 2018)—it is also important to emphasize the ways in which the politics of cruelty simultaneously builds on and extends broader structural forces. These forces, which have received significant attention in a large body of social science theory and research, include power, domination, violence and brutality. Understanding them can help us to better understand the politics of cruelty less as highly personalized expressions of belief among autocratic leaders than as consequences of the broader social processes that such political figures give voice to (Castells, 2016; Collins, 1974; Galtung, 1969; Malešević, 2013; Thakur, 2022). Importantly, the areas of social life that both Trump administrations have focused on align almost exactly with the axes of inequality that the literature on structural violence in relation to global health has identified for decades: poverty and economic exclusion; racism and ethnic discrimination; gender power inequalities; sexual stigma and oppression; and age-related discrimination (Farmer, 1996; Parker & Aggleton, 2003; Parker, 1996).

Because of this, one of the key points that we want to make in this Commentary is that drawing on this literature and applying it to the politics of cruelty, especially in relation to global health, can help illuminate not only the specific policy initiatives and programmatic changes that were implemented during the first six months of the second Trump administration, but also their implications for some of the longer term changes that are needed in the field of global health more broadly.

During U.S. President Trump's first term of office, global health did not appear to be a major focus for significant changes in policy and continued to receive significant investments as part of the U.S.A.'s exercise of 'soft power' in international relations. But in contradiction to this, late in his administration several measures were put in place that impacted public health internationally by withdrawing from multilateral agreements and organizations such as the WHO (Gostin et al., 2020). Many of these changes were revoked by his successor, President Joe Biden. But during the 2024 presidential campaign, Trump announced that, if re-elected, he would bring back the measures of his first administration and promised to introduce others. The manner in which this happened—largely through Executive Orders (EOs)—is worthy of comment.

In particular, the strategy of signing a large number of executive measures in a short period of time has created, as one of its main outcomes, an overloading of the public's attention span. It is this speed, combined with its ideological structure, that can be seen as triggering the surprise among many of those working in global health, and which was responsible for the unpreparedness to contest the measures being implemented. But, in addition to the velocity and the extremist ideology that has marked the first six months of the new U.S. administration, it is impossible to ignore the theatrical style in which they have been announced and implemented (Davis, 2025). There are numerous examples of this including the dismantling of science (Frizelle et al., 2025); the cancellation of multiple initiatives related to diversity,

equity, inclusion, and accessibility (Barbelet, 2025; Muyl & Lydgate, 2025; Tirrell, 2025); and actions aimed at 'defending' women from what the Trump administration has described as 'gender ideology extremism' (Currah, 2025; Trump, 2025a), many of which (deliberately or otherwise) have impacted LGBTQ+ people (Dawson & Kates, 2025; Thoreson, 2025).

The impact of the Trump administration's actions is of course part of a broader context, marked by overlapping crises, in which environmental catastrophes, military conflicts and forced leadership removals, and humanitarian crises increasingly intersect with major global health concerns such as newly emerging epidemics and pandemics (Whiting & Park, 2023). But the policies that the current U.S. administration has pursued have unquestionably made the consequences of these intersecting crises far worse for the field of global health than anything seen before.

The second Trump administration: Flooding the zone

The second Trump administration brought with it fast, furious and lethal times that have now become the hallmark of the U.S. government (Human Rights Watch, 2025; Yourish et al., 2025). Trump's strategy—so far successful—has been one of 'flooding the zone' (Broadwater, 2025), a term originally used to describe a tactic in U.S. football of saturating the opponent's zone defence until a weakness becomes apparent, but which when used in politics, creates disorientation (Brooks, 2025) while decreasing the opposition's capacity to respond (Broadwater, 2025). The same strategy was employed by the first Trump administration, but the velocity of the initiatives recently introduced seems to have been designed in order to make it more difficult for opponents to resist using existing structures, such as the U.S. judicial system, which operates more slowly.

To understand how the zone is being flooded and its impact on global health, we highlight the impact and use of the groundwork laid by Project 2025, the use of EOs—rather than politically negotiated legislative initiatives—to implement the changes outlined in that document, alongside the creation of a Department of Government Efficiency (DOGE). Our reading of the documents related to these three instances has led us to coin the phrase *the banality of cruelty* as a counterpart to Hannah Arendt's earlier 'the banality of evil' (Arendt, 2022)—to describe their wilful and horrendously damaging effects.

Project 2025

The theoretical framework guiding many of the measures implemented by the second Trump administration is Project 2025 (Dans & Steven, 2025), a document more than 900 pages long prepared by the Heritage Foundation, a U.S. conservative entity, together with a coalition of more than 100 other extreme right-wing organizations. Project 2025 was elaborated as a plan for the in-coming Trump administration on how to 'gut' the so-called 'administrative state' from within, by replacing existing federal employees with newcomers committed to implementing a new policy agenda (Heritage Foundation, 2024; Quinn & Rose, 2024). President Trump, during his re-election campaign, denied knowing about Project 2025, and has continued to do so afterwards even when ideas included in the document were identified as underpinning many of the actions of his later administration (Contorno & Tolan, 2025). Commenting on Trump's actions, Paul Dans, a former director of Project 2025, said that they were implemented 'way beyond my wildest dreams' (Pengelly, 2025).

To reinforce the influence of Project 2025 on the Trump administration, Russell T. Vought, one of the architects of Project 2025, was confirmed in February 2025 by the U.S. Senate as director of the Office of Management and Budget (OMB) which is responsible for overseeing the execution of the budget of U.S. federal agencies. Vought's prominent role in the administration of federal resources has been key to consolidating the vision—presented in Project 2025—of humanitarian aid as leverage to *unleash the power of America's private sector* (Dans & Steven, 2025). In September 2025, the Trump administration released a new global health strategy—*America First Global Health Strategy* (U.S. State Department, 2025b)—which has three pillars: to keep America safe, strong, and prosperous—and seeks to advance a transactional agenda in which health, data and business mix with aid in positioning African countries as future 'customers' (Jerving, 2025) via bilateral agreements to be signed with countries.

Executive orders

In the U.S. system of government, Executive Orders (EOs) (Boak, 2025) inform how the President intends the federal government to be managed (Thrower, 2025). They are the main devices being used to materialize what was outlined in Project 2025 and other commitments made by Trump during the presidential campaign. EOs have a strategic benefit of making it possible to bypass Congress—the legislative branch formed by the U.S. House of Representatives, and the U.S. Senate—and therefore allow the executive branch (formed by the president, the vice president, and the president's cabinet) to avoid discussion and debate with the democratically elected arms of government. Importantly, while their main effects are domestic, they have an impact outside the U.S.A. as they must be implemented in all projects, both national and international, that are supported by federal resources (Samantaroy, 2025).

Trump, in his first administration, signed no less than 220 EOs over the course of four years (USA Facts, 2025), whereas by the end of the first six months of his second term, he had already signed 170 EOs (Roeder et al., 2025). However, in contrast to Congressionally approved laws and regulations, this way of governing has limits (Krein, 2025). The first of these is that EOs signed by one U.S. president can be revoked by the president that follows (Thrower, 2017). For example, as of February 5, 2025, Trump had revoked 96 prior EOs, including 91 signed by former President Biden (Conroy, 2025). A second limit derives from the fact that an EO can be vetoed by Congress, which to date has not occurred because the Republican party, Trump's political party, currently holds a majority in both houses of Congress. The third limit is the possibility of being blocked via legal action taken in Federal courts, and a significant number of EOs are already being challenged in this way (Scherer, 2025). However, this limitation is impacted by the fact that the U.S. Supreme Court, which ultimately has the final say in these matters, is composed of nine judges, with six conservative judges (three of whom were appointed in the first Trump administration). To date, the Supreme Court has consistently issued decisions to facilitate the implementation of the Trump administration's agenda (Biskupic, 2025).

Six EOs in particular provide key insight into how the Trump administration's actions are impacting on international health (Kates et al., 2025a) and other health-related areas.

January 20, 2025: Ending Radical and Wasteful Government DEI Programs and Preferencing. This EO (EO 14151) (Trump, 2025b), and another one mentioned below (Ending Illegal Discrimination and Restoring Merit-Based Opportunity), seeks to end initiatives and programmes with a focus on diversity, equity and inclusion (DEI) (Tirrell, 2025). The impact of this EO is devastating in the U.S.A., and it also affects the activities of organizations outside the U.S.A. (Lay, 2025).

January 20, 2025: Withdrawing the U.S.A. from the World Health Organization. This EO (EO 14155) has the effect of withdrawing the country from Pandemic Agreement negotiations and from International Health Regulations (IHR) (Trump, 2025d). WHO does not have a formal mechanism for the withdrawal of a Member State, but in the case of the U.S.A. and in accord with a resolution passed by the U.S. Congress in June 1948, if the country decides to leave the WHO, it must give one year's notice and pay financial obligations for the fiscal year (Hart & Murrill, 2020). The process to formally withdraw the U.S.A. from the WHO was initiated in January 2025, and the country's membership will end in January 2026 (Kates et al., 2025a). In 2021, WHO Member States agreed to launch a process to develop a global accord on pandemic prevention, preparedness and response and to review the IHR, which provides a legal framework defining the rights and obligations of countries to confront public health emergencies. In 2024, at the 77th World Health Assembly (WHA)—the decision-making body of WHO—amendments to the IHR were approved, and in 2025, a resolution on Pandemic Agreement was passed at the 78th WHA (WHO, 2025). The withdrawal of the U.S.A. from the WHO, the Pandemic Agreement and the IHR clearly has the combined effect of increasing newly emerging epidemic and pandemic risks both in the U.S.A. and internationally.

January 20, 2025: Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government. This EO (EO 14168) recognizes the existence of only two sexes (female and male) (Trump, 2025a). Subsequent to the signing of this order, The Mexico City Policy (Trump, 2025e) was reinstated, requiring foreign NGOs to certify that they would not 'perform or actively promote abortion as a method of family planning' using funds from any source (including non-U.S. funds) as a condition of receiving U.S. global family planning assistance (Moss & Kates, 2025). The U.S. also renewed its membership

in the ‘Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family’, an international anti-abortion pact, promoted during the first Trump administration (Gramer & Paun, 2025). Taken together, these actions will clearly result in increased women's health risks, such as rising maternal mortality rates.

January 20, 2025: Reevaluating and Realigning United States Foreign Aid. This EO (EO 14169) mandated a 90-day halt on international assistance to assess programmatic efficiencies and consistency with U.S. foreign policy (Trump, 2025f) and affected the work of several health and development agencies and programmes, including UNAIDS, USAID and PEPFAR.

In February 2025, the withdrawal of financial support from UNAIDS (Pilkington, 2025), as well from the United Nations Population Fund (UNFPA) was announced. As he did in the first administration (UNFPA, 2019), Trump will deny future funding and sent termination notices for all funding already committed to UNFPA, amounting to some US\$355 million in total (UNFPA, 2025).

In June 2025, the U.S. announced that it would end funding for the Global Alliance for Vaccines and Immunisation (Gavi) (Tanis, 2025). Organizations such as the AIDS Vaccine Advocacy Coalition (AVAC) had earlier (in February 2025) tried to reverse the Trump Administration's funding freeze on foreign assistance, but the ruling of the U.S. Court of Appeals for the DC Circuit in August of the same year allowed the continued implementing of the EO (AVAC, 2025).

January 21, 2025: Ending Illegal Discrimination and Restoring Merit-Based Opportunity. This EO (EO 14173) outlaws initiatives classified as DEI, as well as initiatives in diversity, equity, inclusion, and accessibility (DEIA) (Trump, 2025k).

February 04, 2025: Withdrawing the United States from and Ending Funding to Certain United Nations Organizations and Reviewing United States Support to All International Organizations. This EO (EO 14199) mandates the U.S.A. withdrawal from the United Nations Human Rights Council (UNHRC) as well as from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). It also stated that the U.S.A. was reviewing membership in the United Nations Educational, Scientific, and Cultural Organization (UNESCO) (Trump, 2025l). In July 2025, the U.S.A. announced its withdrawal from UNESCO (UNESCO, 2025), accusing the agency of promoting anti-Israel speech (Amiri & Petrequin, 2025). The U.S.A. had withdrawn from UNESCO during the first Trump administration (U.S. Department of State, 2017), but it returned to membership in the Biden administration (UNESCO, 2023).

Department of Government Efficiency (DOGE)

In addition to the EOs we have highlighted as being central to the Trump administration's assault on the field of global health, it is important to recognise the role of the newly created Department of Government Efficiency (DOGE), and the budgetary cuts that its peculiar definition of ‘efficiency’ has sought to codify. During the re-election campaign, Trump announced measures to foster efficiency in government, one of them being the creation of a government efficiency commission. He made good on the promise with EO 14158 that instituted DOGE (Trump, 2025g). Three more EOs (EO 14210, 14219, and 14222) expanded the department's powers (Trump, 2025h; Trump, 2025i; Trump, 2025j). Following its creation, DOGE was responsible for major reductions in the staff of several agencies (or their complete demise, as in the case of USAID) working in the field of global health. These cuts have been made with no plan for gradual phase out—simply immediate discontinuation (Kiros, 2025; Roth, 2025). Billionaire Elon Musk—who donated \$288 million to Trump's re-election campaign (Thadani et al., 2025)—led the Department for its first five months.

In making these cuts, several things need to be noted. One of them is the way in which prejudice and stereotyping related to international health programmes was used to justify them. For example, both the U.S. President and the DOGE former leader (both known for their defence of natalism and unbridled male sexuality) made sarcastic comments about the costs of programmes on male circumcision and condom distribution as examples of wasteful spending by programmes such as PEPFAR that needed to be corrected (Mackey, 2025). A second one relates to the manner in which funding cuts implemented were imposed on agencies and programmes were accompanied by spectacular media performances that would become a model of the administration's communications strategy more broadly. Examples include Musk's comment in

a post on X: 'We spent the weekend feeding USAID into the wood chipper' (Musk, 2025), and his appearance at a conservative political action conference waving a chainsaw, saying, 'This is the chainsaw for bureaucracy' (Licon, 2025).

There has also been criticism of DOGE's lack of transparency—including the agency's error-ridden website which contains no details or rationale for the cuts or even a description of how they were being made (Fahrenthold & Singer-Vine, 2025). Several measures, both at the time and subsequently, attempted to limit the scope of what Musk and DOGE could do, and critical analyses have raised questions about Musk's role (Elliott, 2025) and how the companies he manages and controls, would benefit from the process (Wolf et al., 2025). Between late April and early May 2025, however, it began to be reported that Musk would decrease his participation in the U.S. government. Musk left the Trump administration at the end of May 2025 (Scherer & Parker, 2025), but DOGE's groundwork has been increasingly 'institutionalized' and guided by the game plan that had been announced in Project 2025.

When cruelty drives the destruction of the global health architecture

Destruction, chaos, misinformation, cruelty, and darkness are just a few of the terms that have been used to describe the impact of the second Trump administration's actions in areas as diverse as public health (Amon, 2025; Davis, 2025), the environment (Gibson, 2025), and trade (Krugman, 2025). While global health received relatively little attention in the first Trump administration, since the beginning of the second administration, there is perhaps no other area that so clearly illustrates the renewed and revitalised emphasis on the politics of cruelty. The agencies and programmes we turn to now—WHO, UNAIDS, USAID and PEPFAR—provide examples of the impact of policies marked by indifference to human suffering, and lack of empathy, understanding or solidarity (Davis, 2025; Kivisto, 2019; Spencer, 2025; Thakur, 2022).

Unlike during his first administration, Trump is not only seeking to reform, but to close down major programmes and agencies that, even if imperfect, have sought to contribute to better health outcomes. As one of the largest donors to these agencies and programmes, by deciding to stop making financial contributions and withdraw participation, the U.S. administration has created a crisis with devastating results (Davis, 2026; Jooste, 2025). However, it is important to recognise that the agencies and programmes discussed below are not the only ones being impacted (Davis, 2026). Others, such as Gavi, mentioned above, have already been notified of the U.S. decision to cease funding (Tanis, 2025). With respect to agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.S. pledged \$4.6 billion (a reduction from the initial pledge of \$6 billion) at the Global Fund's Eighth Replenishment Summit (Cullinan, 2025a), that took place in November 2025, in South Africa. And even other international bodies that the U.S. government does not fund directly, such as Unitaid—an international health facility founded in 2006 and hosted by the WHO—worry about the ripple effects of the cuts on agencies whose work has been crucial for the successful implementation of their own programmes (Unitaid, 2025).

World Health Organization (WHO)

Established in 1948, the WHO has gone through several crises and reforms over the years, but nothing compares to the destabilization caused by the U.S. withdrawal from the Organization in January 2025 (Trump, 2025d). Trump, in his first administration, began a process of withdrawing the U.S.A. from the WHO (Trump, 2020c; US Department of State, 2020) but the process was never finalized, and under the Biden administration, U.S. relations with the WHO were re-established (WHO, 2021). Historically, the U.S.A. has been one of the largest donors to the WHO, making a contribution of US\$1.284 billion during the 2022–2023 biennium (WHO, 2024). At the time of writing (autumn 2025), the U.S. contribution of US \$260 million for 2024–2025 had not yet been paid (Fletcher, 2025).

With program and staff cuts still being finalized, reviews are focusing on the changes that will be needed at WHO to address the present challenges, which will most likely involve a dramatic reduction in the range of major health issues the organisation can address.

Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS began operations in 1996 as the agency responsible for the strategic direction and the coordination needed to catalyse and connect leadership from governments, the private sector and communities for

the HIV response. UNAIDS was already experiencing a severe financial crisis when the U.S. decided to withdraw support for the organization in February 2025 (Pilkington, 2025). The U.S.A. has been the largest donor to UNAIDS since its inception, and by early 2020s, with reductions having been made in the contributions by most other donor countries, and the U.S. contribution had consistently accounted for roughly 40% of UNAIDS total revenue (Ravelo, 2025).

United Nations Agency for International Development

USAID was created in 1961 during the presidency of John F. Kennedy but was the focus of a full chapter in Project 2025 and is one of the agencies that suffered the most from the attacks of Trump and Musk (Anderson, 2025; Hansler et al., 2025). Musk once described USAID as ‘a ball of worms’, and Trump claimed that the agency was ‘run by a bunch of radical lunatics’ (Hansler et al., 2025). Early analyses suggested that USAID could not be dissolved, changed, or consolidated by an EO, for which an act of Congress would be required, but this did not happen (McCabe, 2025). Following the January 2025 EO (Trump, 2025f), formal announcement of USAID’s closure came on July 1, 2025 (Daniel, 2025), in the form of a memo, signed by the U.S. Secretary of State (US Department of State, 2025a).

USAID employed about 10,000 people at the time of its demise, with a presence in more than 60 countries and a broad portfolio that included, Maternal & Child Health; Global Health Security; Tuberculosis; Family Planning & Reproductive Health; Malaria; PEPFAR; and Nutrition (Kates et al., 2025b). The consequences of the agency’s closure are devastating (Balakrishnan, 2025). In the 2023 fiscal year, USAID obligated/implemented 73% of all U.S. global health bilateral assistance (Kates et al., 2025b).

U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

At the time of writing, the status of PEPFAR—a program created in 2003 by President George W. Bush—remains at least partially unclear and ambiguous, especially when compared to USAID. Like other U.S. foreign aid initiatives, PEPFAR was originally created in order to buttress other foreign policy objectives: in this case, the bombing of Iraq, which was to take place the day after the creation of PEPFAR was announced. But it would go on to have a transformative impact on the field of global health over the next 20 years.

Starting on the first day of his second term, a series of the EOs issued by President Trump directly and indirectly affected PEPFAR: especially EO 14169, calling for a 90-day review of foreign aid, and a subsequent ‘stop-work order’ that froze payments for work already underway, including provision of antiretroviral (ARV) medications, followed by the dissolution of USAID and the cancellation of most foreign assistance awards (KFF, 2025). In response to rapid and significant criticism related to the consequences that ending ARV therapy for HIV would have for millions of individuals currently served by PEPFAR, on February 1st, 2025, the U.S. State Department issued a ‘limited waiver’ to implement urgent, life-saving treatment during the 90-day freeze, but in spite of assurances that no lives would be lost, reports suggest that this was not the case (Godbole, 2025; Kent, 2025). Because PEPFAR is a permanent part of the legal structure of the U.S. government, it came up for reauthorization again in March of 2025 and was approved by the U.S. Congress for ‘level-funding’ (KFF, 2025). But because USAID and the Centers for Disease Control and Prevention have been the primary implementing agencies through which PEPFAR’s programmes have been executed, and both USAID and the HIV programme run by Centers for Disease Control and Prevention have been discontinued, the future of PEPFAR’s programmes remained in an administrative limbo over the rest of 2025 (Godbole, 2025; KFF, 2025).

The threats posed to the continuity of PEPFAR generated significantly greater criticism, both in the media and in scientific and professional communities, than was the case with any of the other institutions considered here. Probably in large part because of this, in September of 2025 the U.S. Department of State issued the *America First Global Health Strategy* (US Department of State, 2025b), which emphasizes the importance of PEPFAR’s historic success in saving lives, but also points to its supposed waste and inefficiency, as well as to allegations related to the possible participation of PEPFAR-funded service providers in violation of abortion-related restrictions. Built around what it describes as three pillars (for making America Safer, Stronger and More Prosperous), the strategy clearly signals its continued existence, but in a changed format that can be expected to function in the future far less through U.S. involvement in

multilateral institutions such as WHO or UNAIDS, neither of which is mentioned in the strategy. Instead, it promises a new (or renewed) focus on bilateral health cooperation agreements as well as on commercial partnerships aimed at making it possible ‘for American businesses to deploy their innovative products and services globally’ (US Department of State, 2025b, p. 33). At the end of 2025, memorandums of understanding were signed relating to the first batch of these bilateral health cooperation agreements, with 14 governments in Africa (Cullinan, 2025b).

Assessing the negative effects that these funding cuts are expected to have

Given the short period of time since the start of the second Trump administration, there is still only limited data on the effects of the changes described above, but preliminary analyses estimate some of the consequences, especially in relation to global health epidemiology as well as global health systems and management. The impact of dismantling of USAID, for example, has been examined in relation to issues such as loss of food aid, increased child mortality, and lives lost to HIV and related illnesses due to lack of ARVs.

It was argued in November 2025 that closing USAID had already been responsible for ‘the deaths of six hundred thousand people, two-thirds of them children’ (Gawande, 2025), and the forecast for the coming years is even more devastating: ‘USAID cuts may lead to more than 14 million deaths globally, including 4.5 million children under 5 by 2030’ (Cavalcanti et al., 2025; UCLA Fielding School of Public Health, 2025).

More specifically, with respect to HIV, by 2023 PEPFAR had invested more than US\$ 110 billion in the global AIDS response (Galvão et al., 2025), with UNAIDS estimating that more than 20 million people—two-thirds of all people living with HIV with access to ARVs—were being supported by PEPFAR money (UNAIDS, 2025). If the programmes supported by PEPFAR were to be discontinued, it has been estimated that between 2025 and 2029 this would lead to an additional 6.6 million new HIV infections and an additional 4.2 million AIDS-related deaths (European AIDS Treatment Group, 2025).

By their very nature, however, such modelling exercises are necessarily limited. The disruption of the very agencies that previously provided the statistical information necessary to assess effectiveness makes it impossible to collect the data needed to measure impact, making them at best ‘ballpark estimates’ (Kenny & Sandefur, 2025). They also assume in which nothing else changes following the announced cuts (Krugman et al., 2025)—a reality which may seem to be the case when viewed from the present, but which may look very different (and possibly worse) when viewed with the benefit of hindsight.

Much the same can be said in relation to a second major area in which the funding cuts being implemented by the U.S. government are likely have an important impact: namely, their effect in weakening the institutional infrastructure for global health. Some of these consequences are anticipated in the planning currently underway by multilateral agencies such as WHO and UNAIDS, as part of broader efforts to reform the United Nations agencies launched by the UN Secretary General's Office in March 2025 (United Nations, 2025). Within this context, it has been reported that more than 2,300 people could be laid off at WHO. And the future of UNAIDS has increasingly been imported into the UN80 Initiative framework, with the immediate reduction of 55% UNAIDS staff members, and the plan being discussed to ‘sunset’ UNAIDS as an independent agency by the end of 2026, with any remaining staff and programmatic functions being consolidated within other existing UN agencies (Gichuki, 2025).

In our view, even though these impacts of the U.S. administration's recent decisions may seem more immediate and measurable, there are other less tangible consequences that will potentially have just as great an impact—but which thus far have received significantly less attention. Of key concern is the impact of the Trump administration's policies on what might best be described as the ‘public health imaginary’, and on the conceptualization of the field of global health both in the present and in the future.

In our view, it was no surprise that the second Trump administration made global health a priority target—and when it did, the actions taken were not solely concerned with funding cuts or a struggle against the ‘deep state’. On the contrary, it took place because global health has long been an arena in which both *values* and *power* are in play. Profound and unresolved tensions continue to exist in relations between the North and the South; between the biomedical and the social; between evidence-based science and alternative interpretive traditions; between competing ethical and political values; and between competing approaches to global governance and intergovernmental relations. These tensions are shaped

and influenced by the working of diverse systems of power that are deeply rooted in political economy (Sell & Williams, 2020), but which may also be understood, following Foucault, in terms of biopower and biopolitics (Foucault, 2000) or, following Mbembe, in relation to necropower and necropolitics (Mbembe, 2019).

The policies recently pursued by the U.S. administration have engaged with this complicated political landscape in quintessentially disruptive ways, with consequences that are likely to transform the shape of the field in ways that will surely transform global health in the future. In the remainder of this Commentary, we develop this analysis further, by examining how the second Trump administration's reinvigorated politics of cruelty has been deployed in relation to global health, the dynamics present in the ways in which the administration's callousness has been inflicted, and the reasons why global health proved to be an easy (but somewhat predictable) target for this exercise of power.

The politics of cruelty and the future of global health

In reflecting on the frenzy of activity triggered by the EOs and related actions, along with the agencies and programmes affected, it is easy to be numbed by the appalling consequences that these events will have on countless millions of people around the world—the pain and suffering that they will cause, the lives that will be lost, and the devastation and destruction that will result. Already in these early days of the second Trump administration, it appears that, if anything, the politics of cruelty has been intensified and refined to create a point of departure for the all-out destruction that will outdo anything seen before (Greenblatt, 2025). To fully appreciate the enormity, the spectacle and the horror of what is underway, it is also important to take it apart, and to analyse the way in which a merciless form of savage cruelty is currently being developed and deployed, and to speculate on what the long-term consequences of this may be for the field of global health more broadly.

The politics of cruelty and its consequences for global health

The social science literature on cruelty and violence is extensive. Some of it is reasonably well-known because it had already offered insight into a range of public health issues and problems (Farmer, 2001; Galtung, 1969; Thakur, 2022), and structural, community and interpersonal violence occupy a central place in multiple health and wellbeing literatures (Rylko-Bauer et al., 2009). Rather less often discussed, however, are the forms of violence that governments inflict on their own citizens and friends, and the violence associated with premediated actions in war, civil conflict, migration and population displacement.

However, the underlying indifference to suffering associated with the current U.S. administration's efforts to roll back the health not only of its own people, but of groups and populations transnationally, transcends what has been written about so far. Direct attacks on global health are something new, and what it is important to note here is not just the obvious pleasure that these attacks seem to give to those who make them, but the broader structural aspects of destruction and violence, and the way in which global health has been captured and utilised as part of an explicit project of power and domination. Within this project, cruelty is used to produce fear, and ensure that because of their fear, to those who are being governed (most cruelly) can do little but stand back and obey (Kivisto, 2019; Serwer, 2018; Shklar, 1989; Steele & Subotic, 2022) as the destruction of what have long been recognised as 'public goods' (Kaul et al., 1999) are turned into public spectacles of unthinkable wickedness and evil.

Of the different ways of analysing the forms of violence and cruelty that might be drawn on to help us here, Randall Collins' work on callousness (Collins, 1974) offers an especially apt way of characterizing the dynamic. In his writing on the sociology of violence, Collins described callousness as a 'brutality that is routinized and bureaucratized' (Collins, 1974, p. 419). He contrasts it with overt brutality (mutilation, torture, execution, etc.) and other forms of violence that in modern societies are generally hidden and denied. As Collins describes it: 'Turning from the evil of ferocity, modern social structure delivers us into the hands of another evil: callousness' (Collins, 1974, p. 432). In the case of callousness, the suffering experienced by the subject or subjects who experience violence is simply an incidental and is usually ignored. Collins argues that bureaucracies are especially well-suited to perpetrating this kind of violence because they are hierarchical structures characterised by routine relationships of domination at the expense of individual persons and their feelings (Collins, 1974).

This use of bureaucracy as the mechanism for inflicting pain and suffering is especially ironic precisely because the explicit target of destroying the so-called ‘deep state’ was clearly articulated both by Project 2025 and by President Trump himself (Moynihan, 2023). It is one of the many contradictions present in the ideological underpinnings of the current administration's political project that the structural violence and cruelty inflicted bureaucratically on countless refugees, people in poverty, and people living with HIV, could simultaneously be used to terrorize the employees of USAID and other U.S. government services who were redefined as equally expendable thanks to the discontinuation of such aid programmes. Lost lives and lost jobs, both inside and beyond U.S. borders, conveniently reinforced one another.

In such contexts, bureaucratic cruelty and the callous attitudes that underpin it can be carried out with indifference to the pain and suffering of others—whether they be public servants fired from their jobs in U.S. government, aid workers and experts ‘downsized’ to accommodate funding cuts at agencies such as UNAIDS, UNFPA or WHO, or the millions of aid recipients callously condemned to suffer by the interruption of life-saving services. Callousness is thus especially well-suited to inflicting pain on to those who already lack power: migrants and displaced peoples, Indigenous people, poor and marginalized people, people who are already sick and suffering, and perhaps especially on to those who are not White. Callousness is also well-suited to bureaucratic justification (such as the need for efficiency, or to reduce the size and depth of the State) so as to cover-up the damaging effects of particular policies, whether the unemployment of government workers in order to downsize the deep state, or the fact that the end of food aid will leave refugees to die of hunger, just as the end of ARV availability will leave HIV positive people to die of AIDS-related illnesses.

Callousness increasingly converges with more recent theorizations of power such as the increasingly relevant concept of necropolitics (Mbembe, 2019). In societies that remain essentially democratic (in spite of their autocratic tendencies), bureaucratic callousness becomes a socially acceptable way of implementing a *politics of death* that determines who will live (for the moment at least) and who must die. The end result, however, is always the same: pain, suffering and, ultimately, death. Importantly, however, ‘mainstream’ society is shielded from viewing and recognising these consequences by claims about the positive goals that such policies will achieve, including what Trump has described as a ‘golden age’ for America (The New York Times, 2025).

But the veil that conceals is thin and, almost intentionally, thanks to the parallel desire for ‘shock and awe’, it constantly threatens to unravel so as to reveal its underlying nature. Indeed, what is perhaps most peculiar about the politics of cruelty as practised by the current U.S. administration is the fact that it combines the callousness of bureaucratic processes with a dynamic reminiscent of reality television. Spectacles of cruelty—televised immigration raids and the deployment of the National Guard in Democratic-led U.S. states; equally well televised visits by White, female government officials to the prison accommodation of predominantly Brown and Black men deported to El Salvador; detailed descriptions of the state of Florida's ‘Alligator Alcatraz’ immigration jail; real estate development plans for tourist resorts in Gaza; and other theatrical presentations, offer a counter-point to the televised spectacles of EOs being signed in the Oval Office. But all are manifestations of gross indifference to suffering, violence and lack of care (Devega, 2025; Giroux, 2025).

This peculiar combination of bureaucratically imposed and justified cruelty to destroy global health programmes and infrastructures, together with spectacles of cruelty broadcast live on modern social media platforms harks back to entirely premodern forms of mutilation, torture and physical violence for all to see, appears as a new innovation in the morally mutant system of cruelty that is being used by to destroy the ‘deep state’ as a primary policy goal. International development assistance, including for global health, may not have been the primary target, but was almost immediately included as part of the package precisely because it was so easy to do so, and in identifying ways forwards, it is worth reflecting on why this proved to be the case.

What made global health an easy target?

Given the consequences that these events are likely to have on global health, it is worth asking what made global health so well-suited for this display of a politics of cruelty? Part of the answer lies in the way in which health has been understood in relation to international policy and politics since the end of the World War II. In many ways, global health has been especially vulnerable as a target because of its emphasis on

charity (be this through international aid and/or philanthropy) rather than rights and justice. As a result, what can be given, can easily be taken away. But there is another dimension too, and this is the extraordinary concentration and dependence (which has grown rapidly during the first decades of the 21st century) on financial support from the U.S.A., which is a source of supply the current administration can readily control.

Over the course of this history, health worldwide has been conceived as a privilege for some rather than a fundamental right for all (Parker, 2023). In the post-WWII era, following the creation of the WHO and the United Nations more generally, this conception made it easy to link health to issues of development and to argue that it was the responsibility of higher-income countries to promote the latter through foreign aid and philanthropy. It also made health an important lever in 'soft power', especially during the Cold War era. As a result, strengthening health came to be linked to wider long-term geopolitical struggles, as a means to a geopolitical end rather than as an end in its own right. But when increasingly rapid globalization and expanding neoliberalism became more intense in the 1980s and the 1990s—an era which coincided with the end of the Cold War—and as international health became transformed into global health, attention increasingly focused on enhancing the role of the private/commercial sector as the key driver of global health. And with the emergence of new actors in the field of private philanthropy seeking ways to ensure 'greater impact', increasing emphasis was given to the principles and practices of the private sector. This, together with new modalities of philanthrocapitalism (in the 2000s) and 'blended financing' (in the 2010s and the 2020s), has promoted the idea that linking public investment to private investment is key to international development (Galvão et al., 2025). Ultimately, neoliberal governance, philanthrocapitalism, and the erosion of U.S. geopolitical soft power—came together in ways that made global health especially vulnerable to capture.

The rapid expansion of global health in the early 21st century was thus dominated by the kind of technocratic elites that have drawn the ire of populist political groupings such as the Make America Great Again (MAGA) movement. Reproducing many of the priorities that had been targeted domestically in the U.S.A. by Project 2025 (and built around what conservative ideology had defined as 'controversial' issues such as gender equity, the needs of sexuality minority populations, the inclusion of ethnic and racial diversity, and so on), and its service to primarily poor and marginalized populations beyond the borders of the U.S.A., made global health issues and programmes a more attractive object of attention than the domestic institutions and activities that have also become the focus on the administration's destructive agenda.

These multiple sources of impetus came together at the time when the new U.S. administration took office in 2025 making international development assistance for global health vulnerable to the logic driving DOGE and the MAGA movement—and an easy target, with few defenders capable of fighting back or mounting legal challenges, at least compared to some of the other domestic targets of the new administration. This also clearly played into an underlying neo-isolationist strain on the part of some sectors of the U.S. population (especially within the MAGA movement political base) as well as the mistaken notion that U.S. aid for issues such as health is much larger (i.e. a larger percentage of the country's budget) than it actually is, and should therefore be considered a reasonable target for cuts.

These changes in relation to foreign aid programmes also reinforce a sense of policy consistency on the part of the administration, downgrading a focus on health internationally at precisely the same time when support for domestic health care coverage (perhaps most clearly represented symbolically by the Affordable Care Act, signed in 2010 and informally known as Obamacare) is in the process of being gutted politically by the existing Republican party majority in both houses of the U.S. Congress (United States Senate Committee on Finance, 2025).

Conclusion

The actions and policies affecting global health taken by the U.S. administration in 2025 remain work in progress. In the months and years to come there will undoubtedly be battles in the U.S. Congress over the specifics and amounts of funding; there will be lawsuits brought by civil society organizations as well as by individuals affected; and there will also be real world events that impact in significant ways the policies and programmes proposed. But no matter how the specifics of policies may change, the impact and

reverberations of the shake-up that has been initiated will be felt for decades to come. As a result, it seems certain that when the history of global health in the early 21st century is written, the actions of second Trump administration will be seen as a drawing a line defining a 'before' and an 'after'.

In analysing these developments, this Commentary has sought to make three interlinked contributions. It has offered a political analysis of the growth of autocratic policymaking in a supposedly liberal democratic system of government; it has advanced a theory of bureaucratic cruelty in the field of global health; and it has sounded a warning about institutional fragility within the context of authoritarian governance. In practice, these processes are deeply entangled and interrelated: political spectacle reshapes bureaucratic routines, bureaucratic violence accelerates institutional fragilities, institutional weakening then enables ever more extreme forms of cruelty. These processes are wound together in ways that threaten to seriously undercut the advances that have been achieved in the field of global health in recent decades. The fact that many of the most important actors in this field were in large part caught by surprise by the events that unfolded over the course of 2025 highlights the limited attention given to both theorising and analysing the broader political context within which global health has been constructed.

It is also important that neither the new administration in the U.S.A., nor its politics of cruelty, exist in a vacuum. Extreme right-wing populist politics and the cuts to public spending that they demanded have been on the rise globally for at least two decades, even though little attention has been given to their consequences for health and development (for some important exceptions, see Greer, 2025; March et al., 2025; Piroddi et al., 2025). To assume that the present conjuncture will pass and that everything will 'go back to normal' after the current U.S. administration ends is not, in our view, a reasonable scenario to foresee. Because of this, there is an urgent need to radically rethink the field of global health as it existed prior to 2025—especially since it is clear that the U.S.A., by far the field's largest donor, is now well 'out of the benevolent-nation business.' (Sanger, 2025). Simply replacing the money (drawn from some other source) or rebuilding the architecture that has been dismantled (with something similar, albeit downsized) almost certainly will not be possible, and even if it were possible, it would not be enough.

Critical and creative thinking is needed if we are to have any hope of finding a meaningful way forward not least because in our view, the size of the crisis, and the structural conditions that created it, are more serious than has been acknowledged thus far. Even before the events of the past year, global health needed much more than adjustment or reform. It needs to be renamed, re-formed and re-invented if it is to have any hope of survival as both a moral position and a set of policy frameworks and health promoting practices. This requires us to call into question the historical processes and the structural conditions that created the field, as well as engage in a more sustained critique of the ideological and political forces at play in the assault currently underway. For, if we fail to do so, we run the risk of building a world that is even more cruel and callous in both its intent and its actions than the one we already live in today.

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