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Release: The Consortium of Universities for Global Health (CUGH) Calls for Evidence-Based Leadership at Health and Human Services.

The leadership at the US Department Health and Human Services (HHS) is directly responsible for protecting the health of all Americans. While each HHS Secretary brings their own vision and mandate, policies must align with scientific and public health needs to ensure the best outcomes for individuals, families and communities. The actions of HHS not only affect communities across the United States, but also shape international collaboration, preparedness and America's role in addressing health threats that know no borders.

Under the current leadership at HHS, a series of policy changes and program reductions have raised significant concerns across the health, science, and academic communities. These measures risk undermining the nation's ability to protect its citizens, respond to crises, and build on decades of public health progress. They also weaken U.S. credibility in global health and capacity to partner internationally on urgent health challenges particularly for vulnerable populations in resource-limited settings, including in the United States.

Areas include:

- **Vaccination:** Loss of infrastructure to make evidence-based vaccine recommendations and ensure safety oversight threatens one of the most effective tools in modern medicine.
- **Food safety:** Scaling back on active surveillance for foodborne pathogens at the federal level which increases risks for outbreaks of foodborne illnesses that threaten public health and safety and diminish global confidence in U.S. food systems.
- **Infection tracking and surveillance:** Weakened infectious disease surveillance systems due to staff reductions reduce knowledge about circulating diseases, impeding clinicians' ability to protect patients and communities at home and undermining the international surveillance networks that rely on U.S. data.
- **Public and provider education:** The erosion of trusted, evidence-based information undermines clinicians' ability to advise patients and reduces public confidence and weakens the role of U.S. health agencies as global exemplars.
- **Emergency preparedness:** Diminished federal leadership reduces the nation's capacity to mount timely, effective responses to pandemics, bioterror threats, and natural disasters.

- **Longstanding epidemics:** Progress in combating HIV, TB, malaria, viral hepatitis, and other infectious diseases is at risk of reversal, undercutting decades of U.S. investment in international health programs and efforts to advance global health.
- **Maternal and child health:** Potential elimination of critical and maternal and child health (MCH) data systems and programs, weakened MCH expertise and resources compromise efforts to support healthy pregnancies, child development and injury prevention.
- **State and local health departments:** Reduced technical support and guidance limit the ability of local officials to protect their communities and diminish national readiness to contribute to cross-border response efforts.

Additional steps—including large-scale staff reductions at the Centers for Disease Control and Prevention, weakened vaccine programs during an active measles outbreak, cuts to Medicaid, and reduced protections for clean water—compound these risks and threaten the health and security of Americans and weaken U.S. ability to lead on global health security. Reductions in global health research threaten current and future programs of new discovery which will benefit people in the U.S. and globally

A Call for Leadership Rooted in Science

The Consortium of Universities for Global Health (CUGH) believes that safeguarding public health requires strong leadership grounded in science, evidence and transparency. U.S. leadership in public health has long served as a model worldwide, underpinning international cooperation in research, preparedness and epidemic control. Weakening this leadership diminishes not only America's health security but also global stability and resilience.

We are committed to working with HHS leadership to advance initiatives that improve health outcomes for all Americans along with sustaining our history of path-breaking contributions to global health – and urge HHS leaders to reconsider changes in the policy areas outlined above.

America's leadership in global health is unparalleled. We respectfully urge the President to appoint HHS leaders who can carry forward the nation's longstanding commitment to evidence-based public health, strengthen preparedness for current and future threats, and help realize the vision of a healthier America and a reliable partner in advancing global health security.

Public health must be rooted in science. When we weaken the institutions and evidence-based programs that keep communities safe, we put lives at risk. America deserves leadership at HHS that will strengthen—not undermine—our health security.

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