

The Effects of the 2024 U.S. Election on Global Public Health December 1, 2024

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On November 5, 2024, Donald Trump won the US Presidential election. Trump's Republican Party also won control of both houses of Congress (the House and the Senate). Trump chose Robert F. Kennedy, Jr. (RFK, Jr.), who is widely considered to be a conspiracy theorist and [vaccine skeptic](#), to become Secretary of the Department of Health and Human Services (HHS). If RFK, Jr. is confirmed in that position, he would lead all major US health programs (including the Centers for Disease Control and Prevention (CDC), Food & Drug Administration (FDA), and National Institutes of Health (NIH)). Even if he is not confirmed for that position, he will have a very strong influence on Trump's policies.

Trump's election and his choice of RFK, Jr. will continue and expand recent trends of vaccine skepticism and restrictions on public health programs in the US. For example, in 2023 the [Texas state legislature](#) prohibited state health officials from using state money to advertise or promote vaccination for COVID-19. In October 2024, a [regional public health authority in Idaho](#) was prohibited by its board from providing vaccinations for COVID-19.

Developments in the US will also have significant effects on global public health, such as reducing global capacity for control of communicable disease. Trump is likely to withdraw the US from the World Health Organization (WHO), for which the US has been [one of the biggest sources of funding](#). Also, Trump will [probably not support](#) the ongoing negotiations for a proposed pandemic treaty. He will probably reduce other US funding for capacity in global public health, and will restore the "Mexico City Policy" (also known as the "global gag rule").

The US system of values puts a low priority on social solidarity and a high priority on individualism and personal choice. In the context of communicable disease and pandemics, it appears that society in the US has gone **too far** in elevating individual choice at the expense of community

health and safety. On Oct. 7, 2020, then-Vice President [Mike Pence said](#) that Americans should have the “freedom” to decide for themselves about masks and social distancing. According to Mike Pence, “The difference here is President Trump and I trust the American people to make choices in the best interest of their health. Joe Biden and Kamala Harris consistently talk about mandates... We’re about freedom and respecting the freedom of the American people.”

The concept of individual freedom expressed by then-Vice President Mike Pence is extreme and illogical. Do individuals have the “freedom” to drive a car on a public highway under the influence of alcoholic beverages, despite the risk of injury or death to other people? If not, why should individuals have the “freedom” to decide for themselves about masks, social distancing and vaccination, even if they are exposing other people to a potentially fatal communicable disease?

Moreover, Mike Pence’s extreme concept of individual freedom is inconsistent and hypocritical. He claims that he and Donald Trump “trust the American people to make choices in the best interest of their health,” but they certainly do not trust American women to make their own choices in the best interest of their reproductive health. Pence claims that he and Trump are “about freedom and respecting the freedom of the American people,” but they are not about respecting freedom of American women.

One of the most basic concepts in the law is balancing the rights of individuals and the interests of society (or the state). For example, do patients have the right to refuse life-saving blood transfusions on the ground of religious belief, or is the individual right outweighed by the interests of society? We recognize the interests on both sides of the scale, and we balance those competing interests.

Effects of the US Election on Vaccination

Vaccine skeptics and anti-vaxxers in the upcoming Trump administration also use the language of individual choice about vaccination, but in reality they want to prevent individuals from actually having a choice. Trump’s choice for Secretary of HHS, RFK, Jr., [claims](#) that he is “not going to take anyone’s vaccines away from them,” but only wants people to have the information they need to make their individual decisions. Despite his claim, RFK, Jr. and others want to take steps that are likely to

cause drug companies to take vaccines (or at least some vaccines) off the market. They do not want to be seen to directly take away vaccines from millions of people, but they want to indirectly prevent people from having a choice by causing drug companies to take some vaccines off the market.

According to a [news report](#), RFK, Jr. wants to reevaluate the data about safety of vaccines to “show that it’s not safe.” That statement shows that RFK, Jr.’s purpose is not to find the truth. Rather, the result of his planned reevaluation of data has already been determined in advance. Moreover, according to experts, RFK, Jr. has a [reputation](#) for manipulating data to make vaccines appear to be unsafe.

In 1986, the US Congress passed a law to provide incentives for vaccine manufacturers and to stabilize the market for vaccines, because the threat of lawsuits had caused manufacturers to drop out of the market. The National Childhood Vaccine Injury Act of 1986 (NCVIA), 42 U.S. Code §300aa-22, provides compensation from a government program for vaccine injuries, and give manufacturers immunity from lawsuits. A separate federal program, the Countermeasures Injury Compensation Program (CICP), provides compensation from the government during a declaration of public health emergency, such as COVID-19, and similarly provides immunity from legal liability.

[Experts think](#) taking away the immunity for specific vaccines could cause manufacturers to stop producing them, which would reduce availability of those vaccines and increase costs. For many years, RFK, Jr. has [opposed the immunity from liability](#) for vaccine manufacturers. If he is confirmed as Secretary of HHS, he would have [authority](#) to take specific vaccines off the list for immunity, and he could decide not to issue a declaration of public health emergency. [According to Howard Lutnick](#) (the Co-chair of Trump’s transition team), “And then if you pull the product liability (protections), the companies will yank these vaccines right off, off of the market.” If the vaccine market in the US is destabilized, that could certainly affect other countries as well.

Effects of the US Election on Sexual and Reproductive Health and Rights

The US had a constitutional right of access to abortion for almost 50 years under [Roe v. Wade](#), 410 U.S. 113 (1973). From 1973 to 2022, the US Supreme Court held that the US Constitution included

a right to abortion. That constitutional right prevented state governments from prohibiting abortion, and limited the restrictions which could be imposed. In 2022, the Supreme Court overruled Roe, and held that there is no right to abortion. Dobbs v. Jackson Women’s Health Org., 142 S.Ct. 2228 (2022).

The 1973 decision in Roe was based on balancing a woman’s individual rights against the interests of the state. However, the Supreme Court in Dobbs rejected the approach of balancing those rights and interests. Balancing only applies when there is a legally recognized interest on both sides of the scale. The Court did not say that the interest of the state outweighs the rights and interests of the pregnant woman. Rather, the Court essentially held that a pregnant woman has no legally recognized interest in deciding whether to continue her pregnancy, and, therefore, there is no need for balancing.

The 2022 Dobbs decision allows US states to prohibit or severely restrict abortion in their states, and threatens to eliminate other individual rights as well. Even after Dobbs, many opponents of abortion are still not satisfied. Many are not satisfied with allowing states to permit abortion after 6 weeks, and want a federal law to limit abortion in all 50 states to a specific number of weeks. They want to stop women from traveling to a different state for abortion, and punish people who help them to travel. They want to make it difficult or impossible to obtain the pills (Mifepristone) that are often used in the US for medication abortion, even if the pregnant woman lives in a state that still allows abortion.

Some people, including Trump, describe the Dobbs decision as leaving the issue of abortion to the state governments. In fact, Dobbs does not prevent the federal government from also enacting laws about abortion. It might be difficult, and might take a long time, for Congress to enact federal legislation about abortion. However, Trump could take other steps within his Executive Branch to severely limit access to abortion, without any action by Congress. As one example, Trump’s officials at the FDA could withdraw approval or impose more restrictions on abortion pills, without the need for any action by Congress, and that would apply even in states that allow abortion.

In addition, Trump will almost certainly restore the “global gag rule,” which is also called the “Mexico City Policy.” The global gag rule does not simply prohibit US funds to perform abortion. In

fact, another US law already prohibited using US funds to perform abortion, with few exceptions. The Mexico City Policy generally prohibits foreign non-governmental organizations (NGOs) that receive US money from using other money to perform, refer, provide public information, or advocate for abortion. The policy was announced in 1984 at a conference in Mexico City by former President Ronald Reagan. It has been routinely renewed by other Republican presidents and revoked by Democratic presidents.

In 2017, Trump renewed and greatly expanded the Mexico City Policy, but it was revoked by President Biden in 2021. Before Trump's first term as president, the policy only applied to a relatively small amount of family planning funds from the State Department and USAID, which totaled about \$575 million. However, Trump's expanded policy applied to more types of funding from more US agencies, which was estimated to be almost \$10 billion, including about \$6 billion in "PEPFAR" funding for HIV/AIDS. As Skuster *et al* explain, "[T]he US government's attempts to limit abortion care through the gag rule also limit access to other essential sexual and reproductive health services." Moreover, reducing US funding for global health programs hurts the people who need it the most.

Conclusions

The misuse of the concept of personal choice is a recurring theme in the US. Some vaccine skeptics use choice as a slogan to cover their actual agenda, which is to cause vaccines to be taken off the market and deprive people of any real choice. Other people, such as former Vice President Mike Pence, use personal choice as the only value, and refuse to balance personal choice against the health and welfare of the community. In a different context, the US Supreme Court in Dobbs made a similar mistake, by considering the state's interest in "potential life" to be the only value, and refusing to balance the state's interest against the interests of a pregnant woman. In both situations, the mistake was rejecting the balancing, which is the time-tested way to resolve conflicts between individuals and society.