

Trump's Cut to DEI: Silencing Research on Structural Racism and Equity

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The recent termination of a federally funded study on Black infant health by the U.S. National Institutes of Health (NIH) is more than a bureaucratic decision; it signals the dangerous politicization of scientific priorities. The study aimed to investigate how stressors such as racism and poverty influence premature birth rates among Black families in Detroit. Despite its sound methodological basis and community partnership model, the research was cut, with officials citing it as part of “artificial categories” tied to diversity, equity, and inclusion (DEI) efforts [1, 2].

This decision aligns with broader political narratives that frame DEI initiatives as ideological or non-scientific, as articulated in recent communications from the Trump campaign. Such narratives ignore the deep structural determinants of health rooted in race, class, and geography. Recent federal policy shifts have intensified this trend, with official communications from U.S. leadership openly advocating for eliminating DEI programs across all branches of government [3]. These declarations, framed as restoring merit-based decision-making, have instead eroded initiatives designed to address systemic health disparities, which are grounded in robust scientific evidence.

Compounding this trend is the misuse of “scientific rigor” as a rhetorical cover while political appointees release government reports riddled with fictitious citations and AI-generated errors. A White House-backed report on children’s health recently included references to nonexistent studies, mischaracterized real findings, and replaced false citations only after press scrutiny, even as officials downplayed the errors as “formatting issues” [4]. This episode starkly contrasts with calls to restore “gold science standards” in government, exposing a dissonance between professed ideals and policy practices.

Meanwhile, health outcomes for children in the United States continue to deteriorate. A recent JAMA analysis found that from 2007 to 2023, infants in the U.S. were 78% more likely to die than those in peer high-income countries, largely due to prematurity and sudden unexpected infant deaths. Among children aged 1–19 years, firearm mortality was 15 times higher than in other high-income nations. Chronic health conditions, obesity, and emotional distress have all worsened, revealing systemic failures to address child health [5]. These findings reinforce that dismissing research on social determinants

like racism and poverty is not merely a theoretical debate, but one with measurable consequences for children's survival and well-being.

Prematurity remains a leading cause of infant mortality in the United States, disproportionately affecting Black communities. To study this disparity without considering racism or poverty would be methodologically negligent. The claim that such research is "not in the national interest" is not only scientifically unfounded but ethically troubling. Moreover, the cancellation of this and similar studies undercuts trust between marginalized communities and scientific institutions. When research agendas are shaped by political ideology rather than health equity and evidence-based need, public health suffers. As scientists and global citizens, we must reaffirm that equity-driven research is not a fringe agenda; it is central to modern medicine. Attempts to silence such work risk reversing decades of public health progress.

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