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EDITORIAL



Experts in traumatic stress are concerned about global impact of what is happening in U.S.

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ABSTRACT

Trauma is a global issue and public health concern. Political decisions may directly impact rates of trauma exposure, be it individual trauma or mass disaster, and guide how we deal with the consequences of trauma. In this editorial, we warn that the current U.S. administration's decisions are impacting exposure to and consequences of trauma worldwide as well as disrupting the field of traumatic stress in research and practice.

KEYWORDS

Trauma; PTSD; societal impact; global mental health; traumatic stress research

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Expertos en el estrés traumático se muestran preocupados por el impacto mundial de lo que está sucediendo en EE. UU

El trauma es un problema mundial y una preocupación de salud pública. Las decisiones políticas pueden impactar directamente las tasas de exposición a trauma, ya sea por un trauma individual o por desastres masivos, y orientar la forma en que abordamos las consecuencias del trauma. En esta editorial, advertimos que las decisiones de la actual administración de los E.E.U.U. ya están afectando la exposición y consecuencias del trauma nivel mundial, así como también perturbando el campo del estrés traumático en la investigación y práctica clínica.

Destacados

- Los investigadores y clínicos especializados en el estrés traumático advierten que las actuales decisiones de la administración de los EE. UU están afectando la exposición y las consecuencias del trauma en todo el mundo.
- Estas decisiones podrían disminuir la salud física y mental, el funcionamiento social y ocupacional, la calidad de vida y el acceso a la atención médica.
- Es necesario que los EE. UU vuelva a participar en la investigación del estrés traumático y en las actividades globales para mitigar los efectos del trauma en tiempos de crisis y avanzar en la ciencia del estrés traumático.

PALABRAS CLAVE

Trauma; TEPT; impacto social; salud mental global; investigación en estrés traumático

HIGHLIGHTS

- Researchers and clinicians who specialize in traumatic stress warn that the current U.S. administration's decisions are impacting exposure to and consequences of trauma worldwide.
- These decisions might decrease physical and mental health, social and occupational functioning, quality of life, and access to health care.
- Re-engagement of the U.S. in traumatic stress research and global activities is needed to mitigate the effects of trauma during times of crisis and advance the science of traumatic stress.

Trauma is a global public health issue (Magruder et al., 2017; Schnyder, 2013). Potentially traumatic events happen around the world to the majority of individuals (Benjet et al., 2016; Kessler et al., 2017; Koenen et al., 2017; Olff et al., 2021). Recently there have been massive natural disasters like earthquakes in Myanmar, wildfires in the United States (U.S.), Australia and Chile, and tropical storms in the Philippines. There are ongoing wars, conflicts, and mass devastation in places like the Democratic Republic of Congo, Ukraine, Gaza, Sudan, and others. Billions of individuals worldwide experience physical or sexual violence. These events may lead to a wide range of mental and physical health, interpersonal, and occupational consequences, as well as to high health care utilization, reduced work productivity, and other social and economic costs (Danieli & Engdahl, 2018; Felitti et al., 1998; Maël & Daniel, 2022; Scott et al., 2013; Severs et al., 2023; von der Warth et al., 2020).

While many traumatic events are not under anyone's control, other potentially traumatic events are directly or indirectly influenced by government policies and political decisions. This can include policies that directly impact rates of trauma exposure, policies that address the sequelae of trauma exposure, and policies that influence the clinical and research workforce needed to address these effects. For example, public health policies can impact the prevalence rates of violence or mitigate the impacts of climate change (e.g. disasters, drought, poverty, migration). Government resources directly impact the availability of public health systems to provide mental and physical health care necessary for helping individuals heal from the consequences of trauma exposure. Policies targeting

specific groups because of their gender identity, sexual orientation, race, religion, or ethnicity (or many other characteristics) have physical and mental health consequences for those individuals and may also increase their risk of trauma exposure.

The start of Donald J. Trump's second presidency of the U.S. in 2025 has brought rapid and unparalleled changes. These changes are already bringing negative health effects for countless individuals and communities (Buse & McKee, 2024). Below, we highlight a few of these changes and their potential longer-term impact. In this editorial, we warn that the current U.S. administration's decisions might increase morbidity and mortality and have a major global impact on levels of traumatic stress-related mental and physical health. The fallout for science and humanity may be profound (Pagel et al., 2024).

Most of the global burden of disease arising from mental health conditions occurs in low- and middle-income countries (LMIC) (Magruder et al., 2016; World Health Organization, 2024). The administration's decision to terminate the U.S. Agency for International Development (USAID) will have a devastating impact on physical and mental health. USAID is one of the world's largest aid agencies and has delivered food and health programs, disaster relief, and socioeconomic development to underserved populations in over 100 countries, primarily in Africa, Asia, Latin America, the Middle East, and Eastern Europe (Rilkoff, 2025). These programs contribute to reducing trauma exposure by mitigating conflict, reducing the spread of deadly diseases, and implementing programs aimed at the prevention of violence or treatment of the consequences. The abrupt

cancellation of programs has led to unnecessary suffering and uncertainty for those already vulnerable (Dyer, 2025). Successful programs have been discontinued. Individuals in conflict regions have been left without support. The devastation caused by the rapid dismantling of USAID will add to the global burden of disease as traumatized people are cut off from services.

Another significant blow to global health was the U.S. withdrawal from the World Health Organization (WHO). The WHO has been active in the traumatic stress arena by engaging in activities such as providing guidelines for treatment of conditions related to stress including trauma-related disorders, offering information on assessment and treatment of other mental health disorders, creating a repository of training materials for clinicians on trauma, and providing information for addressing gender-based violence, just to name a few of their relevant contributions. Since the U.S. was seminal in establishing the WHO and influential in its conduct for over 75 years, this removal is stupefying. What exactly this will do to disease surveillance, coordination of outbreak responses, and fostering of scientific exchange and collaboration globally, remains to be seen. It will likely reduce efficiency and decrease our ability to respond effectively to trauma-related mental and physical health disorders. It will likely also add to a decrease in the safety, security, and quality of life of individuals worldwide, with the most significant impact on people in LMICs. In addition, it will probably lead to more human suffering and greater global costs.

In the U.S., executive decisions terminating long-standing federal investments are having significant consequences for Americans. The current federal administration, under the guise of increasing efficiency, has conducted layoffs of the federal workforce, including at the Health Resources and Services Administration, and the National Substance Abuse and Mental Health Services Administration (SAMHSA) along with major cuts in funding for programs and services. These organizations provide direct health services and state contracts to increase access to healthcare including care for some of the most vulnerable populations in the U.S. These organizations serve many in need, address rural healthcare, and develop a healthcare workforce. Previous mass layoffs in the private sector have been associated with increased mental health visits, prescription use, and suicidal behaviours (Classen & Dunn, 2012; Elser et al., 2019). Federal employees and contractors have described symptoms such as anxiety, fear, and a sense of betrayal just from the possibility they will be dismissed (Korecki, 2025). There are also indirect costs from lost productivity when employees, due to burnout or worry about their future, cannot work as effectively as they once did (Zivin et al., 2022). The reduction in personnel and the change in policies will directly

impact patient care. Individuals are likely to have poorer access to treatment, and are likely to wait longer to receive care, if they can get it at all (Jiao et al., 2022; Kaboli & Shimada, 2023; Staloff et al., 2024), increasing the risk of long-term mental health problems and suicide.

Though research on trauma has become increasingly global, for many years it was dominated by research conducted in high-income countries, with the U.S. being a seminal contributor (Fodor et al., 2014). Trauma research has been both directly affected by grant terminations and indirectly impacted through delays in grant reviews and slowdowns in the release of funds. With reductions in the federal workforce, further delays may occur due to a lack of people to process or administer grants. At the time of writing 800 research projects (U.S. \$2.3 billion allocated to U.S. researchers) have been terminated by the U.S. National Institutes of Health (NIH) (Kozlov & Ryan, 2025). It is unclear how many federal grants will eventually be cancelled by the U.S. Department of Health and Human Services. These cancellations will likely have reverberating effects on non-U.S. researchers as well. The Tracking Accountability in Government Grants website (<https://taggs.hhs.gov/>) provides a link to thousands of terminated research and service delivery block grants due to 'wasteful spending'. The reason provided for termination was that it 'no longer effectuates agency priorities'. Grants that address violence in marginalized communities such as sexual and gender minorities, women, and people of color, are particular targets for cancellation. Research at the Department of Veterans Affairs (VA) is also under threat (Fihn et al., 2025). Several former VA leaders spoke out in an opinion piece in *JAMA Internal Medicine* explaining that arbitrary and unselective cuts in biomedical research are counterproductive and wasteful. The VA has been one of the most prolific producers of methodologically rigorous and innovative research on traumatic stress and related physical and mental health difficulties, including post-traumatic stress disorder, traumatic brain injury and chronic pain, for decades. In addition, VA researchers have been influential in studying ways to improve the delivery of healthcare and the dissemination and implementation of evidence-based therapies for trauma-related disorders, which have served as models for the rest of the world (Marx et al., 2025).

Finally, the current government's policies on sex and gender, including the insistence that research and research reports on sex and gender be limited to male and female categorizations only, directly impact the global field of traumatic stress. Studies into the association between sex and gender on the one hand, and posttraumatic stress on the other, are an integral part of this field, enabling researchers, clinicians and policy makers to identify and address issues related to traumatic exposure and posttraumatic

wellbeing of minority and diverse populations (e.g. Haering et al., 2024; Langeland & Olff, 2024; Langevin et al., 2024; Travers et al., 2020). Without the ability to address such issues, the safety and dignity of individuals belonging to such populations are directly at risk. Implementation of government policies means that crucial information on the interplay between sex, gender and posttraumatic stress is no longer freely available, as evidenced by recent changes to the website of the Centers for Disease Control and Prevention (CDC; <https://www.cdc.gov/sexual-violence/prevention/index.html>). In addition, it denies free and dignified international travel for gender-diverse individuals who work in the field of traumatic stress.

As researchers, clinicians, and scholars who specialize in traumatic stress, and who come from countries around the world, we have concerns about the global impact of what is happening in the U.S., for the needless suffering it will bring to individuals and communities around the globe, and for the larger impact on science. Instead of being a beacon of light and a leading innovator in biopsychosocial research and care, the U.S. administration is turning its vision away from funding science and public health and is turning its back on the rest of the world. We hope that the U.S. administration chooses to reengage in traumatic stress research and global activities, and to once again play its critical global role in mitigating the effects of trauma during times of crisis and advancing the science of traumatic stress.

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