Journal of Critical Public Health, Volume 2 (2025), No. 2, pp. 1-4

Editorial

Public health in peril? Critical scholarship in times of crisis

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It is hard to resist the conclusion that improvements in public health are set for a calamitous reversal. As the US administration's assault on aid, science, and what is left of the public sector relentlessly unfolds, there are devastating implications globally, as vaccine development and roll out, and support for HIV/AIDS treatment, sexual health, and the broader upstream determinants of well-being and health equity are abandoned (Looi & Dyer 2025) and isolationism replaces a commitment to global health governance (Petersen 2024). Within the USA, fatal outbreaks of measles – declared eliminated in 2000 – have been associated with declines in vaccine coverage (CDC 2025) as a vaccine-sceptic Health Secretary advocated rolling back 'big state' public health measures. His libertarian rhetoric has emboldened states in a raft of measures that threaten health and health equity, such as Florida's ban on fluoridation of drinking water.

Condemnation of the retreat of the USA from aid commitments, and from international health infrastructure such as WHO and Gavi, the Vaccine Alliance, has been widespread, and deserved. The cruelties of essential medical and humanitarian supplies left to rot on borders as programmes have been defunded have, rightly, been widely denounced by public health activists and researchers around the world, as have the attacks within the USA on universities and NIH funding.

As Montenegro and Fonseca (2025) argued, recent events have been a salutary reminder of enduring international power imbalances, in which the actions of one country can destabilise the entire global health system. However, rather than just decrying the retreat of the USA from global public health efforts, they argue that this is also a chance to radically realign networks, and make genuine progress in decolonizing global health. Global partnerships, they argue, would be more resilient if they were less centralized, and built on an expanded set of contributors, drawing on the expertise from Latin American and African public health collaborations, rather than reinstating dependence on the USA and other countries of the global north. Crisis is therefore also opportunity:

> Today we see a *fracture* of the current order, a momentary suspension of normality. It is an opportunity to articulate our aspirations and create new designs. We face a miniature space upon which alternative horizons can be imagined (Montenegro & Fonseca 2025)

We echo this sentiment: crises should prompt consideration of what can change as well as what can be rescued, and for reflexivity as well as despair. However, in times of crisis, the role of the critical scholar can be uncomfortable. Calls to defend science, bolster the voices of mainstream public health

actors, and counter 'fake news' have the feel of a moral imperative, and voicing any dissent can seem frivolous, or even dangerous. Some of the usual roles of critical scholars – ranging across unpicking how power plays out, analysing how evidence is made, questioning who benefits from public health programmes and who is marginalized, and positing alternatives – risk being coopted by bad faith actors to underline the instability of science, or the 'control' of public health measures by elites. Standing up for community voices can be awkward when those being amplified are seemingly irrational, or steeped in misfinformation.

Maintaining a critical stance is, though, even more urgent. Now more than ever is a time to avoid the trap of dismissing public voices as mere dupes of populalist leaders: as Antin et al. (2025) discuss, in the context of rural residents living in poverty in northern California, USA, those voting for authoritarian leaders are as likely to have been left behind by public health advances as they have been by economic development. Smith & Stewart (2024), writing on the mortality excess in Glasgow, Scotland, document people's understanding of the 'political attack' they have suffered, as national economic, welfare and democratic policy has marginalized them, whilst local 'street level' bureaucrats offer no buffering dignity or support. When populist leaders position public health measures as evidence of state over-reach, they are certainly not doing so to enhance social justice – but they are drawing on an uncomfortable truth that much 'business-as-usual' public health sidelines the poorest communities, and entrenches social divisions.

As opinions polarize, with 'anti-science' political leadership in the US seemingly dedicated to undermining hard-won gains in areas such as vaccination, commitment to equity, or action on the climate emergency, opposition to anti-science rhetoric can homogenize, and have the force of moral imperative, leaving little room for nuance, for exploring complexity, or respectful engagement with the drivers of distrust in science. Yet, not acknowledging uncertainties in science, and ignoring the legitimate causes of some opposition, has larger risks, in undermining public trust.

We need, as a necessary first move, careful analyses which resist monolithic explanation. An example is Kiely's (2024) study which unpacks the impacts of austerity on mental health funding in the UK. Rather than simply condemning under-funding and assuming this has been ubiquitous, Kiely shows how there were 'localised austerities' in which diverging political policies and trends across different health and social care funding streams intersected in complex ways, with outcomes including a rise in coercion as compulsory hospitalisations increased, and a growing residualisation, with a focus on individualized recovery models rather than community funded support for mental health.

Kiely's analysis is also a timely reminder that supranational scales are not the only ones that matter for public health. For sure, health and health equity are impacted by global politics and economics: the actions of one president can have devastating impacts on mortality, disease and security worldwide. Neither infectious diseases nor the reach of global capital are held back by state boundaries. Yet their impacts locally are deeply affected by national and regional efforts to protect the public health. What national and local actors do does matter. A number of analyses published in this journal over the last two years have illustrated this at sub-national or regional scales. Das et al. (2025) showed how provincial policies supporting unions can protect health, in demonstrating that higher unionization rates across Canadian provinces were associated with lower mortality. Vignola et al. (2024) showed how different social welfare safety nets and employment policies led to very different experiences of workplace risk in the food and retail sector during the COVID-19 pandemic in in two US states.

Critical perspectives are those that serve to *uncover* and *challenge* (McLaren et al. 2026, forthcoming). They uncover how specific social structures, in their political and historical contexts, construct and re-create conditions that threaten, or protect and promote, the health of populations and particular groups within those populations. *Uncovering* includes political commentary to name the causes of causes, as well as careful, nuanced, and politically informed analysis around what policies and interventions help and which ones harm with respect to well-being and health equity. Critical perspectives also provide a platform to *challenge* harmful structures, and to think about – and inspire – alternatives, including alternative, equity-centred, paradigms (Speed & McLaren 2022, McLaren & Graff-McRae 2024). These functions of critical scholarship remain immensely important, including – and perhaps especially – in

times of crisis. So long as we have systems and structures that create winners and losers, and so long as those dynamics of power remain hidden or intentionally obscured, there will be a role for critical public health scholarship in uncovering and challenging these root causes of health inequities.

Crucially, though, critical self-reflection is also necessary, including efforts to insert such criticality into more mainstream public health spaces. As Lauber et al. (2025) note, the very framing of 'crisis' can 'warp time' such that the longer term, slower drivers of inequities are sidelined. Public trust in science, politics and public has, after all, been in decline for decades. In this context, Antin (2025) helpfully articulates some key questions for informing ongoing praxis:

- In what circumstances has public health spoken **at,** rather than spoken **with,** [diverse] publics?
- What approaches have we pursued that have harmed the very communities we intend to serve?
- Who have we systematically neglected in public health programs and policies?
- When is public health more aligned with systems of power, rather than the communities for whom we work?
- When has public health promoted the status quo, overlooking alternative ways of knowing? (Antin 2025)

The repair of trust will not happen through simply denouncing populists, or disavowing our own responsibilities, as professionals, scholars, or practitioners, for its loss. Repair will require honesty around uncertainty and ignorance, compassion for those whose views are different, and a willingness to speak about uncomfortable dilemmas – even though such positions risk cooption by bad faith actors.

In conclusion, in times of crisis critical scholarship should certainly be supporting those defending public health and public health research. But there is space, and need, for nuance including in the form of critical self-reflection. Alongside those who embrace simplification and polarization are those who desperately seek frames for engaging with complexity in a way that respects progressive values. Those are our allies, and our work remains important: in times of crisis, we must keep doing what we do best.

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References

Antin, T.(2025) *Blog: What is the role of public health in crisis?* Critical Public Health Network. https://cphn.net/blog/

Antin, T., & Hunt, G. (2025) Left behind again: Rural America and the hypocrisy of populism. *Journal of Critical Public Health*, *2*(1), 1-5. https://doi.org/10.55016/ojs/jcph.v2i1.80930

CDC (2025, May 23rd) *Measles cases and outbreaks* https://www.cdc.gov/measles/data-research/index.html (Accessed 26 May 2025)

Das, A., Hudson, I. & Hudson, M. (2025) Unionization rates and health in Canadian provinces, 2000-2020. *Journal of Critical Public Health*, *2*(2), 22-38. https://doi.org/10.55016/ojs/jcph.vi.80333

Kiely, E. (2024) Between coercion, conditionality and abandonment: A descriptive analysis of English mental health spending and provision under austerity. *Journal of Critical Public Health*, *1*(2), 51-73. https://doi.org/10.55016/ojs/jcph.v1i2.78931

Lauber, K., Maani, N., Brown, O., & Glover, R. E. (2025) (Re) acting (to) the crisis: A comparative analysis of crisis framing in obesity, climate change, antimicrobial resistance, and the UK cost-of-living crisis. *Journal of Critical Public Health*, *2*(2), 5-21. https://doi.org/10.55016/ojs/jcph.vi.80383

Looi, M. K., & Dyer, O. (2025) Trump watch: HIV/AIDS research sent into crisis, growing hostility to mRNA vaccines, and more. *BMJ, 388*, r645. doi: https://doi.org/10.1136/bmj.r645

McLaren, L., & Graff-McRae, R. (2024, Jan 3rd) Envisioning a well-being economy: Inspiration and hard questions. *The Monitor,* Canadian Centre for Policy Alternatives..

McLaren, L., Green, J., & Labonté, R. (forthcoming, 2026). *Critical perspectives in public health: Health in turbulent times*. Routledge.

Montenegro, C., & Fonseca, S. (2025, Feb 14th) "Stop looking north, look to the world". Can we imagine Global Health without the USA at its centre? *PLOS Blogs: Speaking of Medicine & Health* https://speakingofmedicine.plos.org/2025/02/14/stop-looking-north-look-to-the-world-can-we-imagine-global-health-without-the-usa-at-its-centre/

Petersen, A. (2024) The proposed WHO Pandemic Agreement: Ambitious progress or business as usual?. *Journal of Critical Public Health*, *1*(2), 1-4. https://doi.org/10.55016/ojs/jcph.v1i2.80000

Smith, K., & Stewart, E. (2024) Under attack? Public accounts of health inequalities and the social determinants of health in Scotland. *Journal of Critical Public Health*, *1*(2), 5-23. https://doi.org/10.55016/ojs/jcph.v1i2.77753

Speed, E., & McLaren, L. (2022) Towards a theoretically grounded, social democratic public health. *Critical Public Health, 32*(5), 589-591. https://doi.org/10.1080/09581596.2022.2119053

Vignola, E. F., Andrea, S. B., Hajat, A., Weathers, T. D., & Ahonen, E. Q. (2024) What extraordinary times tell us about ordinary ones: A multiple case study of precariously employed food retail and service workers in two US state contexts during the COVID-19 pandemic. *Journal of Critical Public Health*, *1*(1), 45-60. https://doi.org/10.55016/ojs/jcph.v1i1.78291