

The devastating effect of abrupt US refugee policy shifts

In 2024, the global population of refugees rose to 43.7 million— the highest in the UN's history.¹ Resettlement in a safe country offers a durable, long-term solution for the world's most vulnerable refugees. Despite the urgent need for resettlement, in January, 2025, the US federal government abruptly suspended the US Refugee Admissions

Program and cancelled over 10 000 approved flights for refugees awaiting resettlement.² This decision left many groups vulnerable, including refugees with disabilities, women, unaccompanied children, and those at immediate risk of harm, undermining US commitments to humanitarian and international law.

The abrupt policy change has increased uncertainty for refugees living in camps. Leaving them in limbo will exacerbate pre-existing physical and mental health³ conditions and increase the risk of enduring harm and violence.² While awaiting resettlement, these refugees encounter legal and economic challenges arising from increasingly restrictive local policies and xenophobia.⁴ Thousands of vetted refugees, including Afghans who aided the USA, remain stranded in limbo within camps. These newcomers are currently facing forced deportation from refugee camps in Pakistan unless their cases are expedited for resettlement¹ and risk Taliban retaliation if they return to Afghanistan.³

Additionally, abruptly reversing policy and funding cuts severely affect refugees residing in the USA; family members expecting to rejoin them are facing endless delays in reunification. Federal funding cuts

jeopardise refugees' access to resources such as health care and employment, which are needed for integration. Notably, refugees contributed US\$124 billion

www.thelancet.com Vol 405 April 12, 2025

to the US economy over the past 15 years, emphasising the advantages of welcoming them.⁵ Reaffirming US commitment to human rights and international refugee protection is crucial, especially during this humanitarian crisis. Withdrawal from this commitment further destabilises neighbouring countries hosting refugees, reduces trust in global institutions, and negatively affects the US economy. The USA should restore refugee admissions to honour its moral obligations and share responsibility for addressing the refugee crisis. The Refugee Act of 1980, which the Senate unanimously passed with bipartisan congressional support, constitutes the legal basis for the refugee resettlement programme. Therefore, any major changes to the programme should go through congressional approval. The federal government should establish advance notification and transition plans to support refugees' mid-process. Finally, the USA should coordinate with regional countries (eg, Pakistan, Jordan, and Türkiye) to halt the forced deportation of newcomers. Failing to act now will deepen suffering, set a dangerous precedent, and erode refugee protections, leaving millions in immediate danger—just as Jewish refugees were abandoned during World War 2.

MM reports a Partner Sites award from the Social Science Research Council; and honoraria from Tufts

University for delivering a guest lecture titled Occupational Therapy with Refugees and Asylum Seekers and the Urban Institute for serving as an expert consultant as part of the Disability Equity Policy Initiatives' virtual symposium. All other authors declare no competing interests.

**Mustafa Rfat, Ashley Cureton, Mansha Mirza, Jean-Francois Trani m.rfat@wustl.edu*

Brown School of Social Work, Washington University in St Louis, St Louis, MO 63130, USA (MR, J-FT); University of Michigan School of Social Work and the Marsal Family School of Education, Ann Arbor, MI, USA (AC); University of Illinois Chicago, Chicago, IL, USA (MM)

- 1 United Nations High Commissioner for Refugees. Mid-year trends 2024. 2024. <https://www.unhcr.org/mid-year-trends-report-2024> (accessed Feb 16, 2025).
- 2 US Committee for Refugees and Immigrants. USCIRI condemns the administration's indefinite suspension of refugee resettlement to the United States. 2025. <https://refugees.org/usciricondemns-the-administrations-indefinitesuspension-of-refugee-resettlement-to-theunited-states/> (accessed Feb 17, 2025).
- 3 Ahmed M. Afghans who fled Taliban rule urge Trump to lift refugee program suspension. AP News, Jan 22, 2025. <https://apnews.com/article/afghan-refugees-us-trump-relocation4affc771c7126f31c5e756a695468e79> (accessed Feb 17, 2025).
- 4 Rfat M, Zeng Y, Yang Y, Adhikari K, Zhu Y. A scoping review of needs and barriers to achieving a livable life among refugees with disabilities: implications for future research, practice, and policy. *J Evid Based Soc Work* 2023; **20**: 373–403.
- 5 Dunn Marcos R. Refugees in US have contributed nearly \$124B to US government budget, new HHS study reveals. Administration for Children and Families, Feb 15, 2024. <https://www.acf.hhs.gov/archive/blog/2024/02/refugees-us-havecontributed-nearly-124b-us-governmentbudget-new-hhs-study> (accessed Feb 17, 2025).

Unheard harms to LGBTQ+ patients and scientists

There is an old fable about a frog being put into a pot of boiling water. If the frog is placed in gradually warming water, it will not perceive the danger in time and will boil to death. The frog adjusts to the uncomfortable surroundings and adapts, losing the strength to jump out in time. However, when the frog is dropped immediately into a pot of boiling water, it jumps— acts to save itself from immediate death. This is not a call to test the thermotolerance of frogs, but rather, an allegory for the current state of institutional and governmental support for science and research, particularly regarding minority and underserved populations.

At the beginning of the 2025 Trump presidency, research concerning LGBTQ+ populations, HIV/AIDs research and data, and grants and funding aimed at increasing underrepresented minority and LGBTQ+ student retention in science were rescinded. Emails went out mandating revocation of manuscripts that

Health, and US Food and Drug Administration pages that included any mention of LGBTQ+ identity and LGBTQ+ health were taken down, and only restored after a court order.² However, they were only restored with the addition of the following disclaimer that reiterated the harmful language: “Any information on this page promoting

mutilation, and to women, by depriving them of their dignity, safety, well-being, and opportunities. This page does not reflect biological reality and therefore the Administration and this Department rejects it.”³ Deleting entire populations—starting with minority populations—from health databases sets a precedent for what is to come, aptly termed a digital genocide.⁴ To continue the allegory, we are turning up the temperature of the water—and the smaller frogs are not making it. This removal of data and information of the most vulnerable and minoritised populations manufactures consent for future restrictions and deletions, retractions, and policing of science—beginning with under-represented minorities, reproductive and sexual health research—until all clinical, translational, and basic research are scrutinised. We must not assume, as a scientific community, that the policing of information and thought will stop at LGBTQ+ populations and minoritised patient populations. This deletion is

1225

Correspondence

included words such as gender, transgender, pregnant person or pregnant people, LGBTQ+, transsexual, nonbinary, assigned male or female at birth, and biologically male or biologically female.¹ Online pages of the Centers for Disease Control and Prevention, National Institutes of

gender ideology is extremely inaccurate and disconnected from the immutable biological reality that there are two sexes, male and female. The Trump Administration rejects gender ideology and condemns the harms it causes to children, by promoting their chemical and surgical

1226

simply where it began, or rather, the population that was rendered okay and consent was manufactured to attack first. There is no indication or reason to what could be cut next—nothing is guaranteed. Researchers who have not been affected since their research is not tangential to minority health, warming, environment, or any of the other research areas under fire should not assume that they are exempt. LGBTQ+ health, patient populations, and clinicians are the frog in the boiling water. The more that data removal is normalised and excused, the more that goalposts will shift and the Overton window will adjust on what is acceptable to remove from data and funding. It is important that as a scientific, medical, and research community, we act and protect all research before the water begins to boil and none of us can jump out. I declare no competing interests. **Cass Condray** cass.d.condray-1@ou.edu Department of Microbiology, University of Oklahoma, Norman, OK 73019, USA

1 Faust J. CDC researchers ordered to retract papers submitted to all journals. Feb 1, 2025. <https://www.medpagetoday.com/opinion/faustfiles/114043> (accessed April 1, 2025).

2 Dall C. Removal of pages from CDC website brings confusion, dismay. Center for Infectious Disease Research & Policy. Feb 3, 2025. <https://www.cidrap.umn.edu/public-health/removalpages-cdc-website-brings-confusion-dismay> (accessed Feb 25, 2025).

- 3 CDC. Health disparities among LGBTQ youth. Centers for Disease Control and Prevention. 2024. <https://www.cdc.gov/healthy-youth/lgbtq-youth/health-disparities-among-lgbtqyouth.html> (accessed Feb 25, 2025).
- 4 Anonymous. Anger, despair, and defiance from a voice within the US federal research system. *BMJ* 2025; **388**: r294.

Rigour, independence, and precaution in reporting sodium risk

The Lancet has published Institute for Health Metrics and Evaluation (IHME) findings since 1990.^{1,2} Throughout, the IHME has relied on a poorly substantiated theoretical minimum risk level of 24 h sodium consumption of more than 3 g per day or 1000–5000 mg.³ Scientific societies and well designed peerreviewed research do not support either amount as safe. Meta-analyses of randomised controlled trials indicate that blood pressure increases when a person's sodium intake is over 800 mg per day. Likewise, highquality observational studies indicate that cardiovascular disease risk rises at sodium intakes greater than 1900 mg per day.⁴

In 2023, WHO advised that adults consume less than 2000 mg per day, and “sodium deficiency is extremely unlikely in healthy individuals and the minimum intake level required for physiological needs is [...] estimated to be [less than] 500 mg [per] day”, and effective sodium-reduction policies are rare.⁵ The US National Academy of Medicine recommends a lower target of 1500 mg per day with an upper limit of 2300 mg.⁶

The IHME's theoretical minimum risk level relies on the J-curve effect that was suggested in 2011.⁶ However, the claim that sodium health risks in the general population begin mainly at very high sodium intakes was novel, rather than the curve itself. In 2022, the methodological shortcomings and conflicts of interest within the so-called J-curve research were extensively and specifically challenged by worldrenowned sodium scientists.^{4,6} Those concerns remain unaddressed by the IHME.

The IHME currently estimates that, of the 7 million deaths linked to dietary factors, 1·8 million are attributable to excess sodium.^{1,4} Public health authorities and the

general public should be informed that even these concerning numbers could understate the risks of high dietary sodium consumption. IHME's approach deflates political will to take stronger sodium-reduction measures, depriving populations and governments of the health, fiscal, and economic benefits of sodium reduction.

www.thelancet.com Vol 405 April 12, 2025