Journal of Critical Public Health, **Volume 3 (2026), No. 3, pp. 1-3**

Editorial

The (inevitable) politics of public health research

Judith Green[1*]

[1] Centre for Cultures & Environments of Health, University of Exeter, Exeter, UK
* Corresponding author: Judith Green, j.m.green@exeter.ac.uk

Recent moves by the US government to increase political control over federal research funding include having political appointees make decisions on what gets funded and withdrawn, and severe constraints on ability to fund international collaborations. They have rightly incurred condemnation and protest from across the medical community (Krieger 2026). The Editors of the *New England Journal of Medicine* (Editors 2026) have likened the scale of the threat to the Soviet-era political promotion of Trofim Lysenko's anti-Mendelian genetics, which had decades-long devastating consequences for agriculture and the development of biological sciences in the Soviet Union. Science, they argued, should not be politicized.

Public health researchers in the US are certainly already struggling with the effects of overt political censorship and constraint. In this issue, Antin et al. (2026) report on a qualitative study of the meanings of tobacco and nicotine use by young rural adults: vital evidence for informing appropriate and effective health promotion programmes. Their acknowledgement notes that the paper had been peer-reviewed and accepted for a federally-affiliated US public health journal, but the authors had to withdraw the paper after editorial demands to change the wording to comply with presidential executive orders. Such blatant political interference – in this case to remove the mention of health inequity and particular axes of inequality[1] – perhaps justifies comparisons to Soviet-era ideological attacks on science.

Yet public health, as a research discipline as well as a practice, is inherently and inevitably political. It is political in its values, at a fundamental level, when we align our research aims to improving human health, prioritizing health over other goals, or to addressing the causes of health inequalities understood as rooted in political economy. It is political in that major sources of funding for research are tied to what governments (or, increasingly, large philanthropic organizations) consider is in their interests. It is deeply political in that power relations, vested interests and institutional contexts shape what is studied, how it is studied, and what findings are highlighted or ignored. Claypool and Neiman (2026), in this issue, beautifully unpack this in the case of implementation science, documenting how some insights from researchers (relating to structural factors, or workforce issues, for instance) are excised: ruled out of court as matters that could be pertinent to implementation. As they note 'all research is political'. We research from our own positions, with all the constraints on viewpoint that brings, and we do so in circumstances not of our choosing. Those circumstances are shaped by wider politics – of, for instance, global agendas in health funding, networks of institutional affiliations, or relative disciplinary power.

[1] The authors discuss the changes requested in a blog post at https://criticalpublichealth.org/blog/2025/03/21/resisting-attacks-on-science/

Opposing current attacks on public health research solely on the grounds that they are politicizing science is therefore a high-risk strategy. We cannot 'depoliticize' science. Ideological constraints in the contemporary US (and elsewhere) may be spectacular and crude, in their resonances with earlier epochs of state control and political attacks on expertise. But they have not smuggled in politics: it was there all along. Acknowledging that all research is political – in its goals, values, practices and exclusions – is a first step, and one that invites an appropriately political response: a struggle over values, and a defence of health and health equity, as well as a defence of the value of robust and independent scientific enquiry.

However, public health research is not, and should not be, just ideology. The challenge is one of combining a political sensibility with a commitment to methodologically sound, open and critical science. One pernicious effect of current attacks on public health research has been the erosion of legitimate space for critique and reflexive debate. The essential elements of sound science, such as exploring alternative explanations, openness to the possibilities of heterodox or marginal theory, or critiquing assumptions, are risky when they can all too easily be co-opted by bad-faith actors. When we are defending independence and expertise, and when what were settled matters are again under threat, critique can appear self-indulgent at best, or playing into the hands of those who would undermine progress at worst. Yet critical scholars need to be wary of even rhetorical calls for 'value-free' or apolitical research. In recognizing that all research is political, we are obliged instead to be reflexive about both our own positionality, and the wider politics that have made our particular questions researchable, fundable and publishable. We are obliged, however uncomfortably, to maintain a critical stance.

None of this is straightforward when the basic infrastructures of public health research are under attack. A minimal requirement, though, is reflexivity. That is, to continue to interrogate the partiality of our own positions and the structural contexts of our research. Core to this, as Abimbola puts it, is to be 'aware of our unawarenesses' (Abimbola 2025) and willing to account for (and document) what may be known, but not by us, when planning research and interpreting findings. We come to research questions with expertise in our own narrow disciplines, however enriched by those in our teams from others, and these professional lenses inevitably obscure, or fail to observe, all the complexities of a field. Deliberately incorporating a wide range of perspectives is a necessary if insufficient bulwark against group-think and blind spots, and there is much work to do to diversify the public health research workforce to support this.

Beyond that, both of the Research & Practice Notes in this issue (Angeli 2026, Trolard et al. 2026) describe the importance of careful outreach in enrolling under-represented communities in public health programmes, given that those researching, designing and implementing programmes do not represent all the communities they serve, and neither could they. The same is true of research. However far we diversify professional research, in developing the necessary expertise required to do research well, researchers inevitably lose breadth of perspective. Meaningful engagement with the multiple publics of public health is therefore also essential for designing good and useful research question, appropriate and respectful methodologies for answering them and nuanced interpretation.

Finally, countering bad faith attacks on findings is energy sapping, but we need (somehow) to remain open to debate and contestation. This journal was established to 'defend a space for critical, robust and scholarly engagement with, against and for public health' (Bunton et al. 2024), recognizing that what counted as 'critical' would be multiple, and often contested. We are proud to provide a space for publishing work that is under threat from censorship, and we strive to maintain a platform for research that is rooted in reflexivity about the politics of its production.

ORCiD ID

Judith Green https://orcid.org/0000-0002-2315-5326

References

Abimbola, S. (2025) Chapter 12: Unawareness, or what we do not (want to) know. In F. L. Jephcott, H. A. Ash & C. McGuire (Eds), *Epidemiological obfuscation: historical and contemporary case studies* (pp. 233-263). Taylor & Francis. DOI: 10.4324/9781003540755-15

Angeli, V. (2026) Diversifying outreach: Key practices for recruiting youth from equity-seeking communities into North American mental health advocacy movements. *Journal of Critical Public Health*, *3*(3), 82-88. https://doi.org/10.55016/5sebxj82

Antin, T., Sanders, E., Peterkin, E., Lipperman-Kreda, S., Hunt, G., Brantley, S., & Annechino, R. (2026) Drivers of rural inequities in nicotine and tobacco use: A qualitative study of emerging and early established adults in California's North State in the USA. *Journal of Critical Public Health*, *3*(3), 4-19. https://doi.org/10.55016/0y1tg654

Bunton, R., & JCPH Editorial Collective (2024) Manifesto for a new journal: Safeguarding critique in public health. *Journal of Critical Public Health*, *1*(1), 1-4. https://doi.org/10.55016/ojs/jcph.v1i1.78305

Claypool, E., & Neiman, A. (2026) 'What are we doing here?': Implementation science and the politics of research as context. *Journal of Critical Public Health*, *3*(3), 20-34. https://doi.org/10.55016/0d9ptq41

Krieger, N. (2026) Act now: Oppose a new threat to US federally funded work. *The Lancet*, *408* (10550), 119-120. https://doi.org/10.1016/S0140-6736(26)01256-0

Editors (2026) The OMB and the politicization of science *New England Journal of Medicine, 395*(2),187-188. DOI: 10.1056/NEJMe2608017

Trolard, A., Broughton, H., Doyle, R., Radford, K., Starnes, L., Ferguson, J., ... & Maricque, B. (2025) 'Our Community Our Health St. Louis': Learning from COVID-19 vaccine outreach. *Journal of Critical Public Health*, *3*(3), 89-94. https://doi.org/10.55016/41887f75