

# *The* **MAKE AMERICA SICK AGENDA**

Stories from Trump &  
RFK Jr.'s first 5 months

Senator Edward J. Markey ( D-MA)



Dear Reader,

On January 20, 2025, Donald Trump was sworn into office. Less than one month later, on February 20, 2025, the Senate confirmed Robert F. Kennedy, Jr. as Secretary of Health and Human Services. Since Trump and Kennedy took office, the U.S. Department of Health and Human Services has cut billions of dollars in life-saving research into diseases such as Alzheimer's and cancer. The Trump administration has thrown community health centers and hospitals into chaos by revoking grants, dismantling programs that support seniors, slashing funding for addiction care, and seeking to cut money to train first responders on how to use naloxone. It has fired workers committed to controlling infectious disease outbreaks, keeping workers safe, and helping families pay their utility bills. And the Administration has attacked reproductive care and made immigrants and LGBTQ+ people afraid to get the health care they need. All the while, as a measles outbreak spreads unabated, the Administration has propagated misinformation about vaccines. For the second time in 30 years, the United States has surpassed 1,000 annual measles cases and it is only May.

Trump and Kennedy are now turning their sites on Congress, where they are working with Republicans to hollow out the American health care system to pay for tax breaks for billionaires. The Trump administration and Republicans in Congress are weighing how many billions to cut from Medicaid as Americans ration their medications, skip doctor's appointments, and watch hospitals close due to corporate greed.

The stories included here are from the voices of people across the country who the Trump administration has betrayed. They are terrified of losing lifesaving care. They are angry that their government would treat them this way. And they are frustrated that protecting billionaires is more important to the Administration than ensuring their ability to get the care they need, when they need it, without going into debt. These are the stories of the Trump administration's Make America Sick Agenda. The American people deserve better.

We can turn the tide and work together to build a health care system that works. We can build a system where people can pick up their medications, get their scans, or use an ambulance — without being pushed into bankruptcy. We can build a system that doesn't force hospitals and community health centers to close because of corporate greed. We can build a system that doesn't burn out our health care providers and staff by forcing them to treat too many patients with too few resources. We can build a system where every person walking into their health provider's office knows that that they will get care meant for them, care that is not dictated by politicians or meant to pad the pockets of corporate executives. We can treat every person with dignity and respect, and we can guarantee health care as a human right.

The fight ahead is challenging. The forces maintaining the health care system status quo are entrenched, and it is much easier to tear something down than build it up. But a better health care system that works for everyone is our goal. Thank you to those who have trusted me with your stories. Keep raising your voices. Keep organizing. Keep sharing: [www.markey.senate.gov/TrumpStories](http://www.markey.senate.gov/TrumpStories)

Sincerely,

Edward J. Markey  
United States Senator from Massachusetts



I am a stage 4 cancer patient at Dana-Farber Cancer Institute and am currently enrolled in a clinical trial there. I have a rare cancer that has no cure and few drugs to treat it. In the past 20 years, clinical trials and research about my cancer have been instrumental in helping people live longer. Cuts to the NIH and cancer research are devastating to cancer patients. Cuts to vaccine research also indirectly affect cancer patients as we are typically immunocompromised and need vaccines and for the population around us to be vaccinated. Anti-vaccine sentiments from HHS and the CDC could be detrimental to cancer patients like myself.”

**- Jennifer, Shrewsbury, MA**

“I am a cancer patient on chemotherapy and Medicare. I need Medicare coverage to continue treatment. Without treatment, my survival odds are very poor. Please help.”

**- David, Lexington, MA**



I rely on Medicaid to keep me alive. I've been on consistent oxygen for almost three years. I have several co-morbidities and have survived COVID twice. I'm worried that if Medicaid is destroyed, I will die. I've fought very hard to do everything I can to change my life after I fell at the end of August, 2022 when I was diagnosed with AFib, every month after that until December I had something major happen with my health.”

**- Melissa, Saint Charles, MO**



I am a 62 year old educator living with spina bifida and metastatic breast cancer. Last year, when I was forced to leave my full time position in higher education administration due to health issues, I relocated from New York to Massachusetts.

Since I am only 62, I have not yet reached full retirement age, and am not eligible for Medicare. The fact that I have access to MassHealth in the interim is for me a life sustaining benefit. I have been living (and thriving) with spina bifida my whole life and with breast cancer for 12 years, largely due to access to excellent health care, first through my employer, and now through the state. After working tirelessly for 32 years to give students with disabilities the educational opportunities that I had, I am now at risk, as are millions of others, of losing this critical health care safety net.”

**- Julie, MA**



I've spent 50 of my 68 years pursuing research and teaching in the Life Sciences. Although I'm reaching the end of my career, I am training, and have trained, roughly 100 students who have since pursued their own careers in the life sciences. These proposed cuts to the NIH will destroy those careers and send progress in curing human disease down the drain. This means that the proposed cuts to the NIH budget will hurt the American people. Personally, I must say that the proposed attacks on NIH-funded programs (such as the one I lead) will hurt our students, who are already under-resourced and unable to adequately access health care. How is any of this even remotely justifiable? ”

**- Jill, Boston, MA**

“

"My story is all too familiar. My son, Zach, died of an overdose. He is a statistic, but more important he was a loving and loved family member, a productive hard working, self supporting member of our society. He had the illness of addiction.

The shortsightedness and vindictiveness of the Trump administration will allow this to continue to happen in increasing numbers. Addicts have an illness, illness deserves treatment. Closing borders, even if it served the asserted purpose of lowering the amounts of drugs in the country, doesn't solve the problem. Helping people find avenues to a life without drugs works. This means we need scientists to help us find material solutions, drug treatment programs available without stigma, and employing and celebrating persons of compassion who work with this population.

Addiction is not a disease of immigrants, nor of the poor. It is not found only in marginalized populations. It happens to people who serve their country in the military, in the judiciary, in public service sector. The self righteous of the GOP, who believe that taking from those in need in order to enrich the already wealthy, are showing a lamentable lack of character. I hope they will not one day be mourning their beloved child."

**Lou, MA**





My parents were the first generation in their families to go to college and I was a Pell Grant recipient. I am not from an 'elite' upbringing. I am a mother, a pediatrician and public health professor. I have dedicated my career to trying to address the health disadvantages accrued by people in lower income and otherwise socially disadvantaged and stigmatized populations with a specific focus on women and children. One of my NIH grants that sought to understand and improve the experiences in behavioral/mental health care of LGBTQIA+ youth ages 14-17 was terminated. The message sent is that these vulnerable youth do not matter, further making them feel unwelcome in this society. It also has had a chilling effect on my students and staff who are funded through this research, discouraging them from continuing to be part of the workforce trying to understand and make better the care and opportunities for those whom our societal decisions have disadvantaged for reasons that are beyond their control.

**- Anonymous, Amherst, MA**



HIV is a preventable disease and if not prevented, outrageously expensive to the individual and the health care system. Significant stigma prevents many at risk individuals from being tested. In addition, if an individual has no access to affordable HIV care, why get tested? This just results in ongoing transmission and extremely poor health outcomes at great societal costs. Do we really want to go back to the 1990s when HIV was a death sentence?

**- Pamela, Retired Physician, Evergreen CO**



“

It is a sad commentary, that in a high-income country such as the US, we lagged behind other similar high-income countries in all healthcare indicators and now we are jeopardizing the even further the health of all Americans and our scientific reputation in the world.

There is always room for improved organization and being efficient with our taxpayer monies but the restructuring that is taking place is without any reasonable justification based on evidence and thus, lacks in transparency to the American people. The future of all Americans is at risk here and the damage being done to the health of our people and the education system as well as our scientific innovation is devastating. We must push back.”

- Anonymous, East Longmeadow, MA

I have kidney cancer. As an active patient receiving extremely expensive immunotherapy treatment, if I lose my job, I'll also lose health insurance. That is literally a death sentence.

- Joe, Bridgewater, MA

“

“We are adding uncertainty to an already uncertain sector 90% of startups fail. Massachusetts was the hub of biotech for so long because we offered certainty, and that is being taken away.”

- Anonymous, MA

“

My lab employs 4 people. If I have to close my lab, it will be 5 people to lose their employment.

I also have two pending major grants submitted to NIH. One submitted as part of a call for project from researchers with a Diverse background. It should have been reviewed in February. never did. Now is no longer assigned to a study section for review. No explanation from NIH.

The other one submitted in February, has not yet been assigned to a study section for review. This is usually done in the first 2 weeks after submission. No communication from NIH to know if it will ever be reviewed or considered.”

- **Stephanie, Worcester, MA**

“

I am a cardiac patient in need of a valve replacement in the near future, so preventable disease transmission is important to me and millions of others.”

- **Anonymous, White City, OR**

“

My fear is if Mr, Kennedy dissuades people from vaccinating their children we will have a polio outbreak and people like me will be at risk of getting it... He is putting people at extreme risk. And none of this is good for the country.”

- **Bonnie, FL**



"I am an NIH-funded epidemiologist and have been working in the field of HIV prevention research for 20 years. On Thursday and Friday, I received termination letters for 3 of my NIH grants because they "'no longer effectuate agency priorities.'" The staff at NIH who oversee my grants were not aware of these terminations until I notified them.

I'm one of hundreds of researchers whose labs are disintegrating overnight. I had been doing research on preexposure prophylaxis, a medication that's nearly 100% effective in preventing HIV, and now I'm just trying to get my mentees their last paychecks while bracing for my next termination letter.

To be clear, it's not just HIV research that's being destroyed. NIH funding has practically flatlined across the board, including research that would advance treatments for conditions like cancer and Alzheimer's that affect millions of Americans. NIH-funded research contributes to almost every single medicine approved in this country, and that research has now slowed if not stopped entirely.

These drastic cuts aren't just going to devastate local jobs and people's livelihoods and a generation of scientists. They're rapidly destroying the infrastructure for scientific research in this country, and that's going to have very real effects on the public's health. The treatment and prevention advances we need for ourselves and our loved ones just won't be there.

I cannot overstate how critical it is that we act **NOW**. The scientific research infrastructure is far easier to break than it will be to rebuild."

**Julia, Newton, MA**



My best friend suffered a significant medical event on January 6th, 2023 that has left her permanently disabled. Prior to that, she had been working in the biomedical field, focused on Parkinson's and Alzheimer's research. She now utilizes a wheelchair for mobility and requires assistance with most areas of independent living including chores, feeding herself, and self-care.

In the two years, 3 months, and two days since I first brought her to the emergency room, my best friend has been denied social security disability benefits three times and we are now waiting on a hearing date with a judge—something I have only recently found out could take another 450 days. In total, that will be 1,272 days of waiting for her to receive support she desperately needs—time that will only lengthen with possible cuts to Medicaid funding and support services for people with disabilities. We need to protect Medicaid to ensure that she and others have access to the needed support services they require to live fulfilled lives. It is not about surviving but about thriving, and my friend should be given every opportunity to thrive. I appreciate what you have done thus far in supporting disabled individuals and I urge you to continue to fight the good fight for people like my friend.”

**- Anonymous, West Boylston, MA**

I have a senior post doc ready to start her own lab. Last two meetings I have had with her she has told me she is looking at other career opportunities – she is thinking “why would I start a lab in these conditions?” And she is one of the greatest scientists I have ever trained.

**- Anonymous, MA**

# **Massachusetts Coalition for Occupational Safety and Health Official Statement in Opposition to the Trump-Musk Legislative and Fiscal Aggressions**

To Senator Markey,

On behalf of the Massachusetts Coalition for Occupational Safety and Health (MassCOSH), we vehemently condemn the regressive and reckless legislative and financial maneuvers advanced by the Trump administration, in tandem with tech billionaires like Elon Musk. These measures, including the dismantling of critical health infrastructure, the attempted obliteration of the U.S. Department of Education, and the decimation of NIH and Medicaid funding, are not simply attacks on institutions, they are deliberate acts of violence against workers, families, and the underserved communities we serve every single day.

Let us be unequivocal: these policies will kill jobs, kill opportunity, and kill people

As an organization committed to ensuring that all workers earn a living wage and return home alive and well, we recognize these cuts not only as a threat to health and safety but as an acceleration of the economic abandonment of working-class people — particularly Black, Brown, Immigrant, and low-income communities who have borne the brunt of inequity for generations.

Under the Trump-Musk blueprint, over 10,000 public health workers are slated for termination. Essential research into cancer, Alzheimer's, and addiction — all major causes of occupational distress and family hardship — is being eliminated. The cancellation of \$12 billion in federal grants is a direct strike on the services our members rely on for addiction recovery, mental health stabilization, and infectious disease protection.

This is not fiscal restraint. It is fiscal sabotage.

The economic stagnation that will result from these policies is not theoretical. It is intergenerational. Workers without health coverage miss more work. Young people denied quality education are locked out of future careers. Families without safety nets become chronically vulnerable to exploitation and poverty. These are not isolated impacts — they are systemic, cumulative, and devastating.

We are proud to align with Senator Ed Markey in calling for a full investigation into the administration's abuses. We will continue to gather testimony, track harm, and work with our legal and policy partners to ensure this moment is documented and fought against at every level — local, state, and national.

But this is not a moment for quiet resistance. It is a moment for clarity and confrontation.

We are calling on every community-based organization, every educator, every labor union, and every health and safety practitioner to raise their voice and join us in refusing to accept this dystopian vision for America. Our safety is not expendable. Our youth are not disposable. Our future is not for SALE!



I worked for a mine that was deep, hot, seismically active and had rockbursts frequently they shook the surface facilities. We had a collapse in the mine and I was part of the team that had the task of figuring out what happened and how to prevent it from happening again. A group of Researchers from the NIOSH spokane mining research Division showed up and offered to help. They took large blocks from the roof collapse, cored them, tested them and provided us with information that we needed to be able to figure out the failure Mechanism, as well as help us develop the remedy. Over the years the team from the spokane mining Research Division conducted many experiments, investigations, and provided Technical assistance to our mine and the mines nearby. It seems ridiculous that the current administration is getting rid of the only mining research body in the government when they want to increase domestic mining. ”

- Tyler, ID

“Without advancements in medical research, the cost of managing incurable diseases will rise. Patients may require more intensive and prolonged care, increasing the financial burden on healthcare systems and families. We want to move incurable disease to curable, or manageable.”

- Anonymous, MA



“

As a contractor for NIH, I am horrified by the psychological warfare currently enacted on our agency resulting in the illegal firings of several of my colleagues. These include individuals undergoing treatment for stage 3 cancer, on maternity leave, and under other protected classes. I am terrified my contract will be unceremoniously cancelled any day despite the period of performance lasting several years. It is a constant fear of mine and other colleagues.”

**-Anonymous, Acton, MA**

“

I work as an administrative assistant in Cancer Research and I will likely be laid off at the end of the fiscal year due to the cuts in NIH funding. My entire department at Brown that has been working for decades to build a cancer research hub in Rhode Island has been decimated by the NIH cuts. I am disabled and have high medical bills and little to no savings to fall back on, living paycheck to paycheck because of my health. I fear for the impacts to the job market and economy that these layoffs will cause as we all search for new jobs that don't exist.”

**- Henri, RI**

“

I am now faced with the elimination of resources and ability to train future safety professionals in industrial hygiene, occupational medicine, occupational ergonomics, occupational health nursing, and occupational safety engineering. Our graduates are in such demand that I have a 100% placement rate before they graduate, and I have had three companies contact me about graduates in the last week. We also research home healthcare (fastest growing industry), firefighters (15 years of research), and manufacturing. Elimination will make workers in these sectors less safe and less productive.”

**- Kermit, Cincinnati, OH**





Transgender youth are 3-6x more likely to attempt suicide than non-transgender kids. And the people who care for transgender kids, like parents and mental health therapists, are desperate to have the skills and knowledge needed to support them. My NIH funded research focuses on helping prevent or reduce major mental health problems, like suicide and depression, for transgender youth by giving the adults who care for them the tools and information they need to help these youth feel better. For example, we teach these adults how to talk about gender and refer kids to the mental health resources they so desperately need. Research shows that when adults have these tools, ALL kids benefit (not just transgender kids). Without these supports - none of which involve medical intervention - transgender youth suicide will become an even bigger problem than it already is. Defunding NIH research on transgender youth will hurt all of our kids and increase youth suicide. ”

- **Anonymous, MA**

I’m an autistic adult working as a support group facilitator at an autism advocacy organization. The broad impact of recent HHS rhetoric on autism is evident not only in the clients I work with but in myself as well. It’s been deeply unsettling to witness people shift from feeling safe enough to unmask and express themselves to retreating back into hiding.

- **Anonymous, Worcester, MA**



"I work for a research group at a large hospital. In March a grant was terminated which we were subcontractors on. We do not know why it was terminated and were given no explanation. This resulted in my group having to lay off 4 staff members. Then last Friday the NIH froze grants with foreign components. We have some very tiny foreign components in our grants, and due to the blanket nature of the policy we will now be losing nearly half a million dollars by October. My group will probably have to lay off more people or the whole group may shut down.

Before I got this job 5 years ago, I was underemployed and struggling financially. I was getting benefits like SNAP and I worked very hard to learn new skills so I could get a job that would make me financially independent. Then I got this job - an entry level staff position - and was finally able to achieve that goal. I was so proud of my achievement and being able to get off the benefits, and now I'm devastated to think that due to an arbitrary and vague policy, I might end up without a job again and having to apply for things like unemployment benefits - potentially going back on other benefits or risking my housing if I am not able to find another job soon.

I may not have a blue collar job, but I do not consider myself to be a member of the elite. I am just an ordinary person who pulled herself out of poverty and based on what the current government states are its values and priorities, I would have thought they would want to keep me employed and not on benefits.

Freezing funding in this broad and seemingly arbitrary way risks actually increasing costs without getting any benefits from it, while also harming ordinary Americans like me, and that is not something anybody wants."

**Anonymous, Cambridge, MA**



Like many other researchers, my colleagues and I have been forced to decide between self-censoring to avoid "bad buzz words" and risking our grant applications not even being read by reviewers. It is demoralizing, a waste of time (and \$), and divides us from researchers whose work is centered around the topics deemed amoral by the Trump administration who cannot simply change a few words to avoid being noticed. As a postdoctoral researcher working on health disparities projects and planning to dedicate my career to alleviating health inequity, I am concerned about who will be able to continue doing this work. What is the point of biomedical or public health research if the ultimate goal of improving lives does not include everyone? Why care about human health if you don't care about the health of all humans? ”

- **Therese, MA**

I ask RFK to sit down and listen to the voices of Autistic people and their loved ones who are speaking out and saying “nothing about us without us.

- **Maggie, Lowell, MA**



“My lab researches what happens to the brain after a stroke, and we have discovered a new strategy to treat strokes that we are trying to bring to the clinic. With the recent turmoil at the NIH, we have already lost funding, and new funding is delayed. The existence of my lab, and even my job, is now acutely endangered. ”

- **Anonymous, Boston, MA**

To share your story visit:

*[markey.senate.gov/trumpstories](https://markey.senate.gov/trumpstories)*

