



¹ Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK

² MRC Epidemiology Unit, University of Cambridge, Cambridge, UK

Correspondence to: C McNamara
Courtney.McNamara@newcastle.ac.uk

Cite this as: *BMJ* 2026;392:e086271

<http://doi.org/10.1136/bmj-2025-086271>

Why US import tariffs matter for health

Courtney McNamara and **Benjamin Hawkins** argue for greater attention to the health effects of trade policy amid tariff turmoil affecting everything from medicine access to food availability and economic stability

Courtney McNamara,¹ Benjamin Hawkins²

In early 2025, the US government announced sweeping tariffs on billions of dollars of imports from key trading partners. These measures were presented as a strategy to reduce the trade deficit, revive domestic manufacturing, and protect American jobs. Since stable employment and secure wages are key social determinants of health, they have potentially important implications for public health. Critics, however, warn that the tariffs are unlikely to deliver economic revival and may have negative effects through higher consumer prices,¹ supply chain disruptions (eg, in the pharmaceutical sector²), and broader economic uncertainty in the US and globally. Recent macroeconomic modelling finds that the tariffs are likely to lower US and global economic output and increase inflation across many economies.³

The global consequences of US trade policy continue to unfold amid volatility in international stock and bond markets, with predictions of higher inflation and a downturn in global growth. For health professionals, the effects of this may not be immediately visible, or may surface in more indirect ways. Economic shocks may lead to disrupted access to treatment, rising food insecurity, and worsening mental health. Yet trade policy continues to receive limited attention within the medical and public health communities. Similarly, health considerations—and public health advocates—are often absent from trade negotiations and policymaking.

The current reorientation of US trade policy has increased the political salience of trade policy, creating a moment in which the health implications of trade can no longer be sidelined. Understanding

the pathways by which tariffs influence access to medicines, food costs, employment conditions, and the wider economic environment in which health and social systems operate is essential for positioning health more firmly within ongoing and future trade policy debates.

Trade's hidden health effects

Research shows how trade policy can influence factors such as access to medicines, exposure to harmful commodities like tobacco products, availability and affordability of food, and wider determinants of health such as employment.⁴ Yet effects on health are often neglected in trade policymaking. Trade agreements, for example, are often negotiated behind closed doors, are highly technical, and couched in esoteric legal terminology. This makes it hard for public health professionals and the wider public to engage with or scrutinise their implications. Moreover, the effects of these agreements are often diffuse, indirect, and only become evident over time. This means their health effects are hard to isolate and attract little meaningful attention from health advocates.

The current US tariffs, by contrast, were announced in campaign-style rallies and amplified across social media. They were designed to both grab attention and create disruption. While this approach has been widely criticised for its political opportunism, it has brought unusual visibility to trade policy, creating potential space for broader discussion of its health consequences. There are several pathways through which tariffs can affect health directly or indirectly (table 1).

Table 1 | Potential direct and indirect effects of US import tariffs on health

Pathway	Negative	Positive
Direct		
Access to medicine and medical supplies	Higher prices for medicines and medical supplies alongside reduced availability Reduced innovation and consumer choice	Potential strengthening of US domestic pharmaceutical production and supply chain resilience through onshoring
Food systems and nutrition	Higher prices for fresh produce Increasing cost of canned staples in US Deterioration of diet quality for price sensitive households Pressure on school or hospital catering budgets	Possible dampening of demand for some health harming imports in the US (eg, ultraprocessed foods and sugary drinks)
Indirect		
Employment and economic security	Job losses with negative knock-on effects on mental health and other health outcomes	Protection of select domestic jobs and earnings in targeted US sectors
Macroeconomic effects and health and social systems	Slower growth and uncertainty Strain on health and social budgets Concessions that weaken regulatory protections or constrain health policy space	Expanded fiscal space for social or health spending in US

Access to medicines and medical supplies

One way in which trade policy shapes health is through access to medicines and medical supplies. The international trade regime influences everything from drug pricing and procurement to the stability of global supply chains.⁵ Tariffs, export bans, and changes to regulatory standards can all disrupt production and distribution, with consequences for availability and affordability of essential items.

Threats of new US tariffs on pharmaceutical products have created widespread uncertainty.⁶ For patients in the US, the immediate concern is that brand name drugs—already more expensive than generic alternatives—and medicines produced by smaller firms are likely to be hit hardest.⁷ This could lead to higher out-of-pocket spending, forcing some patients to delay or forgo treatment, with knock-on effects for disease control, hospital admissions, and mortality.⁸ In the UK, the government has agreed to pay up to 25% more for drugs purchased by the NHS in an effort to shield the domestic pharmaceutical industry from potential US tariffs and to maintain investment in the sector.⁹

Beyond effects on US pharmaceutical imports, trade measures targeting other sectors, such as steel or transport, may also disrupt pharmaceutical manufacturing and distribution by increasing the cost of equipment, inputs essential for production, and logistics. This could have wider impacts on global pharmaceutical supply chains. In countries with publicly funded health systems, such as the UK, patients are shielded from direct price shocks at the point of care, but health systems and governments must absorb the additional procurement costs, creating opportunity costs for other service provision.¹⁰ In many low and middle income countries, where health systems rely heavily on imports of both medicines and active pharmaceutical ingredients, tariffs and retaliatory measures may exacerbate existing problems of affordability and access.¹¹

Unpredictable tariff policies and wider trade uncertainty may also discourage innovation in the pharmaceutical sector, particularly among smaller firms that have a critical role in innovation but are especially vulnerable to rising costs and market volatility.¹² By disproportionately harming such firms, tariffs risk consolidating the market and reducing consumer choice.¹²

Food systems and nutrition

Food prices and dietary health are also highly sensitive to trade policy.¹³ Historically, trade liberalisation has made it easier to import and sell cheap ultraprocessed foods and sugar sweetened beverages, contributing to rising rates of obesity, diabetes, and cardiovascular diseases worldwide.^{14 15} Trade agreements have been shown to undermine diet quality and reduce the nutritional value of foods consumed in low and middle income countries.¹⁶ This reflects the role of powerful, transnational food and beverage corporations in using trade negotiations and their close relations with national governments, as a mechanism for pursuing their economic interests.

Recent US tariffs highlight a different dynamic. Higher import duties on fresh produce began pushing US grocery prices upwards, contributing to political pressure that led the government to roll back tariffs on more than 200 food items. However, tariffs on metals used for canned goods remain in place and threaten to make US consumer basics such as beans, tuna, and soup more expensive.¹⁷ Furthermore, shifts in US food and agricultural prices can quickly feed into global markets. Because many staple crops are benchmarked against US prices, even small increases in US markets can raise local food costs in low and middle income countries.¹⁸ In food insecure regions, these knock-on effects can deepen hunger and undernutrition. Retaliatory measures risk compounding these pressures, with agricultural goods particularly exposed given that that they already have high levels of trade protection compared with manufactured goods.

At the same time, commercial bodies continue to seek to shape trade policy. For instance, the European spirits industry has emphasised the need for a return to tariff-free transatlantic trade to restore predictability and support investment.¹⁹ This risks reducing the cost of alcohol directly and more broadly reinforcing trade priorities that favour health harming commodity chains, at a time when tariffs and price shocks are intensifying food insecurity.

In practice, new tariffs could increase the cost of both healthy and health harming foods. The financial burden of these increases will fall greatest on lower income households that spend a larger share of their budgets on food and are least able to absorb price shocks. During periods of rising prices or uncertainty, households often shift from perishable nutritious foods towards cheaper, longer lasting processed items, reducing the overall quality of the diet.²⁰ The cost effects are likely to extend to school meal programmes, hospital catering services, and community nutrition schemes,

potentially forcing reductions in quality or coverage. These dynamics underscore the particular vulnerability of agricultural products within the global trading system and show how tariffs imposed in one sector can spill over into others.

Employment, macroeconomic effects, and health and social systems

Employment is another critical determinant of health, and is central to the political justification for tariffs. Secure jobs and wages support physical and mental health, while job losses are associated with a range of negative health outcomes. Job losses resulting from trade, in particular, have been associated with poorer mental health and wellbeing^{21 22} as well as increased mortality,²³ especially from suicide, drug overdoses, and alcohol related diseases.²⁴ Underlying mechanisms include financial strain, heightened stress, reduced healthcare use, and worsening health behaviours.

US import tariffs are primarily justified as measures to protect and increase American manufacturing jobs and could bring health benefits if they deliver improved employment opportunities. However, previous rounds of tariffs disrupted global supply chains and contributed to export slowdowns and job losses in sectors such as automotive and retail in both the US²⁵ and retaliating countries.²⁶

Trade also affects broader macroeconomic determinants of population health. Tariffs generate government revenue, which can create fiscal space for social spending and redistribution. In the US, there are signs that some tariff revenues may be redirected to support affected farmers or even to fund one-off \$2000 “tariff dividend” payments.²⁷ Such uses of tariff revenue, rather than broader investments in health or social protection, are consistent with the current administration’s prioritisation of tax cuts and fiscal restraint over expanded welfare provision.²⁸

However, changes in trade policy also carry substantial risks. Tariffs can fuel inflation and consumer price instability with implications for household finances in the US and internationally. Economic volatility can reduce business investment, and changes in trade flows can disrupt supply chains, stymie economic growth, reduce tax revenues and therefore place strain on health and social spending. In this sense, trade policy is also a structural driver of the conditions in which global population health and health systems either thrive or struggle. US tariffs lay bare this connection, challenging the health community to confront trade not as a distant economic issue but as a lever for health and health equity.

What needs to happen

The US tariffs should serve as a wake-up call for the health community. Countries are now negotiating new trade and economic agreements with the US in a volatile context shaped by geopolitical and economic pressures. Given how deeply trade policy shapes the conditions for health, health considerations must be treated as integral to trade policy rather than a peripheral concern.

Trade policy is shaped well before any final deal is reached between governments. Policymakers identify strategic objectives, weigh competing interests, and set negotiating mandates, while vested interests lobby to secure their objectives. Health representatives need to be involved at all stages of trade policymaking, not only to advance and protect public health but also to counter the influence of powerful commercial interests. One example of what this can look like in practice comes from Wales. The Welsh government—guided by the Well-being of Future Generations Act—requires trade decisions to be considered through a framework that integrates health, equity, and sustainability goals,

demonstrating a practical model for embedding health considerations into trade policy.

Admittedly, it is not easy to embed health considerations within formal trade policymaking, given most trade policy contexts are closed and technically complex. Even so, there are steps that academics, public health experts, and policymakers can take to ensure health considerations inform trade decisions.

Academics and researchers have a key role in generating systematic evidence of—and attention to—the health effects of trade policy. This involves not only applying established quantitative and qualitative methods to assess these effects, but actively engaging with policymakers, professional associations, civil society, and the media to ensure this evidence reaches the arenas where trade decisions are shaped. Because tariffs influence so many determinants of health—medicines, food, and health and social systems—few areas of health remain untouched. Experience shows this kind of engagement can make a difference: evidence informed advocacy has helped increase access to medicines and defend tobacco control measures in trade policy debates.²⁹

At the same time, trade policymakers must recognise that protecting health is not only compatible with trade objectives, but also essential to their legitimacy and long term success. Trade policies that ignore social and health risks are more likely to face public backlash, political instability, and unintended consequences that ultimately undermine their economic aims. Research on the political consequences of trade shocks in western Europe, for example, has shown that when the social and economic fallout of trade is left unaddressed, support for nationalist radical right parties that promote protectionist trade stances increases.³⁰ Ensuring that trade decisions support health is not only the right thing to do, but a strategic imperative for building resilient economies.

Key messages

- The US government’s assertive use of import tariffs means the health implications of trade policy can no longer be sidelined
- US import tariffs can influence health both directly and indirectly
- The US could see benefits if domestic jobs are protected or demand for health harming imports is reduced
- However, evidence suggests short term harms, both in and outside the US, through higher medicine costs, volatile food prices, and increased economic uncertainty
- Trade policy needs greater attention from health researchers and public health experts to ensure the health consequences are better understood within policy debates

Contributors and sources: This article draws on social science research at the intersection of trade and health. CM and BH have published widely in this area and jointly conceptualised and planned the article. CM was lead author, drafted the manuscript, and is the guarantor of this study.

Competing interests: We have read and understood BMJ policy on declaration of interests and have no interests to declare. BH’s position is supported by the Medical Research Council and UK Research and Innovation funding for Local Health and Global Profits, which is part of Population Health Improvement UK.

Provenance and peer review: Not commissioned; externally peer reviewed.

- 1 Meyersohn N. Americans are worried about grocery prices again, and they’re making changes. CNN Business 8 Aug 2025. <https://www.cnn.com/2025/08/08/business/grocery-prices-trump-poll>
- 2 Wu Y. How Trump’s trade war will break global medicine supply chains. [Response to: Murphy F. How Trump’s trade war will break global medicine supply chains]. BMJ 2025. <https://www.bmj.com/content/389/bmj.r648/r-r-0>
- 3 McKibbin W, Noland M, Shuetrim G. The global economic effects of Trump’s 2025 tariffs. Peterson Institute for International Economics, 2025. <https://www.piie.com/publications/working-papers/2025/global-economic-effects-trumps-2025-tariffs>

- 4 McNamara C. Trade liberalization and social determinants of health: a state of the literature review. *Soc Sci Med* 2017;176:-13. doi: 10.1016/j.socscimed.2016.12.017 pmid: 28110222
- 5 Gleeson D, Lexchin J, Labonté R, et al. Analysing the impact of trade and investment agreements on pharmaceutical policy: provisions, pathways and potential impacts. *Global Health* 2019;15(Suppl 1):. doi: 10.1186/s12992-019-0518-2 pmid: 31775767
- 6 Murphy F. How Trump's trade war will break global medicine supply chains. *BMJ* 2025;389:. doi: 10.1136/bmj.r648 pmid: 40169198
- 7 Robbins R. How Trump's latest tariffs may affect your medicines. *New York Times* 26 Sep 2025. <https://www.nytimes.com/2025/09/26/health/trump-drug-tariffs-prescription-costs.html>
- 8 Van Alsten SC, Harris JK. Cost-related nonadherence and mortality in patients with chronic disease: a multiyear investigation, national health interview survey, 2000-2014. *Prev Chronic Dis* 2020;17:E151. doi: 10.5888/pcd17.200244 pmid: 33274701
- 9 Wise J. UK-US pharmaceutical deal: NHS will pay £3bn more for new drugs. *BMJ* 2025;391:. doi: 10.1136/bmj.r2538 pmid: 41330622
- 10 Dayan M, Gainsbury S. Trump, medicines and the NHS. Nuffield Trust, 2025. <https://www.nuffieldtrust.org.uk/news-item/trump-medicines-and-the-nhs>
- 11 Guerin PJ, Singh-Phulgenda S, Strub-Wourgaft N. The consequence of COVID-19 on the global supply of medical products: Why Indian generics matter for the world? *F1000Res* 2020;9:. doi: 10.12688/f1000research.23057.1 pmid: 32566139
- 12 Sullivan SD, Grueger J, Sullivan AP, Ramsey SD. The consequences of pharmaceutical tariffs in the United States. *J Manag Care Spec Pharm* 2025;31:-6.pmid: 40329475
- 13 Giuntella O, Rieger M, Rotunno L. Weight gains from trade in foods: evidence from Mexico. Institute of Labor Economics, 2019. <https://www.jstor.org/stable/resrep59979>
- 14 Baker P, Machado P, Santos T, et al. Ultra-processed foods and the nutrition transition: Global, regional and national trends, food systems transformations and political economy drivers. *Obes Rev* 2020;21:e13126. doi: 10.1111/obr.13126 pmid: 32761763
- 15 Mendez Lopez A, Loopstra R, McKee M, Stuckler D. Is trade liberalisation a vector for the spread of sugar-sweetened beverages? A cross-national longitudinal analysis of 44 low- and middle-income countries. *Soc Sci Med* 2017;172:-7. doi: 10.1016/j.socscimed.2016.11.001 pmid: 27871042
- 16 Gleeson D, Labonté R. *Trade agreements and public health: a primer for health policy makers, researchers and advocates*. Palgrave Pivot, 2020doi: 10.1007/978-981-15-0485-3.
- 17 Ebner T. CMI opposes President Trump's doubling of steel tariffs. Can Manufacturers Institute, 2025. <https://www.cancentral.com/can-manufacturers-institute-opposes-president-trumps-doubling-of-steel-tariffs/>
- 18 Emediegwu LE, Rogna M. Agricultural commodities' price transmission from international to local markets in developing countries. *Food Policy* 2024;126:102652. doi: 10.1016/j.foodpol.2024.102652.
- 19 spiritsEUROPE. spiritsEUROPE calls for action as EU-US talks create opportunity to reset and strengthen transatlantic spirits trade. Press release, 24 Nov 2025. <https://spirits.eu/media/press-releases/spiritseurope-calls-for-action-as-eu-us-talks-create-opportunity-to-reset-and-strengthen-transatlantic-spirits-trade-1>
- 20 Savary S, Akter S, Almekinders C, et al. Mapping disruption and resilience mechanisms in food systems. *Food Secur* 2020;12:-717. doi: 10.1007/s12571-020-01093-0 pmid: 32837660
- 21 Lang M, McManus TC, Schaur G. The effects of import competition on health in the local economy. *Health Econ* 2019;28:-56. doi: 10.1002/hec.3826 pmid: 30230125
- 22 Colantone I, Crinò R, Ogliari L. Globalization and mental distress. *J Int Econ* 2019;119:-207. doi: 10.1016/j.jinteco.2019.04.008
- 23 Adda J, Fawaz Y. Trade induced mortality. *Actual Econ* 2019;95:-29. doi: 10.7202/1076383ar
- 24 Pierce JR, Schott PK. Trade liberalization and mortality: evidence from US counties. National Bureau of Economic Research, 2016. <https://www.nber.org/papers/w22849>
- 25 Waugh ME. The consumption response to trade shocks: evidence from the US-China trade war. National Bureau of Economic Research, 2019. <https://www.nber.org/papers/w26353>
- 26 Amiti M, Redding SJ, Weinstein DE. The impact of the 2018 tariffs on prices and welfare. *J Econ Perspect* 2019;33:-210. doi: 10.1257/jep.33.4.187
- 27 Romm T, Duehren A. Trump dangles cash payments to buoy voters' views of the economy. *New York Times* 17 Dec 2025. <https://www.nytimes.com/2025/12/17/us/politics/trump-cash-payments.html>
- 28 Bleich SN, Sommers BD, Hamad R. The 2024 election and potential battle for the social safety net. *JAMA Health Forum* 2025;6:e245578. doi: 10.1001/jamahealthforum.2024.5578 pmid: 39786785
- 29 Townsend B, Tenni B, Goldman S, Gleeson D. Public health advocacy strategies to influence policy agendas: lessons from a narrative review of success in trade policy. Social Science Research Network, 2023. <https://papers.ssrn.com/abstract=5275076>
- 30 Colantone I, Stanig P. The trade origins of economic nationalism: import competition and voting behavior in western Europe. *Am J Pol Sci* 2018;62:-53.doi: 10.1111/ajps.12358