

Kennedy's hand-picked ACIP elevates anti-vaccine pseudoscience into US public health policy

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The two-day meeting held by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) this week was not a forum for critical scientific discussion, but rather a brazen showcase of anti-vaccine pseudoscience.

Despite overwhelming evidence of ongoing public health threats, earlier this month Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. dismantled this vital independent body, replacing credentialed vaccine experts with ideologically aligned appointees, a move widely condemned as an assault on science and public health infrastructure.

The ACIP was first established in 1964 to provide expert advice on federal immunization policy. One should recall that it was Kennedy's uncle, John F. Kennedy, who paved the way for the esteemed body and world-class vaccination authority through key initiatives including the 1962 Vaccination Assistance Act and the 1963 Medical School Bill, which funded teaching facilities for healthcare professionals.

In a rebuttal to the nephew's radical departure from his uncle's initiatives, the 17 members of the ACIP who were summarily fired wrote in *JAMA* on June 16:

The abrupt dismissal of the entire membership of the ACIP, along with its executive secretary, on June 9, 2025, the appointment of eight new ACIP members just 2 days later, and the recent reduction of CDC staff dedicated to immunizations have left the US vaccine program critically weakened. These actions have stripped the program of the institutional knowledge and continuity that have been essential to its success over decades. Notably, the ACIP charter specifies that committee members serve overlapping terms to ensure continuity and avoid precisely the disruption that will now ensue. The termination of all members and its leadership in a single action undermines the committee's capacity to operate effectively and efficiently, aside from raising questions about competence.

Kennedy's unprecedented intervention will leave a legacy of death and disease for millions as these measures will have both domestic and international consequences. His justification—that the committee was “plagued with persistent conflicts of interest” and acted as a “rubber stamp”—has been exposed as a total falsehood.

The ongoing COVID-19 pandemic remains a persistent danger to

the well-being of the world's population. After more than 1.1 million COVID deaths in the US (and nearly 30 million excess deaths globally), new variants of SARS-CoV-2 continue to cause significant hospitalizations in the US and globally. From October 1, 2024, to May 2025, COVID-19 resulted in an estimated 32,000 to 51,000 deaths (including more than 100 children) and 270,000 to 440,000 hospitalizations in the US.

Neither is COVID becoming milder in children. Cumulative COVID-19 hospitalization rates among infants younger than six months were nearly identical to those aged 65 to 74 years, reaching approximately 268 and 266 per 100,000 respectively, indicating a substantial burden across vulnerable age groups.

The CDC's own data presented by staff confirmed that COVID-19 continues to impact Americans' health. Despite these figures, Secretary Kennedy had already directed the CDC to stop routinely recommending COVID-19 vaccination for healthy children and pregnant individuals. One should recall that these vaccines have prevented 1.6 million hospitalizations and 235,000 deaths alone in the US.

Meanwhile, influenza has claimed an unprecedented 250 pediatric lives this season, the highest number since such data was first compiled. The 2024-2025 influenza season was classified as a high-severity season across all ages, with the estimated disease burden being the highest in the US in roughly the last 15 years. Notably, 89 percent of these eligible children were not fully vaccinated, a higher proportion than the 82 percent observed in the previous season. This alarming statistic underscores the critical need for continued vaccine promotion.

The new committee's anti-science agenda was on full display throughout the two-day conference. The newly appointed members, lacking extensive immunization-specific expertise, have openly questioned established public health practices. Many have a history of spreading vaccine misinformation.

ACIP Chair Martin Kulldorff, notably fired from Harvard for refusing a COVID vaccine, immediately announced new working groups to “evaluate the cumulative effect of the recommended vaccine schedule,” a move that Dr. Sean O'Leary of the American Academy of Pediatrics (AAP) criticized as an “anti-vaccine trope.” The committee's agenda abruptly shifted to include “long-settled questions” like the safety of thimerosal, a mercury-based preservative that has been widely debunked as having any link to autism. This echoes long-standing anti-vaccine narratives, despite most US vaccines being thimerosal-free since 2001.

Perhaps most alarming, a comprehensive CDC-authored review document affirming thimerosal's safety was removed from the ACIP website prior to a presentation by Lyn Redwood, president emerita of Kennedy's anti-vaccine group Children's Health Defense (CHD). Dr. Robert Malone, an ACIP member and anti-vaccine conspiracy theorist, explicitly stated that the document "was not authorized by the office of the secretary and has been removed." Redwood, despite claiming to speak as a "private citizen," presented inaccurate information and cited a study that its own author confirmed "does not exist."

Despite thimerosal being removed from nearly all US vaccines in 2001 (with exceptions primarily in multi-dose flu shot vials), Redwood attempted to assert that it causes "neurodevelopmental disorders," and, following her presentation, explicitly linked it to "brain inflammation," which she called "one of the hallmarks that we see in autism." This move triggered "considerable alarm" among public health experts.

The scientific evidence overwhelmingly debunks any link between thimerosal and autism or neurodevelopmental disorders. However, the insertion of this point into the meeting will set into motion the broader agenda on MMR vaccines and the piecemeal dismantling of the entire vaccine program.

The committee's subsequent vote, driven by this misinformation, to recommend only thimerosal-free flu vaccines for all age groups, despite its limited use (4-5 percent of flu vaccines in 2024-25 were multi-dose thimerosal-containing), is a dangerous move which will have global implications. Many countries rely on less expensive multi-dose vials containing thimerosal to provide wide access to vaccines. Removing thimerosal from these formulations globally would reduce access to these vaccines and increase cost, severely compromising immunization efforts in resource-constrained settings.

Taking a principled stand, the AAP was absent from these proceedings, openly boycotting what they aptly called an "illegitimate process." Dr. Sean O'Leary, chair of the AAP Committee on Infectious Diseases, asserted the AAP's position, stating, "We won't lend our name or our expertise to a system that is being politicized at the expense of children's health."

Defiantly, the AAP announced its commitment to continue publishing its own immunization schedule, emphasizing it will be "developed by experts, guided by science, trusted by pediatricians and families across the country," and that they "will not compromise on science or the health of the children and families we serve." Dr. O'Leary vehemently rejected the new committee's premise, stating:

What we heard in this meeting was really a false narrative that the current vaccine policies are flawed and that they need fixing. That's completely false. These policies have saved millions of lives, trillions of dollars.

The AAP specifically criticized the new ACIP's reconsideration of the universal birth dose of hepatitis B vaccine, calling it "deeply concerning" and an "anti-vaccine trope." O'Leary highlighted that current vaccine schedules are already "essentially always being reviewed in real time through a number of different mechanisms, safety surveillance mechanisms, as well as disease surveillance mechanisms." Discussions on COVID-19 vaccine data were "designed to sow mistrust in the data," according to O'Leary, further

highlighting the politicization of the scientific process.

The AAP's stance, however, reflects a broader medical community outcry, with former ACIP members releasing a collective statement expressing their deep concern: "We are deeply concerned that these destabilizing decisions, made without clear rationale, may roll back the achievements of US immunization policy, impact people's access to lifesaving vaccines, and ultimately put US families at risk of dangerous and preventable illnesses."

The politicization of vaccine science extends far beyond US borders. While the ACIP meeting was underway, Kennedy announced that the US would withdraw its funding pledge to Gavi, the Vaccine Alliance, an international organization dedicated to immunizing children in the world's poorest countries.

Kennedy falsely accused Gavi of "ignoring the science" on vaccine safety and claimed they "neglected the key issue of vaccine safety," specifically criticizing its use of the diphtheria-tetanus-pertussis (DTP) vaccine. He cited a 2017 study, falsely claiming it linked the vaccine to higher infant mortality in girls.

Gavi swiftly rebutted what they termed "misleading and inaccurate claims," emphasizing that its decisions are made "in alignment with recommendations by WHO's Strategic Advisory Group of Experts on Immunization (SAGE)," which conducts "rigorous, transparent, and independent" reviews of all available data.

Global immunization experts continue to recommend DTPw (whole-cell pertussis) for infants in high-risk settings because it produces a "stronger, longer-lasting immune response" compared to the acellular version (DTaP) used in wealthier nations. In areas with limited hospital access and high disease risk, DTPw's "stronger protection... far outweighs the temporary side effects." This vaccine has been administered to millions for decades, saving over 40 million lives in the past 50 years.

The implications of Kennedy's decision are catastrophic. The US was previously a major funder, contributing about 13 percent of Gavi's budget. Gavi aims to raise \$11.9 billion for its next five-year period. The US withdrawal of a pledged \$1.2 billion creates a significant shortfall that Gavi estimates could lead to over 1 million preventable child deaths within five years by disrupting immunization programs and causing 75 million children to miss routine vaccinations.

Dr. Atul Gawande, former senior USAID official, called Kennedy's remarks "stunning and calamitous," stating that he "will be personally responsible" for hundreds of thousands of child deaths annually. WHO Director-General Tedros Adhanom Ghebreyesus warned that "drastic cuts in aid coupled with misinformation about the safety of vaccines threaten to unwind decades of progress."

This widespread attack on public health, from undermining scientific committees to defunding global vaccination efforts, carries untold consequences for human life and societal well-being. As studies have shown, stagnating childhood vaccination rates and the growth of vaccine misinformation threaten to reverse decades of progress, increasing the risk of outbreaks of vaccine-preventable diseases like measles, polio and diphtheria.



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