

# HHS Secretary Robert F. Kennedy Jr. cuts funding for mRNA vaccine grants

Benjamin Mateus  
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On August 5, the US Department of Health and Human Services announced that HHS Secretary Robert F. Kennedy Jr. has canceled nearly \$500 million in grants and 22 federal contracts for developing mRNA vaccines, effectively halting the government's investment in one of the most transformative medical technologies of the 21st century. The decision, part of what HHS called a "coordinated wind-down" under the Biomedical Advanced Research and Development Authority (BARDA), terminates or restructures dozens of vaccine projects with companies and institutions such as Pfizer, Moderna, Sanofi and Emory University.

According to the communication issued by Kennedy, "We reviewed the science, listened to the experts, and acted. Biomedical Advanced Research and Development Authority (BARDA) is terminating 22 mRNA vaccine development investments because the data show these vaccines fail to protect effectively against upper respiratory infections like COVID and flu."

Kennedy's statements, in line with his rabid anti-vaccine stance, are patently false and will have potentially lethal consequences as it further undermines the ability for the world to develop targeted vaccines when another epidemic emerges, when time is of the essence for producing these treatments and getting shots in arms.

The decision has triggered a wave of alarm from scientists and public health leaders. Experts warn that dismantling mRNA development efforts could compromise pandemic preparedness and biomedical progress. Epidemiologist Michael Osterholm called it "the most dangerous decision in public health" he's seen in five decades, warning that it will slow the rapid vaccine deployment needed in future outbreaks.

2023 Nobel laureate Katalin Karikó, whose work laid the foundation for mRNA technology, said Kennedy's reasoning was "false based on false information," and warned that the global scientific progress made in vaccine development has been "tremendously" set back. Former BARDA director Rick Bright likened the decision to "disbanding the fire department because the fire's out," calling it a "strategic failure" that could cost lives in the next crisis.

It bears reviewing the critical contributions COVID-19 vaccines, particularly the mRNA vaccines, have made during

the ongoing pandemic, which have been estimated to have saved millions of lives globally.

A landmark study published in the *Lancet Infectious Diseases* found that, in just the first year of vaccine rollout (December 2020 to December 2021), vaccines prevented an estimated 14.4 million deaths based on reported COVID-19 fatalities. When factoring in excess mortality, that number rises to 19.8 million, representing a 63 percent reduction in global deaths. These benefits were especially pronounced in countries with widespread vaccine access and high uptake, many of which relied primarily on mRNA vaccines.

In the United States, where mRNA vaccines were the backbone of the national campaign, modeling by the Commonwealth Fund estimated that vaccinations prevented 3.2 million deaths and 18.5 million hospitalizations, while saving the US healthcare system more than \$1 trillion in costs. A separate study published in *JAMA Network Open* found that in the first ten months of vaccine availability that included the Delta wave (from December 2020 through September 2021) COVID-19 vaccines averted approximately 235,000 deaths, 1.6 million hospitalizations and 27 million infections nationwide.

The benefits of mRNA vaccines extended beyond mortality reduction. Clinical trials and real-world data showed they were around 90 to 95 percent effective at preventing symptomatic infection from early variants, and even more effective at preventing severe disease and death. Although protection against infection waned with the emergence of Omicron variants, updated booster formulations helped maintain strong protection against hospitalization. The mRNA platform's adaptability allowed for rapid updates to vaccine formulations, a feature that will be critical in future pandemic responses.

On the question of vaccine safety, Robert F. Kennedy Jr. has been one of the most prominent voices spreading disinformation about mRNA vaccines, often aligning himself with anti-vaccine activists and conspiracy theorists. He has falsely claimed that COVID-19 vaccines are "the deadliest vaccine ever made" and has repeatedly suggested—without credible scientific evidence—that they cause widespread harm, including death, infertility and neurological damage. These assertions are not only untrue, but dangerously misleading. In reality, the safety of mRNA vaccines is supported by an

unprecedented volume of global data collected over the past five years.

Since their rollout in late 2020, mRNA COVID-19 vaccines have been administered to billions of people worldwide and subjected to the most intensive safety surveillance in the history of medicine. In the United States, federal monitoring systems such as VAERS, V-safe, and the Vaccine Safety Datalink have continuously tracked outcomes in real time. Their findings confirm that the most common side effects—such as sore arms, fatigue, mild fever and headaches—are both predictable and short-lived. Rare adverse events, like myocarditis in young males, have been carefully studied, transparently reported, and found to be far less frequent than serious complications from COVID-19 itself.

The success of mRNA vaccine technology during the COVID-19 pandemic demonstrated its power as a flexible and rapid-response platform for developing vaccines against a range of infectious diseases. Unlike traditional vaccines that introduce weakened or inactivated pathogens, mRNA vaccines deliver genetic instructions to the body's cells, prompting them to produce specific viral proteins that trigger an immune response. This process not only reduces manufacturing timelines but also allows for swift adaptation to emerging health threats. The same scientific foundation that enabled the rapid creation of safe and effective COVID-19 vaccines is now being applied to more complex targets, like HIV.

For instance, a recent phase one clinical trial explored the use of mRNA technology in the development of a preventive HIV vaccine. The trial tested two versions of a potential HIV vaccine, one that floated freely and another anchored to cell membranes, to better imitate how the virus appears in the body. The anchored version performed better, prompting stronger immune responses, including the production of protective antibodies and memory cells that help the body recognize and fight the virus. This promising result shows that mRNA vaccine technology can successfully activate key parts of the immune system—an encouraging step forward in the urgent search for an HIV vaccine.

As of 2024, around 40.8 million people globally are living with HIV, with 630,000 AIDS-related deaths recorded last year. The long-standing epidemic continues to disproportionately impact marginalized groups. Sub-Saharan Africa remains the hardest-hit region, especially among women and girls. Socioeconomic factors, like poverty, low education, unstable housing and poor access to healthcare, increase the risk of infection and death, revealing how deeply HIV is linked to inequality.

Political attacks on mRNA vaccines are threatening to derail public health research and undermining the entire healthcare infrastructure. They will have significant long-term consequences for population health as well as threaten the risk of emerging infectious diseases.

Particularly disastrous is the attack on the National Institutes

of Health by its new leader, installed by Trump and Kennedy. Dr. Jay Bhattacharya has terminated HIV vaccine research programs, including Moderna's mRNA-based efforts.

That decision was formally announced in late May 2025 and involved halting clinical trials conducted through the HIV Vaccine Trials Network (HVTN), ending contracts for non-human primate vaccine testing units and implementing grant accounting changes that effectively bar ongoing HIV vaccine research funding. The move was condemned by federal scientists in what has become known as the "Bethesda Declaration." The statement also criticized the administration's sweeping cuts to immunization, treatment of long COVID and infectious disease research, arguing that these decisions are rooted in political ideology rather than science.

The impact of canceling the mRNA vaccine contracts will be far-reaching and potentially catastrophic. One must recall that in the first year of the pandemic, before the vaccines had been introduced, low-income working class people in the US were dying at rates five times higher than affluent demographics (72.2 per 100,000 versus 14.6 per 100,000). Globally, low-income individuals, marginalized ethnic minorities, essential workers, migrants, incarcerated people and those facing homelessness faced the harshest outcomes. The COVID pandemic exposed to the fullest the social impact of inequality.

It is imperative that the working class—including scientists, researchers and public health professionals—recognize that the vast body of scientific knowledge, built through generations of collective effort, belongs to humanity. The wrecking operation under the anti-science charlatan Kennedy is not a matter of budgetary restraint or scientific reevaluation, it is a calculated act on behalf of the ruling elite to strip society of its means of defense against disease, to encourage backwardness and fascist hysteria and to silence evidence-based science. These cuts are not simply misguided. They are a declaration of political and social war on the working class, on the sick, the poor and the vulnerable. If left unopposed, they will cost lives—not in the abstract, but in crowded hospital wards, in unprotected frontline jobs and in the catastrophic impact of the next preventable pandemic.



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