

Kennedy's attacks on mRNA vaccines and science threaten global public health

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2 September 2025

In the past few weeks, Robert F. Kennedy Jr. has dramatically reshaped America's public health leadership. On August 8, 2025, a gunman radicalized by anti-vaccine misinformation attacked CDC headquarters in Atlanta, killing a police officer. In the aftermath, instead of addressing the roots of the crisis, Kennedy escalated his purge of the agency. Last week, he fired CDC Director Susan Monarez, a career scientist who resisted his politicization of the agency, and installed his deputy, Jim O'Neill, as acting CDC director. O'Neill is not a public health expert but a former investment executive with libertarian leanings and close ties to tech billionaire Peter Thiel, a clear signal that loyalty, not expertise, is Kennedy's primary qualification for leadership.

Meanwhile, following Kennedy's orders FDA commissioner Marty Makary gave the green light to sweeping new restrictions on COVID-19 mRNA vaccine distribution, narrowing eligibility to those 65 and older or individuals with certain comorbidities. The rules still require approval by the CDC's Advisory Committee on Immunization Practices (ACIP), but with the group now stacked with Kennedy allies, such approval is virtually guaranteed. Already, pharmacies in states including Massachusetts, New Mexico, Nevada, and Washington, D.C., have begun refusing to offer COVID vaccines, requiring physician prescriptions or halting administration altogether. What was once one of the most accessible vaccines in history is being systematically walled off from the public.

These measures underscore the fact that Kennedy is not simply questioning vaccine policy. He has consolidated control over the nation's scientific institutions by firing experts, silencing internal critics, and replacing them with loyalists. His long history as one of the country's most prominent anti-vaccine activists now intersects with unprecedented federal power. For the first time in modern history, the US government's entire scientific edifice is being reoriented to serve an anti-scientific agenda.

Central to that project is the assault on mRNA vaccines, among the most important medical breakthroughs of the 21st century. By embracing pseudo-scientific dossiers and weaponizing distorted statistics, Kennedy is creating the "evidence" needed to dismantle vaccine infrastructure, slash research funding, and substitute ideology for science. What follows is not just policy gone astray, but a deliberate attempt to undo decades of public health progress.

Lies as "science": The Harms Research Collection

To provide cover for these actions, Kennedy has leaned heavily on a dossier his HHS presents as a scientific review: the "COVID-19 mRNA 'Vaccine' Harms Research Collection." At first glance, the document looks imposing with 113 references spanning journals, case reports, and

data repositories. But a closer look reveals that it is not science at all. It is propaganda dressed in citations, a political weapon crafted to fabricate evidence against vaccines and provide Kennedy with the veneer of authority he needs to push his agenda.

The *Los Angeles Times* reviewed the collection and found that most of the cited papers—all but about 40—had little or nothing to do with vaccines. Many references deal with COVID-19 infection itself, not vaccination. Others are laboratory mouse studies with injections into the brain or bloodstream, completely irrelevant to how vaccines are administered in humans. Absent are the most important studies demonstrating benefit—including *The Lancet's* estimate that anti-COVID vaccines saved 20 million lives globally in just their first year of rollout.

Where legitimate research is cited, the conclusions are misrepresented to imply widespread harm:

- A *Nature* study demonstrating strong antibody responses is reframed to suggest immune system "overactivation."

- A *NEJM* study from Israel, which showed higher adverse-event risks from infection than vaccination, is cited only for side effects, omitting the comparison.

- A *JAMA* study on myocarditis is stripped of context and presented as evidence of mass heart damage. In fact, the study showed that the risks of myocarditis from the vaccine were small, mostly mild, and far outweighed by protection against COVID.

- A vaccine study finding no increased risk of pulmonary embolism or deep vein thrombosis after vaccination is listed without clarification, misleading readers to assume it supported clotting harm.

This distortion is repeated across dozens of entries. Legitimate safety monitoring data (e.g., VAERS) is presented as if it demonstrated causation, while single case reports are aggregated to suggest systemic effects.

The collection also leans heavily on preprints and non-peer-reviewed sources. For example:

- Seneff et al., "Worse Than the Disease?"—later retracted—speculated without primary data that vaccines caused neurodegeneration.

- Substack essays and "white papers" by Bridle, Hatfill and Risch recycle anecdotes and VAERS data as proof of widespread harm.

- Biodistribution studies in rodents are cited to argue uncontrolled spread of mRNA in human organs, despite these studies never being designed to model human pharmacology.

At least one-third of the references fall into this non-reviewed, speculative category. Others are retracted or discredited outright, including one by Schwab et al. on "autopsy reports" that claimed vaccine-induced deaths, which was dismissed by cardiologists and forensic pathologists. As Dr. Christopher Labos stated on his review:

The study by Schwab et al. doesn't actually establish how common myocarditis post vaccination is, whether it is actually

higher than the background rate (because many things can cause myocarditis), nor how likely someone is to die when they develop myocarditis.

Also critical, a 2021 study published in the *New England Journal of Medicine* found that the rate of spontaneous abortion in the first trimester after mRNA COVID-19 vaccination was 12.6 percent, well within the expected range. The authors concluded that “preliminary findings did not show obvious safety signals among pregnant persons who received mRNA COVID-19 vaccines.” However, anti-vaccine outlets and social media figures distorted the data by misapplying the denominator, falsely inflating the miscarriage rate to 82 percent. Despite this claim being thoroughly debunked by the study authors and multiple fact-checkers, it continues to circulate, and is now promoted by RFK Jr. as evidence of vaccine harm.

What makes this collection particularly dangerous is not just its content, but its omissions. Entirely absent are systematic reviews by the WHO, CDC, or EMA, or the global record of billions of doses administered safely under the most intensive pharmacovigilance in history. Absent, too, are the mortality models showing the scale of lives saved.

The effect, as Michael Hiltzik of the *LA Times* wrote, is to create “a mismatch between the data packet cited by Kennedy and the established facts of the vaccines’ safety and efficacy.” Kennedy’s HHS offered a document that looks technical but collapses under scrutiny, while excluding the overwhelming body of evidence proving the benefits of anti-COVID vaccines.

The stakes of this falsification are profound. As infectious disease expert Michael Osterholm warned: “I don’t think I’ve seen a more dangerous decision in public health in my 50 years in the business.” He stressed that abandoning mRNA would cripple the world’s ability to respond to the next pandemic. Older vaccine platforms would take 18 months to cover a fraction of the population; with mRNA, the world could be protected within a year.

The Harms Research Collection is not simply sloppy science. It is an intentional artifact of disinformation. By cloaking cherry-picked and distorted data in the trappings of research, Kennedy can claim to be “listening to the experts” while in fact substituting lies for evidence. This is the pseudo-scientific foundation on which he is building the case to strip away one of the most vital public health tools of the 21st century.

The architects of the “Harms Research Collection”

Equally revealing as the contents of the Harms Research Collection are the people who compiled it. Far from being neutral scientists, they are a network of long-time vaccine opponents, ideological activists, and profiteers with direct ties to Kennedy and his allies.

• Byram Bridle, PhD: A Canadian virologist who rose to prominence by claiming, without evidence, that vaccine spike proteins were toxic. He has been embraced by anti-vaccine groups in Canada, has close ties to Christian nationalist “health freedom” circles, and co-authored the book *Toxic Shot: Facing the Dangers of the COVID ‘Vaccines’*. His work has been amplified repeatedly by Kennedy’s Children’s Health Defense.

• Steven Hatfill, MD: A former biodefense adviser under George W. Bush with a history of promoting hydroxychloroquine and the “lab-leak” narrative. Hatfill has appeared on Heritage Foundation panels, provided anti-WHO testimony, and now works inside HHS. His proximity to Kennedy makes him both a contributor to and enforcer of the administration’s anti-mRNA agenda.

- Peter McCullough, MD, MPH: A cardiologist who lost academic affiliations due to spreading vaccine disinformation. McCullough is a frequent guest on right-wing platforms like Bannon’s War Room and The Highwire. He is “chief scientific officer” of The Wellness Company, a supplement outfit marketing unproven “spike detox” pills.

- Harvey Risch, MD, PhD: An emeritus Yale epidemiologist known for promoting hydroxychloroquine and aligning with the Great Barrington Declaration. Like McCullough, he holds a leadership role at The Wellness Company and regularly collaborates with Kennedy-aligned platforms.

- James Thorp, MD: An OB-GYN who has promoted false claims of vaccine-induced miscarriages, rejected by every major obstetrics society. He is heavily featured on Children’s Health Defense and Epoch Times, and markets himself as an authority despite disciplinary concerns.

- Kelly Victory, MD: An emergency physician turned anti-vaccine commentator, appearing frequently on Newsmax and The Highwire. She is another Wellness Company figurehead, profiting from anti-vaccine fear while attacking mainstream medicine.

- Martin Wucher (DDS) and Erik Sass: A dentist and a nonfiction writer listed as chief compilers of the dossier, neither with relevant expertise. Sass has been associated with techno-skeptical circles that recycle pseudoscience as data aggregation projects.

Taken together, the compilers are not a team of unbiased researchers. They form an ideological network that intersects across Kennedy’s Children’s Health Defense, the Wellness Company, and right-wing outlets like Bannon’s War Room and the Brownstone Institute, organizations that profit politically and financially from undermining vaccines. By presenting their output as a “research collection,” Kennedy laundered fringe propaganda into the apparatus of US health policy.

Notably, the Brownstone Institute—a libertarian think tank founded in May 2021 by Jeffrey A. Tucker, former editorial director of the American Institute for Economic Research—was established to advance anti-lockdown and anti-vaccine narratives while providing a platform for the co-authors of the Great Barrington Declaration. Since its founding, Brownstone has emerged as a leading purveyor of misleading, cherry-picked studies and conspiracy theories targeting institutions like the WHO, CDC, and mRNA vaccine science. It maintains close ties to Children’s Health Defense and Bannon’s War Room podcast, serving as a key node in the broader network of anti-public health disinformation.

From propaganda to policy

These new FDA regulations may soon become a moot point. While they limit access to COVID-19 mRNA vaccines to seniors and high-risk individuals, Kennedy’s allies are signaling that the vaccines themselves may soon be removed from the US market altogether amid yet another wave of the pandemic. According to Dr. Aseem Malhotra, a British cardiologist and prominent adviser to Kennedy’s “Make America Healthy Again” Action group, the withdrawal of mRNA vaccines is imminent.

Kennedy has created all the institutional machinery to make Malhotra’s prediction a reality. In one of his most brazen moves, he fired all 17 members of the CDC’s Advisory Committee on Immunization Practices (ACIP), the very body tasked with reviewing vaccine policy, replacing them with outspoken vaccine opponents.

Among them is Retsef Levi, a professor at MIT’s Sloan School of Management, whose training is in operations research, not medicine, virology or immunology. Despite his lack of biomedical expertise, Levi has spent the past three years publicly attacking COVID vaccines, calling them “the most failing medical product in the history of medicine” and demanding they be pulled from the market. He has published no peer-

reviewed research on vaccines, but is closely aligned with the Brownstone Institute.

The consequences of Kennedy placing Levi and similar figures at the helm of ACIP are stark. What was once a rigorous review committee, staffed by epidemiologists and infectious disease specialists, has been converted into stage-managed proceeding designed to rubber-stamp Kennedy's agenda. Former ACIP members describe the process as a "sham," warning that trust in immunization policy has been destroyed. As Stanford infectious disease physician Dr. Jake Scott cautioned, the result will be "more statistical manipulation than science."

Meanwhile, the pandemic is not over. According to the Pandemic Mitigation Collaborative (PMC), the United States is amid its 11th wave, with at least one in every 93 people currently infectious. That translates into 3.6 million new weekly infections—more than 500,000 a day—even before the return of tens of millions of students to classrooms. The result is projected to be 1,300-2,100 excess deaths each week and up to 720,000 new Long COVID cases over the coming months.

Long COVID continues to degrade quality of life for millions of Americans, impairing cognition, increasing cardiovascular risks, and pushing thousands out of the workforce. In this context, narrowing vaccine access or eliminating mRNA vaccines altogether is not just reckless, but a direct assault on the population's ability to defend itself against ongoing disease and death.

Kennedy's policies, legitimized by figures like Malhotra and Levi, amount to dismantling one of the few tools that blunted the pandemic's worst effects. With vaccines already harder to access, the groundwork is being laid for their complete removal. Should that happen, the consequences will not be confined to statistics: they will be felt in overwhelmed hospitals, in families devastated by preventable loss, and lives permanently altered by Long COVID.

Weaponizing statistics: John Ioannidis doubles down on efforts to minimize the pandemic

Although John Ioannidis's latest paper is not included in the Harms Research Collection, it serves the same political purpose. The study exemplifies how scientists aligned with reactionary agendas can deploy statistics to confound reality, producing results that downplay the benefits of vaccines while cloaking the exercise in the authority of peer-reviewed science. In this sense, Ioannidis' work complements Kennedy's campaign: where the Harms Research Collection substitutes fringe pseudoscience for evidence, Ioannidis provides the illusion of legitimacy from within mainstream academia.

One should recall that early in the pandemic, Ioannidis authored the infamous Santa Clara antibody study, which suggested that COVID-19 was far less deadly than scientists believed. The study was immediately embraced by opponents of public health measures, including Kennedy's ideological allies, but was riddled with methodological flaws. Critics noted its sampling biases and questionable statistical modeling, while emails later revealed that many of the study's funders had connections to libertarian and financial networks with an intent on downplaying the pandemic.

This was not an isolated episode. Ioannidis repeatedly downplayed the risks of COVID-19, claiming the virus was "not all that dangerous" and that lockdowns posed greater risks than the disease itself. His close associations with Jay Bhattacharya (now head of the NIH under Kennedy) and Scott Atlas (who advised Trump on dismantling restrictions) placed him at the heart of a Stanford-centered network deeply intertwined with the politics of minimizing the pandemic. In this sense, his recent

collaboration with Kennedy's agenda is less coincidence than continuity.

In August 2025, Ioannidis published a new paper in *JAMA Health Forum* titled "Global Estimates of Lives and Life-Years Saved by COVID-19 Vaccination During 2020–2024." The headline number—just 2.5 million lives saved globally in nearly four years—was instantly quotable. For Kennedy, it will provide the perfect soundbite as supposed proof that vaccination campaigns were marginal, even wasteful.

But the figure was not drawn from real-world mortality records. Instead, Ioannidis and his co-authors constructed a hypothetical model, what they called a "back-of-the-envelope" exercise. They chose infection fatality rates (IFRs), applied a single flat vaccine effectiveness (VE) rate of 50 percent against death, assumed every unvaccinated person eventually caught Omicron, and then applied blanket "frailty discounts" to life-years saved, assuming nursing home residents had only two years left. Each of these choices was conservative, and together they guaranteed a lowball result.

Most strikingly, the model ignored excess mortality, the gold standard for measuring pandemic impact. By starting with artificially low IFRs and discounting elderly lives, Ioannidis's "transparent" method produced a headline that shrank the vaccine's role to the smallest plausible figure. The result was a statistical mirage which was internally consistent, yet profoundly misleading.

Real-world counterpoints: China, Hong Kong, and Omicron in the West

The flaws in Ioannidis's model become glaring when compared to the actual course of the pandemic. Once China exited Zero-COVID in December 2022 and lifted all containment measures, the virus literally ripped through the country's 1.4 billion people. Excess mortality analyses estimate 1.4 to 1.9 million deaths in just two months, overwhelmingly among the unvaccinated elderly. By late 2022, only 72 percent of those over 80 had completed primary vaccination, and fewer than half had boosters. The result was catastrophic.

Hong Kong's earlier BA.2 Wave (January–March 2022) had seen a similar catastrophe. With booster coverage in the elderly disastrously low (just 2 percent boosted in those over 80), the city recorded 9,000 deaths in a population of 7.4 million. Among the unvaccinated elderly, the case fatality rate reached 21.7 percent, nearly as high as the original Wuhan strain. Vaccinated elderly had more than 20 times lower risk of death, underscoring the decisive role of vaccines.

By contrast, in highly vaccinated countries during Omicron, including the US, Canada, the UK, France, Germany and Norway, the differences could not be sharper. In late 2022 and early 2023, in the same period China was facing its disastrous pandemic wave, these nations experienced 10 to 20 times fewer deaths per capita, despite facing the same variant. In the US, excess deaths during the same period of the Omicron winter wave (approximately 30,000 according to Our World in Data) were a fraction of the 125,000 recorded in the spring of 2020 when no vaccines existed.

Notably, the landmark analysis in *The Lancet Infectious Diseases* cited previously in this report calculated that as many as 19.8 million deaths would have taken place without the vaccines when factoring excess mortality. The vaccines thus caused a 63 percent global reduction in deaths that year. Importantly, most of these prevented deaths occurred in countries with widespread access to mRNA vaccines, underscoring their decisive role in protecting populations.

Other modeling has confirmed these impacts at the national level. In the United States, a study by the Commonwealth Fund found that vaccination prevented 3.2 million deaths and 18.5 million hospitalizations, while

saving more than \$1 trillion in healthcare costs. Another study in *JAMA Network Open* calculated that in the first 10 months of vaccine availability—through the height of the Delta wave—vaccines averted approximately 235,000 deaths, 1.6 million hospitalizations, and 27 million infections nationwide.

These findings are reinforced by surveillance data from multiple countries. Across Europe and North America, hospitalization and mortality rates plummeted once high vaccine coverage was reached. While the emergence of Omicron reduced protection against mild infection, boosters continued to provide 80–95 percent protection against severe disease and death among the elderly, the population most at risk. However, when one analyzes the data by age groups, although younger people die at far lower rates, those receiving the COVID vaccines and boosters had an appreciable benefit, as the figure below highlights from the waves experienced in Hong Kong and China.

Taken together, the evidence leaves little doubt that the vaccines, in particular the mRNA vaccines deployed at scale, were the difference between a pandemic that could have claimed 50-60 million lives globally instead of the 30 million excess deaths to date. These real-world experiences dismantle the notion that Omicron was “mild” or that vaccines had only marginal benefit.

Why did the peer review process let through Ioannidis’ latest paper?

How did such a paper pass peer review at a major journal? The answer lies in the limits of the system. Peer reviewers check whether methods are internally consistent and whether assumptions are transparently stated. Ioannidis and his colleagues were explicit about using “conservative” assumptions. That transparency provided cover, even though the assumptions bore little resemblance to real-world outcomes.

Peer review does not typically re-run models, verify raw data, or demand that assumptions align with the most realistic evidence. The process gave Ioannidis’ work a veneer of legitimacy, even though it functioned less as measurement than as political ammunition.

Precisely because Ioannidis’ modeling study was peer-reviewed, which drastically undercuts earlier vaccine impact estimates by suggesting only 2.5 million lives were saved globally, it provides Kennedy a veneer of scientific legitimacy for his own agenda. Though the Harms Research Collection predated Ioannidis’ paper and did not cite it, the political utility of the study is clear. It provides post hoc cover for policies already in motion. In hearings and speeches, the nuance evaporates. What remains is the headline—“Only 2.5 million lives saved”—weaponized to dismantle the very infrastructure that protected public health during the pandemic.

Conclusion

Kennedy’s reliance on pseudo-scientific compilations and distorted statistics is not confined to rhetoric. It is being codified into policy in real time through sweeping budget cuts, institutional purges and the installation of loyalists in positions once held by scientific experts.

The scale of destruction is staggering. More than 20,000 HHS employees, including thousands of scientists and public health specialists, have been forced out. The NIH faces a \$18 billion reduction, while CDC faces \$3.6 billion in cuts, crippling their ability to conduct surveillance, manage outbreaks, or develop next-generation treatments. Internationally, Kennedy has cut US funding to Gavi, a decision projected to cause over

one million preventable child deaths worldwide, while the defunding of USAID threatens millions more lives.

The damage goes far beyond COVID. mRNA cancer vaccines, such as Moderna and Merck’s melanoma treatment, which in trials reduced recurrence risk by nearly 50 percent, are now imperiled. Trials for lung, pancreatic, and kidney cancers that depend on the same infrastructure are at risk of collapse. HIV vaccine research, already showing promising immune responses in early trials, has been dismantled by Kennedy’s NIH leadership under Jay Bhattacharya. Scientists who signed the “Bethesda Declaration” condemned these moves as an ideologically driven attack on decades of biomedical progress.

Backlash has been fierce. Six Nobel laureates and 27 members of the National Academies have called for Kennedy’s removal, warning that his actions will cause a “deadly loss of confidence in vaccines.” Hundreds of CDC, NIH, and HHS employees signed a letter after the August 8 Atlanta CDC shooting, accusing Kennedy of fueling the climate of mistrust that led directly to violence. Their message laid the blame directly on Kennedy for dismantling America’s public health infrastructure.

Meanwhile, Kennedy is making vaccines harder to obtain and laying the groundwork for their removal altogether. Pharmacies are already requiring prescriptions or refusing to carry COVID vaccines. Advisory panels are stacked with ideologues. The peer-reviewed but deeply flawed work of Ioannidis now provides a veneer of legitimacy for the claim that vaccines saved “only” a few million lives.

This MAHA reform is a coup on science by another name; a coordinated dismantling of the systems that society depends on to generate knowledge, defend health, and save lives. By substituting manufactured evidence for real science, Kennedy has created the scaffolding for a political project that will set public health in the US and internationally back decades.

The costs will not be measured in abstract debates or academic journals. They will be measured in crowded hospital wards, in the empty chairs of families who lose loved ones, in the lost futures of those disabled by Long COVID, cancer or preventable infectious diseases. The Harms Collection, Levi’s sham advisory committee and Ioannidis’s statistical minimization are all strands of the same fabric; an anti-scientific movement that is aligned with fascism and a turn to authoritarian forms of rule. What is being destroyed is more than vaccine programs. It is the very capacity of science to serve the public good. If unchallenged, this assault will undo generations of progress and cost millions of lives worldwide.



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