

Kennedy installs anti-vaccine loyalist, Ralph Abraham, to finish purge of CDC

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Dr. Ralph Lee Abraham, the former Louisiana surgeon general and a long-standing opponent of established vaccine science, has been named principal deputy director of the Centers for Disease Control and Prevention (CDC), the agency's second-highest leadership post.

Health and Human Services Secretary Robert F. Kennedy Jr. made the decision three months after firing CDC Director Susan Monarez and replacing her by making HHS Deputy Secretary Jim O'Neill, who has no medical experience, acting CDC chief. The firing of Monarez was quickly followed by the resignation of four top CDC officials who opposed the anti-science, anti-vaccine agenda pushed by Kennedy.

Abraham will now become the highest-ranking figure in the CDC with a medical degree, with outsized influence over its policies, although he has no background in epidemiology, infectious diseases, outbreak response or the management of scientific institutions—core qualifications for leading the nation's premier public health agency.

During the COVID-19 pandemic, he heavily promoted quack treatments like ivermectin and hydroxychloroquine, while fiercely attacking the lifesaving COVID-19 vaccines. After leaving Congress in 2020, he became Louisiana Surgeon General, where he opposed mandatory mass vaccination for childhood diseases.

Abraham's elevation, which directly aligns with Kennedy's "Make America Healthy Again" (MAHA) agenda, has drawn alarm throughout the public health community. "My jaw hit the ground," said Dr. Nirav Shah, former principal deputy director of the CDC under the Biden administration, calling the decision "unqualified" and "atrocious." Dr. Richard Besser, acting CDC director in 2009, said he is "greatly concerned" that Abraham will function as an extension of Kennedy's longstanding hostility toward vaccines. "Rather than being someone who will push back on that, I think he will

further the secretary's agenda," Besser warned.

On November 19, Kennedy ordered the CDC to revise its "Autism and Vaccines" webpage to assert that stating "vaccines do not cause autism" is "not an evidence-based statement" because studies have not "definitively ruled out" the possibility that infant vaccines cause autism.

Alycia Halladay, chief science officer at the Autism Science Foundation, speaking with the *World Socialist Web Site*, said the directive amounted to a "hijack of the CDC website," warning that inserting political opinion into an authoritative scientific resource is "incredibly scary" because it will lead people to forgo vaccination, resulting in preventable illness and death.

The sudden, unreviewed change—issued outside the CDC's scientific review process—appeared timed to coincide with Abraham's arrival and the upcoming December 4–5 meeting of the Advisory Committee on Immunization Practices (ACIP), where anti-vaccine demands such as eliminating aluminum-based adjuvants are expected to be promoted.

This sequence—the deliberate subversion of established scientific consensus, followed by the installation of a loyal political operative—signals Kennedy's intent to consolidate control over the agency.

Because the CDC has no Senate-confirmed director, O'Neill serves under the Federal Vacancies Reform Act, which limits his tenure to 210 days, expiring in late March 2026. Once his term ends, the bulk of the director's authority devolves to the principal deputy director. Abraham, whose position does not require Senate confirmation, can therefore exercise near-total authority indefinitely. This structure allows Kennedy to evade Senate opposition to anti-vaccine nominees and gives the MAHA apparatus a durable foothold within the CDC.

A retired CDC scientist told the WSWWS she had "serious concerns" that Abraham will align with Kennedy on vaccine policy and bolster efforts to weaken the US

immunization program through an ACIP increasingly steered by Kennedy-aligned members. She warned that this shift replaces “scientific, evidence-based policy-making” with using “politics instead of science to make policy.”

The convergence of Abraham’s installation and Kennedy’s manipulation of CDC communications has intensified fears that the MAHA’s unscientific and politically motivated agenda is being embedded directly into national immunization policy.

Abraham’s appointment is especially alarming given his long record of profiteering and public health mismanagement, documented by journalist Lamar White Jr. in the *Bayou Brief*. Before entering Congress in 2014, Abraham built a regional medical enterprise in impoverished northeast Louisiana. Between 2006 and 2012, two rural pharmacies he owned dispensed 1,478,236 doses of opioids, including hydrocodone and OxyContin—amounting to roughly 41 opioid pills per man, woman and child each year for seven consecutive years.

Medicare Part D data from 2013 further identified Abraham as a rural opioid “super-prescriber,” writing 1,856 opioid prescriptions for 400 patients in a single year, placing him in the top 0.2 percent of all US physicians for opioid claims. He aggressively defended the use of these highly addictive drugs, arguing that Dilaudid and OxyContin did a “much better job” than medical marijuana—even as the national opioid crisis surged.

His ideological hostility to public health measures continued when he served as Louisiana surgeon general in 2024. During the state’s worst whooping cough outbreak in 35 years—resulting in the deaths of two infants by late January 2025—the public health response under his leadership was widely condemned as dangerously slow. The Louisiana Department of Health waited nearly two months before issuing a social media post recommending vaccination and did not release an official alert to physicians until May 2, more than three months into the outbreak.

On February 13, 2025, Abraham issued a memo ordering the Louisiana Department of Health to terminate all mass vaccination campaigns and halt media promotion of seasonal flu shots, denouncing public health for adopting a “one-size-fits-all, collectivist mentality.” The memo was released the same day Kennedy was sworn in as HHS secretary—widely interpreted as a calculated demonstration of ideological loyalty to the incoming administration.

The broader context of Abraham’s appointment is the rapid shift of federal public health policy under Kennedy’s MAHA Commission. In July, public health law scholar Lawrence Gostin and colleagues warned in the Hastings Center Report that the prospects for MAHA to advance meaningful, evidence-based policy are “exceedingly low,” writing that Kennedy has “cast doubt on established science, fired staff across HHS, slashed funding for research, and pursued fringe health policies while showing no signs of producing and following scientific evidence that would improve the public’s health.”

While MAHA claims to combat chronic disease—the leading causes of death and disability in the United States, costing an estimated \$4.5 trillion annually—its priorities diverge sharply from the well-established determinants of chronic illness. Instead of addressing poverty, environmental exposures, or access to care, MAHA fixates on speculative claims about autism, hostility toward medications such as GLP-1 drugs, and unsubstantiated fears about food additives and chemicals.

Even as MAHA claims to address chronic disease, the administration has proposed eliminating the CDC’s National Center for Chronic Disease Prevention and Health Promotion, a \$1.4 billion program essential for tracking conditions such as childhood diabetes. Meanwhile, Kennedy has fired all 17 members of ACIP, spread vaccine misinformation and manipulated CDC communications to mirror anti-vaccine talking points.

The appointment of Abraham as principal deputy director cements the administration’s ideological assault on public health. Installed in a leadership vacuum, he now serves as a reliable conduit for the MAHA and MAGA agenda. His record—hostility to vaccines, contempt for scientific consensus and aggressive participation in the opioid epidemic—reveals a consistent pattern of subordinating public health to political ideology and personal interest. That such a figure is now positioned to help lead the nation’s foremost public health institution underscores how fundamentally at odds the administration’s direction is with the CDC’s mission to safeguard the population’s health.



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