Vaccine policy, class, and the erosion of public health protection: An interview with legal scholar Dorit Reiss

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Over the past year, public health in the United States has entered one of the most consequential periods of regression in modern history. Under Health and Human Services Secretary Robert F. Kennedy, Jr., long-standing norms of evidence-based governance have been dismantled with extraordinary speed. The restructuring of the Advisory Committee on Immunization Practices (ACIP), the sidelining of federal scientific expertise, the promotion of discredited research agendas such as the Bandim Health Project, and the federal government's silence amid the most severe measles resurgence in decades signal not isolated policy disputes, but a systematic attack on public health itself. As extensive reporting by the World Socialist Web Site *has documented, these developments are unfolding alongside deepening social inequality and a broad turn toward authoritarian methods of rule.*

Against this backdrop, legal scholar Dorit Reiss has emerged as one of the clearest and most principled critics of the Kennedy agenda. In a recent commentary published in the Journal of the American Medical Association, Reiss argues that the unraveling of vaccine policy reflects not merely scientific disagreement but a collapse of governance itself. She warns that replacing transparent rulemaking and expert oversight with ideological decision-making undermines institutional legitimacy, weakens legal safeguards, and places children and other vulnerable populations at increased risk of preventable disease.

This interview is the second extended discussion between Professor Reiss and the World Socialist Web Site *examining the accelerating assault on vaccines and public health in the United States. Building on earlier analysis, the conversation explores how law, science and public health institutions are being reshaped under the current administration, and what these changes reveal about the broader social and political breakdown.*

An unprecedented assault on public health

Benjamin Mateus: I'd like to frame this conversation—since it's our second discussion—less as a debate over individual policies and more as an examination of how law, science and public health institutions are functioning under current social and political conditions. We're seeing not just disagreement over evidence, but a broader attack on the structures that once translated science into collective protection.

I'd like to start by asking about the historical significance of the moment we're in. From a legal and historical point of view, how unusual is the moment we're in right now for vaccine policy in the United States—especially when longstanding public health norms are being dismantled rapidly, not through scientific debate, but through direct political intervention?

Dorit Reiss: This is an extremely unusual moment. I expected things to be bad under the Kennedy leadership, but I did not expect anything like this.

The first thing we're seeing is the dismantling of good governance. One of the things that's happening with the current administration is actions being done in stealth—without notice, without an opportunity for stakeholders to comment, and without close attention to rule-of-law requirements.

For example, in September, in the last two ACIP meetings, the vote language was not given to members beforehand. Even the members didn't know what they were voting on until the vote happened. There was certainly no chance for anyone to comment on it. At one point, there was voting language the day before, then different voting language the morning of the meeting, and the language presented to the members at the time of the vote was still different.

Mr. Kennedy also announces things by video, without a chance for people to think about them or communicate about them. For example, when he dismissed ACIP members in June, they found out from his op-ed in *The Wall Street Journal*. They received formal notice about an hour later. They were not given any advance warning.

As a result, what we're seeing is a complete disruption of the norms of good governance.

The other thing we're seeing is the dismantling of expert agencies. Partly this was through firings, partly through people being pushed to resign, but we saw many leadership figures at both the FDA (Food and Drug Administration) and the CDC leave or be removed. And we've seen appointments of people who appear to have been selected more for their anti-vaccine views than for any relevant expertise.

I'll give you one example. Mr. Kennedy appointed Mark Blaxill to the CDC (Centers for Disease Control and Prevention). Mr. Blaxill is a businessman. He does not have a scientific research background. The reason he knows Mr. Kennedy is because he was among a group of non-experts who published claims linking thimerosal in vaccines to autism, and he has been an anti-vaccine activist since. He does not have training in epidemiology, immunology or regulatory science, but he is now appointed to the CDC—where expertise used to matter a great deal.

Previously, people had to have strong credentials to work at CDC and become competent in scientific methodology and regulatory processes. That expectation has clearly changed. We are seeing expert personnel leaving and being replaced by people with very little relevant background.

The new acting head of the Center for Drug Evaluation and Research, Dr. Tracy Beth Høeg, does not have a background in drug regulation. She has not been involved in running clinical drug trials or regulatory review

processes, and she has not published in the field of drug regulation. She has a PhD in epidemiology, but her early work was in ophthalmology, and later she worked in sports medicine—neither of which prepares someone to do drug regulation.

They simply do not have people with the subject matter expertise required to run these agencies. What this leaves us with is a loss of norms of good governance, a loss of experienced personnel, and decisions being made without serious attention to the science—in ways that are sometimes deeply troubling.

For example, the MAHA (Make America Healthy Again) Report included citations that were not real and were apparently generated by AI. The damage done to our regulatory agencies is therefore very deep. The loss of credibility, the absence of expert personnel, the breakdown of governance norms, and the failure to follow science—all this compounds the harm.

"It would take decades to fix the damage"

Even if Kennedy were to leave tomorrow, I think it would take decades to fix the damage. And they're not done yet. We are going to have to completely rebuild our public health infrastructure at the federal level.

Things are better at the state level, but even there we're seeing dismantling of public health apparatuses. For example, in Louisiana and Florida, public health leadership has increasingly reflected anti-vaccine or anti-mandate positions, with little grounding in population-level public health practice.

Taken together, we are in a very bad place for public health—at the federal level and in several states.

BM: Public health law has long been based on the idea—and I think we discussed this in our first interview—that individual freedom can be limited when it's necessary to protect society. What does it mean when that balance is abandoned in practice, not because science has changed, but because political priorities have shifted?

DR: First, one of the things we've seen in public health law is that, historically, there has been a high degree of deference to policymakers on scientific questions. That deference can limit the ability to police these decisions. But there are two important points here.

First, there are limits to that deference. All the jurisprudence about public health says you can limit individual liberties, but you can't do it in an arbitrary or unreasonable manner. When science is being thrown out, at some point the action becomes arbitrary and unreasonable.

Second, beyond constitutional law, there's administrative law, which requires agency decisions to be well explained and not arbitrary or capricious. The administration has been losing case after case in courts on arbitrary-and-capricious grounds because, in a very real sense, they're not even trying to meet the norms of good explanation and good reasoning.

BM: That's interesting that they're losing, but what is the effect? Irrespective of their ability to win these cases, the changes are still happening. They're getting away with it, so to speak.

DR: It depends. Sometimes yes, and sometimes no. For example, when the administration tried to cut $11 billion in funding for COVID and states sued, they then had to restore those funds because they lost in court. In some cases, they've managed to get away with it; in some cases, they haven't.

There is a case right now against the new ACIP (Advisory Committee on Immunization Practices). It's the first case challenging it. Remember, litigation takes time, so we haven't seen this play out fully yet. That case is AAP (American Academy of Pediatrics) versus Kennedy, and it just went into argument on the motion to dismiss. The government argued that there isn't any legal basis for the case and that it should be dismissed, and that discussion just happened yesterday.

BM: Do you think that's the reason why the funding from HHS to AAP was removed?

DR: I expect they're not happy about the lawsuit, but they're probably even less happy about AAP criticizing them publicly and continuing recommendations that are in tension with ACIP. It's probably a combination. AAP has been pushing back against them in several ways, and I expect that pushback is why they're removing funding.

And I will add that the removal of funding is itself problematic on several grounds. One, removing funding because of someone's protected speech—because AAP criticized them—is unconstitutional.

Second, removing grants that were already awarded without a good explanation—that removal is arbitrary and capricious, so there might be litigation there.

And third, on policy grounds: the grants they removed are grants to fund research into really important areas such as SIDS (Sudden Infant Death Syndrome), fetal alcohol syndrome, early detection of autism—and removing this is not good for children's health.

BM: How much of that funding is going to affect AAP's work? Is that a significant impact?

DR: Generally, these funds are specific to specific research. You have a research grant, and that's what's funded. Without the money, that research probably won't happen. It's only going to affect AAP's other work indirectly, which is funded in other ways.

BM: That leads to another key figure in this landscape**.** With respect to attorney Aaron Siri, he's played a central role in recent efforts to challenge vaccine policy, including petitions to revoke approval of long-established vaccines, demands for studies that cannot ethically be done, and litigation and Freedom of Information Act (FOIA) campaigns that place enormous strain on public health agencies.

You have publicly challenged his claims and methods. From your perspective, what role do figures like Siri play in turning the law itself into a weapon against public health rather than a tool to protect it?

DR: There are two—maybe even three—parts to this.

The first tier is that everybody deserves representation. Some of Siri's work is—I may disagree with the logic of his clients—but, for example, when he challenges a mandate, the people challenging a mandate deserve representation, and the argument should be heard in court.

Some of his other work is a lot less legitimate, in my view. He's been going to legislators and making presentations about vaccine science in areas that are outside his expertise. To be fair, I also make claims about vaccine science, but I try to follow the experts. A lot of his presentations are highly misleading.

As a result, he has two roles. One is representing clients in cases where they deserve representation. The other is advocating for the anti-vaccine cause—sometimes in ways that are borderline.

He also makes claims about whether the control was right or not, and some of these claims are problematic. For example, with MMR: if you have an existing vaccine—and even before the first MMR, you had measles, mumps, and rubella vaccines separately—you can't run a trial that denies children protection under the existing standard. You're supposed to compare the old vaccines to the new.

He just glosses over that. He assumes it's acceptable not to protect the children at all. Imagine a clinical trial comparing a cancer treatment to saline—giving people with cancer saline. That's obviously wrong.

Similarly, for vaccines, if you have an existing vaccine, people deserve the existing standard of care. He glosses over that point as well.

In other cases, he challenges controls that are valid controls. This is a place where he could bring in an expert, but he doesn't ask the expert about it. He simply decides that it's the wrong control. He sounds convincing, but he's wrong on it—as experts will tell him.

Impact of ideological capture

BM: I had this question—you may have answered it, but I'll ask it again. When a scientific advisory body like ACIP is politically restructured with members who hold these anti-public-health or anti-evidence-based views, how does that change the function of its recommendations? In other words, how does ideological capture turn what appear to be technical decisions—such as moving away from universal vaccine standards—into changes that make social conditions more dangerous for the public?

DR: There are two parts to this as well.

The first is, as you said, that a non-expert, anti-vaccine ACIP can undermine public health directly in two ways. One is by removing access. The recommendations are tied to insurance, and by changing those recommendations, they can decrease people's access to vaccines.

The second is by sending the wrong message—by misleading people into rejecting vaccines. I'm hearing that many parents are now not getting the hepatitis B vaccine, even though it's a good idea and even though most medical societies that I know of still recommend it. That means children are being left at risk of a virus that causes liver disease and cancer. This has real harm. There will be people who develop liver cancer because of this.

The other part is that this shoots ACIP in the foot going forward. Many states—both red states and blue states—are distancing themselves from ACIP and looking elsewhere.

I don't think ACIP can be revived without real legal changes. In effect, this also killed an advisory committee that served us well from 1964 to 2025—about sixty years. I hope I'm getting my math right.

They destroyed an institution that served us well, that ensured a careful vaccine supply, that oversaw vaccine safety, and that made recommendations keeping people healthy. It can't be saved without dramatic changes.

This is also a long-term problem—even if Kennedy is fired tomorrow. The president can remove him at any moment and appoint someone who is not anti-vaccine. But now that we know ACIP can be reshaped with the stroke of a pen, it will be very hard to trust it again. Its legitimacy has been badly hurt.

BM: This is a follow-on question, but many of the attacks on vaccines today are framed around very specific, scientific-sounding claims. We mentioned placebo trials for long-approved vaccines, but there are also warnings about aluminum adjuvants, or assertions that safety data for these are missing. Could you speak about these issues and what they really mean?

DR: Let me start by saying that most of us don't second-guess our pilots because we understand that flying airplanes is complex. The same is true of vaccine science.

One of the things that's happening is that people are being led to doubt vaccine science without having a good understanding of the issues, based—as you said—on plausible-sounding claims that are deeply wrong. They encourage people to distrust vaccines.

It's never good to have blind trust, but it's also bad to have blind mistrust. What's happening now is the promotion of blind mistrust based on claims that sound scientific but aren't true. That creates a long-term legitimacy problem.

On the merits themselves, all of these are long-standing anti-vaccine claims that have good answers. Take aluminum adjuvants, for example. Aluminum adjuvants have been challenged for as long as there's been organized vaccine opposition. I've been dealing with this since around 2012.

The Vaccine Education Center at the Children's Hospital of Philadelphia has a good page on aluminum in vaccines. It explains that we use tiny amounts of aluminum salts in inactivated vaccines to get a stronger immune response while using less antigen. In that sense, it makes vaccines safer, not less safe.

These adjuvants have decades of data behind them. They cite multiple studies, including human studies, showing no evidence of harm. Most recently, there was a large study from Denmark that followed over a million people and found no association between aluminum-containing vaccines and adverse outcomes.

The amount of aluminum in vaccines is very small—much smaller than what we get from food, water, and other environmental sources. Aluminum is the third most abundant element in the Earth's crust, so we are exposed to it all the time.

The claims themselves are untrue. But if you don't know the science behind them, they can sound convincing.

We're used to worrying about ingredients, and sometimes we should be. We should worry about lead poisoning. We should worry about mercury beyond certain amounts. There are many environmental exposures that deserve attention. It's understandable that someone might hear "aluminum in vaccines" and feel concerned.

But the answers exist—and the anti-vaccine leaders don't provide them. Once trust is undermined, people become unwilling to even consider those answers.

The same issue arises with placebo trials. It's fair to ask whether trials used good controls, and there *are* answers to that. Generally, vaccine trials do use appropriate controls.

For older vaccines—some of which date back to the nineteenth and early twentieth centuries—placebo trials as we understand them today weren't done. But we now have decades of real-world data on those vaccines. Limiting evaluation to early trials alone is simply wrong.

Yes, a nineteenth-century trial wouldn't meet modern standards. But we don't rely on that alone. We rely on decades of surveillance, epidemiology and safety monitoring. Many newer vaccines did have large, well-designed randomized trials. And for all vaccines, we also have extensive post-licensure data. The claim that we lack safety data is misleading.

BM: You mentioned earlier that both red and blue states have, in effect, decided not to follow some national policies that are being made. But national regulations, funding streams and legal frameworks still exist. In practical terms, how does public health operate when there's this kind of institutional split? What does that mean?

Public confusion

DR: First, it's going to cause confusion among the public. States can do some things, but at the end of the day, vaccine uptake is a battle for hearts and minds.

If people fear vaccines, they won't vaccinate their children. Part of what's happening is that what Kennedy is doing is creating substantial confusion and decreasing vaccination rates at a time when we're seeing large measles outbreaks.

And notice something important: in previous ACIP meetings, large ongoing outbreaks were discussed. In the most recent meeting, they were simply ignored. It's the dog that didn't bark. They didn't talk about the outbreak at all.

One result is confusion because the message from the top is conflicting. Another is that some states are going to feel politically unable to go against the administration.

What we're going to see is the wrong kind of natural experiment going forward. States that are more vulnerable to misinformation—among policymakers and the public—are going to have lower vaccination rates and more disease.

Other states may still have disease, because large states with dense populations and high mobility can have outbreaks even with better policies. But overall, we are going to see differences between states based on their response.

And the reality is—and I think we talked about this last time—there was no smoking section on this plane. We're all in this together. If some states have higher rates of disease, some of those diseases will travel.

States with stronger policies may suffer less, but they won't be immune. We're all going to suffer from this. Children are going to suffer and die from this.

I'm very upset.

BM: For me, the issue isn't a debate about science. It's the issue of anti-vaccine policy itself. It's a political project. It's using politically scientific language to undermine public health, which, as you said, functions to misinform and confuse people.

With that in mind, I want to ask this in a broader way. In less than a year, Secretary of Health Robert F. Kennedy, Jr. has overseen sweeping changes to public health governance, including the restructuring of ACIP, changes to CDC scientific messaging, leadership shifts across agencies, and efforts to weaken vaccine protections—all without serious political resistance.

Political dimensions

When the question of removing him from office came up, Congress effectively treated it as a non-starter. From a legal and historical standpoint, how should we understand this concentration of executive power over public health? And what does it reveal about the broader attack on science today? I'd like you to focus especially on the political dimensions of this.

DR: The first original sin was confirming him at all, and that can fairly be laid at the feet of one political actor—Senator Cassidy. If Senator Cassidy had voted against him, Kennedy would not have made it out of committee.

Senator Cassidy accepted certain assurances from him and voted for him, and those assurances were clearly unenforceable and not worth the paper they were written on—if they were even written down, and I don't know that they were.

Politically, there are tools available, but they're simply not being used. Senator Cassidy is not powerless. He could hold more hearings. He could introduce legislation. He hasn't.

Politicians must act, and they haven't done so. They should have months ago.

BM: And that's really the fundamental issue. The processes we're seeing aren't the product of one personality or one officeholder. They reflect a deeper social degeneration of the entire political system.

What we're seeing is the rise of anti-science and anti-public-health policy as part of a broader breakdown in democratic governance.

DR: Unfortunately, yes. If actors in a democracy don't stand up and defend the rule of law, it erodes. We've seen this before in history.

I don't have easy answers. The reality is that this is probably going to get worse before it gets better. Unfortunately, we're going to see more people harmed—and more people die—before we can fix it.

That said, it is not unfixable. It requires sustained effort, political will, and time.

We're already seeing dissatisfaction, even within Republican-led states. For example, South Carolina is experiencing a major measles outbreak. It's very much in the news there, yet HHS has been silent.

From what I'm hearing from people on the ground, there is significant frustration that the federal government isn't helping.

As diseases spread, reality asserts itself. Viruses don't respond to ideology.

The question is how much damage will be done before corrective action happens. And even then, rebuilding will take time.

For measles, vaccination campaigns can help—but if people haven't been vaccinated for several years, you're facing a much larger problem than if vaccination had been continuous.

BM: This attack on public health isn't a single battering ram—it's multi-pronged. It involves HHS, Kennedy, anti-vaccine ideology and broader institutional decay.

With that in mind, how close are they to undermining the Vaccine Injury Compensation Program? And what would its collapse mean?

DR: They're not there yet. There is a meeting of the Advisory Committee on Childhood Vaccination scheduled for December 29. That meeting won't involve votes or decisions—it's informational.

If they want to change the vaccine injury table, which is where most of the damage would occur, they must follow formal rulemaking, including a 180-day comment period. If they don't, they'll leave themselves vulnerable to litigation.

If they proceed carefully, it will take time—and that time will give public health groups an opportunity to mobilize and push back.

BM: When science itself becomes a political target—not because it's wrong, but because it exposes social crisis, inequality and systemic failure—what does that tell us about the broader trajectory of society?

We saw this during COVID—under both Democratic and Republican administrations—when economic imperatives were prioritized over population health. Lower-income communities suffered disproportionately high death rates.

When we look at life expectancy trends broken down by socioeconomic status, people with college educations in the United States now have life expectancies comparable to the best in Europe. Working class populations, by contrast, have seen life expectancy stagnate or decline.

DR: I think that's exactly right. The people most affected are those who can least afford to lose public health protection.

We're seeing this very explicitly. Today it was reported that the Kennedy administration cut grants to AAP covering things like sudden infant death syndrome and fetal alcohol syndrome, and justified it by referencing diversity, equity and inclusion.

They are explicitly saying that protecting vulnerable populations is not acceptable.

As you pointed out, we live in a two-tiered system. Some people have access to care and outcomes comparable to developed European countries. Others experience conditions closer to those in developing countries.

One of the core functions of public health is to bridge that gap. This administration is actively undermining that function.

BM: Finally, what should people understand about why science and public health are under attack today? And what is at stake if this trajectory continues?

DR: What's at stake is people's lives—especially children's lives. No one deserves to be harmed or die from a preventable disease. When we dismantle good governance and evidence-based decision-making, we choose to sacrifice people who could have lived longer, healthier lives.

Some of the damage will only become visible years from now. For example, children who miss the birth dose of hepatitis B today may develop chronic infection and liver cancer decades later. We are making choices now that will harm people far into the future.

But people are not helpless. Speaking up matters. Participating in

litigation matters. Submitting public comments matters. Though repairing the damage won't be easy, it is still possible. And if we don't try, it won't happen.

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