

CDC slashes vaccine schedule: Trump-Kennedy atrocity against children's lives and health

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Under the direction of Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr., and with the enthusiastic approval of President Trump, the Centers for Disease Control and Prevention (CDC) approved Monday a radical reduction in the schedule for childhood immunizations.

The number of routinely recommended vaccines, which have saved the lives and health of tens of millions of children in America—and countless more around the world—is being reduced from 17 to 11. Vaccines for influenza, COVID-19, rotavirus, hepatitis A, hepatitis B, and meningococcal disease will no longer be universally recommended. They have been shifted to a less urgent category, “Shared Clinical Decision-making,” in which anti-vaccine doctors and parents will be able to reject such protection for the children in their care, despite the inevitable social consequences as immunization rates fall and these communicable diseases become more widespread.

Even worse than the immediate consequences for children will be the longer-term effects on society as a whole. The downgrading of six vaccines represents a turning point in public health efforts. Under the Trump-Kennedy regime, science is being subordinated to ideological reaction and religious obscurantism. Workers and their children will live lives that are shorter and more vulnerable to disease and disability. Money diverted from public health will go to fatten the bankrolls of the super-rich and to accelerate the build-up of the military-intelligence apparatus.

The signing of a decision memorandum on January 5, 2026 by Acting CDC Director Jim O’Neill was not a neutral policy update. It was the culmination of a pre-planned anti-science coup orchestrated by HHS Secretary Robert F. Kennedy, Jr., beginning with the unprecedented purge of the CDC’s Advisory Committee on Immunization Practices (ACIP) in June 2025. All 17 sitting members—experts in pediatrics, immunology, and infectious disease—were fired and replaced with ideologically aligned figures tasked with providing a scientific veneer for predetermined political outcomes.

In this role, Kennedy has functioned not as an advocate of public health but as its enemy, as a secretary of death and disease—overseeing policies that normalize mass infection,

dismantle collective protections, and subordinate the preservation of life to ideological and political imperatives.

The January 5 memorandum formalizes this dismantling. Under the revised schedule, vaccines are now stratified into three categories: those recommended for all children, those limited to high-risk groups, and those subject to “shared clinical decision-making.” While HHS publicly listed the vaccines retained under universal recommendation—such as measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Hib, pneumococcal disease, HPV, and varicella—other protections previously recommended for all children were shifted into discretionary or restricted categories.

This bureaucratic language masks a profound shift. By reclassifying vaccines as matters of parental choice rather than public health necessity, the administration is effectively rendering them optional, particularly for working class families already facing barriers to care.

The consequences are immediate and measurable. The United States is experiencing its worst measles resurgence in three decades, even as the 2024–2025 influenza season has become one of the deadliest for children on record, with 288 confirmed pediatric flu deaths. These developments unfold precisely as universal vaccine recommendations are being withdrawn.

At the same time, the country remains mired in the ongoing COVID-19 pandemic. The United States entered its twelfth major wave in late 2025, with daily infections peaking near one million. The current wave continues to generate roughly 2,000 excess deaths per week—losses increasingly obscured through administrative practices that code COVID-related fatalities as pneumonia or secondary cardiovascular and respiratory causes. What is presented politically as “endemicity” is in objective reality the normalization of mass death.

Claims that COVID-19 has become comparable to seasonal influenza are directly contradicted by the evidence. A landmark nationwide cohort study from South Korea—the first large-scale post-vaccine comparison of the two diseases—found that COVID-19 was associated with 76 percent higher odds of death within 30 days and more than a twelve-fold difference in crude mortality compared to influenza. The virus remains uniquely

lethal, and repeated reinfections continue to exact a cumulative toll.

The policy mechanism driving future outbreaks is already well understood. A recent study published in *JAMA Network Open* found that delayed receipt of routine two-month and four-month childhood immunizations was the strongest predictor of failure to receive the measles, mumps, and rubella vaccine by age two. Infants whose early vaccines were delayed were nearly seven times less likely to be vaccinated against measles, demonstrating how early deviations from the recommended schedule lead to permanent gaps in protection.

This evidence exposes the fraud of the administration's assurances that vaccines remain "available." By relegating immunization to shared clinical decision-making, the CDC is institutionalizing what epidemiologists describe as "pockets of susceptibility"—conditions that drive sustained outbreaks. Under Kennedy, these pockets are no longer accidental, but state policy.

The revised schedule rests on a 34-page assessment drafted between June and December 2025 under the authority of newly installed officials, including Martin Kulldorff at HHS and Tracy Beth Høeg at the Food and Drug Administration (FDA). Framed as an international comparison, the document selectively models US policy on Denmark while omitting the social foundations that sustain high vaccine uptake in those systems, including universal healthcare and robust public infrastructure. It substitutes advocacy for evidence, relying on selective citation rather than systematic review.

This assault on public health threatens to erase gains won over more than a century of scientific and social struggle. Routine childhood immunization programs alone have prevented more than one million deaths in the United States over the past three decades, eliminating or sharply reducing diseases that once killed or disabled hundreds of thousands of children each year.

Globally, mass vaccination campaigns have doubled average life expectancy since the early twentieth century and transformed infectious disease from a near-universal cause of early death into a largely preventable threat. These achievements were not the product of market choice or individual preference, but of coordinated, publicly funded, international scientific efforts rooted in the principle that human life has intrinsic social value.

The COVID-19 pandemic laid bare the international character of public health with brutal clarity. A virus that emerged in one region of the world spread within weeks to every continent, killing millions and demonstrating that no nation can insulate itself through borders, ideology or denial. Scientific advances—from genomic surveillance to vaccine development—were likewise global in character, dependent on international data-sharing and collective expertise. To dismantle public health institutions in one country is therefore not merely a national crime, but an international one,

weakening the global capacity to detect, prevent and respond to future pandemics. In an interconnected world, the destruction of public health anywhere endangers lives everywhere.

It is within this context that the political meaning of the CDC's transformation must be understood. In a recent interview with the *World Socialist Web Site*, Dr. Fiona Havers, a longtime CDC epidemiologist who resigned in protest, told us: "Career CDC scientists were not involved in those changes. They did not go through the CDC's clearance process. For people who worked at the CDC, it has been incredibly painful to see this kind of misinformation coming from what was once a trusted scientific institution."

This statement carries historic weight. It signifies not personal disillusionment, but the collapse of an institutional guarantee where public health agencies function to protect the population based on evidence rather than political directive. When a leading scientist is compelled to warn the public against relying on the nation's premier disease control agency, it is a declaration that the institution has ceased to operate as a scientific body.

The implications are profound. Public health institutions are no longer being hollowed out through neglect alone; they are being actively repurposed in support of policies that expose the population to mass infection and preventable death. The CDC, once a global reference point for epidemiological integrity, is being transformed into an instrument for directing state policy in line with the interests of a capitalist oligarchy hostile to scientific constraint.

As 2026 begins, the working class confronts a stark reality: the defense of public health can no longer be entrusted to institutions that have been politically subordinated and stripped of scientific independence. The struggle for health has become inseparable from the struggle for democratic control over science itself. The independent political mobilization of the working class is therefore not only a social and moral necessity, but a biological one. Without it, the dismantling of public health will accelerate, scientific progress will be reversed, and the catastrophic losses of the COVID era will be recast as a permanent condition of life under capitalism.



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