

Kennedy deepens assault on the childhood vaccine schedule

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In mid-February, US Department of Health and Human Services (HHS) communications director Andrew Nixon announced the cancellation of the February meeting of the nation’s premier vaccine advisory panel.

The Advisory Committee on Immunization Practices (ACIP) was scheduled to convene Feb. 25-27 to discuss COVID-19, mRNA vaccines, and recent drastic cuts to childhood immunization recommendations. However, the Centers for Disease Control and Prevention (CDC) and HHS were forced to scrap the session after failing to meet federal legal deadlines to publicly post its agenda. The meeting has now been tentatively rescheduled for March 18-19, buying time for the administration as it faces mounting legal challenges against its attempt to hijack the national vaccine schedule.

The delay is the latest maneuver in a coordinated assault on public health led by HHS Secretary Robert F. Kennedy Jr. Operating under President Donald Trump’s fascist agenda, Kennedy is weaponizing his long-standing anti-vaccine crusade to dismantle the scientific and procedural machinery behind vaccination policy in the US. The project’s central prize is the ACIP and the CDC’s immunization schedules: capture them, and the Trump administration gains de facto control over national vaccine policy without passing a single new statute.

Kennedy’s strategy operates on two tracks simultaneously. First, purge independent scientific oversight. In June 2025, he dismissed all 17 ACIP members and replaced them with a cadre of vaccine skeptics. He then used his captured panel to strip universally recommended status from vaccines protecting against rotavirus, respiratory syncytial virus (RSV), meningococcal disease, hepatitis A, hepatitis B,

influenza, and COVID-19—cutting the schedule from 17 vaccine-preventable diseases to 11 without independent vetting or consensus. Second, when even that process moved too slowly, he sought to bypass it entirely. On Jan. 5, 2026, the administration issued a unilateral “Kennedy schedule” via secretarial decree, with no ACIP vote and no scientific review.

Both tracks have now triggered federal litigation. The American Academy of Pediatrics (AAP) and allied medical groups are seeking to block the “Kennedy schedule” and freeze the captured ACIP’s actions, while a 15-state coalition filed a parallel lawsuit in late February to overturn the committee’s unlawful reconstitution entirely.

In response to the litigation and the canceled February meeting, Kennedy has doubled down, appointing four new ACIP members—Florida physician Sean Downing, Texas pediatrician Angelina Farella, obstetrician-gynecologist Kimberly Biss, and maternal-fetal medicine specialist Adam Urato—constructing a more clinically credentialed facade for an ideologically captured panel ahead of the rescheduled March meeting.

To understand why Kennedy made the ACIP his first target, consider what the committee actually controls. The ACIP is the linchpin of the nation’s vaccine infrastructure—its recommendations carry the force of law across the entire health system. By law, ACIP’s recommendations dictate which immunizations private insurers must cover without cost-sharing under the Affordable Care Act (ACA), and they establish the specific vaccines provided by the federal Vaccines for Children program, which serves millions of eligible low-income families.

Nearly 600 statutes and regulations across 49 states and Washington, D.C., incorporate ACIP guidelines by

reference—enforcing childcare and school-entry requirements and defining what vaccines doctors and nurses can administer. Because these federal and state laws are designed to automatically adopt the committee’s scientific guidance, Kennedy’s capture of ACIP grants the Trump administration effective control over national vaccine policy, allowing it to dismantle public health protections without ever having to pass a new statute.

The administration’s legal standing deteriorated almost immediately. In July 2025, the AAP and allied medical organizations filed suit in federal court, arguing that Kennedy’s removal of COVID-19 recommendations for healthy children and pregnant women bypassed established scientific processes and posed a grave threat to public health. On Jan. 6, 2026—one day after the administration issued its “Kennedy schedule”—U.S. District Judge Brian E. Murphy refused to dismiss the lawsuit, allowing the medical groups’ claims to proceed. The AAP then sought a preliminary injunction to block the Kennedy schedule and bar the captured ACIP from meeting while the case is litigated.

Having also missed federal legal deadlines to publicly post a meeting agenda, the CDC was forced in mid-February to officially postpone the ACIP session. As the administration reeled from this procedural collapse, a coalition of 15 states, including Pennsylvania through its governor, filed a sweeping multistate lawsuit on Feb. 24, seeking to overturn the new childhood schedule and dismantle the unlawfully reconstituted committee entirely.

At the heart of the AAP lawsuit is the argument that Kennedy’s changes violate the Administrative Procedure Act (APA)—that they are “arbitrary and capricious,” ignoring decades of scientific evidence and abandoning the transparent, expert-led procedures that have long governed federal vaccine decisions. The AAP is seeking to restore prior evidence-based recommendations, particularly for COVID-19 and pregnancy, and to require HHS and the CDC to use a lawful ACIP process going forward.

The 15-state lawsuit builds on the AAP’s case, echoing the APA claims while adding substantial charges under the Federal Advisory Committee Act (FACA). The states argue that Kennedy’s newly appointed committee violates federal transparency

rules, is illegally stacked with anti-vaccine ideologues, and fails FACA’s mandate to be “fairly balanced.” The states are asking the court to strike down the Kennedy schedule, declare the reconstituted ACIP unlawful, and bar the federal government from relying on the captured panel until it is lawfully rebuilt. In doing so, these states are using every available legal tool not merely to defend vaccine science in the abstract, but to protect their ability to run basic public health programs.

The lawsuits aim to halt both tracks—forcing HHS to use a lawful, independent ACIP process and restoring prior evidence-based recommendations. But Kennedy’s continuous personnel appointments are a calculated hedge: by stacking the committee with ideological allies and sympathetic clinicians, he is engineering a panel that, even if forced by a court to operate under standard procedural rules, will still reliably vote to endorse his rollback.

The deeper logic behind this campaign extends far beyond the control of a single federal committee. It represents a fundamental restructuring of US public health policy, dismantling universal, evidence-based protections in favor of individualized “choice.” By abruptly downgrading life-saving vaccines from universally recommended status to “shared clinical decision-making,” the Trump administration frames disease prevention as a matter of personal and parental preference rather than a collective social necessity.

Ultimately, this shift constitutes a direct assault on the working class. Relegating vaccine access to individualized doctor consultations disproportionately harms the poor and uninsured, who often lack regular access to primary care providers. As the administration guts the federal infrastructure that guarantees equitable vaccine access, the working class is left to absorb the costs of preventable disease outbreaks. The stakes are not abstract: the hepatitis B birth dose that Kennedy’s ACIP voted in December to eliminate helped drive a 99 percent reduction in infant infections since 1990.

That is the progress now being dismantled—one secretarial memo and one committee vote at a time.



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