

Court ruling temporarily halts Trump-Kennedy vaccine rollback

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22 March 2026

In a significant but limited judicial check on the Trump administration's vaccine counterrevolution, U.S. District Judge Brian E. Murphy issued a preliminary injunction on March 16 halting sweeping rollbacks to the nation's immunization policies. Ruling in *American Academy of Pediatrics et al. v. Kennedy*, the judge stayed implementation of the January 5 "Kennedy schedule" and froze the appointments of 13 recently installed members of the Advisory Committee on Immunization Practices (ACIP). By staying all votes taken by the unlawfully reconstituted committee, the order effectively forces the Centers for Disease Control and Prevention (CDC) to temporarily restore the pre-Kennedy childhood immunization recommendations.

Operating under President Donald Trump's fascist agenda, Health Secretary Robert F. Kennedy Jr. has been implementing his long-standing anti-vaccine, anti-science crusade, seeking to dismantle the scientific and procedural machinery behind US vaccination policy. The ruling delivers a sharp rebuke of that project, which aims to systematically gut the country's evidence-based immunization infrastructure. In his 45-page opinion, Murphy excoriated the Department of Health and Human Services (HHS) for bypassing established scientific procedures and stacking ACIP with individuals lacking meaningful vaccine expertise. This legal setback temporarily obstructs Kennedy's calculated effort to convert the once-independent advisory committee into a political instrument designed to legitimize his anti-vaccine agenda.

Murphy systematically dismantled the procedural pretenses of Kennedy's anti-vaccine campaign. The court found that plaintiffs are highly likely to succeed in proving that the unilateral January 5 schedule memorandum and the series of engineered 2025 ACIP votes violated the Administrative Procedure Act (APA) and were "arbitrary and capricious." Murphy further ruled that the wholesale purge and ideological restocking of ACIP violated the mandate of the Federal Advisory Committee Act (FACA) for balanced expertise, writing that Kennedy's conduct "highlights the very reasons why procedures exist and raises a substantial likelihood that the newly appointed ACIP fails to comport with governing law."

The opinion's central legal finding is that federal vaccine decisions must be governed by a "method scientific in nature and codified into law through procedural requirements." By discarding decades of established protocols, the administration "disregarded those methods and thereby undermined the integrity of its actions." Murphy explicitly rejected HHS's argument that the

secretary possesses sweeping discretionary authority to unilaterally rewrite vaccine schedules, writing, "Congress has spoken directly to the CDC's immunization schedules and has required ACIP's specific involvement." Most strikingly, HHS lawyers argued in court that even if the administration ordered people to seek out measles infections rather than vaccinate against them, that decision would be beyond any judicial review. The judge flatly rejected that position.

The ruling lays bare the transformation of ACIP into a captured, politicized body. As previously reported in the WSWS, Kennedy fired all 17 standing ACIP members in June 2025 and replaced them with loyalists drawn from outside the mainstream of vaccinology. Murphy's review of the new appointees' credentials was damning: of the 15 current members, only six have any meaningful experience in vaccines, the committee's core function. Six others appear to have no relevant expertise in vaccines or immunization whatsoever. The remaining three have some background that touches on the field but falls well short of the specialized knowledge ACIP's own charter requires.

The absence of any rigorous appointment process compounded these deficiencies. Historically, ACIP membership selection took approximately two years, involving broad solicitation, submission of curricula vitae and letters of recommendation, ethics disclosures and in-depth review by ACIP's Steering Committee. Murphy found that the entire reconstitution took less than four months—with only two days between Kennedy's mass termination of prior members and the announcement of the first replacement cohort. No Federal Register notice was issued, and the established year-round online application process was bypassed entirely. The court concluded that this "ad hoc outreach fails to comply with the spirit or letter of the FACA regulations." The APA and allied medical organizations further alleged that the new committee's conduct at each of the three 2025 meetings was riddled with inaccuracies, with members and invited speakers making dozens of false or misleading claims before each vote.

The ruling documents the full sequence of Kennedy's assault: his unilateral May 2025 directive stripping COVID-19 vaccine recommendations for healthy children and pregnant women; three engineered ACIP votes cutting the schedule from 17 vaccine-preventable diseases to 11; and the January 2026 secretarial decree issued without any ACIP involvement. Each step bypassed the evidence-based, public deliberative process that the applicable laws require.

Murphy ordered a remedy that is sweeping for an advisory committee dispute. The injunction stays the January 2026 schedule, stays the appointments of all 13 ACIP members installed since June 2025, and explicitly stays all votes taken by that captured panel. Since a committee cannot function without nearly the entirety of its membership, the ruling effectively bars the current ACIP from convening or issuing further recommendations while the case proceeds. The court declined, however, to rule on the May 2025 COVID-19 directive, finding that the threshold questions of mootness and finality were insufficiently resolved at this preliminary stage.

The working class must have no illusions, however, that the judiciary has “saved” public health. The capitalist courts remain an unreliable bulwark either for science or democratic rights. On the very same day Murphy issued his vaccine ruling, a federal appeals court overturned another of his decisions that had briefly blocked the Trump administration’s draconian immigration deportations. As the administration prepares its inevitable appeal, the far-right Supreme Court stands ready to protect the Trump-Kennedy agenda. The defense of science and public health rests ultimately on the independent political mobilization of the working class.

It is essential to recognize what Murphy’s ruling does and does not do. The opinion does not evaluate the clinical efficacy of any contested vaccine—the MMR vaccine, the hepatitis B birth dose, or mRNA COVID-19 shots. It is strictly confined to administrative method and procedural compliance. This reveals a central political reality: Even when a federal judge sides with medical organizations against the far-right administration, the defense rests entirely on technocratic, procedural grounds. The capitalist judiciary is structurally incapable of advancing a defense of public health as an inalienable social right.

The working class must also reject any narrative that portrays the pre-Kennedy status quo as a golden age of public health. The medical organizations bringing this lawsuit did so not to oppose the broader, bipartisan dismantling of pandemic mitigation and healthcare access, but only intervened to halt the most naked abuses threatening the whole structure of mass vaccination as a social policy. Murphy’s ruling ultimately defends the technocratic capitalist status quo rather than advancing a genuinely democratic, fully funded and needs-based public health system. Mainstream medical groups have consistently acquiesced to the erosion of universal healthcare access—the very structural fragility that makes Kennedy’s targeted assault on vaccine infrastructure so dangerous.

The epidemiological context in which this ruling arrives could not be more dire. As of March 19, the CDC reports 1,487 confirmed measles cases across 32 jurisdictions, with 94 percent linked to outbreaks. Less than three months into 2026, case counts have already eclipsed every annual total since 2019, fueled by large outbreaks seeded in 2025. Ninety-two percent of cases involve individuals who are unvaccinated or whose vaccination status is unknown.

The burden falls disproportionately on the young, with 21 percent of cases in children under 5, and 53 percent in youth aged 5 to 19, while adults account for the remaining 26 percent. The CDC currently reports 74 hospitalizations and zero deaths, but

those figures almost certainly undercount the true toll. Reporting requirements have been disregarded and selectively reinterpreted by state health departments, including South Carolina, yet the CDC has not publicly addressed that contradiction.

That gap is thrown into sharp relief by the 2024 data: that year, the CDC recorded a 40 percent hospitalization rate when counting both isolation admissions and admissions for complications—far above what current figures would suggest. Harrowing data from neighboring countries reinforces the concern. Mexico has recorded 13,855 confirmed cases and 35 deaths, while Canada has recently lost its measles elimination status. Definitional shifts, reporting lags, and cross-border spread point to substantially higher real-world morbidity and a genuine risk that measles becomes permanently reestablished in the US population.

Sowing confusion about the immunization schedule in the middle of a historic measles resurgence is homicidally reckless. It exposes the underlying bankruptcy of a capitalist system that has allowed vital public health infrastructure to erode and primary care to fragment, leaving working class populations without adequate protection. The state apparatus is now litigating over how rapidly it can further slash universally recommended vaccines, with the judiciary intervening only when procedural violations become too egregious to ignore.

Murphy’s preliminary injunction delivers a significant short-term blow to the Trump-Kennedy agenda, but HHS has signaled its intent to appeal, aiming to push the case into a reactionary appellate structure and ultimately before a Supreme Court that has consistently deferred to executive power and is hostile to any constraints on the administration’s agenda.

Workers, clinicians and communities cannot entrust their health and safety to the capitalist courts. The judiciary will defend procedural norms when convenient, but invariably sides with the state and corporate elite when core class interests are at stake. While the injunction exposes the administration’s lawlessness and temporarily protects children from preventable disease, it does not alter who controls health policy. For instance, the hepatitis B birth dose that Kennedy’s ACIP voted to effectively eliminate helped drive a 99 percent reduction in infant infections since 1990. That is the progress now under assault. Its genuine defense requires the independent political mobilization of the working class against the capitalist system itself.



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