

Failure to nominate CDC director exposes Trump-Kennedy war on public health

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On March 25, the 210-day statutory deadline, which was imposed by the Federal Vacancies Reform Act of 1998, for the Trump administration to nominate a new director for the Centers for Disease Control and Prevention (CDC) expired. Consequently, the premier US public health agency remains officially headless but under the de facto control of Dr. Jay Bhattacharya, who simultaneously serves as director of the National Institutes of Health (NIH).

Bhattacharya, an economist and co-author of the anti-science Great Barrington Declaration, shares Health and Human Services (HHS) Secretary Robert F. Kennedy Jr.'s hostility to established public health measures. He will continue executing the duties of the office despite legally losing the title of acting director.

The expiration of the deadline comes just days after U.S. District Judge Brian E. Murphy issued a March 16 preliminary injunction blocking Kennedy's overhaul of the Advisory Committee on Immunization Practices (ACIP) and his sweeping rollbacks to the childhood immunization schedule. This administrative lapse also coincides with the government's escalating efforts to validate right-wing anti-vaccine narratives, highlighted by a recently leaked federal report from an ACIP workgroup urging the formal medical codification of "COVID-19 vaccine injuries."

It also follows the apparent stalemate in the Senate over the nomination of anti-vaxxer Dr. Casey Means as Surgeon General. Some Republican senators have balked over the nomination of an individual without a current medical license to the post, which is seen as America's top doctor. This applies as well to Dr. Jerome Adams, Trump's Surgeon General during his first term.

Under these conditions, pushing through a Senate-confirmed director risked a bruising confirmation battle, or the selection of a nominee who would assert the CDC's traditional scientific independence. Keeping Bhattacharya in informal control instead ensures the agency remains paralyzed and subservient to Kennedy's agenda at precisely the moment the federal courts are pushing back. Murphy's ruling has sharpened the administration's dilemma, because

it must find a nominee ideologically aligned with Kennedy's anti-vaccine crusade who can nonetheless survive Senate confirmation. Former CDC officials and public health experts are unequivocal—This is not bureaucratic neglect but a deliberate strategy to keep the agency leaderless, legally diminished and incapable of resisting HHS directives.

Bhattacharya's attempts to placate a demoralized workforce with promises of restored telework and paused layoffs have convinced no one who knows the agency. Dr. Demetre Daskalakis, former director of the CDC's National Center for Immunization and Respiratory Diseases, who resigned in protest last August, dismissed these gestures as "Stockholm syndrome," adding that "the damage has been done." A loyalist at the helm of a "captain-less ship" achieves exactly what the administration requires: continued starvation and paralysis of the agency, without the political exposure of a confirmation fight.

Under the Federal Vacancies Reform Act of 1998, once the 210-day clock expires without a formal Senate nomination, the office becomes legally "vacant," triggering an administrative bifurcation. The law distinguishes between delegable, day-to-day management duties and "non-delegable" functions—the exclusive statutory powers that must be performed only by the CDC director.

While routine operational management can continue to be delegated to Bhattacharya, he has been legally stripped of the "acting director" title. Attempting to downplay the downgrade at a recent CDC all-staff meeting, Bhattacharya told employees, "Instead of acting director, I would be acting in the capacity as director." However, the distinction is far more than semantic. Any attempt by an unconfirmed official to execute the non-delegable powers of the office after the 210-day limit renders those actions legally void. Those exclusive statutory powers revert upward to HHS Secretary Robert F. Kennedy Jr. By permitting this deadline to expire, the Trump administration has accepted a structurally downgraded CDC directorship at the precise moment of nationwide conflict over vaccine policy, concentrating authority over the nation's premier public

health institution directly in Kennedy's hands.

The vacancy is not an isolated failure but the predictable outcome of the administration's war on CDC. Dr. Susan Monarez was confirmed by the Senate on July 29, 2025—the first CDC director ever to require Senate confirmation, a change made as a consequence of the COVID-19 pandemic. Twenty-nine days later, Kennedy fired her for refusing to pre-approve his ACIP recommendations and purge career vaccine officials. Clearly any CDC director who resists the anti-vaccine agenda will be removed.

The ACIP purge in June 2025 was the starkest expression of this strategy. Kennedy dismissed all 17 independent voting members and replaced them with ideological loyalists, provoking a federal lawsuit. On March 16, Judge Murphy issued a preliminary injunction that stayed the appointments of the 13 newly installed ACIP members, nullified all their 2025 votes and froze the January 5, 2026 decision memorandum that slashed the childhood immunization schedule.

The leadership vacuum mirrors a devastating internal collapse. Over the past year, mass layoffs, forced attrition and prolonged administrative leaves have cost the CDC roughly a quarter of its workforce. Frozen grants and contracts have devastated morale. Core disease surveillance is severely disrupted, and the agency's flagship journal, the *Morbidity and Mortality Weekly Report*, is publishing far fewer scientific articles. While federal grants still reach state partners, severe staffing shortages mean this funding is distributed without vital technical assistance or accountability.

This operational paralysis has facilitated CDC's rapid centralization under the direct control of HHS. According to former chief medical officer and deputy director for program and science at CDC, Dr. Deb Houry, a cadre of approximately 20 political appointees aligned with Kennedy now micromanages agency budgets, external communications and individual employee travel requests. Ultimately, this systematic dismantling strips CDC of its independent scientific status, refashioning it into a subordinate political arm of the Trump-Kennedy administration.

The CDC's evisceration has cleared the path for HHS and its captured advisory panels to formally incorporate Secretary Robert F. Kennedy Jr.'s anti-vaccine ideology into federal policy. This agenda is spearheaded by Retsef Levi, a Massachusetts Institute of Technology operations management professor whom Kennedy appointed to chair the ACIP's COVID-19 vaccine workgroup.

Levi has recently taken to social media to agitate for the creation of specific International Classification of Diseases (ICD-10) diagnostic codes to track alleged COVID-19

vaccine harms. Operationalizing this mindset, a leaked confidential ACIP workgroup report obtained by *MD Reports* proposes the formal medical recognition of "Post-Acute Covid-19 Vaccination Syndrome" (PACVS).

The implication behind establishing these diagnostic codes goes far beyond medical documentation. It is a calculated effort to construct a legal scaffolding to bring lawsuits against vaccine manufacturers. ICD-10 codes are the universal diagnostic classifications used by clinicians, hospitals and insurance companies to reliably document, reimburse, research and incorporate specific medical conditions into standard treatment guidelines. Without such a code, health conditions practically do not exist within the official healthcare and insurance apparatus. The ACIP workgroup's urgent push to create specific diagnostic codes for unproven "vaccine injuries" is a calculated maneuver to force the medical establishment to formally legitimize, track and financially subsidize a politically motivated, anti-vaccine diagnosis.

Dismantling vaccine liability shields has been a central objective of Kennedy and the anti-vaccine movement for decades. The Public Readiness and Emergency Preparedness (PREP) Act of 2005 currently insulates COVID-19 vaccine manufacturers from direct lawsuits, routing claims through the federal Countermeasures Injury Compensation Program (CICP). Anti-vaccine law firms, such as Siri & Glimstad, are challenging this framework in court, seeking to open the floodgates for conventional civil litigation. Embedding an ICD-10 diagnosis for COVID-19 vaccine injuries into federal policy—even absent any scientific consensus on causation—would hand those litigants a powerful tool, one that risks bankrupting the compensation system and driving life-saving vaccines off the US market entirely.



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