When Science Becomes Politics: Why Doctors Oppose Kennedy by Default

By Dr. Monique Yohanan

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Doctors hate to admit when they are wrong. And during the pandemic, they were wrong on nearly everything that mattered—from masking, to prolonged school closures, to overpromising that vaccines would block transmission. The medical establishment made many mistakes during the pandemic—and who could blame them? It was the crisis of a lifetime, and many people were doing the best they could with the information available. But these weren't just mistakes; they were serious failures. That's why Robert F. Kennedy, Jr., in his first months as Health and Human Services Secretary, set off a firestorm with his actions on COVID-19 vaccine policy.

Secretary Kennedy is not beholden to an entrenched medical bureaucracy and certainly not a member of the public health elite. He has approached the role with both deep subject-matter knowledge and a willingness to act quickly when new evidence emerges. He moved away from universal COVID immunization in healthy children and pushed for diversification of vaccine research. His actions have aligned the United States with the best available evidence and international scientific consensus. The result? Fast and fierce opposition from the domestic medical establishment.

This reflexive opposition reveals a deeper problem: institutional inability to adapt when new evidence shows that earlier policies were wrong. American medical institutions have become more invested in saving face than following the science.

Kennedy's actions on COVID vaccination are illustrative. On May 27, 2025, he announced that the Centers for Disease Control and Prevention (CDC) would no longer recommend the COVID-19 vaccination for healthy children. This was an area where the U.S. had lagged badly behind. The World Health Organization (WHO), Canada's National Advisory Committee on Immunization (NACI), and the United Kingdom's Joint Committee on Vaccination and Immunisation (JCVI) had all withdrawn their endorsements of universal vaccination of healthy children by 2023. Secretary Kennedy's actions restored U.S. alignment with global science.

What was the American medical establishment's response? On August 19, 2025, the American Academy of Pediatrics (AAP) disagreed, issuing a recommendation for vaccinating children aged 6 months to 23 months. They pointed to ongoing hospitalization in that age group, and implied that COVID-19 vaccination would protect against this outcome. While that may be their sincere belief, it is not what the evidence in infants and toddlers shows—studies in this age group have yielded a single finding of modest effectiveness in preventing infection, and another with transient benefits against emergency department utilization.

The AAP leaned on a Vaccine Information Project (VIP) that came out the same day, as if it supported their claims. It did not. The VIP report was primarily focused on vaccine safety, citing data on older kids and ER visits—not infants, not toddlers, and not hospitalizations. Nothing in the report changed what WHO, NACI, JCVI, and every other major advisory body had already concluded: universal vaccination of healthy young children against COVID-19 is not supported by the available evidence.

In order to support their claims that COVID-19 vaccination in healthy children was evidence-based, AAP and VIP leaned heavily on a Biden-era change in the definition of what a vaccine was. Prior to 2021, the definition included a requirement that to be considered a vaccine, the product needed to target and protect against a specific disease. In 2021 the Biden HHS discarded specificity and patient benefit, and all that was required was that an immune response against "diseases" was generated. This was a change that well-suited the broad, non-specific immune responses and disappointing clinical response that mRNA vaccines produced, especially among people who were healthy.

Kennedy's actions on mRNA vaccine funding reflect another necessary shift. Though the COVID-19 crisis has waned, the mRNA platform has continued to be the default in the United States. mRNA vaccines can be produced quickly, but generate a blunt immune response. Other countries saw them as a bridge to better, cleaner, more targeted vaccines and began their pivot years ago. For years, Europe and Asia have expanded vaccine research to invest in peptide, protein, and vector-based vaccines. Until recently, the U.S. again was an outlier, with a continued, nearly sole emphasis on mRNA vaccine technology. Kennedy's move to cancel nearly $500 million in new mRNA grants was abrupt, but it represented a needed step in rebalancing our vaccine portfolio.

A recent Phase 3 trial published in *The Lancet EClinicalMedicine* illustrates why diversity matters. The study evaluated an alternative, protein–peptide COVID-19 vaccine, in head-to-head comparison with mRNA. It performed on par with—and in some respects better than—mRNA competitors, showing robust and durable immune responses and lower rates of systemic adverse events. Yet despite these promising results, it was sidelined by U.S. regulators.

Kennedy is not anti-establishment, but post-establishment. We all wish the COVID-19 vaccines were more effective. Adults and children without known risk factors continue to be hospitalized. But institutional endorsements need to be based on evidence, not simply a wish that we had something that worked better. During his tenure at HHS, Kennedy has consistently been pro-science and opposed to scientific capture. His actions are grounded in the reality of what the evidence actually says.

The era of professional gatekeeping of information is over. If the medical establishment wants to remain credible, it must approach the process with humility and acknowledge past mistakes. They cannot assume they deserve a seat at the table because "that's how it's always been." The reflex to oppose Secretary Kennedy at every turn is not just counterproductive, it's anti-science.

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