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Big Pharma, RFK Jr. and Trump's war on Public Health

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Workers who were laid off from the Centers for Disease Control and Prevention in Atlanta, and their supporters, speak at the Georgia Capitol on Feb. 24, 2025.

By the time the eleventh wave of COVID-19 swept across the U.S. this summer, the

institutions meant to protect public health had been gutted. Pharmacies refused to stock boosters, the CDC was under political occupation, and the FDA restricted access to vaccines on flimsy pretexts.

This wasn't the result of a single mistake or one administration. It grew out of two overlapping forces: Big Pharma, which treated the pandemic as a profit machine, and Donald Trump's Secretary of Health and Human Services (HHS), Robert F. Kennedy Jr., who seized on public distrust to tear down the very institutions designed to protect health.

The U.S. health system is oriented toward profits and politics, not human need.

From purge to policy

The transformation accelerated in August 2025, when a deadly attack at CDC headquarters provided cover for a purge. CDC Director Susan Monarez was fired after resisting White House pressure and replaced by Jim O'Neill, a tech finance executive with no public health experience but plenty of loyalty.

At the FDA, leadership restricted mRNA vaccine eligibility to those over 65 or with chronic conditions. Pharmacies, in turn, refused shots outright or demanded prescriptions. Mass vaccination was rolled back by bureaucratic decree, just as another deadly surge unfolded.

Meanwhile, RFK Jr. completely replaced the CDC's Advisory Committee on Immunization Practices (ACIP), removing all 17 existing members and appointing eight new members with vaccine-skeptical views aligned with the Trump administration.

Big Pharma's handprints

The ground for this wrecking crew was laid earlier. During the pandemic,

Washington allowed Big Pharma to dictate the response. Billions were poured into the mRNA platform, while ventilation, mask standards, antivirals, and social distancing protections were demoted.

Vaccines were marketed as miracle cures, but decades of coronavirus research made it clear they could not give long-term immunity the way a measles shot can. Coronaviruses replicate quickly in the upper respiratory tract, so vaccinated people could still carry and transmit the virus. What vaccines did exceptionally well was prevent severe illness and death by priming the immune system to respond before infections became life-threatening.

Trust eroded when people continued to get sick despite the miracle cure hype. Vaccines worked — they prevented severe illness and death — but they were never designed to stop every infection, a nuance lost in the messaging. When vaccines didn't completely block infections, anti-vaccine networks claimed the whole system had “failed.”

The real failure wasn't the vaccines themselves, but a policy that prioritized profit over people — rushing lucrative vaccinations while neglecting layered public health measures like ventilation, masking, social distancing, and antiviral access. By focusing on a single pharmaceutical product instead of system-wide protections, trust eroded, leaving gaps that anti-vaccine networks exploited.

The capture of institutions

With ACIP now filled with officials opposed to vaccination, the scientific process is being hollowed out. Evidence-based review has been replaced by rubber-stamp formalities. At the same time, HHS workers have had their union recognition revoked, and channels for public input have been shut down, ensuring policy is shaped by political loyalty rather than scientific evidence or community needs.

The effects are already visible. NIH and CDC budgets are being slashed. The U.S. has withdrawn funding from Gavi, the global vaccine alliance. Thousands of public health workers have been terminated. And pharmacies — amid an ongoing wave infecting millions each week — are denying boosters to most of the working class.

The consequences are tangible: crowded ICUs, preventable deaths, and Long COVID disabilities. Promising mRNA cancer and disease-prevention trials have been stalled or canceled, delaying treatments that could have reduced severe illness and recurrence.

Two phases of failure

Today's crisis stems from two sources. The first was the pandemic-era system, captured by Big Pharma, which treated vaccines as a profit machine while underinvesting in essential public health measures like ventilation, masking, social distancing, and paid sick leave. This commercialization-first approach left gaps in protection and eroded trust, setting the stage for the second source: the MAHA regime, which exploited that disillusionment to dismantle public health institutions outright.

These institutions were won through decades of struggle. Around the world, access to public health is recognized as a basic human right; yet, today, that hard-won protection is under attack.

In 2025, the Trump administration terminated hundreds of health disparities research projects at the National Institutes of Health (NIH), following executive orders banning diversity, equity, and inclusion (DEI) policies across the federal government.

Decades of research into differences in health outcomes — such as higher rates of chronic disease, COVID-19 mortality, and reduced access to care among Black,

Latine, Indigenous, and low-income communities — were abruptly shut down.

What began as a pandemic response shaped by profit has now been twisted into an assault on public health. Science has been subordinated to the market, public health institutions are being purged, and budgets are being slashed.

If this trajectory isn't reversed, the cost will be measured in preventable deaths, chronic illness, stalled cancer and HIV research. Public health was won through struggle. It will only be saved the same way.

