



June 12, 2025

The Honorable Robert F. Kennedy Jr.  
Secretary  
Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

**RE: Advisory Committee for Immunization Practices (ACIP)**

Dear Secretary Kennedy,

On behalf of the American Academy of Family Physicians (AAFP), which represents over 128,300 family physicians and medical students across the country, we are writing to express our concerns over your announcement to dismiss members of the Centers for Disease Control's (CDC) Advisory Committee for Immunization Practices (ACIP) and to request information on how you plan to proceed with populating this important body. We are deeply concerned that this decision will erode public confidence in vaccines.

ACIP was created to provide expert guidance on the use of vaccines in the civilian population. Since its inception, Americans have benefited tremendously as a direct result of ACIP's work: **Nearly 200 million cases of polio, measles, mumps, rubella, varicella, adenovirus, rabies and hepatitis A, and approximately 450,000 deaths were prevented in the U.S. alone between 1963 and 2015 by vaccination.**<sup>i</sup> Unfortunately, these successes are eroding as vaccine hesitancy is on the rise, fueled by false claims about vaccines and the politicization of medicine.

In your [Wall Street Journal op-ed](#) announcing the dismissal of all 17 ACIP members, you correctly identify that erosion in public trust, but we believe you are erring dangerously in your attempt to address it. Your argument rests on two key assertions: first that the CDC has failed to prevent conflicts of interest from influencing ACIP recommendations, and second, that ACIP members are so deeply entrenched in the industry that they are incapable of embracing anything other than "a narrow pro-industry orthodoxy." We say, with confidence, that these characterizations do not apply to the AAFP representative on ACIP or to those family physicians serving on the various ACIP workgroups. These physicians are practicing in their communities and on the front line of patient care. We regret that you have chosen to speak of them and their intentions in such a manner. This approach is not accurate, and it creates a true threat to public health when expressed by the highest-ranking health official in the federal government.

Developing vaccines is one of the most complex and resource-intensive processes in medicine. This process can take 10–15 years and cost hundreds of millions of dollars. Because of this complexity, it requires the involvement of highly trained scientists, clinicians, and public health experts with deep experience in vaccine science, epidemiology, and

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June 12, 2025  
Page 2 of 4

regulatory affairs. Vaccine trials are largely funded by vaccine manufacturers who compensate investigators leading or participating in the research. Individuals who have no prior involvement with a vaccine manufacturer are therefore unlikely to have ever witnessed the frontlines of a vaccine trial, including how data is collected and whether it is accurate or complete —key elements of “Gold Standard Science.” **Therefore, for ACIP to make an informed review of the data collected in vaccine trials and translate this evidence into recommendations, its members must include individuals who deeply understand the science and the system, including those who have worked in vaccine development, clinical trials, or public health implementation.** Your assertion that most of ACIP’s members have received substantial funding from pharmaceutical companies does not support the claim they are biased, but rather that they have the requisite experience and expertise to lead and review research critical to informing public health policy.

Further, ACIP members must comply with rigorous conflict of interest requirements. Your editorial cited decades-old hearings and reports that suggest all ACIP members are conflicted—claims that are both outdated and inaccurate. Your statements fail to recognize the many improvements made by the CDC to manage potential conflicts of interest and enforce ethics rules over the last decade. Today, ACIP maintains extensive policies to prevent any conflicts of interest, both for voting members as well as members of the Work Groups who develop the recommendations put forward for ACIP vote.<sup>ii</sup> ACIP members, and their immediate family members, may not be employed by a vaccine manufacturer or its parent company, hold stock in such companies (in excess of the de minimus amounts defined by the Office of Government Ethics), or hold or be entitled to royalties or other compensation for a patent (planned, issued, or pending) on a vaccine that comes before ACIP during their term. They also may not participate if they are involved in research or studies of a vaccine product to be discussed or reviewed by the Work Group.

You also stated that the CDC issues “conflict-of-interest waivers to every committee member.” In fact, ACIP limits the use of waivers, and when a waiver is issued, the member is only allowed to contribute to discussion and is prohibited from voting.<sup>iii</sup> This ensures that members have a deep understanding of the process and science used to assess vaccine efficacy and safety but prevents any undue influence from members over a product they are directly involved in investigating.<sup>iv</sup> Further, at the start of every ACIP meeting and prior to any vote, members must publicly declare any potential or even perceived conflicts of interest. This disclosure makes any perceived conflict of interest during discussion transparent. Recently, your administration developed a tool to make these statements publicly searchable, making any perceived or potential conflict of interest even more transparent.<sup>v</sup>

The AAFP believes the current process ACIP uses to enforce ethics rules is effective but recognizes that undue influence in vaccine recommendations could undermine public trust. We encourage you to work with the CDC to bolster the existing intensive and transparent ethics review process to reaffirm the advisory committee’s independence. However, the current system in no way warrants total dismissal of all ACIP members. Especially as no examples or evidence have been provided that any member of ACIP, current or past, has financially benefitted personally from a decision made by ACIP.

June 12, 2025  
Page 3 of 4

However, perhaps the most alarming assertion made in your article is that these members are not knowingly corrupt, but rather “the problem is their immersion in a system of industry-aligned incentives and paradigms that enforce a narrow pro-industry orthodoxy.” This is precisely the type of anti-science rhetoric that undermines the public’s trust in science, medicine and the institutions that safeguard public health. Suggesting that expertise itself is a form of bias not only discredits the rigorous processes behind vaccine policy but also discourages the very leadership and knowledge we rely on to protect communities from preventable disease.

By framing scientific agreement as ideological conformity, you politicize a process that should only be grounded in evidence, expertise, and public health priorities. This approach not only jeopardizes the integrity of ACIP, but also risks long-term damage to the credibility of our nation’s immunization policies at a time when public trust is already fragile.

We urge you to reconsider your decision. or at a minimum, follow your own recommendation to adhere to “the legal and ethical principle of transparency” and establish more stringent conflicts of interest guidelines and evaluate each ACIP member’s fitness for service on their merits, and justify your decisions with evidence. We further urge you to maintain this rigor as you select new committee members, using the established channels for collecting public nominations and ensuring that members are not biased by either the vaccine industry or the anti-vaxx industry.<sup>vi</sup>

The public continues to rank their personal physician as the most trusted source for vaccine information.<sup>vii</sup> The AAFP has a long history of collaborating with ACIP to develop vaccine recommendations our members use to protect their patients on a daily basis. Your actions are undermining the credibility and public trust in a process that has long served as a cornerstone of evidence-based immunization policy, and will likely result in a fractured set of vaccine recommendations, similar to the landscape of the early 1960s, before ACIP was formed. We urge you to reconsider before irreversible harm is done to the health of our nation and the systems we rely on to protect it. For additional questions, please contact David Tully, Vice President, Government Relations, at [dtully@aaafp.org](mailto:dtully@aaafp.org).

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP". The signature is written in a cursive, flowing style.

Steven Furr, MD, FAAFP  
American Academy of Physicians, Board Chair

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<sup>i</sup> S. J. Olshansky, L. Hayflick. The Role of the WI-38 Cell Strain in Saving Lives and Reducing Morbidity[J]. AIMS Public Health, 2017, 4(2): 127-138. doi: 10.3934/publichealth.2017.2.127

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- ii [https://www.cdc.gov/acip/downloads/Policies-Procedures-508\\_1.pdf](https://www.cdc.gov/acip/downloads/Policies-Procedures-508_1.pdf)
  - iii [www.cdc.gov/acip/downloads/Policies-Procedures-508\\_1.pdf](https://www.cdc.gov/acip/downloads/Policies-Procedures-508_1.pdf)
  - iv <https://www.cdc.gov/acip/downloads/ACIP-conflicts-interest-policy.pdf>
  - v <https://www.cdc.gov/acip/disclosures/by-member.html#cc-widget-9658>
  - vi <https://www.nature.com/articles/s41591-021-01260-6>
  - vii <https://www.kff.org/health-information-trust/poll-finding/kff-tracking-poll-on-health-information-and-trust-vaccine-safety-and-trust/>