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Dismantling Public Health Infrastructure, Endangering American Lives

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The Centers for Disease Control and Prevention (CDC) — and its ability to support clinicians, communities, and organizations — is under assault. The U.S. administration's plan to

eliminate or transfer CDC programs that it inaccurately deems unnecessary, duplicative, or politicized would reverse decades of health progress, make Americans less safe, and increase health care costs. The dismissal and replacement of the members of the Advisory Committee on Immunization Practices (ACIP),¹ firing of more than 1500 CDC staff, and closure of half of CDC national centers represent the most serious threat to the U.S. public health infrastructure in the agency's nearly 80-year history. Making organizations more effective and efficient requires strategic progress; the extreme reductions under way

amount to unilateral disarmament against health hazards.

The CDC's mission is vital: to protect Americans from health threats, whatever their source or form. Current changes reflect a misunderstanding of the nature of modern health risks and will lower our guard against deadly dangers. The CDC is at particular risk because its role is poorly understood, is often misrepresented, and, though traditionally nonpartisan, has tepid congressional support. The agency tracks health trends, develops evidence-based guidelines and prevention strategies, and informs policy. It supports clinicians, the public, and

domestic and international partners in implementing effective interventions with funding, staffing, laboratory services, field responses, technical assistance, and risk communication. Recent reductions left the CDC unable to respond when Wisconsin sought help addressing lead poisoning — possibly the first time in CDC history that it has not been able to respond to a state's request for epidemiologic assistance. Claims that the agency has overreached its core mandate of controlling infectious diseases get the past accomplishments and present and future health needs of the country dangerously wrong.²

The CDC, the only federal agency focused on community-wide prevention, shapes clinical practice for both infectious and non-infectious conditions. Its National Institute for Occupational Safety

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and Health approves respirators and chemotherapy-handling protocols, informing hospital standards and pharmacy practices. Its National Health and Nutrition Examination Survey tracks hundreds of nutrients and environmental toxins, triggered fortification of flour with folic acid and removal of lead from gasoline, informs clinical guidelines for chronic disease management, and tracks health status in response to clinical and community programs. Its opioid-prescribing guidelines transformed pain management; its pediatric concussion guidance standardized diagnosis and return-to-play protocols. Its Chemical Laboratory Response Network for Chemical Threats provides rapid exposure confirmation and antidote guidance during suspected poisonings. Outbreak investigations inform clinical and regulatory interventions in areas ranging from cancer to birth defects to toxic exposures.

When a new disease emerges, it's often unclear whether the cause is infectious (such as Legionnaire's disease), toxin-mediated (as toxic shock syndrome is), or chemical (such as contaminants in vaped tobacco products). The CDC identified these threats and many others; only 2 of the 10 most important public health accomplishments of the 20th century were related to infectious diseases.³ Limiting the CDC to infectious diseases would actually undermine its effectiveness in preventing and controlling them: as vaccines that prevent cervical and liver cancer show, the distinction between infectious and other diseases is not always sharp. During the Zika epidemic, CDC units for arboviral disease, vector control, laboratory testing, birth

defects, disease registries, health communication, and reproductive health all played crucial roles in limiting the number of children born with severe birth defects. Employing multidisciplinary experts in one organization enables faster, more effective detection and response. Eliminating the CDC's tobacco-control program, one key noninfectious focus, is a particularly deadly mistake. The Food and Drug Administration regulates products; only the CDC has tracked trends to determine new tobacco-related threats, evaluated the effectiveness of tobacco-control programs, supported comprehensive community control measures, and implemented educational campaigns that have helped millions of smokers quit and saved billions of dollars in health care costs.

Lives are at stake in other areas as well. Changes to the ACIP could result in half of American children losing access to some of the free vaccinations they currently receive through the Vaccines for Children program. Closure of environmental health programs would mean less information to guide education and regulation of emerging environmental threats such as endocrine disruptors, nanoparticles, and microplastics.

The CDC could certainly become more effective — in part by forging stronger connections with state and local health departments, which implement most public health programs. Despite sending more than two thirds of its funding to such departments, CDC headquarters is sometimes disconnected from on-the-ground realities. Greatly expanding programs embedding early-career staff in health departments before ro-

tating them to the CDC would help align CDC perspectives with local needs. Agency performance should be assessed on the basis of lives saved, outbreaks stopped quickly, and injuries and disabilities prevented. CDC guidance must address practical realities, be evidence based, and be able to be readily implemented by areas that choose to do so.

Traditionally, when a state requested assistance, a CDC epidemiologist would be on a plane before the sun set. This ethos is still needed, not only in response to requests for in-person assistance but also in rapid communication, appropriate guidance, and program assessment and improvement. Timely collection, analysis, and transparent dissemination of data requires ongoing investments at federal, state, and local levels. This work has begun, with bipartisan support, under the CDC Data Modernization Initiative.

CDC laboratories support state, local, and global public health organizations with unmatched expertise in microbial, environmental, and serologic investigations.⁴ These laboratories provide reference and analytic expertise and services; develop and standardize laboratory methods; detect new threats, including bioterrorism; and manage dangerous pathogens. This work is essential for public safety, as demonstrated by the failure of CDC's laboratory test early in the Covid pandemic, which delayed recognition of explosive spread, undermined the agency's reputation, and cost lives. CDC laboratories have, with bipartisan support, improved steadily over the past decade. With continued investment, modernization, and

assessment, their technology, staffing, facilities, and practices can improve safety and ensure the CDC does well what only it can do.

In addition, as the only U.S. agency whose purview spans domestic and global health, the CDC protects us from cross-border health threats. CDC offices and activities in regions with emerging infections enable early warning of threats, international coordination of investigations, and application of lessons learned abroad to protection at home.⁵ As a long-standing model for public health institutions, the CDC can strengthen the efficiency, accountability, and sustainability of U.S. global health programs. By working with national governments, the CDC reduces costs and builds lasting capacity. Its core strengths — surveillance, laboratory networks, workforce development, and epidemiologic analysis — are essential for progress against HIV, tuberculosis, malaria, polio, and other infectious diseases.

The CDC supports the treatment of most patients in the President's Emergency Plan for AIDS Relief (PEPFAR), the HIV prevention and treatment program created by the George W. Bush administration that has, with strong bipartisan support, prevented more than 25 million deaths. The agency has also led support for global immunization efforts that have saved millions of lives and nearly eradicated polio. The Trump

administration's fiscal 2026 budget proposal would drastically reduce funding for PEPFAR, malaria prevention and control, global tuberculosis control, and neglected

tropical disease programs, and eliminate the CDC's global HIV, tuberculosis, immunization, and polio-eradication efforts, despite these programs' protection of U.S. and global health security.

Rational budget reductions are possible — but only with precision that maintains core capacities. The administration's approach has been to make wholesale cuts without input from knowledgeable staff or a CDC director, then restore a small number of staff and programs in response to public outcry. But the deadliest cuts, including loss of essential knowledge, may be difficult to see, and harms may not become apparent for years. The administration asserts that the work of eliminated programs will be handled more effectively and efficiently by a new Administration for a Healthy America, but this entity does not yet exist and has a proposed budget far below current program levels, and it's unclear what it will be or how it will function. The CDC's epidemiologic expertise and field-investigation capabilities are distinct from other agencies' support for basic research; funding and regulation of health care; health workforce and community health programs; food, drug, and device regulatory authority; and mental health treatment and community support. Better coordination among health-related agencies could improve efficiency, but only if the CDC's specialized public health workforce remains intact and can leverage longstanding partnerships with health departments, academic institutions, and international organizations.

Although current policies im-

peril health, three facts provide grounds for hope: thousands of public health professionals protect the public every day; public health programs save money; and public health protection is essential for national security. Public health agencies can expose disease risks, trends, and pathways to progress; build confidence with phased progress; and create healthier futures through systematic action. Rather than endangering American lives, the administration and Congress could choose precise improvements over demolition, strategic strengthening over systematic weakening, and evidence-based reform over policies that benefit harmful industries. Effective reform could harness talent and reinforce partnerships to build a leaner, faster, more widely trusted CDC.

Disclosure forms provided by the author are available at NEJM.org.

¹Resolve to Save Lives, New York.

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