



Written by [Veronika Kyrylenko](#) on September 9, 2025

CDC's Biothreat Radar: Kennedy's "Trust" Agenda Meets Global Biosurveillance

Last week, Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. set out his plan to "restore trust" in the Centers for Disease Control and Prevention (CDC). [Writing](#) in *The Wall Street Journal*, he placed one idea at the very top of his agenda: a new Biothreat Radar. The tool, he said, would "detect and defeat infectious diseases" through enhanced respiratory surveillance and the latest molecular technologies.

Kennedy pointed to the global reach of the CDC:

The CDC also now operates in 63 countries, monitoring biothreats before they reach our shores. Its Biothreat Radar Detection System — an advanced early-detection tool — can spot pathogens like H5N1 [bird flu] or MERS [Middle East respiratory syndrome] early enough to prevent catastrophe.



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Notably, that reach also reflects the CDC's ongoing collaboration with the World Health Organization (WHO), where its laboratories and experts feed into global networks that track emerging pathogens (more on that later).

Skeptics were quick to observe that no such program seems to exist yet. But the vision is not a fantasy. It is written directly into next year's CDC 2026 budget request ([pdf here](#)), which commits, among [other priorities](#), to

protecting Americans from infectious diseases by creating enhanced respiratory threat detection and a Biothreat Radar program that incorporates progress made in advanced molecular detection to rapidly detect emerging threats.

In its design, the project mirrors the World Economic Forum's "Biothreat Radar," [launched](#) under its BRIDGE Alliance (Biosecurity Readiness through Intelligence, Data, and Global Engagement) last year.

Funding the Radar

The Biothreat Radar is pitched as a "cross-CDC" initiative, cutting across the agency's many divisions. In bureaucratic language, that means it is meant to be a system-wide priority, not just a single program



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tucked into one office.

The budget request starts with Immunization and Respiratory Diseases, which comes to \$963,291,000, an increase of \$44 million over the previous year. The justification is clear. The extra funds are “necessary to keep the nation prepared for the next public health threat.” They will also support “cross-CDC investments in the proposed Biothreat Radar Detection System.”

The request highlights the dangers of “vaccine preventable diseases” that can “easily overwhelm” health systems. Influenza, RSV (respiratory syncytial virus), and “novel respiratory viruses” are listed alongside H5N1, polio, and MERS. The plan calls for a larger public health workforce, stronger data collection systems, and expanded laboratory networks. And the budget details three priorities: using advanced technologies and analytics to track pathogens, characterizing what drives epidemics, and developing mitigation strategies through vaccines, drugs, non-pharmaceutical interventions, and “behavioral” controls.

Pentagon Joins the Effort

The initiative goes beyond the CDC’s core programs. The CDC is asking for \$870,486,000 for Emerging and Zoonotic Infectious Diseases, \$58 million more than last year, to “prioritize emerging and re-emerging” infectious diseases and launch a new Biothreat Radar program. It adds:

In coordination with the White House, CDC and the Department of Defense (DoD) will work to establish a new biodetection system that can rapidly detect novel pathogens with 24-hour turnaround times.

Described as “pathogen agnostic,” the system is designed to detect any disease-causing organism, not just a known few. It comprises four components “across DoD and HHS/CDC.” Three are CDC-based: Advanced Molecular Detection, Traveler Genomic Surveillance, and Response Ready Enterprise Data Integration Platform (RREDI) — which serves as an “emergency response operations component” within the [One CDC Data Platform](#) (1CDP).

The fourth component is housed within the DOD, though the budget request does not explicitly name which one.

What is clear is that the DOD has long maintained a central role in global disease tracking through its Global Emerging Infections Surveillance ([GEIS](#)) program, established in 1997. GEIS coordinates a global network of military and partner laboratories that monitor pathogens relevant to service members worldwide. It has [increasingly adopted](#) pathogen-agnostic sequencing tools — such as next-generation sequencing and wastewater surveillance — to detect emerging threats even before they are identified.

The blending of military and civilian systems may seem like a straightforward upgrade. In fact, it continues a long-standing trend. After the anthrax attacks that started in 2001, federal agencies expanded biosurveillance networks. SARS and Covid-19 deepened the integration of public health and defense agencies, merging labs, data, and infrastructure. Kennedy’s Biothreat Radar would carry that fusion forward by making the DOD a core part of the CDC’s data framework.

Eyes at the Borders

Surveillance will not be confined to laboratories. The CDC is also asking for \$79,772,000 for its Travel and Port Health Protection program. The request says the money will “implement a new Biothreat



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Radar capability established through the Traveler-Based Genomic Surveillance program.”

That means testing and genomic monitoring at airports and ports of entry. The CDC says this will maintain “national public health security” and allow it to issue timely health alerts for travelers. Officials present this as part of building “a safer, stronger, and more prosperous America.” In practice, however, embedding disease surveillance into international travel could normalize constant health checks at borders and may lay the groundwork for systems like vaccine passports.

Molecular Tools at Scale

At the technical core sits the Advanced Molecular Detection (AMD) program. The CDC is asking for \$66 million to expand it. The proposal is explicit:

This proposed increase will implement a new Biothreat Radar capacity to conduct metagenomic surveillance for multiple pathogens in the U.S. and inform clinical and public health action.

AMD will work “across the interagency, and with public and private sector partners.” The language stresses a “secure approach” and promises privacy. But it also envisions a national platform that will “efficiently share timely data for action.” In practice, that means new layers of centralized pathogen data collection, analysis, and distribution.

WEF Vision

The Biothreat Radar is not a uniquely American idea; the WEF has promoted almost identical language. In 2024, it argued that “multi-sectoral disease intelligence systems are needed” to confront biological threats. The WEF described its vision:

Similar to global satellite coverage or constant radar monitoring hurricanes, this programme becomes part of a global network of “biothreats radar” systems monitoring locations where biothreats are likely to emerge.

The organization explains that “radar”’s work. First, it collects samples from the environment, like wastewater. Then, it removes the non-human DNA, runs what’s left through genetic sequencers, and turns it into detailed information. This makes it possible to spot and analyze potential biological threats.

The U.K. is already implementing such a detection strategy. In its 2023 Biological Security Strategy ([pdf here](#)), the government explicitly called these systems a “biothreats radar” that works in “real time.” In the U.S., notes the WEF, “the [CDC has already demonstrated](#) the ability to detect variants of SARS-CoV-2 over 40 days before by monitoring aircraft as they land.”

WHO Ties

It is imperative to keep in mind that even after President Donald Trump [announced](#) a withdrawal from the World Health Organization (WHO), the CDC never fully stepped back from its networks.

Its influenza division still serves as a WHO collaborating center, feeding data into the [Global Influenza Surveillance and Response System](#) (GISRS). CDC experts also continue to deploy through the [Global Outbreak Alert and Response Network](#) (GOARN). Finally, the agency — along with its parent entity,



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HHS — plays a central role in the [Global Health Security Agenda](#) (GHSA). The [latter's goal](#) is to “accelerate implementation” of WHO’s International Health Regulations (IHR) of 2005 — a legally binding international agreement that established a framework for “global health security.” In July, the U.S. [explicitly opted out](#) of the 2024 amendments. However, it is [still a party](#) to the core agreement.

Those global connections now feed directly into Kennedy’s vision. The proposed Biothreat Radar is not a stand-alone system within the unconstitutional behemoth of the “public health” apparatus. It is an extension of surveillance pipelines the CDC already runs across borders — as Kennedy himself stressed, while omitting the agency’s ongoing cooperation with the WHO. In practice, the radar would plug directly into a global network shaped by elite agendas, where tools like mass vaccination drives and travel restrictions become routine instruments of control.

And last — but not least — the budget highlights the expanding role of private partnerships (echoing the WEF language). The CDC leans on organizations like the CDC Foundation to connect with businesses, foundations, and individuals in support of “public health” goals. Its [corporate donors](#) include major players such as the Gates Foundation and the Gavi Alliance — and even the WHO. The donor list reads like a Who’s Who of Big Pharma, global philanthropies, and academic institutions tied into the global health infrastructure.

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