Administrative Anti-Reforms: Institutional Erosion and Consequences for Public Service Delivery

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Abstract: Anti-reforms are deliberate governmental actions that reverse, dismantle, or undermine previously established administrative structures, norms, and institutional capacities rather than improving them. Unlike civil service reforms, which seek to enhance efficiency, accountability, or service quality (Neshkova and Kostadinova, 2012), anti-reforms operate through delegitimization, deconstruction, and political control (Moynihan, 2022). Anti-reforms are systematic assaults on the administrative state that weaken bureaucratic independence and capacity. They are situated within the broader phenomenon of democratic backsliding, where populist and illiberal governments capture state institutions through the de-emphasis of professionalism, the politicization of bureaucracy, and the subordination of merit-based administration to partisan objectives. Anti-reforms are not just policy failures or reform fatigue; they are deliberate strategies of institutional erosion.

In this paper, we examine the methods by which anti-reforms occur, focusing on recent changes in the United States Department of Health and Human Services (HHS), where anti-reform dynamics have had a significant impact on vulnerable populations. In the post-COVID era, the HHS leadership has de-emphasized medically time-tested and proven vaccination methods. Additional administrative burdens have narrowed eligibility in federal programs, complicating enrollment processes and deterring program participation among low-income and marginalized communities. This dynamic has been particularly acute in areas such as Medicaid, nutrition assistance, and child welfare services, where reform reversals have disrupted service continuity and undermined the administrative infrastructure on which millions of Americans depend. HHS's administrative capacity has also been deeply affected, reducing its budget by one-fourth and its workforce by at least 20%. There is an erosion of merit-based recruitment and administrative capacity, affecting HHS's service quality and program integrity.