

Children's Health:

2025 and Beyond

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In May 2025, I read the “Make Our Children Healthy Again” report,¹ part of the MAHA movement led by DHHS Secretary Robert F. Kennedy, Jr. While it discussed some significant issues related to children's health, it also neglected to address some other truly important issues. For example, although red dye additives to food (opposed by the report) may have some minor health issues, I suspect most parents, health care providers, and public health experts would recognize that firearm injuries are the number one killer of children in the United States, not Skittles. Guns are not mentioned in the MAHA report. Neither are motor vehicle crashes nor drug overdoses, other common causes of childhood fatalities.

There was an excellent editorial² published in the New England Journal of Medicine which I would urge our readers to look at. The authors focus in large part on the social determinants of child health. Lacking in the MAHA report is the fact that the United States has one of the highest rates of child poverty among industrialized nations, an important contributing factor to high rates of asthma, obesity and behavioral health issues. While the MAHA report does address two important threats to child health, exposure to environmental chemicals and alarming declines in physical activity, it falls short of recommending regulatory changes. The MAHA commission charges schools with increasing physical activity, but does not address how early childhood and community-based physical activity programs, or any social media strategies, can promote healthy lifestyle choices which would improve health and reduce stress among young people.

The MAHA report devotes eight pages to the “overmedicalization of our kids,” a potentially important issue. But throughout this section of the document, risks of medical and surgical interventions are emphasized, with little mention of the important benefits. It decries the “child chemical and surgical mutilation” for management of transgender youth, which on Dec. 18, 2025 RFK Jr. described as malpractice. And it should come as no surprise that the report is decidedly anti-vaccine, totally ignoring the important advances in health, both adult and child, directly attributable to vaccines. Following the publication of this report in May, RFK Jr. has taken multiple steps to dismantle immunization infrastructure, which will negatively impact the health of children. The Immunization Coalition of Delaware, a program of the Academy, has opposed recent actions by the Advisory Committee on Immunization Practices (ACIP) which was totally revamped by RFK Jr.

I believe, and I think I speak for the Academy here, that Perrin and Cheng² are correct that any changes to policies involving children's health “should build on the extraordinary research achievements that have improved child health over the past 50 years [including] increased life expectancy for children with cancer, sickle cell anemia and cystic fibrosis; reductions in sudden infant deaths; surfactant saving premature babies; prevention of maternal-fetal HIV transmission; and injury prevention with car seats and seatbelts.”

The American Academy of Pediatrics (AAP)³ currently has a number of advocacy priorities relating to children's health:

- Speaking out in support of childhood immunizations;
- Prioritizing child health legislation in Congress, including
 - Gun violence prevention research,
 - Accelerating pediatric cancer treatments,
 - Raising awareness about HPV and HPV-associated cancers;
- Opposing immigration policies harmful to children and families; and
- Advocating for child health as the 2025 budget reconciliation bill is implemented.

The Delaware Academy of Medicine and Public Health stands in support of these priorities and the work of the Delaware chapter of the AAP, ably led by its president, Dr. Jonathan Miller, who is a board member of the Academy. Locally and nationally, those working to advance children's health should be implementing policies, programs and research supported by the strong evidence base that clinicians and investigators have built painstakingly for many years.^{2,4}

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References:

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