



Curing MAHA: How to Protect Public Health After Kennedy

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PROGRESSIVE POLICY INSTITUTE
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INTRODUCTION

When President Trump nominated Robert F. Kennedy Jr. to become his secretary of health and human services, it was possible to conjure a few faint reasons for optimism. Yes, his well-known rejection of mainstream vaccine science and general penchant for medical quackery were frightening. But Kennedy also offered one fundamentally correct critique of America's health approach: For years, we have done far too little to combat our country's epidemic of chronic disease through prevention, instead relying on expensive treatments once people become sick.

To win confirmation, Kennedy gave some ground to his skeptics, promising Republican senators he would respect the government's existing vaccine recommendation system and follow accepted science. Once in the cabinet, Kennedy's Make America Healthy Again (MAHA) agenda was kicked off with the president signing an executive order vowing to tackle chronic illness through "fresh thinking on nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, environmental impacts, and food and drug quality and safety."¹ On paper, all of these were worthy goals. If Kennedy had stuck to them in a remotely reasonable way, it was conceivable he might even have found bipartisan buy-in for parts of his MAHA agenda.

Unfortunately, Kennedy's tenure at HHS has confirmed the worst concerns of his critics, and then some. He has thrown America's major health agencies into turmoil by firing highly experienced scientists and health professionals, defunding vital medical research, and making unfounded claims about autism, all while emulating President Trump by ignoring checks and balances on his authority. His fixation on voodoo science and conspiracy theories is wasting the opportunity he had to make progress on a MAHA agenda that the country could overwhelmingly support.

In recent months, the Trump administration has made moves seemingly aimed at reining Kennedy in, due to the sheer unpopularity of his stances on issues like vaccines. Some Republican members of Congress have also started to push back against the secretary. But a new Congress will bring additional opportunities to hold him accountable for his record of broken promises. In this paper, we will review the most damaging aspects of the secretary's record in depth, while outlining steps lawmakers should take to curb his abuses and prevent similar ones in the future. Those include:

- Increasing the transparency and accountability of federal advisory committees
- Modernizing the federal workforce while rebuilding trust with potential career employees
- Limiting the use of acting officials for Senate-confirmed roles
- Creating a long-term non-partisan plan to make America healthy

While curtailing the secretary's destructive overreach is essential, it would be a mistake to ignore the genuine grassroots political energy the MAHA movement has harnessed. Many of its goals command overwhelming support among voters, at least when framed in general terms. Rather than attempt to return to the old status quo of health, critics would be wise to divorce Kennedy from the concerns of MAHA champions and point out how Kennedy's own management of HHS is foiling the ambitions he vowed to pursue. America's legions of MAHA supporters have some valid concerns about our health system. But they need a different sort of champion.

ROBERT F. KENNEDY JR.'S ROAD TO HHS

Kennedy was tapped to run HHS after dropping his long-shot independent campaign for the White House and endorsing Trump, a move many believed helped win a small but important demographic of swing voters to the president's side. In his announcement, Trump said he had enlisted the longtime lawyer and activist to "end the Chronic Disease epidemic, and to Make America Great and Healthy Again!"²

Kennedy's selection drew immediate opposition from scientists and public health groups thanks to his years of promoting discredited theories linking vaccines to autism, including as the head of the organization Children's Health Defense.³ Some of those concerns were shared by Senator Bill Cassidy (R-La.), a former physician and chair of the critical Senate Committee on Health, Education, Labor, and Pensions committee, which oversaw Kennedy's confirmation process.

Kennedy promised Cassidy he "just wants good science and to ensure safety" and "would work within the current vaccine approval and safety monitoring systems."⁴ In a speech on the Senate floor, Cassidy recalled how Kennedy agreed to work collaboratively on HHS hiring decisions beyond Senate-confirmed positions, allow the HELP chair to choose representatives for vaccine safety boards or commissions, and meet quarterly with the senator.⁵

After securing Cassidy's vote, Kennedy was confirmed along party lines with one exception: Senator Mitch McConnell (R-Ky.), who still suffers from health problems due to contracting polio — a vaccine-eradicated disease — as a child, voted against Kennedy.⁶ He expressed his hope, "Mr. Kennedy will choose not to sow further doubt and division but to restore trust in our public health institutions."⁷

THE REALITY OF KENNEDY'S MANAGEMENT

Kennedy's attempt to bend national health policy to his warped views of science has, unfortunately, rendered MAHA's theoretical emphasis on preventing chronic disease mostly irrelevant. Amid almost daily revelations about his assaults on medical science, three stand out as particularly destructive of public health.

1. FIRING STAFF AND DEFUNDING HEALTH RESEARCH

Workforce Cuts

The idea of remaking the federal government, especially the health agencies, to run more efficiently and effectively, should be welcomed by people across the political spectrum. With a thoughtful plan, the executive branch could be streamlined and modernized to meet the needs of Americans now and into the future, possibly restoring some of the public's long-lost trust in Washington.⁸

Instead, Kennedy endorsed the reckless decimation of federal health agencies, including the National Institutes of Health, Centers for Disease Control and Prevention, and HHS, by Elon Musk's Department of Government Efficiency (DOGE). The original expectation was for 10,000 employees to be fired from these health agencies, but the number has wavered with multiple rounds of firing and then reinstating workers. As of April 2026, 14,417 staff had been cut from HHS; in most cases, they were summarily let go by an inexperienced DOGE team that was often dismissive of their work.⁹

During early rounds of DOGE layoffs, Kennedy acknowledged some of these workers were laid off by mistake, stating, "personnel that should not have been cut, were cut...we're going to do

80% cuts, but 20% of those are going to have to be reinstated, because we'll make mistakes."¹⁰

Kennedy and the Trump Administration eliminated more federal health workers in October during the government shutdown.¹¹ These layoffs included people who collect and analyze national data, professionals who connect scientific studies to actions, and health ethics teams¹² — all of which seemed to give lie to Kennedy's pledge to base MAHA on "gold standard science." With nearly a quarter of the staff lost, there are practically "no public health or medical professionals left to help guide CDC recommendations," as one former employee observed.¹³ Political appointees are being left to make health decisions for all Americans without a nonpartisan scientific viewpoint.

Despite this destruction to the HHS workforce, in April 2026, Kennedy told the House Committee on Appropriations that HHS is planning to hire 12,000 new employees in 2026.¹⁴ This either proves the previous cuts and chaos were unnecessary or suggests a plan to stock our health agencies with ideologically aligned staff. Either way, the reversal is contributing to an unstable environment where employees cannot count on long-term employment because they do not know if next year will be another year of politically motivated cuts or massive growth.

Defunding Research and Programs

In addition to culling public health professionals, Kennedy offered no objection to DOGE's cancellation of NIH grants for innovation and research. In the first half of 2025, the Trump Administration cut grants for 383 clinical trials, which impacted more than 74,000 trial participants.¹⁵ These clinical trials are part of the almost 700 NIH research grants canceled during the same time.¹⁶

Even though it is directly in line with the stated goals of MAHA, the administration temporarily cut the Diabetes Prevention Program Outcomes Study, a 30-year test of ways to help people improve their lifestyle to prevent or mitigate type two diabetes.¹⁷ After the Congressional Diabetes Caucus protested, NIH reinstated the study on the condition that it be moved from Columbia University to another institute.¹⁸

The administration's fiscal year 2027 budget envisions an additional \$484 million reduction for the CDC and \$3.7 billion reduction for NIH while, again, restricting many agencies within HHS.¹⁹ In total, the Trump Administration is requesting a decrease of \$15.8 billion in the budget for HHS compared to the enacted level for FY 2026. The decreases are less than the administration requested in their FY 2026 budget.²⁰

While making his annual congressional budget hearing rounds, Kennedy acted as if he were helpless in the budget process. At one point, claiming "nobody in the agency wants to cut these programs...It's not my choice."²¹

This follows the same helplessness he exuded in 2025 about the cuts. When directly asked about the cuts, Kennedy said, "We are cutting administrators, waste, and we are cutting duplicative programs."²² He followed this up by claiming, "As far as I know, we have not cut any clinical trials."²³ Despite multiple reports and data showing otherwise, in November, Kennedy again claimed, "We're not cutting science. We're not cutting research."²⁴

Kennedy also appears to have effectively cut research funding by slow walking the NIH grant process. NIH is now using a "computational text

analysis tool" to scan grants, including multi-year awards covering ongoing research, for words the administration has deemed red flags for "woke science."²⁵ In addition, the staff cuts have resulted in fewer staff available to review the grants. As a result, fewer than half the number of grants have reached awardees as expected by this point in the year; NIH is likely to leave many projects unfunded if not dispersed by the end of the fiscal year 2026. Instead of addressing the bureaucratic slog as DOGE and conservatives have claimed as their goal, Kennedy is exacerbating the issue.

Regardless of whether Kennedy acknowledges the cuts to research and programs at HHS agencies or continues to slow walk funds, the impact will hit all Americans and people around the world. Stopping research projects before they have finished squanders an opportunity to acquire new medical insights. It also leaves participants stranded and unsure about what kind of treatment they need.

In cases where clinical trials were only temporarily paused, it compromised the ability to yield reliable results. Noting that drug trials require consistent doses over time and consistent measurements, Dr. Vishal Patel, a researcher at Brigham and Women's Hospital in Boston, said, "It's possible that you just screwed up the entire research" by temporarily pausing the trial.²⁶

2. DIVORCING HEALTH GUIDANCE FROM SCIENCE

Questioning and challenging the current bounds of scientific understanding is often a useful exercise. In Kennedy's hands, however, it becomes a way of sowing confusion, chaos, and distrust in public health agencies.

Misconstruing Autism

Kennedy has a long, well-known history of peddling falsehoods about autism, in particular the myth that it is linked to vaccines. In a 2005 article in *Salon*, he alleged thimerosal, a vaccine preservative, was linked to childhood neurological disorders, including autism. Multiple studies have found no such connection.²⁷ Eventually, *Salon* retracted the story.

Today, Kennedy paints autism as a uniformly catastrophic condition. He famously claimed that those with autism "will never pay taxes. They'll never hold a job. They'll never play baseball. They'll never write a poem. They'll never go out on a date. Many of them will never use a toilet unassisted."²⁸ He has also argued that rising autism rates must be the result of an "environmental toxin" because "genes do not cause epidemics," and said that no one his age has "full-blown autism...men who are walking around the mall with helmets on, who are non-toilet-trained, nonverbal, stimming, toe-walking, hand-flapping. I've never seen it."²⁹

None of this is true. Autism is not catastrophic: as currently defined, autism spectrum disorder encompasses a variety of strengths and challenges when it comes to development, communication, and socialization. It is not new: autism was added to the Diagnostic and Statistical Manual of Mental Disorders (i.e., the standardized list of diagnosable psychological disorders) in 1968 as a condition connected to

schizophrenia. But people were diagnosed as early as the 1940s with disorders that evolved into what we today call autism.³⁰ And there is no evidence that environmental factors are fueling it: the increase in prevalence — approximately 1 in 31 children now have an autism diagnosis compared to 1 in 150 in 2000³¹ — has mostly been driven by both improved evaluations and expanded diagnostic criteria.³²

Nonetheless, Kennedy's non-scientific understanding of autism has led him on a quest at HHS to link the condition with pharmaceutical use. While providing an update on HHS during an April 2025 Cabinet meeting, he promised "we're going to follow the science no matter what it says, and we will have some of the answers by September."³³

Despite promising to "turn over every stone," no new or meaningful research was completed when Kennedy, along with President Trump and Dr. Mehmet Oz, a medical doctor and administrator of CMS, held a press conference in September 2025.³⁴ Kennedy, unsurprisingly, pinned the cause of autism to acetaminophen (i.e., Tylenol) taken by mothers during pregnancy. At an October 2025 cabinet meeting, Kennedy declared, "Anybody who takes [Tylenol] during pregnancy unless they have to is, is irresponsible" and promised HHS would "make the proof."³⁵

Dr. Brian Lee, a professor of epidemiology at Drexel University, was the author of one of the largest studies of the causes of neurodevelopment disorders that found the association between Tylenol and autism is spurious. In response to Kennedy's September claims, Lee unequivocally denied the connection Kennedy and Trump made.³⁶

The studies cited to justify Kennedy's statements indicated a correlation between acetaminophen and autism, not causation.³⁷ Just because two variables line up, it does not mean one caused the other. This is like saying increases in ice cream sales cause increased drowning incidences, when in reality, there is another factor contributing to the situation, hot summer days.³⁸ Kennedy is falling back on a classic post hoc fallacy to scare people.

The impact of Kennedy's statements was almost immediate. After the September press conference, there was a 10% decrease in Tylenol orders for pregnant women who presented in the emergency room.³⁹ The danger in the decreased use of Tylenol is untreated fevers in pregnant women, leading to neurological disorders in the child, and the use of less safe medication to reduce fevers. As secretary of HHS, Kennedy's words have immense and immediate influence, and he needs to be more careful.

The MAHA Reports

Trump and Kennedy developed the MAHA Commission to sketch out their agenda for combatting chronic disease. It was created via an executive order and is led by Kennedy. The Commission draws members from five different departments (HHS, Agriculture, Housing and Urban Development, Education, and Veterans Affairs) along with leaders from the Environmental Protection Agency, the White House, National Economic Council, Food and Drug Administration (FDA), CDC, and NIH. Through two reports — an assessment report published in May 2025, and a strategy report published in September 2025 — the Commission has highlighted the priorities of the MAHA agenda.⁴⁰ These priorities include foods, environmental chemicals, technology use by children, and medication use by children.

The first action of the MAHA Commission was publishing the "Make Our Children Healthy Again Assessment" in May 2025.⁴¹ The 72-page report focuses on describing the breadth of the chronic disease epidemic in children. In September 2025, the MAHA Commission produced another report, "Strategy Report: Make Our Children Healthy Again," focused on strategies to combat the issues highlighted in the assessment report.⁴² The Commission was allowed to host public hearings and events and could receive feedback "from leaders in public health and government accountability."

The first MAHA Commission report triggered a swift backlash from experts in public health, children's health, and the environment. The report was intended to provide background on the current state of children's health in the U.S. The first few paragraphs of the report are promising, providing clarity on the history of the problem and creating a foundation for addressing the problem. Unfortunately, the report does not deliver its promises after this.

The report did not explain how the priorities were decided since the MAHA Commission did not complete a root cause analysis, a necessary first step to address large, systematic issues. The ideas within the report *may* be key factors in the increase in childhood chronic disease, but without a discussion of why they were selected, it is unknown if it is a comprehensive list of all the issues impacting children. Unfortunately, the executive order required the report to prioritize speed rather than depth.

A *Washington Post* investigation found evidence of multiple errors with citations, raising suspicions that artificial intelligence was used to generate the first report.⁴³ These errors

include inaccurate author listings, inactive links, and citations to nonexistent studies. Dr. Marc Weisskopf, a Harvard University epidemiologist, highlighted the disconnect in the report because “cutting NIH severely would directly work against everything that document purports to want to do.”⁴⁴

The second MAHA Commission report was no more scientifically sound than the first, as it still lacked citations, guiding principles, or clear rationales for its recommendations.⁴⁵ There were over 100 policy ideas to implement the MAHA agenda. These ideas are non-binding with a few specificities and details about how they will be implemented, beyond which agency or department will be involved.

The Union of Concerned Scientists highlighted how many of the recommendations were already in the works, but the Trump administration either cut these programs through DOGE or ignored that they were already in process.⁴⁶ For example, the Biden administration published a cumulative impact framework to better understand the impact of chemical exposure buildup; the MAHA report recommends the federal government “develop a research and evaluation framework for cumulative exposure across chemical classes.”⁴⁷

These two reports should have been the foundation of the entire MAHA agenda in the federal government. This was a missed opportunity for Kennedy to get buy-in from stakeholders and move forward on scientifically sound ground. Instead, the Americans who believe in and support these ideas received a combination of AI slop and a list of seemingly random policy ideas.

3. REMOVING OVERSIGHT

Despite being delegated some of the duties of the president, members of the cabinet are not given a blank check. They work within the bounds of the president and legislative structures with oversight from Congress. After Trump practically handed over all health issues to Kennedy without supervision, the secretary is on a mission to weaken all structures intended to keep him in check.

Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) “comprises medical and public health experts who develop recommendations on the use of vaccines in the civilian population of the United States.”⁴⁸ ACIP’s recommendations are approved by the CDC director and provide guidance to federal programs and private insurance companies on which vaccines to cover. Members of the ACIP appointments must “be made without regard to political affiliation.”⁴⁹

During his confirmation hearing, Kennedy gave Senator Cassidy, a medical doctor and the chairman of the HELP committee, reassurances that he would meet regularly with the committee and provide 30 days’ notice before changing any federal vaccine safety monitoring program.⁵⁰ Senator Cassidy committed to “carefully watch for any effort to wrongfully sow public fear about vaccines between confusing references of coincidence and anecdote.”⁵¹

Less than six months later, in June 2025, Kennedy summarily fired all voting members of ACIP in the name of removing conflicts of interest. He claimed, “A clean sweep is necessary to reestablish public confidence in vaccine science. The Committee will no longer function as a rubber stamp for industry profit-

taking agendas.”⁵² By the fall meeting of ACIP, Kennedy hand-picked new, more compliant voting members. Many, but not all, have a history of working for anti-vaccine organizations and spreading misinformation about COVID-19.⁵³

At the first meeting, the new members had trouble articulating why ACIP was reviewing well-established vaccines in the absence of new research about their efficacy.⁵⁴ The new members also appeared to misunderstand the role of the committee as well as the studies presented by career researchers.⁵⁵

An NPR investigation into the previous ACIP members found dramatically fewer conflicts of interest than Kennedy insinuated.⁵⁶ The scientific credentials of the new members, based on the number of peer-reviewed papers published, were weaker than those of the members Kennedy fired, noted Dr. Katelyn Jetelina.⁵⁷

While watching the new ACIP meeting, Charlotte A. Moser, a former member of ACIP, saw how the new committee overly “relies on personal experiences,” which shows “they are trying to use the public health infrastructure to effect change in the health care system.”⁵⁸ This is a fundamental misunderstanding of the charter of ACIP. Moser continues to say the new ACIP is attempting to foster personalized medicine — an admirable idea for health care, not public health — but instead is creating barriers for people who want vaccines as part of their health care.

Non-voting liaison members of the ACIP sued Kennedy over his unilateral firing and replacement of ACIP members.⁵⁹ The plaintiffs claimed Kennedy’s actions violated the Administrative Procedures Act and were arbitrary and capricious.⁶⁰ In March, a federal district

judge agreed with the plaintiffs and found that the new makeup of ACIP likely violated the law and, therefore, paused all the actions of the ACIP under Kennedy.⁶¹ The government is appealing the decision.

Shortly after the court decision, the biannual renewal of ACIP was due, and Kennedy took this opportunity to align the committee even further with his beliefs.⁶² Although the charter updates are intended to be non-political, Kennedy expanded who is qualified to sit on ACIP (a likely response to the legal action) and added anti-vaccine organizations as non-voting liaison members.⁶³

Kennedy knew what he was doing when he fired the entire committee and almost exclusively filled it with people who agreed with his political beliefs about vaccines. All of this was done under the guise of “transparency” and “gold standard science,” neither of which is present at the ACIP meetings anymore.

Firing the CDC Director

In the wake of COVID, lawmakers chose to make the director of the CDC a political appointee, allowing Congress to have more oversight over the agency. At the end of July 2025, Dr. Susan Monarez was the first CDC director to go through Senate confirmation.⁶⁴ She was appointed by Trump and confirmed by the Republican Senate.

Less than a month after her confirmation and while stocking ACIP with vaccine skeptics, Kennedy fired Monarez, the person who is tasked with finalizing ACIP recommendations. In an op-ed, Monarez accused Kennedy of demanding she rubber-stamp any recommendations put through by his new ACIP.⁶⁵ She predicted Kennedy would “discredit research, weaken advisory

committees, and use manipulated outcomes to unravel protections.”⁶⁶ Four other CDC officials resigned along with Dr. Monarez’s firing, citing “manipulation of data to achieve a political end.”⁶⁷

Kennedy claimed Monarez was fired due to “conflicts of interest and catastrophically bad judgment and political agendas.” But during a HELP Committee hearing investigating the firing,⁶⁸ Monarez, along with another CDC official who resigned, said Kennedy demanded she blindly approve ACIP recommendations and fire career CDC scientists responsible for vaccine policy.⁶⁹

Without a CDC director committed to science, Kennedy was able to order the CDC to change its vaccine guidance website to state “The claim ‘vaccines do not cause autism’ is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism” and “studies supporting a link have been ignored by health authorities.”⁷⁰ In a knock to oversight by Senator Cassidy, Kennedy added at the bottom of the page, “The header ‘Vaccines do not cause autism’ has not been removed due to an agreement with the chair of the U.S. Senate Health, Education, Labor, and Pensions Committee that it would remain on the CDC website.”⁷¹

Trump and Kennedy used multiple acting officials while trying to find a CDC replacement who aligned with Kennedy’s agenda but could also make it through a likely more rigorous Senate confirmation than the previous one. Per federal law, an acting official can only serve for 210 days.⁷² It took Trump over 230 days to nominate a replacement for Monarez. Trump nominated Dr. Erica Schwartz on April 16.⁷³ Schwartz is a fairly conventional choice for CDC director

with extensive public health experience,⁷⁴ and her selection has been interpreted by some commentators as a sign that Kennedy is being sidelined from vaccine policy issues in the lead-up to this year’s midterms.⁷⁵ Whether that is true remains to be seen.

The decision to remove experts from the CDC and fire a CDC director who is more loyal to science than to Kennedy is not just anti-scientific; it pushes Kennedy’s beliefs onto Americans by removing the checks and balances Congress created within HHS. The grassroots of MAHA, at its core, wants autonomy and transparency from the federal health agencies. With his decisions to make HHS in his image, Kennedy is doing just the opposite, taking away choice and clarity from the very people who initially supported him.

Changing the Childhood Vaccine Schedule

Childhood vaccine recommendations have been used in the U.S. in some form for over 150 years, with different mechanisms by states and localities requiring vaccinations. A formal federal schedule was adopted in 1995 by ACIP by considering the U.S. health system, disease risk, and timeliness of vaccines.⁷⁶ The childhood vaccine schedule does not mandate that every child have every vaccine on its list. Instead, it is a scientific guide for clinicians, federal health programs, insurers, and states. As new research and scientific studies have been completed, ACIP has updated the schedule. Since the schedule was adopted, vaccines have prevented 1.13 million child deaths and over 500 million illnesses, resulting in over \$540 billion in direct health care costs being saved.⁷⁷

In his confirmation hearing, Kennedy claimed he would “do nothing as HHS Secretary that makes it difficult or discourages people from

taking vaccines."⁷⁸ Despite this, in January 2026, Kennedy and his political leadership team at HHS changed the childhood vaccine schedule without expert input.⁷⁹ The reasoning from Kennedy for the change was to "align the U.S. childhood vaccine schedule with international consensus while strengthening transparency and informed consent."⁸⁰

The changes to the schedule include changing six vaccines from universal recommendation to only for high-risk children. These include respiratory syncytial virus (RSV), hepatitis A and B, dengue, and bacterial meningitis. There was swift pushback on the manner of which Kennedy went through with this change. There was no new research presented, it was not a recommendation from ACIP, and there was no public comment. It was a unilateral decision from Kennedy with oversight from no one. Plus, the U.S. is larger and has a more complicated health system than the European countries, such as Denmark, which Kennedy aligned the schedule with.

Dr. Michael Osterhold, director of the University of Minnesota's Center for Infectious Disease Research and Policy, decried the decision to "eliminat[e] vital U.S. childhood vaccine recommendations without public discussion or transparent review of the data... [as a] wildly irresponsible decision [that] will put lives at risk."⁸¹

When discussing the impact of the changes, Dr. Sean O'Leary, professor of pediatrics and infectious disease at the University of Colorado, highlighted that these changes will "create[e] a lot of confusion, creating different tiers for vaccine recommendations that are going to be confusing not only for parents, but for clinicians."⁸² He countered Kennedy's claim that this will not reduce access to vaccines by showing that "the

reality is, once these recommendations come down and filter through our health care system, there's going to be a lot of confusion, and there are going to be a lot of people who can't get the vaccines that they want."⁸³

Kennedy did not make swift changes to the childhood vaccine because science showed it should be updated. He made the change without the recommendations from ACIP or public comment. It is likely he would not have received support to make the changes if he went through the customary channels, so he, again, sidestepped oversight.

Fortunately, as part of the lawsuit by the non-voting liaison members against Kennedy, the new vaccine schedule was paused. The federal judge found the change to the schedule was "arbitrary and capricious because it abandoned the agency's longstanding practice...without sufficient explanation."⁸⁴ The government is appealing this decision.

MAHA AND PUBLIC OPINION

Americans overwhelmingly support many of MAHA's general goals. They believe the government should address food safety (94%), health care access (92%), chronic disease (90%), nutrition (88%), and vaccines (84%).⁸⁵ There is also strong support for specific MAHA recommendations, such as requiring nutrition education in federally funded medical schools (78%), banning certain food additives (74%), and funding research into alternative and holistic approaches to health (68%).⁸⁶

But around the time of his nomination, Americans were at best skeptical of Kennedy himself. In a poll conducted by the Harvard Chan School of Public Health shortly after his confirmation, 44%

said the new leadership would make them trust recommendations by federal health agencies less, versus just 28% who said it would make them trust recommendations more. At the time, 77% had trust in the health recommendations by the CDC.⁸⁷ In addition, 52% of Americans said they believed the CDC would function worse over the next four years.⁸⁸

The polling has not improved. There is a strong sense that guidance coming from the health agencies has been politicized: According to the Annenberg Public Policy Center, 30% of Americans say it reflects the beliefs of the Trump administration, 30% believe the guidance reflects the views of career scientists, and 38% are unsure.⁸⁹ Meanwhile, 67% of Americans have confidence in career scientists, but only 43% have confidence in the political agency leadership.⁹⁰ Only 38% of Americans say they have confidence in Kennedy specifically.⁹¹

Americans' trust in the federal vaccine schedule has fallen from 71% to 61% between June 2025 and March 2026, according to Ipsos.⁹² In situations where there is a discrepancy from the federal schedule and the recommendations of medical associations, Annenberg finds that Americans are twice as likely to accept the recommendation of the medical association over the CDC.⁹³

A similar overall pattern holds when it comes to the cuts to health agencies. Voters like the idea of efficiency: When polled shortly after the presidential election, nearly three-fourths of Americans believed reducing fraud and waste in the federal government would reduce overall federal spending.⁹⁴ This need to eliminate fraud and waste follows the decades of low trust in the government by the public.⁹⁵ However, Kennedy's

specific moves have gotten a cold reception: An April 2026 poll by KFF shows 59% of Americans believe the cuts to programs and staff have been reckless.⁹⁶

Interestingly, self-identified MAHA-voters are not satisfied either, according to Politico's polling: A little over a year into the second Trump administration, 47% of them say the administration "has not done enough to make America healthy again."⁹⁷

In short, Kennedy has failed to even meet the expectations of the MAHA faithful while eroding the trust of the rest of America. As the man who capitalized on and branded the movement, he has had more than enough time to prove he can meet this pivotal moment but has repeatedly failed to do so.

Even the White House has begun to retreat on Kennedy and the more extreme parts of the MAHA agenda. Trump pulled the nomination of key Kennedy advisor, Dr. Casey Means, to be surgeon general and replaced her with a nominee who is less entrenched in Kennedy's world.⁹⁸ In addition, Trump elevated Chris Klomp, the director of Medicare, to chief counselor of HHS to help stabilize Kennedy's department and messaging.⁹⁹ It is time to move on fully from Kennedy and his anti-science dogma and begin to put the full weight of the federal government behind actually addressing the chronic disease epidemic in the U.S.

ACTION MUST BE TAKEN TO MAKE AMERICA HEALTHY

Although Kennedy did not keep the promises he made to Republicans, his actions were not explicitly illegal; they were simply done in bad faith. He showed weaknesses in federal systems

pertaining to committees, the workforce, and acting officials. All this can be changed to ensure this cannot happen again.

To begin, Congress must hold hearings to understand the extent of the changes at HHS, CDC, and other health agencies under Kennedy's control. After assessing the extent of the damage, Congress can and must address the weaknesses identified and the damage done to ensure that one person cannot unilaterally dismantle years of work. Finally, Congress must make a long-term plan to address the legitimate and promising ideas for improving the U.S. public health and health care systems highlighted in the MAHA agenda. Congress should implement the following recommendations:

1. Increase Accountability and Transparency of ACIP

Congress must address weaknesses in the Federal Advisory Committee Act (FACA) to increase transparency and ensure federal advisory committees (FACs), such as ACIP, are making decisions based on scientific evidence. FACs are designed to provide the federal government "expert advice, ideas, and diverse opinions" and can be established by the President, Congress, or agencies.¹⁰⁰ They are required to have members who are "fairly balanced in terms of the points of view represented" and to develop a charter to lay out policies and procedures the FAC will follow.¹⁰¹

As seen with Kennedy's destruction of ACIP, there is no enforcement of these requirements if the secretary is acting in bad faith. There must be new checks on the power of heads of agencies regarding FACs. In June 2025, Representatives Frank Pallone,

Jr. (D-N.J.) and Kim Schrier, MD (D-WA) introduced the Family Vaccine Protection Act.¹⁰² This bill establishes guardrails around ACIP by codifying the non-political ACIP structure, membership requirements, and preventing unilateral decisions by the HHS secretary.

In addition, in July 2025, Senators Gary Peters and Bill Cassidy introduced the *Federal Advisory Committee Database Act*.¹⁰³ This bill would require the General Services Administration to publish information on FAC operations on its website annually. These two bills are a good first step in reestablishing trust in ACIP and creating more transparency of FACs.

2. Modernize the Federal Workforce

Congress must call for an assessment of the full damage to staffing levels and technology infrastructure. The most promising parts of the MAHA agenda — such as improving food safety and combatting chronic disease — require a functioning federal workforce. DOGE's decimation of government agencies presents an opportunity to strategically restructure the federal workforce to be more efficient and effective. A restructuring can help break down silos between agencies and programs as well as incorporate updated technology. For example, Congress should review the many centers of CDC and NIH to ensure intra-center work is not being slow-walked through bureaucracy.

An updated and more efficient workforce will be able to address the legitimate concerns included in the MAHA agenda. Bringing back — while also restructuring— the parts of the federal workforce necessary to complete

the work will ensure the government is meeting its responsibility for the well-being of Americans.

In addition, the federal government will need to recreate trust with potential employees. Career federal employees ensure consistency of operations and ensure certain work is shielded from political changes but the unceremonious firing of thousands of workers by DOGE creates a fear a new administration will clean house of career federal workers. The federal government will not be able to recruit and retain the best scientists and professionals if they believe they could be fired every four years. Congress must create a system where career federal workers are consistently reviewed based on performance rather than the political will of an administration.

3. Limit the Use of Acting Officials

Since January 20, 2025, when the role of the CDC director became required to be Senate-confirmed, the role has only had a Senate-confirmed director for 29 days (Dr. Susan Monarez). The administration has continued to use acting directors and has gone over the statutory time limitation for using acting officials. By doing so, Trump and Kennedy continue to evade Senate accountability.

Congress must pass the Accountability for Acting Officials Act.¹⁰⁴ This act will limit the options of who is eligible to be an acting official, limit the timeframe they can serve, and increase accountability to the Senate. The purpose of Senate-confirmed appointments is to ensure there are qualified leaders in the government who deserve the trust of the American people and can be held accountable for their decisions. Congress needs to ensure

that presidents and administration leaders are not sidestepping this process.

4. Develop a Real Plan to Make America Healthy

MAHA acknowledges valid concerns raised by Americans across the country. It would be a disservice not to build on this momentum and create a plan to address the food, health, and public health systems in the country. The status quo is no longer acceptable.

Improving the health of Americans requires a long-term plan that extends beyond a congressional or presidential term. Congress should create a non-partisan commission to investigate the root causes of chronic diseases, the health of the U.S., and provide policy recommendations to Congress to address the causes. This commission should be independent from the executive branch, with a focus on long-term solutions. By having an independent commission, Americans of all political alignments can trust the conversations and reports produced.

The commission would be modeled after the Medicare Payment Advisory Commission, with expert members appointed for limited terms and required to produce annual reports to Congress. Congress could request additional reports as issues evolve, and federal agencies could utilize the data to improve federal programs. It is clear that the federal government needs to get serious about improving the health of the nation, and the only way to do this is to plan long-term and prioritize science and expertise.

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