

The MAHA Commission's Blueprint to End Childhood Chronic Disease

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STORY AT-A-GLANCE

- › Childhood chronic diseases like obesity, diabetes, asthma, anxiety, and depression are rising sharply, with nearly one in five U.S. children obese and one in seven teens experiencing mental disorders
- › On February 13, 2025, President Trump signed Executive Order 14212 establishing the Make America Healthy Again (MAHA) Commission, chaired by HHS Secretary Robert F. Kennedy Jr., to address children's health
- › The Commission identified four main drivers of childhood chronic disease — poor diet, toxic chemical exposures, lack of physical activity combined with chronic stress, and overmedicalization through unnecessary prescriptions
- › The Commission's strategy rests on four pillars — advancing research, realigning incentives and systems, increasing public awareness, and fostering private sector collaboration, creating a comprehensive plan to reverse the health crisis
- › Key reforms include stricter food safety rules, updated infant nutrition standards, greater transparency in healthcare, expanded mental health support, and partnerships that put real food and prevention at the center of children's lives

Chronic disease is no longer something your child might face only in adulthood. Conditions like obesity, Type 2 diabetes, asthma, attention-deficit/hyperactivity disorder (ADHD), anxiety, and depression are now appearing earlier and affecting more children

than ever.¹ For instance, nearly one in five U.S. children and adolescents is obese,² more than one in 10 has ADHD,³ and recent surveys show close to one in seven teenagers reports symptoms of mental disorder.⁴

This surge is closely tied to the diet and lifestyle environment shaping the younger generation. To confront the problem, on February 13, 2025, President Donald Trump signed Executive Order 14212 titled “Establishing the President’s Make America Healthy Again Commission.” The commission is chaired by U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr.^{5,6}

The Commission was tasked to deliver a Make Our Children Healthy Again Assessment and a Make Our Children Healthy Again Strategy. Recently, it released a sweeping report to President Trump, presenting more than 120 recommendations outlining how the federal government should restructure its response to the childhood chronic disease crisis, ending harmful or ineffective practices and introducing solutions aimed at reversing the trend.⁷

4 Main Drivers of Childhood Chronic Disease

The MAHA Commission identified four key drivers that explain much of the rise in chronic disease among children. These drivers are measurable, affect nearly every household, and represent areas where significant progress can be made if they are addressed directly:⁸

- **Poor diet** — More than 60% of children’s calories now come from ultraprocessed foods, which are engineered to be shelf-stable and inexpensive but often lack the nutrients needed to support growth and long-term health. This means the fuel available for your child is more likely to promote disease than to protect against it.
- **Chemical exposure** — Your child is exposed to a wide range of synthetic chemicals from everyday products, foods, and environments. Some of these substances have been linked to developmental issues and chronic disease.

Current regulatory approaches often examine chemicals individually, yet children face combinations that may interact in harmful ways. The Commission called for continuous evaluation of these exposures and a stronger framework for protecting health from chemical risks.

- **Lack of physical activity and chronic stress** — American children spend more hours on screens, sleep fewer hours at night, and engage in less physical activity than previous generations. This shift has contributed not only to physical illness but also to growing mental health challenges.

Chronic stress, insufficient rest, and reduced movement have a direct impact on your child's risk of obesity, diabetes, and cardiovascular disease, while also fueling anxiety and depression. These trends reflect a broader cultural environment that no longer supports the daily activity and recovery children need to thrive.

- **Overmedicalization** — The Commission highlighted a [troubling rise in prescriptions](#) given to children. Medications for mental health conditions and behavioral diagnoses are often prescribed as a first response, despite concerns about long-term safety and effectiveness.

In many cases, unnecessary treatments are driven by conflicts of interest within research, regulation, and clinical practice. This has resulted in a generation of children exposed to pharmaceutical interventions that do not always serve their best interests and may increase long-term risks.

By identifying these drivers directly, the Commission outlined where action is most urgent. Instead of scattered or short-term fixes, it called for coordinated efforts that match the scale of the crisis. The framework is built on four pillars — advancing research, realigning incentives and systems, increasing public awareness, and fostering private sector collaboration. Together, these pillars form a comprehensive plan to protect children's health.

Advancing Critical Research

The MAHA Commission emphasized that progress against childhood chronic disease depends on stronger scientific foundations. To achieve this, the National Institutes of Health (NIH) and partner agencies were directed to expand research efforts that move beyond narrow outcomes and generate whole-person insights that guide prevention and care. The Commission's plan highlights initiatives aimed at improving research quality, coordination, and relevance to children's daily health environments.⁹

- **A unifying Chronic Disease Initiative links diverse data sources** – NIH will consolidate projects under a whole-person health approach that integrates nutrition, stress, environment, and lifestyle.

This will be supported by the Real World Data Platform (RWDP), a secure system that combines claims data, electronic health records, and wearable-device information. By bringing these sources together, researchers can track the causes and progression of disease with greater accuracy while maintaining strict privacy protections.

- **Human-relevant models replace outdated testing methods** – New Approach Methodologies (NAMs), such as organoids, computational simulations, and advanced data integration, will reduce reliance on animal testing and provide earlier, more accurate insights into chronic disease processes. The NIH, Environmental Protection Agency (EPA), and Food and Drug Administration (FDA) have committed to expanding their use, improving prevention, diagnosis, and treatment strategies.
- **Autism and vaccine injury research receives new attention** – NIH and the Centers for Medicare and Medicaid Services (CMS) will investigate autism's root causes using the real-world data platform. HHS and NIH will also strengthen vaccine injury research by creating a dedicated NIH Clinical Center program, with the potential for regional expansion. These initiatives aim to ensure rigorous data collection, analysis, and response.

- **Environmental exposures are studied with greater rigor** – The NIH, EPA, and U.S. Department of Agriculture (USDA) will collaborate on water and air quality research, including contaminants like **fluoride**, pharmaceuticals, and **microplastics**. The agencies will also examine exposures from textiles and synthetic materials. USDA will strengthen conservation research to protect water supplies, while NIH and EPA expand monitoring of air quality impacts on children.
- **Mental health and prescribing patterns are reassessed** – HHS will form a working group to evaluate prescribing of antidepressants, stimulants, antipsychotics, and mood stabilizers in children. The group will examine risks of overprescription, diagnostic thresholds, and community-based alternatives. Moreover, the FDA will update labels on older drugs, and NIH will expand long-term studies of medication effects.
- **Nutrition research expands with precision focus** – NIH, USDA, and FDA will coordinate rigorous trials on diet and health, including precision nutrition and gut microbiome studies. The NIH Office of Nutrition will lead clinical trials on food ingredients and metabolic health, while the USDA explores diet's impact on long-term wellness. Gut microbiome will remain a priority for understanding chronic disease.
- **Modern exposures prompt targeted reviews** – Federal agencies will investigate health effects of electromagnetic radiation from new technologies. NIH will expand research on mental health, addiction, screen time, and adolescent exposures. Rural and tribal health research will also be strengthened to ensure inclusivity.
- **Artificial intelligence is integrated into disease research** – HHS, NIH, and the Office of Science and Technology Policy will pilot AI in early diagnosis, personalized treatment, and predictive interventions, starting with pediatric and young adult cancers. This approach is expected to serve as a model for other chronic conditions.

Together, these initiatives mark a shift in federal research on chronic disease, from fragmented outcomes to approaches grounded in the realities of children and families. This means research questions now reflect real exposures, data are better coordinated, and findings link more directly to prevention and care. The Commission's focus on advancing research sets the stage for strategies that change the course of childhood health.

Realigning Incentives and Systems

In its report, the MAHA Commission acknowledged that the structures shaping children's daily lives often reward unhealthy practices and make it harder to sustain well-being. To change this, the Commission calls for reforms in food policy, healthcare, regulation, and research oversight — steps designed to realign incentives so federal systems actively support prevention and health, rather than perpetuate chronic disease.¹⁰

- **Food and nutrition policies take center stage** — The Commission recommends banning petroleum-based food dyes in U.S. products, a move that would extend to school meals and federal nutrition programs. The USDA would promote natural, plant-based color alternatives, while the FDA would strengthen post-market review for additives and contaminants, including those labeled “Generally Recognized as Safe” (GRAS).

Infant nutrition standards would also be raised, with updated formula requirements, stricter contaminant testing, and expanded support for breastfeeding and donor milk networks. Whole foods would be prioritized across the USDA's 16 nutrition programs, and outdated fat restrictions would be removed to allow whole milk in schools.

- **Healthcare and medical education reforms aim to rebalance priorities** — One area of concern is the nation's vaccine framework. The White House Domestic Policy Council and the HHS are directed to review the safety, transparency, and incentive

structures surrounding vaccines, with attention to conflicts of interest and opportunities to modernize science. Oversight of direct-to-consumer prescription drug advertising is also a priority.

Agencies, including the FDA, HHS, and the Federal Trade Commission, will enforce stricter rules against misleading campaigns, particularly on social media and through telehealth platforms. Medicaid and the Children's Health Insurance Program (CHIP) will be realigned to emphasize prevention, including nutrition coaching, physical fitness measures, and safeguards against the overprescription of medications for children.

Medical education reform is part of this effort. Accrediting bodies will be opened to greater competition, which will allow new curricula that strengthen training in nutrition, lifestyle interventions, and chronic disease prevention.

- **Transparency measures target conflicts of interest** – The report calls for public databases that disclose financial relationships between researchers and industry, modeled after existing physician payment systems. Advisory committee members would be required to recuse themselves from decisions where conflicts exist, and grant reporting requirements would be strengthened to ensure clarity about outside funding sources.

Guardrails would also be put in place for the foundations that support the NIH, Centers for Disease Control and Prevention (CDC), and FDA, limiting the influence of food and pharmaceutical companies on federal research agendas. These measures are meant to ensure that health policies are guided by independent, trustworthy science.

- **Streamlining regulation lowers barriers to healthy practices** – For agriculture, this includes streamlining organic certification for small farms, expanding opportunities for local dairies, and removing restrictions that prevent mobile grocery units from serving communities with limited access to fresh food.

On the regulatory side, the FDA will modernize drug and device approval processes by reducing outdated testing requirements and better leveraging real-world data. The EPA will accelerate approvals for innovative agricultural tools and simplify permitting for small-scale meat processing, water management, and farm-to-school programs.

- **New agency structures focus on accountability and innovation** – Within HHS, a new body called the Administration for a Healthy America (AHA) will be created to lead the government’s response to chronic disease, ensuring accountability across programs and aligning prevention strategies under a single structure.

At the NIH, two new offices will be established. The Office of Research Innovation, Validation, and Application will advance and scale new research methods, while the Office of Research Innovations, Planning, and Analysis will improve disease portfolio planning, strengthen reproducibility, and identify gaps in chronic disease research.

Each of these reforms underscores how your child’s health is shaped not only by personal choices but by the systems that govern food, medicine, and information. Poorly regulated additives, unchecked advertising, and conflicted research create an environment where disease flourishes. By restructuring these systems, the Commission seeks to tip the balance toward prevention and long-term wellness.

Increasing Public Awareness and Knowledge

The MAHA Commission emphasized that research and policy reforms must be paired with efforts to educate families and communities. Clear, practical communication ensures that you have the information needed to make healthier choices for your children. The report directs federal agencies to coordinate campaigns that build trust, expand understanding, and provide actionable tools.¹¹

- **One of the first initiatives is the Make American Schools Healthy Again campaign** – The USDA, HHS, Department of Education, and President’s Council on Sports, Fitness, and Nutrition (PCSFN) will work with states and local schools to expand

programs that promote better nutrition and daily activity. Schools will receive resources to help implement best practices, including improved meal options and opportunities for physical movement throughout the school day.

- **Nutrition education will also be strengthened** – A campaign tied to the Dietary Guidelines for Americans will promote “Food for Health” (nutrition as prevention), “Real Food First” (whole foods over processed), and “Healthy Foods and Healthy Families” (practical cooking and meal skills). These messages are designed to make dietary guidance more relevant to everyday life.
- **Fitness programs are another focus** – The Commission called for the reintroduction of the Presidential Fitness Test in schools, supported by partnerships with coaches, athletes, and community groups. A Presidential Fitness Award will also be developed to recognize and encourage active lifestyles. These programs are designed to remind your child that movement is an essential part of health and that physical activity should be a daily expectation, not an exception.
- **The Commission also directed attention to screen time** – The Surgeon General will launch a national initiative to raise awareness about the effects of excessive digital use on children. This effort will highlight actions taken by states to limit screen exposure during the school day and will provide families with strategies to set healthier boundaries at home. By addressing screen use directly, the initiative underscores its role in sleep loss, stress, and reduced activity among youth.
- **Substance use was identified as a growing concern requiring strong public education** – Federal agencies will coordinate campaigns on vaping, THC, opioids, and synthetic opioids like 7-hydroxymitragynine. The FDA and the Bureau of Alcohol, Tobacco, Firearms, and Explosives will step up enforcement against illegal vaping products and warn families about unapproved items targeting children.

The FDA will also update the labeling of OxyContin, a prescription opioid painkiller strongly linked to addiction and overdose, to clarify risks of chronic use. These steps are backed by public campaigns to raise awareness of the health threats

linked to these substances.

- **The Commission also called for increased communication around fluoride and pesticides** – The CDC and the USDA will lead efforts to educate families about appropriate fluoride levels, the role of toothpaste in delivering topical benefits, and EPA’s responsibilities under the Safe Drinking Water Act.

The EPA will also work with agricultural partners to explain how pesticide regulation protects children’s health, reinforcing confidence in safety standards and continuous improvement in review processes.

- **Expanding access to mental health support is another priority** – The Pediatric Mental Health Care Access Program, housed within the Health Resources and Services Administration, will be strengthened to ensure that families can reach qualified professionals.

The program will partner with the PCSFN to connect mental well-being with good nutrition and physical activity. These coordinated efforts acknowledge the rising rates of youth anxiety and depression and provide resources that address the issue comprehensively.

- **Overdose preparedness extends to schools and libraries** – The HHS will launch a national initiative to train staff at school-based health centers and public libraries on how to recognize and respond to **opioid overdoses**. The program will also provide naloxone supplies to participating sites, ensuring that your community has the tools to act quickly in emergencies.

By directing agencies to expand public awareness, the Commission ensures families are not left to face these challenges alone. The outcome is a more informed public, better prepared to safeguard children’s health in daily life.

Fostering Private Sector Collaboration

The MAHA Commission recognized that progress against chronic disease cannot be achieved through government action alone. Many of the environments that shape your child's health – schools, restaurants, farms, and community spaces – depend on private sector leadership. To meet this reality, the Commission outlined a set of initiatives that invite collaboration between federal agencies and private organizations.¹²

- **The first area of focus is community-level initiatives** – HHS will fund local projects that measurably reduce chronic disease in children. Examples include schools expanding opportunities for physical activity and pediatric care teams guiding families on nutrition and routines. Community health navigators will help families adopt lifestyle changes that improve daily well-being.
- **Nutritious food access expands across federal programs** – HHS, USDA, the Department of Education, Department of Veterans Affairs (VA), and Department of Defense (DoD) will increase whole, healthy food availability in government-supported meals. This includes school lunches, VA hospital services, and prison meals, ensuring that all federally funded nutrition programs promote health instead of disease.
- **Restaurants and food industry align with dietary guidelines** – Agencies will work with restaurants to encourage menus featuring healthier, age-appropriate options. By tying offerings to the Dietary Guidelines for Americans, dining out will increasingly support long-term health for children and families.
- **Fertility campaigns address chronic disease links** – HHS will launch a national education campaign showing how lifestyle choices affect future fertility. The agency will also create a “Root Causes of Infertility Award Challenge” and establish an Infertility Training Center to guide Title X clinics. These initiatives aim to strengthen prevention and clinical care around reproductive health.
- **Agriculture partnerships promote soil health and precision farming** – USDA and EPA will partner with innovators to encourage voluntary adoption of conservation practices such as prescribed grazing, improved soil systems, and water

management. Precision agriculture technologies, such as drones, robotic monitoring, and targeted spraying, will be supported to reduce pesticide use while maintaining yields. Families benefit from safer food and healthier environments.

- **Innovation partnerships scale new solutions** – Government resources and private expertise will be combined to expand tools like mobile planning apps for farmers, pollinator conservation programs, and food security initiatives. These efforts ensure that innovations in health, nutrition, and environmental management move beyond labs and into daily life.

Through these collaborations, the Commission underscored the importance of shared responsibility. By engaging the private sector in ways that are transparent and practical, the federal government is seeking to build a healthier environment across every layer of your community.

Building a Healthier Future for Children

The MAHA Commission's recommendations signal a long-overdue shift in how childhood health is understood. By naming poor diet, toxic exposures, chronic stress, and overmedicalization as the core drivers of disease, the Commission has confirmed what I have emphasized for years – chronic illness is not a fate written into your child's genes.

It is manufactured by broken policies, powerful industries, and medical practices that profit from sickness. And it can be reversed when those systems are held to account.

I have spent years exposing how processed foods, synthetic chemicals, and reckless drug prescribing erode health while real food, daily movement, and prevention-focused care build true resilience. These recommendations echo that message, finally acknowledging what many of you already know – health is created when we return to the basics that nourish and protect life.

Chronic disease is a man-made epidemic. If the Commission's proposals are acted on with integrity, they could help restore the health of an entire generation. But lasting change will not come from Washington alone. It depends on you – on your willingness to stay vigilant, question industry narratives, and demand accountability from those in power. Only then will we secure a future where children can grow up strong, vibrant, and free from preventable disease.

Frequently Asked Questions (FAQs) About the MAHA Commission

Q: What is the Make America Healthy Again (MAHA) Commission?

A: The MAHA Commission, created by Executive Order 14212 on February 13, 2025, is chaired by HHS Secretary Robert F. Kennedy Jr. It's tasked to deliver two major documents – the Make Our Children Healthy Again Assessment and the Make Our Children Healthy Again Strategy.

Together, these outlined how the federal government should restructure its response, end harmful or ineffective practices, and chart a course for reversing the rise in chronic disease among children.

Q: What did the Commission identify as the main drivers of chronic disease in children?

A: The Commission found that four main factors are driving the rise in chronic disease among children – poor diet dominated by processed foods, toxic exposures from chemicals in food and the environment, lack of physical activity combined with chronic stress from modern lifestyles, and overmedicalization through the growing use of prescription drugs in kids without enough long-term safety data.

Q: What are the four pillars of the MAHA Strategy?

A: The Commission’s plan rests on four pillars. First is advancing research into the real-world causes of disease. Second is realigning food, healthcare, and regulatory systems to support prevention. Third is increasing public awareness through campaigns and education. Fourth is fostering private sector collaboration with schools, farms, and businesses to create healthier environments for children.

Q: What policy changes are recommended for food and healthcare systems?

A: The Commission urged bans on petroleum-based food dyes, stricter reviews of additives, reforms to infant formula standards, and the return of whole milk to schools. In healthcare, reforms include revisiting the vaccine framework, limiting misleading prescription drug ads, strengthening nutrition and prevention in medical education, and addressing conflicts of interest in research.

Q: What steps will be taken to increase public awareness?

A: Campaigns will be launched to promote healthier school meals and fitness programs, raise awareness about the risks of excessive screen time, educate families on fluoride and pesticide exposures, expand access to pediatric mental health resources, and train schools and libraries to respond to opioid overdoses.

Sources and References

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- ³ [JAMA. 2024 May 7;331\(17\):1440](#)
- ⁴ [WHO, September 1, 2025](#)
- ^{5, 7, 8, 9, 10, 11, 12} [White House, The MAHA Strategy](#)
- ⁶ [Malone News, September 10, 2025](#)