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Policy Perspectives

Are we protecting children enough? Recent instrumentalization of public health by the Make America Healthy Again (MAHA) movement

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Highlights/Key Messages

- Celebrating the mention of UPFs and Big Food by Make America Healthy Again (MAHA), while the U.S. administration simultaneously instrumentalizes public health science, is an abdication of our professional duty and the ethics of science.
- MAHA exposed the harms linked with the consumption of ultra-processed foods and other products to children's health

Introduction

From gun violence, to harmful food environments, to inequitable access to healthcare, children in the United States of America (U.S.) are currently facing unprecedented pressures jeopardizing their overall health and wellbeing (Chen, 2018). In that context, the Make America Healthy Again (MAHA) has rapidly ascended, propelled by a systemic disillusionment with U.S. public health politics. In order to improve children's health in particular, the Trump Administration 2·0 established the MAHA commission to study contributing causes of childhood chronic diseases, including what it called "corporate influence or cronyism" (The White House, 2025b). Chaired by Health Secretary Robert F. Kennedy (RFK) Jr., the MAHA commission released its inaugural report on May 22, 2025, entitled "Make Our Children Healthy Again" (MAHA Commission, 2025a). Based on the report, the rise in the consumption of ultra-processed food (UPFs) in children was identified as a key health issue, which "corresponded with a pattern of corporatization and consolidation in our food system" (MAHA Commission, 2025a). The report further stressed "the Dietary Guidelines for Americans have a history of being unduly influenced by corporate interests" and it noted a "critical policy failure where corporate profitability supersedes the health of children" (MAHA Commission, 2025a).

At a glance, these aspects of the MAHA report seemed to point to the public health issues that the public health nutrition research community has been identifying for decades. What prompted us to write this piece is that our own work is being cited in the MAHA report. Yet, we argue that MAHA is a crucial illustration of a complex form of instrumentalization of public health. In this piece, we expose how this instrumentalization attempts to manipulate public health science and practice, done in the public interest, for political purposes, while strategically masking and even further entrenching the covert power of commercial and political actors that have contributed to children's ill-health. We use the example of UPFs and their impacts on human health as a guiding topic, but also open the discussion to other public health issues discussed by MAHA.

First, we illustrate how MAHA's claims are contradicted by the U.S administration's policies and actions, including actions that enable commercial actors to have more power despite their negative impact on people's health. Then, we describe how MAHA narrowly defines solutions to address unhealthy diets in the U.S. - where individuals are held responsible for their health, and commercial actors are considered to be part of the solution, rather than the problem.

Keywords: public health, ultra-processed foods, children, eugenics, populism

We then highlight the lack of focus of MAHA on the root causes of ill-health, such as the social and commercial determinants of health, although these offer the most potential for addressing ill-health in children in the U.S. Finally, we reflect on other times in history when public health science and practice have been instrumentalized, and invite the reader to critically examine the policies and actions of the U.S. government when it comes to child health, and to resist that instrumentalization.

MAHA claims and reality

First, we identify a series of contradictions within MAHA, with some illustrations presented in Table 1 (not exhaustive), where the U.S. administration claims to protect children's health, yet adopts policies and actions that may weaken the very systems needed to do so.

Table 1. Statements from MAHA versus the U.S. administration policies and actions

Statements from MAHA	U.S. Administration Policies and Actions
The MAHA Strategy: "Pursue rigorous, gold-standard scientific research to help ensure informed decisions that promote healthy outcomes for American children"	• The MAHA Report cited non-existent studies and AI-generated references to support claims against science, such as childhood overmedicalization and claims concerning ADHD medications and antidepressants (Jacobs, 2025; Kennard & Manto, 2025) • Researchers condemned the report for utilizingfake papers and mischaracterizing the actual findings or real ones (Jacobs, 2025; Woloshin & Kravitz, 2025)
The MAHA Commission Executive Order: an objective to eliminate environmental toxins, where "…certain chemicals, and certain other exposures pose to children with respect to chronic inflammation"	• The final MAHA Strategy erased all prior warnings about glyphosate, where the MAHA report specifically cited the risks of glyphosate as well as another commonly used weed killers (Gillam, 2025) • Trump invoked the Defense Production Act to mandate the domestic production of elemental phosphorus and glyphosate-based herbicide and shield manufacturers from liability (The White House, 2026b)
The MAHA Report: "pursuing truth, embracing science, and enacting pro-growth policies and innovations to restore children's health." **HHS Spokesperson Statement:** "HHS is committed to serving the American people, not special interests, by delivering radical transparency" (Williams, 2025)	• The Trump Administration bypassed the independent Dietary Guidelines Advisory Committee to utilize a secretive contracting process with a lack of transparency and inconsistent standards of evidence in producing the DGA; Chamberlin, 2026; Revenga Frauca & Soriano del Castillo, 2026; The Nutrition Source, 2026) • The DGA returns to an outdated food pyramid model and represents a backward step that oversimplifies nutrition by focusing on isolated food groups (Neves et al., 2026) • DGA pivot away from limits on saturated-fat-rich foods backed by science to explicitly promote red meat, butter and beef tallow while de-emphasizing the need to increase the consumption of plant-based foods (Roeder, 2026; The Nutrition Source, 2026) • The MAHA Commission's inaugural meeting was deliberately held behind closed doors with no public notice (Gostin et al., 2025) • HHS laid off the agency staff responsible for handling public communications and Freedom of Information Act requests to limit the public's legal right to scrutinize the department (Gostin et al., 2025) • Responses from HHS or HHS sub-agencies to the U.S. Senate for hundreds of questions requesting vital information were "short, filled with boilerplate language, and lacking any substantive information" (Wyden, 2025)
The MAHA Report: "During this administration, we will begin reversing the childhood chronic disease crisis by confronting its root causes—not just its symptoms."	• Banned programs and preferences based on DEI that will deepen tremendous discrimination in the U.S. (Nunes, 2025; The White House, 2025a) • Passed the One Big Beautiful Bill Act and slashed Medicaid and the Children's Health Insurance Program by over $1 trillion putting coverage and pediatric services at risk for a program that covers more than 40% of U.S. children under the age of six (Gremillion, 2025)
DGA 2025-2030: The guidelines "call on farmers, ranchers, … community leaders… to join in this critical effort" "We are realigning our food system to support American farmers, ranchers, and companies who grow and produce real food…" **Robert F. Kennedy Jr. Interview:** Blamed agricultural subsidies for the U.S. citizen addiction to UPFs that is being driven by food "poisoned" by "heavily subsidized" commodity crop derivatives (Scotten, 2025)	• Suppressed nearly $15 million in research into PFAS contamination that investigated how toxic forever chemicals move from pesticides and sewage sludge into U.S. crops and livestock (Perkins, 2025a) • Rescinded a $20 million Environmental Protection Agency grant to provide clean drinking water for agricultural communities whose groundwater is contaminated (Perkins, 2025b) • Proposed a Farm Bill that would boost farm subsidies funded by taxpayers for big agribusinesses only, for an estimated $54 billion over the next ten years (Borsheim, 2026)

MAHA = Make America Healthy Again, AI = Artificial intelligence, ADHD = Attention-deficit/hyperactivity disorder, DGA = Dietary Guidelines for Americans, HHS = Health and Human Services, PFAS = Per- and Polyfluoroalkyl substances, UPFs = Ultra-processed foods, U.S. = United States, DEI = diversity, equity, and inclusion

Personal responsibility and reductionism posited as radical solution

Beyond the above incoherences between MAHA's claims and the government's actual policies and actions, we noted MAHA's focus on personal responsibility and a reductionist approach to food and health, with a focus on isolated ingredients to address diet-related health issues in children. For example, while the MAHA report acknowledges the problematic consumption of UPF, or the presence of toxins in our environment (MAHA Commission, 2025a), it pushes for the consumption of food supplements and personalized technologies for better health (Held, 2025; Khimm, 2025). In another example, the MAHA's Super Bowl advertising campaign, featuring Mike Tyson, the famous former heavyweight boxing champion, circulated the slogan "Processed Food Kills" and urged people to "Eat Real Food" (Pellish, 2026). Super Bowl airtime costs hit $10 million for a 30-second spot in 2026 (Miller, 2026), and the campaign was launched nationwide, where taxicabs in 14 major U.S. cities carried the "Processed Food Kills" message (MAHA Action, 2026). The advertisement was paid for by the MAHA Center, an advocacy group aligned with the MAHA, who raised money for the advertisement by reaching out to billionaires and other donors, which the Center declined to name (Blum,

2026). Such a framing downplays complex children's health outcomes to a matter of individual behaviors, and conflates UPF with processed foods, the former being the real issue in public health.

In terms of reductionism, when it comes to addressing the consumption of UPFs on a population level, and under the Policy Reforms section of the MAHA report, the strategy explicitly directed the Food and Drug Administration to "limit or prohibit the use of petroleum-based food dyes", and the Dietary Guidelines for Americans (DGA) further instructed to "limit foods and beverages that include artificial flavors, petroleum-based dyes, artificial preservatives, and low-calorie non-nutritive sweeteners" and specifically warned consumers to look out for "high-fructose corn syrup" (U.S. Department of Health and Human Services & U.S. Department of Agriculture, 2026). The replacement of an ingredient with another, even though a potentially useful recommendation in public health, misses the real issue – ultra-processing - and risks favoring the reformulation of UPF without questioning the very nature of those products. For example, Trump thanked Coca-Cola on Truth Social for switching from corn syrup to cane sugar. Trump has also reportedly been convinced by the sugar industry baron José Fanjul and his wife to push Coca-Cola to use cane sugar in the company's signature soda beverage (Nerozzi & Wendler, 2025). But this does not address the fact that the beverage is still a UPF (Florko, 2025). And while international recommendations point to the need to regulate the production and sales of UPF, RFK Jr. has explicitly stated that he was not aiming to strictly regulate such products (Whitaker et al., 2026), despite this being one of the most effective approaches to curb the current diet-related health crisis (Baker et al., 2025).

Instead of regulating the UPF industry, the U.S. administration merely favors voluntary industry initiatives. Self-regulation is a practice known to be used by commercial actors to delay or prevent the implementation of mandatory statutory legislation (Gilmore et al., 2023; Khan et al., 2024; Short & Toffel, 2010; Von Kaufmann & Skafida, 2023). Self-regulation provides the UPF industry with a highly publicized blueprint to simply fix its image and reinvigorate its brand marketing through healthwashing of its products, making superficial adjustments through product reformulation, ultimately allowing corporations to effortlessly bypass real accountability for their responsibility for child ill-health. Concerns around artificially engineered hyperpalatability of these products, making them highly desirable by children (Calcaterra et al., 2023; Gearhardt et al., 2023; Monteiro et al., 2025), environmental harms resulting from UPFs' extensive dependence on monocultures and industrial crops (Anastasiou et al., 2023; Scrinis et al., 2025), and labor exploitation in production chains, often engaging child labor in many Global South communities, are circumvented in the pursuit of a narrow and what seems arbitrary approach to public health (Busquet et al., 2021; ILO, 2025). MAHA, therefore, reinforces a system that privileges corporate power, even when it sometimes acknowledges the harms of some of Big Food's practices.

Another rather complex issue with MAHA's approach to the consumption of UPFs in the U.S revolves around the Supplemental Nutrition Assistance Program (SNAP). SNAP currently operates as a massive de facto subsidy for UPF producers. As nutritionist Marion Nestle expressed, "food stamps amount to a multibillion-dollar subsidy for the soda industry", where sugar-sweetened beverages (SSB) account for nearly 10% of all SNAP expenditures, driving up to 20-25% of U.S. revenues for giants like Coca-Cola and PepsiCo (Chrisinger & Schmidt, 2026; O'Connor, 2017). A study revealed that SNAP directly paid for 72% of all household SSB transactions, totaling an estimated $1·7 billion to $2·1 billion in national public expenditures annually for SSB purchased in grocery stores (Andreyeva et al., 2012). In that context, the MAHA report highlighted that SNAP serves 42 million people in the U.S. and argued that children receiving SNAP were more likely to consume SSB, and linked the program to elevated diet-related disease (MAHA Commission, 2025a). The MAHA strategy therefore officially recommended that the United States Department of Agriculture (USDA) "provide states with technical assistance in SNAP waiver development and implementation to restrict the purchase of junk food and reorient the program towards better nutrition" and proposed the development of MAHA boxes "to get whole, healthy food to SNAP participants" (MAHA Commission, 2025b). Then, the Administration rapidly approved SNAP bans on items like SSB and candy – actions that have sparked fierce legal backlash (Qiu, 2026). SNAP recipients across five states filed a federal lawsuit to halt these restrictions, backed by the National Center for Law and Economic Justice and an antitrust law firm. The plaintiffs argue that the USDA unlawfully bypassed statutory authority and public comment periods, thereby impacting food access and increasing the stigma placed on low-income shoppers relying on SNAP. For years, previous administrations had considered and rejected efforts for waivers questioning the effectiveness and feasibility of bans on UPF, and were hesitant to trigger both anti-poverty groups and corporate interests who benefit from the subsidies (Qiu, 2026). Restrictions on the consumer side that limit purchases without changing affordability and access to healthier foods, corporate subsidies, as well as corporate practices risk punishing constrained families in the U.S. while leaving the inequitable food system intact. These aspects point to the need to fully investigate the uses of subsidies on food before developing policies on further renewal or even eradication of some products from items eligible for purchase with SNAP benefits (Reed et al., 2025).

Lack of focus on the root causes of the problem

Importantly, through such individualistic framing and a preference for self-regulation by the industry, MAHA ignores the need to address the social and commercial determinants of children's health (Hanna-Attisha et al., 2021; Heard-Garris et al., 2021). Those determinants have a crucial impact on child health in the U.S., where35% of children under 18 live in low-income families (Granja & Smith, 2025), often in marginalized communities due to its seismic racial wealth

gap. For instance, Black households in the U.S. hold a mere 4% of the wealth of White households (Heard-Garris et al., 2021). The UPF industry, in particular, externalizes harm onto children by extorting profit from the production and marketing of its products, while shifting the resulting cost of diet-related ill-health and the environmental cost of packaging and waste onto families and the public health systems (Gilmore et al., 2023; Heinlein, 2026). Thus, instead of tackling the root causes of child ill-health and health inequities, MAHA legitimizes an authoritarian power and political doctrine that discriminates against certain populations it deems alien or inferior. The Administration directed U.S. Immigration and Customs Enforcement (ICE) to hunt people down, even lawful permanent residents, based on their race and ethnicity, or a mere accent (Heinlein, 2026; Hellmann, 2026). As of April 2026, ICE held 60,311 people in detention, where 70·8% of them have no criminal conviction (Hellmann, 2026; Transactional Records Access Clearinghouse, n.d.). In 2025, the U.S. locked up more people per capita than any other independent democracy (Prison Policy Initiative, 2025). And even though youth incarceration fell in the U.S., the administration continues to confine its youth at "a rate that's more than twice the global average" (Nam-Sonenstein & Sawyer, 2025). Contrary to common narratives by the administration, immigrants do not commit crimes at higher rates than people born in the U.S. (United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics, 2022), and the national crime rate is actually declining, reaching a historic low in 2025 of 1,864 per 100,000 residents—the lowest point recorded since 1960 (Sawyer et al., 2026). One of the most impacted groups under such xenophobic policies is children, with daily numbers of children in ICE Detention increasing 600% under Trump (Flagg & Heffernan, 2026).

Moreover, Trump is weakening health equity and shutting down or defunding DEI initiatives (HHS Press Office, 2026; The White House, 2026a), calling DEI programs "illegal and immoral discrimination" that are "an immense public waste and shameful discrimination" (The White House, 2025a). The Administration's actions and policies stand diametrically opposite to the stated goals of MAHA of "tackling root causes undermining the health and happiness of American children" (HHS Press Office, 2025).

While addressing the commercial and social determinants of health should have been a priority for the administration to address ill-health in children, there is heedlessness in the strategies of MAHA for the crucial needs to prevent child poverty, banish structural racism, and eradicate the food deserts that leave communities with limited access to fresh and whole foods. Tackling child poverty might save the U.S. economy between $800 billion and $1.1 trillion annually in costs related to health, lost earnings and taxes, incarceration, and child protection (Curran et al., 2021).

Where history repeats?

What perhaps worries us the most is that the MAHA agenda for addressing unhealthy diets reminds us of how, historically, authoritarian regimes co-opted public health. A former Director at the U.S. Centers for Disease Control and Prevention, in his resignation letter, warned that "eugenics plays prominently in the rhetoric being generated and is derivative of a legacy that good medicine and science should continue to shun" (Daskalakis, 2025).

That legacy includes Germany in the 1930s and 1940s. German tobacco epidemiology was one of the most advanced in the world, as were many other aspects of the anti-tobacco effort, with notable scientific breakthroughs (Proctor, 1997). For instance, several scientists under the Nazi regime produced early epidemiological evidence linking smoking to lung cancer (Lickint, 1929) including the first case control study (Müller, 1939) and Schairer & Schöninger (1943) provided an even more comprehensive study (Proctor, 1997). In response, smoking bans and health campaigns were everywhere, supported by scientists and public officials (Proctor, 1996). Smoking was attacked by the nazis as a plague, dry drunkenness, and lung masturbation (Proctor, 1997). Under the Nazi regime, cigarette consumption declined by more than half from 1940 to 1950 (Proctor, 1997).

Yet, scientists whose work was used by the Nazis regime were silent about key ethical aspects involved in the translation of their research into public policy. While 'deserving' groups like soldiers received or were paid with cigarettes, 'undeserving' and stigmatized groups, including Jews and war prisoners were denied access to those products (Bachinger, 2008). So not everyone in the population was treated the same. And the very same regime executing anti-cancer campaigns was simultaneously committing crimes against humanity under the "Nazi racial ideology" that denigrated Jews, Black people, and Roma. Tobacco scientists were silent on these deaths.

The eugenic theory also ignited one of the most infamous medical research abuses in U.S. history, the Tuskegee syphilis study, where public health science was exploited against marginalized populations. In 1932, the Public Health Service (PHS) initiated the Study of Untreated Syphilis in Black men in Macon County, Alabama (Tobin, 2022). The experiment enrolled 600 impoverished Black men, including 399 with syphilis and 201 uninfected control subjects. Top PHS officials launched and directed the study, all of whom had been trained in eugenics and racial medicine at the University of Virginia (Lombardo & Dorr, 2006). They believed that infectious diseases were tied to heredity and that the Black race was inherently susceptible to syphilis due to a biological constitutional weakness. These scientists structured the Tuskegee study as a "black counterpart" to a 1910 study in Oslo, Norway of untreated whites (Lombardo & Dorr, 2006). The Tuskegee study was mainly designed under the eugenics foundational belief that the same disease expresses itself through fundamentally different anatomical pathologies depending on the patient's race. PHS officials and scientists in this study specifically believed that while untreated syphilis targeted the neurological systems of whites, the disease manifested primarily as cardiovascular damage in Black people. Doctors engaged in an astonishing 40-year campaign of deception and medical malfeasance

spanning from 1932 to 1972 (Tobin, 2022). The researchers deceived the sharecroppers into believing they were receiving expert medical care for bad blood, a local colloquialism for various ailments. There were no requests regarding informed consent here (Tobin, 2022). By 1969, between 28 and 100 men had died, and 40 women, partners of men in the study, had been infected, and 19 children had been born with congenital syphilis (Cuerda-Galindo et al., 2014; Tobin, 2022). PHS researchers published 15 articles in reputable medical journals detailing the devastating pathological ravages of the untreated disease over 37 years (Tobin, 2022).

Another harrowing example of eugenism disguised as public health occurred in Canada between 1942 and 1952, where nutrition experts and bureaucrats in the government conducted a series of controlled biomedical experiments on starved Aboriginal populations and children trapped in the Indian residential school system (Mosby, 2013). Researchers capitalized on severely malnourished children to test the physiological effects of vitamin supplements and fortified flours on health. Since the very same children were suffering from severe calorie and protein deficiencies, their bodies could not properly utilize supplementary micronutrients. When researchers fed flour fortified with iron to starving students at St. Mary's residential school, the children's hemoglobin levels actually declined, thus worsening their anemia. The interventions had no long-term positive effects for the children. There was also no informed consent in this case. The Canadian government and researchers abused children to advance their own science agenda and develop technocratic solutions and coercive administrative control of what they deemed the "Indian Problem". The government and researchers ignored the social determinants of poor health in those children, including the severe funding cuts to residential schools, discriminatory reductions in relief payments, the collapse of the fur trade during the Great Depression, and depleted local food sources that contributed to the famine of Indigenous children (Mosby, 2013).

In modern times, science continues to be instrumentalized, including by commercial actors whose UPF could be regulated. There was, recently, a randomized controlled trial conducted in Uganda and Guinea-Bissau, funded by the Gates Foundation and led by researchers from the University of California (Rundall, 2022). The research team randomly allocated daily supplements of commercial milk formula manufactured by Abbot to exclusively breastfed low-birth-weight babies (Rundall, 2022). A health professional approached mothers with low literacy for informed consent within six hours of birth (Doherty et al., 2022; Rundall, 2022). The experimental protocol exposed risks to the infants such as necrotizing enterocolitis and severe diarrheal diseases in regions where families lack basic drinking water and infant mortality remains high (Doherty et al., 2022; Rundall, 2022). The study ignited a global backlash that led to an international petition and a condemnation by the Academy of Breastfeeding Medicine (Rundall, 2022). Despite severe ethical and clinical criticism, and the fact that the supplement failed to achieve the goal of faster weight gain, the authors called for further research using larger volumes and longer durations of infant formula feeding (Flaherman et al., 2024).

Thus, history clearly shows how authoritarian movements can instrumentalize public health science and practice to veil the persecution and abuse of children and marginalized populations. When a modern political campaign like MAHA suddenly demands national purity in our food and bodies, while its broader administration actively vilifies, undermines, and weakens protections for marginalized populations, we must ask again and again if this rhetoric is built on a foundation of subjugation and dehumanization of certain groups of people, including children. Without interrogating, exposing, and challenging how MAHA's apparatus benefits those in closer proximity to power and the political regime buttressing it, the history of exploitation of public health risks repeating itself in present-day U.S.

Refusing the bait

While MAHA seems to align with legitimate evidence on the surface, its policies and actions do not. MAHA pushes for individual responsibility for a systemic problem, favoring voluntary and toothless corporate initiatives instead of mandatory regulation. While invoking activist language such as "corporate capture" and "corporate influence or cronyism" regarding industry's influence on children's health, MAHA encourages approaches that will only make these problems worse, including "unleashing private sector innovation" and inviting the private sector to be "part of the solution" (MAHA Commission, 2025a).

True health reform also requires a profound paradigm shift that abandons moralistic lectures demanding families who may not even have access to fresh produce to "shop organic" in favor of a systemic approach targeting the commercial and social determinants of health. This means enacting strict, legally binding constraints on the UPFs and agrochemical industries, such as the Pesticide Injury Accountability Act, that place accountability directly on commercial polluters and advance access to justice for communities harmed by these industries (Ryan & Zorn, 2026). There is a need to further tackle socioeconomic inequities and to fully fund federal entitlement programs like Medicaid and SNAP without stigma to diverse communities who have been constantly marginalized (Cancian & Park, 2026; Friel et al., 2023; WHO, 2025).

We must recognize this engineered crisis and cannot continue surrendering the issue of healthy food and children's health to an administration that criminalizes poverty, incarcerates children, and revels in the politics of exclusion, demonization, and criminalization of certain populations. Celebrating the mention of UPFs and Big Food by MAHA, while the U.S. administration simultaneously instrumentalizes public health science, is an abdication of our professional duty and the ethics of science. We warn our colleagues in science, health professionals, and the general public not to fall for this trap, designed with appealing packaging, and to refuse the bait.

Children are "a protected class" under various laws and policies across the world and their health must be fiercely protected, without compromise, without covert economic agendas, and especially without corrupt political manipulation. The children in the U.S., and around the world, deserve to be healthy, and to be empowered to confront many of the crises their prior generations will leave behind for them to solve - from UPFs to the climate crisis, to geopolitical upheavals and future pandemics. Our commitment, therefore, must remain with safeguarding fundamental rights and the well-being of all people, especially children, piercing through the smokescreen of populist rhetoric. We must demand a health system that equitably and authentically serves the public over ideology or profits.

Author Contributions

Both authors contributed to the study design, data collection and analysis. MM wrote the first draft of the manuscript with routine critical reviews by AN. All authors then critically reviewed the following versions. All authors have read and approved the final version of the paper and its submission and have given consent for publication.

Declaration of Generative AI and AI-Assisted Technologies in Scientific Writing

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