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# What the MAHA Report Says About Childhood Vaccines — and What It Leaves Out

The second MAHA — Make America Healthy Again — report, *Make Our Children Healthy Again*, landed on Tuesday (pdf here). It is authored by the MAHA Commission, established by President Donald Trump's executive order. The commission is chaired by Health and Human Services (HHS) Secretary Robert F. Kennedy Jr., and includes Agriculture Secretary Brooke Rollins, Education Secretary Linda McMahon, and Office of Management and Budget (OMB) Director Russell Vought. Vince Haley of the White House Domestic Policy Council serves as its executive director.

The White House

Setting aside the obvious — that the federal government has no constitutional authority to regulate healthcare — the report's vaccine section was the most anticipated, expected to set the tone for real reform. Instead, it offers a familiar mix of concerns and promises of questionable value.

The report concedes that "parents should be fully informed of the benefits and risks of vaccines." It admits that "many … have concerns about the appropriate use of vaccines and their possible role in the growing childhood chronic disease crisis." Yet parents looking to federal authorities for clarity will find little reassurance. By its own admission, officials still lack "understanding of vaccine safety and any links to chronic disease" until more "rigorous clinical trials" are carried out.

When it turns to remedies, the report offers a White House-HHS framework (pdf here): Improve the schedule, address injuries, "modernize" shots with "transparent, gold-standard science," and correct conflicts of interest while defending scientific and medical freedom. On paper, this sounds ambitious. In practice, it sidesteps the immediate questions and delaying meaningful reform — let alone returning power to the states.

## Ever-expanding Schedule

The report charts the vaccine schedule's growth. In 1986, a child received three injections by age one. Today the number is 29, counting shots given in the womb. The American schedule is also far heavier than in many European countries, such as Denmark, which gives nearly half as many.

Yet, as the report concedes, "no trials have compared the advisability and safety of the U.S. vaccine schedule as compared to other nations." It goes further:

> Despite the growth of the childhood vaccine schedule, there has been limited scientific inquiry into the links between vaccines and chronic disease, the impacts of vaccine injury, and conflicts of interest in the development of the vaccine schedule.

These areas "warrant future inquiry," says the paper — but with no specifics and no urgency.

If the commission admits the government is in the dark, the obvious step would be to convene an urgent review and consider pausing certain vaccines out of precaution. Instead, it looks away.

## Mandates Without Debate

The U.S. system is also unique in its compulsion:

> All 50 states enforce some form of vaccine mandate for public school enrollment although almost all states allow exemptions for religious and/or personal reasons. In contrast, over half of European countries — including the UK — do not require childhood vaccination.

As a result, American parents face a system in which compliance is the rule and choice is the exception, enforced through the schoolhouse door. This was an opening to demand change. The commission could urge the White House to call on states to follow Florida's lead by repealing local vaccine mandates. Or it could at least advocate for a moratorium until long-term safety evidence exists. Instead, it simply admits the coercion and moves on.

## Thin Science, Heavy Burden

The report concedes a damning truth:

> Many vaccines on the CDC's [Centers for Disease Control and Prevention] childhood schedule involved small participant groups, had no inert placebo-controlled trials, and had limited safety monitoring, some lasting six months or less.

In other words, generations of children were exposed to products never tested for rare or long-term harms.

Yet the proposed fix seems to double down. The commission says,

> NIH [the National Institutes of Health] will strengthen pre-existing clinical trial networks through engagement with large public and private hospital systems, including the [Department of Veterans Affairs].

That means private institutions — many with deep pharmaceutical ties — will be further embedded in the process. Meanwhile, the FDA is already eliminating "regulatory burdens," scrapping animal testing, slashing trial costs, and fast-tracking products deemed nationally important.

The failures of shallow trials are admitted — but the answer is to accelerate approvals under a framework shaped, in part, by private partners.

## Watching the Watchers

The report hints at reforms to vaccine surveillance, but stops short of spelling them out. VAERS, the Vaccine Adverse Event Reporting System, is described as "not functioning properly," with language that suggests it could be replaced. The report floats the idea that NIH and the Food and Drug Administration (FDA) should "build systems for real-world safety monitoring of pediatric drugs."

But replacing VAERS — and perhaps even the Vaccine Safety Datalink (VSD), whose taxpayer-funded data are largely inaccessible to independent scientists — raises obvious risks. The same agencies that defended liability shields and failed to ensure rigorous trials would remain in charge of the only windows into vaccine injury. Instead of opening surveillance to scrutiny, the system could be buried deeper in federal hands.

The irony is that in the not-so-distant past, Kennedy himself relied on VAERS. While admitting its flaws, he cited it repeatedly in debates over Covid vaccine safety. He also quoted it during local legislative hearings as proof that the Covid vaccine was "the deadliest vaccine ever made." Independent analysts like Dr. Jessica Rose and Steve Kirsch — and even Senator Ron Johnson (R-Wis.) — went further. They extensively used VAERS to highlight alarming safety signals. Their work underscored the value of open databases as early-warning tools. Arguably, during Covid, the failure was not VAERS itself but the medical establishment's refusal to heed what the signals revealed.

The commission could have built on that lesson — demanding public access to VSD and independent oversight free of agency conflicts. Instead, it points toward vague new systems, leaving the future of vaccine monitoring — and the public's right to know — in doubt.

## Industry Shielded, State Conflicted

The report concedes what critics have said for decades:

> The National Childhood Vaccine Injury Act of 1986 … shields vaccine manufacturers from liability for vaccine-related injuries.

At the same time, HHS is tasked with overseeing vaccine safety while also carrying the "conflicting duty to promote vaccines and to defend them against claims of injury." Lawsuits have even revealed that HHS failed to submit the biannual reports to Congress "on how it has made vaccines safer."

This is the heart of the problem. The agency meant to protect children also acts as the industry's chief cheerleader, while manufacturers face practically no liability at all. Any serious strategy would demand that Congress repeal the liability shield outright — or at least divide oversight from promotion so the same body is not both advocate and judge.

Instead, the report punts. It offers only that "HHS, in collaboration with NIH, will investigate vaccine injuries" through a new research program at the NIH Clinical Center.

In reality, that means more studies, more committees, and more delay — not long-awaited justice for families or accountability for manufacturers.

## What About Autism?

The report's autism section retreats into promises of unprecedented medical surveillance:

> Expand the NIH-CMS [Centers for Medicare & Medicaid Services] autism data initiative into a broader, secure system linking claims, EHRs [electronic health records], and environmental inputs to study childhood chronic diseases.

It also points to food dyes, noting only "preliminary evidence" of their link to autism. Missing is any serious call to examine vaccines.

This is striking given that the commission's chairman, Kennedy, built his reputation demanding transparency on the vaccine-autism question. He could have pushed for rigorous studies or release of CDC and other relevant datasets. He did not, only hinting at the upcoming "modernization" of the shots.

The contrast was clear in a Senate hearing held the same day. Toby Rogers of the Brownstone Institute testified (pdf here):

> [As shown in the key study by Dr. Sally Ozonoff et al.], 88% of autism cases are characterized by autistic regression.… This suggests an acute toxic exposure and we now have eyewitness testimony from thousands of parents that the acute toxic exposure that preceded the autistic regression was a "well baby" vaccine appointment.

You can watch a clip of the relevant portion of Rogers' testimony here.

Meanwhile, Children's Health Defense (CHD), the nonprofit Kennedy founded, continues to catalog hundreds of studies and cases linking vaccines and autism. The MAHA report looks away, while testimony and data point toward a radically different path.

## Related:

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