

**BETTER MEALS, FEWER PILLS:  
MAKING OUR CHILDREN HEALTHY AGAIN**

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**HEARING**

BEFORE THE

SUBCOMMITTEE ON HEALTH CARE AND  
FINANCIAL SERVICES

OF THE

COMMITTEE ON OVERSIGHT AND  
GOVERNMENT REFORM

U.S. HOUSE OF REPRESENTATIVES

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- \* Article, *Farm Policy News*, “Farm Bankruptcies Rising in 2025”; sub-  
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- \* Letter, HHS Resignation Letter; submitted by Rep. Simon.

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## ADDITIONAL DOCUMENTS

- \* Questions for the Record: Dr. Dorothy Fink; submitted by Rep.  
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- \* Questions for the Record: Dr. Eve Stoody; submitted by Rep. Grothman.

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# **BETTER MEALS, FEWER PILLS: MAKING OUR CHILDREN HEALTHY AGAIN**

**TUESDAY, SEPTEMBER 9, 2025**

U.S. HOUSE OF REPRESENTATIVES  
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM  
SUBCOMMITTEE ON HEALTH CARE AND FINANCIAL SERVICES  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 2:28 p.m., Room 2247, Rayburn House Office Building, Hon. Glenn Grothman, [Chairman of the Subcommittee] presiding.

Present: Representatives Grothman, Sessions, McGuire, Gill, Krishnamoorthi, Randall, Bell, and Simon.

Also present: Representatives Subramanyam and Crockett.

Mr. GROTHMAN. This hearing of the Subcommittee on Health Care and Financial Services will come to order. Welcome, everyone.

Without objection, I may declare a recess at any time. I do not expect to.

I recognize myself for the purpose of making an opening statement.

## **OPENING STATEMENT OF CHAIRMAN GLENN GROTHMAN REPRESENTATIVE FROM WISCONSIN**

Mr. GROTHMAN. Welcome to the Subcommittee on Health Care and Financial Services and other stuff. Today, we will tackle an important topic, the health and well-being of America's school-children. The current state of American's children's health is not great and for years has been going in the wrong direction. More than one in five Americans over six years old are obese, a 270 percent increase since the 1970s. So, when I am asked to speak to a classroom of little children, I cannot help but noticing that they are clearly much heavier than the children were in the 1970s.

American children are diagnosed with prediabetes at a rate double the rate of 20 years ago, two decades ago. Rates of depression have nearly doubled since 2007. I think if we asked the children when I was in middle school or when I was certainly in elementary school, what depression was, they never would have heard the word. Approximately three million high school students reported suicidal thoughts in the last year. A study shows that youth in the United States are being prescribed psychotropic drugs at a rate significantly higher than our European countries. And I do not know where the numbers are around, the number of kids getting psycho-

tropic drugs in the 1960s or 1970s when I was a child, but back then, I would never have known it was even one of my classmates.

Fifteen percent of American boys and eight percent of American girls have been diagnosed with attention deficit hyperactivity disorder, ADHD, and prescribed daily stimulant pills as a treatment, something else that I did not know was even going on when I was a child, probably because it was not going on almost at all. We are literally giving millions of our children amphetamines and other potent stimulants.

Meanwhile, the modern American childhood bears little resemblance to the childhoods we, ourselves, experienced just a few decades ago. According to the American Academy of Child and Adolescent Psychiatry, American children spend an average of 7.5 hours per day looking at screens. No wonder they—well, we are coming up to the next bullet point.

Numerous studies have found a link between increased screen time and anxiety, depression, obesity, sleep problems, and more. Seventy-seven percent of our youth between the ages 17 to 24 would not qualify for military service without a waiver due to obesity or other health conditions. Isn't that just shocking? We are going to read that again. Seventy-seven percent of our youth between the ages of 17 and 27 would not qualify for military service without a waiver due to obesity or other health conditions. Isn't that scary? It is scary.

Children enrolled in Medicaid or their state's children health insurance program are more likely to be diagnosed with a behavioral health disorder. These are often children from single-parent households due to the lower income qualifications for Medicaid.

The number of child psychiatrists in the United States has grown over 37 percent in the last seven years. The question is, did it help? Our children are struggling with their mental and physical health, all the while being over-medicalized by a healthcare system that does not hesitate to prescribe more pills. Did it help?

On top of that, too many children are not eating the nutrient-dense foods they need for healthy growth and development. Foods that provide important nutrients to the diet, such as fruits and vegetables, dairy, whole and enriched grains, should be encouraged. Instead, children are increasingly being fed ultra-processed foods such as soda, candy, and chips, the makers of which lavish campaign contributions on politicians.

This, in part, is contributing to the childhood obesity epidemic, impacting an estimated 14 million children in the United States. The most recent Centers for Disease Control and Prevention (CDC) study on weight gain trends over time found that the average weight in Americans has increased 24 pounds since 1960. I notice that when I speak at my local schools. I mean, I do not say it, you know, your kids look fat. I do not say it, but I think it.

So, I am glad the Trump Administration, through Health and Human Services (HHS) Secretary Robert F. Kennedy, and United States Department of Agriculture (USDA) Secretary Brooke Rollins are working hard to bring attention to and solve this crisis. On May 22 of this year, the Make America Healthy Again Commission, MAHA, released a 78-page report which covered many of these topics. Well, this report has been needlessly politicized and demonized

by some Democrat politicians—I am sure not my Ranking Member—and mainstream media pundits, I suspect many have not read it. I want to read a small snippet.

“The purpose of this report is radical transparency about our current state to spur a conversation about how we can build a world together where, one, American farmers are put at the center of how we talk about health; and two, the American healthcare system thrives when disease is prevented and reversed, not just managed in a sick-care system.” Sounds like common sense to me that will greatly improve the health and happiness for young children. I am glad Secretary Kennedy is a disruptive force.

Our constituents know that something is deeply wrong with the status quo when it comes to health. Last November—well, I will not make this partisan. But, you know, President Trump, we believe, was given a mandate to improve the health of American children. And people want a change, man. Congress must enact policies which make America healthy again. We would love to have the children as healthy as they were in the 1980s, the 1970s, the 1960s.

I hope my colleagues on the other side of the aisle can agree that what is happening to our Nation’s children is alarming. Our children’s health is not and should not be partisan. Both sides must stand up to the health problems we have in this country and stand up to the processed food industry and make people healthier.

No matter your party, it should be clear that many American children are suffering. Something needs to be done to address the health of our youth. Today, we will hear directly from two Federal experts who are actively working on addressing multifold threats to our Nation’s children. We thank you for being here today. Oh, wow. They look so healthy. They got the right people. We thank them for appearing at today’s Subcommittee hearing and look forward to a productive discussion on this important topic.

Mr. GROTHMAN. I yield to Ranking Member Krishnamoorthi for his opening statement on this topic.

Mr. KRISHNAMOORTHIL. Thank you.

Mr. GROTHMAN. Do you remember when they were all healthier when you were a child?

Mr. KRISHNAMOORTHIL. Yes, sir. Thank you. And I agree with you that we have challenges right now.

#### **OPENING STATEMENT OF RANKING MEMBER**

##### **RAJA KRISHNAMOORTHIL, REPRESENTATIVE FROM ILLINOIS**

Mr. KRISHNAMOORTHIL. Mr. Chair, thank you for convening this hearing. Every day I come to work, I think about what I can do in Congress to ensure that children in this country will have a better future than the generations before them. I am not sure that all the leaders of this Administration have exactly the same mindset. HHS and the USDA have actively contributed, unfortunately, to a worsening health crisis for children in at least two ways, first, by slashing critical programs like Supplemental Nutrition Assistance Program (SNAP) and Medicaid; and second, by undermining public trust in vaccines and medical research that are proven to help keep children healthy.

First, President Trump's One Big Beautiful Bill Act will take away SNAP benefits from countless children, including in families with those over the age of 14. As a child, my family utilized SNAP's predecessor, food stamps, when my own father lost his income in the early 1970s. SNAP, which is the successor program, helped us to get on our feet and afford healthy and fresh food. It is cruel to take away this social safety net from families just to give the wealthiest a tax break.

On top of this, 15 million Americans will lose their health coverage and be left uninsured due to devastating cuts to Medicaid. These Medicaid cuts are projected to close at least 11 rural and inner-city hospitals in my home state of Illinois, making it harder for kids to get the healthcare they need. Health systems that are unable to continue operating will be forced to lay off staff and cut services because of these budget shortfalls. Families will lose access to doctors, medications, and preventive care. The next generation, namely our children, will unfortunately suffer the consequences.

Additionally, Secretary Kennedy and others at HHS have been unrelenting in eroding public trust in vaccines that save children's lives. RFK has made outrageous claims, literally saying that vaccinating our children is "a Holocaust, what this is doing to our country." These outrageously wrong claims are driving states like Florida to remove critical vaccination mandates, even for school children. Even President Trump says the following about vaccines, they are: "Pure and simple, they work. They are not controversial at all, and I think those vaccines should be used." That is what President Trump said. I may never say this again, but RFK should listen to his President.

Protecting kids' health is not new to me. It has been at the heart of my work since I came to Congress. I held Big Tobacco accountable when they began targeting our children with flavored vapes. I began an investigation and helped later introduce legislation to keep toxic heavy metals out of baby food. And I devoted myself to increasing access to mental health services for students no matter where they live by introducing the Connecting Students to Mental Health Services Act.

Any child can see the plain, simple truth here. This Administration's policies are harming our health and jeopardizing our future. If we, as a country, truly care about making America's children healthy again, the first step is holding HHS and USDA accountable for the roles they are currently playing in worsening our children's health today.

Thank you, and I yield back.

Mr. GROTHMAN. Well, thank you. You kind of are in the ballpark, but not—okay.

Without objection, Representatives Subramanyam and Crockett are waived onto the Committee for the purpose of questioning witnesses at today's hearing. Okay.

Now, I am pleased to welcome, so pleased to welcome, our witnesses for today, Dr. Dorothy Fink and Dr. Eve Stody. Dr. Fink is the Acting Assistant Secretary for Health and the head of U.S. Public Service Commission Corps at the U.S. Department of Health and Human Services. Dr. Stody is the Director of the Nutrition Guidance and Analysis Division of the U.S. Department of Agri-

culture. We look forward to hearing what you have to say. I really look forward to it.

Pursuant to Committee Rule 9(g), and the witnesses will please stand and raise their right hand. I will say it again, pursuant to Committee Rule 9(g), the witnesses will please stand and raise their right hand.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Mr. GROTHMAN. Let the record show the witnesses answered in the affirmative. Thank you. You may take your seat. We appreciate you being here today—I really appreciate you being here today—and look forward to your testimony.

Let me remind the witnesses that we have read your statement, and it will appear in full in the Committee record. I am a flexible guy, but please—as you know, right, I am flexible?

Mr. KRISHNAMOORTHY. Yes.

Mr. GROTHMAN. My counterparts say I am flexible. Let me remind witnesses we have read your statement. Please try to limit the statement to 5 minutes.

As a reminder, please press the button on the microphone in front of you so that when it is on, Members can hear you. When you begin to speak, the light in front of you will turn green. After 4 minutes, the light will turn yellow. When the red light comes on, time to wrap it up.

Now, I do not know how we decided this. We flipped a coin. Dr. Fink, we are going to let you go first. Doesn't she look great?

**STATEMENT OF DOROTHY FINK, M.D.  
ACTING ASSISTANT SECRETARY FOR HEALTH, HEAD OF THE  
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Dr. FINK. Thank you, Chairman Grothman, Ranking Member Krishnamoorthi, and all the Members of this Committee for inviting me today to speak on a matter of national importance in our country, focusing on the rising epidemic of chronic disease in our Nation's youth.

First, I would love to tell you a little bit more about myself. I am triple board certified in internal medicine, pediatrics, and endocrinology. Prior to joining HHS, I practiced as an endocrinologist, treating patients with many of the chronic diseases that we will be discussing today. Since joining HHS, I have led the Office on Women's Health, and currently, I am leading the Office of the Assistant Secretary for Health as the Acting ASH.

Addressing chronic disease in children, including obesity, hypertension, diabetes, autoimmune conditions, mental health conditions, and cancer, is a signature priority of President Trump's Administration and Secretary Kennedy's U.S. Department of Health and Human Services. For too long, the public health and medical establishments have described conditions such as type 2 diabetes, hypertension, and obesity as progressive, incurable, and lifelong conditions. Americans are bombarded with advertisements suggesting that medications alone can manage these conditions. Missing from this narrative, and central to Secretary Kennedy's vision,

is the recognition that many of these conditions are preventable and potentially reversible.

Chronic diseases take a heavy toll on children, families, and our economy. But the American people should know that there is hope. We can change the trajectory of these conditions through evidence-based prevention, nutrition, physical activity, and lifestyle interventions.

In my clinical experience as an endocrinologist, I have helped patients, who believe their diseases were irreversible, regain their health and vitality through such interventions. To change the trajectory of chronic disease, HHS is putting greater attention on prevention and research into the root cause of disease.

Promoting lifelong health and nutrition begins at birth, with a goal of exclusive breastfeeding for at least the first six months, with continued breastfeeding as long as the mother and baby desire until two years or beyond. Through Operation Stork Speed, HHS is working to ensure that safe, nutritious, and wholesome formula options are available to every mother, child, and family when supplemental or exclusive formula is necessary for the baby's growth or survival.

As children grow, they are exposed to unprecedented levels of processed foods that are high in sugar and chemical additives. The results are devastating. Approximately 32 percent of adolescents in the United States have prediabetes, and furthermore, 36 percent of children and adolescents have excess weight. Furthermore, American girls are reaching puberty earlier, and boys are experiencing declining testosterone levels and reduced sperm counts compared with previous generations. These trends may be linked to diet, obesity, and environmental exposures, and they demand immediate investigation. The long-term health of future generations depends on our ability to confront these issues with urgency and evidence-based solutions.

The good news is that these outcomes are not inevitable. In fact, they are preventable. To counter these trends, HHS is prioritizing access to whole, nutritious food in schools and communities, updating the dietary guidelines for Americans to reflect gold-standard science, and improving Federal nutrition programs for low-income families in partnership with the Department of Agriculture. HHS is also investing in comprehensive nutrition education, ensuring that physicians and health professionals understand how food impacts health, while equipping families with practical tools for healthy eating.

HHS is also restoring physical activity as a central part of childhood development. By reestablishing the Presidential fitness test and working with schools and families to integrate daily exercise, we are giving children the tools to build strength, endurance, and lifelong habits of movement. These strategies, taken together, may offer an alternative to medications for many children.

Beyond diet and lifestyle, we face new and pressing concerns. The mental health crisis among adolescents has led to increasing use of selective serotonin reuptake inhibitors, or SSRIs, despite the Food and Drug Administration (FDA)'s 2004 black box warning, noting an elevated risk of suicidal thoughts and behaviors in young people. While these medications have benefits, they must be paired

with careful monitoring and expanded access to nonpharmacologic interventions in adolescents that address the underlying causes of depression and anxiety.

Today, we stand at a crossroads. The chronic disease epidemic in our children is the defining public health crisis of our time. By focusing on safe, wholesome food, clean water and environment, nutrition education, and physical activity, we can reverse disease, reduce dependency on medication, and restore hope to millions of families.

Under the leadership of President Trump and Secretary Kennedy, HHS is committed to making America healthy again. With your help and collaboration, we can ensure that America's children are not burdened with lifelong illness, but instead thrive as the healthiest generation in our Nation's history.

Mr. GROTHMAN. Thank you. I was a little bit flexible there, as advertised.

Okay. Dr. Stoody, fire away.

**STATEMENT OF EVE STOODY, PH.D.  
DIRECTOR, NUTRITION GUIDANCE AND ANALYSIS DIVISION  
U.S. DEPARTMENT OF AGRICULTURE**

Dr. STOODY. Thank you, Chairman, Ranking Member, and Members of the Subcommittee, for the opportunity to appear before you today. I am Dr. Eve Stoody. I am the Director of the Nutrition Guidance and Analysis Division at the Center for Nutrition Policy and Promotion within the Food Nutrition Service at USDA. I have served at USDA for over 15 years and have supported the development of the dietary guidelines for Americans since the 2010 edition.

As has been mentioned, a healthy diet is made up of nutrient-dense whole foods, including a variety of protein foods, dairy, vegetables, fruits, and whole grains. Substantial research has shown that when children and adolescents consume a dietary pattern that emphasizes these food groups, they have healthier growth and development and that it sets the stage for better health and disease prevention across the lifespan.

Unfortunately, the state of the American diet is poor. This poor diet has resulted in worsening health outcomes among children and adolescents, which have contributed to increased rates of chronic disease. The healthy eating index, or HEI, is an analytic tool that has been developed by USDA and HHS that measures the quality of the overall diet. HEI scores can range from zero to 100, with a score of 100 indicating alignment with a healthy diet. The average HEI score for children and adolescents 2 to 18 years of age is a 54 out of 100.

Among the top sources of calories in the American diet are desserts and sweet snacks, sugar-sweetened beverages, and chips and savory snacks. These foods illustrate that the American diet is high in added sugars and refined grains. Regarding added sugars, Americans consume about 270 calories, and that comes to about 17 teaspoons of added sugars a day, and intakes can vary substantially. For example, adolescent males consume a range of about 100 to 725 calories from added sugars per day.

For refined grains, intakes are also high, with average intakes ranging from four to seven ounce equivalents per day from foods like desserts, muffins, and chips. Collectively, many of these foods can be described as highly processed or ultra-processed foods. A recent report has found that 61.9 percent of calories consumed by youth were categorized as ultra-processed.

While intakes of refined grains, added sugars, and highly processed foods are high, intakes of vegetables, fruits, whole grains, and dairy are low. As examples, only one to two percent of adolescents meet daily recommendations for vegetables or for whole grains. In fact, on any given day, about half of our youth do not consume a vegetable or a fruit. Intakes of protein food varies. Of note, 78 percent of adolescent females do not consume enough protein foods like meat, seafood, beans, and nuts.

The displacement of nutritious foods by non-nutritive foods has contributed to the current chronic disease crisis. The prevalence of overweight and obesity among children and adolescents is 36 percent, or about one in three. Additionally, about one-third of adolescents have prediabetes. These health concerns have immediate impacts and contribute to an increased rate of developing chronic disease later in life.

USDA is committed to working collaboratively to fulfill President Trump's mandate to make America healthy again. Recently, USDA and HHS partnered to request data and information that will be used to help develop a uniform definition for ultra-processed foods. A uniform definition would allow for consistency in research and policy to pave the way for addressing health concerns associated with the consumption of these foods. We encourage anyone with an interest in this issue to submit comments by September 23 at *Regulations.gov*.

USDA has also already started to take action to ensure healthy families and communities, for example, by issuing state waivers to restrict the purchase of non-nutritious items like soda and candy from the Supplemental Nutrition Assistance Program, or SNAP, and by purchasing millions of dollars in fresh seafood, fruits, and vegetables from American farmers and producers to distribute to nutrition assistance programs across the country.

USDA and HHS are also working together to develop the next edition of the dietary guidelines based on sound science. USDA looks forward to continuing to work together with our Federal, state, and community partners on identifying innovative solutions to support healthy choices, healthy outcomes, and healthy families.

Thank you, and I look forward to our conversation today.

Mr. GROTHMAN. Okay. I guess I am going to start off by giving myself 5 minutes.

First of all, Dr. Fink, you heard my opening statement in which we talked about the huge number of people who are not eligible for military service, right? Did you hear that?

Dr. FINK. Yes.

Mr. GROTHMAN. Do you want to comment on that and how things have changed since I was a child?

Dr. FINK. Sure. Thank you for the question, Congressman. It is horrifying to see and hear the statistics that you shared and that Dr. Stoodly and I shared during our opening statements. When we

discuss that 36 percent of children and adolescents in America have excess weight, it is a tragedy.

Mr. GROTHMAN. How is that compared to 50 years ago? Do you know?

Dr. FINK. Yes, compared to the 1970s, obesity rates have soared. When we look at obesity, it is at least four times higher compared to the 1970s, and then rates of severe obesity have gone up even higher than that. It is—

Mr. GROTHMAN. That is one of the reasons why we cannot get these people in the military?

Dr. FINK. Exactly. And we need to find solutions, and that is exactly what we are doing at HHS under Secretary Kennedy's leadership to really focusing on taking our healthcare system from a sick-care system to a healthcare system where we can address chronic diseases and work to give patients hope, to not just talk about chronic diseases as these lifelong progressive conditions that they require many medications to treat, but instead conditions that we can work far—much farther upstream through physical activity and healthy nutrition.

Mr. GROTHMAN. Okay. Is the problem a lack of food? I mean, I talked to my own doctor, or a doctor they assigned to me or whatever, here. He laughed so hard I thought he was going to cry that President Biden had said that we need greater caloric intake than we have had. Do you think the problem is the lack of calories here?

Dr. FINK. It is multifactorial, most definitely, and, so, food plays a huge role in our health, and that is why we are currently working on the dietary guidelines and ensuring that they are based on gold standard scientific evidence so that every American family across America knows the best foods, and furthermore, they can take steps to reverse their chronic diseases.

Mr. GROTHMAN. We will ask both of you the question. We will start with Dr. Stoody because we want to get her in the mix. Part of this, do you think we should continue to, through the SNAP program, up the number of sugar drinks or processed foods that our poorer citizens are right now consuming?

Dr. STOODY. As I mentioned in my opening remarks, Secretary Rollins has encouraged states to submit waivers to restrict the purchase of non-nutritive items, including sodas, candy. Some states have chosen other options. To date, the Secretary has signed 12 waivers to restrict those purchases, and we look forward to continuing conversations with additional states. That does include states such as Texas, Louisiana, and Florida, who I know are represented here.

And the intent of those waivers is really to increase the purchase of more nutritious items, so allowing those funds to be used to purchase whole, nutritious, and healthy foods. And Secretary Rollins and Secretary Kennedy have been very active in supporting states in pursuing those waivers.

Mr. GROTHMAN. We have seen a dramatic—we are going in reverse here as far as, you know, kids' obesity, kids' prediabetes. I mean, it is scary that over time, we are going in reverse here. Do you think this ought to be a Federal mandate? We ought to change the Federal rules and prevent these kids from eating junk food? I mean, it is going to take a lot of guts to stand up to the processed

food industry. Like I said, I am sure they are very politically active. But do you think the Federal Government should step in and say, no, we are not going to buy any more Pop-Tarts, we are not going to buy any more Mountain Dew?

Dr. STOODY. Well, I will say at USDA, we really feel like agriculture and America's farmers, ranchers, and producers are at the core of the solution, so really supporting getting whole, nutritious, healthy foods to kids. I think how we get to the next phase is similar to what Dr. Fink said. Just as we got here, there are a lot of multifactorial considerations. I think to move—to really change the landscape is going to involve a lot of people. It is going to involve industry. It needs to involve schools, restaurants. It needs to involve a variety of different players to have a meaningful impact, and I think the Federal Government is part of that conversation.

Mr. GROTHMAN. Okay. Dr. Fink, you said the Federal Government is part of the solution. Is that what you just said?

Dr. STOODY. [Nonverbal response.]

Mr. GROTHMAN. Yes, Dr. Fink, do you feel that the Federal Government is part of the solution in changing around what we eat here insofar as we are paying for so much of the food that our kids eat?

Dr. FINK. Absolutely, and empowering families, children to fully understand—you know, when we talk about a third of adolescents with prediabetes, they can reverse that, and they can reverse that through eating better, whole, nutritious foods.

Mr. GROTHMAN. Should the politicians stand up to the junk food lobby and say, enough of this, the children come first?

Dr. FINK. Absolutely, but then also empowering the doctor-patient relationship, and then really working as we are doing through education with nutrition and healthcare professionals is going to help that as well.

Mr. GROTHMAN. Okay. Well, I guess I have been generous enough to myself.

My Ranking Member here, would you like to comment on this or ask questions? We are giving you 5 minutes to ask questions.

Mr. KRISHNAMOORTHY. Six, yes?

Mr. GROTHMAN. And we are being flexible.

Mr. KRISHNAMOORTHY. Six?

Mr. GROTHMAN. I told you I am flexible.

Mr. KRISHNAMOORTHY. Okay. Good. Okay. Okay. Hey, thank you, Mr. Chair, I appreciate it.

Dr. Fink, Jeffrey Epstein and Ghislaine Maxwell were found guilty of running a child sex trafficking ring where they abused at least 1,000 young girls over decades. In a Fox News interview with Jesse Waters, RFK admitted to flying on Epstein's plane, the Lolita Express, at least twice. Dr. Fink, you have never been on Epstein's plane, I take it, right?

Dr. FINK. Thank you for the question, Congressman. No, I have not, and while I appreciate the question, I would really love to talk about chronic disease today.

Mr. KRISHNAMOORTHY. We are going to get to that. Here are the flight logs showing the exact flights that RFK was on with Jeffrey Epstein. Now, RFK is also excusing his friendship with Epstein in the following clip.

[Video shown.]

Mr. KRISHNAMOORTHY. Can you turn up the volume? Okay. I will read the clip here. He said the following in his podcast. "I ran into everybody in New York. I knew Harvey Weinstein. I knew Roger Ailes. O.J. Simpson came to my house. Bill Cosby came to my house." Dr. Fink, you have never socialized with Harvey Weinstein or Roger Ailes, I take it?

Dr. FINK. No, I have not.

Mr. KRISHNAMOORTHY. You never had Bill Cosby or O.J. Simpson to your home, right?

Dr. FINK. No, I have not.

Mr. KRISHNAMOORTHY. In that same podcast, RFK described Ghislaine Maxwell saying, "She was always wonderful to me and, you know, kind." You would not call her kind, would you?

Dr. FINK. Representative, I respect these questions, but I really do not think that this is the time to go into this. We have a chronic disease crisis in our country.

Mr. KRISHNAMOORTHY. You would not call Ghislaine Maxwell kind, would you, who ran a child sex trafficking ring that abused more than 1,000 girls.

Dr. FINK. No, I would not. And I also would say that we have a chronic disease crisis in our country right now, and we need to address it.

Mr. KRISHNAMOORTHY. We have a crisis. We are going to get to that. The fact that RFK hosted and socialized with murderers, sex traffickers, and serial rapists is deeply disturbing. That is why I am going to seek to have this Committee interview Secretary Kennedy under oath about his relationships with Jeffrey Epstein and Ghislaine Maxwell.

Let me turn to my next topic, the 988 suicide hotline. Dr. Fink, you are the Acting Assistant Secretary of HHS, right?

Dr. FINK. Yes, I am.

Mr. KRISHNAMOORTHY. And Substance Abuse and Mental Health Services Administration (SAMHSA) and the CDC are components of HHS, correct?

Dr. FINK. Yes, they are agencies within HHS.

Mr. KRISHNAMOORTHY. This September has been deemed and recognized by SAMHSA as Suicide Prevention Month. The CDC, for three different years under President Trump, namely 2017, 2018, and 2020, concluded that lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) youth are about four times more likely to attempt suicide than their peers. You do not dispute those stats, right?

Dr. FINK. No, I do not. There are also many other stats that we could discuss here today to address chronic disease.

Mr. KRISHNAMOORTHY. SAMHSA reported that in June 2025, nearly 70,000 calls were answered by this LGBTQ youth hotline, doubling the number of calls that had been received just two years earlier. You do not dispute those stats, right?

Dr. FINK. With all due respect, Representative, I do not oversee SAMHSA, and so I am not able to comment on the number of calls.

Mr. KRISHNAMOORTHY. Do you dispute that, though?

Dr. FINK. I—

Mr. KRISHNAMOORTHY. Do you dispute what SAMHSA just put out this June?

Dr. FINK. I am not disputing it, but I am just telling you—

Mr. KRISHNAMOORTHY. Okay. That is what I want to ask you.

Dr. FINK [continuing]. I do not oversee SAMHSA.

Mr. KRISHNAMOORTHY. Okay. Despite this rising demand, when I led a bipartisan letter strongly supporting this hotline, HHS responded that it had ended this specialized hotline, ending this specialized hotline based on anti-diversity, equity, and inclusion (DEI) efforts. You do not dispute that, right? This is your agency, ma'am. We are talking about children—

Dr. FINK. We—

Mr. KRISHNAMOORTHY [continuing]. On the verge of committing suicide.

Dr. FINK. We are here to talk about the metabolic chronic disease epidemic.

Mr. KRISHNAMOORTHY. No, we are here to talk about children as well and their health. And ma'am, let us just be clear. At a time when LGBTQ youth and children are reaching out for help like never before, this Administration is shutting the door. This hearing is about meals and pills, but it should also be, Mr. Chairman, about fewer suicides among our children.

Let me turn to my next topic, and this is about healthy food. Dr. Stoody, USDA dietary guidelines recommend Americans at every stage of life should eat "nutrient-dense foods." That includes, I take it, eating your veggies, right, Dr. Stoody?

Dr. STOODY. Yes.

Mr. KRISHNAMOORTHY. Seemingly at odds with that mission, *Axios* reports that President Trump's economic policies, namely tariffs, have caused wholesale vegetable prices to go up by 40 percent in just one month. And I just went and bought some today with my staff. These peppers and this broccoli at the wholesale level are skyrocketing in prices, Dr. Stoody. You do not dispute that *Axios* reported a 40 percent increase in wholesale prices for vegetables, right?

Dr. STOODY. I am not aware of their reporting.

Mr. KRISHNAMOORTHY. You do not dispute their statistics, right?

Dr. STOODY. I do not have specifics on prices. I am here to discuss in my capacity as an expert on childhood nutrition, but we do have an entire agency, the Economic Research Service, who I am sure could provide more information on this.

Mr. KRISHNAMOORTHY. I am just saying you do not dispute the statistics.

Dr. STOODY. I have no awareness of the specifics—

Mr. KRISHNAMOORTHY. That is better.

Ms. STOODY [continuing]. Of the—

Mr. KRISHNAMOORTHY. You do not have an awareness—

Ms. STOODY [continuing]. Statistics.

Mr. KRISHNAMOORTHY [continuing]. Of it. Dr. Fink, in your testimony, you wrote that HHS priority is to "improve Federal nutrition programs for low-income families," but healthy foods are costing more for everybody at this point. And according to Congressional Budget Office (CBO), this Administration is going to cut SNAP benefits such that at least 300,000 families living with children 14

and older will lose food assistance. You do not dispute that, right, Dr. Fink?

Dr. FINK. Representative, we—as Dr. Stoodly shared, we, between HHS and the USDA, are collaborating to take SNAP to the next level. Our goal is to ensure that children have access to wholesome, nutritious food.

Mr. KRISHNAMOORTHY. And they are losing access, ma'am. They are losing access—

Dr. FINK. With all—

Mr. KRISHNAMOORTHY [continuing]. Because your Administration—

Dr. FINK. With all due—

Mr. KRISHNAMOORTHY [continuing]. Is cutting—

Dr. FINK. With all due—

Mr. KRISHNAMOORTHY [continuing]. SNAP benefits.

Dr. FINK. With all due respect, sir, we are challenging states, as Dr. Stoodly said, to submit waivers so that we do not poison our children with junk food and sugary soda.

Mr. KRISHNAMOORTHY. This is not junk food.

Dr. FINK. I am not saying that.

Mr. KRISHNAMOORTHY. This is going up 40 percent in cost, and you are cutting the supports to buy this stuff.

Dr. FINK. Through the SNAP—

Mr. KRISHNAMOORTHY. I yield back.

Dr. FINK [continuing]. Program, we are offering waivers to states so that they can provide children with wholesome, nutritious foods. And we are really emphasizing that we cannot continue to provide soda and junk food and call that a “nutrition program.”

Mr. GROTHMAN. Thank you much.

Mr. Sessions?

Mr. SESSIONS. Mr. Chairman, thank you very much. And I want to thank the Administration officials who have taken time to be here and are here for the purpose that we are talking about, and that is food security, food safety, and the opportunity for us to make sure that Federal funds are used on foods that do not encourage further diminishment of a person's life.

I am interested and see that, I think it is Dr. Stoodly, your presentation before us, we talked about ultra-processed foods, and then you did not struggle. You just said we are looking for a better definition. What are some examples of ultra-processed foods? Where are these found? Is it something that a family does? Is it taught in schools? What is ultra-processed food?

Dr. STOODLY. Ultra-processed foods is really a topic that has grown in discussions, I would say, in the last decade. There has been a lot of research. One of the prime definitions that has been used in research is one that came from Brazil, and it is called NOVA. The way that foods are categorized within that system and similar systems is the level of processing that they undergo, whether they have additives, flavorings, things like that, colorings, as well as there are considerations around added sugars, added fats, salt.

So, there are a number of definitions, some that are primary. You know, NOVA, I noted, was the primary one. But there has been discussion that some of these definitions are really broad and

that they are including things—like, I think a lot of us, when we think of ultra-processed foods, things like sodas or candy are really front of mind, and they are pretty generally agreed upon as ultra-processed foods. But there are some things like whole grain products, like yogurt, like bagged salads or canned vegetables, that there are questions. Like should those be included in that larger definition of ultra-processed foods?

So, what we are doing in a partnership, USDA and HHS in partnership, is going into that process and trying to understand, when we are talking about ultra-processed foods, what are we talking about? There are some things that really cast a broad net, and is that the net, or is there kind of a subset of that? And those questions are things that we are trying to answer in that conversation.

Mr. SESSIONS. Thank you. The things that are necessary for women who may be pregnant or children that are born before, I guess, we will say the age of ten or twelve, are those generally things that the Department and certainly under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program and certainly maybe at grocery stores, are there guidelines, are there things that encourage women who, in particular, pay attention to children, their nutritional needs, balance? How do people generally understand what would be in a child's best interest? What would be in a mother's best interest? Do you do advertising? Is it at the grocery store? Is it at the pediatrician? I have seen things throughout my life and my children where, when you go, you learn about the importance of a child seat in a car. You get healthy reminders. You do things. And I am around things. I have never seen really advertisement or information for children to get the caloric intake that would be important. How do you get this information out?

Dr. STOODY. I think it is probably all of the above of what you just said. We do have nutrition recommendations for those populations within the dietary guidelines. The 2020 edition was the first that provided comprehensive guidance from birth through older adulthood, so we have that guidance in the dietary guidelines for Americans. And, as we both noted, that work to update the dietary guidelines is underway.

We communicate that through various channels. Dr. Fink is from the Office of Women's Health, so there is work that—communicating healthy nutrition there. We have tools within USDA as well. WIC has a lot of educational components.

I do think, though, you make a very good point that there should be even more. And I think one of the really important parts about this conversation in MAHA is that it is increasing awareness. It is increasing this conversation that childhood nutrition does matter. I think there has been a notion that they are kids, they will kind of grow out of it. I do not really need to think about my diet or my physical activity or other aspects until I am older, until I have a health concern. And I think this conversation has been really important in saying it does matter. It matters for kids. And so, I am hopeful that these conversations continue. I do think, though, that it does require more education campaigns, so that is something that we hope to see as a part of this continuous work on promoting healthy eating within the departments.

Mr. SESSIONS. Thank you. Mr. Chairman, I just want to take just an additional few seconds. I intend to use this opportunity to highlight to me, and I am going to begin putting together something that when we talk to people or send things out or do town hall meetings, I am going to include these things. We have talked about diabetes, but sometimes what I am interested in is, you know, two bananas equal healthy or whatever it might be. And, Mr. Chairman, I would hope that the Members of this Committee would take back something that they can highlight to their constituents and others.

I want to thank you for holding this hearing today and for the expertise that we have here today. Thank you very much. Mr. Chairman, I yield back.

Mr. GROTHMAN. Thank you. I will have to send something out on my email list telling people they got to do better.

Ms. Randall?

Ms. RANDALL. Thank you, Mr. Chair, and thank you to our witnesses for being here today.

You know, for some kids, school is the only place that they can get a nutritious meal. And in 2023, the USDA found that 7.2 million children were at risk of not getting enough food to meet their nutrition needs. And not everyone may believe that it is enough food or enough calories, but there are plenty of kids in this country who are not getting enough food and the right kind of calories.

And for those children, programs like SNAP and TFAP, the Emergency Food Assistance Program, which supports, among other things, the ability for food banks and schools to buy fresh produce from local farmers and school lunch and breakfast programs, they are a lifeline. They are meaningful nutrition for kids so they do not fall asleep in class, so that they can learn, so that they can grow and be healthy.

And as the USDA's Food and Nutrition Services notes on its own website, there are clear associations between food insecurity and poor health, links to chronic disease and diabetes and cancer. Dr. Stoody, what does USDA's research say about the impact of poor nutrition on children's health and well-being?

Dr. STOODY. As noted, poor nutrition has immediate impacts on health. We have evidence around performance in school, but now we are, as we both noted in our remarks, it is extremely concerning that we have such a high prevalence of overweight and obesity, as well as something that has been more recently seen in the literature is that these various factors, poor diet being one of them, low physical activity and other factors have resulted in about one in three adolescents having prediabetes. That statistic, I think, is extremely alarming. So, yes, we definitely see that link.

Ms. RANDALL. Thank you. And what are the long-term effects of physical health, cognitive development, and academic performance of poor nutrition? So, you mentioned immediate results, but long term, what do we see from these kids who do not have healthy food to eat?

Dr. STOODY. It sets a stage for poor health throughout the lifespan. So, it is immediate impacts but also impacts later in life.

Ms. RANDALL. The SNAP cuts included in President Trump's big, ugly bill could result in as many as nine billion fewer meals for

families, for children. The SNAP cuts included are making a huge impact on vulnerable populations, gutting food assistance. Based on what you have just shared with us, I think it is fair to say that H.R. 1, the cuts in that bill will have a detrimental impact on children, not just right now in the immediate, but for years to come, long-term, chronic health impacts that will plague our society.

Dr. Fink, since the big, ugly bill passed, community members I have met with have warned that fewer Americans qualifying for SNAP and Medicaid will lead to fewer schools offering universal free lunches in low-income areas, reducing children's access to essential nutrition. As a pediatrician, is it important for children to have regular access to nutritious food?

Dr. FINK. Thank you, Congresswoman, for that question. As an endocrinologist and as a pediatrician, I can definitely say that having good, healthy nutrition is the cornerstone of developing the best health you have for your future.

Ms. RANDALL. Thank you.

Dr. FINK. And that is why—

Ms. RANDALL. Thank you, Dr. Fink. So, it is safe to say that losing access to consistent and nutritious meals would be harmful to a child's health?

Dr. FINK. Well, what I would like to say is we are actually looking to totally reform these programs because, right now, the N in SNAP stands for nutrition.

Ms. RANDALL. But Dr. Fink, what we are seeing is a cut of funding available for nutritious meals for kids in schools, meals that are often the only available nutritious meal for children from some low-income families. Do you see increased anxiety, depression, or behavioral issues in children struggling with hunger?

Dr. FINK. Food most definitely impacts all aspects of health, and that is why, in collaboration with the USDA and HHS, we are updating the dietary guidelines because, as you can imagine, the dietary guidelines provide all of the information that then schools use to make these decisions for what goes into the meals.

Ms. RANDALL. Yes, thank you. But in the meantime, we are cutting significant funding to SNAP for actual food assistance to children and their families. Do you agree that losing access to consistent and nutritious meals due to cuts in programs like SNAP and TFAP under the big, ugly bill will be harmful to a child's health while, like, recognizing that any of your work to plan and reevaluate is not immediate, but that is forward-looking? So, do you agree that losing access to consistent and nutritious meals would be harmful to a child's health?

Dr. FINK. Right now, we are working in the immediate in terms of getting access—

Ms. RANDALL. So, no.

Dr. FINK [continuing]. To better health for all of America's children. And so, we—

Ms. RANDALL. So, if a child, say, relies on breakfast after the bell, they get their healthy meals at school, and they are not able to access those meals, that child is hungry, would you agree that that is detrimental to that child's health?

Dr. FINK. We are ensuring that schools have the support they need so that they can give the best nutrition to all of their children.

Ms. RANDALL. Thank you for not answering my question. I yield back.

Mr. GROTHMAN. Thank you. We are going to go to Mr. McGuire. Mr. MCGUIRE. Thank you, Mr. Chairman, and thank you to the witnesses for being here today.

This hearing is truly bipartisan, as it is in everyone's interest to ensure American citizens, especially our children, are healthy. I have to commend the Trump Administration, the MAHA Commission, and, of course, the working families tax cut for making efforts to streamline and improve our programs that help kids.

The MAHA Commission report released worrisome data about the health of American children. I would like to take the time to highlight some of the top-line items from the report. And, first of all, this will tie into everything we are saying here, is I think that we need to relook at healthcare, not just for adults, but for children, and that we should have a preventative healthcare system. And by bringing back the Presidential test and things like that, I think it is preventative. Also, you cannot exercise your way out of bad nutrition, and we have to build a strong foundation at a young age.

But we found out that more than one in five children over six years old is obese in America. More than one in four teens have prediabetes, which is preventable. Teenage depression rates nearly doubled from 2009 to 2019. Three million high school students seriously considered suicide in 2023. You know, during the Depression when we had tough time in our country, and in World War II when people were losing family members, depression rates were not where they are today. Even though we are most educated today, we are wealthier today than ever, our children are not as healthy as they once were or should be. Dr. Fink, in your opinion, does living in a sedentary lifestyle contribute to the likelihood of a child being included in one of the previous statistics I mentioned?

Dr. FINK. Yes.

Mr. MCGUIRE. And Dr. Fink, how does a sedentary lifestyle impact mental health?

Dr. FINK. There are so many factors, but when our children's youth are tied to a screen all day long, and they are not being active, they have a buildup of fat in their bodies, right? You are not eating right, you are not active, you have excess body weight. Through excess body weight, you start making extra hormones, and you have all sorts of metabolic impacts that impact every aspect of your body, including the developing brain.

And so, we most definitely want to make considerations for how we can get our kids active, which is, as you said, bringing back the Presidential fitness test, and just really challenging families to become active is the way we need to go.

Mr. MCGUIRE. Well, I think you just said it, but President Trump recently signed an executive order that reinstates the Presidential fitness test, which was phased out by President Obama in 2013. Dr. Fink, how do you believe the reinstatement of the Presidential fitness test will benefit school-aged children?

Dr. FINK. Well, speaking from someone who did the Presidential fitness test as a child, it is really a fun experience to get together

with your classmates and do those exercises and challenge yourself to get better each year.

Mr. MCGUIRE. Yes, I mean, it is really an education on how to prepare and take care of your body and mind the rest of your life. And people that work out, statistically, are less likely to be depressed.

Dr. Stoody, an estimated 70 percent of American diets come from ultra-processed sources. What problems can ultra-processed foods cause for children who consume them on a regular basis?

Dr. STOODY. I think it is really around the overconsumption of ultra-processed foods, and there has been research that suggests and kind of gets—tries to look at what are those mechanisms. There has been studies suggesting that overconsumption of ultra-processed foods have been associated with higher body weight, increased risk of different risk factors associated with disease.

There are a number of reasons why that may be. Is it because they are high in added sugars, added fat, added sodium? Is it because they are low in fiber? Is it because they are displacing healthy foods in the diet? I think it is probably many different things, but we do see a relationship between over-consumption and risk, including in childhood.

Mr. MCGUIRE. You know, lack of healthy food is a concern in my district, which is very rural, and I would ask both of you, how can HHS, how can USDA work together to expand successful community-based nutrition programs in my district, either one of you?

Dr. STOODY. Actually, I will take this opportunity to just mention that, today, Secretary Rollins has announced farm-to-school grants for Fiscal Year 2026 that are—they will be coming soon, so she has made that announcement, but we think that is a really important way to get locally raised or locally produced foods into child nutrition programs.

Mr. MCGUIRE. Thank you. I yield back.

Mr. GROTHMAN. Mr. Bell.

Mr. BELL. Thank you, Mr. Chair, and our witnesses for being here today.

Speaking of preventable, over the past seven months, we have witnessed a concerning and dramatic shift in public health policy under the leadership of RFK Jr. at the Department of Health and Human Services. This overhaul has included the removal of CDC Director, the Vaccine Advisory Committee, and now the widespread promotion of misinformation. The consequences of these actions are real and alarming, and the health of the American people, especially our children, face significant risk.

One of the most pressing threats is the growing antivaccine rhetoric that undermines decades of scientific consensus and lifesaving health policy. Vaccines have long been one of the most effective tools in preventing disease. Currently, the CDC recommends over 15 childhood vaccines to protect against deadly illnesses. Some of the diseases these vaccines help prevent include influenza, measles, and polio, to name just a few. The CDC has found that from 1994 to 2023, routine childhood vaccinations in the United States are estimated to have prevented over 508 million cases of illness and more than 1.1 million deaths.

Before widespread vaccination efforts, diseases like polio infected over 457,000 Americans causing severe paralysis and life-threatening effects. Today, polio remains a risk in only communities with low vaccination rates.

Diseases like measles, which once caused over 880,000 deaths globally, have become increasingly rare. Research shows that with proper vaccination, the measles vaccine is up to 97 percent effective.

Yet, we are now seeing a resurgence. Over 1,400 measles cases have been reported in the United States this year across 42 jurisdictions under your watch. Reports from the CDC and John Hopkins have shown a decline in vaccination rates from 2024 to 2025, a trend that, if left unaddressed, will have catastrophic consequences. We are not living in the early 20th century, and we cannot allow disinformation to drag us backward.

Vaccinations are not new, and the science supporting them is clear, consistent, and decades strong. The current efforts under RFK Jr. to attack the use of vaccines is irresponsible and endangers the public health of our most vulnerable populations. Public health should never be a political tool, especially when the facts are so clear.

So, Dr. Fink, as a physician, you do believe in scientifically backed medical practices such as vaccines, correct?

Dr. FINK. Thank you, Congressman. As a physician——

Mr. BELL. That is a real simple question because I do not have a lot of time. You do believe in scientifically backed medical practices such as vaccines, correct?

Dr. FINK. I need to clarify that because, of course, as a physician, I vaccinate my patients.

Mr. BELL. Okay. And you believe——

Dr. FINK. Of course.

Mr. BELL [continuing]. In that medical——

Dr. FINK. Absolutely. And as a mother——

Mr. BELL. Okay.

Dr. FINK [continuing]. I want to tell you——

Mr. BELL. And so, you agree that vaccines save lives, right? These are easy.

Dr. FINK. Absolutely.

Mr. BELL. These are softball.

Dr. FINK. Absolutely——

Mr. BELL. Okay.

Dr. FINK [continuing]. Save lives.

Mr. BELL. Well, that is great. Dr. Fink, and do you agree that when communities are ill-informed, that it makes it harder to make rational decisions regarding their health?

Dr. FINK. Communities deserve to have the best gold-standard evidence-based information so that they can have——

Mr. BELL. And when they do not get that information, it is harder to make a rational decision.

Dr. FINK. Absolutely.

Mr. BELL. Okay. After her firing, Dr. Monarez wrote in *The Wall Street Journal*, “If we stay silent, preventable diseases will return, as we saw with the largest measles outbreak in more than 30

years, which tragically killed two children.” I ask for unanimous consent to enter into the record Dr. Monarez’s full op-ed.

Mr. GROTHMAN. Okay. So entered.

Mr. BELL. Thank you. I yield back.

Mr. GROTHMAN. Okay. Mr. Gill.

Mr. GILL. Thank you, Mr. Chairman, for hosting this hearing, and it is good to know that we have an Administration that is prioritizing making America healthy again and fighting for children who want safe, healthy food and for Americans, and I think that that is refreshing, so we really appreciate this.

Dr. Stoody, I have got a few questions for you. First of all, what is health equity?

Dr. STOODY. It is the consideration that all individuals have equal access to healthy foods or different aspects of the health system.

Mr. GILL. I think all individuals should ideally have access to healthy food. Do you think that that should be the central lens through which we look at health?

Dr. STOODY. It is certainly an area of research and discussion.

Mr. GILL. But the central lens, do you think that that makes sense?

Dr. STOODY. You are relating to the work of the 2025 Dietary Guidelines Advisory Committee that the previous Administration did ask them to conduct their review of evidence with a health equity lens.

Mr. GILL. Are you familiar with this article entitled—it was from the *American Journal of Clinical Nutrition*. It is called “Addressing misinformation about the Dietary Guidelines for Americans.”

Dr. STOODY. Yes.

Mr. GILL. Okay. And were you an author of this article?

Dr. STOODY. Yes.

Mr. GILL. Okay. I thought so. Your name is on the top. It is the second author. One of the statements in this says, “In addition, HHS and USDA have prioritized health equity as the central lens through which all scientific questions will be considered in the 2025 Dietary Guidelines Advisory Committee (DGAC).” Do you think that that makes sense?

Dr. STOODY. That was the request from the Administration, and that was carried in through the charge to the committee.

Mr. GILL. But do you think that this is a proper way to go about promoting nutrition?

Dr. STOODY. It is one of the discussion points that—I mean, it is one of the topics that is being discussed.

Mr. GILL. Well, I am asking if you think that this is a proper way of going about promoting nutrition in the United States. Your name is on this article.

Dr. STOODY. My perspective on that is, I think it is good to look at evidence in all ways, and that can include through that perspective.

Mr. GILL. Do you think it should be the central lens?

Dr. STOODY. I did not—that was the request from our Administration that—

Mr. GILL. But you do not think that that is—

Ms. STOODY [continuing]. Is the charge.

Mr. GILL. You do not think that that is proper?

Dr. STOODY. I did not write the specific charge to the committee, so.

Mr. GILL. Well, your name is on the article.

Dr. STOODY. It is—yes, and—

Mr. GILL. It is an article.

Dr. STOODY. Yes, and the article is talking about what the request was to the 2025 committee.

Mr. GILL. And I am asking you if you think that that is a proper lens to view nutrition through.

Dr. STOODY. I think it is a lens that you can view nutrition through.

Mr. GILL. Right.

Dr. STOODY. I do not think it is the only one.

Mr. GILL. But is it a proper lens? Well, this says central lens.

Dr. STOODY. Again, as a career employee in the Department of Agriculture, I implement the requests of our administration. And that was, at the time with the Biden Administration, the request with the—

Mr. GILL. Right, but we have a new Administration with different priorities that do not include DEI and health equity. Do you think that this is a proper way to view nutrition?

Dr. STOODY. I think it, as I have mentioned, that it is appropriate to look at literature in every—

Mr. GILL. So, you are not going to answer the question, respectfully. We can move on then. I thought that that would be a simple one.

You are familiar with the scientific report of the 2025 Dietary Guidelines Advisory Committee. Is that correct?

Dr. STOODY. Yes.

Mr. GILL. And you are familiar with the members who wrote that, who were on the Dietary Guidelines Advisory Committee, right?

Dr. STOODY. Yes.

Mr. GILL. Got it. One of the things in this same article, which you wrote, as a bit of, you said, misinformation, which you are attempting to dispel, is that there are no conflicts of interest. Is that correct?

Dr. STOODY. The discussion is that conflicts of interest is considered—was considered in the process to establish the Dietary Guidelines Advisory Committee. I think conflicts of interest, whether real or perceived, is an extremely important conversation in nutrition science.

Mr. GILL. Right. One of the members of that committee is a man named Chris Gardner. He is a practicing vegan. He is an environmentalist activist, receives funding from a company called Beyond Meat, which is trying to run cattle producers out of business, wants to move toward plant-based diets. Do you think that that is a conflict of interest, that he is on this panel, advising the United States in an official capacity about what foods are nutritious and what are not whenever he has an obvious financial interest in Beyond Meat?

Dr. STOODY. I am not—I will say that conflicts of interest were reviewed by our—

Mr. GILL. I am just asking if it is a conflict of interest.

Ms. STOODY [continuing]. Office of Ethics within the Department of Health and Human Services who chartered the committee. I think that those things should be disclosed and discussed. And the Department—the administration was aware of those affiliations.

Mr. GILL. So, that is a conflict of interest? Is that your testimony?

Dr. STOODY. I am not an attorney in ethics.

Mr. GILL. Neither am I, but it is pretty obvious, isn't it?

Dr. STOODY. Well, if you are talking about financial conflicts of interest, that is something that our ethics attorneys review and assess. So, I do not do that review of our members in that process. We do have individuals who support.

Mr. GILL. So, your testimony is that you do not know if this is a conflict of interest or not?

Dr. STOODY. Well, I will say—I mean, there are processes, and I think part of what—

Mr. GILL. It is just a yes or no question.

Ms. STOODY [continuing]. The conversation is with MAHA is should those processes be stronger?

Mr. GILL. Right, it is just a straightforward yes or no question. Is this a conflict of interest, or is it not?

Dr. STOODY. It could be—

Mr. GILL. That somebody who is—

Ms. STOODY [continuing]. Perceived as a conflict of interest—

Mr. GILL [continuing]. Advising us—

Ms. STOODY [continuing]. Yes.

Mr. GILL [continuing]. On what is—

Dr. STOODY. I will also say—

Mr. GILL [continuing]. Nutritious food has a financial interest in a business that is trying to run cattle producers out of work.

Dr. STOODY. Again, I will say that that is reviewed by our legal counsel—

Mr. GILL. I yield my time back. It is fine.

Ms. STOODY [continuing]. Looking at conflict of interest.

Mr. GROTHMAN. Thank you.

Ms. SIMON. Thank you. Thank you, Mr. Chair, and thank you, Ranking Member. And I really appreciate this discussion for many reasons.

And after hearing parts of the discussion, you know, I believe many of us would contend that the greatest threat to public health in the United States today is not a virus, it is not a chronic disease, but in fact, the leadership of Secretary Robert F. Kennedy Jr. Under his watch, our Federal health institutions are collapsing. He has forced out leading physicians and scientists with expertise on vaccines and infectious diseases. He has politicized the CDC and has undermined a trust in science at the very moment when families most need facts, not politics. Now, this is reckless, and it is dangerous, and it is costing lives in real time.

On September 3, 2025, more than 1,000 current and former HHS employees took the extraordinary step of demanding Secretary Kennedy's resignation, 1,000. Mr. Chair, I ask unanimous consent to enter that letter into the record.

Mr. GROTHMAN. Go ahead.

Ms. SIMON. Thank you, sir.

Secretary Kennedy should have never been confirmed. His leadership is a direct danger to the very health of every family in this Nation, and I join in calling for his resignation.

But families face an even more sinister threat in real time. That danger is hunger. And cuts to SNAP and Medicaid will unleash what some have called the most considerable shock to public health in modern history. In California's 12th congressional District, my district, approximately 9,000 adults could lose SNAP. Nationwide, nearly 40 million people rely on this program. Two-thirds of them are children, are seniors, are people with disabilities.

In my district, I met a mother of three who told me, right now, before the cuts actually take place, she says, "I water down my kids' milk so that it lasts to the end of the month." She said, "I go to school, I go to work, and still, at the end of the month, my children go to bed hungry." Now, that is not a policy or poverty by choice. That is a working parent doing everything right, holding down a job, raising kids, studying to build a better life, and still unafraid to keep going, but unable to afford groceries. Families like hers are, in fact, feeling abandoned all over the country, left out into the cold, and following every rule, but met with the reality that her government will continue to look the other way.

These attacks are ripe while grocery prices soar. If you have been in a grocery store any time in the last week, you know, you know, while the rent takes half of most poor families' paychecks, while corporations raise prices faster than wages, a mom working full-time as a second grade teacher, or a mom working retail, or at a reception desk, or a student trying to hold down two jobs, trying to feed her children and paying the rent, ended up at the end of the month far from in the black. SNAP is the difference between food and hunger. Cut it, and families will go hungry.

We know what comes next. You have mentioned it. We know what comes next when children are hungry. Children face worse health outcomes, and those health outcomes live and linger with them throughout their lives when they grow up in hunger. Poverty reproduces itself. It becomes permanent with empty stomachs and untreated illnesses. That is fact.

So, I ask—and thank you, both of you, for being here—Dr. Stoody, is it not true that children deserve safe and healthy meals every single day, including food that is grown locally?

Dr. STOODY. Yes.

Ms. SIMON. Thank you. I agree. I agree. And again, I thank you for being here.

So, then, I would have to ask all of us, including our wonderful panelists here today, then why—and we talked about the new grant programs coming out and would love to hear more about those. So then why, in March 2025, did USDA cut more than \$1 billion in planned funding for local school meals and food banks? Why did we cut local food for schools' Cooperative Agreement Program? And why did we cut Local Food Purchase Assistance programs?

I would ask that you agree with me that children need more than slogans. They need food in their stomachs. I would love an answer from both of you if we have some time. And the question was, why did we cut those programs?

Dr. STOODY. Thank you for the question. I will just note that, as mentioned, I am here in my capacity related to an expert in childhood nutrition. I am happy to take your question back, though, and we can get you a response related to that.

Ms. SIMON. I appreciate that. Thank you, ma'am.

And with that, I would yield my time. But before yielding, I would say, as someone who grew up, was a young mom, I had WIC, and it is an amazing program. I was in college with my kid, and even with WIC, even working half-time, in college full-time with a baby on my hip, I still had to put food back at the checkout counter. It is expensive being poor.

If we want to create a nation of healthy children, we would be expanding these programs instead of cutting them. We would be expanding school lunches instead of cutting them. We would ensure that every low-income family in this Nation had what they needed to make sure that their children went to bed with full stomachs.

And I yield back. Thank you, Chairman.

Mr. GROTHMAN. First of all, I would like to thank Secretary Kennedy and bring it back to him for standing up to the drug companies and standing up for the pharmaceuticals. This is what happens when you take on a special interest. But next one up here, Mr. Subramanyam.

Mr. SUBRAMANYAM. Subramanyam, thank you.

So, let us be clear the dismantling of SNAP and Medicaid is not making any kid healthier in this country, I mean, especially when you are also dismantling the very agencies that are tasked with child nutrition. We are talking about USDA, we are talking about HHS, we are talking about firing experts at these agencies that have a long, deep expertise in these fields. And, you know, what happens when you do cut SNAP and Medicaid is malnutrition, developmental issues, developmental delays, long-term chronic health issues. That is what happens instead.

And I want to focus especially on what is going on at the USDA, though, because in 2019, they tried to move two offices at the USDA, National Institute of Food and Agriculture (NIFA) and Economic Research Service (ERS). And what ended up happening is that these agencies lost a ton of expertise. They lost half their staff, a lot of their experts, and they ended up not having the ability to get out grants and loans that institutions needed to do their research.

And now there is a proposal on the table to move all of USDA away from this region. And think of the impact that had on those two offices. Multiply that by 100. Think about all the farmers that will suffer, all the kids that will suffer, all the work that will suffer because of that and at a huge expense to taxpayers.

And so, Dr. Stoody, is it true that employees at USDA were sent a survey on the potential move away from the region?

Dr. STOODY. There is an open public comment period related to the reorganization, so I can speak to that. But beyond that, I do not have additional comments in my capacity. But again, we would be happy to take that back and get any responses to you.

Mr. SUBRAMANYAM. So, were USDA employees sent a survey about a potential move?

Dr. STOODY. We were—we have been encouraged to provide comments.

Mr. SUBRAMANYAM. You have been encouraged to provide comments?

Dr. STOODY. Yes.

Mr. SUBRAMANYAM. Okay. Because I was told by a USDA employee in your office that they were actually asked about this move. And what was interesting was then they were asked to put their name on their comments as well. Do you think if someone requested or said that they did not like the move and put their name on it, that there would be any retaliation to that employee?

Dr. STOODY. Again, I am here in my capacity as a nutrition expert. I do not have specific comments to this.

Mr. SUBRAMANYAM. I am not laying blame for what is going on, on you. But I am just saying, generally, that I have many USDA employees in my district, and they are very concerned about this. And again, in 2019, when they moved those two offices, NIFA, ERS, those two offices, they do research mostly. Is that correct? Do you know the—can you tell us?

Dr. STOODY. Yes.

Mr. SUBRAMANYAM. They do economic research, right?

Dr. STOODY. Yes. Yes.

Mr. SUBRAMANYAM. And so, it was just economic research. But now you talk about USDA also administers SNAP benefits, correct?

Dr. STOODY. Yes.

Mr. SUBRAMANYAM. And what else does USDA do for children? Your office does nutrition guidance. Is that correct?

Dr. STOODY. Correct.

Mr. SUBRAMANYAM. Great. And any other functions at USDA that you think are worth mentioning here today?

Dr. STOODY. Related to child nutrition?

Mr. SUBRAMANYAM. Yes.

Dr. STOODY. Our child nutrition program that supports school meals, our special Supplemental Nutrition Assistance Program for women, infants, and children, so WIC, they are all within USDA as well.

Mr. SUBRAMANYAM. So, would you say your office does a lot of important work?

Dr. STOODY. Yes.

Mr. SUBRAMANYAM. This is the easiest question you will get today.

Dr. STOODY. Yes.

Mr. SUBRAMANYAM. What if you lost half of your staff? Would you be able to do the same amount of work or quality of work?

Dr. STOODY. I cannot speak to specifics across the agency.

Mr. SUBRAMANYAM. Very diplomatic answer. I think if I lost half of my staff, I would not be able to do the same quality of work.

But I will just end with a story from a constituent. She is actually a farmer. And she says that “Farming is already an extremely challenging profession. And these changes at USDA make it even harder for us to continue feeding hundreds of millions of people each year. Farmers need stable and reliable access to the financial and technical resources required to farm. This year’s funding freezes, programmatic cancellations, and staff downsizing at USDA

have already impacted my farming operation by canceling critical grants. The proposed 'reorganization' is not only unnecessary, it will only compound these problems for farmers all across the U.S." Sometimes our constituents say it better than we can.

And I will say that I will continue to stand up and fight against this USDA relocation.

I yield back.

Mr. GROTHMAN. Okay. Ms. Crockett.

Ms. CROCKETT. And Mr. Chair, before I begin, I do have two UCs that seemingly work really well right here. One says "Farm bankruptcies in 2025 already exceed 2024 levels." That is from *Hoosier Ag*. And the second one says, "Farm bankruptcies rising in 2025."

Mr. GROTHMAN. Okay.

Ms. CROCKETT. All right. The reason that I wanted to talk about farming is because it seems like we think that we can talk about things in some sort of vacuum. You cannot talk about healthy children if you do not talk about whether or not they have money to access any food, whether it is good or bad. Some would argue that if you do not have money to access food at all, whether it is good or bad, it is probably bad for the child to not have anything in their body.

The reason that those on my side of the aisle keep bringing up these cuts is because we know that we already have a hunger problem in this country. Considering the fact that we have a hunger problem in this country, it is now only been compounded by the poor policies of this Administration and House Republicans, as well as Senate Republicans.

You see, I do not believe that you can just have a mantra where you say, "Make America Healthy Again", without actually doing the work because, as the good book says, faith without works is dead. So, let us talk about the work that really needs to be done.

Number one, it is in policy, policy that does not look like ridiculous tariffs that unfortunately now have our farmers going under. In fact, to be very specific, farm bankruptcies are up 55 percent compared to 2023, which minimizes the amount of food that we do have that will be available, and ultimately, that food will be more expensive because that is simple economics. Yet at the same time, the \$6 a day that people get to eat, that is going away.

And besides the SNAP benefits themselves, we are talking about those kids that only get their food at school. And we are able to set the guidelines for whether or not that is healthy food or not.

The reality is that I am so disturbed because, under this Department of Health and Human Services, literally, they have become the threat to the American people. Serving from the State of Texas, unfortunately, we had to endure the very beginning of the measles outbreak. For the first time in 20 years, children are dying. That does not look like making us healthier again. In fact, a lot of people want to talk about measles, but the plague is back now. We had our first contact of that, that recently came out. And we know how the Secretary feels about polio. Polio may end up coming back.

Right now, President Trump, Secretary Kennedy, and congressional Republicans are perpetuating the most significant public health attack on Americans ever. In just a few months, they have diminished HHS' ability to respond to outbreaks and emerging

health threats. They have dismantled teams that ensure Americans are consuming safe foods. They have weaponized the Federal Government against universities performing world-class research. They have implemented the most significant cut to healthcare in American history.

These people hate it when American families have access to healthcare. They hate it when American families have access to healthy foods. They hate it when American families have access to affordable housing. They hate it when American families have access to affordable childcare because these people simply hate America.

Nearly everything they have done makes Americans less safe and less healthy. The consequences of their actions are simple. More children will die and have. More children will go hungry. More children will live in extreme poverty. More children living with disabilities will lose access to school-based therapies and services.

So, Dr. Fink, you are here to rubberstamp this agenda, an agenda that is so unpopular the Republicans are deciding to cheat in next year's elections. But nevertheless, let us talk about it. Dr. Fink, in 2021, you provided a presentation at the University of North Texas Health Speakers Bureau titled "Women's Health." Do you remember that, yes or no?

Dr. FINK. Yes, I do.

Ms. CROCKETT. Well, during this presentation, you spoke at length about the importance of vaccines. In fact, one of your slides stated, "Clusters of under-or non-immunization have the potential to foster transmission of vaccine-preventable diseases, including measles." Is this a slide from your presentation, yes or no?

Dr. FINK. I have not reviewed that presentation recently, so I am——

Ms. CROCKETT. So, we are going to go you do not know. You work under someone who has become the face of the antivax movement. So, who is right, you or the Secretary?

Dr. FINK. Thank you so much for that question.

Ms. CROCKETT. You or the Secretary?

Dr. FINK. I would like to tell you that Secretary Kennedy——

Ms. CROCKETT. You or the Secretary?

Dr. FINK [continuing]. Is challenging us to use the gold standard——

Ms. CROCKETT. So, you are going to filibuster, and I only have 25 seconds. So, I am going to go with you assume you, but you know that he is your boss.

This Administration has lost all credibility with the American people and our global partners. No one believes you care about improving health outcomes when you are slashing National Institutes of Health (NIH) research into Alzheimer's disease, women's health, cancer, and diabetes. No one believes you care about public health when you cut programs that support maternal and child health and eliminate Healthy Start. No one believes you care about children when you implement the largest cut to Medicaid in history. Americans know the truth, and the truth is that this Administration, with the help of congressional Republicans, has unleashed the most

significant assault on public health in American history. The people will die as a result.

I yield back the remainder of my time.

Mr. GROTHMAN. Okay. Pursuant to Committee Rule 9(c), the Majority and Minority shall each have five additional minutes to question the witnesses. Do you mind if I let you go first, Mr. Bell?

Mr. BELL. That would be nice, Chair. Thank you. I have two UCs, but first, a quick question, Dr. Stoody. Correct me if I am wrong, but health equity, equity actually talks about everybody, correct?

Dr. STOODY. Correct.

Mr. BELL. And poor White kids would be included in equitable outcomes. Is that correct?

Dr. STOODY. Correct.

Mr. BELL. Poor Black kids, poor Hispanic kids, poor Asian kids would all be included in equitable outcomes when we are talking about health equity. Is that correct?

Dr. STOODY. Yes.

Mr. BELL. I find it very interesting that my colleague insinuated, Dr. Fink, that your Administration under RFK Jr. does not care about or does not prioritize health equity when we are talking about everyone.

Mr. Chair, I ask for unanimous consent to enter into the record an op-ed from nine former CDC directors who served under both Republican and Democratic Presidents titled, "We Ran the CDC: Kennedy is Endangering Every American's Health," as well as a report from my colleagues on the Senate side, Senator Wyden and Senator Alsbrooks, which details the chaos and corruption of Secretary Kennedy's leadership.

Mr. GROTHMAN. So entered.

Mr. BELL. Thank you. And I yield the remainder of my time.

Mr. GROTHMAN. Okay. A couple of comments and some questions for Dr. Fink. First of all, I just did a little check here. We right now have about four times as many people on SNAP as we did 20 years ago. I do not know what you want to do with that statistic, but it is illuminating.

Now, Dr. Fink, could you comment a little on the massive increase on pharmaceuticals going to young people today? And are you working at HHS or FDA to study the impacts on this massive increase in pharmaceuticals our young children are having?

Dr. FINK. Thank you, Congressman, for your question. Absolutely. Our children's youth are now, more than ever, receiving way too many medications instead of focusing on lifestyle changes first, which means focusing on what we are here today to focus on, which is fewer pills and better meals.

When you think about mental health, we have our children's youth survey that comes out of the Department of Health and Human Services. Of the children who experience mental health and behavioral health conditions, over half of them receive medications for these conditions.

Mr. GROTHMAN. Oh my god.

Dr. FINK. We need to look at the treatment regimens that we have, and we really need to work with our families, work with our schools, to think about what are the root causes of these conditions.

And when I share that—and I think it is unfortunate this entire discussion has really missed out on the crux of what we are here today to talk about, which is that we're at a crossroads in our country. And Secretary Kennedy is the bravest Secretary in our country's history to take a stand and say, we will not stand for chronic disease in our country anymore. We are not just going to sit back and watch these obesity rates grow at such tragic ways that our children are going to be the unhealthiest generation of our lifetime. We are committed to saying we are no longer content with a sick healthcare system. We are no longer putting Band-Aids on every condition that comes forward.

And when someone comes to see you in the doctor's office, you know, saying I am depressed, here is your pill, we cannot do that anymore. Now, that is not to say that there are medications that are important, and, as a physician, I use medications all the time, but we have to go to the root cause and really treat each patient individually and not treat them as a cookbook where we say, you report symptom, here is your pill, have a good life, you can consider stopping this medication at the end of your life, which will be much shorter because we never addressed your chronic disease.

Mr. GROTHMAN. Thank you. I have a very high opinion of Secretary Kennedy. He is standing up to the drug companies. He is standing up to the junk food industry. And believe me, we all know the establishment is going to fight back. And I appreciate what you are doing along with Secretary Kennedy. And I know it has got to be difficult, but I will give you one more quick question. When you saw patients in your practice, how did you work to reverse chronic diseases such as obesity and diabetes?

And I will mention again, as someone who goes to my local schools, it is obvious that the young people today are heavier than the young people when I was a child. When I look at people who travel around the world, it is obvious to them that America's children are fatter than the children in India or the children in Italy or the children in Sweden. It is obvious. And people ought to care about that, and they ought to demand a little bit of disruption and a different sort of leadership in the Department than they have had the last 20 years as American kids get worse.

But could you let us know what you did to try to reverse obesity and diabetes in young kids?

Dr. FINK. Absolutely. And, you know, it is not just in children, it is in adults as well because unless we treat adults as well in the same way we are treating children with reversing chronic disease, we are not going to make headway because of all the habits that are within families.

And so, when I treated patients, I would not just say, okay, you are here for diabetes, alrighty. What are your blood sugars? Alrighty, check, check, here is your medicine, go have a good life. You know, we, as physicians, we ask questions in terms of what they are eating, when they are eating, how they are eating, when they are exercising, and empowering with patients to have them check their blood sugar an hour after they eat to realize how a given food impacts them because all of us respond differently can work magic because they see how foods directly impact their blood sugar levels.

And when you empower them to really see how food, as well as movement—because another, I hope, you know, someone had mentioned earlier, you know, about what they could take back to the people of your states. You know, even walking after eating, more and more research shows that your blood sugar level goes down after you eat very quickly when you have walked right after eating. Doing these simple measures can make profound impacts. So, rather than just saying, oh, great, you have come back for your follow-up visit with me for diabetes, blood sugars are still high, let us increase the insulin. It is more so how can we change what you are eating so that you do not have blood sugar fluctuations up and down all day.

And so, my message for you today is there is hope. And through Secretary Kennedy's leadership, we are now encouraging medical schools and the accreditors to include nutrition in our education so that physicians and other allied health providers are empowered to give this important information to their patients to change health outcomes.

Mr. GROTHMAN. Thank you very much. Do you want a closing remark? Do you want to comment?

Mr. BELL. Sure. I am encouraged to hear that solving childhood obesity is a priority and that it is considered brave—I think that was mentioned—and that the goal is to see a decline in obesity rates. I think that is commendable, and so I want to give credit where credit is due. Michelle Obama introduced Let's Move in 2008, which was ridiculed by many of my Republican colleagues. And so now, to see RFK Jr. in a circuitous way, I should say, to speak on that, if he is the bravest, I think he would have to be second in line to the individual former First Lady Michelle Obama, who initiated that initiative in the first place.

The concern that we have is that it is important that we follow the science and we follow what the data tells us and what the data shows us. And we have to be consistent with it. We cannot pick one or two issues that everyone agrees on and claim to be a champion when we are looking at diseases that are preventable, but that endanger lives, having a resurgence because of messaging and policy decisions that are being made.

And so, I hope that, as Americans, not just Republicans or Democrats, we can start looking at these issues through a bipartisan lens. And if we are really serious about obesity, if we are really serious about healthcare and making folks healthy, then let us actually follow the data and the science and do that as opposed to some of these fringe conspiracy theories that are being given light and given a platform because of RFK Jr. If RFK Jr. is so brave, then stand up to these conspiracy theorists that he seems to empower and tell the truth. Tell the American people the truth. Lives depend on it.

I yield back.

Mr. GROTHMAN. Thank you. One more comment on—I guess we call him Bobby Kennedy, huh? I read his book, you know, *The Real Anthony Fauci*. Percentage-wise, not much of that book is about Anthony Fauci. Everybody ought to read it. I talked to one of the heads of UW Hospitals after I read the book, and I asked him if it was really that bad. You know, did the pharmaceutical industry

really run the medical industry in this country to that degree? And he told me, if anything, that book was understated, so just a recommendation to read that book.

I will emphasize again, 77 percent of the 17-to 24-year-olds would not qualify for military service. Every American should be scared to death when they hear that. And every American ought to know we got to clean house in the medical establishment and the public health establishment that has led to a statistic out there and things keep getting worse and worse.

And I mention again, the number of people on food stamps in this country has gone up fourfold in the last 20 years. I mean, people ought to be scared about that too and say what in the world is going on as we let these programs just continue to explode, and the people are not getting any healthier at all.

I would like to thank you, Dr. Fink, one more time for being here. I hope you guys do not give up. I have watched so frequently in my years in Congress the special interests at the end always get what they want. And I know that junk food lobby is hovering around here doing all they can to try to discredit Secretary Kennedy. I know the pharmaceutical industry must just dread when he was appointed in this job, and they are doing all they can to give ammunition to people to try to tear him down.

I just encourage, Dr. Fink, when you get back to whoever you hang out with on a daily basis, that you let Secretary Kennedy know that a lot of people really appreciate, finally, after the number of people getting—as the number of shots keeps going up over a period of years and the number of mental health professionals keeps going up, that we have somebody who questions the establishment, and that is why we are glad he is here.

In any event, I would like to thank you guys for coming here. I know efforts were made to kind of change the topic, but you stuck on point. And, like I said, I wish you a productive three and a half years.

With that and without objection, all Members have five legislative days within which to submit materials and additional written questions for the witnesses, which will be forwarded to the witnesses.

If there is no further business, without objection, this Subcommittee stands adjourned.

[Whereupon, at 4:10 p.m., the Subcommittee adjourned.]

