Health Data

DOCUMENT 1

Aw, It's Baby's First A.I. Surveillance System

Sapna Maheshwari, *The New York Times*, August 2, 2026 (abridged)

For all but a few nights of my first child's life, her sleep has been recorded and analyzed by the Nanit Smart Baby Monitor System. A sleek white camera, bolted to the wall, points straight down at her body. High-definition footage is beamed to a server, where machine-learning algorithms log her movements and the precise moments her eyes open and close. The data are distilled into charts and insights that my husband and I review in the Nanit app: a daily "sleep efficiency" score, from zero to 100; minutes until sleep onset; the number of times we were needed over the course of a night.

Initially, we'd purchased the monitor simply for the ability to check on our daughter from anywhere using our phones. But we were quickly awed by everything else it could do, even as I recognized how unnecessary it was to have this much data about our baby, who was in fact a pretty decent sleeper. "SO MUCH INFORMATION," I texted a friend. "it's honestly TMI but I love it so much." The Nanit straddles the line between creepy and delightful. It is the Eye of Sauron, but it also knows when we enter our daughter's room in the morning and joy hits her face — and it sends us intelligently edited montages of these moments.

When I became pregnant with a second child in 2025, my husband and I did not even have a conversation about buying another Nanit camera. We had it waiting the day she came home from the hospital.

As a tool that crams together the sweetest thing on earth — a newborn — with relentless data collection by a for-profit tech company, the Nanit has always been a little disconcerting. A branding consultancy that helped create the product's "visual identity" notes in a case study on its website: "The central challenge in this project was how to introduce this novel technology to the parenting market while transcending the negative connotations of 'surveillance.'"

Millennial and Gen Z parents seem to have been persuaded. Nanit says it has one million daily users and annual revenue of more than $100 million. The most expensive version of its kit costs $474 and roughly $100 a year in subscription fees. And the market for babytech is only getting more crowded.

Owlet, Nanit's biggest rival, offers a $300 pulse oximetry tracker that attaches to a baby's foot through a sock. Huckleberry, a free app for tracking feedings and diaper changes, markets a $120 upgrade membership with "optimized nap predictions" and access to an artificial intelligence chatbot that, after logging your baby's habits, can deliver personalized guidance and pep talks. CuboAi's $359 Smart Baby Monitor 3 touts "A.I.-scheduled lullabies" and sends alerts when a baby's face is covered.

As the products and their promises proliferate, I've gotten a little unnerved by how easy it's become to outsource daily parenting decisions to technology. The downsides of this rush are manifest: sneakily high costs; the erosion of parents' autonomy and self-confidence; giving sensitive data to corporations. But there may be no stopping the growth of babytech as a category. Parents my age and younger are increasingly willing to embrace tracking and analytics for their children — part of a broader cultural obsession with health data and optimization. Nearly half of Americans own a wearable device, and the companies that make smart rings and smart wristbands have valuations north of $10 billion.

Nanit and its rivals want to own 24/7 health tracking for the sub-four-foot set. And their already astonishing levels of baby data collection are just the beginning. Nanit recently raised $50 million from investors to expand its use of A.I. and use its camera to track speech and language development, motor skills and more, while extending its presence in children's bedrooms into early adolescence. […]

DOCUMENT 2 · 🎧 NPR, "**Therapists are using AI to take notes. Is it a useful tool or a breach of trust?",** May 26, 2026
https://www.npr.org/2026/05/26/nx-s1-5826943/talk-therapy-mental-health-ai-artificial-intelligence-privacy-trust (4 minutes)
Note: For more information on HIPAA (1:36-1:40), see Document ***Erreur ! Source du renvoi introuvable.****.*

DOCUMENT 3 **The rise of the sleep data nerds: 'The harder you try, the harder it is to sleep'**

Bianca Nogrady, *The Guardian*, 19 October 2025 (abridged)

The first thing Annie and her partner do when they wake up in the morning is ask each other how well they slept. "And I literally say, 'I'm not sure yet, let me check,'" – and Annie, a chief people and safety officer, reaches for her smartwatch.

Annie started monitoring because she worried she wasn't getting enough good-quality sleep. Now she's a self-confessed sleep data "nerd", mining her sleep data for insights into her general health and wellbeing, using it to inform lifestyle decisions and even occasionally to guide how much she aims to accomplish in a day.

Sleep monitoring is a boom industry, mirroring what devices and apps such as Fitbits and Strava have done for physical

activity. Market reports vary on the value of this industry, but it is clearly lucrative and growing rapidly. A quick search reveals a wide range of devices – rings, headbands, watches and other wrist-worn devices, under-mattress devices and bedside devices – all suggesting their use will unlock such quality sleep as to make Rip Van Winkle jealous.

An estimated 40% of Australians are not getting enough good quality sleep, and one in 10 experience chronic insomnia. "We do know there are a lot of people who do worry about their sleep and whether they're getting enough sleep, particularly if they're not meeting some of the recommended sleep duration guidelines," says Dr Hannah Scott, a senior research fellow in sleep psychology at the Flinders Health and Medical Research Institute in Adelaide, and co-inventor of a wearable device that tracks and treats chronic insomnia.

Scott sees the rise in the use of sleep trackers as generally good news. "They've certainly improved awareness around the importance of sleep and around healthy sleep patterns so overall, I'd say they've probably had a positive effect." But there's a downside. "If you try harder to exercise, you'll become fitter, but we have the opposite problem with sleep actually; that the harder you try, the harder it is to actually obtain sleep," Scott says. "We can be creating some problems over people becoming too obsessive about trying to optimise it." […]

"Wearables – and that's lumping a lot of different devices in one word – but generally they're not that accurate at being able to tell how long you took to fall asleep and how long you're awake and asleep overnight, and that's because it's not measuring brainwave activity," he says. That brainwave activity is used to determine time spent in different stages of sleep: stage one, two and three of non-REM sleep and REM sleep.

What wearables can detect and measure – in varying combinations and with varying degrees of accuracy – is heart rate, temperature, movement and blood oxygen levels, which are then fed into algorithms that determine whether the picture painted by that data is of someone sleeping soundly or restlessly awake. "It could be a device that's specifically measuring movement only, and it's looking at algorithms that say if your arms are moving a lot you're awake, if it's not moving a lot it's sleep," Gordon says. But "that has very little agreement with what happens in your brain in terms of the qualitative aspect of sleep".

The other challenge is that there isn't a clear understanding of exactly what good sleep looks like, says Associate Prof Jen Walsh, director of the Centre for Sleep Science at the University of Western Australia in Perth. "It's an area that's debated within our profession," she says. There's sleep quantity – simply the amount of time spent asleep – and sleep quality, which is more complex and takes into account time spent in different stages of sleep, whether sleep is broken, how often and for how long. […]

Consumer sleep trackers do have one advantage over sleep study polysomnography: they are used every night for long periods of time. "One night in a sleep lab just gives you a single snapshot of that one night, but it's not necessarily a reflection of every single night while you're at home in your own bed without wires strapped on you," Walsh says.

Rachel says her sleep-monitoring ring has helped her to understand some of the factors that help her get a better night's sleep. "If I do pilates in the evening, I seem to mostly sleep better," the Canberra-based public servant says. And Annie has noticed that if she has a glass of wine at any time in the evening, her heart rate during sleep is about 10% higher.

This is where most experts see the usefulness of sleep trackers in a consumer setting: helping people understand how their lifestyle habits and behaviour affect their sleep, and making changes to improve it. […]

HUMAN ENHANCEMENT

DOCUMENT 4

Medical Cure or Designer Baby? A New Approach to Editing Embryos Ignites Debate.

Emily Baumgaertner Nunn, *The New York Times*, 11 June 2026 (abridged)

When scientists at Columbia University announced they had used a newer technology to precisely edit the genes of human embryos last week, they set the academic community ablaze with debate. Is this good news or bad? How fast will this move? And more philosophically: Where does medicine end and eugenics begin?

The results of the new study, first reported by *The New York Times*, showed that a technique called base editing meticulously swapped out individual letters in an embryo's genome, altering genes linked to fetal hemoglobin production, cholesterol levels and the risk of heart disease.

Though the work is still under peer review and has not yet been published in a scientific journal, experts from a vast array of disciplines are discussing whether the tool will bring us one step closer to curing inherited diseases or one step closer to designer babies — or both.

Optimistic clinicians saw the Columbia study as a major step in medicine, bolstering their hope that scientists could one day fix embryo mutations in a clinical setting. Dr. Ellen Goldstein, a reproductive endocrinologist and fertility specialist in Los Angeles, said that for some of her patients, the tool could mean a successful pregnancy with an embryo that would have otherwise been discarded.

"There are very specific problems that this technology could be applied to — conditions where we all agree there are devastating consequences," she said, like Huntington's disease, which causes nerve cells in the brain to break down, or Duchenne muscular dystrophy, in which skeletal and heart muscles waste away. As a doctor, "You wish you could just go in and start fixing embryos," she said.

Tweaking embryos with an earlier form of gene editing, CRISPR, is considered far too risky. The tool functions like a pair of molecular scissors, hacking off long segments of DNA, sometimes in error. Researchers who tried it found their specimens with strange DNA rearrangements, large swaths missing and, in some cases, entire chromosomes destroyed. Base editing is not nearly as clunky. The Columbia researchers were in many cases able to change single letters of the genome safely, as if they had a precision eraser and a red pencil to simply correct the spelling. For proponents of the new tool, the argument is: If we could safely prevent a child from inheriting a devastating genetic condition, isn't it unethical not to?

"We have to be really careful not to have knee-jerk reactions to reject this kind of research," Dr. Goldstein said, "as long as you're doing it with proper understanding, and proper respect for the future implications and with correct oversight from biologists and ethicists."

Many of those ethicists are the ones issuing caution. Dr. Lainie Friedman Ross, a pediatrician and bioethicist at the University of Rochester, was skeptical not just of the future implications of the technology, but of the present-day work. "Let us be clear," she said. "Human embryos become living human persons. The research is being done on future persons without their consent."

The researcher who led the project, Dieter Egli, told *The Times* that a public conversation about the pros and cons of editing genes in embryos was necessary, but that "as a scientist, you can provide the data for discussion, but then essentially there you stop and let others take over."

Dr. Ross vehemently disagreed. "This is morally irresponsible. There is no such thing as value-neutral science," she said. "The team has already made an ethical decision to pursue this line of work." […]

Early embryo editing also comes with a sobering level of permanence. Unlike edits to standard body cells, any changes made to reproductive cells are passed down to future generations. That means edits — or errors — in a clinical setting wouldn't end with that child, but would be passed down their family line, altering the gene pool forever. […]

Despite the risks, many experts expect a substantial commercial push, not just to make this technology available, but also to encourage it. The chief clinical officer of Nucleus Genomics was an author on the new paper, and the company announced it was "proud to fund the next phase of research focused on further advancing this technology toward clinical use."

At a booming moment in reproductive technology — and one at which Nucleus is among the companies at the center — some researchers worry that the initial concept of editing away diseases will quickly be repurposed into a Silicon Valley push to optimize the human genome, promising wealthy parents the chance to edit for elective traits like eye color and height.

Many of the eugenic traits that bioethicists worry about most, like intelligence, rely on hundreds or thousands of genes that interact with one another and a child's environment. Thus, it's highly unlikely that one-by-one base editing would be useful. But that doesn't mean companies would not capitalize on parents' hopes and fears.

"Given the lack of regulation around reproductive technologies," said Daphne Oluwaseun Martschenko, a bioethicist at Stanford University, "it feels like only a matter of time."

DOCUMENT 5 **How much would you pay for a smarter baby?**

The Economist, 10 August (abridged)

Late last year New Yorkers noticed a series of strange advertisements on the subway. "Have your best baby," one promised. "IQ is 50% genetic," noted another. Predictably, they stirred controversy. Yet Kian Sadeghi of Nucleus, the embryo-screening startup behind them, was pleased. "This is a mass-market product. What's a better way of showing that it's a mass-market product than the subway?"

Nucleus is one of a growing number of Silicon Valley startups pushing the nascent technology. Noor Siddiqui of Orchid, a competitor, likes to say that "Sex is for fun; embryo screening is for babies." Herasight, another rival, began offering a screening service last year that allows parents to examine an embryo's risk of various diseases, and also estimates of its height, intelligence and longevity—at a cost of up to $50,000. Nucleus adds hair and eye colour to the mix. The burgeoning industry aspires to reshape the way humans are made.

Not everyone is pleased. In many jurisdictions, including Britain, screening embryos for sex, let alone for polygenic conditions such as hypertension or physical traits such as height, is illegal. Many geneticists and doctors' groups are sceptical that the technology works. Others say that it is unethical.

The visions of these startups may seem otherworldly. But change is coming fast. Cash is pouring into fertility research, leading to potentially rapid advances in genetic testing. Polygenic screening, particularly for common diseases, is popular among Americans, nearly three-quarters of whom say they would use it if they were already undergoing in-vitro

fertilisation (IVF). A fight is brewing over the future of these technologies—and the businesses promoting them.

For the moment, only a tiny share of babies are born via IVF, which is necessary for embryo screening. In 2024, the most recent year for which figures are available, 100,000 American babies were created using the process, representing 2.8% of the total. David Sable, an investor and formerly a practising reproductive endocrinologist, says the global fertility market is commonly estimated to be worth just $25bn-30bn a year. […]

Some screening is already common among IVF patients. An example is PGT-A, which checks that embryos have the right number of chromosomes, and which some studies claim lowers the miscarriage risk (many experts are sceptical). Certain clinics also offer PGT-M, which checks for disorders caused by a single gene, such as cystic fibrosis or Huntington's.

Now startups are adding a third screen: PGT-P, which scores embryos for conditions and traits determined by multiple genes, potentially ranging from certain cancers to eye colour and IQ. Demand for such tests could be substantial. A survey published in 2023 in *Science* found that 43% of all IVF participants would use polygenic screening to increase their child's chance of getting into an elite university, provided it were safe and free. One third said the same for genetic editing. […]

For now, […] commercial PGT-P screening is a niche industry. Startups like Herasight cater to a small population of typically very rich people, mostly in America. Even so, that has not stopped them from drawing plenty of criticism.

Some concerns the underlying science. Polygenic risk scores are based on genome-wide association studies (GWAS), which use data from large populations to try to discern associations between genetic variants and specific conditions and traits. Companies that offer screening claim that comparing embryos' genomes to risk scores derived from these databases, sometimes with adjustments based on ancestry and family history, allows them to come up with individual assessments.

That is disputed, however. Although selecting on the basis of polygenic risk scores works across many offspring, as in animal breeding, it is less sure to have the desired result for a single child, notes Kevin Mitchell of Trinity College Dublin. […]

Selecting against some traits could also have unintended consequences. Genetic material can have different effects in different parts of the body, a phenomenon called pleiotropy. If parents select an embryo intending to lower their child's risk of a certain disease, they may be neglecting or exacerbating problems for which providers do not (or cannot) offer a score.

Yet many of the technical issues, not least the lack of training data among certain populations, should improve with time. The *Cell* paper estimated that increasing the sample size of the underlying databases could double the median gain in IQ points from polygenic scoring. With pleiotropy, some studies suggest that most genetic correlations between pairs of polygenic diseases are either positive—meaning cutting the chance of one decreases the chance of others—or insignificant. At present, the technology is "kind of a promissory note", says Trinity's Dr Mitchell. "They say, 'Trust us, this is a bit shit right now, but it'll be good soon'."

If technological problems are resolved, ethical ones will grow. Some opponents are concerned that screening startups are promoting a friendlier version of eugenics. Others worry that embryo editing—on which America has applied a de-facto ban since 2016—could come next. […]

Most of the companies offering PGT-P […] say their customers are mainly looking for ways to ensure their children are healthy, rather than to create "super-babies". Yet their decision to offer scores for intelligence and aesthetic traits suggests they recognise there is a market for the latter.

Arguments over the future of a small cohort of startups may seem like a niche concern. But if IVF gets cheaper and genetic data more abundant, as looks likely, the business of embryo screening will only grow—along with the ferocity of the debate. The nearly 50-year history of the fertility industry is full of technologies that were once considered contentious, including IVF. Startups such as Nucleus, Orchid and Herasight are, in that sense at least, nothing new.

DOCUMENT 6 · 📽 · ***The Guardian*, "Why Americans are injecting themselves with unregulated 'miracle' drugs", 16 June 2026.**
https://youtu.be/_u8znNPKfc8 (16 minutes)

DOCUMENT 7 · 🎧 · **NPR, "FDA panel supports broadening access to peptides popular on the gray market", July 24, 2026.**
https://www.npr.org/2026/07/23/nx-s1-5903202/fda-peptides-restrictions (4 minutes)

DOCUMENT 8 The Enhanced Games was a manifestation of wellness culture gone awry

Leana S. Wen, *The Washington Post*, 2 June 2026

The recent Enhanced Games in Las Vegas, where elite athletes attempted to break world records by pumping their bodies full of performance-enhancing drugs that are banned in competition, has already received plenty of criticism for perverting the spirit of sports. It was also emblematic of a broader cultural shift in the concept of wellness — away from preventing illness through exercise and nutrition and toward using supplements and potentially dangerous peptide injections to become fitter, younger and supposedly "better" versions of ourselves.

For those unfamiliar, the Enhanced Games — colloquially dubbed the "Steroid Olympics" — featured 42 elite athletes who competed in weightlifting, track and swimming. Unlike in traditional competitions where athletes are extensively drug tested, participants were encouraged to use performance enhancers, and most were assisted by medical teams that designed individualized regimens for them.

Among the most popular drugs taken were testosterone (91 percent of athletes) and human growth hormone (79 percent). Also on the list were five anabolic steroids, stimulants such as Adderall and EPO (erythropoietin), the drug notoriously associated with cyclist Lance Armstrong that increases red blood cell production.

Enhanced, the company that sponsored the event and conveniently sells these products online to the public, said it intends to collect data on the athletes and publish it as "research." But we already know a lot about these drugs. EPO can damage the heart and increase the risk of heart attacks and strokes. Anabolic steroids have been linked to liver and kidney damage, dangerous blood clots and sudden cardiac death. Human growth hormone can lead to cancer, diabetes and severe joint problems. Some of these compounds may also affect fertility, so much so that one female competitor chose to freeze her eggs before beginning her doping regimen — a procedure she said the company paid for.

Major sports organizations warned that the spectacle sent a troubling message to impressionable young athletes, in addition to undermining sporting integrity. But influencing the culture is precisely what the event was trying to do: normalize chemically enhanced living not just for elite competitors, but for everyday people. The sporting competition itself was a giant infomercial for the company's online pharmacy. As Max Martin, CEO of the company behind the games, put it at the event, "Now the people at home can also get enhanced and be the best they've ever been."

There are two major flaws in this logic. First, we have no idea whether this is truly "optimization." Looking at the superhuman-size weightlifters, it certainly appears that the muscle growth regimen worked. One competitors said his body changed so dramatically that their drug cocktails had to be scaled back. It's also probable that certain drugs increased endurance and allowed athletes to train harder and longer. But while these substances may produce short-term results in competition, they also come with very real long-term side effects that most people would want to avoid.

And in any case, the weightlifters failed to break records despite being given multiple attempts. The runners fell short, too. The only athlete to surpass a world record was a swimmer who, in addition to using banned drugs, competed in a specialized polyurethane full-body suit banned from competition since 2010 because it provided an unfair advantage.

It's hard to fault individual athletes for choosing to participate. Virtually all said their primary motivation was financial. Winners received $250,000, and world record bonuses reached $1 million. Athletes got paid more just to show up than they might otherwise earn in years. I don't begrudge them for taking the money, though I wish this kind of investment, which included $20 million to build a temporary venue in Las Vegas, were directed toward promoting healthier fitness activities instead.

And that brings me to the second problem with all of this: Is chemical enhancement really how we want to pursue wellness? A glance at Enhanced's website makes clear that its business is pharmacological self-optimization. Visitors who don't have any medical issues can buy GLP-1 drugs to become a little thinner, testosterone to gain more "vitality" and supplement blends purportedly to defy aging. This is all too common in the booming industry of "biohacking," in which entrepreneurs and longevity clinics peddle products not to treat diseases, but to help healthy people gain a supposed edge.

How far we've come from the wellness culture of the past, which emphasized fresh air, exercise and a healthy diet. Eliminating pesticides and limiting chemicals were once central tenets. That's no longer true, it seems, if there is money to be made persuading people to experiment on themselves in the name of "optimization."

It shouldn't escape anyone's attention that among the investors in Enhanced is Donald Trump Jr. and that the son of Health and Human Services Secretary Robert F. Kennedy Jr. attended the event. Welcome, ladies and gentleman, to the new era of "medical freedom."

DOCUMENT 9 **The Immortals: meet the billionaires forking out for eternal life**

Hollie Richardson, *The Guardian*, 5 September 2023 (abridged)

Until recently, Bryan Johnson was paying hundreds of thousands of dollars to infuse one litre of his teenage son's youthful plasma into his own ageing blood stream every month. "I've never paid more attention to what he's eating … because that was going into my body," the 46-year-old American tech entrepreneur says on new podcast *The Immortals*. […] Johnson continues to pay $2m a year for a research team to investigate how we can live longer – and he is certainly not the only rich guy in Silicon Valley dedicated to the search for eternal life.

"It took us ages to find somebody to talk to us," says technology reporter and psychologist Aleks Krotoski, who hosts the BBC Radio 4 series. "Strangely, people who take the blood of the young are a bit reserved … " But Johnson had just begun using an algorithm to prevent biological ageing, which sifts through all research on longevity to create the best treatment plan and he was using his own body as a petri dish for it. Doctors have told Johnson he has the heart of a 37-year-old and the lungs of an 18-year-

old and he was up for talking about this. “He was very reserved at the beginning but then there was a moment,” says Krotoski. “Suddenly I saw the geek in him: the delightfully obsessive, very clever [man]. He no longer felt ‘other’; this was just his jam. If you follow him on Twitter, he’s hilarious.”

Johnson is just one of the extraordinary people Krotoski speaks to who are trying to defy death. It is a ludicrous, fascinating and at times terrifying investigation – one she started as part of her PhD in 2003. The dawn of the internet meant “it felt like all these sci-fi dreams could be made possible”, including technological singularity – technology merging with humanity to create a “post-human existence”. Ultimately, she says, this means “we shall be immortal beings”. At the time, like everybody else, Krotoski wrote this off as “mad”. Two decades later, though, the fringe idea is entering the mainstream: “It has become entrenched in Silicon Valley, particularly because technology has become so advanced in the last five years.”

Plasma transfusions to prevent ageing became a reality in 2017 with Jesse Karmazin’s vampiric startup, Ambrosia. Hundreds of clients, with a median age of 60, would pay $8,000 (£6,200) to take part in what was essentially still a trial. However, it fell out of vogue a couple of years later when the Food and Drug Administration (FDA) said in a statement: “We’re concerned that some patients are being preyed upon by unscrupulous actors touting treatments of plasma from young donors as cures and remedies. Such treatments have no proven clinical benefits for the uses for which these clinics are advertising them and are potentially harmful.” It damaged the reputation of longevity research – but the people behind its Frankenstein origins are still known as “longevity superstars”. […]

The quest for immortality doesn’t stop there. The podcast becomes even more mind-blowing as it digs deeper, from the cryptocurrency founder who created a “longevity city” in Montenegro because he believes we have a moral responsibility to stop ageing, to AI that is already being engineered to create a “post-human being” merged with machines. Last year, Amazon founder and third richest person in the world, Jeff Bezos, reportedly invested in Altos Labs, a startup working on “cellular rejuvenation programming”. PayPal co-founder Peter Thiel, meanwhile, has invested millions in the Methuselah Foundation, a non-profit that aims to make “90 the new 50 by 2030”.

There are, of course, plenty of moral concerns being raised – especially as all this is now in the hands of billionaires. “It’s the next problem waiting to be solved,” says Krotoski. “Rather than finding something that is going to give us eternal life, they believe … Providing this gift to humanity will provide glory to those who deliver it.” There are some, she says, who predict that some groups of people will be coded out: “Some contributors were very concerned about the idea that disability and certain religious ideologies won’t be part of this future. Not intentionally, but because of what is possible. It will be narrowed by those who are delivering these solutions.” The most important thing to recognise, she adds, is that “we all have a voice in this – we are not as innocent now as we were 20 years ago”.

First, though, longevity treatments need to be legitimately recognised. Celine Halioua speaks on the podcast about her mission to get the first drug that “improves” ageing to be approved – and the hack she has used to do it. She developed a drug for dogs, which required going through the veterinary track at the FDA. By approving it, the FDA would accept that longevity medicine is legitimate and age is something that can be treated. By the end of the series, we learn that she has been successful. […]

DISEASE CONTROL

DOCUMENT 10

Pennsylvania’s measles outbreak looks scary. Doctors say the reality is worse.

Leana S. Wen, *The Washington Post*, October 6, 2026

The measles outbreak in Pennsylvania has already reached staggering proportions. Since it began in April, more than 970 cases across 39 counties have been confirmed. Nearly 200 people have been hospitalized. The state has reported five measles-associated deaths, including three unvaccinated adults and two infants.

As troubling as these numbers are, they don’t tell the whole story. To get a better sense of how the outbreak is unfolding for clinicians on the front lines, I spoke with Patrick Gavigan, a pediatric infectious diseases specialist at Penn State Health Golisano Children’s Hospital.

Gavigan’s hospital borders Lancaster County, where more than a third of the state’s cases have been confirmed. Before this outbreak, measles was so rare that he encountered it only once during his training. This year, his hospital has treated between 15 and 20 cases, most of them in the past month.

In addition to the volume, the symptoms his patients exhibited were what stood out to him. He had thought that most measles patients needing hospitalization would experience respiratory distress. About 1 in 20 children with measles develop pneumonia, and indeed, he is seeing

patients who need oxygen support and, in some cases, machines to help them breathe.

Gavigan told me that his biggest surprise was how many severe cases he was seeing in previously healthy individuals, and how many involved non-respiratory symptoms. Some patients experienced vomiting and diarrhea and were found to have elevated liver enzymes and ultimately diagnosed with hepatitis. Some developed encephalitis, an inflammation of the brain that can result in seizures, paralysis and permanent brain damage. Some have been discharged to go home; others have faced a much slower recovery and may never regain the abilities they had before becoming ill.

What also worries him is how many people in the community are infected with measles but are not accounted for in official statistics. “Every pediatric patient that we’ve had at the hospital, when we talk to the family, everyone or nearly everyone at home has had a measles-like illness,” he said. When clinicians ask whether those family members were tested, the answer is no, unless they, too, were sick enough to go to the hospital.

This means the reported case numbers are almost certainly far below the true number of infections, which is why this outbreak has been so hard to contain. Measles is caused by a virus that can linger in the air for up to two hours after an infected person leaves. Initial symptoms of fever, runny nose and congestion mimic other common viral illnesses. The characteristic rash does not appear until about four days after symptoms begin; during this window, the person could unknowingly spread the virus.

The best way to rein in measles is to track down exposed individuals and monitor them for symptoms during the incubation period, which can last up to 21 days. When people don’t realize they are infected and never get tested, contact tracing becomes much harder. Some reported cases have involved exposures affecting potentially thousands of people at a time, including at service stations along major highways, grocery stores, a courthouse and a soccer camp.

Gavigan told me all the patients requiring inpatient care at his hospital have been unvaccinated. This tracks with statewide data: Less than 1 percent of Pennsylvania cases have been in vaccinated individuals. Two doses of the measles, mumps and rubella vaccine are more than 97 percent effective against measles infection, making the kind of widespread societal disruption seen during the covid pandemic unlikely. But the resurgence has made life less safe for infants too young to be vaccinated and immunocompromised individuals, whose families must change how they interact with the public to protect them.

Despite the ballooning numbers, Gavigan sees signs of hope. He has seen people get vaccinated after watching family members fall ill. Some who were previously hesitant about the shot are now promoting it in their communities. His region has large populations of Amish and Mennonite families whom he believes are not necessarily opposed to vaccines but have been disengaged from the medical system.

“For so long, people hadn’t seen any measles,” he said. Now that it has become a real threat, there is more willingness to take preventive action.

The state health department is also reporting a surge of interest in the measles, mumps and rubella vaccine. In August, health care providers administered more than 49,000 doses, nearly double the number in a typical month. In the first three weeks of September, they administered more than 38,000, including many through pop-up vaccination clinics in affected communities.

How Pennsylvania handles this crisis will offer important lessons for other states. Over the past two years, major measles outbreaks have struck Texas, South Carolina and Utah. It’s only a matter of time before other states experience their next public health challenge from what remains a vaccine-preventable illness.

DOCUMENT 11 · 📽 · ***USA Today*, “Meet the ‘crunchy moms’ at the heart of the MAHA and anti-vaccine movement**”, January 20, 2026. https://youtu.be/fk8fOChBpKk (10 minutes: from 1:10 to 11:05)

See also https://www.theguardian.com/technology/2026/nov/06/crunchy-moms-facebook-vaccines

DOCUMENT 12 · 🎧 · **NPR, “Trump and RFK Jr. try again to upend vaccines for kids”,** August 10, 2026. https://www.npr.org/2026/08/10/nx-s1-5927313/trump-rfk-jr-vaccines-autism-executive-order (4 minutes)

DOCUMENT 13 F.D.A. Approves Moderna’s mRNA Flu Vaccine

Christina Jewett, *The New York Times*, 5 August 2026

The Food and Drug Administration on Wednesday approved the first mRNA flu vaccine, enabling use of a technology that will make it easier to rapidly target a widely prevalent or particularly virulent strain of the virus.

The approval of the vaccine, called mFLUSIVA, which is manufactured by Moderna, follows a series of blows to mRNA research directed by Health Secretary Robert F. Kennedy Jr., including the cancellation of 22 projects meant to develop vaccines with mRNA technology through the government’s Biomedical Advanced Research and Development Authority. Initially the F.D.A. had refused to even review Moderna’s application for approval earlier this year, but quickly reversed course after a public outcry. The flu kills more than 300,000 people worldwide each year and was particularly harsh in the 2024-25 season, with an estimated 45,000 deaths in the United States, including at least 297 reported

cases in children, according to the Centers for Disease Control and Prevention.

The new vaccine is authorized for people ages 50 to 64. The F.D.A. issued an accelerated approval for adults 65 and older, which allows widespread use and can be converted to a full approval if the results of a follow-up study are deemed acceptable.

The company said it expected to have the vaccine ready for the 2026-27 respiratory virus season.

"Flu remains a significant public health challenge, and mFLUSIVA provides an important new option for America's seniors," Stéphane Bancel, Moderna's chief executive, said in a statement. "This approval also reflects the ongoing potential of our mRNA platform to help address important public health challenges through continued scientific innovation."

MRNA technology instructs the body to produce a fragment of a virus that then sets off the body's immune response. It was the technology used in Covid vaccines that were given to hundreds of millions of people around the world. Two scientists were awarded a Nobel Prize in 2023 for their work on mRNA technology.

As a vaccine activist in 2021, Mr. Kennedy had petitioned the F.D.A. to pull mRNA Covid vaccines off the market six months after their initial rollout.

In the case of flu, scientists believe that mRNA technology offers an advance from traditional vaccine options that take several months to prepare using decades-old technology, some requiring the virus to develop in fertilized eggs. Moderna has said that the faster new approach will enable a shift away from the current process of focusing on one flu strain for an entire hemisphere each season and allow each nation to pick its best option.

"Having a flu vaccine that does not have to go through the archaic process of using chickens and eggs will benefit the public health enormously," said Dr. Georges C. Benjamin, the chief executive of the American Public Health Association. "It will allow us to rapidly adjust to rapidly emerging new flu strains, a capacity we have not had before."

The company enrolled nearly 41,000 people who were 50 to 64 years old in a major study that found that the vaccine was effective but had more side effects than a vaccine manufactured with older technology. In the study, about 21,000 people took the Moderna vaccine and about the same number took the comparator vaccine. Within six months, 411 of the Moderna recipients got the flu compared with 557 of those who took the other flu shot. That translated to a relative efficacy of about 27 percent.

But those taking the Moderna shot reported more side effects: Nearly two-thirds reported injection-site pain, 45 percent reported fatigue and 38 percent reported a headache — rates about two times greater than those of the comparator. Serious events that researchers deemed related to the Moderna vaccine included a case of fainting, a case of low blood pressure that led to a three-day hospitalization and a case of perimyocarditis, or inflammation of the lining of the heart and the heart muscle.

The F.D.A.'s initial refusal to review the Moderna vaccine was a highly unusual move toward an established company that conducted a large and generally positive clinical trial. It came from the desk of Dr. Vinay Prasad, who at the time was the head of the agency's vaccine division. Dr. Prasad had gained prominence as a sharp-eyed academic critic of pharmaceutical companies and the F.D.A. He later became a vocal supporter of Mr. Kennedy.

Dr. Prasad's chief criticism of Moderna's flu vaccine application was that it compared the company's vaccine with one made by GSK that is not considered the best in class. Such a tactic, in Dr. Prasad's view, was meant to skew the results in Moderna's favor.

After a public outcry, Dr. Marty Makary, the F.D.A. commissioner at the time, soon backtracked, calling the rebuff "part of a conversation" the agency has with drugmakers. The F.D.A. soon began a review of the company's application.

DOCUMENT 14 · 📽 · BBC, "**Cancer patients were given a personalised vaccine - and it's working",** 20 August 2026. https://youtu.be/bmOThE-S7g8 (8 minutes)

DOCUMENT 15 I'm a microbiologist – antibiotic resistance is a bigger threat than terrorism

Dr Chris Smith, *The Telegraph*, 20 October 2026 (abridged)

Our series The Expert View brings you specialist health advice from professionals. In this article, we hear from Dr Chris Smith, a consultant in clinical microbiology and clinical virology at Addenbrooke's Hospital in Cambridge and founder of The Naked Scientists podcast, about why antibiotic resistance is a growing threat, what it means for patients and whether new treatments could offer hope.

Public health officials have begun referring to antibiotic resistance as "a threat worse than terrorism" and a "ticking time bomb". We are currently in the throes of an arms race, as bacteria and other microbes rapidly evolve ways around the drug treatments that have been saving lives for nearly a century. Right now, the threat looks very one-sided, and that's why doctors are worried.

Antibiotic resistance – or antimicrobial resistance, as the purists prefer to term it these days – refers to the process whereby populations of microorganisms, such as bacteria, fungi and parasites, progressively change to survive

exposure to medicines which historically killed them or stunted their growth.

Underpinning the process is evolution: all life on Earth undergoes genetic mutation as it reproduces. These random genetic spelling mistakes are what naturally endow some microbes with their antibiotic-defeating abilities. But once a particular bug strain develops the biochemical know-how to defeat an antibiotic, the more of that antibiotic we are forced to use, and the greater the advantage we give to the resistant bugs.

The results of this are unarguably real. When I was a junior doctor, we could usually clear up uncomplicated urinary tract infections (UTIs) with the antibiotic amoxicillin. Now, 25 years on, 75 per cent of these infections are resistant to this drug.

Then there are more serious consequences. According to the most recent statistics from the UK Health Security Agency, the total number of antibiotic-resistant infections has increased by 13 per cent during a five-year period, averaging nearly 400 newly reported cases each week. Estimated deaths in people with a resistant infection such as E. coli rose by more than 300 to 2,379 between 2024 and 2025.

These are UK statistics, but the antimicrobial problem is worldwide, and what happens in other countries affects us here. […]

What is antibiotic resistance and what causes it?

Antibiotic resistance is like repeating a surprise party – eventually, it loses its shock value. The first time an antibiotic attacks, it wipes out the majority of the microbes behind an infection. But with widespread and repeated use, the proportion of bacteria that are resistant increases until eventually the majority of bacteria are resistant, making the medicine useless.

So, a patient might be prescribed flucloxacillin for a bacterial skin infection such as impetigo, which is caused by the bacterium Staphylococcus aureus. But some strains are already resistant to the medication. These strains are known as meticillin-resistant Staphylococcus aureus (MRSA), which can cause serious wound and joint infections, chest infections, and enter the bloodstream to cause infections of the heart valves or sepsis.

Fifty years ago, infections with this bug were a rare dose of bad luck. By the turn of the millennium, there were thousands of hospital cases each year in the UK, and one person in every 50 carried the bug in their nose.

The main cause of antibiotic resistance is what we call "poor antibacterial stewardship". In many parts of the world, especially in Central America and some African countries, you can buy antibiotics without seeing a doctor, leading to substantial overuse. The microbes then start to adapt to defeat those drugs, and as people move around the world, these resistant bacteria travel too.

Tuberculosis (TB) is a worrying case in point. Across sub-Saharan Africa, TB infection is extremely common. It usually takes at least six months of antibiotics to properly treat active TB. But people take whatever drugs they can afford for a couple of weeks, start to feel better and stop. The TB bacteria progressively become resistant to the drugs, so the patient may develop drug-resistant TB, which is much harder to treat.

All this has a knock-on effect, as the TB infection that the first patient spreads is now resistant. It's as if a person has found ricin in the street, picked it up and run with it, spreading it everywhere.

We aren't developing new antibiotics fast enough

The antibiotic drug pipeline is almost empty. Big Pharma needs to make money, and antibiotics are rubbish for their business model. It takes 10 years to make a new drug, costs £10bn, and they only make it through trials about 10 per cent of the time. There is far more money to be made developing drugs for chronic conditions such as diabetes.

Added to this, doctors are reticent about using new antibiotics. Not only are they expensive, but doctors also want to avoid encouraging microbial resistance. So the new antibiotic becomes a treatment of last resort, the patent expires and other companies can clone the drug, leaving the pharmaceutical company that created it out of pocket. […]

Is there any hope for the future?

Antimicrobial resistance is a serious problem. We may be on a slippery slope to the point where a patient cannot have routine surgery because the risk of infection is very high. In a nightmare scenario, we could even return to the bad old days when hospitals killed more patients than they cured.

The good news is that we have never been better at drug design. Artificial intelligence (AI) will be transformative, helping scientists work out the structures of bacteria and target them more precisely. This process will be much faster than the current trial and error of today's pharmaceutical development.

HEALTHY LIFESTYLE

DOCUMENT 16 · 📽 · BBC, "Smoking ban for people born after 2008 agreed in the UK", 21 April 2026.
https://youtu.be/d6zEwEVW4EA (3 minutes)

Charles Fain Lehman, *The Atlantic*, May 4, 2026

For almost two decades, British retailers have told customers that if they were born after the current date 18 years ago, they can't buy cigarettes. Starting next year, that date will freeze. Under a recently passed law, selling cigarettes to anyone born on or after January 1, 2009, will be illegal—in perpetuity. As long as the law is in effect, no one who is 17 or younger on New Year's Day 2027 will ever be allowed to buy tobacco legally.

This generational tobacco ban represents a very different approach from the tobacco-control policy that most Americans are used to. The U.S. regime looks more like what the drug-policy scholar Mark Kleiman called "grudging toleration" toward cigarettes: tax, regulate, and scold, but stop short of outright bans. The new British approach will, eventually, lead to outright prohibition.

Prohibition. The word conjures the specter of violence, crime, and policy failure. But the United Kingdom isn't the first jurisdiction to impose a generational ban, and it probably won't be the last. The tiny island nation of the Maldives did so in November. New Zealand passed one in 2022, but a new governing coalition took power and repealed the law before it could go into effect. Here in the United States, 22 towns in Massachusetts, beginning with the Boston suburb of Brookline, have passed a generational ban, a possible precursor to statewide legislation.

The spread of such prohibitions raises the counterintuitive possibility that tobacco bans are in fact a *consequence* of grudging toleration, rather than a departure from it. Decades of legal intolerance have steadily eroded the user base and cultural support that justified legality in the first place. Stigmatizing smoking, in other words, seems to have created the basis for an outright ban. That dynamic has implications not just for tobacco, but for the many addictive products now dominating a growing share of our economy, including social-media and gambling apps. As addictive designs grow more and more common, prohibition might come back into style.

A crackdown on cigarettes has certainly been a long time coming. As late as 1974, at least 40 percent of Americans were smokers. But that figure declined steadily over the next half century. Today, just one in 10 Americans is a smoker.

Policy changes helped create that cultural shift. In 1964, the surgeon general publicly warned that smoking causes cancer; advertising bans and mandatory labels soon followed. After that came "clean air" laws and municipal smoking bans and then, in the late 1990s, the $200 billion settlement between tobacco companies and the states.

Throughout this process, American policy makers did everything short of actually banning cigarettes themselves. Instead of prohibiting them, we took a "public health" middle ground, allowing people to indulge their vice if they chose to, while heavily discouraging smoking and proscribing who could buy cigarettes and where they could do so.

To an extent, this worked. But smoking still kills roughly half a million Americans a year, nearly seven times as many as those who die from a drug overdose. Death is a trailing indicator, and the decline in the smoking population should eventually mean fewer deaths. But even in 2035, one analysis found, more than 160,000 *current* smokers are projected to die from their habit.

At this point, the returns on public-health messaging and social stigma might be bottoming out. Does anyone still smoking Marlboros not know by now that cigarettes can kill them? But precisely because of the success of policies that stopped short of prohibition, the constituency of voters who would oppose a ban has dwindled. Indeed, a 2023 poll found that a majority of Americans would support banning all tobacco products. Legal stigmatization produced cultural judgment that, in turn, may eventually acquire the force of law.

Of course, there are plenty of reasons America might not follow the United Kingdom. The U.K.'s socialized health-care system means that the costs of smoking are more directly borne by the taxpayer. Americans are more individualistic and suspicious of government than the British. Still unclear is whether the U.K. policy experiment will work, in the sense of reducing smoking's total harm. Some of the people prohibited from buying cigarettes legally will do so illegally, whether with the help of a friend born before 2009 or through black markets. Such markets can and do generate crime. We don't have enough research yet to judge if the costs will be worth the benefits.

Still, the results of the U.K. tobacco ban and similar efforts might offer lessons beyond those related to smoking. America is beset by a variety of addictive products that seem difficult to contain using the delicate instruments of public health. For example, in a landmark ruling last month, a jury determined that Meta and YouTube must pay a woman $6 million for the damage that their products did to her as a child. The plaintiff's case was built on the idea that social media's addictiveness is a defective product design, the same argument made about tobacco decades ago. The Public Health Advocacy Institute—whose president, Richard Daynard, pioneered the litigation strategy—has recently brought similar suits against sportsbooks and prediction markets.

These and other addictive products were initially met with enthusiasm; many are now facing backlash. In each case, the moderate position is to endorse some degree of regulation while stopping short of being so crude as to ban something harmful outright. But if the experience of tobacco is instructive, then stigmatizing, taxing, and regulating something for long enough can eventually create the conditions for an outright ban.

Prohibition has been a dirty word in American public policy since the Twenty-First Amendment passed. But as the

Carnegie Mellon professor Jonathan Caulkins has observed, American jurisdictions successfully prohibit the sale of products such as fireworks and raw milk on a regular basis. Should we be squeamish about doing so for other things? As with cigarettes, the age of half measures and cautious regulation may soon be over.

DOCUMENT 18

The Deck is Stacked Against Healthy Eating

Jessica Grose, *The New York Times*, June 17, 2026 (abridged)

[…] Big Food and Big Tech know that the products they are marketing to children are not healthy in a variety of ways. Much as Meta, Snapchat and TikTok knew that students were using social media during school hours and did nothing to stop it, the tobacco giant Philip Morris — which owned Kraft Foods from 1988 to 2007 — used the research, development and marketing strategies it honed to sell cigarettes to hook schoolchildren on sodium-and-sugar-laden products.

We know as much as we do about the way the food industry targets kids with unhealthy food because of the trove of documents released by lawsuits against tobacco companies. Some of the papers in *The American Journal of Public Health* relied on a trove of over 19 million documents released through class-action litigation against the tobacco industry and digitized by the University of California, San Francisco.

Through her years of work analyzing these documents, Laura A. Schmidt, a professor at the Philip R. Lee Institute for Health Policy Studies at U.C.S.F., discovered that Philip Morris used what the company called "technical synergies" between its tobacco and food products. Her paper in *The American Journal of Public Health* focuses on the development and marketing of Lunchables.

For those of you who weren't in elementary school in the late '80s, Lunchables combine processed meats, cheeses and breads in stackable piles in a plastic tray. These "synergies" included chemical additives and "flavor encapsulation technology," also used in cigarettes and other packaged foods.

"Philip Morris applied its 'better for you' reformulation strategy, first used to create filtered Marlboro cigarettes, to develop Low-Fat Lunchables in efforts to keep consumers worried about childhood obesity loyal to the brand" in the mid-90s, Schmidt's paper notes — but these "healthier" Lunchables weren't much more nutritious than the originals, even if they were lower in fat.

You can see food brands using similar strategies today to appeal to health-conscious, MAHA-adjacent consumers: taking the artificial dyes out of chips and cereals, for instance. But those products often contain other additives that make them hyperpalatable, thanks to a combination of sodium, sugar, fat and carbohydrates that also make them easier to overeat. […]

In a *Times* Opinion guest essay from September, Julia Belluz and Kevin Hall explained that "the root cause of America's chronic disease crisis" is "our toxic food environment." The endless array of hyperpalatable and always available foods disrupts our internal signals around satiety. "Our bodies weren't designed for a calorie onslaught, in the same way a house built for moderate weather isn't designed for a heat wave," Belluz and Hall wrote.

Luckily there are a ton of policy ideas that could improve our food environment. George Washington University's Global Food Institute just released a road map for reducing added sugar in American children's diets.

These suggestions include asking the U.S. Department of Agriculture to further reduce the cap on added sugar in school and day care food like flavored milk and yogurt, taxing sweetened beverages, restricting the marketing to children of foods with poor nutritional value and encouraging the Food and Drug Administration to finalize a proposed rule that would highlight products that are high in added sugar. […]

Schmidt, the U.C.S.F. professor, also mentioned improved food labeling as a policy fix that the United States should adopt. First, "we need a regulatory definition of ultraprocessed food," she said. In the June 12 issue of Helena Bottemiller Evich's Food Fix newsletter, Evich quotes Robert F. Kennedy Jr., the secretary of health and human services, as saying the definition is imminent and that once it is finalized, "we're going to go to front-of-package labeling … the model that we're looking at right now is a red light, green light, yellow light."

This type of food labeling system, based on the amount of fat, sugar and salt, is in place in some other countries. Green means the food has the lowest levels, yellow is in the middle, and a food labeled red has the highest levels. […]

DOCUMENT 19

Why food skills belong in the school curriculum — not left to chance at home

Karen L. Vaughan, *The Conversation*, 14 July 2026

One in ten children aged seven to nine years is living with obesity in Europe. In England, childhood obesity rises from around 10% of children in reception to around 22% by year six. While we know there are many complex and inter-connected biological, social and environmental causes of childhood obesity, a good start is to tackle this with what we know works: better diets are linked to better health.

Studies have shown that healthy diets in children are associated with better physical health. High quality diet patterns, containing whole foods such as fresh fruit and vegetables, are linked with better mental health in early adolescence. We also know that poor dietary patterns and childhood obesity are linked with cardiovascular disease in adulthood.

One important but neglected way to encourage children to eat better diets with fresh fruits and vegetables is to teach them cooking skills. My recent research with colleagues has found that that younger children with more experience of learning food skills tend to have slightly higher fruit and vegetable consumption.

Preparing meals from scratch involves more fruits and vegetables, which are rich in the nutrients and fibre we need to keep us healthy. Children can learn vital food skills at a young age – the earlier the better to shape future habits and behaviour.

In our study involving 19,736 European children aged from six to nine years, we found that children who were able to able to peel fruit and vegetables with a peeler were 15% less likely to have obesity. However, overall, our analysis showed that children who participated in more food preparation skills at home had a slightly higher risk of having obesity.

This doesn't mean that cooking at home causes obesity. Correlation is not causation. Reverse causation is also possible. Children who are already living with obesity may have food-seeking appetite behaviour, and are therefore more interested in helping with meals at home. On the other hand, when parents prepare food at home with children, this might include cooking foods high in sugar and fat, such as cakes.

This is why learning food skills at school is important. In Japan, the Shokuiku programme makes diet and food a key and integrated part of the curriculum. Japan has a strong nutrition education policy linked to school meals, and has an obesity prevalence of 4.4% for young people aged five to 19, compared to the world prevalence for this age group of 8.2%.

It is easy to assume this learning should happen at home, but that relies on parents having the time, confidence and knowledge to teach it. Many do not. Without structured support, the gap only widens.

Schools already treat some life skills as essential. Swimming, for example, has mandated hours, clear outcomes and national expectations. Children are required to swim for 25 metres by age 11, and schools are given guidance on how much lesson time should be devoted to swimming.

Food skills have none of this, despite their long-term impact on health. The World Cancer Research Fund recommends five hours of nutrition and food skills education a week, but this is unrealistic. Schools need cooking equipment, food for cooking lessons, training for teachers to deliver whole class cooking lessons and more time available in the curriculum.

A more achievable approach would be around 24 hours of food skills teaching each year in primary and lower secondary school – for example 12 two-hour lessons across the 39-week school year. Regular, practical sessions focused on preparing simple savoury dishes, especially those using vegetables, would build confidence, familiarity and healthier habits. Skills such as peeling, chopping and cooking are not luxuries. They are foundations for long-term wellbeing.

The national curriculum for food teaching in England was last updated in 2015. Since then, evidence on children's food skills has grown, but policy has not kept pace. Children acquire skills through observation, practice and reinforcement, building up competence as they repeat tasks.

This is especially relevant for nutrition education, since children acquire food skills in a complex learning environment shaped by their perceived cooking confidence and the support they receive from parents and teachers.

If we want healthier diets, we must prioritise skills as well as knowledge. A shift towards a skills-based curriculum would equip children to navigate their food environment, with benefits that last far beyond the classroom.