

Remarks on Children's Health and an Exchange With Reporters

September 22, 2025

The President. Hello, everyone. Thank you very much.

So I've been waiting for this meeting for 20 years, actually. And it's not that everything is a hundred-percent understood or known, but I think we've made a lot of strides. I wish it was done a long time ago.

Today we're delighted to be joined by America's top medical and public health professionals as we announce historic steps to confront the crisis of autism. Horrible, horrible crisis.

I want to thank the man who brought this issue to the forefront of American politics, along with me. And we actually met in my office—is it, like, 20 years ago, Bobby?

Secretary of Health and Human Services Robert F. Kennedy, Jr. Yes.

The President. It's probably 20 years ago in New York. I was a developer, as you probably heard. And I always had very strong feelings about autism and how it happened and where it came from.

And he and I—I don't know, the word got out, and I wouldn't say that people were very understanding of where we were, but it's turning out that we understood a lot more than a lot of people who studied it, we think. And I say "we think" because I don't think they were really letting the public know what they knew.

Thanks, as well, to the Director of the National Institute of Health Dr. Jay Bhattacharya; FDA Commissioner Dr. Marty Makary—these are great people; Administrator of the Centers for Medicine [Medicare; White House correction] and Medicaid Services Dr. Mehmet Oz; and Acting Assistant Secretary of HHS Dr. Dorothy Fink. So thank you all. Thank you, Dorothy, very much.

The meteoric rise in autism is among the most alarming public health developments in history. There's never been anything like this. Just a few decades ago, 1 in 10,000 children had autism. So that's not a long time. And I've always heard, you know, they say a few, but I think it's a lot less time than that. It used to be 1 in 20,000, then 1 in 10,000, and I would say that's probably 18 years ago. And now it's 1 in 31, but in some areas, it's much worse than that, if you can believe it—1 in 31. And I gave numbers yesterday. For boys, it's 1 in 12. I was told that's in California, where they have a—for some reason, a more severe problem.

But whether it's 1 in 12 or 1 in 31, can you imagine? That's down from 1 in 20,000, then 1 in 10,000, and now we're at the level of 1 in 12, in some cases, for boys. One in 31 overall.

So, since 2000, autism rates have surged by much more than 400 percent. Instead of attacking those who ask questions, everyone should be grateful for those who are trying to get the answers to this complex situation. And the first day all of these great doctors behind me were there, I told them this is what we've got to—we have to find out. Because when you go from 20,000 to 10,000 and then you go to 12, you know there's something artificial. They're taking something.

And by the way, I think I can say that there are certain groups of people that don't take vaccines and don't take any pills that have no autism—that have no autism. Does that tell you something? That's currently. Is that a correct statement, by the way?

Secretary Kennedy. There are some studies that suggest that, yes, with the Amish, for example.

The President. The Amish, yes. Virtually—I hear no—I hear—I heard none. See, Bobby wants to be very careful with what he says, and he should, but I'm not so careful with what I say.

But you have certain groups—the Amish, as an example, they have essentially no autism.

First, effective immediately, the FDA will be notifying physicians that the use of aceta—well, let's see how we say that.

Secretary Kennedy. Aceta——

The President. Acetam——

Secretary Kennedy. Acet——

The President. ——Acetaminophen. Acetaminophen. Is that okay?

Participant. Yes.

Administrator of the Centers for Medicare and Medicaid Services Mehmet Oz. Yes.

The President. Which is basically commonly known as Tylenol. During pregnancy, can be associated with a very increased risk of autism. So taking Tylenol is not good. All right? I'll say it: It's not good.

For this reason, they are strongly recommending that women limit Tylenol use during pregnancy unless medically necessary. That's, for instance, in cases of extremely high fever that you feel you can't tough it out, you can't do it. I guess there's that. It's a small number of cases, I think. But if you can't tough it out, if you can't do it, that's what you're going to have to do. You'll take a Tylenol, but it will be very sparingly.

It can be something that's very dangerous to the woman's health. In other words, a fever that's very, very dangerous and, ideally, a doctor's decision, because I think you shouldn't take it, and you shouldn't take it during the entire pregnancy. They may tell you that toward the end of the pregnancy—you shouldn't take it during the entire. And you shouldn't give the child a Tylenol every time he goes—he's born, he goes and has a shot, you shouldn't give a Tylenol to that child.

All pregnant women should talk to their doctors for more information about limiting the use of this medication while pregnant. So, ideally, you don't take it at all, but if you have to—if you can't tough it out or if there's a problem, you're going to end up doing it.

The other thing that I can tell you that I'll say that they will maybe say at a little bit later date, but I think when you go for the shot, you do it over a five-time period. Take it over five times or four times, but you take it in smaller doses, and you spread it out over a period of years.

And they pump so much stuff into those beautiful little babies, it's a disgrace. I don't see it. I don't—I think it has—I think it's very bad. They're pumping—it looks like they're pumping into a horse. You have a little child—a little, fragile child, and you get a vat of 80 different vaccines, I guess—80 different blends—and they pump it in.

So, ideally, a woman won't take Tylenol. And, on the vaccines, it would be good, instead of one visit where they pump the baby loaded up with stuff, you'll do it over a period of four times or five times.

I was—I mean, I've been so into this issue for so many years just because I couldn't understand how a thing like this could happen. And you know it's artificially induced. It's not like something that—when you go from all of those, you know, healthy babies to a point where I don't

even know structurally if a country can afford it, and that's the least of the problems. To have families destroyed over this is just so terrible.

I also—and we've already done this—we want no mercury in the vaccine. We want no aluminum in the vaccine. The MMR, I think, should be taken separately. This is based on what I feel. The mumps, measles, and all—the three should be taken separately. And it seems to be that when you mix them, there could be a problem. So there's no downside in taking them separately. In fact, they think it's better, so let it be separate.

The chicken pox is already separate, because when that got mixed in—I guess they made it four for a while—it really was bad. So they make chicken pox—individually, they're okay. When you mix them, something maybe happens.

So there's no downside in doing it. It's not like, "Oh, if you do it, bad things." No, it's only good side—and it may not have that much of an impact, but it may have a big impact. So let those be taken separately.

And then, hepatitis B is sexually transmitted. There's no reason to give a baby that's almost just born hepatitis B. So, I would say, wait until the baby is 12 years old and formed, and take hepatitis B.

And I think if you do those things, it's going to be a whole different—it's going to be a revolution, in a positive sense, in the country.

The FDA will be updating the label of an existing drug to reflect potential benefits in reducing some autism symptoms. This gives hope to the many parents with autistic children that it may be possible to improve their lives.

That's one of the things that I'm very, very happy about. I mean, this was mostly going to be on how not to have the child affected, but we've learned some pretty good things about certain elements of genius that can be given to a baby, and the baby can get better and, in some cases, maybe substantially better. Not going to be easy, but—it'd be a lot easier if it didn't happen in the first place, as these great parents fully understand, right? They fully understand.

I feel so terribly for—I have so many friends with autistic children. It's just—it's a tough situation.

Finally, to help reach the ultimate goal of ending the autism fever, the NIH will be announcing 13 major grant awards from the Autism Data Science Initiatives. And to be honest with you, to me, that's the least important. It's not even a money thing at this point. There's so much money, but they have to do—and they have to move quickly. They—when the alternative is that nothing bad can happen, let's do it now. I was just saying to Bobby and the group, "Let's do it now." Nothing bad can happen. It can only good happen.

But with Tylenol, don't take it. Don't take it. And if you can't live—if your fever is so bad, you have to take one because—there's no alternative to that—sadly, first question: What can you take instead? It's—actually, there's not an alternative to that. And as you know, other of the medicines are absolutely proven bad. I mean, they've been proven bad with the aspirins and the Advils and others, right? And they've been proven bad.

So I'd like to ask Bobby to get up to the podium and say a few words, and then Dr. Bhattacharya and Dr. Makary, Dr. Oz, Dr. Fink, followed by two incredible mothers that have experienced firsthand what this country is going through—what parts of the world are going through.

And I will say, there are parts of the world that don't take Tylenol. I mean, there's a rumor—and I don't know if it's so or not—that Cuba, they don't have Tylenol because they don't have the

money for Tylenol, and they have virtually no autism. Okay? Tell me about that one. And there are other parts of the world where they don't have Tylenol, where they don't have autism. That tells you a lot.

And I want to say it right now. And you know, the way I look at it: Don't take it. Don't take it. There's no downside in not taking it.

So I'd like to ask Bobby to come up and say a few words. I hope I didn't ruin his day. [Laughter] But that's the way I feel. I've been very strong on the subject for a long time. You know, life is commonsense too. And there's a lot of common sense in this. And I wish things like this were brought up, and this group has worked so hard on it, but I'd like to be a little bit more—a little speedier in the process of a recommendation, because there's no harm in going quicker. There's absolutely no harm. At worst, there's no harm.

Thank you very much. Bobby, please.

Secretary Kennedy. Thank you, Mr. President. To meet the President's challenge, I ordered HHS to launch an unprecedented all-agency effort to identify all causes of autism, including toxic and pharmaceutical exposures. At President Trump's urging, NIH, FDA, CDC, and CMS are turning over every stone to identify the etiology of the autism epidemic and how patients and parents can prevent and reverse this alarming trend.

We have broken down the traditional silos that have long separated these agencies, and we have fast-tracked research and guidance. Historically, NIH has focused almost solely on politically safe and entirely fruitless research about the genetic drivers of autism, and that would be like studying the genetic drivers of lung cancer without looking at cigarettes. And that's what NIH has been doing for 20 years. As a result, we don't have an answer to this critical question.

[At this point, Secretary Kennedy continued his remarks, concluding as follows.]

This model of unleashing unbiased, depoliticized, gold-standard scientific research and academic freedom to deliver actionable information to prevent and reverse disease will be a model for the framework to deliver similar results for many other chronic conditions that plague Americans.

Jay.

National Institutes of Health Director Jay Bhattacharya. Thank you, Secretary Kennedy. And thank you, President Trump.

The President. Thank you very much.

Director Bhattacharya. I'm proud to announce today that the NIH has launched the Autism Data Science Initiative to turbocharge autism research, devoting an additional \$50 million to the cause of studying autism.

Nearly 250 research teams from across the country applied, sent in their applications, and were peer-reviewed by the NIH review panels. The NIH peer reviews chose the 13 best projects focused on root causes and therapies, with replication and validation studies to guarantee gold-standard science.

[Director Bhattacharya continued his remarks, concluding as follows.]

We've been working together closely on this problem for the past 6 months, and our cooperation represents an unprecedented collaboration with Secretary Kennedy's Department of Health and Human Services and with President Trump.

I'm delighted to introduce Dr. Marty Makary, commissioner of the Food and Drug Administration, who tell you about these announcements of practical help for families with autism.

Commissioner of Food and Drugs Martin A. Makary. Great. Thank you, Dr. Bhattacharya. Mr. President, this is the start of a historic shift in medical culture. This administration is working together to ask big questions about why our Nation's children are getting sick so fast. Too often, medicine is doing small little studies, giving us answers we already knew. But we've got to make a difference.

You've given us a charge to identify root causes, and we're not going to stop so that we can end the suffering we are watching. And if you've seen a kid with autism—with severe autism, it's hard to watch. Kids get frustrated, they get angry, they can be crying because they want to speak and they can't speak. It's hard to watch. And it may be entirely preventable.

[Commissioner Makary continued his remarks, concluding as follows.]

Again, we have a duty to let doctors and the public know we are going to change the label to make it available. Hundreds of thousands of kids, in my opinion, will benefit. One study found that with kids with autism and chronic folate deficiency, two-thirds of kids with autism symptoms had improvement—and some, marked improvement.

Mr. President, you told us to do what's medically right, to go bold, and not worry about the corporations and the lobbyists. So that's what we're here doing today.

The President. Thank you.

Thank you, Mr. President.

The President. Good. Thank you.

Administrator Oz. Thanks, Marty. I think you all appreciate the passion in the President's voice. We've been hearing that since the Inauguration. In fact, even before the Inauguration, the President was upset about what he spoke to today.

And so, together with Secretary Kennedy, who has made it his life's work to address some of these challenges with autism, they challenged us. In fact, they were harsher than that. They wanted no silos to break down what the NIH would do, what the FDA would do, what CMS would do. They insisted that the physician leaders bust through the clutter because their agencies had the power if we didn't do what every other prior administration had done, which is to let people function within their siloed environments.

[Administrator Oz continued his remarks, concluding as follows.]

The fivefold increased prevalence of autism over the past 25 years demands a rapid response. The average clinician, researcher—we spoke to many—thought it would take 5 years to get this data. Parents are unwilling to wait 5 years. The President is unwilling to wait 5 years for these results.

So the President and the Secretary are acting today—today with this tri-agency move. The administration's bold actions investing in groundbreaking research follow the science; they restore trust, which has been lacking; and they will change the trajectory for millions of American families.

Mr. President, God bless you for being brave.

The President. Thank you very much.

Administrator Oz. Let me introduce Dr. Fink, who is acting administrator. And after Dr. Fink, we've got some wonderful women, Jackie and Amanda. I know it's going to be tough, but if you can make some comments about this historic day. God bless you.

Acting Assistant Secretary of Health and Human Services for Health Dorothy A. Fink. Thank you, Mr. President, for this opportunity to speak with all of you today.

As a pediatrician and mom, I am here today to talk about what this announcement means for the millions of moms and dads who are faced with the choice of whether to take acetaminophen during pregnancy.

It's hard to hear information that challenges the status quo. We are sharing this information not to confuse but to empower parents to make the best choices when taking medications during pregnancy. We are all concerned about the rising rates of neurodevelopmental disorders, including autism.

[Acting Assistant Secretary Fink continued her remarks, concluding as follows.]

I am encouraged by these developments today because it is another example of our commitment to the American people to leave no stone unturned in improving the health of our nation's children.

Next, I'm going to turn it over to some incredible mothers who are going to share more about their stories, and we're so grateful to have you here today.

Rockingham County, VA, resident Amanda Rumer. Thank you. Thank you, Mr. President and team, for all your work. This is an historic day, and I'm thankful to be here.

I have a son who's 5, who is profoundly autistic. And you've probably heard: If you've met one autistic child, you've met one autistic child. It's a spectrum, which—I don't think the spectrum is helpful, but that's another conversation.

[Ms. Rumer continued her remarks, concluding as follows.]

I'm just very grateful. I pray for my son every day and hope that he can get the help that he needs. And just—thank you. Thank you very much.

The President. Thank you very much. You take care of yourself.

Jackie O'Brien. Hi, my name is Jackie. I'm also extremely grateful for the opportunity to be here and share my son's story. My son is Eddie. He's 11. He's on the opposite end of the spectrum from what Amanda just explained. He's considered high-functioning. He was not always high-functioning. He was nonverbal till the age 4. We've had quite a hard time to get to the place where we are today.

[Ms. O'Brien continued her remarks, concluding as follows.]

So I'm just here to express my gratitude, and I am looking forward to what comes from this. And hopefully, we just get more answers. So thank you.

The President. Thank you very much.

So I just want to say, acetaminophen is basically Tylenol, essentially, because I noticed that term is used throughout this conference. So it's essentially Tylenol. And I just recommend strongly that you don't use Tylenol unless it's absolutely necessary. They—I understand it's maybe 10 percent of the women that are pregnant are—you know, would perhaps be forced to use it, and that would mean you just can't tough it out. No matter what you do, you can't tough it out. So that's up to you and your doctor.

But there's a very strong recommendation, maybe stronger for me from—than from the group, because they're waiting for certain studies. I don't—I just want to say—I want to say it like it is: Don't take Tylenol. Don't take it. If you just can't—I mean, it's just—fight like hell not to take it. There may be a point where you have to and that you'll—you have to work out with yourself. So don't take Tylenol.

Other things that we recommend—or certainly, I do, anyway—is—and it's so important to me to take—see the doctor four times or five times for a vaccine. Don't let them pump your baby up with the largest pile of stuff you've ever seen in your life, going into the delicate, little body of a baby. Even if it's 2 years, 3 years, 4 years, you just break it up into—I would say five, but let's say four visits to the doctor instead of one.

And certain things I think you should do. We have already taken out and are in the process of taking out mercury and aluminum now. You know what mercury is. You know what aluminum is. Who the hell wants that pumped into a body?

And there were rumors about both of them for a long time, but we're having them taken out. We're having them taken out of the vaccines. Hepatitis B—again, that's sexually transmitted, and we think you should wait—I think you should wait till 12.

You know, I'm making these statements from me. I'm not making them from these doctors, because when they talk about, you know, different results, different studies, I talk about a lot of common sense. And they have that too. They have that too—a lot.

But I recommend the hepatitis B, take it at 12. Sexually transmitted. You don't have to give it to the baby when the baby is 2 years old, and there are a lot of theories on that. But not when they're 12, it's not—doesn't seem to be a problem at all.

The MMR and the chicken pox—chicken pox has already been broken out. It's a singular shot, but the MMR is not. And I've heard for years that there's a problem with it, but they say that there's no problem if you do each shot separately, not put together. So an MMR, get—go out and do it separately.

Don't take Tylenol. Don't give Tylenol to the baby after the baby is born. Every time the baby gets a shot—the baby goes, gets a shot, they say, "Here, take a couple of"—I've heard that for years. "Take Tylenol." Don't take Tylenol. Don't have your baby take Tylenol.

Now, Tylenol is fine for people that aren't pregnant, that aren't in the situation that—we're talking about one very specific situation. If you're pregnant, don't take Tylenol. When you have your baby, don't give your baby Tylenol at all unless it's absolutely necessary. Don't do it.

Break up your visits to the doctors. Break them up. Do it in five, if you can. Now, it's inconvenient. It's inconvenient. Oh, you're going to have to go back another year later. You're going to go back each year for 4 years, 45 years, 3 years. Just break it up. Break it up, because it's too much liquid. Too many different things are going into that baby at too big a—at too big a number. The size of this thing, when you look at it, it's like 80 different vaccines and beyond vaccines and—80. And you give that to a little kid.

I mean, I can tell you that I had a woman who worked for me—a beautiful, wonderful woman who worked in Trump Tower, and she had the most perfect child. Beautiful. Just perfect. And I remember this little blond-haired boy running around the lobby of Trump Tower so healthy and so vibrant. And I said, "That's great."

One day, I came in, and she was crying her eyes out behind the counter. She was—she worked at the front desk. She was crying her eyes out. I've never—as much as I've ever seen anyone distraught, she was. I said: "Are you okay? What happened?" "My boy, my boy. I've lost my boy." "What does that mean, 'your boy'?" "My boy, you know him, sir. You've seen him grow

up. He was so beautiful, and I took him for a vaccine, sir, and he developed this unbelievable"—I think she said 107, 108. You know, it goes well beyond—when this happens, it goes up to 106, 107, 108. You know, we hear 105 and you're in trouble, but it just goes up to a level that you never hear about. But it goes up very high. And they get—it's fried. They get fried.

She said: "I took him. He got—developed an unbelievable temperature, and I've lost him, sir. He's gone." And then I saw the boy. It was a whole—it was so tragic to see.

That was the following day. That was the following day after the vaccine. And I've seen it two other times and—I think three other times, but two other times where they go to the doctor and they get the vaccine, they get the shot, the kid is, you know, badly hurt. Let's be nice—badly hurt.

And just do it. Break it up into five. Break it up into four. Break it up into three, if you have to. But go to the doctor four times instead of once or five times instead of once. And for some reason, they insist that you put it all into the body, and maybe that's the drug companies. They make more money that way. Maybe it's the doctors, because they don't want to be, you know, doing this so much. Maybe it was—maybe it's the doctors. They get maybe more money. Who the hell knows what it is?

Don't do it. Get them broken into four or five visits. Do it four or five—that means you have 20 percent, 25 percent what you're putting into the baby's body. It can only help. It can only help.

And the other things I told you about, just—the word "tough it out"—you know, it's easy for me to say tough it out, but sometimes in life we have a lot of other things you have to tough it out also.

Don't take Tylenol. Don't give Tylenol to the baby. When the baby is born, they throw it at you. "Here, throw—give them a couple of Tylenol." They give them a shot—they give them a vaccine, and every time they give them a vaccine, they're throwing Tylenol.

And some of these babies, they—you know, they—they're long born, and all of a sudden, they're gone. And it doesn't hurt not to do it. It doesn't hurt. There's no downside. There's no downside at all.

And break up MMR. Break it up. It's practically a known fact that if you break it up, you're not going to have a problem. But for years, we've been hearing how bad MMR is as a combination. And I'm very happy that you broke out chicken pox, because that was really a problem.

And there are other things. It's interesting because there are other things, other—we were talking about another—different drugs, pills that you take that we know are so bad, and they don't take them anymore. But for some reason, with this, they keep taking it.

Don't take Tylenol. There's no downside. Don't take it. You'll be uncomfortable. It won't be as easy, maybe, but don't take it. If you're pregnant, don't take Tylenol. And don't give it to the baby after the baby is born.

And you know what? We have more than 3 years left. And I told Bobby and the doctors behind me—and they are so committed to this—I told them that this is the number one thing I want to do from you.

And you know, we have something else called favored nations, where I'm going to be reducing drug prices by a thousand percent—by 900, 600, 500, 1,200. We're going to be reducing drug prices at levels never seen. It's called favored nations. We're going to be paying what the rest—right now we're like the garbage can for the rest of the world, and we have been for forever. We pay much higher for drugs than the rest of the world. We subsidize the rest of the world.

We're not doing that anymore. And that's a big thing. That's a big thing. That's bigger than anything.

I told the story the other night that I was so proud in my first term that, for the final year, drug prices went down one quarter of 1 percent, and I was so proud. I said, "Why?" I'm the first one to do it—I think it was 28 years, they said, where drug prices went down from the beginning of the term till the end. And I was so proud. I called a news conference. I said: "You know, drug prices have gone down. First time it's happened in 28 years." You know what it was? One quarter of 1 percent. I was so proud.

Now we're going to have them go down from \$100 a pill to \$9 a pill, from \$1,300 for a shot of, like, an Ozempic or—the fat—I call it the "fat pill" or the "fat drug." Sometimes it works, I guess, for people. The ones I've seen, it hasn't worked so well. *[Laughter]* I got a lot of friends—they're fat. I—they said, "Yes, I lost some weight." I said, "You don't look it to me."

But they pay \$1,300, \$1,200, and they go to London, and they pay \$88. And they call me, and they go, "What's this all about?" We're subsidizing the rest of the world stupidly, because we had a lot of stupid people in this country running things.

And how big is that? But to me, that's nothing compared to autism.

I see that gorgeous boy. I have a big present for him in the back. You know, you bring him back. We're going to bring him into the Oval Office. I have the best present he's ever going to get. Okay? A big one. I saved it for you—okay?—because I heard you were coming. Look how beautiful he is.

So that's it. There's nothing much to say. Don't take Tylenol if you're pregnant, and don't give Tylenol to your child when he's born or she's born. Don't give it. Just don't give it.

And we're going to have, I think, really—if you do all—the things that I say: Break it up. Just break it up. Break up the shots with the doctor. MMR is, as I told you, separate, separate, separate. Chicken pox, already separate.

You do these things, I'm telling you, I want to—when I leave office, I don't want to have—it's going to be the kind of number that we hearing, where it's 1 in 32 or 1 in 10, because I've heard 1 in 10 also. And in California, it's really bad.

I want it to be—let's get it back to maybe 1 in 10,000 or 1 in 20,000 or maybe none in 20,000. And the only way you're going to do that—because this is artificially induced. This is induced by something. You don't go from 1 in 20,000 to 1 in 10,000, then to 1 in 10. That's—means you're taking something, and something's wrong.

And I feel very certain, and I know I'll be criticized. Someday, they'll look back and they'll say, "Well, it—it wasn't," but I think it will. I think we're going to have a tremendous—I want—this is one of the most—this is the most important thing. There's nothing more important than me.

We cured inflation that Biden gave us. He gave us so much inflation—the biggest ever in history. We got inflation done. We brought prices down. We gave you the largest tax cuts.

All of that stuff, it doesn't mean a thing compared to what we're doing today. This means everything.

So we're going to save a lot of children from a tough life, a really tough life. And we're going to save a lot of parents from a tough life.

Okay. How about a few questions? Let's just make it on this subject. This is so beyond as a subject that I'd rather not talk about, you know, some nonsense on the economy.

[Several reporters began asking questions at once.]

And I will say this, the economy is unbelievable. The stock market just hit another record high. And all that stuff, this means more to me.

Yes, please.

Autism Spectrum Disorders

Q. Mr. President, I have one on your announcement, one on vaccines that's also related.

The President. Yes.

Q. Why do you think we haven't heard more previously about the tie to autism in acetaminophen?

The President. Nobody knows. I don't know. Not only that, when you say it, you get attacked.

I was saying something similar, not as strongly, because now facts are on our side—but I was saying it with Bobby 20 years ago, and I was attacked. I said: "Whoa. What was that all about?" I had no idea. You get attacked. I don't know, the medical community, the drug companies, doctors—I don't know what it is.

All I want to do—I don't care about being attacked. It doesn't matter to me. I believe that the numbers at the end of our term or shortly thereafter could be really phenomenal. I want it to go up just—just like it came down to this horrible level: 1 in 10, 1 in 12. I was told 1 in 10. I was told 1 in 12. Today I heard 1 in 31, if you add the girls and the boys together. It's crazy. And it was 1 in 10,000 and 1 in 20,000?

It's not even sustainable for a country, you want to know the truth. And there are other places that don't have it, and they have things in common, and that's called medical research.

Yes, please.

Acetaminophen

Q. Mr. President, I'm curious, as you look at the trend lines——

The President. Yes.

Q. ——how much of this is the causation of acetaminophen, and how much is sort of better diagnosis—doctors, researchers having a better understanding of what, you know, is on the autism spectrum?

The President. Do you want to do that?

Secretary Kennedy. Yes.

The President. Sure. Go ahead, Bobby.

Secretary Kennedy. That's one of the canards that has been promoted by the industry for many years, that it's changed diagnostic criteria or better recognition. And—but there's been study after study done of that that completely debunks that, one of them by the MIND Institute at UC Davis, University of California.

But also, it's just common sense, because you're only seeing this in people who are under 50 years of age. If it were better recognition or diagnosis, you'd see it in 70-year-old men. I've never seen this happening in people my age. I've never seen a case of full-blown autism—and that means profound autism. I want to be very careful. Head banging, stimming, toe walking, nonverbal, nontilet trained—I've never in my life seen a 70-year-old man who looks like that.

You're only seeing it in kids. It's an epidemic.

[Several reporters spoke at once.]

Use of Acetaminophen During Pregnancy/Autism Spectrum Disorders

Q. Thank—thank you, Mr. President. I was hoping that you could clear up confusion for moms and dads across America, many of whom voted for you. There's a statement that was put out by the American College of Obstetricians and Gynecologists, and in their statement, they write, "Acetaminophen remains a safe, trusted option for pain relief during pregnancy."

The President. Yes.

Q. And that's at odds with what you said——

The President. Yes.

Q. ——and with what many of the experts say. How—do you clear up this confusion?

The President. It's the establishment. That's the establishment. They're funded by lots of different groups.

And you know what? Maybe they're right. I don't think they are, because I don't think the facts bear it out at all. They're fighting for something that, in my opinion, they shouldn't be fighting for.

But here's the thing, there's no downside to doing—other than a mother will have to, as I say, tough it out a little bit, there's no downside to doing this. It's not like, "Oh, if you do this, you're going to die." There's no downside. There's no downside to going over a 4-year or a 5-year period or a 3-year period or even if you space them out for 6 months. You space it out, there's no downside.

And that's why I will say, the gentlemen behind me, they have very strong views, and they feel that we're right, but they'll have more research done over the next 2 months. I said: "Well, 2 months is a long time. A lot of people can be saved, and there's no downside to doing it." Everything I said, there's no downside to doing it. It can only be good, and I think you're going to see very good results.

That's establishment stuff, and we've been reading that about a lot of things for years. And you know what's happened? We've gone from 1 in 20,000 to 1 in 10,000 to 1 in 32 to 1 in 10. Think of it: 1 in 10 or 12, or 1 in 31. Think of it: 1 in 31 people—young kids get autism.

What is it, Jeff [Jeff Mason, Reuters]?

[Several reporters spoke at once.]

Leucovorin/Tax Code Reform/Medicaid

Q. My question is about leucovorin. You mentioned that as part of your plan. That is also a chemotherapy treatment. Have you been in touch with the drug companies to increase production——

The President. Oh, why don't I have the doctor answer that, please.

Q. ——about that? And just—I'm going to throw in my follow-up at the same time. Dr. Oz mentioned that this will be available with CHIP and children who are in CHIP. But the great—the "Big Beautiful Bill" reduced funding for CHIP and Medicaid by a trillion dollars over the next 10 years.

The President. Well, that's——

Q. Are you concerned that that will impact your ability to get this drug out?

The President. I'll explain it to you in a second. But please, go ahead, Doctor.

Q. Thank you.

Commissioner Makary. Thank you. Leucovorin is not a chemotherapy, but it is a vitamin given with chemotherapy sometimes. And the idea here is that the folic acid receptor in the brain is blocked by some antibody response. It might be 20, 40, 50 percent of kids with autism. And leucovorin will bypass that blocked receptor, and that's why so many doctors are probably seeing so much clinical improvement on kids with leucovorin.

Q. So are you going to increase production? Have you talked to the companies?

Commissioner Makary. Yes, we've been in touch with the companies, and they are prepared to ramp up production. And we actually talked to them about a month ago.

The President. And on your second part of your nasty question, the——

Q. It wasn't nasty.

The President. ——the number is that the "Great Big Beautiful Bill," which is the greatest—I think, the—one of the best things ever passed in the history, with the tax cuts and regulation cuts and all of the things it does: no tax on tips, no tax on Social Security, no tax on overtime. All of it does.

It also gives \$200 million, as just explained by Dr. Oz. And I'd like you to explain that, Doctor, to exactly what you're saying.

Administrator Oz. The "Big Beautiful Bill" actually increases Medicaid spending projected over the next 10 years by \$200 billion. There's also a \$50 billion Rural Health Transformation fund, which will allow a lot of these programs to get in the rural parts of the country that the President and Congress are handing to Governors to start distributing. Those grants have already gone out. The money will be allocated by the end of this calendar year.

And I want to point out that the ability of NIH to do research that feeds and hands the ball to the FDA, which they can change labeling to allow Medicaid programs in States to fund this program, will ensure that the things that President Trump and Secretary Kennedy desire are financially affordable for the families around America.

Q. But you mentioned CHIP, sir. That why I asked that question. You mentioned that CHIP would fund this for children.

Administrator Oz. What—well, most of the kids are on Medicaid. Probably 43 on—percent on Medicaid, another 8, 10 percent on CHIP. And all the programs in general are being evaluated.

Most of what the "One Big Beautiful Bill" was seeking to do was to remove fraud, waste, and abuse. But the programs themselves should stay financially intact for the people for whom they were designed and, in this case, for children.

[Several reporters spoke at once.]

The President. And the only thing—the only thing we cut—so that's \$200 billion positive—the only thing we cut was for fraud, waste, and abuse, of which there was a lot in this country. And nobody minds that.

Yes, please.

Hepatitis B Vaccine

Q. Mr. President, you said that there is no reason to give newborn babies Hepatitis B vaccines, but Hepatitis B can be contracted not just through sexually transmitted diseases. It can

come from needles to open wounds. So, when you say you feel, you know, is that appropriate to be telling the public?

The President. I think it's absolutely appropriate. I think they should wait till they're 12 years old.

Yes, please.

Measles, Mumps, Rubella, and Varicella (MMRV) Vaccines

Q. Mr. President, thank you all for being here. You've been talking about reducing autism by spacing out vaccines. Would you like other combined vaccines babies receive to be spaced out like MMRV?

The President. What is this? Again.

Q. You've been talking——

The President. You have—speak up, please.

Q. Yes, sir. You've been talking about reducing autism by spacing out vaccines.

The President. Right. Correct.

Q. Would you like the other combined vaccines babies receive to be spaced out, like MMRV?

The President. I would say yes, but that just is for me. It's a lot of common sense involved in this. It's a process. But we're looking. But it should at least be given separately.

Now, it's possible that you can reduce them and give it—I'd give them in small doses, but it's possible maybe in that particular case, the MMR wouldn't work in small doses, but you can certainly give them separate shots. It's been proven to be very safe when you give them in separate shots instead of mixing. So I don't think there's any reason to do that.

Do you agree with it?

Commissioner Makary. Yes.

The President. I'm not a doctor, but I'm giving my opinion. I don't think there's any reason to do that. So it's been proven to be safe when you break them up.

But MMR, by itself, I've heard bad things about it for many years.

Yes, please.

Autism Spectrum Disorders

Q. Mr. President, is the spectrum too broad, in your opinion? For research purposes, you are dealing with a population of children who might have social boundary difficulties, and then you have children who are, you know——

The President. Yes.

Q. ——going to grow up to be adults in diapers.

The President. Yes.

Q. I mean, what do you think?

The President. We don't know how broad the spectrum is. We don't know exactly where it starts and where it ends, but we do know what we're going through. We're going through some very serious trouble.

And we know autism. I mean, it's—it could be bigger, or it could be smaller—a little bit smaller, but the number is unacceptable. And the number, the way it's come down, the way—because the spectrums remain the same—the number or the way it's come down is just unacceptable—meaning come down to that level of 1 in 10, 1 in 12, 1 in 31.

[Several reporters spoke at once.]

Go ahead, in the back.

Access to Health Information

Q. Mr. President, this question is more directed towards Secretary Kennedy. He's talked about that we're just kind of finding out about the fact that babies are affected this way. Is there a concern that information is being suppressed right now within HHS, and could a investigation perhaps be launched seeing—*[inaudible]*—

The President. Well, I think information has been, really, not given out very freely over the years, absolutely. And I think that's by drug companies and maybe doctors. But I certainly think that over the years.

I think this is a different group. We have a lot of information. And that information—I mean, it's the information that we have that we're making these statements.

And I'm making them out front, and I'm making them loud, and I'm making them strongly not to take Tylenol—not to take it. Just don't take it unless it's absolutely necessary, and there's not too many cases where that will be the case.

And, again, what's the worst? The worst is nothing can happen. It's very positive. That's a positive thing. But I don't believe that's—that—I don't actually believe that's possible. I think the results are going to be amazing. I want to see amazing results by the time I leave this beautiful building.

And I will consider this—I believe, you know, with the wars—I've stopped seven different wars. I've saved millions of lives. I've done a lot of things. This will be as important as any single thing I've done, because I know ladies—beautiful ladies just like this—that are going through the same thing, and it's not easy. And I admire you for being able to do it.

But I admire him too. I wish I had a face that looked like that. *[Laughter]* If I looked like him, I would have been President a long time ago. *[Laughter]*

[Several reporters spoke at once.]

Acetaminophen Use in Other Countries

Q. Tylenol is widely used in other countries too. As you make this announcement, do you expect your decision may affect other countries?

The President. I hope they follow it, yes.

Q. [Inaudible]

The President. I hope they follow it. Yes, other countries are—you know, sell Tylenol. Some countries don't.

I mean, I hear Cuba—now, again, you'll have to check this out—but I hear Cuba doesn't have it because it's very expensive and they don't have the money to have it, or they don't want to spend the money to have it. They don't have Tylenol. And I hear they have essentially no autism. So you have to—you'll have to check it out.

[Several reporters spoke at once.]

Yes, Brian [Brian Glenn, Real America's Voices], please.

Q. Mr.—Mr.——

Q. Medical professionals have warned for decades—

The President. No, no. I said—no, not you. You're CNN. You're fake news.

Go ahead, Brian.

Attention Deficit and Hyperactivity Disorder (ADHD)

Q. Thank you, Mr. President. I want to go back to the Amish community, if I can, just for a second.

The President. He's—[laughter].

Q. I recently saw a man from Minnesota—an Amish man from Minnesota on a podcast.

The President. Right.

Q. And the host asked him what the rates were for, like, ADHD and autism, and he had no idea about ADHD. Didn't know it existed and certainly didn't know of any cases. And what are—

The President. It doesn't exist with the Amish community, and they don't take all of this junk. It doesn't exist. That tells you—doesn't that tell you——

[Several reporters spoke at once.]

That's like—you know, that's like certain countries where it doesn't exist and they don't take it.

Would you like to make a comment about that, Marty?

Commissioner Makary. The Amish population are a very mixed group. So there's a subset that take vaccines and a subset that does not, and we know they have very low rates of chronic disease, all across the board.

[Several reporters spoke at once.]

The President. Please.

News Media/Vaccines

Q. Thank you, Mr. President. Should the establishment media show at least some openness to, you know, figure—trying to figure out what the causes of autism are?

The President. I wish they would, yes.

Q. And why are they so close-minded?

The President. Well, they—look, it's not only the media, in all fairness. It's some people. When you talk about vaccines, they go crazy.

And you know, I'm a big supporter of vaccines. I got a certain vaccine approved in 9 months that would have taken from 5 to 12 years. I'm very proud of it. A lot of people think it was one of the greatest things I've done. And some people think—mostly Republicans, actually—I'll tell you, the Democrats think it was—they think Operation Warp Speed was one of the greatest things any President has done. Any President.

It's—you know, we're very proud of what happened. We got hit with something that came from a place that shouldn't have happened, but it did happen. You know, those things take place, and you're very unpleasantly surprised.

But no, I'm a big believer in vaccines. The polio vaccine. Big, big believer in vaccines. I know Bobby and you guys have it out a little bit, but he's a believer in vaccines too.

But I've seen what—how great vaccines can be, how incredible they can be, so I'm a—believer.

Yes.

[Several reporters spoke at once.]

Yes, please.

Vaccine Schedule/Acetaminophen

Q. You—your comments you made about MMR and Hepatitis B——

The President. Right.

Q. —I know you said those were your suggestions. But have you spoken with Secretary Kennedy about actually making those changes?

The President. I have, yes. I have. I've spoken to all the doctors about it, and doctors that are not here right now. I've spoken to many doctors about all of—everything we're talking about.

And you know, the—Tylenol has started to be spoken of over the last period of time. But we've been doing the research. A lot of what they've been speaking about comes from right here, by research done by these people.

And I just say it again: Don't take Tylenol. Don't take it. And don't give it to your child after your child is born. And do all those other things, little things. Just spread out your visits, et cetera, et cetera, on the vaccine.

And I want to thank everybody. This is a very important day. Thank you very much.

[Several reporters spoke at once.]

Q. *[Inaudible]*—Jimmy Kimmel?

Q. Will you meet with the Democratic leaders, sir?

NOTE: The President spoke at 4:46 p.m. in the Roosevelt Room at the White House. In his remarks, he referred to former President Joseph R. Biden, Jr. A reporter referred to Jimmy Kimmel, host, ABC's "Jimmy Kimmel Live!" program. The transcript was released by the Office of Communications on September 23.

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