Episode 57DHWG June 7 2025 MAHA questions to YLE Your Local Epidemiologist yielded a Fact Sheet

In Episode 57DHWG 1 MAHA grassroots questions to YLE Your Local Epidemiologist yielded a Fact Sheet What Your Local Epidemiologist is learning from MAHA grassroots meetings with Your Local Epidemiologist The Fact Sheet was compiled after hearing opinions about vaccines mistrust government overreach and scientific credibility RAWSEP View Your Local Epidemiologist expects backlash within her field of Public Health perhaps because of not directly addressing the threat to community health of making the personal choice to refuse vaccines 2 The YLE Fact Sheet RAWSEP View MAHA meetings with YLE Your Local Epidemiologist yielded a Fact Sheet of MAHA questions and YLE anwers There are also article references on the original YLE Your Local Epidemiologist Fact sheet which are not included here 3 Trump Musk fight papered over Main Content

1 MAHA grassroots questions to YLE Your Local Epidemiologist yielded a Fact Sheet What Your Local Epidemiologist is learning from MAHA grassroots meetings with Your Local Epidemiologist The Fact Sheet was compiled after hearing opinions about vaccines mistrust government overreach and scientific credibility RAWSEP View Your Local Epidemiologist expects backlash within her field of Public Health perhaps because of not directly addressing the threat to community health of making the personal choice to refuse vaccines Excerpts edited by RAWSEP for brevity and clarity and relationship to Residents Against Wood Smoke Emission Particulates a 501c3 nonprofit organization Your Local Epidemiologist June 6 2025 What I am learning from MAHA and why public health needs to catch up with the curiosity driven movement About a month ago a few of us in public health began meeting with members of the grassroots advocacy group Make America Healthy Again MAHA I shared some initial reflections and our conversation aired on the podcast Why Should I Trust You It went viral sparked by an immense wave of curiosity People wanted to understand what it looks like when two seemingly opposing sides sit down and actually talk I am happy to report that we have continued exchanging emails and texts met again and even planned more conversations to expand our circle And we still have not killed each other! That might not sound like much but in today's polarized climate it feels like progress Honestly it is given me more hope than I have felt in a long time We have tackled some hard topics vaccines mistrust government overreach scientific credibility On our side the damage is real On theirs the opportunity of the current landscape is exciting What is kept us at the table is not agreement but a shared curiosity some common ground and a growing recognition that we each have something to learn from the other Here is what I have taken from these conversations over the past month about communication community and trust and what I hope they have taken from us too A Zoom picture of the MAHA crew and the public health crew coming together for tough conversations Hosted by Why Should I Trust You But first a note to fellow health professionals One of the hardest parts of engaging with MAHA has not been the conversations themselves To me it is the anticipation of backlash from within my field The quiet fear of a thousand paper cuts So before this post circulates more widely I want to make an important distinction One that I think many of us are struggling to see clearly There is a real difference between the leadership of MAHA like RFK Jr and the grassroots supporters drawn to the movement I do not believe RFK Jr is acting in good faith His record is riddled with contradictions and falsehoods His tactics often erode trust under the guise of restoring it Treating him as a serious partner would be a mistake But many people who support MAHA at the grassroots level are asking real good faith questions They are responding to gaps and failures that

public health professionals recognize too If we fail to see that difference we risk further alienating those who already feel unheard We confirm the very narrative they have been fed that the health ecosystem does not listen does not care and paints all its critics with the same brush There is meaningful common ground to build on clean food chronic illness safe schools and air quality That is a good place to start What I have learned so far Over the past month I have learned a LOT! Here are three key lessons from these conversations 1 Trusted messengers and co developing is the name of the game A recurring theme in our conversations was this Communication just does not reach us At first I did not buy it There is no shortage of information online But the more I listened the clearer it became information being available is not the same as being accessible understandable or shared by or within their trusted networks They mainly get information from long form podcasts like Joe Rogan's and rarely see evidence based information on social media which I think is largely due to algorithms because it is there! So I followed up I sent one of MAHA's leaders a plain language vaccine FAQ that the YLE team and Yale created in November 2024 It is been downloaded 50000 times but I had not heard much from folks who were not already in our corner She responded almost immediately Her feedback was kind sharp and incredibly constructive Here is what I learned Nuance matters She appreciated that the FAQ was not trying to convince anyone It did not oversimplify It acknowledged uncertainty and gave people room to make their own informed decisions Context builds trust The original version included over 100 studies but only as a bibliography She suggested including one sentence per study summarizing what was found and why it matters Access is empowerment She asked for clickable links to the studies A small fix but one that increased transparency and usability Respect different realities Her biggest suggestion was adding a question If someone cannot or will not vaccinate what else can they do to protect their family? It reminded me to meet people where they are not where we wish they were The YLE team implemented every change she suggested It took a lot of work! I sent the revised FAQ back as a thank you And without being asked she shared it with her network You can read the updated version here Routine Vaccination Questions 975KB · PDF file Download This not only highlights the need to co develop but also to partner with trusted messengers in established information networks as there are clearly echo chambers 2 Autonomy comes first A MAHA member brought up RFK Jr 's now infamous quote in a follow up meeting People should not take my medical advice To those of us in public health that is deeply frustrating Sure you should not get your rash checked out by a politician but it signaled something else the burden of medical decision making is entirely on individuals It tells people diagnose yourself verify the guidance of your doctor interpret the vaccine schedule and sort fact from fiction Alone Most Americans do not have the time training or tools to do that And they should not have to That is why we build public systems and scientific consensus Just like I rely on a mechanic to fix my car we should be able to rely on public health experts to interpret the science But MAHA members heard something different The RFK comment affirmed their autonomy It signaled that they can make decisions for themselves and their families even if those decisions go against expert consensus This is where public health can and must step in not by taking away that autonomy but by supporting it We can build tools that help people explore the evidence understand it and weigh it for themselves This led the conversation down a difficult path One public health colleague said Sure do what you need to do but please do not kill someone else That did not land well and one MAHA person said Just saying that will lose so much ground in trust I understand why MAHA members do care deeply about protecting their families and

those around them Assuming that they do not does not help But for them autonomy still comes first Here is where I hope the learning flows both ways Autonomy matters But so does community Public health is not about either or It is about both It is about protecting individuals and protecting each other through collective action 3 Public health is not Big Pharma Many MAHA members are incredibly skeptical of the entire medical industrial complex especially Big Pharma I too am very skeptical about their role thus far in the health ecosystem of the U S But this is where we need to be louder and clearer public health is not Big Pharma Big Food or Big Insurance It does not profit but rather protects There seems to be a genuine misunderstanding of this separation from MAHA So when scientists speak up for vaccines it can sound like defending the industry in their eyes which erodes trust with this group Public health has flaws bureaucracy underfunding and clumsy communication to name a few but the mission is fundamentally different And that distinction matters Some in MAHA are starting to see that One member recently said We have to stop they ing you That stuck with me In public health we need to do a better job educating people on what we do and who we are and honestly voice our general frustration with the systems too What are our solutions to the industry captured health ecosystem? Bottom line Over the past five years I have learned a lot about what makes public health communication work the value of nuance the power of trusted messengers the importance of meeting people where they are and the creativity needed to develop two way streets But this past month MAHA taught me something new Curiosity can be a bridge Even when shaped by different lived experiences and priorities curiosity creates a space to begin If we are willing to sit with discomfort ask better questions and truly listen we can rethink how public health works and who it serves I look forward to continuing to learn I also hope they continue to discover what public health offers as an institution and as a partner in helping individuals and communities thrive Love Your Local Epidemiologist YLE PS Check out the latest MAHA+public health leader meeting recorded and aired on the Why Should I Trust You podcast June 6 2025

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FACT SHEET Childhood Vaccinations The Top 14 Questions answered with the Nuance you may be looking for

1 Are childhood vaccinations safer than the diseases themselves? Yes the benefits continue to outweigh the risks for routine vaccine preventable diseases For example the risks of side effects from a measles mumps rubella MMR vaccination are very small especially compared to the effects of a measles infection as shown below 1 Complications from 10000 children getting the Measles MMR Vaccine Zero complications 2 Complications from 10000 children getting measles infections 2000 hospitalizations 3 fever related seizures 10 cases of brain swelling 0 point 1 cases of abnormal blood clotting 10 30 child deaths 1000 ear infections with 0 point 035 allergic reactions potential permanent hearing loss 500 cases of pneumonia

2 Do children really need vaccinations even if the disease is not still around? Although many diseases like measles are no longer widespread in most U S communities children still need vaccines to maintain their immunity These diseases are still alive and well in other parts of the world In the U S

we have cases of rubella for example but only from international travelers Think of population immunity like a water dam built to prevent flooding Once it is built we will not have flooding anymore But if the next generation comes along and says Hey there is no flooding anymore do we really need this dam? and decides to get rid of it the flooding would return quickly Your probability of encountering measles or polio is low because so many people around you are vaccinated Protecting against flooding is most important for people who cannot save themselves babies the elderly and the sick When adults and kids are vaccinated against common diseases it helps protect people whose immune system is not fully functioning or who have not been able to be vaccinated yet

3 How do we know vaccines are safe? Are vaccines ever taken off the market? Created in collaboration with the Yale School of Public Health Rigorous ongoing scrutiny of vaccine safety continues long after clinical trials conclude This is important because even among the largest trials involving tens of thousands of volunteers scientists may not detect a very rare safety concern that may emerge only after millions of doses The U S has a few monitoring systems to watch for the ongoing safety of vaccines Anyone can submit a report to the Vaccine Adverse Event Reporting System VAERS which requires careful follow up and additional study to figure out what if any role vaccines played in the reported medical conditions VAERS reports are frequently misrepresented as proof of vaccine safety issues but they are unconfirmed reports that provide potential directions If enough reports are submitted the U S does a far more rigorous follow up study using VSD see next bullet Vaccine Safety Datalink VSD is a national network of medical records from healthcare organizations and insurers that allows us to examine whether there is a link between vaccinations and safety signals V safe is a new program that started during the COVID 19 pandemic in which people text CDC more actively after a vaccine about how they feel and follow up weeks and months afterward This allows CDC to watch for safety signals proactively Other monitoring systems exist including FDA BEST We also do not rely solely on U S data The same vaccines are used worldwide and other countries can flag potential safety issues that we can interrogate Example of catching a safety signal quickly In 1999 an approved vaccine against rotavirus a common cause of severe gastrointestinal illness in children was found to be associated with a potentially fatal intestinal blockage Within months of approval of the vaccine in 1998 reports to VAERS suggested a possible association The vaccine was halted while the issue was investigated and following confirmation of a link the CDC withdrew its recommendation that infants receive the vaccine It was never used again Example of how sensitive our systems are During the COVID 19 pandemic these systems also contributed to rapidly identifying blood clots associated with the Johnson & Johnson COVID 19 vaccine ultimately leading to recommendations against its use and eventual withdrawal from the U S market This safety signal was detected after 6 cases out of 6 point 8 million doses given

4 Children receive so many more vaccines these days Why? Is this okay? This is true Children born before the 1990s received far fewer vaccines Over the years we have gotten better in developing vaccines in two ways We target immune protection far more efficiently Over the years scientists got smarter at targeting viruses and bacteria exposing children to fewer and fewer parts of the microbe antigens to stimulate the immune system In the Mid 1980s Children under 2 received vaccines against 7 diseases These vaccines formulas were safe TODAY Children under 2 receive vaccines against 15 diseases These vaccine formulas target effective but complex targeting more 180

antigens and therefore ask less of the than 3000 antigens immune system This is one way scientists and physicians know that the number of childhood vaccines cannot overwhelm immune systems Also this number of antigens is far less than the germs our immune systems marshal a response to every day almost always without us even knowing it That is the immune system doing its job! Advances in medical research have also led to many new vaccines that have further reduced childhood illnesses For example a safe and effective Haemophilus influenza type b HiB vaccine was developed in the late 1980s It has dramatically lowered rates of childhood meningitis brain infections pneumonia and epiglottitis infection of the epiglottis that prevents kids from breathing The same can be said for vaccines against varicella pneumonia rotavirus and others capable of causing severe illness and deaths of children

5 Do we need to be reinfected over and over for our immune systems to respond? Contrary to rumors we do not need to get reinfected over and over for our immune systems to be ready to respond Everything in our life our house pets our own body is filled with microbes Although most of these microbes are not harmful they keep our immune systems active and ready to defend against dangerous foreign invaders That said to stay protected from certain diseases like pertussis aka whooping cough or tetanus aka lockjaw you may need a vaccine booster This is for a few reasons 1 Catching these diseases usually acts as a natural booster but would also put you and your family at risk 2 Even if you got infected boosters can help For example a tetanus infection will not give you any immunity The dose of toxin is too low to activate an antibody response you have no protection from getting tetanus a second time if you are infected A vaccine can help 3 Some diseases need annual booster shots because viruses change quickly For example the flu virus changes from year to year so each year's shot targets a different version of the virus Scientists are hard at work figuring out the details of how to make current vaccines work better but until those mysteries are unraveled boosters it is

6 Why cannot pharmaceutical companies be sued for Vaccine Injury? The National Childhood Vaccine Injury Act NCVIA was enacted in 1986 after parent activists who believed their children were harmed by vaccines engaged in a series of lawsuits against pharmaceutical companies seeking compensation for damages While there were not any major wins on the part of these groups the cost of these trials eventually reached a point where it was more than what vaccine manufacturers were earning from their products Consequently many vaccine manufacturers stopped making vaccines it did not make financial sense for them to do so–and the handful that remained were contemplating doing the same At that point Congress stepped in with the National Childhood Vaccine Injury Act NCVIA which created the National Vaccine Injury Compensation Program This act granted pharmaceutical companies certain legal protections and established a no fault compensation system operated by the Department of Health and Human Services with a reduced burden of proof for petitioners who felt they had been harmed by vaccines The system is paid for by an excise tax on each vaccine dose The program also established a table of known vaccine related adverse events–all of them quite rare–for which compensation is provided expeditiously This act also established a number of important oversights including the previously mentioned Vaccine Adverse Effects Reporting System and a non governmental committee to determine vaccine safety This system is imperfect but it ensures that people harmed by vaccines have a path to compensation and that we still have access to lifesaving vaccines

7 Why does the U S have different recommendations than other countries? Country to country differences tend to be pretty minor overall When there are differences they reflect a differences in manufacturing capabilities b differences in the patterns of disease and c differences in the payment and distribution systems Here are a few examples Behavioral Universal vaccination recommendations work better than targeted vaccinations because of convenience and education The U S used to have targeted hepatitis B vaccine recommendations but uptake was poor After a universal recommendation there was a big decline in disease and many lives and livers were saved The same happened with the flu vaccine universal recommendations increased uptake among high risk groups Financial Governments of Most countries pay for vaccines through national healthcare systems with fixed budgets so the cost benefit analysis is a big consideration when making policy decisions for some countries it would be too expensive for the government to vaccinate everyone so they try to find where the money will have the biggest impact Sometimes this can have unexpected results For example modeling data suggests that when resources are constrained prioritizing school aged children for flu vaccination has the greatest benefit in minimizing flu deaths even though the majority of deaths occur in the elderly because this would have the biggest effect on transmission The U S is fortunate in that rather than having to pick and choose from a place of limited resources it can offer the vaccine to everyone Safety net The U S has much less wiggle room because of worse healthcare access social support healthcare capacity and health Casting a larger net through universal vaccine recommendations is more critical than in other countries Availability and accessibility Some countries use the oral polio vaccine instead of the inactivated polio vaccine because the oral kind is easier to administer you do not need people trained in giving injections cheaper and stops transmission better The oral polio vaccine has a different number and timing of doses than the inactivated polio vaccine However because the oral vaccine contains actual poliovirus and can revert to paralytic polio if it circulates in the environment use of the oral vaccine is considered only in places where there is a lot of polio although even this is being reconsidered Epidemiological Though the diseases themselves are the same their behavior within a particular country might differ For example meningitis caused by meningococcal B tends to occur in adolescents and young adults and in particular in congregant living settings like college dorms but throughout Europe invasive meningococcal disease due to these bacteria is more common among infants For this reason many European countries have a recommendation for a meningococcal B vaccination in infancy whereas the U S does not

8 Do doctors get paid an incentive for vaccinations? Physicians do not get paid by pharmaceutical companies for vaccinations Vaccination is often billed to insurance companies But these administration fees are rarely worth it Surveys of pediatricians report that most break even or even lose money from vaccination because the costs of vaccine storage handling and the doses themselves are so high Some insurers have regional programs offering small financial incentives to pediatric practices for maintaining a certain level of vaccine uptake in their practices but these programs are not universal and the incentives are indeed small The cost of vaccinating kids has gotten so high that some pediatric practices have stopped offering recommended vaccines

9 How do we know that the rise in autism is not linked to vaccines? First it is important to note that a lot of research is still needed to evaluate the cause of autism The data we do have suggests that it is

primarily the result of genetics What is clear is that vaccines particularly MMR vaccines do not cause autism We know this because of a few reasons 1 This rumor became prominent in the mid 1990s after a fraudulent scientific study was published by a scientist with conflicts of interest trying to make his own measles vaccine who eventually lost his medical license 2 Huge robust studies spanning millions of children across many countries have not found a link between autism and vaccines 3 Scientists have learned that the hallmark of autism is dysregulation of brain development starting in the prenatal period before childhood vaccines are introduced 4 Autism rates have increased over time This increase is partially explained by factors like changes in diagnosis Scientists continue to explore the data behind this trend

10 Why do babies need the Hepatitis B Vaccine if babies are not high risk? The hepatitis B virus is tricky 1 The majority of people with HBV globally are unaware they have it Many who do have it do not know how they contracted it If we only give it to people who believe they are high risk we will miss many cases Remember it can take decades from the time you contract hepatitis B virus before symptoms become apparent 2 Hepatitis B virus requires only a very tiny dose to cause infections which means that even though it is bloodborne and sexually transmitted it can be spread casually like through sharing a toothbrush or even through being bitten by an infected person such as at daycare 3 It is very stable in the environment capable of remaining infectious for weeks and even months on surfaces 4 The outcomes can be severe Mother to baby transmission at birth is the most common cause of chronic HBV infection which can lead to liver cancer liver failure and death If babies contract hepatitis B disease near birth 95% develop the chronic form The HBV vaccine induces protective immune responses in nearly everyone 80 100% The vaccine risks are extremely low—the only safety signal found is rare allergic reactions one severe allergic reaction for every 2 3 million doses 11 Are there any long term studies on whether the HPV vaccine impacts fertility? Some of these concerns stemmed from a case series that was published in 2012 describing six girls who developed primary ovarian insufficiency POI from 8 months to 2 years after they received the first human papilloma virus HPV vaccine dose This stirred public concern that the HPV vaccine could cause infertility However case series often generate more questions than answers because they cannot assess causality correlation does not equal causation Fortunately no rigorous lab or epidemiological follow up studies have found a link No effect of HPV vaccination on fertility has been found in 3 studies in rodents A strong study in North America followed women planning on getting pregnant Some of the women and their partners had their HPV vaccines some of them did not The scientists found no difference in infertility In fact in some groups vaccinated women had higher fertility Another large study found that 120 of 199 078 female patients at hospitals had POI There was no difference between those with the HPV vaccine and those without It is also critical to note that being infected by the HPV virus can harm fertility because of the procedures involved in treating HPV related cancers Some evidence has also suggested that HPV itself may reduce male fertility 12 Why do some children still get sick with a disease after being vaccinated? Vaccines significantly reduce the likelihood of getting sick from infectious diseases and in many cases also greatly reduce transmission For example since the chickenpox vaccination program began in the United States there has been an over 97% decrease in chickenpox cases For whooping cough nearly all children 98 in 100 were protected within a year of their last shot and about 7 in 10 children were protected five years after getting the last DTaP shot Most vaccines however do not completely eliminate the risk of becoming infected with the disease Upon infection vaccines can also lessen the

severity of several diseases Most recently this has been demonstrated in a number of COVID 19 vaccine studies which have found that vaccinated individuals compared with unvaccinated individuals are less likely to become severely ill For many vaccine preventable diseases immunity from an infection can be imperfect it may still make sense to get vaccinated even after recovering to help prevent serious illness from reinfection and to reduce spread 13 Do kids really get 72 doses of vaccines? This number comes up a lot and it is understandable to have questions about it By the time a child turns 18 they are recommended to receive vaccines that protect against 17 potentially serious diseases including Measles mumps rubella MMR Polio Tetanus diphtheria pertussis whooping cough Hepatitis A and B Varicella chickenpox Pneumococcal disease Meningococcal disease Rotavirus Hib Haemophilus influenzae type b HPV human papillomavirus COVID 19 Influenza flu Because some of these vaccines require more than one dose the total over time adds up to 28 doses by two years old which includes yearly flu shots 35 doses by five years old which includes yearly flu shots 54 doses by age 18 with a third coming from yearly flu vaccines Some counts like the commonly cited 72 include every yearly flu and COVID shot through age 18 and sometimes count combination vaccines like MMR which protects against three diseases as three separate doses Others may even include vaccines given to pregnant mothers which are intended to protect newborns in the first weeks of life The exact number of doses a child receives can vary based on timing catch up schedules health conditions and which vaccine formulations are available It helps to remember that little kids are exposed to a lot of illness on average they have 6–8 viral infections per year and often more if they are in daycare Vaccines cannot prevent every illness but they do offer protection from some of the most serious ones—helping reduce the risk of complications hospitalizations and long term effects 14 What can I do to protect myself and others if vaccines are not an option for me? We understand that vaccines may not be accessible to everyone and we still want you to stay safe While vaccines are among the most effective tools we have to prevent serious illness there are additional layers of protection that can help reduce your risk and protect those around you Wash your hands with soap especially before eating or touching your face and after being in public spaces Improve air flow indoors by opening windows or using air purifiers Wear a well fitting mask especially in high risk settings like crowded indoor spaces or during outbreaks If you get symptoms call your physician For some infections antibiotics or antivirals may be available Also be sure to stay home when you are sick to avoid spreading the infection to others That said some of these measures may not be enough on their own—many viruses and bacteria especially those that affect young children are incredibly contagious and can spread quickly even when people are doing their best to stay cautious While not as effective as vaccines there are some things that you can do to support your immune system once you are sick Sleep is critical as this is when the immune system executes most of its repair processes Hydration Proper fluid balance ensures your body can transport nutrients and immune cells and remove pathogens and waste products Staying healthy including a balanced nutrient dense diet and exercise – benefits your health in many ways including reducing risk of comorbidities that can put you at higher risk from infections It is important to know that diet and exercise alone do not guarantee protection against infections Many other immune health remedies you may see on social media are either very weak they may help a little bit but likely not much or have no evidence of helping fight off infections when studied across large groups of people See this guide for more information

3 Trump Musk fight papered over Letters from an American Heather Cox Richardson Excerpts edited by RAWSEP for brevity and clarity and relationship to Residents Against Wood Smoke Emission Particulates a 501c3 nonprofit organization June 7 2025 Last night Musk billionaire Elon Musk indicated he would be willing to paper over his fight with President Donald J Trump perhaps remembering as Paresh Dave of Wired noted that his companies stand to lose $48 billion over the next ten years if they lose their government contracts Trump spent this morning calling news anchors and telling them he is not bothered by the fight Trump today called Dana Bash Bret Baier Jonathan Karl and Robert Costa to claim he is not even thinking about Elon before bashing him as the man who has lost his mind Big tech investors and executives were trying to walk a fine line between the two men trying not to take a stand for or against either No one was more hesitant to take a side than Vice President J D Vance who wants to keep the favor of his Silicon Valley patrons but also needs the backing of Trump Around 10 PM last night after Musk was already retreating Vance posted on social media President Trump has done more than any person in my lifetime to earn the trust of the movement he leads I am proud to stand beside him This was a pretty weak statement and Trump is smart enough to understand that this is a confession by Vance Do not doubt Do not second guess Do not challenge Trump House speaker Mike Johnson Republican of Louisiana R LA warned Republican lawmakers He is the leader of the party He is the most consequential political figure of our time After Russian officials said they were prepared to offer Musk political asylum Musk spent the day posting or reposting material that boosted his businesses and complaints about the One Big Beautiful Bill of Trump This evening Musk announced A new political party is needed in America to represent the 80% in the middle! How the fallout from this fight will affect the country remains unclear but the announcement that the Pentagon is investigating whether Defense Secretary Pete Hegseth's aides were asked to delete Signal messages may well be related to the fall from favor of Musk In April Hegseth arranged for Musk to have a top secret briefing on U S military plans in case of war with China Trump himself stepped in to stop the briefing from going forward Now Hegseth is under investigation It does seem likely that the administration will try to pin blame on Musk for the chaos that the Department of Government Efficiency launched against the United States government AI prompts were used by the Department of Government Efficiency used to munch or in other words cancel contracts related to the Department of Veterans Affairs A person who worked for two months for DOGE said the idea was to go after anything that was not directly supporting patient care But the code was deeply flawed resulting in wildly off base contract values and a deep misunderstanding of what contracts actually did Mistakes were made a DOGE worker said Mistakes are always made Reports are that across the government the Trump administration is scrambling to rehire many federal employees dismissed under the DOGE staff slashing initiatives after wiping out entire offices in some cases imperiling key services such as weather forecasting and the drug approval process They outlined how the administration is trying to patch the holes DOGE ripped in agencies trying to rehire employees who were fired or left voluntarily If that does not work offering overtime asking for volunteers and asking employees to serve in new roles Some new job offerings look a lot like the positions of people agencies just fired A White House official told the reporters If by chance mistakes were made and critical employees were dismissed each individual agency is working diligently to bring these people back to work to continue the adequate functions of the federal government But morale is terrible One worker at the Food and Drug Administration told the reporters Everyone is stressed and feels the absence of our colleagues and I am looking for another