

CDC Quietly Changes Kid's Language Expectations: Making Abnormal "The New Normal"

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In February of 2022, the CDC announced new developmental language standards for American children stating a 2.5-year-old child is now expected to say only 50 words.

As an autism specialist and ASHA Certified Speech Language Pathologist, I am appalled that the CDC would quietly lower long-held pediatric language expectations, by normalizing significant language delays as "the new normal".

I have worked in hospitals, schools, and clinics, and have been the lead director in developing autism programs and centers in multiple states. I am considered an expert in pediatric development of speech, language, communication, oral motor function, and swallowing and an expert in providing appropriate treatment approaches and protocols when such functions are "abnormal". For 25 years, I have been an advocate for early identification and treatment, since research shows that the earlier a child is identified, the better their treatment outcomes will be.

Now the CDC wants to normalize delayed speech and language skills in American children, depriving them of early identification and treatment. This will inevitably adversely impact our children's future successes in school, in relationships, in their communication, and in their self esteem and they will potentially face years more of speech and language therapy and educational supports.

What is "normal"? Children over two years of age are expected to have HUGE verbal vocabularies. They should have a word for almost everything in their environment. 2.5-year-olds are expected to be using multiple 2+word to 3+word

phrases and even merging into full sentences.

If the CDC is seeing a significant decrease in pediatric language acquisition, they need to be asking **WHY** and not simply change the standard expectations.

Yet this isn't new for the CDC. The CDC has been changing IQ standards and student testing outcomes for years. American children are getting dumber and dumber, with more learning disabilities, and more health issues. (54% of American children suffer from a chronic disease... but I will save that for another article). The CDC needs to just stop with this nonsense of making abnormal = normal, and start looking into **WHAT** is negatively affecting our children's development.

Let's start by asking; *Why the sudden change in speech and language in 2021-2022?* We can only assume that the national implementation of mask mandates for the past two years, has much to do with our current situation.

I have been screaming from the roof tops for the last 2 years that masking is inappropriate and harmful. The American Speech and Hearing Association (ASHA) wrote letters to the CDC expressing concerns of potential negative impacts on speech and language, but unfortunately the CDC didn't waiver. Apparently the CDC felt such harms didn't outweigh the disinformation agenda that masks stop the spread of SARS-COV-2. (There's decades of scientific research demonstrating masks don't stop the spread of aerosolized viral particles).

The MASK EFFECT on SPEECH AND LANGUAGE:

Seeing and Hearing; Children learn through watching and hearing. Masking hinders both of these learning modalities. Children need to see the mouths of their parents, teachers, and peers. Furthermore, masked peers and teachers impede aural learning. Speech and language development is significantly impacted when a child cannot see

or hear all of the speech sounds being muffled by mask wearers. The developmental speech and language window is vital in developing appropriate communication skills and can impact a child's education for years.

Mouth Breathing; children under 5 are transitioning from a suckling swallowing pattern to an adult swallow. This swallowing transition is important and sets up a child to have functional and appropriate speech and swallowing and even influences the oral structures and growth of the jaw and mouth. A mask may impede this transition in multiple ways. Masks reduce oxygen intake and often cause the wearer to breath from their mouth instead of their nose in order to take in as much oxygen as possible. Mouth breathing in pediatric oral development is very problematic, and often speech language pathologists spend years working with patients attempting to remedy. Mouth breathing leads to low tongue resting position; the precursor to many speech, articulation, and swallowing disorders. Mouth breathing can even cause jaw malformations and long term oral and swallowing disfunction that only surgical reconstruction can rectify. Furthermore, children with special needs, as those with speech and swallowing disorders and dysfunction, are severely impeded with mask mandates and this could set them back for a lifetime of therapy and more aggressive and invasive therapies in their future.

Compliance; Typically developing toddlers and children do not have the self awareness nor discipline to safely don and doff a mask, nor keep from cross contaminating the mask by touching surfaces and not touching their mask. If the reason to wear a mask is to prevent cross contamination of COVID 19, I believe the mere placement of a mask on a child, will increase the likelihood of viral transmission. A mask is simply a prompt to have the child touch his or her face more frequently.

Hygiene; young children are still developing proper oral resting postures and swallowing and therefore often drool. They also do not often blow their noses and their phlegm comes forward out their nares. These bodily fluids would quickly contaminate a mask. Keeping a child in a moist, warm, contaminated mask is unhygienic and places the child at greater risk of bacterial and fungal infections, some of which can be contagious to others, such as impetigo, which can cause significant health risks.

Special Education and Disabilities; the harms on our special needs populations has been even more remarkable, setting these children up for longer recovery and treatments and potentially lifetime loss of better outcomes. On top of the harms mentioned above, requiring a child with sensory processing disorder or neurological deficits to wear a mask has created behavioral and emotional problems in many children and increased the burden on families and the child's educational program. Still to this day, children and families of special needs who are unable to tolerate a mask, have been deprived access to medical care and therapies, as well as travel in planes, trains, buses, subways, or taxis.

CDC's mask mandates have severely affected an entire generation of American children and we are just now beginning to see the long term consequences. We should expect to see even greater speech and language deficits in these children in the coming months and years.

Our kids need to see and hear their communication partners within vital developmental timeframes. They need to breath freely and live without fear of germs or killing grandma. Mask mandates on our population is inappropriate and unethical. Shame on the CDC for implementing such unscientific measures and then quietly changing pediatric language standards to cover the harms they have caused. What else will the CDC soon be redefining as "normal"?

If your child is not using at least 50 words by 24mos, or cannot be understood by 3yrs, please consult a Speech Language Pathologist. And please... take the mask off your child and their communication partners.



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