



## **Policy Brief: An Introduction to Making America Healthy Again**

By: CRA Staff

### **Synopsis**

Americans are suffering from record levels of chronic disease, metabolic disorders, and obesity. Today, there is growing recognition among political leaders and policymakers that the explanation for this health epidemic is far less complicated than the American public has been led to believe. The relatively recent rise in ultra-processed food and its dubious impact on daily nutritional intake, combined with a staggering increase in the use of prescribed medications, is under heightened scrutiny.

In the aftermath of the COVID pandemic, across-the-board failure and misinformation from so-called “public health experts” regarding masking, vaccines, and the nature of the pathogen have paved the way for fierce and justified skepticism of existing guidance in other areas of public health. This skepticism is increasingly directed toward nutritional guidelines offered by government agencies, production processes within America’s food industry, and increasing reliance on pharmacological interventions.

This connection among what people eat, how food is grown, how patients are treated as they develop chronic disease, and how taxpayer resources are used to fuel these seemingly disparate industries is at the heart of a bipartisan movement to reverse the collapse of the American people’s health. The time to make America healthy again has arrived.

### **The Rise in Chronic Diseases**

According to the most recent data available, roughly 74 percent of Americans are either overweight or obese.<sup>1</sup> More than half the country suffers from at least one chronic disease. Fifty million Americans are living with autoimmune dysfunction.<sup>2</sup> And over 50 percent of American adults have type 2 diabetes or prediabetes.<sup>3</sup> Women are facing increases in polycystic ovary syndrome (PCOS), the leading cause of female infertility, and sperm counts have fallen more than 50 to 60 percent in the last four decades.<sup>4</sup> These are staggering figures that, if not addressed and reversed, pose an existential crisis for the survival of the republic.

Families are torn apart by avoidable diseases and premature deaths. Communities shoulder increased burdens from overloaded healthcare systems. Businesses struggle with sicker and less reliable employees. Couples struggle to conceive and bring forth the next generation. The

military is hard-pressed to find recruits physically able to defend the nation. The United States spends close to \$4.8 trillion annually on healthcare as the overall health status of the American people continues to decline.<sup>5</sup>

The policy responses to these new realities range from horrid to catastrophic:

- Price controls for medications, insulin, and medical devices negatively impact supply and demand and result in cost-shifting for hard-working households.
- Government-run healthcare exponentially increases costs and empowers bureaucrats to dictate health decisions for both patients and doctors.
- New sick leave requirements on businesses limit employer benefits and increase the cost of basic goods and services for everyone else.
- Weak fitness requirements jeopardize the ability of the United States Armed Forces to defeat our enemies on the battlefield.

Simply put, Americans are sick and getting sicker. Proposals to solve the problem almost universally seek to empower government bureaucrats, financially reward favored industries, and burden citizens with higher costs at the expense of their overall quality of life. Policy proposals rarely attempt to identify the sources of the problem, much less solve it for the benefit of those suffering from chronic diseases.

Historical data reveal the alarming rise in obesity rates in just a quarter-century snapshot, providing insight into how fast America's health crisis has accelerated. In 1994, the obesity rate for American adults stood at 22.9 percent and nearly doubled by 2018 to 42.4 percent. During that same period, childhood obesity stood at 10 percent in 1994 and nearly doubled to 19.3 percent by 2018. These rates are commensurate with extraordinary increases in diabetes.

According to the federal government's own data, some 97 million American adults had prediabetes in 2021, with another 38.4 million cases of both diagnosed and undiagnosed diabetes.<sup>6</sup> Combined, these figures equate to nearly 53 percent of American adults who are either diabetic or prediabetic. For the entire American population, which includes both children and adults, a full 9 percent of Americans (roughly 1 in 10) have been actively *diagnosed* with this devastating metabolic disorder.<sup>7</sup> By way of comparison, only 1.8 percent (1 in 50) of Americans were *diagnosed* as diabetic in 1960.<sup>8</sup>

It is not just rates of obesity and diabetes that are driving the chronic disease epidemic. A look at other chronic disorders reveals similar patterns of sickness increasing in the general population.

A 40-year study conducted in Minnesota from 1970 to 2010 revealed that the incidence of inflammatory bowel disorders like Crohn's disease and ulcerative colitis have increased

significantly—with the former increasing by more than 50 percent during that time period and the latter increasing by nearly 35 percent.<sup>9</sup> Similar trends appear with Celiac disease, which reportedly is increasing by 7.5 percent every year throughout Western nations in North America and Europe.<sup>10</sup> A study conducted from 1999 to 2008 on members of the United States military—a relatively healthy population—showed the incidence rate of Celiac disease increased from 1.3 per 100,000 to 6.5 per 100,000 individuals.<sup>11</sup> This is a full five-fold increase in just a nine year timespan that occurred during a period of extended warfare requiring peak fitness within active duty ranks of the military.

This is not normal. Americans are increasingly aware that things are amiss, which is one of the driving forces behind the popularity of Wegovy, Ozempic, and other pharmacological instruments aimed at curbing chronic diseases. It is notable, too, that other developed countries simply do not suffer from similar rates of metabolic disorders.

For example, Japan's obesity rate stands at a mere 4.5 percent.<sup>12</sup> In Italy, public health authorities have expressed alarm over an obesity rate that has reached 12 percent—a figure that is indeed high, but one less than a third of America's current rate.<sup>13</sup> France has seen significant increases in metabolic disorders within their population, with some datasets attributing it to an increase in processed food consumption.<sup>14</sup> However, the obesity rate in France remains one-third the rate in the United States, with 17 percent of the French population categorized as obese.<sup>15</sup> The last time America had an equivalent obesity rate was in the 1970s.

### **The Significance of Ultra-Processed Food**

There are myriad variables that can and should be taken into account when evaluating the underlying reasons for the rise in chronic diseases. Correlation certainly does not equal causation, but it should come as no surprise that the food that Americans consume is under the proverbial microscope. Other likely contributing factors in the development of chronic disease include exercise rates, sunlight exposure, sedentary lifestyles, sleep patterns, as well as overuse of screens and other devices. Nevertheless, food remains the most fundamental and baseline element when evaluating the metabolic function of an individual.

Prior to the ultra-processed food revolution of the twentieth century, people mostly consumed food raised or produced on a nearby farm—without chemical agents and artificial fertilizers infused in the soil. Indeed, almost all food was locally sourced, scavenged, caught, or hunted. This was the case for roughly 99 percent of recorded human history. It is only within the last 70 years that ultra-processed food has become a mainstay of Western dietary habits.

So what exactly are ultra-processed foods?

**Ultra-processed foods** are “*packaged foods containing added preservatives and manufactured ingredients such as enzymes, oils, fats, flavorings, and sugar that extend the shelf-life of a product, enhance the taste of the product, and often result in habit-forming cravings that come at the expense of nutritional integrity.*”<sup>16</sup> These foods are relatively low-cost to mass produce and often are cheaper to purchase for consumers than fresh or organic products. Further, ultra-processed foods now comprise roughly 60 percent of the calories consumed by adults and almost 67 percent of the calories consumed by children.<sup>17</sup>

The link between ultra-processed foods and chronic disease is far from mere speculation. Indeed, the scientific and empirical evidence is quite strong that consumption of food containing unnatural additives is harmful to an individual’s overall health. And over the course of time, the body eventually breaks down as the nutrition intended to fuel it also damages it due to the cumulative impact of these additives.

For example, over the past three decades, non-alcoholic fatty liver disease (NAFLD) has become the most common chronic liver disease in the world and is driving the increased need for liver transplants.<sup>18</sup> The first case of NAFLD in children was reported in 1983 and is now one of the most common causes of liver transplants in young adults. Studies have shown that processed foods, including refined sugars and grains as well as high-fructose corn syrup, are primary contributors to the development of this terrible and avoidable disease.<sup>19</sup>

Similarly, study after study shows a direct link between ultra-processed foods and heart disease. The famous Framington Heart Study based in Massachusetts used a cohort of 3,003 adults without cardiovascular disease (CVD) to assess their dietary habits quadrennially from 1991 to 2008. On average, participants consumed 7.5 servings of ultra-processed food per day as a baseline. The results revealed nearly 22 percent of participants had developed CVD over that time period with each additional serving of ultra-processed food correlating with an astonishing 5 percent increase in the risk of developing CVD.<sup>20</sup>

Numerous pooled cohort studies have also revealed a direct link between the consumption of ultra-processed foods and colorectal cancer, as well as higher risk of developing cancer overall.<sup>21</sup> A long-term study out of Great Britain similarly found that every 10 percent increment increase for daily consumption of ultra-processed foods correlated with a higher risk of developing cancer generally with notable spikes for both ovarian and breast cancer. Participants in the study who consumed the highest amount of ultra-processed food compared with those who consumed the lowest amount had a 25 percent higher risk of lung cancer, 52 percent higher risk of brain cancer, and a 63 percent higher risk of large B-cell lymphoma.<sup>22</sup>

Soybean oil, which is one of the most widely used seed oils in ultra-processed foods in the American diet, is proven to be correlated with an increased risk of obesity and diabetes compared

to healthier alternatives like coconut oil. A 2015 study in mice (which are also used to test a host of pharmaceutical interventions in humans) revealed that soybean oil induced a statistically significant increase in the risk of developing both diabetes and fatty liver deposits.<sup>23</sup> Since 1909, consumption of soybean oil has increased by a *thousand* fold and is the largest source of calories for Americans.<sup>24</sup>

When such direct linkages between the consumption of ultra-processed foods and the development of chronic diseases are evident, it should alarm policymakers of all political perspectives that 60 percent of the average American's diet comes from ultra-processed food sources.<sup>25</sup> In just over a hundred years, the American diet has gone from essentially zero percent ultra-processed to almost two-thirds ultra-processed.

This dietary transformation has also been impacted by changes in the nutritional value of healthy and organic food. A landmark study from the University of Texas conducted on 43 different fruits and vegetables using agricultural data from 1950 to 1999 found across-the-board declines in both minerals and nutrients.<sup>26</sup> Specifically, the study found a 6 percent decline in proteins and an astounding 38 percent decline in riboflavin over a 50-year period.<sup>27</sup> The report placed significant blame on modern agricultural efforts to increase yields, modify crops, and mitigate pests, often with various chemicals and pesticides.

These product modification practices are common in modern agriculture. Combined with erosion in soil integrity and health, which is incentivized by a heavily subsidized system that encourages over-planting, America's farms are increasingly producing less nutritious food.

### **Skepticism Paving the Path Forward**

The COVID pandemic remains a historical hinge point both in the United States and across the globe. Millions of individuals across the world perished following what increasingly looks to have been a lab leak of a man-made virus from the Wuhan Institute of Virology in China—an institute that, at least in part, received funding from U.S. tax dollars for destructive “gain-of-function research.”<sup>28</sup>

In the United States, the loss of public trust in the so-called “expert class” following the pandemic is a consequential development that will have ramifications for years to come. Citizens know that guidance from the CDC on masking and social distancing were largely incorrect.<sup>29</sup> The ever-changing and often-erroneous projections regarding the efficacy and safety of the mRNA vaccines from the Food and Drug Administration (FDA) further eroded civic trust in health experts.<sup>30</sup> It is within this environment that the current argument over the link between ultra-processed foods and the rise of chronic diseases is transpiring.

The growing body of empirical evidence is pointing in a direction that says the human body was not created to ingest and absorb vast quantities of altered and processed ingredients at the expense of key nutrients. It is not a coincidence that more than 45,000 peer-reviewed nutrition studies were conducted between 2020 and 2022.<sup>31</sup> Researchers are following the data because the data are telling a significant story, and the public appetite for the truth has not been satiated.

This has led to a rise in investigations regarding conflicts of interest. For example, the Academy of Nutrition and Dietetics, which purports to represent dietitians, receives 40 percent of its funding from the corporate food industry.<sup>32</sup> It released a statement during the 2018 debate in California over soda taxes claiming that, “No single food or beverage leads to overweight or obesity when consumed in moderate amounts and within the context of the total diet.”<sup>33</sup> This stands in direct contradiction with numerous long-term studies regarding the link between ultra-processed ingredients like high fructose corn syrup and obesity.

Between 2012 and 2019, the National Institutes of Health (NIH) approved more than 8,000 grants to researchers with significant conflicts of interest. These grants totaled at least \$188 million in just a seven year timeframe.<sup>34</sup> Among these conflicts include direct affiliation with major pharmaceutical companies and industries impacted by the research within the specific grant.

More recent investigations have revealed that pharmaceutical companies fund nearly 75 percent of the FDA’s drug approval division<sup>35</sup> and 95 percent of the Department of Agriculture’s dietary guidelines committee has significant conflicts of interest with the food industry.<sup>36</sup>

Breaking through this big government-big industry blockade will require sustained efforts across multiple policy fronts. It will require policy changes at the regulatory level and statutory changes in agriculture, healthcare, welfare, trade, and energy policy. Entrenched interests within the federal bureaucracy and affected corporate industries will fight to ensure the American people subsidize their own sickness.

The three key principles necessary for winning this fight, guiding the policy agenda, and making America healthy again are:

1. **Foster Healthy Communities:** The ultimate purpose of government is to secure the freedoms of its citizens while protecting their lives and property. This cannot be accomplished when it is federal policy that is exacerbating sickness and chronic disease in the general population. Healthier communities result in more productive and engaged citizens, lower healthcare costs, and a stronger nation. This principle should result in proposals that reassess ultra-processed foods as potentially toxic, reform welfare

programs that restrict access to unhealthy foods, and to the extent that we continue to subsidize agriculture, reorient subsidies toward healthier crops and products.

2. **Promote Healthy Habits:** Ultimately, it is up to every individual to choose a better lifestyle that will reduce the risk of chronic disease and morbidity. Yet, the fusion of big government and big industry has made attaining good health increasingly out of reach even for those who would choose it. Existing policies fuel harmful products for consumption and some studies even mislead people in the process.<sup>37</sup> Therefore, the promotion of healthy habits should become a baseline component of American healthcare policy. This principle should result in proposals that publicly expose prospective toxins in the food supply, reassess nutritional guidelines, and encourage physical habits and activities that reduce chronic disease.
3. **Mitigate Perverse Incentives:** The nexus of big government and big corporations working together to grow their power and influence at the expense of the well-being of the American people is a direct threat to the legitimacy of our institutions. Unraveling these perverse incentives is vital. This principle should result in proposals that mitigate Big Pharma and Big Food from purchasing influence within federal agencies, eliminating conflicts of interest in the grantmaking process, and advancing doctor-patient models like direct primary care that nullify exploitative bureaucratic systems and shatter existing paradigms.

Future papers will explore specific policy proposals in each of the areas of agriculture, healthcare, and welfare that align with these core principles. The range of proposals may challenge some long-standing conservative and progressive orthodoxies, which is a feature and not a bug of this vital project. Many progressives will likely oppose this effort because it diminishes the power of the state. Many libertarians will likely oppose this effort because it will restrict or repudiate what can be put in people's bodies. And the Chamber of Commerce establishment will likely oppose this effort because it reins in powerful corporations exploiting people for gain.

With those realities in mind, the philosophical underpinnings of the Make America Healthy Again agenda are inherently and unapologetically *conservative* propositions. The proposals are geared toward ending the nexus between big government and big industries that are collaborating to accrue power and wealth at the expense of the people's well-being and health. Therefore, the driving impetus of this agenda is one that necessitates reducing the size and influence of both government bureaucracies and corporate industries alike.

If implemented appropriately, the result will be healthier and happier people, reduced mortality, fewer chronic diseases, diminished reliance on prescription drugs, lower healthcare costs, empowered patients and doctors, and restored trust in our institutions.

### **Conclusion**

Americans have been conditioned into unhealthy habits by various industries, institutions, and an expert class both inside and outside government. It is imperative to emphasize that these entities operate in an existing framework where more profit is accrued when Americans are sick instead of when they are healthy.

Widespread chronic diseases guarantee hospital systems will carry patients throughout the course of their disease life cycle—especially as metabolic disorders metastasize and cause new health problems. Insurers profit from a system that eliminates risk, ignores health status to guarantee coverage, and increasingly relies on exorbitant taxpayer subsidies that inflate their fiscal baselines. The pharmaceutical industry benefits from patients reliant on pharmacological interventions for their underlying ailments—especially as those conditions increase in number and severity. And the food industry benefits from a taxpayer-subsidized safety net that fuels the “efficiency first” system underpinning American agriculture.

Lost is the overall health and well-being of the 340 million Americans living within this framework. A civilization composed mostly of sick people is one that cannot long endure. Moving forward, policymakers must recognize this empirical reality and implement changes accordingly. People understand that their day-to-day chronic ailments are not normal. While some cynics may be tempted to view the call to “Make America Healthy Again” as little more than a political slogan, the truth is that most Americans deeply desire to *be* healthy and live their lives to the fullest.

The effort to make America healthy again is driven by everyday people seeking a way out of the seemingly endless cycle of sickness and industry intervention. And the ultimate goal of this endeavor is nothing less than a revitalization of our families, our communities, and our nation.



## Endnotes

1. Means, C. (2024). “*Good Energy: The Surprising Connection Between Metabolism and Limitless Health,*” pg. 21
2. *Ibid.* pg. 25
3. *Ibid.* pg. 21
4. *Ibid.* pg. 40-41
5. Congressman Chip Roy (November 4, 2024). “Our Health Care System is Dysfunctional: Here’s How to Make America Healthy Again,” *The Hill*.  
<https://thehill.com/opinion/4968311-health-care-freedom-solution/>
6. CDC Statistics Report (May 15, 2024). “National Diabetes Statistics Report,” *Centers for Disease Control and Prevention*. <https://www.cdc.gov/diabetes/php/data-research/index.html>
7. *Ibid.*
8. Gregg, E. Dr., Cadwell, B., Cheng, Y. Dr., Cowie, C. Dr., Williams, D. Dr., Geiss, L, Engelgau, M. Dr., and Vinico, F. Dr. (December 1, 2004). “Trends in the Prevalence and Ratio of Diagnosed to Undiagnosed Diabetes According to Obesity Levels in the U.S.,” *Diabetes Care*.  
<https://diabetesjournals.org/care/article/27/12/2806/26588/Trends-in-the-Prevalence-and-Ratio-of-Diagnosed-to>
9. Annual Report (2014). “The Facts About Inflammatory Bowel Diseases,” *Crohn’s and Colitis Foundation of America*.  
<https://www.crohnscolitisfoundation.org/sites/default/files/2019-02/Updated%20IBD%20Factbook.pdf>
10. King, J., Jeong, J. Dr., et al (February 4, 2020). “Incidence of Celiac Disease Is Increasing Over Time: A Systematic Review and Meta-Analysis,” *The American Journal of Gastroenterology*.  
[https://celiac.org/wp-content/uploads/2020/02/Incidence\\_of\\_Celiac\\_Disease\\_Is\\_Increasing\\_Over\\_99422.pdf](https://celiac.org/wp-content/uploads/2020/02/Incidence_of_Celiac_Disease_Is_Increasing_Over_99422.pdf)
11. Riddle, M. Dr., Murray, J. Dr., and Porter, C. Dr. (August 2012). “The Incidence and Risk of Celiac Disease in a Healthy US Adult Population,” *The American Journal of Gastroenterology*.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC3493152/>
12. Hari, J. (May 9, 2024). “The Land That Doesn’t Need Ozempic,” *Time*.  
<https://time.com/6974579/japan-food-culture-low-obesity/>
13. Osservasalute Report (June 23, 2024). “Obesity Alarm in Italy: 12 Percent of the Italian Population Is Obese,” *International Medical University in Rome*.  
<https://www.unicamillus.org/obesity-alarm-in-italy-12-of-the-italian-population-is-obese/>
14. Conley, M. (February 1, 2024). “Ultra-Processed Foods: Obesity and Weight Gain,” *U.S. Right to Know*. <https://usrtk.org/ultra-processed-foods/obesity-weight-gain/>
15. Press Release (February 20, 2023). “Obesity and Overweight: Almost One in Two French People Affected. Current Situation, Prevention and Therapeutic Solutions,” *Inserm (National Institute of Health and Medical Research)*.  
<https://presse.inserm.fr/en/obesite-et-surpoids-pres-dun-francais-sur-deux-concerne-etat-des-lieux-prevention-et-solutions-therapeutiques/66621/>
16. Alexander, H. (March 16, 2022). “What Are Ultra-Processed Foods?,” *MDAnderson Cancer Center*.  
<https://www.mdanderson.org/cancerwise/what-are-ultra-processed-foods.h00-159538167.html>
17. Means, C. (2024). “*Good Energy: The Surprising Connection Between Metabolism and Limitless Health,*” pg. 146

18. Means, C. (2024). “*Good Energy: The Surprising Connection Between Metabolism and Limitless Health*,” pg. 45
19. Hagele, F., Enderle, J., Rimbach, G., and Bosy-Westphal, A. (August 2023). “Ultra-Processed Food Consumption and the Risk of Non-Alcoholic Fatty Liver Disease—What Are the Proposed Mechanisms?,” *Nutrition, Intestinal Barrier and Metabolic Liver Disease Special Issue*. <https://www.explorationpub.com/Journals/edd/Article/100523>
20. Juul, F., Vaidean, G., Lin, Y., Deierlein, A., and Parekh, N. (March 2021). “Ultra-Processed Foods and Incident Cardiovascular Disease in the Framingham Offspring Study,” *Journal of the American College of Cardiology*. [https://www.jacc.org/doi/10.1016/j.jacc.2021.01.047?\\_ga=2.201319341.266423867.1731507431-502953123.1731507431](https://www.jacc.org/doi/10.1016/j.jacc.2021.01.047?_ga=2.201319341.266423867.1731507431-502953123.1731507431)
21. Lane, M. et al (February 28, 2024). “Ultra-Processed Food Exposure and Adverse Health Outcomes: Umbrella Review of Epidemiological Meta-Analyses,” *British Medical Journal*. <https://www.bmj.com/content/384/bmj-2023-077310>
22. Chiang, K. et al (January 31, 2023). “Ultra-Processed Food Consumption, Cancer Risk and Cancer Mortality: A Large-Scale Prospective Analysis Within the UK Biobank,” *The Lancet*. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00017-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00017-2/fulltext)
23. Deol, P., Evans, J., Dhahbi, J. et al (July 22, 2015). “Soybean Oil Is More Obesogenic and Diabetogenic Than Coconut Oil and Fructose in Mouse: Potential Role for the Liver,” *Public Library of Science*. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0132672>
24. Means, C. (2024). “*Good Energy: The Surprising Connection Between Metabolism and Limitless Health*,” pg. 173
25. Steele, E., Baraldi, L., et al (March 9, 2016). “Ultra-Processed Foods and Added Sugars in the US Diet: Evidence from a Nationally Representative Cross-Sectional Study,” *British Medical Journal*. <https://bmjopen.bmj.com/content/6/3/e009892>
26. Davis, D. Dr., Epp, M. Dr., and Riordan, H. Dr. (2004). “Changes in USDA Food Composition for 43 Garden Crops, 1950 to 1999,” *Journal of the American College of Nutrition*. <https://pubmed.ncbi.nlm.nih.gov/15637215/>
27. *Ibid.*
28. Lerner, S., Hvistendahl, M., and Hibbett, M. (September 9, 2021). “Documents Provide New Evidence U.S. Funded Gain-Of-Function Research in Wuhan,” *The Intercept*. <https://theintercept.com/2021/09/09/covid-origins-gain-of-function-research/>
29. CRA Staff (September 17, 2021). “Policy Brief: COVID Mask Mandates Prove Both Ineffective and Unsupported by the Evidence,” *Center for Renewing America*. <https://americarenewing.com/policy-brief-covid-mask-mandates-prove-both-ineffective-and-unsupported-by-the-evidence/>
30. CRA Staff (November 4, 2021). “Policy Brief: COVID Vaccine Mandates Are Unwise, Unlawful, and Destructive,,” *Center for Renewing America*. <https://americarenewing.com/policy-brief-covid-shot-mandates-are-unwise-unlawful-and-destructive/>
31. Means, C. (2024). “*Good Energy: The Surprising Connection Between Metabolism and Limitless Health*,” pg. 140
32. *Ibid.* pg. 68
33. Szabo, L. (November 6, 2018). “Soda Industry Steals Page from Tobacco to Combat Taxes on Sugary Drinks,” *NBC News*.

<https://www.nbcnews.com/health/health-news/soda-industry-steals-page-tobacco-combat-taxes-sugary-drinks-n932066>

34. Armstrong, D. and Waldman, A. (December 6, 2019). "Federally Funded Health Researchers Disclose at Least \$188 Million in Conflicts of Interest. Can You Trust Their Findings?," *ProPublica*.

<https://www.propublica.org/article/federally-funded-health-researchers-disclose-at-least-188-million-in-conflicts-of-interest-can-you-trust-their-findings>

35. Jewett, C. (September 15, 2022). "FDA's Drug Industry Fees Fuel Concerns Over Influence," *The New York Times*. <https://www.nytimes.com/2022/09/15/health/fda-drug-industry-fees.html>

36. Mialon, M. et al (March 21, 2022). "Conflicts of Interest for Members of the US 2020 Dietary Guidelines Advisory Committee," *Public Health Nutrition*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10966930/>

37. Peterson, K., Maki, K., Calder, P. et al (October 30, 2024). "Perspective on the Health Effects of Unsaturated Fatty Acids and Commonly Consumed Plant Oils High in Unsaturated Fat," *British Journal of Nutrition*.

<https://www.cambridge.org/core/journals/british-journal-of-nutrition/article/perspective-on-the-health-effects-of-unsaturated-fatty-acids-and-commonly-consumed-plant-oils-high-in-unsaturated-fat/54F76A9404C9D1B192EB59DD8E6DC3F3>