



**METABOLIC**  
**REVOLUTION**  
*OUR HEALTH, OUR RIGHT*

# **TESTIMONIES**

**WASHINGTON, D.C.**  
DECEMBER 2, 2024



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This document includes the testimonies of Metabolic Revolution representatives delivered on December 2, 2024 at the USDA in Washington, D.C. as part of our advocacy and call to reform the dietary guidelines.

These voices represent the culmination of years of clinical experience, and first-hand accounts of healing with dietary strategies. They speak not only for themselves, but for the millions of Americans whose lives have been devastated by the federal government's failure to provide sound, evidence-based nutritional guidance. The time for change is now, and Metabolic Revolution will continue to lead the charge until the USDA fulfills its duty to protect the health of all citizens.



**Jessica Apple**

*President*

*Metabolic Revolution, Inc.*

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Good afternoon,

Thank you for the opportunity to address you today. My name is Dr. Hampton, I'm a boarded in both Family and Obesity Medicine and have a masters in nutrition and functional medicine, and as a physician, I've had the privilege of caring for thousands of patients over the last 29 years. I've dedicated my career not just to treating illnesses but to helping my patients reclaim their health and well-being.

But my journey didn't start with low-carb and nutrient-focused eating. Like many, I once believed in conventional dietary recommendations, emphasizing grains and limiting fat. It wasn't until my wife, who has Type 1 diabetes, struggled with controlling her blood sugar that I began to question these guidelines. Despite her best efforts to follow the food pyramid, she experienced erratic blood sugar spikes that made it nearly impossible to stabilize her condition. What really caught our attention was the realization that the average person with Type 1 diabetes has an average blood sugar of 200 and loses on average 12 years of life because of that high blood sugar.

But when we shifted to a nutrient-dense, low-carbohydrate diet, the results were astonishing. Her blood sugars became more predictable, her energy improved, and for the first time in years, she felt like she had control. It was a powerful lesson about the connection between the food we eat and the lives we live. But most importantly, she will likely not lose 12 years of life.

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### **The Case for Nutrient-Dense Foods**

Personal experiences like my wife's are echoed in my clinical practice every day. I see patients who are exhausted, overweight, and battling chronic diseases like diabetes and hypertension. What unites so many of their stories is that their diets — though often within conventional recommendations — fail to nourish their bodies.

Science tells us that nutrient-dense, animal-sourced foods like eggs, beef, and full-fat dairy are among the most complete sources of essential vitamins and minerals. Yet these foods are often demonized, while ultraprocessed, nutrient-poor options dominate our food supply.

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**If the USDA's goal is to improve nutrition and health outcomes, I suggest we:**

1. Redirect subsidies to support the production of nutrient-dense foods like eggs, beef, and dairy.
2. Partner with healthcare systems like the one I work for, Advocate Health, to help fund food pharmacies that provide nutrient-rich foods to underserved populations who often live in food deserts.
3. Ensure that dietary guidelines reflect the critical role of high-quality proteins and fats in improving metabolic health.

## **Reforming School Nutrition**

Another deeply personal story comes from my own family. When my youngest son started college, he struggled academically during his first semester. Fatigue, poor concentration, and mood swings made it difficult for him to perform at his best. When he returned home, we took a closer look at his diet. By removing sugary snacks and emphasizing nutrient-dense meals, he regained his energy and focus. His grades jumped by a full letter, and he felt better than ever.

This experience made me wonder how many children and teens across the country are underperforming not because they lack potential but because they lack proper nutrition. School meals are an opportunity to change that. Unfortunately, many of these meals are based on high-carbohydrate, low-protein foods that lead to energy crashes and poor focus.

**If the USDA's goal is to foster academic success and long-term health in children, I suggest we:**

1. Increase the protein and healthy fat content in school meals by incorporating more eggs, animal protein, and cheese.
2. Replace ultra-processed snacks with whole-food options that sustain energy and focus.
3. Expand nutrition education in schools, equipping families with the tools they need to make healthier choices.

## Addressing the Chronic Disease Epidemic

One of the most rewarding transformations I've witnessed in my practice involved a middle-aged woman battling diabetes. When we first met, she felt hopeless, resigned to a lifetime of medications including insulin and declining health. She was told she would be on insulin for the rest of her life.

Together, we crafted a low-carb, nutrient-dense eating plan. In only 45 days, she was off the insulin she was told she would be taking for the rest of her life and her blood tests have been in the normal range. She thinks I'm a miracle worker; the truth is that I just told her to avoid the foods that spike her blood sugars.

And this story is not an exception — it's becoming the rule. Research confirms that low-carbohydrate diets can put Type 2 diabetes into remission, lower blood pressure, and improve metabolic health markers. Yet our national dietary guidelines still emphasize high-carbohydrate foods which are likely to worsen the diseases they were aimed to prevent.

### **If the USDA's goal is to reduce chronic disease, I suggest we:**

1. Revise dietary guidelines to reduce the emphasis on grains and promote whole, minimally processed foods.
2. Acknowledge low-carbohydrate diets as a scientifically supported option for managing diabetes, obesity, and related conditions. This has already been done by the American Diabetes Association, The American Heart Association, and the Society of Clinical Endocrinology.
3. And move away from outdated fears about saturated fat, which research has shown to have no significant link to heart disease and is protective against stroke as reported by the Journal of the American College of Cardiology.

## Promoting Equity in Nutrition

I serve a predominantly underserved population on the South Side of Chicago, where access to fresh, healthy food is a daily struggle. Families in these communities often rely on ultraprocessed convenience foods, not by choice but by necessity. The consequences are devastating — higher rates of diabetes, heart disease, and obesity.

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But when we've introduced nutrient-dense food options through community programs, like our Food Farmacy in partnership with the Chicago Food Depository and our Smart Farm where we grow food for the Food Farmacy, we've seen amazing results. And YES, we are a health system that gives grows food and gives it to our patients and community. The impact has been inspiring. Patients have improved their blood sugar control, lost weight, and even reduced or eliminated medications. These changes bring hope — not just to individuals but to entire communities.

**If the USDA's goal is to ensure equitable access to nutritious foods, I suggest we:**

1. Partner with urban farming initiatives to bring fresh produce and animal-source foods to food deserts like we've done at Advocate Health on the Southside of Chicago.
2. Expand SNAP benefits to include incentives for purchasing nutrient-dense foods like meat and eggs.
3. Support community-led programs that teach cooking and nutrition skills using affordable, accessible ingredients.

### **Revolutionizing Nutrition in Long-Term Care**

My father-in-law resides in a nursing home, where I've seen firsthand how poor nutrition contributes to declining health. I was just with him yesterday to help him bathe, and let me tell you, encouraging someone to bathe who's not cooperative can be challenging to say the least. But what's noticeable is that the meals are high in carbohydrates and sugar, exacerbating his dementia — what some now call "type 3 diabetes." I often wonder how his health, and the health of millions of other seniors, could improve if their diets focused on nutrient-dense, low-carbohydrate foods instead.

**If the USDA's goal is to improve senior nutrition, I suggest we:**

1. Implement standards that prioritize nutrient-dense, low-carbohydrate meals in long-term care facilities.
2. Fund training programs for care staff to understand the importance of metabolic health and nutrition.

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## Closing and Call to Action

The stories I've shared today are not just anecdotes — they're examples of what's possible when we prioritize nutrient-dense foods and metabolic health. By focusing on these principles, the USDA has the power to:

- Transform school lunches into a tool for academic success.
- Provide hope and equity to underserved communities.
- Reduce the burden of chronic disease on families and the healthcare system.
- Ensure seniors live their final years with dignity and vitality.

If the USDA leads the way, we can reshape America's food system and create a healthier, more sustainable future for all. This is not just a professional mission for me — it's deeply personal. We all have loved ones depending on us to get this right.

Thank you.

**Tony Hampton, MD**

Advocate Medical Group, Chicago, IL



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My name is Dr. Mark Cucuzzella. I'm a Professor at West Virginia University School of Medicine, a 29-year U.S. Air Force veteran, a community activist for health, and currently a physician with the U.S. Department of Veterans Affairs.

I want to thank you all for the invitation to have a conversation. I think that is why we are here, to have a conversation. I am an ally of the USDA.

One of the most amazing people I have met in my healthcare career was Gus Schumacher, who was the Under Secretary of Agriculture in the late '90s. Through our mutual work of supporting local farmers and improving the food environment for citizens with food insecurity, we partnered, giving medical lectures together on **"The Right to Bear Farms"**. We spoke about what was wrong in the modern food environment, and how this was negatively impacting children, as they had little access to food other than what was being served in school.

Behind the scenes, he helped me with a USDA grant 10 years ago — **"Physicians' Farmacy - Building Farmers Market Capacity in Eastern West Virginia: Physicians Encouraging Federal Nutrition Benefit Clients to Shop at the Farmers Markets"**. We created a system at our local farmer markets to double SNAP. We are now 10 years into that initiative. Close to half a million dollars of combined local grant money to match the federal SNAP dollars has been spent to double the value of EBT cards at Farmers Markets.

This program has changed lives as we hear stories from families at the markets on what they learned from our **Farmacy**, as we call it.

I also serve on the nutrition council appointed by our local public school board. This has been eye-opening for me about the policy implications of the USDA Dietary Guidelines and how difficult it is for any local school district to work around that. I work with our local Extension agents on Farm-to-School programs for teachers.

You do not need a nutrition or medical degree to see that what is served at school breakfast on any given day is not adequate nutrition for a child's body or brain. For example, if you pull up a random day online at our school district it would look something like this: Otis Spudnucker muffin, fruit cup in syrup, chocolate milk, juice. The meal contains less than 10 grams of protein, seed oils, and nearly 100 grams of mostly processed carbohydrate.

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A little background on other places where I work where we have mutual interest. I am in the state of West Virginia, which is the number one obese state in the country. A Lancet article in 2024 gives the data: **for adolescents, 33% of females and 28% of males are obese. For adults, 53% of males and 50% of females are obese. This is a more than 100% increase since 1990.** We also have extremely high levels of food insecurity and people shop at Dollar Stores with their SNAP benefits. **More than 13% have food insecurity, 16.5% on SNAP. The latest data shows that nearly 10% of SNAP dollars are spent on sugar sweetened drinks, and about 75% is spent on processed foods.**

I wrote academic articles early in the pandemic on what is called the double burden of disease that infectious disease combined with metabolic disease. This played out significantly during the COVID pandemic and metabolic illness especially in children increased during this time.

We research children and adults with obesity and diabetes. We created a book to allow citizens to make more individualized food choices for their medical condition even at a Dollar Store.

I also spent 29 years in the military. A large amount of that time was working in the space of physical fitness and creating healthier active duty troops, as they need to pass a physical fitness test. This work led me to have a better understanding of obesity. Obesity is the main driver of physical fitness failures.

Currently, 70% of active duty troops are overweight or obese, and these will become our future veterans. We cannot even keep our active duty troops safe from the modern food environment. Our military follows the Dietary Guidelines for Americans, which continue to recommend a low-fat, high-carbohydrate diet.

I now work at the Department of Veterans Affairs. When the VA was created over 75 years ago, there was no chronic disease. **NOW one in four military veterans has Type 2 diabetes and 80% are overweight or obese.** These were once our warriors, in optimum health. NOW, veterans have a shorter life expectancy compared to the general U.S. population. Medications and treatments for metabolic conditions are driving an unprecedented budget deficit in the Department of Veterans Affairs.

What about the next gen? **Over 75 percent of Americans between the ages of 17 and 24 cannot qualify for military service,** mainly due to obesity and failure to meet fitness

standards. And that number is still rising! As children in school, these young adults ate the foods recommended by the USDA Guidelines.

Here is a little bit of the scientific reality of how metabolically broken these children are. We conducted a small clinical trial on obese children in my community. These children struggled.

The most fascinating, but in reflection not surprising, laboratory marker in this trial was the incredibly high fasting insulin levels at enrollment. Insulin is the storage hormone. To be able to lose significant weight by burning body fat, this level needs to be below 10 QU/mL and ideally below 5 QU/mL. We had an average of 35 QU/mL. No level was below 13 QU/mL. **The reality of these children is that they were so far into insulin resistance it would take extreme measures of carbohydrate reduction for significant periods of time even to begin to reverse this condition. In the modern world they exist in now, and with the brain of a child being driven by feeling, emotion, food cravings, and hunger, it is an almost impossible position for metabolic improvement.**

Here is a story of the challenge. One of our most severely obese subjects' family tightly controlled the environment for the first few months and she was able to lose over 50 lbs and was released from the West Virginia University pediatric endocrine clinic.

They said she didn't need the specialists anymore because she had reversed her conditions. She spoke at a small support group with other children and shared her recipes and how good her energy was. She was even flirting a bit with some of the boys. Her mother said that she had never felt confident to ever do that before.

But then another family member moved back in, started bringing in the trigger foods, and she regained most of the weight. This pattern happened with several other children, as they were successful early in the trial when the families were strict with the way of eating, but it was difficult for everyone to maintain this in the modern food landscape. We learned also that even when families packed lunch or tried to give a healthy home breakfast, since they got the free school breakfast and lunch they ended up eating that anyway, in addition, because it was there. We learned we must prevent this condition very early in life because reversing it is so difficult. We will need to rely on powerful weight loss medications with unknown side effects with long term use, or bariatric surgery. We also learned how critical the family and the family support is if a child is to succeed long term.

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The environment around children's activities subjects these children to the modern food environment, also promoting further weight gain. It is very difficult for children to even participate in activities, as sugary snacks are often served. Moreover, as we learned every year, the children have two months of "sugar season" between Halloween and when they return to school in January.

One girl was even picked on at school for the way she was eating and often came home in tears. From the mom: "...[study patient] experienced a lot of adverse mental health issues due to the special diet at school and at daycare. She was bullied for the diet and after several times coming home crying, I decided to back off of the diet "in-public". She still followed the diet while at home, but it was too stressful for her, which was difficult to address as a parent."

Now for a few of my thoughts:

- I am not a policy person, but it seems **we must reduce subsidies** given by the USDA and our government to support corn and soy. I think we need to learn how to support more local farms and regenerative agriculture. **We have to get rid of lobbying and conflicts of interest.**
- I think there needs to be an **individualized approach to nutrition**. Since now the majority of our population, even children, have some degree of insulin resistance, we can't assume that they should eat a standard diet which we assume a well child can tolerate. I testified in 2020 to the DGA scientific advisory panel making this plea.
- **The work of USDA Extension is an opportunity.** Extension officers need to be educated and informed on the medical approach to obesity and align their education and local agriculture work for the aims of preventing and reversing insulin resistance.
- **Reform or eliminate the US Dietary Guidelines.** As a physician working in a large system, these guidelines influence the education of future doctors as well as dietitians and pharmacists and shapes their approach to disease. With over 40% of adults now being obese and 20% of children, there needs to be a way of eating promoted by the USDA for this specific group of people. The healthy people do not really need our advice. Unhealthy people need direction. We need to help citizens identify that they are unhealthy and how to get out of it.

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- We need to open the full body of scientific evidence from randomized clinical trials, not just epidemiology. We need to fund this process.
- We must restore trust in the system and give people education, information and skills.
- We need to relook at dietary patterns that overemphasize carbohydrates and underemphasize healthy fats.
- We should emphasize whole foods over “nutrients”. This is how people think and eat and it will reduce ultraprocessed foods consumption.
- I think we can achieve the dual role of promoting public health while supporting agricultural interests. But it will take investment.
- We must invest upstream in school meals with better food procurement, better kitchens, better workforce, and farm-to-school. But it will take investment.
- **If we don’t invest now, we will need a lot of money for the massive cost of healthcare for millions with metabolic disease.**

Again, thank you for listening and let’s keep having a conversation on creating a healthier next generation and restoring the health of the current generation.

### **Mark Cucuzzella, MD**

Professor, West Virginia University School of Medicine  
Physician, Department of Veterans Affairs

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### **Additional information and resources:**

There was an experiment in the 1930s on cats called Pottenger’s cats which showed the devastating effect of poor health passing through generations. In two generations, these cats eating their non-native diet had severely deteriorating health. It took multiple generations for them to restore their health. I think if you look around at least my state, we are almost at generation two right now, as it is hard to find a healthy set of parents and grandparents. But I don’t think it’s too late. I have seen amazing recoveries in my own patient panel, but these people do need to get to work. Health is not a passive act.

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Children are shaped by their environment so they have less control. As it's been said before, if the fish are dying, you don't medicate the fish, you clean the water. So together, we have a long way to go and we need a lot of conversation. We are glad to be part of this conversation, listen, and learn from all of you.

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Bright spots. So where do we go from here? Interviews from the field: I spoke at a local high school a few weeks ago and a teacher [name removed for privacy] showed me the garden and outdoor gym he created for his students using grant dollars. It is amazing to see how his kids are engaged. He is a voice of change at the school and has presented his ideas to the school board only to be dismissed, as the policy cannot be changed in what we feed children.

I talked with the board on two occasions about the irony of society/teachers blaming the students for their poor health when it is us as a society who have crafted the environment that caused these issues. When word got out that I was going to the school board meeting in May to talk about food and environment of schools, I received an email from the county dietitian wanting to talk beforehand. We then had a phone conversation in which we discussed juice, chocolate milk, sugar yogurt and donuts (which was the breakfast two days before), and she admitted that she wouldn't feed her own children this food but had no issues feeding it to the students of our county because it complied with the guidelines. She doubled down and repeated three times that donuts are a whole grain.

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Local school board member **Donna Joy** wrote an editorial and has a few ideas:

1. Offer a healthy protein at every meal — breakfast and lunch.
2. Offer healthy meals for kids to take home on weekends — not just heavily processed, sugar, carb and salt-filled items.
3. Teach young children about nutrition
4. Teach cafeteria staff how to create healthy, yet tasty meals.
5. Cut the amount of allowable sugar in school meals by at least 50%.

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## **School Board member Donna Joy full editorial**

When we send our children to school, we expect them to learn, grow, and thrive. Yet, the quality of their school meals often undermines these goals. Despite their importance, school meals — and the food sent home with students on weekends — frequently fail to provide the nutrition young minds and bodies need.

Nutrition is a critical concern. While the USDA sets standards, many meals lack sufficient protein and rely too heavily on carbohydrates. This can leave children without the sustained energy needed to focus and succeed in school. Breakfast options like sugary cereals or pre-packaged waffles are quick and inexpensive but fail to provide adequate fuel, leading to hunger and fatigue before lunch.

In some cases, schools try to cut costs by combining proteins with dairy products like yogurt, but these are often loaded with sugar, undermining their nutritional value. There is also an overdependence on corn and wheat in school meals, as they are inexpensive and versatile.

While corn is technically a vegetable, it is high in sugar and lacks the variety and balance needed for optimal nutrition. Meals sent home for the weekend are even more troubling. While intended to help food-insecure families, they often consist of heavily processed, easy-to-prepare items like instant noodles or canned pasta, which lack the balanced nutrition growing children require.

Even when fruits are included in school meals, their quality is often questionable. Federal guidelines allow sugar-enriched items like canned peaches or apple sauce to count as fruit servings. These highly processed options provide little of the nutritional value children need and often contribute to unhealthy sugar intake.

The system perpetuates inequality in the quality of meals provided. This is particularly evident in underfunded districts, where budget constraints limit the variety and nutritional value of food offered to students.

Cultural and dietary inclusivity is another overlooked issue. In a diverse nation, school menus rarely reflect the needs of all students, leaving some with limited or unappealing options. Meanwhile, federal guidelines mandating fruits and vegetables on trays often result in food waste, as unappetizing or poorly prepared items are discarded.



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These challenges are not the fault of cafeteria workers, who do their best with limited resources, nor of students rejecting meals that don't meet their needs. The root of the problem lies in a system that prioritizes cost-cutting over quality and health.

To address these issues, we need greater investment in school meal programs. Increased funding could allow schools to source fresh, local ingredients, provide adequate protein, and reduce reliance on processed foods. Training cafeteria staff to prepare healthier and more appealing meals would also help. Nutrition education should be expanded to teach students the value of healthy eating while encouraging them to participate in menu planning.

The USDA and policymakers must raise nutritional standards for school meals and weekend programs, with stricter limits on processed foods and added sugars, while diversifying the ingredients used to reduce reliance on corn and wheat. Every child deserves access to balanced, nourishing meals — not just to survive but to thrive academically and physically.

Healthy, accessible, and inclusive school meals are an investment in our children's future.

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**Carolyn Mills** is over 80 years old now, retired for several years. She was the director of the kitchen at one of our local middle schools from the mid-60s to the mid-90s. Before USDA Dietary Guidelines in 1980, the cooks in the cafeteria made homemade recipes that they had in their families and cooked them in quantities for the children. Kids drank whole milk. Eggs were real eggs. After 1980, in her words, “the state gave us all the recipes and we had no choice but to make them.” Everything changed. Butter was switched out for margarine. Whole milk was substituted for 2% and chocolate milk. Whole wheat flour substituted for the flour that they used before.

Carolyn reflects: “We could not season anything since salt was reduced and that in combination with the whole wheat flour, which the children hated, put most of the school lunches in the trash can.” She said even her own children packed lunch on this menu as they could not stand the school lunch. In her words, she also said, “If you had left us be, the kids wouldn't be obese.



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**Dr. Lew Cantley**, who grew up in rural West Virginia, is one of the world's leading cancer researchers discovering pathways of metabolism and tumor growth. I interviewed him for a textbook chapter several years ago. He observed changes that were happening even before the dietary guidelines.

*"I noticed the change in obesity in West Virginia in the 1970s. I think WV was ahead of the nation in this regard. I was in graduate school at Cornell (Ithaca) in the mid-1970s and had been away from West Virginia for several years. I was struck by how much weight my high school friends had gained in that short period of time and noticed that they were drinking far more commercial sugary drinks. We all loved sugary colas when I was growing up, but the cost of those drinks as a fraction of income available to junior high and high school students plummeted in the late 1960s and early 1970s. My allowance permitted me to buy one 12 ounce cola per day, but by the 1970s, students were buying two or more 16 ounce colas per day. Sports drinks with high sugar also became popular and promoted as healthy. I think these are the biggest factors."*

Was there more poverty?

*"There was far more poverty in the 1940s and 1950s, but at that time most people in West Virginia lived on farms and grew their own foods, so ate healthy foods and had little money to spend on sugary drinks. I remember being awarded with a 6 ounce bottle of coca cola every Saturday for helping my mother with shopping in the 1950s."*

Did grocery stores go away?

*"There were plenty of grocery stores and I worked stocking shelves in a large grocery store in the mid to late 1960s. New sugary beverages were being introduced every few months with major advertising campaigns. It was a challenge to keep these drinks on the shelves. Vending machines and drinks in cans (rather than recycled bottles) took over, eliminating the problem of bringing the bottles back for recycling."*

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Resources:

National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021, and forecasts up to 2050

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01548-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01548-4/fulltext)

Food insecurity West Virginia

<https://www.feedingamerica.org/hunger-in-america/west-virginia>

<https://www.arc.gov/report/food-insecurity-in-appalachia/>

<https://map.feedingamerica.org/>

<https://facinghunger.org/feeding-america-releases-new-map-the-meal-gap-data/>

My Message to the Nation - Metabolic Revolution

<https://naturalrunningcenter.com/my-message-at-the-metabolic-revolution/>

WVU doctor helps create program to provide healthy fruits, vegetables to SNAP recipients

<https://www.youtube.com/watch?v=k5zptL5c9ml>

Story of recovery w Double SNAP at Farmers Markets

<https://www.facebook.com/watch/?v=309812516933052>

Our double SNAP program going strong

<https://wearetheobserver.com/double-snap-incentives-at-farmers-markets/>

WV Living Magazine did on short profile on the “WHY” of my mission in WV which is to reverse Type 2 Diabetes in 1000’s of citizens in our state and prevent the next gen from suffering with this mostly preventable condition.

<https://wvliving.com/a-man-on-a-mission/>

And from the Benedum Foundation Annual Report p 14-19

<https://benedum.org/wp-content/uploads/2021/03/2020-Annual-Report-Pandemic-Response.pdf>

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“Low Carb on any Budget - A Low-carb Shopping and Recipe Starter - Begin a Life Free of Dieting and Indulge Yourself in Health” patient guide -

<https://www.tinyurl.com/LCanybudget>

Is It Time for a Lockdown on Sugar? CJSM 2020

[https://journals.lww.com/cjsportsmed/Citation/9000/Is\\_It\\_Is\\_Time\\_for\\_a\\_Lockdown\\_on\\_Sugar\\_.98906.aspx](https://journals.lww.com/cjsportsmed/Citation/9000/Is_It_Is_Time_for_a_Lockdown_on_Sugar_.98906.aspx)

<https://www.nutritioncoalition.us/news/is-it-time-to-quarantine-junk-food>

Nutrition: The national security threat no one is talking about

<https://thehill.com/opinion/healthcare/4236760-nutrition-the-national-security-threat-no-one-is-talking-about/>

Beyond Obesity and Overweight: The Clinical Assessment and Treatment of Excess Body Fat in Children Part 1 — Insulin Resistance as the Root Cause of Pediatric Obesity

<https://rdcu.be/dG8DK>

Beyond Obesity and Overweight: the Clinical Assessment and Treatment of Excess Body Fat In Children Part 2 — the Prescription of Low-Carbohydrate Eating as the First Approach

<https://rdcu.be/dG8DU>

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**STEVE FIELDS, ESQUIRE**

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My name is Steve Fields. I'm one of the co-founders of the non-profit Metabolic Revolution. Our mission is to spread awareness about the transformative power of nutrition and encourage healthcare professionals, policymakers, and society as a whole to embrace a new paradigm of health that addresses the root causes of chronic disease.

We believe that the chronic disease problem in the United States is so large and negatively impacts so many lives that any solution must be multi-faceted and involve entities and individual at all levels of society. There is no single magic bullet to get all people who are sick with a chronic disease back into good health and keep people healthy. Yet there is a common thread that runs through so many people that suffer from a chronic health condition and that is nutrition.

Since 1997, I have seen the effects on an individual level for people suffering from a chronic health condition through my work as an attorney. I am also the founder of the nation's largest long-term disability law firm, representing individuals in all 50 states. The majority of our clients suffer from a chronic health condition such as Type 2 diabetes, obesity, musculoskeletal conditions and autoimmune disorders, just to name a few. Our disability clients encompass a broad spectrum of society from factory workers to CEOs.

However, there exists a disparity of who is most affected by chronic health conditions. Daily, we see the dire straits that our clients who are economically and/or socially disadvantaged are in due to their chronic health conditions. These clients often do not have access to healthy food and don't have the means to seek out help and support to get accurate information regarding proper nutrition to help guide their health journey.

Besides the personal toll chronic health conditions cause, there is an immense economic cost that exists even beyond healthcare costs. The yearly cost of the combined Federal disability programs is currently over two hundred billion dollars. Again, through our work in representing our disability clients, most of them suffer from a chronic health condition that we believe can be helped through proper nutrition.

I am an example of someone who, when provided with the option of different metabolic therapies, transformed their health through nutrition. I suffered from systemic lupus, and while I had this condition, I decided that I didn't want to merely manage my symptoms but wanted to reverse it and be healthy again. Through adopting an animal-based ketogenic diet, I was able to reverse my lupus in nine weeks and get back into good

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**STEVE FIELDS, ESQUIRE**

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health. This type of healing through nutrition is not expensive compared to healthcare costs, yet the transformation for me was priceless because I got my life back. This opportunity can and should be available for every American. Every individual should have the right to live a healthy and dignified life.

**Steve Fields, Esquire**

*Co-founder, Metabolic Revolution*

*Founder, Fields Law Firm*

My name is Sandy Eisen. Thanks so much for having us today. We really appreciate the opportunity to share our concerns about the dietary guidelines and the nutrition standards for school meals.

We represent Metabolic Revolution, a nonprofit and non-partisan organization.

Three years ago, I discovered that I'm at the highest possible genetic risk for late-onset Alzheimer's, that is, Alzheimer's that's typically diagnosed after age 65. And I'm 66 now. I reacted by adopting an even healthier lifestyle than I had before, which I did have. I'm eating a Mediterranean ketogenic diet now so that my brain has ketones to utilize for energy if it can no longer process glucose. But I don't think of this as a diet. The way I eat is normal. And the way everyone else eats is not normal, not in the scope of human evolution. I eat much like our hunter-gatherer ancestors did for 2 to 3 million years: nuts and seeds, berries, animal products, vegetables, mostly greens. And I'm doing great.

But I have 4 young grandchildren. I worry about their futures much more than my own.

My two older grandchildren go to a Nashville public school. Every child at their school is offered free breakfasts and free lunches. They choose to eat breakfasts at school, of course — breakfasts that are sugary and nearly 100% carbohydrates. Delicious and horrible for health. Waffles with syrup, pancakes with syrup - a blueberry muffin is even called a breakfast entree. Virtually no protein or healthy fats, the **essential** macronutrients.

The dietary guidelines were first released in 1980, and the rates of metabolic disease have sky-rocketed ever since. **16% of children were overweight or obese in 1980, and almost 42% of children were overweight or obese by 2017 — according to CDC. — 16% to 42%!** Have the guidelines helped anything or only made things worse?

The time has come to align the dietary guidelines and the nutrition standards for school menus with science and protect the American people, especially our kids, from the devastating health consequences of sugar and other highly processed foods marketed as healthy choices. Recently announced changes to school meal requirements are wholly insufficient.

It was recently announced that the advisory committee won't consider ultraprocessed foods. Yet just 2 weeks ago, Robert Califf, Commissioner of FDA, wrote an article expressing concern about — ultraprocessed foods! USDA is not an unbiased player here.

It subsidizes the corn, soybean, and sugar industries with billions of dollars each year. The beef and chicken we eat are fed diets of little more than corn and soybeans. Americans and humans throughout the world eat far too much health-damaging high fructose corn syrup, an endeavor that is financially supported by the U.S. government.

If it takes a campaign to get millions of signatures to bring to USDA's attention, and lots of media attention, then that's what we'll have to do.

## **Sandy Eisen**

*Retired Financial Professional*

*U.S. Securities & Exchange Commission*

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Please refer to:

"The hidden costs of our dietary guidelines," *The Hill*, 9/22/24, by Janet C. King and Cheryl Achterberg.

*Janet C. King, PhD, is Professor Emeritus of Nutritional Sciences at the University of California, Berkeley, and chair of the 2005 Dietary Guidelines Advisory Committee. Cheryl Achterberg is a former Dean at The Ohio State University and was a member of the 2010 Dietary Guidelines Advisory Committee.*

<https://thehill.com/opinion/4891813-robert-kennedy-jr-chronic-disease/>

"FDA commissioner: We need action and higher-quality research on ultra-processed foods," *Stat News*, 11/15/24, by Robert M. Califf, Haider J. Warraich, and Jim Jones

*Califf is the commissioner of the Food and Drug Administration. Warraich is the senior clinical adviser for chronic disease to the FDA commissioner. Jones is the deputy commissioner for the Human Foods Program.*

<https://www.statnews.com/2024/11/15/ultra-processed-foods-fda-califf-research-diet-related-disease/>

My name is Hannah Warren, and I am the Mental Health Communications and Advocacy Manager at Metabolic Mind, a nonprofit transforming the study and treatment of mental disorders by exploring the connection between metabolism and brain health.

I am here today as someone who almost didn't survive the devastating effects of serious mental illness. What I endured has given me a deep understanding of the urgency of the mental health crisis and the need for better treatments for countless people who are suffering. My story, however, is one of hope — hope that is spreading as awareness of ketogenic therapy for psychiatric disorders grows and more individuals share their transformative success stories. I am sharing my personal journey to illustrate the profound impact a medical keto diet can have.

In 2012, at 28 years old, I felt like I was on top of the world. I was pursuing a Master's degree in London on a full Rotary International scholarship and working to scale a nonprofit I'd founded to help women in India attain economic independence. I was disciplined, driven, and doing work that I found deeply fulfilling. My future felt bright.

But everything changed in an instant. I experienced a sudden and severe manic psychotic break that seemed to come out of nowhere. I ended up wandering the streets of London in a delusional state before being forcibly medicated and hospitalized for over six weeks. Diagnosed with Bipolar I disorder — a lifelong, chronic condition — I was told I would need to take medication indefinitely to maintain my mental stability.

The aftermath was devastating. I experienced intense, lingering suicidal depression and unbearable side effects from antipsychotic medication. Within six months, I gained over 70 pounds, battled relentless fatigue and brain fog, and felt cognitively impaired. Twice, I tried going off of medication, but each time I relapsed into psychosis and required extended hospitalization.

In 2021, nearly a decade after my diagnosis, I discovered Dr. Christopher Palmer, a Harvard psychiatrist and author of *Brain Energy*. His groundbreaking work introduced me to ketogenic therapy — a powerful neurological intervention originally developed for intractable epilepsy, now revolutionizing the treatment of psychiatric disorders.

For years, I had followed what I thought was a healthy diet: a low-fat, whole-foods vegan approach, high in whole grains, beans and legumes. But it did nothing to alleviate my bipolar symptoms or counter the cardiometabolic side effects of medication that left me



obese and struggling. In contrast, a ketogenic diet has unique mechanisms of action as it fundamentally shifts the brain's energy source from glucose to ketones, impacting neurochemistry, reducing inflammation, and restoring mitochondrial health.

I committed to a vegetable-rich vegetarian version of the ketogenic diet, a personal preference rather than a necessity, and meticulously tracked my ketone levels to ensure therapeutic efficacy. The results were life-changing: I have now been medication-free for more than three years with no symptoms of mania or depression. For the first time since my diagnosis, ketogenic therapy made me myself again — energized, productive, and happy.

As awareness grows, thousands of people with conditions like bipolar disorder, schizophrenia, major depression, and eating disorders are sharing success stories with ketogenic therapy that mirror my own. Many have put so-called chronic mental illness into remission, drastically reducing or completely eliminating medications. Some use this approach alongside medications, finding it helps counter side effects and significantly improves their quality of life. Others turn to ketogenic therapy after being deemed treatment-resistant — when nothing else has worked.

One striking example is Matt Baszucki, who tried over 29 different medications without success. Ketogenic therapy restored his health: he has gone from being disabled by his illness to living independently, working full-time, and enjoying a happy life. His transformation inspired his parents, Dave Baszucki, founder of Roblox, and best-selling author Jan Ellison Baszucki, to establish Metabolic Mind and bring hope to others through this life-changing intervention.

Had I known about ketogenic therapy when I first became ill, I could have avoided losing invaluable years to the immense suffering caused by poor mental and physical health. That's why I am here today: to urge the USDA to acknowledge the therapeutic potential of ketogenic therapy in its nutritional guidelines.

More than a dozen randomized controlled trials are already underway exploring ketogenic therapy for psychiatric conditions, and I am confident it will one day be recognized as a standard of care. We also have over a century of research in epilepsy showing that the ketogenic diet is a safe intervention. Every person deserves access to treatments that offer hope and healing. By highlighting the therapeutic applications of ketogenic therapy

# TESTIMONY

**HANNAH WARREN**

DECEMBER 2, 2024

in nutritional guidelines, the USDA can play a critical role in raising awareness and empowering people to explore a science-backed approach that could change their lives. Thank you.

**Hannah Warren**

*Mental Health Communications and Advocacy Manager  
Metabolic Mind*



**METABOLIC**  
**REVOLUTION**  
*OUR HEALTH, OUR RIGHT*