

THE MODEL HEALTH SHOW

EPISODE 656

How Processed Food Companies Have Taken Control Of University Research & Government Recommendations

With Guest Calley Means

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SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today. Our health impacts every single area of our lives. Our cognitive function, our immune function, our ability to interact with friends and family and how we associate with other people is deeply impacted by our level of health. How we perform in school, how we perform in our jobs, the list goes on and on and on. There isn't a part about our reality that is not touched by our state of health. When we feel good, life seems to be a lot more graceful. Life seems to be more ripe with opportunities and optimism. Now, when we're struggling with our health, it can often feel like a tremendous weight is put on our shoulders. Everything in life becomes more difficult. It's not that we can't show up, it's not that we can't do the things, handle our day-to-day affairs, it just becomes dramatically harder.

Now, when we start to stat conditions and we start to understand that we have a certain bandwidth even with our decision-making muscles, there are many studies now affirming how our ability or even desire to make decisions dramatically decreases as the day goes on. And so, by the end of the day, oftentimes, we'll default, allow someone else to make the decision for us and/or make the easiest possible decision we don't want to think about it, because we've been flexing those decision muscles all day long. Now, what if we can increase our wattage? What if we can increase our bandwidth? That's what we experience when we're having a good state of health. But oftentimes we don't think about our health until something goes wrong, we don't invest in our health until something goes wrong. And when something does go wrong, where do we turn? That's what today's episode is all about.

When we have dysfunction take place or something we label as a disease, this is where our bodies are changing the way that they're operating. A disease condition, a state where we have a collection or symptom clusters. For example, we might have insulin resistance, we might have poor circulation, we might have excessive body weight that we're carrying, and we might get this label, this disease diagnosis of Type 2 diabetes or insulin resistance. Now that we have this cluster of symptoms, we go in and we see our physician. Now, most folks are aware that on average today, the amount of time that the average person spends with their physician on one of these doctor visits is about 10 to 15 minutes. That's the average. Now, within that time frame, are you going to get ample understanding, ample care and learning about what actually caused this state of insulin resistance, what caused the state of excessive body fat, what caused this metabolic dysfunction?

Often in that 10-minute timeframe, we're going through our particular problems, we're looking at our diagnosis, we're looking at different facets of it, but from there, instead of

talking about the underlying cause of these symptoms, we're given prescriptions to address those particular symptoms. We're not educated about what caused this abnormal behavior by ourselves and empowered to remove that cause so that we don't need the medication. No, that would take too much time. And our system is not constructed in a way that supports that kind of behavior, although that's what we might believe things were built upon, and at one time they might have been. The word doctor is itself derived from a Latin word meaning teacher, or to teach, or to show meaning, or to cause to know. This is where the basis of the word comes from. However, today, our physicians, as well-meaning as they might be, as good of human beings as they might be, they're not given the opportunity to teach their patients about their bodies, about how to care for themselves. They're taught oftentimes, pharmacology is a primary tool, and of course, surgery, when things get to that place of critical mass.

When I initially went to school, I was headed down that same track, going into a pre-med program, and I would have been another cog in that system. But life had other plans for me, and I happened upon, because of my own health struggles, the importance, and the power that food really brings to our livelihood. Understanding fundamentally that all of our cells are literally made from the food that we eat. And so, by transforming my own health, it also transformed my focus in my university classes, and I had to go far beyond what I was being taught in that university setting, because nutrition was not required for that medical track. I did take a nutritional science class, but I was wildly mis-educated about nutrition in that class. The vast majority of information that I learned is not only insufficient to truly provide health and wellness and empowerment to patients, it's actually negligent. So, I was not just, not educated, I was mis-educated. So outside of my university classes, I spent hours upon hours accumulating in thousands of hours in education different courses in different books, different seminars and traveling around, and doing my best to accumulate the very best tools to help the people that I was working with in my clinical practice.

And over time, the people in my network, my colleagues, physicians, chiropractors, physical therapists, massage therapists, the list goes on and on, I started to become the talk of the town, and they were sending their patients to me. Because oftentimes, in particular, if we're talking about the world of medical doctors, my physician colleagues, they simply didn't have the time, even though they may have wanted to, to help get their patients educated on real health and wellness. How their body works, how the disease that they were experiencing was manifesting, and most importantly, what they can do to reverse it. And so little did I know I wasn't thinking about that average 10-to-15-minute office visit someone might experience, my structure was already set up in a way that I'm spending at least an hour with every single patient coming through my door. And oftentimes, much more than that, I would dip into my lunch breaks, I would work hours after I was scheduled to leave especially if it was the last

person coming to see me on the day, we might end up going to the health food store together. I was going above and beyond.

I didn't know it at the time, I was just so passionate about helping, just as my colleagues were, but again, they were in a system that did not allow for them to spend that time educating their patient. Now here's the thing. The system that I constructed was not scalable, there's only one me, and there was only this limited amount of time where if somebody came in and they had abnormally high blood sugar, and they might have been on metformin, or maybe even on insulin, and for the first time they're sitting there across from me, and I'm taking them through, and actually I had this dry-erase board that I would take people over to, and I would show them literally how their pancreas works, the beta cells, the alpha cells, how their fat cells work, how their liver works in this equation with glucose and glucagon, and how their muscle fibers work, in association with being like a depo or a storage for glucose. The list goes on and on.

It was this incredible story I was taking people through, and I could see their eyes lighting up. I could see for the first time; they were understanding what was actually happening in their body. For the first time, someone was giving them permission to understand what's happening in the body that they're living in. They were no longer a victim. And I have this condition, I have diabetes, and I don't know why. Because prior to that, oftentimes, it seemed to be something that we label as idiopathic, without cause, spontaneous, it just happens, or it's in my genes. And so, time after time, seeing that light-bulb moment happen, it just lit a fire under me. And again, it was not scalable, however, because each of those man hours was just on my shoulder. So, at some point I was like, "You know what, I really need to write some of this stuff down or I need to record this so that more people can get access to this information who might never get an opportunity to sit in my office."

And so shortly thereafter, I began writing books, and I found out about the podcast platform, and that was about actually 12 years ago, in a first iteration of kind of dancing with podcasting, but the Model Health Show, we're almost at our 10th year. And I want to share this with you, first of all, how grateful I am for you being a part of this mission, but even more importantly, I want you to understand that this platform, this medium, is reaching the hearts and mind of so many people who are in positions of decision-making for entire large and small organizations. They have the ability to impact a lot of people, and a lot of people who are in positions at universities, in education. We're helping to change things faster, but that does not mean that the old paradigm is going to go quietly into the night.

And so, we're in this place right now where we're getting close to a tipping point, and that's why today's episode is so remarkable. We are really going to dive in today and deconstruct how our systems of government, food and the pharmaceutical industry are working together

in a very sophisticated fashion to essentially create a system that is built upon the farming of sickness. It requires sickness, it requires victimhood, it requires disempowerment for the system to work at such a high level. When I say high level, we have a \$4 trillion a year healthcare system here in the United States. \$4 trillion and growing. This is the largest expense that we're dealing with as a people. It's teetering on, bankrupting our country because of our poor state of health. So again, I'm very, very passionate about this and very, very excited about this episode, and you're going to get to hear from somebody who's been in the rooms. We're talking about entities like Coca-Cola, hearing how they work, being involved in their operations, to see first-hand how things have gotten to be the way that they are, and his insights are truly game-changing.

So, before we get to this epic interview, I want to talk about one of the most pervasive issues in our society today that we literally wear on our skin. Skin issues have skyrocketed in recent decades, and a lot of folks won't realize that our skin is really the outermost portion of our nervous system. Our state of health internally, even our levels of stress deeply influence how our skin is being displayed. Now, with that said, we want to work from the inside out and the outside in when it comes to our skin. And with that said, there's a specific combination of nutrient sources that work together to truly create glowing skin and also to help to reduce things like fine lines and wrinkles and blemishes. And one of them, this has been used for thousands of years, and also this culture overall has a much lower rate of skin disorders, and they've been drinking this particular beverage, again, for thousands of years as part of their culture. I'm talking about Matcha green tea that has been used traditionally in Japan.

Now, part of its power when it comes to skin and hydration has to do with its chlorophyll content and also its unique aminoacids, in particular, L-theanine with helping to balance the nervous system. Research published in the journal, Brain Topography found that L-theanine intake specifically, again, this is very concentrated in Matcha green tea, increases the frequency of our alpha brain waves, indicating reduced stress, enhanced focus, and even increased creativity. Now combining Matcha green tea with this other remarkable beverage, this is called BT Fountain from Pique teas, and it contains clinically proven ceramides and hyaluronic acid to reduce fine lines, boost skin elasticity and also provide deep hydration for visible results in less than two weeks. Start your new internal beauty ritual now, head over to pikelife.com/model. That's P-I-Q-U-E-L-I-F-E.com/model. And right now, you're going to get free shipping for life, and 15% off with one of Pique's exclusive new subscriptions, plus you're going to get a free frother. They're throwing in a bonus frother as well. I use my frother every day. I used to blend up my drinks, whether it's tea or coffee, put it in the blender with whatever I want to add to it, and I got to clean the blender, that whole thing. I got a hand frother, and I love it.

I literally travel with it. I put it in this little case, and I'll take it with me whenever I go on the road. I love my little hand frother. I used to be traveling, I'd be at the hotel trying to use a little one of those janky straws, trying to spin it real quick to blend stuff up. Don't do that. Get this hand frother, and this is just another bonus with one of their exclusive new subscriptions. They're so amazing. Their Sun Goddess Matcha Green Tea is in a league of its own, truly. So go to pikelife.com/model. P-I-Q-U-E-L-I-F-E.com/model. Now, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled "Game Changer" by TonyBowen414. "Shawn, I listen to you every day and soak all of it in. I've been all about my health for over 20 years, retired military even. I thought I was on the right track until I started listening to your podcast and to my surprise, started getting extremely educated. Thanks for all you do. You've definitely got my support."

SHAWN STEVENSON: Let's go. Thank you so very much for making me a part of your world and thank you for leaving me that review over on Apple Podcast. And listen, if you've yet to do so, pop over to Apple Podcast, leave a review for the Model Health Show, it really does mean a lot. And on that note, let's get to our special guest and topic of the day. After graduating from Stanford and Harvard Business School, our guest today became a consultant for food and pharmaceutical companies, where he got to see, again, behind closed doors, how the systems are truly operating. And today he's on a mission to expose the practices that they're using to weaponize our institutions of trust. Our guest today is Calley Means, and he's the co-founder of TrueMed, a company that enables Americans to access exercise and healthy food with FSA and HSA dollars. And he's also the co-author with his sister, Dr. Casey Means, of an upcoming book on The Power of Food in Medicine. Now, Dr. Casey Means has been a guest multiple times, she's a good friend, and this combination with Dr. Means and her brother Calley, they are a remarkable team, and I'm telling you again, this episode is one of my all-time favorites, it's so enlightening. And without further ado, let's get into this conversation with the one and only Calley Means. Calley, welcome to the Model Health Show. So good to see you.

CALLEY MEANS: I'm pumped to be here, Shawn.

SHAWN STEVENSON: So, this is a subject I'm very, very passionate about. We start off with very altruistic means as far as feeding Americans, feeding the world, and so part of that has been government assistance. And I'm speaking from a place of experience, I'm one of those kids who grew up getting food stamps, my family getting food stamps in order to feed our family. My mom worked overnight at a convenience store, and we was just doing a lot of different things to make ends meet, but we were just inundated also by processed foods. And I don't think people really realize how much of something that could be well-meaning like government

assistance is actually feeding processed food consumption and in particular, soda consumption. Can you talk about the state of affairs with that?

CALLEY MEANS: Yeah, Shawn. You've had a lot of doctors, nutrition experts on your show that have really impacted me. Not a lot of former political consultants. But I do think this is an important perspective because what's happening in these back rooms really does impact the incentives of food. And as you said, food stamps is one example. So, this is a nutrition program. It's \$110 billion, and 15% of the American people depend on this for nutrition, so it's a very important program. And 10% of that funding goes to sugary drinks. It's a material part of Coke and Pepsi's revenue, and 70% go to processed foods. And then you go outside that, you go to school lunches and the billions of dollars we spend on school lunches federally and state funded, the tens of billions of dollars of grain and food subsidies. There's over \$100 billion a year, well, over, of government incentives that are really slanting us to a processed food system, and it was disheartening. Now, I'm very passionate about changing those incentives, but early in my career, I was a consultant for these food companies and saw inside the room, and it was disparaging how they rigged institutions of trust.

SHAWN STEVENSON: Yeah, yeah, it is fascinating the lengths they go to. Again, it's under the guise of feeding Americans and offering free choice, but it's not really free choice. And you've really been speaking out about that in a big way, and it's been mind-blowing and incredible to see. But I think it's really powerful because you've been in those rooms, and you've heard the conversations. And from my perspective, and also based on the data, like for example, and I talked about this in my most recent book. There was a study that was published in JAMA Internal Medicine, one of our most prestigious medical journals, Journal of the American Medical Association, and they did a huge meta-analysis looking at the outcomes from the consumption of government subsidized foods. And so, these are people who are consuming the highest percentages of what would be getting government subsidies, which just in a 20-year time span they looked at is about almost \$200 billion going towards foods that largely come through the drive-through window.

So, sugar, various forms of sugar, in particular from corn, from wheat and the like, and they found that the people who are the highest consumption of government subsidized foods had the highest rate of obesity. In particular, almost 40% increased risk of developing obesity, insulin resistance, and they were also measuring inflammation as well in the study by CRP and finding essentially government subsidy programs are feeding disease in our country. And so, the framing for me, living in those conditions is that the system is structured in a way that could be looked at as structural racism, right? And this is a trigger word that's been used in the reverse to help to protect companies like Coca-Cola. Can you talk about that?

CALLEY MEANS: Yeah, and a stat that, and the reason I'm speaking out on this is one, from the perspective of a dad. This is disproportionately impacting kids, 25% of kids now having pre-diabetes. And just to add to another stat that you're talking about, a lower income man born in this country dies 15 years younger than the upper, most upper income man. And it's unconscionable, and you really tie back, tie what that's from, it's really predominantly around nutrition. And going into the room, there was a couple playbook tactics that Coke used, and it really revolved around rigging institutions of trust. The fundamental first principle that these companies are asking around a boardroom in these consulting offices is, who does our communities and do various politicians trust? And who can we pay? The first one I talked about is the NAACP and other civil rights groups.

And the fact of the matter is if you call someone racist, it shuts down debate. And it was really a chilling and dispiriting optics, having these old Coke executives telling the NAACP who to call racist. And there's this report in the New York Times at the time in 2012, there was millions of dollars of funds exchange. And the NAACP said that parents who were wondering whether their kids should have subsidized soda, the word racist was thrown around a lot. And that did shut down the debate and that did, in 2012, when this was up for debate and a lot of members of Congress were questioning the logic of paying for diabetes water for kids. Sugar consumption among kids is up 100X in 100 years. That was kept in food stamp funding, and to this day, it's 10% of food stamps funding goes to sugary drinks. But there's other institutions as well.

There's also just direct payoffs to medical groups. The American Association of Nutritionists, the association that literally credentials nutritionists, the organization that you can actually lose your license as a nutritionist if you go against their guidelines have been directly funded by Coke. They've actually endorsed small cans of Cokes as a good nutrition move. And then there's direct bribes, consulting fees from Coke and other processed food makers, millions of dollars a year to nutritionists. Then you've got the news media. As I've been on this kick recently, there's been dozens and dozens of independent media reaching out. But food and we can talk about later pharmaceuticals which I would say profit from our deadly food system, are the two of the top biggest advertisers for news media. And I saw, and we actually had an orchestrated strategy to help Coke and plan out a strategy of advertising to influence the debate on how the media covered this.

And research institutions, I think this is the most important one. We've talked about this a lot, but Coke and processed food makers fund nutrition research in this country 11 times more than the NIH. And I'm a Harvard grad and I want to be very plainspoken about this. I think the most deadly nutritional or really any type of research study ever conducted was a Harvard study in the '60s, '70s and '80s. The head of the Harvard Nutrition Department was on the payroll of the sugar companies. At that time, they didn't even try to hide the name. It was called

the Sugar Research Institute. And Harvard created the foundational studies during that time that said that obesity wasn't caused by sugar. And this completely fallacious idea of every calorie being the same. And that led to the food pyramid that's caused, I would say, the most violence to children and the American people of any public policy document in American history. American carbohydrate percentage as a percentage of our total diet went up 20% in the next five years after that was released.

SHAWN STEVENSON: Wow.

CALLEY MEANS: Our healthy fat percentage plummeted and I think you can really tie that to the devastation and all these random conditions we're facing right now in chronic disease, autoimmune conditions, allergies, things like that. It would be hopeful if that wasn't still the case, but now the foundational nutritional research from the NIH and Tufts University, millions of dollars of government funding is also funded by food companies. It's called the Food Compass, and just recently that recommended that Lucky Charms were three times healthier than eggs and Honey Nut Cheerios was healthier than beef. So, we really do have, and I can just tell you, nutrition research institutions at elite universities are PR operations for food companies. I don't think they know that all of the time, but the goal is to confuse, the goal is to obfuscate.

SHAWN STEVENSON: Yeah, man, it's terrifying, but also, it's empowering to know this information because oftentimes again, we want to do what's best for ourselves, for our families, and we're leaning on institutions of higher learning and reputable research, right? And so, when you hear the name like Harvard, for example, we think, "Okay, this is top tier science coming from this institution," when in reality we've got to understand, and if you could share this, if we're looking at overall throughout the universities, whether it's the most prestigious across the country, really across the world. And if we're looking at medical programs and understanding how important nutrition is in overall health, the vast majority of medical programs don't even require our physicians to learn anything about nutrition.

CALLEY MEANS: Well, yeah, I'll say a story that had a huge impact on my life. Dr. Casey Means who you've had on the show is my sister and has had a huge impact on me. And I grew up very conservative and talking about how American medical innovation and food innovation was the best in the world and not questioning any of these systems. And I've really been on a journey myself. And a formative story for me, Casey was an illustrious career along the institutions we all look up to, top of her class at Stanford Med school and a head and neck surgeon. And she was looking down at a patient in her final year of residency, it was her third sinusitis surgery of the day. She was cutting out the inflammation of a passed-out patient who had the inflamed sinuses, and she had this out-of-body experience.

She said, well, she did not understand why that patient passed out before her had inflammation. And she tied it back to Stanford Med School, right? One of the best institutions we have and realized that they did not teach doctors why people actually get sick. And then you actually trace the money on that. You can actually tie more than 50% of major medical school funding somehow to Pharma. These schools rely a lot on research funding and grants and other types of things like that. And Pharma has their hands everywhere. So, is the dean of Stanford Medical School an evil person trying to rig the system? No, but we just have to step back and not make this personal. Incentives matter. Food companies spending billions of dollars on nutrition research matters. They're trying to get something. Pharma and private interest funding 70% plus of all foundational research in this country.

They are trying to get something. And what they're getting at med schools is, as you alluded to, 80% to this day, do not require doctors to graduate with one nutrition class. And the vast majority of medical school curriculum is on pharmacology. Now, let's just think about that. Let's step back and just first principles, what should doctors be taught? What should our healthcare system be asking? One would think it would be how to keep people healthy, but that is not the question. Doctors are trained to be heroes once people get sick. It's this narrative of standing heroically there with the prescription pad and the scalpel. That's how 95% of medical funding and spending currently happens. It's once somebody's sick, that actually doesn't make any sense, right? It's a convenient complete silence on the why 50% of folks now have pre-diabetes or diabetes.

Why 25% of children have pre-diabetes right now? Why autoimmune diseases are off the chart? Why 15% of children now have fatty liver disease? Why allergies, everything is happening at once and it's manifestly because of food, but that is complete and utter silence. The American Academy of Pediatrics was nowhere to be found in 2012 when Coke got their food stamp funding kept for sugary drinks. But they're being very vocal right now, now that there's a miracle obesity cure. Now that the CDC report in 2021, that 40% of kids between five and 12 are now obese because of rigged systems like this. Now there's a cure, now there's this weekly obesity injection, and now the American Academy of Pediatrics is speaking very loudly that 40% of teenagers should be getting a weekly injection miracle cure, which obviously is not going to work.

SHAWN STEVENSON: Oh, my gosh. And again, it's just kind of perpetuating this system. We got to talk about this "miracle cure" that is, it's grabbing a lot of headlines right now, but most importantly and most viscerally, it's being used right now as a go-to treatment for issues that are actually caused by the way that we live our lives.

CALLEY MEANS: So, I call it the devil's bargain between... And this is what I'm trying to devote my life to, but the devil's bargain between food and health. I think it's obvious when you look

at the statistics in America right now, food is dramatically impacting our health and making us much sicker, more depressed, more infertile, fatter at an increasing rate, right? But then the medical system now is the largest and the fastest growing industry in the United States which is just staggering to wrap your head around. It's profiting from the fact that so many people are sick, that that system only makes money for interventions. And I think the important thing to think about when we think about this miracle obesity cure, let's not be reflexively anti-drug, but let's just look at the data. Let's look at the history of our medicalization of chronic conditions. The drugs act on a specific symptom, but they're all correlated with increased disease overall.

The more statins we prescribe, the more heart disease goes up. The more metformin we've prescribed, the more we've seen diabetes increase. The more SSRIs we prescribe, which is the most highly prescribed drug in the United States, the more depression and suicide go up. My hypothesis is that it's because heart disease is much deeper than your cholesterol levels. Diabetes represents much more than your fasting glucose levels. You're fundamentally with these conditions, they're warning signs of a much more basic issue that you're feeding your body inflammatory foods, you're feeding your body 100 times more sugar than we did or evolutionary supposed to have. And there's fundamental dysfunction that's presenting itself in a number of different symptoms. So, obesity, right? So, imagine it works perfectly. Imagine, you do this weekly injection, and the child eats less and loses weight.

That child is still eating canola oil and sugar, and seed oils. If that child is still feeding their body primarily with inflammatory processed foods, that's still causing violence to their selves, right? If they're still living a sedentary lifestyle, they're still in a limited sunroom all day, right? By making patients think that they're taking an action and not talking about the underlying root cause of disease, it actually is a moral hazard because it makes people think that they're doing something when they're not. So, that's my worry with this miracle obesity cure. I do not think it's going to lead to a long-term decrease in obesity. I think it's actually going to lead to additional diseases because it's not going to prevent the root cause of inflammatory foods. And that's not even getting into the very concerning side effects of the drug itself.

SHAWN STEVENSON: Yeah. So, number one, just to summarize that. So powerful. We're not actually removing the cause of the issue, right? Which would seem the logical thing to do. Instead, we are coming up with more interventions in the form of pharmaceutical drugs to treat a symptom. And this one Ozempic, for example, again, this is what we're talking about as far as this miracle cure, and people might have seen the commercials at this point and the different features on there, places like 60 Minutes doing a feature on this. But this particular drug targets one satiety hormone in particular, GLP-1. So, glucagon like peptide-1, which funny enough, in my latest book I talked about GLP-1 and CCK and some of these other satiety-based hormones. And so, what this one does is it makes us feel fuller.

That's one of its roles, and it also has this propensity towards keeping food in our stomach longer. It slows down digestion. Now, funny enough, guess what else does that, and this was published in the Journal of Endocrinology, one of our most prestigious journals. We'll put this up for everybody to see. Chlorophyll does that as well. Chlorophyll has that same action on GLP-1 without the side effects, and we could be encouraging our families to include more green leafy vegetables in their diet. Or we get into the system where again, we're dealing with now the approach of creating lifetime customers. Versus when this pharmaceutical model began, it was more so for the treatment of acute issues. I think this is a good place for us to start right here in this conversation about drug companies. Again, can start with an altruistic premise, but then evolving into creating a revolving door of disease treatment and making trillions of dollars.

CALLEY MEANS: Yeah. I've been diving deep into this, and I think it's instructive to look, before 1960, there were no chronic pharmaceuticals or chronic conditions. When we think about the greatness of American medicine, we usually think about acute interventions before 1960. So, these are emergency surgical procedures to save a complicated childbirth, appendicitis, bypass surgeries, or things like antibiotics which you take, you're cured, you're done, vaccines. Starting with the birth control pill, the birth control pill was the first chronic treatment. And actually Arthur Sackler, who gave birth to the folks that started Purdue Pharma is the... He was the patriarch of that family, was the marketing exec in the 1960s who saw the birth control, but he was like, "How do we commercialize other chronic conditions?"

So, he led to the first blockbuster Valium, and he was the marketing genius behind Valium, which in the '60s and '70s, 25% of women in the United States were on due to his very sexist advertising. Actually, you can dig into that. And then, till today where 95% of spending is now on chronic conditions, and as we've talked about, that's only led to an explosion of chronic conditions themselves because we've been, I think, totally systematically distracted from what the root cause of this whole thing is. But getting into Ozempic and you're back to my background, the 60 Minutes special three weeks ago that told America that obesity is not part of lifestyle choice, but a genetic condition, ignoring the fact entirely that this is only an issue in the past 50 years, was absolutely shameful, but a perfect example of the playbook on all fronts.

So, you had literally before and after that segment, pharmaceutical ads, pharmaceutical companies are more than 50% of 60 Minutes advertising. Okay? So, you have that situation. Imagine the incentives of them running an anti-pharma piece verse taking the call and running this piece. Again, with that good spin with, oh, kids are suffering, this is going to help them, right? Okay. Then the doctor speaking on that who were billed as unbiased experts, on the payroll of Ozempic, the Ozempic parent company, and this is on the CMS, a government

website has been paying out \$30 million a year for the past several years to almost every obesity doctor that they can find. And what does that mean for the obesity doctors? Again, this is a lifetime appointment for them, but the real evilness of the system at a high level is that it makes good individuals say that they're helping when this is... Does anyone think this is really going to help the underlying dynamics of why so many kids are sick?

So yeah, you've got people paid off. You've got to follow the money on all fronts. And then, the pièce de résistance is the American Academy of Pediatrics. This is the association that credentials pediatricians, it is the gold standard. You will lose your license if you go against the American Academy of Pediatrics, right? A parent is fearful to go against the recommendations. When you're a new parent, you get a booklet and you're fearful as a parent for going against their guidelines. It's right on the website. The majority of their funding comes from pharmaceutical makers. And they, after being paid off directly by pharmaceutical companies, have said that every obese teenager should be recommended for this drug. It's, again, this is a... You can listen to this and be kind of despondent.

And to be honest, I was despondent digging into this with Casey last year and really thinking about how to make this my life's work. To me, understanding these things is a key step to empowerment because we've been gaslighted by these organizations to not ask questions. Trust the science. Don't question your pediatrician. Every person that goes on a health podcast, will give a disclaimer to consult your doctor. I will say this, when it comes to chronic conditions, you should be very skeptical of what these medical organizations are telling us. They don't deserve the benefit of the doubt. We should be empowered patients, listen to our doctor, take their considerations. But when it comes to preventing chronic conditions, we should really be thinking from first principles.

SHAWN STEVENSON: Thank you for saying that. Thank you for having the audacity to say that. Because again, ask your doctor, trust your doctor. What if your doctor doesn't know? What if, for example, your doctor is a cardiologist. They've spent 12 years in their education and paid six figures to get that very prestigious degree, and yet they don't understand when they're looking at their patients scans, they're looking at an EKG or they're looking at a heart monitor, or they're doing different analysis to look at their heart function, they're measuring their blood. If they don't understand that that heart is made from food, that what's running through their patient's blood is made from food, they're missing the point of a foundational understanding of what they're actually seeing. They're looking at something superficial if they don't understand nutrition. And so, to ask your doctor when they have no idea in some context of what they're actually dealing with, it's not the best advice. Now, with that said, and you've shared this as well. Our system is incredible in the treatment for emergency issues in acute things.

CALLEY MEANS: 100%.

SHAWN STEVENSON: Wonderful. We need that training. However, there's a lot more money on that end than in prevention and getting folks educated and talking to their patient, "Hey, you know what? Your blood is made out of the food that you're eating. Let's actually do something to address your nutrition and make your blood healthier." And part of that, and this goes back to something you shared earlier, about 80% of medical programs, medical school programs don't require anything in nutrition number one. And the 20% that do, what kind of sh*tty education are they getting because it's being funded by General Mills.

CALLEY MEANS: Yeah. And I think it is a little bit I think listeners would be right to say it's a little bit audacious for me with no medical background. As I said, a former political consultant now an entrepreneur to be saying, be skeptical of your doctor. And I'm saying that because it was so disheartening to sit in a public relations office in Washington DC and see list that included the American Academy of Pediatrics, the American Heart Association, the American Diabetes Association. And these were pawns, these were pawns to use to weaponize trusting as the American people. Just one example there that's very instructive to me is around this time of the food stamp debate in 2012, Coke gave millions of dollars to the American Diabetes Association. The Coca-Cola logo was on the American Diabetes Association website with recipes.

Dr. Lustig and others have pointed this out. And there's contemporary from the time reporting on this. And what did that get them? Complete silence obviously is the cells and metabolic functioning of children has absolutely been annihilated. The greatest violence I could imagine to children, 25% pre-diabetes rate, absolutely unconscionable. But what else did he get? Until 2018, the American Diabetes Association, their guidance was that if you took insulin, if you took the pharma drugs, you did not have to change your diet. They literally said you could continue eating any processed food as high sugar as you wanted as long as you took your insulin, which is medically unconscionable. And again, folks can listen to me, or I encourage everyone to make up their own mind, but I don't think it takes a medical degree to understand that if you're eating high sugar, highly inflammatory processed food, and that is fueling your body, then that could result in other dynamics and metabolic dysfunction that could result in other diseases than just your glucose levels.

And I think it's why 99% of people with diabetes have at least one other comorbidity, most many more 'cause this metabolic dysfunction, this bad fuel we're getting and other metabolic factors like sleep, sedentary behavior, chronic stress, that's the underpinning of disease. So, that's why I feel confident saying to potentially be skeptical when you're a doctor again, as you correctly point out, when it comes to prevention of chronic conditions, there's a systematic effort for us not ask questions. And I would say for us not to have awe about the connections

between our body, to not have curiosity when we're given a mandatory sheet from the American Academy of Pediatrics for new parents saying that the first food a child eat should be processed grains. Like, is that evolutionarily what a child may need? That is by the guidelines in the American Academy of Pediatrics. That's what new parents get.

SHAWN STEVENSON: Yeah. It's utter nonsense. But again, it perpetuates the system. We start shoveling in processed foods as early as possible, which of course are going to lead to the manifestation of a variety of diseases. And then we've got drugs for that. And you just said something earlier that I want to circle back to which is essentially that this new obesity drug has become the standard of care. And in particular for children. Like it's part of the standard of care versus helping to create a culture of health and getting parents educated, getting kids educated and empowered about what they're eating, about their movement practices and basic things that their genes expect from them. And by the way, circling back as well, when you mentioned them framing again, which this is going to keep happening until we say enough is enough. And/or we just completely mute this nonsense and framing again that genes are the causative agent of their obesity.

We're so far past this and this study, and this was published in PLOS ONE, Public Library of Science One, the title of the study is, Genetic Factors are not the Major Causes of Chronic Diseases. This is just one of many peer-reviewed studies, again, from prestigious entities. So, we got, again, who do we listen to? But for me, I'm looking at what does the majority of data say. And studies like this are looking, they're doing a meta-analysis and looking at which... We keep trying to find genes that are causative diseases, and we just can't find them. Our genes, the vast majority of us. And so, what the researchers found was that less than 5% of all diseases are caused by genes, by genetic defects. Now, we can have risk factors associated with certain genes, but they do not guarantee by any form or fashion that you're going to have a disease because of a particular gene. It just doesn't work like that because there are so many different epigenetic controllers determining what your genes are going to do. One of the biggest ones, and we're talking about this today, is our food, nutrigenomics. We've got nutrigenomics, we've got nutrigenetics looking at how nutrition like every bite of food that we eat is impacting our genetic expression. And so, if we're talking about the manifestation of obesity, it's not because of the genes. It's what we're exposing our genes to.

CALLEY MEANS: Yeah. How do we get to this place where if you really just stick your head up for a second, it just is absolutely absurd to be told that we're... We've increased sugar 100 X in 100 years. Seed oils, which are the top source of fat now in the American diet, were just created 100 years ago and highly processed grains which are absolute sugar bombs. And now the basis of the American diet were really just created 100 years ago. So, we have this completely like foreign food coming in our bodies. Clearly obesity on down is caused by this food, and we're

being told by these studies. So, a couple things to unpack there. First, I just want to make this very clear, and I think we all kind of know this, but I want to say it very affirmatively.

We need to be extremely skeptical, whether it's from Harvard on down, we need to be very skeptical when we see on the news that there's a peer-reviewed study. Sitting in these rooms in DC early in my career, there was a very conscious strategy. It was to fund studies for the sake of studies. The act of confusion in and of itself, the act of contradictory information is the goal. These studies are funded by these companies purposely to come up with ways to see doubt. If any scientist really dives into some of these ridiculous studies saying obesity, which is only 50 years old, is a genetic condition. It's obviously not good science, but it's seeds doubt. It's used by 60 Minutes. It's consciously directed.

I was just looking back at the world's largest PR firm that helped really normalize and defend cigarettes for a long time. They had a memo which was leaked in an expose about how they did PR for the cigarette industry. And in the late 1970s, they said, research is similar to mothers. Everyone respects those institutions. And it said in black and white, it said, what we're going to do to seed doubt on cigarettes is fund more and more research and work with that research from Harvard and other places to convince the American people that we haven't quite found the answer. That there's still more information that needs to be discovered. This is precisely what's happening with this underlying question of why we're getting so sick all the time. It's purposeful, systematic, disaggregation distraction. From the plethora of nutrition schools right now that are producing tens of thousands of nutrition studies. I have a policy idea, which is to cut funding and eliminate every nutrition school in this country.

My thesis is that it's actually much less complicated. I think people learn more about nutrition from listening to one episode of your podcast than reading these tens of thousands of studies that are being paid for billions of dollars by these companies for the sole purpose of distraction. We are being systematically driven to be confused and distracted. And I am encouraged that there is a little bit of an empowerment revolution happening. And, yeah, I think feeling okay to push back a little bit, feeling okay to say health, nutrition, the root cause of these things might actually be a little bit more simple than we've been led to believe. It's very empowering. That's step one. Step two is, this has got to lead to systemic change and policy change, because we do have the \$4 trillion of the healthcare system and the \$6 trillion food system is stacked against the American, the American mission.

SHAWN STEVENSON: Got a quick break coming up. We'll be right back. More than ever because of our environmental stressors, we need key nutrients that help our bodies to modulate and manage and process stress. A lot of those have to do with micronutrients. Key minerals are essential in running processes to help to even modulate, like shifting our nervous system from the sympathetic fight or flight dominance over to parasympathetic rest and digest recovery.

We need certain key micronutrients to do that. Historically, in the last few decades, unfortunately, we turn to these sh*tty multivitamins that are coming from synthetic sources. That's what I was given. My grandma gave me Flintstone vitamins. All right. I'm biting off the head of Fred and Barney and Dino, and what that really is, it's sugar, synthetic micronutrients, artificial flavors, artificial colors, all of these things that are terrible for a growing, developing human brain and body.

Because the emphasis here is on synthetic versions of these micronutrients. A synthetic nutrient, though it might be the same chemical makeup on paper, does not have the underlying intelligence. And even more tangibly speaking, the supporting elements, the co-factors found in real food concentrations that magnify its resonance with our human cells. Let's take vitamin E for example. This nutrient is important for healthy function of our cardiovascular system, cognitive performance, and even the health of our skin. Well, a study that was published in the American Journal of Clinical Nutrition determined that natural vitamin E from food concentrates has nearly twice the bioavailability of synthetic vitamin E. All right, so again, synthetic versions of this. So, these are artificially concocted versus the whole food form. And also, whole food concentrates. So, food-based supplementations. Now, all of my family, my kids in particular, I make sure that they're getting in a concentration of all food-based micronutrients several times a week at minimum, most of the time every day.

And for me, especially for my kids, and in particular with my youngest, I love the formulation of red juice and these kind of red blended red and blue hued superfoods in the organifi red juice because he loves the way that it tastes. And it's just packed with real food nutrition. So, in particular, we've got Acai that's in there. In the Journal of Agriculture and Food Chemistry found that Acai actually not just theoretically, it actually raises participants antioxidant levels, demonstrating how effectively it's absorbed by our gut, by the human digestive system. We actually do absorb the antioxidants. It's not theoretical. There's a resonance here. And Acai actually has an ORAC value of 103,000. This means that it's about 10 times the antioxidants of most fruits that you're going to see in your produce aisle. So, it's again, getting our kids growing bodies, the antioxidants and a concentrated source, but it's kid tested, parent approved, tasty.

Another ingredient in that red juice blend is actually blueberry and researchers at the University of Michigan published data, finding that blueberry intake can potentially affect genes related to fat burning. Again, stacking conditions for healthy metabolism. Head over to organifi.com/model and you get 20% off their red juice blend and also their green juice blend, their incredible gold, everything that they carry, actually, it's really, really special thing that they have going on. Go to organifi.com/model. That's O-R-G-A-N-I-F-I.com/model. Get 20% off. Again, kid tested, parent approved, definitely for our kids, red juice is a huge winner. Now, back to the show.

We spend more money on healthcare here. I mean, by... I think it's more than the other, the next 10 countries combined here in the US and yet we're also the sickest society in the history of documented humanity. And we have the highest rates of obesity, the highest rates of mental health conditions. The list goes on and on, childhood obesity. And so, something for me, and this is another thing that I've been working to do, is to impress us upon culture is just to ask questions, just to look at the results. We're spending so much, how are we doing? Is it working? And clearly the way that we've gone about things in recent human history is not working.

CALLEY MEANS: And I want to be clear, this is, I think what a lot of people say, what I used to say is like, well, hasn't life expectancy increased double in the past 120 years? Like, there's probably some marginal things that we can improve, but hasn't... Haven't we done, okay? And I want to address that a little bit because I think that's maybe a thought some people will have when we talk about this doomsday scenario. So, here's my thoughts on that. We have done a lot of great things in America in the past 120 years. I think a lot of it goes to those acute treatments that we talked about. But there's been astounding innovation and progress and life expectancy has doubled in the last 120 years. That progress, which we should celebrate, does not mean that we haven't lost our way.

And it doesn't mean that we haven't lost our way in a way that actually will be existential if we don't reverse it. And I think actually looking back at the progress we've made; I think the questioning and the constant improvement is a core part of our system. And I think that when you even analyze life expectancy, even somebody born hundreds of years ago, if they lived into adulthood, they did live to their 70s. We really actually are, I think, fundamentally when you look at the data, like the quality of our lives, it really has been like the quality years going down. Like we actually are not at like a prominent standpoint right now. So, I believe that the strength of our system actually is self-correction. And I think this is a very rigged system, but what gives me hope is two things.

It's the bottoms up revolution happening. It's people listening to this podcast buying, purchasing bio wearables, which is really new actually. I mean, still in many states in the United... In this country, patients aren't legally allowed to have their medical records. There is this systematic prevention of the medical system enabling patients to know anything or have any curiosity about their body. So that that wall is being torn down by bio wearables. There's a lot of content coming out now. I think there's a lot of rightful frustration against the system from COVID. So, I think there's a bottoms up revolution led I think a lot by moms just anecdotally from what I'm seeing, who are very frustrated at the classrooms their kids are walking into where the majority of kids are obese. But I also think in the end, our system has responded eventually late, but eventually to math.

And I think the math is clear. I come from tech and usually, innovation means lower costs, better outcomes. Healthcare's the opposite. Healthcare, the more we pay, the worse the outcomes. And it's getting to a point where it's literally, we talk about this, but it's going to bankrupt our country. And I think we talk about healthcare costs so much like our eyes gloss over, but like, it truly is like by definition unsustainable and has to change or we're going to cease to exist. It's 20% growing at an increasing rate faster than any other industry of GDP. So, it's going to be 40% in 15 years. And there's nothing right now slowing that trend down. We all think it's going to change. It's not, we're all getting sicker. So, it will either bankrupt our country or we're going to have a radical change. And the radical change, if you believe that, if you believe that by definition an unsustainable system has to change, the only way it changes is by getting back to basics. Because we're not going to drug our way out of the solution. We actually hear on the news and from our elites that the answer to our health problems is more access to drugs.

SHAWN STEVENSON: Right.

CALLEY MEANS: Is more...

SHAWN STEVENSON: Affordable healthcare.

CALLEY MEANS: More... And access for acute issues is a huge problem. And we absolutely should be. But like no is a fundamental reframe of the incentives of healthcare. The problem with healthcare is not that not enough people are not getting enough drugs and not enough doctors for this. That's not the problem. Right? It's actually the definition of insanity saying that the solution is more of a system that's hurting people. The problem is the fundamental incentive of every single healthcare institution. The incentive is they make money when people get sick. We need to change that incentive. The only way to do that is by, in my opinion, incentivizing and putting food at the center of health. Really having curiosity about these interconnections of the one ton of genetic information that we put in our bodies to these disastrous health outcomes. And I'm actually optimistic, I actually think that change is going to happen much faster than we expect because the math actually will necessitate it.

SHAWN STEVENSON: I love it. I love it. And just one of the most interesting things I've seen recently, because I had the same thing and I would say this, we are living longer, but in fact we're not necessarily living longer. And I've shared this before. We're really dying longer, we're extending suffering. So there has been this age of a sticking around longer as a species is the last few decades, but with great dysfunction and being dependent upon a plethora of pharmaceutical drugs and not having quality of life, that's not what we want. We want long, healthy life and that is attainable. There are many examples of that. Now, add that to recently,

just within the last few years, that trend of our life expectancy going up has now reversed. And we are the first generation currently that's not going to outlive our predecessor. So even that thing that we can hang our hat on, that we are living longer, has now reversed, again, signaling that something is severely wrong because at this point in our level of appearance sophistication, there's no way that we should be struggling so much with our health, with all that we apparently know. Why is it so difficult to remain healthy.

And this brings us back to and I want to talk more about this because we started this episode off talking about... For me, again, when I lived in Ferguson, Missouri, when I would step foot outside of my apartment complex, within a mile and a half, two-mile radius, there was every fast-food restaurant that you can name, and I'm not exaggerating in the slightest. Not to mention, as soon as I step out of my apartment complex, there's a liquor store literally right across the street, and there were many others within that two-mile radius and sprinkle in a couple of check-cashing places that are like 300% interest and all these different things. I was inundated with the system with an environment that was screaming at me and pulling at me and driving me to be unhealthy. All I could see in that environment was dysfunction and disease, that's all I could see. Now, it could be normalized to me where I don't see that that's a thing because I'm a part of it, and at this time, I'm 20 years old, I have an advanced degenerative condition, arthritic condition of my spine and bones, I have chronic asthma and allergies and all of these different things that are just normal.

It's just the normal thing, what kind of issues do you have? But here's the thing, within that same environment, I was able to get educated and to learn some things and to make tiny shifts like eating real food, go figure. And starting to make my cells out of better materials and starting to feel better. But here's the thing, this is the rub is, for a lot of that, I had to go outside of my environment whether it's for my education and/or to even get access to different types of food. Now, even within that environment, once I had become more sophisticated and I could find the good stuff no matter where I'm at, but in that time period, I had to go outside of my environment. And I'm bringing this up to say that this could be easily framed if we look at, who has the highest rates of chronic disease? If we're looking at demographics here in the United States, in particular, minorities, African Americans, and in particular women. African American women having the highest rates of obesity, for example, high rates overall of cancer, of diabetes. The list goes on and on.

This is my family, my aunts, and my grandmothers, and this can be framed very easily, again, as this term structural racism, where it's just feeding into itself this disease and dysfunction. And it's so difficult to get out of it because you don't feel well. Versus using that ploy in those rooms with Coca-Cola, for example, and saying, "Hey, if you prevent, if you try to take away somebody's right to buy ultra-processed foods and/or buy soda, you're racist. If they're getting government assistance, if you take away or have some kind of tax or reduce the amount that

they can get, it's because you're racist, you're taking away their ability to choose." Let's talk about that because the ability to choose... I'm a fan of capitalism, but is this really capitalism that we're seeing?

CALLEY MEANS: It is a total perversion of capitalism. You do not have a free market if the market is totally rigged, it is not free choice to subsidize diabetes water that has no nutritional value. And by the way, is weaponized with fructose, which is a special kind of sugar that shuts off your hunger cues and is highly addictive. To subsidize that with tens of billions of dollars of government funding. And a couple of thoughts, listening to that story, and listening to what you just said, makes me very angry. There are right now, and I was watching videos of this this week, there are food executives and public relations executives at Davos this week, pontificating on panels about racial equity, and at the exact same time, they are spending tens of millions of dollars of lobbying and public affairs money to in a back room with a bunch of old White members of Congress, regulators, Coke executives to rig the system so that tens of billions of dollars of money is incentivized to put a highly addictive deadly drug, push this into these folks's hands.

I'm a libertarian for the most part, right? I think most drugs should be legal, I think we should have full information about them. I don't think we should actually be much of a nanny state on that stuff, but we should not be subsidizing it and paying for it and putting it into people's hands, particularly with money that is expressly to keep their cells healthy and nourish their bodies. So, it's just a total gaslighting and perversion of this free-market argument to say that, to question companies rigging the system, to question that as being a nanny state. So, I think we've rigged these words and terms on both the left and the right. We've talked about weaponizing the civil rights groups, but on the right, you actually have well-meaning people on the right saying it's a nanny state action to not have folks be able to buy Coke on food stamps. No, no, the nanny state action is subsidizing diabetes water.

And what's enraging about this is we have to understand, the most powerful force in this world is dopamine. Whatever socio-economic bracket you're at, your life is walking from one dopamine fix to the next, and no judgement on that, but we wake up, we check our phones, we drink caffeine. We drink alcohol. We take pharmaceutical drugs; we take illegal drugs. We watch porn, we watch social media, everything is dopamine, and we just have to understand, just because it's normalized, just because I watched Coke pay tens of millions of dollars to influence and lobby for Coke to be in schools and hospitals to normalize it in these institutions we trust and that it's normal and that kids drink it at birthday parties and eat a bunch of sugar, it doesn't mean it's not a highly addictive dangerous drug. And yeah, it's not patriarchal at all, it is just we shouldn't be subsidizing that for folks, and we should be slanting all levels of health and food policy to ask one question, which is, how does this help somebody's cell and how does this make food less addictive and more nourishing to our metabolic health?

SHAWN STEVENSON: Yeah, yeah, I love this so much because I'm a big fan same as us having the ability to freely choose, whether it's freedom of speech, or whether it's freedom of what we eat, absolutely. We're existing in a reality, however, where there's this invisible hand, it's putting the choice in front of you, this is the choice and our government, we have a structure where our government is funding the... Number one, they're funding... I shared this study to start the episode, funding disease creation essentially with these higher rates of obesity and insulin resistance and all these things through government subsidized food consumption. So, funding disease, but also our government is putting these particular foods front and center. They have the buying power. And when I say our government, this is the thing that I was hesitant to say. This is our money; we're paying for this, and we don't realize it.

Again, we think that we have freedom of choice, but there's this invisible hand that's putting the choice in front of you. And our government is structured in such a way and our system of food and healthcare, structured in a way where we don't realize that it's happening. We think we have the illusion that we're making a choice. That we have freedom of choice. Going back to my story growing up in that environment, I didn't know. I had no clue that there was a difference between fish sticks and wild caught salmon, it's just something you eat. I had no idea that there was a difference even with, if I'm drinking soda or juice, if I'm exercising, I'm healthy, right? It's just something you drink, it's just calories. I didn't understand that there was a difference in any of this stuff.

My diet was predominantly ultra-processed food and people... Again, I don't think that we really understand how pervasive this issue is with children here in the United States, and there was this again meta-analysis done by JAMA recently published. These researchers detailed that they were looking at young people between the ages of 2 and 19 over the past 20 years, and what they found was that ultra-processed food consumption went from an already staggering 61% of our children's diet to being an alarming 67% of the average American child's diet is made of ultra-processed food. So, I'm not alone in me saying that the majority of my diet wasn't even real food, and it was this sugar-laden, ultra-processed, highly-refined government subsidized foods. We have the illusion of choice, but it wasn't really freedom of choice.

CALLEY MEANS: This is so important to unpack because it's... This is a politically confounding topic, it's cross-partisan, it's multi... This is just foundational first order to me, public policy. And again, these ideas are weaponized. I'm, again, all for capitalism, and I'm not actually questioning in my opinion, the capitalist structure, I'm actually saying we've been totally hijacked. I fully support a free market of choice, where externalities and the corporate prices are baked into the price that we pay for. I believe, this isn't what doctors taught, but I believe that the vast majority of Americans want to be healthy or want to have a healthy, happy life. Want to live and be vibrant for milestones for their children and grandchildren, want their

children to be happy. Systematically, that is not what's happening. Systematically, 80% of Americans right now are overweight or obese, and moms are feeding their children poison on a systematic degree, and children are systematically overweight or obese.

It's like we're not evolutionarily trying to shorten and torture our lives and the lives of our children, there's powerful, powerful corruptions, lack of education, the incentives run everywhere to really shortchange core evolutionary functions of humans, which is to, I think live a happier and better life and pass that on their children. So, I've been for a long time more a personal choice guy. I'm actually less and less on that now, on food, I actually think people should be hungry. I really do think the system is very rigged to a degree that I don't think 80% of Americans who are overweight or 93% who are metabolic dysfunction, I don't think they're systematically trying to kill themselves, I think actually, we should take a little bit of empowerment. We've got to make choices and we've got to take this information and do things personally, but the system is totally, totally screwed against us.

SHAWN STEVENSON: Yeah, so this segues back to the fact that when I said my choices of either fish sticks or a wild caught salmon and not knowing the difference, also in that conversation is what was I actually exposed to? The wild caught salmon wasn't in my reality, right? I was inundated and surrounded by these ultra-processed foods, and so those are the choices that I'm inherently going to make because it's what I'm surrounded by. And the reason that these foods can be so cheap, for example, the question for me, inherently, when I started to realize this stuff is like, why can I get two cheeseburgers from McDonald's for \$2, but I'm trying to buy an organic avocado, and it costs \$2 or \$2.50. Why is this more? Doesn't this just grow on a tree or fall off a tree? And then it got me into understanding just how cost-intensive also it is to make a McDonald's cheeseburger. We've got all these different facets of somewhat food, we've got the burger-ish part going on, we've got the dairy-ish, and I'm saying this because the cheese that they're using can't legally be called cheese, it's cheese product.

CALLEY MEANS: It is soybean oil.

SHAWN STEVENSON: There's not enough cheese in the cheese, the bread product, the condiments, the wrapping, the packaging, the marketing, all of these things that are so cost-intensive, how is this thing cheaper than an avocado? And it goes back to government subsidies.

CALLEY MEANS: 100%. And I think it's a big one. So just stepping back, the food stamps is one illustrious example, that \$110 billion program. But there are levers all over the system where we are massively subsidizing food that is killing us. And if you step back and let's go into the subsidies, think just for a second about the public policy insanity here, where we are spending hundreds of billions of dollars to subsidize the cellular information, this processed crap going

into our bodies that's leading then to trillions of dollars of downstream healthcare costs. I don't think any doctor is disagreeing that the chronic conditions brought by food is the bulk, by some accounts, 85%-90% of healthcare spending.

I don't think actual impressed, most doctors even deny that if you changed our food to supply, if you cut out the added sugars, the inflammatory seed oils, the highly processed grains that you would essentially eliminate not only diabetes and heart diseases, which are essentially entirely food-borne illnesses, but also Alzheimer's, which is now called type 3 diabetes, which is highly tied to diabetes, many different forms of cancer, which are completely interlinked with diabetes, kidney disease, COVID deaths. The list goes on and on and on. So, we're subsidizing the food that is causing really our budget to be bankrupted. And the most unconscionable policy we have is these grain and corn subsidies. You mentioned why the avocados are more expensive? 80% of our subsidies, our farm subsidies, go to, basically, the crops that form seed oils, highly processed grains and then corn, which is then turned into high fructose corn syrup. 0.4% of subsidies go to fruits and vegetables, which are labeled as specialty crops, so we completely slant and then there's just a ton of other.

I mentioned earlier, government school programs, it's a very high percentage of children in this country depend on schools for their nutrition and that's subsidized by the government as well. And we've talked a lot about this, and Michelle Obama pushed this forward, was unfortunately not very successful. I think we need actually the president of the United States and the Secretary of Defense and the Secretary of the Treasury to be taking that mantle up. It's actually decaying our national security. I think it's just 20% of folks who are 21 right now are even eligible to join the military because of fitness standards. It's destroying our budget, and it's destroying American competitiveness. So, we're criminally almost from this insane public policy standpoint, subsidizing and making cheaper the food that's bankrupting our country and making our population non-competitive and destroying our precious human capital. And then you mentioned standing there in the store and seeing the cheap processed food, the cheap McDonald's.

And you mentioned the other factor, which is just basic education. And I was recently chatting with a nutritional researcher and they told me that I'm getting a lot of interesting DMs, a lot of messages from folks as I've been on this tirade, and studies are actually funded to say, little swaps up the processed food curves, there's actually an institutional funding to say that it's classist and even racist to assume that somebody's going to go from Frosted Flakes to broccoli, it's all about moving from Frosted Flakes up to a healthier cereal.

SHAWN STEVENSON: Frosted Mini-Wheats.

CALLEY MEANS: Yeah, and it's like... Exactly. And there's actually... It's actually, you can look at speeches from the White House Conference on Nutrition and all these folks who are heavily paid by food companies, there's this conscious effort to say that lower income folks, they're never going to move off processed food. We just have to make processed food a little bit better. And Kellogg's has their Frosted Flakes and then they have the Mini-Wheats, they just still have 10 grams of... It's like it's moving up the curve and it's just this nihilism that we're just never going to be off processed food, and I asked, why can't we just put the mantle over here, just based on the science. We have to get to a more whole foods diet, let's stop subsidizing this processed food, let's start moving really aggressively and speaking very plainly that we're going to really be hampered as a society unless we do this. Oh, you don't understand. You don't understand that that's not what we're funded to do, and that's too radical.

SHAWN STEVENSON: I'm one of those people. I'm literally one of those people that made that change.

CALLEY MEANS: I think a lot of people can and want to, but we don't believe in... The system doesn't believe in people. The system doesn't believe in people. Casey talks about at Stanford Med School and in surgical residency, the disdain for the American patient is off the charts. It's ingrained in doctors, patients are lazy, stupid, they're going to eat their Big Mac and we're here to clean up the mess.

SHAWN STEVENSON: Yeah.

CALLEY MEANS: It's no belief in humans, it's just ingrained into the system, and that's convenient now that we weaponized food as we talk about, to be highly addictive. If you give any of us a drug that's highly addictive, almost against our will, and subsidize us to have it, you get addicted to things. And that's kind of what we're doing to people.

SHAWN STEVENSON: And making that jump from Frosted Flakes to Frosted Mini-Wheats, by the way, the food Compass nutrient profiling system, Frosted Mini-Wheats was the top tier food choice, superior. The researchers gave it nutritional superiority, Frosted Mini-Wheats over eggs, significantly better than eggs, ground beef, whole dairy, all these real simple whole foods. This ultra-processed food by definition is a superior food, and the framing on that was just absurd.

CALLEY MEANS: And again, I don't want to make this personal, and I think a key hang-up I've had, and I think a lot of folks have is that we know professors, we know doctors. There's good people in the system, the folks doing that research are good people, but that study was paid for by food companies, and it names these serials by brand, and there are dozens of cereals that are encouraged. It's funded millions of dollars by Danone, which is one of the largest

makers of soy milk and almond milk. So, this money does have an influence. And the key is... And I think it gets back to this, do we incrementally try to just get a little bit better, or do we really have to ask, "What's the radical paradigm shift we have to make here?" We really have to, I think, start seeing food as medicine. We're not going to hack a way out of this, we're not going to have incremental change to change this.

SHAWN STEVENSON: Yeah. And I want to circle back to this point as well, and this was one of the most remarkable things that you brought forward, which is their playbook, one of the biggest tools in a playbook is distraction and just overall confusion, get people in-fighting about silliness and/or ignoring their better judgment and distracting people in general. And for example, there's been this huge push right now of reframing chronic diseases to things that are totally without our control, just outside of our control. For example, we'll put these up on the screen for everybody to see these are real things from reputable organizations. There's research now pointing to climate change as increasing the risk of heart disease. The number one killer in the United States for decades now, it's climate change that's doing it, alright?

It has nothing to do with diet and exercise and sleep and getting outdoors and being human, it's climate change, it's not your fault. Also, another one, IBS, Irritable Bowel Syndrome, which is at epidemic proportions. This particular scientific organization, the hypothesis is that IBS is being caused by gravity intolerance, "gravity intolerance." It's gravity f*cking you up, it's you being here on earth, that's what it is. We got to get you off planet to clear that IBS. And by the way, IBS in some scientific circles it stands for Is Bull Sh*t.

CALLEY MEANS: I mean, as a former practitioner of this misinformation, I am impressed to some degree. To some degree, it's just all part of the playbook. I mean, we've just heard recently that a leading cause of asthma is the gas stoves.

SHAWN STEVENSON: True. Again.

CALLEY MEANS: And there's been a lot of news on the gas stoves, and I don't know if everyone's seen that. But there was more news on that topic I saw last week than the exponential increase in autoimmune conditions and chronic conditions and obesity and fatty liver disease that we're seeing among kids. And again, let's just think about how this happens. You have Pharma... Just taking Pharma for example, \$350 million on lobbying alone, billions of dollars of research funding, billions of dollars of media spending, hundreds of millions of dollars of public affairs consulting spending. And this is not complicated. They literally sit in a room and ask, "How can we sow doubt?" I'd urge everyone to go look at... There's a project that has all the tobacco PR documents, it's written down in paper.

Hopefully, there'll be a class action lawsuit one day on sugar and we'll... The soda companies, and we'll have a discovery and be able to see. But I wrote these documents, it's not that complicated. And it's like, "How do we confuse? How do we distract people from the key issue?" You have literally the Washington Post, a lead reporter, economics, and healthcare reporter for The Washing Post, talk recently about how we just don't know what causes childhood obesity. And again, it's just like, you just drill down, "What is a reporter incentivized?" Well, they need funding, and a huge portion of funding comes from pharma and also food companies. And they actually also profit and benefit from their being distraction and controversy.

SHAWN STEVENSON: Right. That's what they're built on.

CALLEY MEANS: Yeah. And I think...

SHAWN STEVENSON: Let's be honest.

CALLEY MEANS: I think for this content, and even a lot of health influencers, I follow a lot, I think we all... Sometimes I do disservice 'cause there is a huge... There's a huge incentive to over-complicate the situation a little bit. So, this is the journey I'm on, and my message is like, I really do think inspired by Casey, and being on the story to... I say to just have more awe about the human body and the connections within human body. I think it's actually a key to happiness in life, but we're systematically, I think, being told not to be on that journey and just being a state of confusion when we should just be really asking first principle questions and not taking the word of these funded studies.

SHAWN STEVENSON: Well, I'm very grateful for you joining in this mission because like I said, I am one of those kids, I come from that environment. And all I needed was awareness. I needed awareness that this existed. I could actually feel good, I could be disease-free, I could create and live my life in the way that I feel is my potential. So, giving people that accessibility, but here's another key part of this, is tying it to something that we want and/or tying it to something that we value. Once we do that and take the work to do that, it's a game-changer. For me, one of the biggest leverages or leverage points for me was my kids.

I was in college barely getting by, hanging on while I'm in so much pain, and I've got my son Jordan, my daughter Jasmine, my two oldest kids. And I want to be there to be a good example for them. And my life is like a shell of what it could be, and so that was a huge leverage point. Another leverage point was my grandmother who invested so much into me, who gave me opportunity, who taught me the importance of education and really showing up for her and living up to my potential that she saw in me. So, these psychological leverage points, we could find those if we take the time to get to know people.

CALLEY MEANS: Well, I think you hit on something very resonant for me and why I'm in this fight, and it's, I think, something everyone has, which is looking at my parents, my mom was my best friend, and Casey's best friend, the most vibrant person we knew. And she had a pain in her stomach in 2021, went into the doctor for a scan and learned she had stage four pancreatic cancer. And we rushed her side, and 13 days later, she was dead. And those 13 days were the most profound and actually positive, it's weird to say, of my life and Casey's life and the most affirming of our life.

Her house from stacked with your book, with books by Mark Hyman, Rob Lustig, Sara Gottfried, on down, folks who've been really speaking and been at the forefront of this fight to talk about the interconnections of health and metabolic health. She was one of the 50% of Americans with pre-diabetes and was really working on that over the previous year. So, it ended up being a little late, she had that unbeknownst to her that cancer was growing inside her before she even started on this journey, it was growing in there for years, but just her being on that journey inspired me and Casey, and I really do feel, and Casey feels like she lives inside us now.

And you don't know how much time you have here, but just that act of... So, we were... We're just watching how she handled herself, she was in constant improvement, and just her and her final days being surrounded by hundreds of letters from people that she impacted. We took that and feel like she lives inside of us now, and then you're taking that just less than a year later, having my first son. And it's a basic... Most of us have parents, many of us have kids, but there's preciousness and profound, I think, insights looking at that perfect little child, like walking into this world where I think kids are being fed into an absolute buzz saw right now.

And I think a lot of people are waking up and is really motivating, but to change, but I think a key part some of my messages, a key part is believing in yourself, believing in your own common sense. A key cause, which I think any scientists will tell you or a doctor, of all these chronic conditions is what we call inflammation, but I don't think a lot of people ask what that inflammation is, inflammation is actually usually a good thing. It's our body summoning forces is to kind of attack something that's foreign in our body. I think in science classes chronic... Usually, that's actually good. Right now, we're in a constant state of inflammation, why? Because we have foreign substances in our body. Our body is literally reacting to the food we're eating as foreign invaders that they're in a constant state of alarm to attack.

SHAWN STEVENSON: It's pretty simple.

CALLEY MEANS: And I don't know... People can use that. It is... I know I have some gall as not a doctor coming on here and saying this, but this is my journey I've been on, reading all the books by so many of the folks that have been on your show and you, and just like you can kind of trust yourself a little bit. And I'm just trying to bring my perspective on. It's as bad as you think, as

far as the rigged system, and... But I am hopeful about looking forward. I think there's an empowerment, but I think there's a couple other moves we can make as a society and I think are going to make that I'm getting a little bit of insight on during this journey, happy to talk about.

SHAWN STEVENSON: Yeah, thank you for sharing that. Like you said, there's this inner intelligence, there's an innate intelligence that this is something that we have instant access to all the time and you're somebody, your work and where you've directed your attention recently is working in a way to help to create a system that is incentivizing health. So, can you talk about where people can get more information, where they can follow you and stay up to date with what you're doing?

CALLEY MEANS: Yeah, I think understanding the dynamics we're talking about is the baseline to change them. So, after the experience with my mom and learning from Casey, I had one question, it's a very simple question, but I think it's a question thousands of people are asking and we've got to chip away in a million different ways, but it's how do we incentivize people to be healthy? Right now, the American patient, an American has \$4 trillion of incentives of the healthcare industry against them and I think \$6 trillion of the food system against them, 95% of healthcare spending is after people get sick. We're incentivized, the system is incentivized for people to be sick. How do we change that?

Investigate that with a good friend, Justin Maris, who started Kettle & Fire, Perfect Keto, two great healthy food brands, he passed those off. Like how do we devote our lives to this issue? Yeah, our quick solution is these FSA, HSA accounts. So, the majority of Americans have them. There's \$140 billion seeing them right now. There are accounts that you can use as you want for qualified health expenses. Most people in their 20s, 30s, 40s don't actually use them 'cause they're seen as these accounts for when you get sick, but I think that's part of the problem with how we see healthcare. We're kind of waiting to get sick. You can actually use them to prevent conditions and with a note from a provider, food and exercise can count. So, as we know, food and exercise... And this isn't just a talking point, you actually have thousands of studies. Take any chronic condition and put a food intervention, exercise intervention, getting some better nutrients through the supplements, a holistic strategy with that versus the leading pharmaceutical. You want to compare statins versus dietary intervention for heart disease, any condition.

We've worked with a clinical team. We've actually cataloged every chronic condition and we're going to easily issue those food prescriptions which then as a family, you can max out \$7,200 to these tax-free accounts and buy whatever you're qualified for there with exercise, groceries for your family. And that \$7,200 depending on your tax rate, that could be thousands of dollars' worth of savings. It's pre-income tax. So, I think it's material. It's thousands of dollars of... It

starts bending that cost curve, fighting back against these subsidies, starts making that avocado a little bit more of a parody with the Big Mac. But yeah, that's how we're pushing on this. What I hope is that folks join us.

It's truemedicine.care. I'm on Twitter, Calley Means. We're talking about this. We're launching in a couple months. We're trying to build a community who cares about this, seamlessly save them money. But what I hope it does is present a model for public policy. A model for food stamps, a model for really disrupting many healthcare apparatuses. I mean, what if we replaced all the money we spend on doctor's offices with an app that knows your glucose levels, that's tied into your bio-wearables, that can actually suggest targeted food interventions, what you should be eating and provide savings on that, and actually tell you that, "Hey, if you don't exercise, your blood pressure's going up, you might actually get a chronic condition."

I think there's this world with what we're doing and what bio-wearables are doing is where when we really have actual information about what we should eat, the metabolic actions we should take, and then the missing part is we need to tie public policy to incentivize. So that's where we're starting. And I, my partner, Justin, inspired by Casey, inspired by you, inspired by leaders in this fight want to be soldiers in this effort to move incentives more towards metabolic solutions, which is, I think, existential for the country.

SHAWN STEVENSON: Yeah. Can you state the website one more time?

CALLEY MEANS: Truemedicine.care.

SHAWN STEVENSON: Truemedicine.care, Calley Means on Twitter.

CALLEY MEANS: Yes.

SHAWN STEVENSON: And you're phenomenal. Thank you so much.

CALLEY MEANS: Thank you, Shawn. So grateful for you.

SHAWN STEVENSON: Again, truly for being a part of this mission and it's super inspiring and I'm grateful, first and foremost, for you stepping up to help to create a solution. That's what it's really all about at this point. And again, thank you so much for being who you are.

CALLEY MEANS: Thank you, Shawn.

SHAWN STEVENSON: Calley Means, everybody. Thank you so very much for tuning into the show today. I hope you got a lot of value out of this. This conversation needs to spread like

wildfire. Please share this out with the people that you care about. Take a screenshot of the episode. Tag me, I'm at Shawn Model on Instagram and on Twitter, I'm at Shawn Model as well. And also of course, tag Calley, he is popping on Twitter and sharing so much incredible information over there. So, check him out on Twitter. And of course, we've got some epic masterclasses, some phenomenal guests coming for you very, very soon. So, make sure to stay tuned. Take care. Have an amazing day. And I'll talk with you soon.

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