Dietary Guidelines Part 2

[00:00:00]

EAU: "Restoring science and common sense. Every American deserves to be healthy, but too many Americans are sick and don't know why. That is because their government has been unwilling to tell them the truth. For decades, the US government has recommended and incentivized low quality, highly processed foods, and drug interventions instead of prevention. Under the leadership of President Trump, the government is now going to tell Americans the truth. Today, the White House released the dietary guidelines for Americans 2025 to 2030, the most significant reset of federal nutrition policy in decades. Under President Trump's leadership, common sense, scientific integrity, and accountability have been restored to federal food and health policy. For decades, the dietary guidelines favored corporate interests over common sense, science-driven advice to improve the health of Americans. That ends today. The new dietary guidelines call for prioritizing high quality protein, healthy fats, fruits, vegetables, and whole grains, and avoiding highly processed foods and refined carbohydrates. "

EW: Um, wow. Okay. So, Ooh, my face made some.

EAU: some faces during that. That was my dramatic rendition of an unadulterated, uncut first two paragraphs of the USDA's fact sheet that they released, uh, when they released these new dietary guidelines. Uh, we'll have a link to it on our website and it was completely uncut.

EW: It cracks me up because like the whole framing, this is a complete reset of everything, and I'm like, this is just like the 11th version of a textbook

EAU: A

EW: very little changes.

EAU: little changes. And to, to imply that the changes that they have made are in any way, based in science in a way that previous ones weren't, is false. To imply that they are not backed by industry interests is also false. So it's like we'll get into all of it today.

EW: Oh, I'm excited for this episode. Erin.

EAU: Me too.

EW: Hi, I'm Erin Welsh

EAU: I'm Erin Allmann Updyke.

EW: This is, this podcast will Kill You.

EAU: Today we're talking about the dietary guidelines, part two,

EW: Part two. Part two. There.

EAU: back the food pyramid.

EW: I think this is gonna be a very interesting discussion of rhetoric and. Just branding, like so much of this is branding. Even looking at the design of the pyramid, which like, I didn't talk about that last week, but like there has been a lot of intention behind how this information is presented. Committees on committees, on committees of like, how do we turn this? Do we do a pyramid? Should we add stairs? Should we do an upside down triangle? Like whatever. I guess triangles can't be upside down, but like, um, yeah, and it's just wow.

EAU: I know. Well, and it's interesting too because historically the, like dietary guidelines for Americans document has been this like pretty large, you know, hefty document that's geared towards professionals, you know, nutrition experts and people who are making the decisions about things and not, not the same document that is necessarily geared towards general public, where then they take those. Dietary guidelines, the DGA, and then make a food pyramid and make this public facing, you know, information. Whereas, yeah, this time it's like, we got it. It's all in one. It's just this very short, a few pages, and this is the dietary guidelines. It is public facing, and so they've kind of just wrapped it all up in one, which is also interesting in and of itself.

EW: it is. Oh, there's so much good stuff today.

EAU: Yes. But first

EW: But first

EAU: quarantini time.

EW: It is, what are we drinking again? Erin?

EAU: We're drinking your daily apple.

EW: We are, it's a pretty simple beverage. It's got apple juice, pomegranate juice, lemon juice, sparkling water. There you go.

EAU: Delish refreshing. We'll post the full recipe as if you need one on our website. This podcast will kill you.com and all of our social media, so make sure that you're following us there. You know. So you don't miss it?

EW: Do it, uh, on our website, you can find a whole suite of things if you're looking for them. You can find sources, you can find transcripts, you can find links to merch li links to bookshop.org affiliate page, our Goodreads list, uh, music by Blood Mobile. Contact us form A Submit your firsthand account form, and, uh, perhaps a few other tidbits in there. If you're, you know, excited to explore, please have at it.

EAU: Uh, rate, review and subscribe on your favorite pod catcher or YouTube if you are into a video version, we have it. Did you know that we're there?

EW: Yeah. Maybe you're already [00:05:00] watching us, in which case, hi.

EAU: Hi, nice to see you.

EW: see you.

EAU: Okay. Uh, shall we get into this week's episode, Erin?

EW: Absolutely.

EAU: Okay. We'll take a break and then dive in.

If anyone missed last week's episode, part one of this two-part series, uh, Erin, you walked us through. The good, the bad, and the ugly really, of how we got to be here, where we are today. So I think we all understand a lot more about where the concept of these dietary guidelines really comes from and the issues that have always been present in the creation of the dietary guidelines for America. And this. A very America centric couple of episodes, but I will talk about global dietary guidelines today as well. But today's episode, I am mostly focused on these newest dietary guidelines that came out in January, 2026. And

what I wanna walk through is why it is that they've made such headlines, like when was the last time we ever even heard about them being updated? Did you know they were updated in 2020?

EW: No.

EAU: Because they were, of course they are every five years. Why are we hearing so much more about this upside down pyramid than we did the debut of MyPlate back in 2011?

EW: My plate still can't believe I missed a whole era of of dietary guidelines.

EAU: And of course I think that part of this is down to the time in which we are currently living in with RFK Junior being the head of the Department of Health and Human Services, who made it known very clearly and very loudly that he was going to overhaul these guidelines.

EW: Right.

EAU: I think that in some ways the kind of nutrition community, the wider medical community has been bracing for this. What is it going to look like? And it's very clear that MAHA and the MAHA kind of ideals and ideology has had a very huge hand in shaping these guidelines.

EW: You know, I was thinking about like the, the Super Bowl commercial with Mike Tyson.

EAU: that's Erin. I have so many feelings about it and I, I'm not even gonna get deep into it.

EW: I know, but it's just like, it's funny because like you said, we didn't, like, there weren't, or maybe there were, and I just missed them because they were so not as ridiculous, like so un ridiculous compared to that. I genuinely thought that I was watching like a spoof. Spoof thing. Like it came up and I was like, this is,

EAU: skit,

EW: yeah, like a 30 rock thing. I was like, what is happening? , And so it, it is really interesting the drive for publicity and publicizing this, these guidelines.

EAU: Think that's one of the big, big differences that we're seeing, like already off the bat, is the way that these guidelines are being marketed. The way that they're being talked about, the vibes behind them is like totally, totally different than anything that we've seen before. Yeah, it's a lot. Um, and there is a lot that I think that these guidelines kind of bring up that are part of larger discussions. And we don't have time for those larger discussions today. So what I am going to focus on for this episode is how the most recent guidelines, this upside down food pyramid, if we're calling it that, what are the real key differences between these dietary guidelines and every other set of guidelines that has changed minimally over the last several decades? There's four key differences that I'm going to kind of go through, some of which are not based at all in science and some of which are really probably good recommendations and some of which are somewhere in between. And then we'll compare the current food guidelines now that exist in the US to what guidelines actually look like across the globe. Like how different are these new recommendations from global recommendations.

EW: am so excited for that.

EAU: gonna be great. How are Americans doing on eating according to these guidelines? If we're falling short, in what areas are we falling short and why? What are the barriers that we see?

EW: Fiber,

EAU: yes, fiber is the answer. Finally, the question that you kind of ended us with last week, Erin, is does any of this matter who is going to be affected by these changes besides our global reputation? Ready?

EW: Mm-hmm. Oh, yeah.

EAU: So we're gonna also go good, bad, and ugly. Or like, I'm gonna start with like, probably beneficial changes. Um, somewhat, maybe neutral changes and then baseless changes that are probably harmful, uh,

EW: I wonder which wonder which those are.

EAU: I can't wait to tell you. So the first thing to know is that they really are not that different from previous iterations. Guidelines for forever have emphasized the importance of whole grains, whole fruits and vegetables, limiting added sugar, limiting sodium, and limiting our saturated fat to less than [00:10:00] 10% of our total calories. That has not changed at all.

EW: Nope.

EAU: These guidelines similar to the guidelines from 2020 as well also include a one pager on nutrition information like geared towards infants and toddlers, um, which is quite well put together and very, very similar to the 2020 guidelines. Okay. But there are a few big changes, like I said, four that we're going to go through. So the first big change is that this is the first dietary guidelines for Americans to specifically emphasize that we should be avoiding consumption of quote "highly processed, packaged, prepared, ready to eat..." unquote foods or other snacky foods, and they list specifically chips, cookies, candy as the types of foods they're talking about, and they emphasize the need to prioritize what they call nutrient dense foods. They go so far as to recommend that no amount of added sugars or non-nutritive sweeteners is needed or recommended in a diet. And multiple times in different sections of these guidelines, they call out refined grains, added sugar and added salt or sodium as something that we should be avoiding, including things like sugar-sweetened beverages, which they have been railing against for a very long time now, and fruit juices. I think their, their stance against fruit juices is a bit different than previous ones. They also say, and I think this is really interesting, that if you're going to be eating packaged or like snacky foods to look for ones that meet FDA, quote unquote "healthy claim limits." This is a category that exists. It was like updated in 2024. These like limits on what should constitute a quote unquote healthy food. No one knows what those

EW: What? I've never heard of this. Okay.

EAU: Of course you haven't. No one's heard of it. And the thing is that like this is a, a theoretical category kind of that exists, but there's no labeling for it. So there's no way that that companies can label a food as quote unquote "healthy" and that, you know, as a consumer, it is sticking to an actual category that the FDA has made. Like that has been proposed, but right now it does not exist. So, healthy limits, we don't really know exactly what those are. Okay.

EW: Okay.

EAU: They list in the dietary guidelines. Um, some specific limits on, uh, the amounts of added sugar that should be in a certain amount of ounces of food as part of this healthy claim. But that's it. It's only a limit on sugar, not on anything else saturated fat or sodium or anything. So, so this is a potentially beneficial change, however. It does kind of merit a bit more nuance than what the guidelines are giving

EW: Yeah. Okay. We're gonna talk about processed foods, I think someday.

EAU: We have to, because an in-depth look on what processed foods or this, they call them highly processed foods. And that's not a thing that exists. Like, it's not a a, a category of, of processing. There is a classification system called the Nova Classification System that lists minimally processed, processed, and ultra processed foods, but highly processed is not technically a term. Now is that semantics? A little bit, but the problem is that to really like get at the idea of food processing, you have to like, what is it that we're trying to get at here?

EW: Right, because like it's, it's a little bit like, you know it when you see it like, yes, we know that certain things are processed but that are not inherently bad because of that processing. Most of our food is processed,

EAU: Exactly. And

EW: yeah, but, to say that and then say, well then that means all processed food is fine, or all processed food is bad. Both of those things are not, are lacking the nuance that is impactful for dietary health.

EAU: They're oversimplifications on both, like both ends of the spectrum essentially.

EW: people use them in both ways where it's like, well, no, there are highly, clearly, highly processed foods that are clearly not good for you.

EAU: No. No one thinks that Cheetos are a health food.

EW: Right.

EAU: You know, like

EW: Not to name names, but.

EAU: name names, but I don't think anyone is out there eating Cheetos thinking that they're getting nutrient dense foods in their I mean,

EW: but like then there's like baked Cheetos as like, here's a healthy op. Yeah. Uh, yeah, again, it's the whole health washing,

EAU: And that's a health washing and a marketing and that, that's kind of a separate issue, right? But it is part of this. And the thing is that like. None of these types of foods that they are really trying to [00:15:00] get at here, right? Because what they're trying to get at is avoiding sugar sweetened beverages, refined, highly-processed carbohydrates, and other foods that have a lot of added sugars, added sodium, and tend to be high in saturated fats. None of these types of foods were recommended by any means in previous guidelines. And scientific reports, again, the reports that are coming out of the DGAC, the committee who's making these initial recommendations that go to the DGA, um, they have recommended limiting them to various degrees. Previous guidelines have never explicitly discouraged the consumption of these foods. They've been, we've been recommended to avoid added sugars, to limit our amounts of added sugars and things like that. So it's really kind of the emphasis and the explicitness of this recommendation. That's different.

EW: It's interesting too to see whether there'll be an impact. And so you're right, like this seems like it theoretically a step in the right direction, but how is it going to translate to. Purchasing

EAU: Exactly. Exactly. And I, and I think that that theoretical part is so important because it's also the case that these highly processed, I'm gonna call them what they actually are, which is ultra processed foods. And processed foods in general tend to be less expensive. They to be more available, especially in low income areas, they're going to be more shelf stable. Many times they're fortified with a lot of vitamins and minerals that people might be lacking. And so. To just blanket statement, discourage all processed foods is really doing a disservice if we're not also changing the way that we regulate our foods, the way that we label our foods and the way that we provide access to foods for people. And none of that is changing with these dietary guidelines

EW: Yeah. All it's gonna do. Well, no, not all it's gonna do. One of the things it's going to do is change the way that foods market themselves to that no longer be highly processed, like the new naked Doritos or whatever. Suddenly that's not an ultra processed food. Like,

EAU: And that what that also does is it contributes to a level of stigma or shame associated with certain foods that we then associated. Exactly. And that contributes to issues of disordered eating as well as just discrimination. Like it's

EW: it's a can of worms that is like a Costco sized can of worms.

EAU: Yes. They go even further though in this like section where they talk about avoiding highly processed foods because they also specifically talk about limiting artificial food dyes. We know that they're railing against those as well as preservatives, non-nutritive sweeteners. And if you haven't listened to our food episode, we have a way deep dive on that. The fact is there really isn't a ton of data to support these recommendations. Um, there really isn't like, we don't have data to say that we need to be avoiding X, y, and Z preservatives, or for what reason, or that artificial food dyes are in any way less safe than so-called natural food dyes, which again, they are just lifting restrictions on the ability to license and use various forms of quote unquote "natural

EW: I mean all like food dyes are not necessary, period.

EAU: No. Right, and none of this like, so that part is really not based in data, but it's lumped into this idea of avoiding highly processed foods. So again, that's a can of worms and that's like if there is a change that could potentially be for the better, that might be it. So, moving on. Now, dairy has been, I think, contentious in guidelines for years. And for good reason

EW: Yeah.

EAU: Because honestly, the bottom line is that none of us over the age of 12 months need any form of dairy to survive as a species. 75% of the global population is lactose-intolerant as adults and cannot consume dairy, uh, period. Dairy is a good source of calcium. It has quite a lot of calcium in it, and 46% of Americans don't get enough calcium. Dairy in this country has to be fortified with vitamin D, and many of us don't get enough Vitamin D, and then dairy contains protein and it is high in saturated fat if you are drinking whole fat dairy. But for a long time, the guidelines not only emphasized like the need for dairy. Dairy was its whole owned food group, okay? Which it still is. It is a front page recommendation on these guidelines before whole grains, before anything. But every other guideline in the past has emphasized the need to consume low-fat dairy. They have recommended specifically low fat dairy items, and that is because of the data surrounding saturated fat intake. And the [00:20:00] truth is that the more data that we have gotten to specifically look at dairy, low fat dairy versus full fat dairy, is that the data doesn't really bear out the idea that low fat dairy is truly any healthier when it comes to cardiovascular disease, cholesterol, cardiovascular mortality, those kinds of things. So whether you're consuming low fat milk or skim milk or whole milk, the data, like the newer data, it's true, doesn't really like, it doesn't bear out that whole milk is truly worse than low fat. Okay.

EW: Okay.

EAU: Where it does make a difference is that whole milk dairy, which is just as processed as low fat, 'cause they take out the fat and put it back in, but it is going to have more calories and it is going to have more saturated fat. And so if you're consuming that, you probably need to reduce the amounts that you're drinking in order to stay within whatever your calorie limits are going to be for the day. Right. But the new guidelines on this very first page specifically recommend consuming whole fat, full fat dairy. They don't say like, pick a dairy of your choice. They specifically say You should be consuming whole fat dairy. There's no data to support that,

EW: Right.

EAU: uh, necessarily. And again, there's no data that says that anyone needs to be consuming dairy whatsoever. All of the previous guidelines have erred, at least the way that they have framed it have erred on the side of caution saying, because we know the risks of saturated fat, even though we don't have a strong indication that lowfat dairy is substantially healthier or substantially more safe a choice than whole milk, we should err on the side of caution and recommend low fat options to people.

EW: Okay. I

EAU: And you

EW: confused a little bit. Okay,

EAU: Give it to me.

EW: So these studies, and this, this might not be like an answerable question, but like these studies that are showing that there's not necessarily a relationship, a strong relationship between whole milk or, uh, or whole fat milk or skim milk or whatever and, and health. Is that if quantities are equal, is that if, you know, like

EAU: It's a great question. Our nutrition data is tough, right? It's, it's really, most of them are just based on like changing a recommendation. So in like for example, um. DASH diet studies, which is like the dietary approaches to stopping hypertension or like Mediterranean diet studies where they have either allowed participants to have milk, whether they've recommended low fat milk or recommended whole milk. Are they restricting how much people are

drinking? Probably not. So people are probably drinking however much milk they're going to drink. Um, and so, but in those, when they have kind of allowed people more leniency and switching from low fat to whole fat and things like that, um, there, there isn't that big of a difference really.

EW: Uh, but it's, and and it is interesting too in the context of thinking about servings and like recommended servings. So it's like we're now recommending any type of fat dairy, like dairy, fat amount versus,

EAU: we're actually recommending Whole

EW: okay, well there you go. But I mean, like, does that play? Yeah, it's just, I, I think it. It's it, the reason I say it's unanswerable is because like, it's just, there is so much, there's lack of clarity in all of this and what the impact is, and I think it is really difficult to take data and then translate that to advice.

EAU: Yes, it is. It's really, really hard.

EW: Okay.

EAU: Um, but that is a big, that is a, a change, a, a pretty, a pretty good size change that we see in these newest guidelines is the switch to emphasize the need to consume, uh, whole fat dairy products as like a very explicit recommendation. Okay.

EW: Yeah, sure.

EAU: next. Next is I think the one that you're probably most excited about, Erin, the War on Protein.

EW: Yeah. I'm waging this war. I'm starting now. I'm fighting back against the onslaught of protein in the grocery store.

EAU: the guidelines on on real food.gov, which is where you can find these guidelines. They really do specifically say that they are ending the war on protein.

EW: As someone who lived through the nineties and the two thousands and the Atkins diet, I didn't realize that we were in a war.

EAU: I'll tell you what I think the war actually is. Erin, let me, let

EW: the war on beef? Okay, go

EAU: Okay. Yeah, listen. So this version of the dietary guidelines really puts protein on a huge pedestal. Um, and it does so in two ways that are different from prior guidelines and not based in nutrition research, or data. So first, these guidelines emphasize over and over again, both visually and in the text itself, a [00:25:00] specific and explicit recommendation to consume your protein, primarily from animal sources.

EW: picture steak in

EAU: the steak,

EW: that pyramid.

EAU: Rahh it's Huge. They have a huge whole steak and an entire Turkey. A package of ground beef, a chunk of raw salmon, and a carton of whole milk. All to represent your protein sources. Okay. They also in the text emphasize eggs, poultry, seafood, and red meat. And then later, later down the line say like, you can get it from vegetable sources too, but don't you dare be vegetarian or vegan or you'll definitely end up deficient. There's like a whole section on that.

EW: Great.

EAU: Um, the nutrition data that we have rife with biases and things and limited as all nutrition data is all of the nutrition data that we do have point to plant sources of protein being associated with lower disease risks, lower mortality, better cardiovascular outcomes than animal proteins.

EW: So that is what Atwater basically said. I mean, Atwater was like, get your protein however you can get your protein,

EAU: Mm-hmm.

EW: animal, plant, whatever. And then at least 70 years ago, it was known that plant protein was associated with lower incidences of chronic disease. Yeah.

EAU: Yes. Yes. Plant proteins are sufficient in terms of getting us enough quality of protein, and they, again, reduce cardiovascular disease risk like over and over and over again in studies now. In these newest guidelines where they are making these recommendations, they don't provide any quantitative data to actually like. Prove or like any data to support this idea that animal proteins are

actually healthier in any way, shape or form. Like they, they don't even try to really back this up with any quantitative data.

EW: Okay.

EAU: Um, and, and we're gonna get more into this in a second, but meat, especially red meat, like the giant steak that they have right there in the front of the triangle is much higher in saturated fat than plant-based proteins. And we have decades of data, this is where our nutrition data is the strongest. Reducing saturated fat is beneficial for your car, cardiovascular health. Um, also like they don't even mention in these guidelines how strong of associations they are between red meat and processed meats and the fact that they're carcinogen, right? These are carcinogenic foods and associated with an increased risk of cancer. None of this is addressed in these guidelines. They just really focus on the need to consume animal-based protein. And the other thing that they specify for the first time in a dietary guidelines is a protein goal of 1.2 to 1.6 grams of protein per kilogram of body weight per day. So for a hundred kilogram person, we're talking 120 to 160 grams of protein.

EW: that in pounds? It's.

EAU: Oh my God. I don't know. 2.2. So that would be like 220. pounds. Wow. Pull that out. Um, the current, like dietary reference intakes that like, which is separate from these DGAs, but that's getting into semantics. The recommendation is a goal of 0.8 grams per kilogram of body weight. So this is up to double. Up to doubling what the recommended target protein intake is. And the current evidence is that the vast majority of Americans, with some exceptions for maybe older adults, are getting about one gram per kilogram of protein. We're already meeting what the previous goals are. We are not deficient in protein whatsoever.

EW: What would protein deficiency look like?

EAU: So protein deficiency can result in like muscle wasting and things like that for sure. And, and it's like a very real, um, concern if you didn't have access to protein. And there's some data that in like older Americans, especially like over 70, 75, that having a protein deficit is associated with increased frailty and, you know, that's a fall risk and, and things like that. But that's only in a subset of older Americans. The vast majority of everyone else is getting plenty of protein to support our daily needs and to support our bodily functions. The evidence that they cite, that they present in these guidelines to actually support this idea that we need more protein are a few studies, some of which show that

with a high protein diet, people have more weight loss. That's it. They're not, they don't have any data to show that more protein is better for cardiovascular disease, for diabetes, for mortality, for cancer, for anything else, just a few short-term studies. [00:30:00] 68% of these 30 studies showed decrease in one weight related metric like BMI or waist circumference or something like that. So there's really no data to support this idea that we need more protein than what we're already getting. And like excess dietary protein ends up converted into fat, which is gonna increase your visceral adiposity. And that's the type of fat that puts people at risk of diabetes and metabolic disease. And there's some evidence that increasing your protein intake, if you are doing intensive strength and resistance training can increase your muscle mass. But they're not like that's a separate subset and that's not the general population. Because if we were all doing more strength training, that would be great for everyone, but we're not

EW: So, okay, so what does this mean for, we should do an episode on protein? Um, we really should. I've been wanting you to keep the keto diet for a long time. Um, but what does this mean for. The, the fact that like, you know, we're seeing this now, how long has this been building this, this war on protein rhetoric? And Again, I still come back to the protein in, uh, in, in every product that you see these days. Like, that's like the newest trend. And what are the implications of that trend? Like what are that, what are the outcomes going to be?

EAU: That's a great question. We dunno. It's a really great question though, because this is, I mean, this sets us up for the protein marketing to be like, heck yes. Thank you so much for doing this. Right. We are already here. Now look at us. We're in the guidelines, right? Despite the fact that they're all ultra processed foods,

EW: Yeah. Yeah.

EAU: So. The War on Protein, Erin, the War on Protein, from what I can tell is that the dietary guidelines advisory committee, who published the initial recommendations that they did not use to make these new guidelines. Um, specifically said that we need to have an emphasis on plant-based proteins, and they had the audacity to suggest that beans, peas, and lentils should be taken out of the vegetables group and grouped with the proteins group.

EW: Which is wild because historically that's where it has been too.

EAU: listen?

EW: Beans. Were with meat. Legumes, were with meat. Historically, since the early days.

EAU: but peas, Erin, they're green. Listen,

EW: when it switched. Okay. Okay.

EAU: that's the war. That's, that is the war. That's the war on protein. I'm not done.

EW: Okay. Yeah.

EAU: Uh, the last, and I think the most egregious change, the ones that people are really, uh, kind of up in arms about is the changes in terms of the recommendations on fat. And I hinted at this already, so just like every other guideline forever, these guidelines explicitly say that we should be limiting our total saturated fat intake to less than 10% of our diet. That has not changed. Because the data to support that is so strong, that has not changed. However, the new guidelines say that we should be incorporating healthy fats, quote unquote "healthy fats", and they repeatedly list butter and beef tallow many times as options for healthy fats. These fats are 50% saturated fat compared to liquid fats like olive oils, vegetable oils, seed oils, which are like 10% saturated fat. The guidance on saturated fat for years has been that saturated fat increases our LDL cholesterol, which is the type of cholesterol associated with cardiovascular disease and saturated fat intake increases cardiovascular disease and mortality from cardiovascular disease. The data is like as strong as it gets when it comes to nutrition data, and there are so, so much data that shows that reducing our saturated fat specifically in these ways, one, by replacing saturated fats like butter, lard ,and beef tallow with plant-based fats like olive oil, vegetable oil, seed oils, improves people's lipid profiles and reduces cardiovascular disease. And number two, replacing animal-based sources of saturated fat, including red meat and white meat and dairy products with plant-based sources of proteins like legumes and whole grains and vegetables reduces cardiovascular disease. These are not new data. These are longstanding. So these recommendations the lumping of these sources of highly saturated fat as a healthy option is not based in data whatsoever. And to still say like, we need to be eating animal-based protein. We need to be eating whole fat dairy products. We need to be using butter as our healthy fat, but we should be limiting our saturated fat intake to 10% of our diet. Like, that's [00:35:00] not feasible. You, you can't do all

EW: it's contradictory, and I think it's like it's, it's a little by design because it's like providing lip service to multiple different things at once without revealing

what the true intention behind it is. If there is one, like can there be an aligned goal or is it just like word vomit from

EAU: from word vomit mouths.

EW: Yeah, from, from someone who's a pro.

EAU: And really like the way that they made these guidelines is also different than what you walked us through Erin, of the typical how these dietary guidelines are made. And you told us last week that there has always been black boxes, there have always been concerns about industry ties, and there has always been a question of like, how do these dietary guidelines committee recommendations actually get turned into the DGA. And so what's kind of interesting is that in some ways the way that they went about this was more transparent.

EW: Yeah. That the whole checklist of like, these are, this is what the committee recommended and here's what we did is like, We ignored Over 30 out of 50 of their recommendations, and we mostly ignored another 15 of them, and there was like five or six that we took. So that part was more explicit. We still don't know who actually wrote any of these guidelines. That's still a black box, but there was also an entirely separate scientific advisory committee that RFK made, and he gave them a couple of months instead of a couple of years to do a so-called rapid review of the evidence. Um, and, and then he had his own folks, again, black box, take those scientific rapid reviews and make the actual guidance from it. Um, the, certainly not an improvement on the process.

EAU: Not an a a worsening on the existing terrible structure. Right, and the scientific advisors that wrote these scientific parts of the report also had tons of industry ties, every single one almost. So that part is really no different, even though they're trying to frame it as this is free from bias, et cetera. They also are very explicit in these guidelines that one of the things they really did not like about the previous guidelines is that they had the audacity to take into account things like health equity, ethnicity, culture, socioeconomic status, race. All of these things were considered in the dietary guidelines advisory committee's actual guidelines, recommendations. Um, and this report has an entire paragraph saying, how dare you take that into consideration. That's not what we're doing here.

EW: Yeah. I

EAU: So points for that kind of transparency, right.

And honestly, I think that one of the big things that these guidelines do is show the same exact trend that we've seen in pretty much everything that MAHA touches, whether it's raw milk, whether it's food dyes, whether it's anything which is a real like rejection of. Any sort of scientific expertise and a remaking of facts to fit a specific agenda, being explicit about it, but then also a packaging and like a branding of these very real health issues that are indeed facing Americans as something that we could fix individually by just eating more broccoli and steak. Right. Like we have huge issues in our health system, and as we have talked about and will continue to talk about, many of us struggle to meet these dietary guidelines and people around the globe live with chronic diseases that poor nutrition has contributed to, but it will take structural changes to actually fix any of these issues, right?

EW: And a willingness to actually stand up to industry and require. Some sort of regulation over advertising over what they can put on a label,

EAU: And none of that has, has happened thus far. Now, if we take a step back and look globally, uh, pretty much every single country has some version of dietary guidelines. Many of them do use a little pyramid shape, which is so interesting. Why has that become the thing? And there's of course a lot of regional variation in like what countries are using as like their food examples or like, are they calling things grains or starches or what have you. But across the board there's a lot of very common themes that come out and that are things like an emphasis on fish, in many guidelines. An emphasis on lean meats and limiting or moderating meat consumption. That's in most other guidelines. Over half of countries have some specific messaging around increasing consumption of legumes and plant-based sources of protein. And about 75% of countries have some kind of messaging about dairy. So not all, but a good chunk of them, and most of them that have anything about dairy specifically mention low fat milk or low fat dairy products. And then pretty [00:40:00] much all countries mention things like limiting fat to some degree. Some of them separate out the types of fat, and then limiting salt, limiting sugar, et cetera.

EW: Okay.

EAU: I also love that some countries go like a few steps further and like their dietary guidelines also include like conditions on how you should eat or like recommendations on physical activity. Apparently in Brazil, dietary guidelines, I don't know if they still do this, but in 2015 they said that you should dine in company to develop relationships.

EW: love that.

EAU: Isn't that so nice? Okay, so if we look very broadly and like we try and incorporate all of what these other country guidelines, the World Health Organization recommendations and what, like nutrition science more broadly tells us what really is the healthiest diet. If we look at the preponderance of evidence, a healthy diet seems to be one in which we get a wide variety of foods that are going to meet our macronutrients. So protein, fiber, carbohydrate, fat, and our micronutrient. So vitamins and minerals requirements. It's going to be one which relies primarily on plants, including vegetables, fruits, and whole grains, and. For many of us, plant-based sources of protein are going to bring health benefits and animal-based sources of protein can be incorporated as a part of a healthy diet. And across the board, based on all the evidence, the things that we should be limiting are saturated and trans fats, added sugars or free sugars and sodium. And it is true that ultra processed foods are very often high in sodium, sugar, and saturated fats. That's the end.

EW: Yeah. So we have. We have these guidelines, these, these ones that change every five years in the United States. We have, uh, other sort of, uh, society guidelines or like these, these, these ones that where there's consistency across the globe. How are we doing? Are is, is any of us meeting any of these guidelines?

EAU: I'm so glad that you asked Erin. That's what I wanted to tell you next.

EW: Okay, good.

EAU: So in the US at least we can look at the healthy eating index. 2020 is the most up-to-date ones that we have. They have a separate one for like children over age two and then another one for toddlers. Um, but all across the board we fail to align with any version of dietary guidelines for Americans. Okay.

EW: Yeah.

EAU: Our standard American diet, which you can abbreviate as SAD.

EW: Nice.

EAU: indeed. It's pretty, it's pretty bad,

EW: Yeah. Yeah.

EAU: The mean Healthy eating index scores for the total population was 56 out of a hundred. Uh, goal is a hundred and toddlers, it's 63 out of a hundred, so toddlers are doing a bit better, which is shocking to me based on my toddlers.

EW: I mean, 63 though is still,

EAU: It is not great. Yeah, probably my kid is much less than that. That's an average, right? Um, and these data come from like a whole bunch of, uh, really wide ranging surveys. Despite those abysmal, overarching statistics, um, according to all of this data, the majority of individuals over age one are at or above dietary guideline recommendations for total grains, refined grains, which is maybe the less great option, total protein foods. Protein and meat, poultry and eggs.

EW: Okay.

EAU: So we're doing just fine there.

EW: We're hitting things. Yep.

EAU: Where we are falling short is vegetables, including all subgroups of vegetables, and they group them by like green versus red and orange versus again, bean beans, peas, and lentils We're. In there as vegetables. Um, we're falling short on fruits. We're falling short on the dietary guidelines. Recommendations for dairy or fortified soy alternatives, as well as seafood, nuts, seeds, soy products, and whole grains.

EW: Okay.

EAU: So you might ask as I did, why do we need recommendations telling us to emphasize protein and animal protein when we are already getting enough, if not too much, and we are falling short in so many other regards. If you wanna go even deeper and you know that I do, we can look at other like macronutrient profiles. Only 6% of us in the United States are meeting our fiber recommendations, which is 25 to 35 grams of fiber a

EW: It's actually quite so I've been a little bit obsessed with fiber because of, because I feel like we have talked about this in something else. Be in some, maybe it was the Poop.

EAU: Poop.

EW: and I was like, how much fiber am I, like I had no. Concept of how much I was supposed to eat. Like, yeah, you [00:45:00] can hear 25 grams, 30 grams, or whatever, but like, what does that actually look like? And it's a lot of fiber. It's, it is. And so yesterday I sat down with Jon and I calculated his, not mine. 'cause I, I for, and also I've been taking fiber, like I've been having fiber supplements and stuff, um, and trying to eat a lot of fiber and, but John is just like, well, I think I eat. A good amount of fiber and I was like, do you, he does actually, he, he hit 30 grams. I was like, are you kidding me?

EAU: amazing. I thought he only ate chicken.

EW: no, he's a big smoothie vegetable guy. And so it's like most of the day is smoothie vegetables and then it's chicken and vegetables at night. And like rice, I think that like, it was really a good exercise for me to be like, okay, what does this actually look like in terms of consuming fiber?

EAU: Right, and it's, I mean, fiber is like, it is the one thing that I do a lot of counseling on in all of my primary care visits, my preventive care visits when we're talking about food and diet, because it's also that like, foods that are high in fibers tend to be also the foods that are good plant proteins, and they have a lot of other micronutrients and things. So like to get your fiber from whole food sources. You are also shifting the overall diet profile that you're eating, which is like, ugh, fiber's great. Now more, 89% of us are getting too much sodium. See our salt episode for more.

EW: include myself in that.

EAU: 65% of us are eating more than 10% of our calories in added sugar,

EW: Mm, mm-hmm.

EAU: 82% of us are eating more than 10% of our calories from saturated fat already before these recommendations to increase animal protein, to increase the fat in your dairy to use butter. And it's only older adults. About five to 15% of older adults are maybe not getting enough protein. And that's like a low percentage compared to all of these other numbers.

It is true though, like that our nutrition in the US is not great and it impacts our health. It's estimated that $700 billion each year is spent on healthcare costs related to nutrition related chronic diseases, right? So these do have huge consequences on individual and public health. So. If we are falling short in these areas, why? Like what are the barriers that people are facing and who is

going to face, or who is going to see the impact of these newest changes that we're seeing? That's where I wanna go next. There are very substantial differences in access to food and in health outcomes in this country based on race and ethnicity and socioeconomic status. Now in this country, race and ethnicity contribute so hugely to differences in dietary intake. And it's largely due to historic marginalization and structural racism that's driving inequalities in socioeconomics and education. These are the two biggest factors, socioeconomics and education that are associated with diet quality. We also see huge geographic differences in the us. People in rural United States and in food deserts, whether in rural or urban areas, have substantially lower quality diets, and there's socioeconomics and historic redlining and like food deserts where even. You have food, like let's say your bodega on the corner carries fresh fruits and vegetables, they're gonna be sky high prices compared to the Walmart, which is out in the burbs that you can't get to 'cause you don't have a car. Right? So there's huge amounts of inequalities in our food system, and that is baked into our food system. The scientific report from the dietary guidelines committee that was not used to make these guidelines really emphasized the need for us to do more research on those aspects, for us to understand what those drivers are and how we can actually address them systematically, and the dietary guidelines said absolutely not. We will not be doing

EW: Right. We are not going to acknowledge anything beyond personal choices.

EAU: Exactly a hundred percent.

EW: Yeah.

EAU: But if our personal choices are that we are not eating according to these guidelines anyways,

EW: Mm-hmm.

EAU: Then what? Like you asked last week, what impact are these changes really going to have? And I think that one of the things that's important is that because these dietary guidelines are guiding policy for school lunch programs, for military nutrition programs for what is covered by WIC or the Women, infants and children, which serves over 47 million people. These changes specifically to increase things like full fat dairy, to increase protein recommendations, to avoid processed foods. These could result in pretty substantial changes being integrated [00:50:00] into what foods are available in schools. Now my kid goes to a public school and gets breakfast and lunch at

public school, which is wonderful. Thank you. State of California. Um, but the food choices that he gets are often quite bad. Like he eats graham crackers for breakfast because those count as whole grains. I'm not, I'm not even joking.

EW: Yeah, no, I know you're not. I mean, this is like Cinnamon Toast Crunch is a

EAU: Yes, he gets Cinnamon Toast crunch, whole grain, low sugar, cinnamon toast crunch. Quite often he brings home the little like packets sometimes.

EW: 5% Reduced sugar now.

EAU: Yes, yes. Um, and do you know what? They don't taste as good, but that's besides the

EW: Well that, but that is the point, but yeah.

EAU: Yes, but so it is possible that these changes could result in, in choices that are higher in whole grains, that are lower in sugar and that are lower in sodium. And that would not be a bad thing. That would be a really good thing. Will there be increased budgets for this because those foods are going to cost more money. So will this result in better food choices or will it result in less access? Will departments and programs have to decide, you know what? We can't give universal school lunch anymore. We have to go back to having income limits on who can actually access school lunch, which again, that's a bigger issue and has a whole bunch of things associated with it, right? Universal school lunch is an amazing thing. So is there going to be budgets for this to be able to implement and incorporate any of these recommendations into policy changes? Will increasing full fat dairy be beneficial for kids? Will it end up having more calories because they're still gonna be drinking chocolate milk? Because that's what they all choose. Right? And I think that it, we don't know, right? We, we literally just don't know. We don't know how this is all going to happen, how it's all going to shake out. So time will tell is the like short answer of like, who, how, how are these going to be impacted? In theory, you know, medical professionals and nutrition professionals also rely on these guidelines when they're counseling patients.

EW: when learning to in their

EAU: when learning, are they going to rely on these guidelines or are we going to see what we've seen with the dissolution of the A CIP where all of the other professional organizations make their own guidelines? And that's actually

what's used, and no one's even using these guidelines. We don't know. I do think, like we talked about earlier, what is so different about the way that these guidelines are being presented is how they are being marketed and how much they are being marketed to the American public directly. And they're doing so under this guise of caring about people's health, while at the same time rejecting, examining any socioeconomic determinants of health, you know. Rejecting science in a lot of ways for their own individual interests. And then also marketing this with commercials like the one with Mike Tyson, that shames foods that shames people's bodies for what size their body actually is. Um. Again, without any meaningful policy change to make sure that people have access to foods or have the time to engage in physical activity or like any of these other things that we know would be beneficial. So I, I don't know, Erin, I am skeptical that there's going to be a lot of benefit that comes out of wrapping up these nuggets of truth or these nuggets of what we know to be quote unquote common sense in what is so hard to disentangle. Good advice from ideology that's not based in

EW: Science industry ideology. Where, where does it all, like what does the, the, the pie chart look like?

EAU: Right,

EW: It's different for, for each different thing and like, I feel like what, what I really drew from this, there are consistencies and I think highlighting those global consistencies is really. It, it, it's really interesting because there are things that like haven't really changed, and there are maybe minor changes from, from year to year as far as these go. But like we do have a roadmap and it's just that there's a, uh, an unwillingness, especially from the federal government to provide the funding or the resources to enable everyone to, to use that roadmap.

EAU: A hundred percent. The other thing that I swear, this is my very last point, Erin,

EW: We'll see. No, just kidding.

EAU: because I don't have time to get into it, but I feel like it's an important thing that I don't wanna just gloss over entirely. the Impact of dietary guidelines on climate change.

EW: Yes.

EAU: There's really wide ranges in, um, emissions estimates of various specific countries recommended diets. And if the entire world was eating [00:55:00] an old US diet, not even the newest recommendations, it would substantially increase global greenhouse gas emissions. And now with an emphasis on dairy and an even stronger, we always had an emphasis on dairy, but a stronger emphasis on dairy and a stronger emphasis on animal protein. At the expense of plant protein. That is also going to result, if it is incorporated, in more greenhouse gas emissions, worsening of climate change. There was also changes with like alcohol and making it much more ambiguous what the recommendations are and not explicitly saying you should not be drinking alcohol, period, which is what the old guidelines actually said. They were like, no one should be drinking alcohol. If you are going to, it should be no more than one to two a day depending on who you are. And now the new ones are just like, limit your alcohol consumption. Which like, what does that mean? Now I swear I'm actually done. Erin?

EW: Yeah, no, I mean, you, you bring up a, a good point about, about emissions and it's all, I, I think it, what it also reveals is just like how much of this, again, is about American agriculture and, and, and interest in that, in that area.

EAU: 100%.

EW: Yeah. Tell us where we can learn more about this

EAU: of course You can read all of these guidelines for yourself. I've got links to the report that came out in 2024, and then the scientific foundation that they wrote, the new scientific committee that RFK. Made, wrote as well as the several page dietary guidelines document. It's all there. Um, I also have some data like going back on previous dietary guidelines so that you can kind of see the evolution. Um, and then a bunch of papers about the global, there was a couple really great ones. One from 2019 that was called a Global Review of Food-Based Dietary Guidelines from Advances in Nutrition. And then another one from 2021 that was a comparison of dietary guidelines among 96 countries worldwide. Um. I've got that climate change paper. It was from 2018, so it's a little bit old now. But anyways, we got, we got so much there for you on our website. This podcast will kill you.com.

EW: Yes. Uh, thank you to Blood Mobile for preventing the music for this episode and all of our episodes.

EAU: Thank you so much. Thank you to Lianna and Tom, and Pete, and Mark and Jess and everyone at exactly right for everything that you do to make this podcast possible.

EW: Thank you. Thank you, and thanks. Listeners, tell us what you think. We're curious.

EAU: Did you like this episode?

EW: Yeah.

EAU: We had fun. Uh, and thank you as always to our patrons. Your support really does, it means so much to us. So thank you.

EW: It does. Until next time, wash your hands.

EAU: You filthy animals