

Chairman Scott, Ranking Member Gillibrand, and Members of the Committee, thank you for the opportunity to speak.

We have to ask ourselves: Can we call ourselves the greatest nation in the world while 70% - **nearly three in four American adults - are overweight or obese?**

While we spend **18% of our GDP on healthcare**—more than any other nation—yet rank **55th in life expectancy**? While our children are developing type 2 diabetes at rates once unheard of?

This is not just a health crisis. This is a cultural crisis.

Because let's be clear: obesity is not inevitable. It is not an act of God. It is a choice—compounded over time, reinforced by a system that **fails to foster— even from a young age — self-discipline and sound decision-making.**

We have created an environment where difficult truths are treated as personal attacks, where doctors feel discussing a patient's weight is too taboo.

This is a disaster. If the devastating consequences of obesity are too uncomfortable to discuss, how can we expect people to change?

We must foster a culture where direct conversations are expected, not feared.

Obesity alone is [linked to 13 types of cancer](#) and [cuts life expectancy by 3–10 years](#), depending on severity. It [promotes DNA damage](#) and accelerates our fundamental aging process—often measured by epigenetic age. It's one of the principal differences between the U.S. and many of the world's longest-lived nations.

We're overfed but undernourished. [60% of all calories Americans consume](#) come from **ultra-processed foods** that:

- [Fail to induce proper satiety, pushing us to overeat.](#)
- Remain cheaper than whole foods, economically incentivizing the least healthy choices.
- [Hijack our dopamine reward pathways](#), reinforcing addictive eating behaviors.

This trifecta—no satiety, low cost, and built-in addictiveness—keeps us in a cycle of poor health outcomes and runaway healthcare costs.

But caloric excess is only part of the problem—we are also **nutrient-deficient**.

Low omega-3 levels—[affecting 80 to 90% of Americans](#)—carry the [same mortality risk as smoking](#). **Vitamin D deficiency**—easily corrected—compromises immune function, cognition, and longevity. [Nearly half of Americans](#) don't get enough **magnesium**—impairing DNA repair and increasing the risk of cancer.

We are not solving these problems—we are medicating them. The average American over 65 takes [five or more prescription drugs daily](#)—stacking interactions that compound in unpredictable ways.

Polypharmacy is a crisis. We are not buying health—we are buying complexity.

But the real problem is simpler. **We must start treating physical inactivity as a disease.** [It carries the same mortality risk](#) as smoking, heart disease, and diabetes. Going from a low cardiorespiratory fitness to a low normal [adds 2.1 years to life expectancy](#).

[By age 50, many Americans have already lost 10% of their peak muscle mass. By 70, many have lost up to 40%.](#)

This isn't just about looking strong. It's about survival.

- Higher muscle mass means improved insulin sensitivity - [it means a 30% lower mortality risk.](#)
- Grip strength is a [stronger predictor of cardiovascular mortality](#) - the number one cause of death in the United States - than high blood pressure.
- The strongest middle-aged adults have a [42% lower dementia risk.](#)

And yet, we treat **resistance training** as optional. It is not. It is **the most powerful intervention we have against aging including increasing muscle mass, strength and bone density.**

[Hip fractures alone kill 20–60% of older adults within a year.](#) This is a death sentence we can prevent with **resistance training** - which has been shown to [lower fracture risk by 30-40%.](#)

The current RDA for protein is too low for older adults.

Studies have shown when it's increased by half this [reduces frailty by 32%](#), while doubling it, combined with resistance training, [increases muscle mass by 27% and strength by 10%](#) more than training alone. If we want to prevent muscle loss and frailty, we must update our protein recommendations and prioritize strength training.

We must foster a culture of American exceptionalism built on daily, effortful exercise. Not as an afterthought. Not as a luxury. But as a **non-negotiable foundation** for aging, but also clear thinking, resilience, and even leadership.

We must start by holding ourselves to a higher standard.

We should ask: **Can a doctor struggling with their own weight truly counsel us on ours?**

We should ask: **Can a leader who neglects their own health make the best decisions for the constituents they serve?**

And if we don't like the answers, we must demand better.

The body and brain are not separate. The consequences of **poorly regulated blood sugar, sedentary living, and muscle loss** are not just physical—they affect cognition, judgment, and resilience. If exercise enhances focus and decision-making, then we should expect those in power to prioritize it most of all.

A strong nation starts with strong individuals. Strength is not inherited—**it is built. It is earned. It is trained.**

We cannot medicate our way out of what we have behaved our way into.

If we truly want to lead the world, we must first lead ourselves.

No law, no policy, no government program can make a nation strong. Only its people can.

Strength is a choice—compounded over time and earned through effort.

Now the question is - **will we have the discipline?**