

Can Food Pharmacies Win in a Frito-Lay World?

Anya Ramani; Menlo School

Cite as: Ramani, Anya. 2026. "Can Food Pharmacies Win in a Frito-lay World?".

Food-Fueled. doi:10.57912/32180616.

Web address: <https://edspace.american.edu/foodfueled/issues/volume-iii/can-food-pharmacies-win-in-a-frito-lay-world/>

I pulled into the parking lot of the Samaritan House Food Pharmacy, located at the border of Menlo Park and Redwood City, on an overcast Wednesday afternoon. Trying to fit the visit into my school lunch hour, I prepared to speed down El Camino Real, expecting a twenty-minute drive. To my surprise, the pharmacy was located only six minutes away from my school—Menlo School in highly-affluent Atherton, California—but is in a vastly different world.

The Samaritan House runs two food pharmacies in the Bay Area, one in San Mateo and the other in Redwood City. I had regularly volunteered at the *food bank* in San Mateo, distributing groceries and meals to clients, so when Samaritan House had sent an email requesting volunteers at the *food pharmacy*—a term that sounded vaguely Walgreens-related—I wasn't quite sure what to expect. Lo and behold, I did not expect to see an unrenovated Domino's Pizza sitting just to the right of the Samaritan House Food Pharmacy and an overflowing dumpster filled with cardboard boxes on the left.

When I had pictured the people who worked at the food pharmacy, I had imagined official looking doctors and pharmacists dressed in white lab coats holding clipboards under their arms. I was not prepared to be greeted by Stan, the volunteer head of the Redwood City location, who wore gardener gloves and hiking boots and had an unshaven beard. “Hi, welcome in,” he said to me before energetically shaking my hand with his dirty gloved one. Stan showed me around the inside of the building, which resembled an old, overfilled trailer. Boxes of fruits and vegetables were piled up in the entrance area, and empty crates lay abandoned on the ground. The back room was more organized, and another volunteer—Beth—appeared to be in charge of inventory management.

Stan instructed me to grab a box of vegetables and fill up the food bins outside. Stacks of sweet potatoes balanced precariously on top of each other; cucumbers and zucchinis rolled around as we shifted the crates from side -to side, and crunchy bright red apples glistened in the afternoon sun. Not a single packaged good was in sight.

A food pharmacy, I had learned, provides clients with health conditions curated groceries that address their specific medical needs. It is like a traditional pharmacy, but rather than pharmaceuticals, the food serves as the medicine. The purpose is to help people, typically of lower socioeconomic status, to manage or prevent health conditions like diabetes, obesity, and osteoporosis. Doctors give patients who need help managing their conditions a prescription for the food pharmacy.

The Samaritan House Food Pharmacy builds upon a much larger idea and movement that has existed for centuries: Food is Medicine. It does so by recognizing the critical role of nutrition in promoting health and preventing or managing disease. The concept reminded me of my own Indian culture and the various Indian foods my grandparents (both Western allopathic doctors) would prepare when I became sick. For stomach ailments, my grandfather would give me a spoon of *Chyawanprash Lehyam* (a medicinal jam made of various roots and herbs) that he learned to make from his own grandfather, an Ayurvedic doctor in India. For colds, my grandmother would make a *rasam* (spicy soup) with dried neem flower, which is said to have antiviral properties. When she was hospitalized with SARS-CoV sixteen years ago and was not responding to antibiotics, my grandmother was given this same neem *rasam* by my mother and recovered—her physician colleagues of Indian origin in Southern California were not surprised by this. Many of these medicinal spices, such as turmeric, are in vogue in America today, but Indian culture has intertwined diet and treatment of illness for thousands of years.

Ayurveda—meaning “the science of life and longevity”—is a traditional medical system that views health as the perfect balance among the body’s three *doshas* (energies): Vata, Pitta, and Kapha. The three *doshas* are manifestations of the five fundamental elements. Vata (ether and air) governs movement, Pitta (fire and water) regulates metabolism and transformation, and Kapha (water and earth) manages structure and stability. An imbalance between these three *doshas* leads to negative health outcomes. Both the body and mind are believed to be connected,

and making small changes to one's daily physical and emotional state can alter the *doshas* to achieve balance. For example, a Vata imbalance may result in “constipation, abdominal distention, sciatica, arthritis, or insomnia along with psychological symptoms such as fear, anxiety and insecurity” (Lad, *The Complete Book of Ayurvedic Home Remedies*). Pitta and Kapha variations respectively lead to anger and physical pain, colds, congestion, and greed.

Traditional Indian recipes and daily meals are designed to balance these doshas and the medicinal preparations, for times of illness, are designed around the concept of rebalance. Ancient Ayurvedic sages and physicians developed a series of recipes, tailored to specific illnesses and feelings of physical discomfort. Vasant Lad, author of *The Complete Book of Ayurvedic Home Remedies*, writes that health problems are “directly connected to eating the wrong kinds of food [...]” and continues by describing over fifty recipes for healing (Lad, *The Complete Book of Ayurvedic Home Remedies*). A remedy for “Cold and Flu” instructs the reader to brew ginger, cinnamon and cardamom tea, with specific measurements and preparation instructions. The treatment also requires that the sick individual “put a towel over [their] head, and inhale the steam [from the herbs]” which relays the medicinal effect through the lung as well (Lad, *The Complete Book of Ayurvedic Home Remedies*). Whenever I was sick as a child, I remember giggling as my dad draped my head in a large towel before I drank the tea.

These medicinal preparations are handed down through families, initially through an oral tradition, though there is a formal system of Ayurvedic medical training that exists both in India and the United States. My grandfather has

collected his grandfather's unique preparations in a notebook. The medicines he prepared would be wrapped in a newsprint on which my great-great grandfather would also write the instructions for use so that his patients could easily find them. The recipes are not only supported by belief in bodily harmony but grounded in well-understood medical principles. A recipe to reduce high cholesterol includes a detailed explanation of the efficacy of the utilized spices in managing LDL and HDL cholesterol levels, for example (Lad, *The Complete Book of Ayurvedic Home Remedies*).

Food is often intertwined with Indian religion, and ancient scriptures—the *Bhagavad Gita* for example—provide religiously-based eating principles. Dina Simones Guha's *Food in the Vedic Tradition* describes the sacredness of food in ancient times. "Foods that are bitter, sour, strong, pungent or saline create pain and grief; they excite the passions and even create disease. Foods that are stale, reheated, tasteless, impure were *tamasic*. There are natural yogic health standards applied to this diet, which became intimately connected with the Hindu ethos" (Guha, *Food in the Vedic Tradition*).

According to Guha, diet is classified as either *sattvic*, *rajasic*, or *tamasic*. *Sattvic* foods are dairy products, fruits, vegetables, rice, leavened breads, and dals. They are generally ripe, raw, lightly cooked and freshly prepared. They are said to improve digestion, enhance mental clarity, boost energy levels and lessen the risk of health problems like diabetes and heart disease. The emphasis on whole foods drives the *sattvic* diet and Hindus believe that those who follow this diet are on the path to body-mind equilibrium.

Unlike the *sattvic* diet which is completely vegetarian, a *rajasic* diet permits users to eat meats like fish, chicken, goat, and sheep. Wine and beer may also be consumed in moderation, while forbidden in the *sattvic* diet. The *rajasic* diet is of a lower quality than the *sattvic* diet because consuming these foods can lead to mental agitation and excitement, instead of balance like the foods of the *sattvic* diet. The final diet is the *tamasic* diet, which, in modern day, are fast foods and processed foods. Foods of this diet include beef, salted meat, oil, cheese, and other foods that produce a sluggish state of mind.

Though health has been a pillar in ancient cultures for centuries, it lost its importance in the United States in the early 1950s—stemming from the “Green Revolution” that started in the 1930s. The Green Revolution started because of concerns over food production in developing nations, and these countries sought to use new technology to radicalize the farming industry, with an emphasis on increasing the number of calories per acre of agriculture, maximizing space and crop yield. Starting in Mexico, the Green Revolution is attributed to American scientist Norman Borlaug who began researching new disease-resistant and high-yield varieties of wheat plants in the 1940s. Soon, the innovations and technologies of the revolution spread worldwide because of their success. American organizations like the Rockefeller Foundation and Ford Foundation increased funding for Green Revolution worldwide research.

Though the revolution greatly benefited countries like India that had rapidly growing populations, by introducing IR8 rice—producing more grain per plant—it also increased the number of pesticides used to fight off insects because of crop

homogeneity. After the Green Revolution, cereal production tripled, with only a 30% increase in the land area cultivated. Lower income Americans now had access to less expensive, high-caloric products that reduced malnutrition. However, shifting diets to eat only a limited number of high-yield crops resulted in a less balanced diet for many Americans, which led to a rise in chronic diseases, like diabetes, that disproportionately impacted lower income Americans. Constant exposure to pesticides also increased disease in agriculture workers and people living in farming communities.

The impact of the Green Revolution also collided with the advent of a new field of study: nutrition science. Even one hundred years ago, vitamin deficiencies were very common in the world. Only in 1948 was the seminal study on vitamins completed, which completely changed the landscape of food (Alliance Bioversity & CIAT, 2025). Researchers now understood which vitamins caused deficiencies, and this prompted food manufacturers to start fortifying foods. Vitamins were added to cereals, bread, and other processed foods and marketed to be “healthier” than foods that were prepared from ingredients at home. Similarly, when cardiovascular disease started to rise, dietary fat was found to be the culprit and whole foods like eggs were demonized. Manufacturers started to make boxed foods that were lower in fat but to compensate for the loss of taste, other additives and stabilizers needed to be added, including trans fats, which turned out to be a major cause of heart disease.

Nutrition science these days understands that it is not the lack of a single vitamin or food deficiency that causes health problems. However, a new category of

foods seems to be the newest reason for the obesity epidemic in the United States and globally: ultra processed foods. While studies are still being conducted, the highly processed nature of these foods makes them quicker to digest and thus takes the brain longer to process satiety. Subjects in controlled studies of ultra-processed foods were found to eat 500 more calories per day on average and gained weight compared to subjects who ate “whole foods” (National Institutes of Health). Those subjects, in fact, lost weight during the study period. Based on these studies, there has been significant scientific and media attention on the value of eating whole foods, instead of the ultra-processed counterparts to reduce diseases.

Though the medicinal value of food has existed for centuries, only recently has the Western world applied a framework and a label to this idea, in part due to more recent nutritional studies on the dangers of ultra-processed foods. The HIV/AIDS crisis in the 1980s prompted the development of medically-tailored meals to combat “wasting syndrome” that was caused by the disease (Ridberg et al., 2024). This was an early instance, in the United States, of the use of food as a form of medical treatment, rather than simply comfort. Nutrition therapy became a focus of research and in the 2010s, the first rigorous research showed that medically tailored meals reduce hospitalizations, lower healthcare costs, and improve patient outcomes. Foundationally, this led to Medicaid and a few other private health insurers agreeing to provide reimbursement for certain medically tailored meals, in the same way pharmaceuticals were covered.

Wholesome Wave, a nonprofit founded in 2007, began partnering with doctors and healthcare providers to provide “Produce Prescriptions” (PRx) to

combat diet-related diseases. Other programs that started in the late 2010s similarly prescribed food as the main medicine to treat a specific illness, culminating in my visit to the Samaritan House Food Pharmacy. As these programs have sprouted nationwide, researchers have taken note and begun studying them.

It was thus only a matter of time before a broader initiative to address illness relating to food began. Last held in 1969 and contemporarily prompted by the COVID-19 pandemic, the Biden administration hosted the White House Conference on Hunger, Nutrition and Health in 2022. The goal of the conference was to “end hunger and to increase healthy eating and physical activity by 2030 so that fewer Americans experienced diet-related issues” (Food Research & Action Center, 2025). The conference’s five pillars were as follows: improve food access and affordability, integrate nutrition and health, empower all consumers to make and have access to healthy choices, support physical activity for all, and to enhance nutrition and food security research. “Food is Medicine” was a main theme at the conference, with an emphasis on medically-tailored meals and food prescriptions—like those of a food pharmacy. Former Secretary of Health and Human Services Xavier Becerra said that “nutrition is food [and] food is medicine,” further emphasizing the importance of diet in preventing disease. Former Mayor of New York Eric Adams said that “Going to bed with a full stomach but it is unhealthy, is feeding the American crisis [...] Our food is destroying our planet, our families, and children.”

The fifty-year gap between conferences raised an interesting question of our nation’s priorities during that time. The 1969 conference resulted in groundbreaking programs such as WIC (The Special Supplemental Nutrition Program for Women,

Infants, and Children that provides free healthy foods, and breastfeeding support to low-income pregnant women, postpartum and breastfeeding women who are at nutritional risk) and changes to school lunch. The program was considered so successful that the government believed that no other social program was necessary. Furthermore, the government's priorities shifted towards emphasis on deregulation, small government and welfare reform under Ronald Reagan and Bill Clinton's administrations. Hunger and nutrition were increasingly framed as state or private issues, not federal conference priorities. However, with about 11.6% of the population having diabetes, and diabetes in children rising, one might think that the government should have given the topic more consideration sooner.

As a follow-up to the White House conference, Tufts University launched the Food is Medicine Institute (FIMI) at the Friedman School of Nutrition Science in Policy in 2023. The institute is now the nation's leader in research and has published numerous articles and studies on the topic of food as medicine. FIMI has a focus on preventing and managing diet-based illnesses and has conducted extensive research on topics under the umbrella program. Tufts has also partnered with Kaiser Permanente and other major healthcare organizations to incorporate food-based medicine and education into the respective systems. According to cardiologist and director of FIMI Dariush Mozaffarian, "each year, suboptimal diets and food insecurity cause more than 500,000 deaths and cost the U.S. economy \$1.1 trillion in health care and lost productivity" (Caputo, 2025). Mozaffarian hopes to increase awareness around existing health disparities and incentivize the community into taking action.

The *True Cost of Food: Food is Medicine Case Study* conducted by researchers at FIMI and found that the implementation of Medically Tailored Meals (MTMs) in Medicare, Medicaid and private insurance companies for patients with diet-related illnesses could avoid around 1.6 million hospitalizations and save at least \$13.6 billion in health care costs. The study also discovered that adding produce prescription programs to hospitals could prevent 292,000 cardiovascular events and add up to 260,000 quality adjusted-life years—which is a measure of how long a treatment lengthens or improves a patient’s life. MTMs are just the precursor to produce prescription programs, and 6.5 million eligible patients who both have diabetes and face food insecurity would save \$39.6 billion in health care expenditures (Tufts University, 2023).

Overall, FIMI looks like the next step towards lowering the number of diet-related illnesses and lowering the disparity of people who can't pay for healthy food. Secretary of Health and Human Services Robert F. Kennedy is cracking down on processed foods and believes that “taxpayer-funded nutrition programs promote wholesome, nourishing choices.” FarmboxRX Ashley Tyrner founders believe that Kennedy’s agenda will spur progress for the Food Is Medicine movement. “I think this is an amazingly positive announcement for the food-as-medicine movement,” Turner told Fierce Health. Others, including lawmakers and members of the scientific community, are more skeptical of Kennedy’s agenda and his promises. But with the Trump administration threatening to pull funding for Medicaid, which many FIMI organizations operate under, it remains unclear whether these pivotal programs will continue to receive support.

In tandem with this national movement, the Samaritan House Food Pharmacy plays a critical role in prompting behavior changes that result in positive health outcomes. The pharmacy is open from noon to 5 p.m. every Wednesday, but clients typically arrive at 11:30 am to get the first choice of the available produce. Stan said that I had just missed the early rush but a few clients were “shopping” for fruits and vegetables in the produce area, while another long-time volunteer prepared a cart for each client that provided the shelf stable and refrigerated goods. That day, each client was offered a large bag of oatmeal, a carton of eggs, two gallons of milk, a bag of pinto and black beans each, brown rice, a large plain yogurt, two frozen chickens, and a bag of frozen carrots. Along with these groceries, the food pharmacy provides two large grocery bags which clients are encouraged to fill with the week’s produce selection. Clients and volunteers loaded groceries into the back of their cars, while a few weekly drivers picked up food for their clients who lacked transportation. It seemed as though there were quite a few logistics to manage, but Stan had it all figured out.

“In some weeks all of the sudden I can tell that it’s going to be a slow day, so maybe 40 people [come] instead of 60, and milk’s going to expire in three days, so I’m going to start giving out three half-gallons instead of two,” Stan said. For more popular food items, like chicken, Stan sometimes cannot meet the demand, so the pharmacy must only hand out one bag of chicken per family. This turned out to be a good week, where the amount of food approximately matched the number of clients.

Another volunteer, Beth Jordan, took me into the inventory room of the food pharmacy which was filled with stacks of dried lentils, beans, peanut butter, cans of tuna and chicken, oatmeal, oat cereal and more than one hundred cardboard boxes. Beth manages all of the dry and canned goods, and is in charge of assembling carts for clients. "We get everything ready for the following week and some [boxes] are packed already and these go out in some of the deliveries, so they're all ready for next week. And then I'll use those and fill up that whole shelf over there with about fifty or so bags per week," she said, referencing a shelf to her right with rows of food boxes.

Volunteers at the food pharmacy must also ensure that the dry goods are complex carbohydrates, which are healthier than simple ones. As Beth showed me around the room, she found packages of white rice that couldn't be handed out to clients. "[We] always want to make sure that when the pasta goes out it's whole-grain pasta and not white pasta. Same thing with the rice we give out, it's always brown rice." Processed food is strictly avoided, although donors do try to send those goods over. "They kept sending over processed cheese and we refused to distribute it, so they finally stopped doing that," Stan told me.

While the nutrition of products is a main factor in deciding what clients will want, Beth and Stan must also take into account the clients' preferences. "Certain ethnic groups prefer red beans over black beans," Beth said. In fact, this "marketing" of the donated food, especially the produce, tends to be the hardest challenge. Produce donations come from Second Harvest, a local food bank that sources donations through grocery rescue, and while the food pharmacy can

“order” certain fruits and vegetables, the actual supply depends on what has been donated each week. Stan was careful to not put out all the zucchini at once, knowing it would go fast with the early-arriving clients. The squashes, onions, potatoes, and peppers were popular with the Redwood City clients, who largely come from Central and South America immigrant communities where these vegetables are commonly used in the local cuisine. Cauliflower was not popular, but would be taken late in the day, he predicted. Most clients skipped the bok choy until another volunteer explained, in broken Spanish, that it was similar to cabbage. The cabbage itself was hit-or-miss. Clients picked through the produce boxes for the freshest vegetables and the outside of the cabbages today were wilted. One volunteer quickly stripped off the outer layers to reveal the fresh green inner leaves and neatly restacked them—soon, they were suddenly flying off the table. “We try to clean up all the vegetables and keep everything tidy to make it attractive to clients,” Stan explained.

Clients were also prompted to take unfamiliar vegetables when others shared interesting recipes. Many were caretakers for home-bound patients and would chatter about ways to use the available produce. One caretaker shared her recipe for homemade juice. “I blend blood oranges with dates and pepitas in the Nutri-bullet for my patient. She doesn’t have teeth but she is able to get good nutrition from this juice,” she explained in Spanish. This prompted others to take the oranges with the unfamiliar burnt red color that were previously largely ignored.

The brainchild behind all of this is Jill Godring, Food Pharmacy Coordinator for Samaritan House, who is a nutritionist and former engineer. Though Jill did not

found the food pharmacy, she is responsible for the overall coordination and implementation of the Samaritan House Food Pharmacy Program, and in addition to managing procurement, logistics, and inventory, also counsels patients who have been referred to the food pharmacy for ongoing diet counseling. "I put in orders each week with Second Harvest for produce that I think clients will like as well as the types of groceries that are healthiest for diabetic patients," Jill said. Working with clients over the years, she has seen quite a bit of success. "I had a wonderful success story with a patient who lost 30 lbs in 2 months after she started coming to the food pharmacy and wearing a continuous glucose monitor. She was able to see how everything she ate affected her glucose and that changed the types of food that she ate. Now she is cooking new recipes and comes to the food pharmacy to share them with other clients!"

Jill also wants to implement ideas like on-site cooking lessons and will sometimes set up a toaster oven and heat up food samples to give to clients to demonstrate diabetic-friendly recipes. "People learn to enjoy new preparations and vegetables, but it takes a little taste to get them thinking in a different direction," she said. She's hoping that cooking demonstrations can also teach clients to use the more unfamiliar, but nutritious, vegetables like bok choy that will continue to arrive. "We probably can't have zucchini every week," she laughed.

Success stories like Jill's client really drive home how effective programs such as food pharmacies can be. The issue though, is scale and the reality of a world where spaces like food pharmacies, farmers markets, and the produce aisle take up the smallest corner in the giant warehouse of the food industry that is dominated

by cheap, processed food. The Redwood City Food Pharmacy sits between a Domino's Pizza and the Smoke Shop that sells largely packaged foods. It's often quicker and easier to find sliced "American Cheese," which is in the middle center of the dairy aisle, then a local cheese which is tucked away at the back corner of a grocery store. Food manufacturers pay for premiere space at grocery stores which is why you can easily find the potato chips but have to search for kale. Perhaps that is why the food pharmacy approach works in some ways. The food pharmacy is not a grocery store and clients are sent there by doctors and told that this is the prescription or medicine that they have to take. One caretaker told me that this approach changed how her client thought. "Before she would never want to eat fruits and vegetables, but once the doctor wrote it on a paper and said this is a 'prescription,' it changed her mind. She wanted to follow the doctor's orders. And it is easy to come here and get good food because we only get healthy things here. There is no junk food." That latter point is likely the key though. Doctor's orders aside, the absence of processed foods reduces the temptation. A client's decision is whether to take oranges or carrots, without the distractions of the candy aisle. The question is whether we, as a society, can force the change that puts fruits and vegetables in the center of the grocery store and the Frito-Lays at the back.

Alternative Text for Image:

Name of Physician: C.S. Narayanaswamy Dikshitar

Title of Physician: Ayurvedic Siromani

Address of Practice: No. 3 T.P.Koil Street; Name of Town: Triplicane; Name of City: Madras; Name of Country: India

Name of Practice: Kalavala Kannan Chetty Charitable Ayurvedic Dispensory

Prescriptions (original text in Tamil, and translate to English)

- 1) Name of medicine: Jeeraga Bilwadhi Lehyam; Amount prescribed: 1 can; 0 – 1 – 1 = Take 1 before dinner; take on an empty stomach
- 2) Name of medicine: Ashwa Gandha Soornam; Amount prescribed: 36 pills; 1 – 1 – 1 = Take 1 tablet before breakfast, lunch and dinner; mix with honey to take
- 3) Brahmi Powder; Amount prescribed: 1 can; 0 – 1 – 0 = Take 1 before lunch; mix with ghee

References

"About Us: Food Pharmacy Program, Samaritan House." Stanford Health Care, <https://stanfordhealthcare.org/about-us/community-partnerships/community-partnerships-and-offerings/food-pharmacy-program.html>. Accessed 16 May 2025.

Alliance Bioversity International - CIAT. "Exploring the effects of the green revolution on agriculture." Accessed March 29, 2026. <https://alliancebioversityciat.org/stories/effects-green-revolution-agriculture>.

"BIPOC Research Report." *Wholesome Wave*, Dec. 2023, <https://fed.wholesomewave.org/wp-content/uploads/2023/12/BIPOC-Research-Report-Final-12-2023.pdf>.

Caputo, Joseph. "First National Perception Survey of Food is Medicine Programs Shows Strong Public Support." Tufts Now, 12 Mar. 2025, <https://now.tufts.edu/2025/03/12/first-national-perception-survey-food-medicine-programs-shows-strong-public-support>.

Caputo, Joseph. "Tufts University and Leading Health Care Organizations Launch Food is Medicine National Network of Excellence." Tufts Now, 6 Feb. 2025,

<https://now.tufts.edu/2025/02/06/tufts-university-and-leading-health-care-organizations-launch-food-medicine-national>.

Dolgin, Elah Feder and Cynthia Graber. "Nutrition Advice, Decoded: What Foods Are Actually Good for Us, What Should We Avoid, and Why Is It All So Confusing?" *Gastropod*, 14 May 2024, <https://gastropod.com/nutrition-advice-decoded-what-foods-are-actually-good-for-us-what-should-we-avoid-and-why-is-it-all-so-confusing/>.

FarmboxRx. <https://www.farmboxrx.com/>. Accessed 16 May 2025.

"Food is Medicine National Summit: Transforming Health Care." PubMed, <https://pubmed.ncbi.nlm.nih.gov/39362364/>. Accessed 16 May 2025.

Food Is Medicine @ Tufts. Tufts University, <https://tuftsfoodismedicine.org/>. Accessed 16 May 2025.

"Kaiser Permanente, Tufts University Launch National Food is Medicine Network." *Fierce Healthcare*, <https://www.fiercehealthcare.com/providers/kaiser-permanente-tufts-university-launch-national-food-medicine-network>. Accessed 16 May 2025.

"Kennedy Cuts House Senate." *CNN*, 14 May 2025,

<https://www.cnn.com/2025/05/14/health/kennedy-cuts-house-senate>.

Lad, Vasant. *The Complete Book of Ayurvedic Home Remedies*. Harmony Books, 1998.

National Institutes of Health Clinical Center. "First randomized, controlled study finds ultra-processed diet leads to weight gain." July 1, 2019.

<https://www.cc.nih.gov/news/2019/summer/story-01>.

Ridberg, Ronit A., et al. "Food is Medicine National Summit: Transforming Health Care." *The American Journal of Clinical Nutrition*, vol. 120, no. 6, Dec. 2024, pp. 1441–1456. doi:10.1016/j.ajcnut.2024.09.027.

"The Role of Food in Health: A Historical Perspective." *Journal of the Academy of Nutrition and Dietetics*, vol. 97, no. 9, 1997, pp. 1–5.

"The True Cost of Food is Medicine: Case Study Report." *Tufts University*, Sept. 2023, https://tuftsfoodismedicine.org/wp-content/uploads/2023/09/Tufts_True_Cost_of_FIM_Case-Study_Report_Sep_2023.pdf.

"Tufts, Kaiser Permanente Food is Medicine." MedCity News,

<https://medcitynews.com/2025/02/tufts-kaiser-permanente-food-medicine/>.

Accessed 16 May 2025.

"White House Toolkit." *Office of Disease Prevention and Health Promotion*, June

2022, [https://odphp.health.gov/sites/default/files/2022-](https://odphp.health.gov/sites/default/files/2022-06/White%20House%20Toolkit%20(2).pdf)

[06/White%20House%20Toolkit%20\(2\).pdf](https://odphp.health.gov/sites/default/files/2022-06/White%20House%20Toolkit%20(2).pdf).

"White House Conference." *Food Research & Action Center*, [https://frac.org/white-](https://frac.org/white-house-conference)

[house-conference](https://frac.org/white-house-conference). Accessed 16 May 2025.