THE ARIZONA STATEMENT

on Reversing America's Chronic Disease Epidemic

A consensus statement from
the Alliance for Natural Health Corporate Leadership Circle
following a summit held in Scottsdale, AZ, February 10-11, 2026

Authors:
Robert Verkerk, Ph.D. and Jonathan Emord, Esq.

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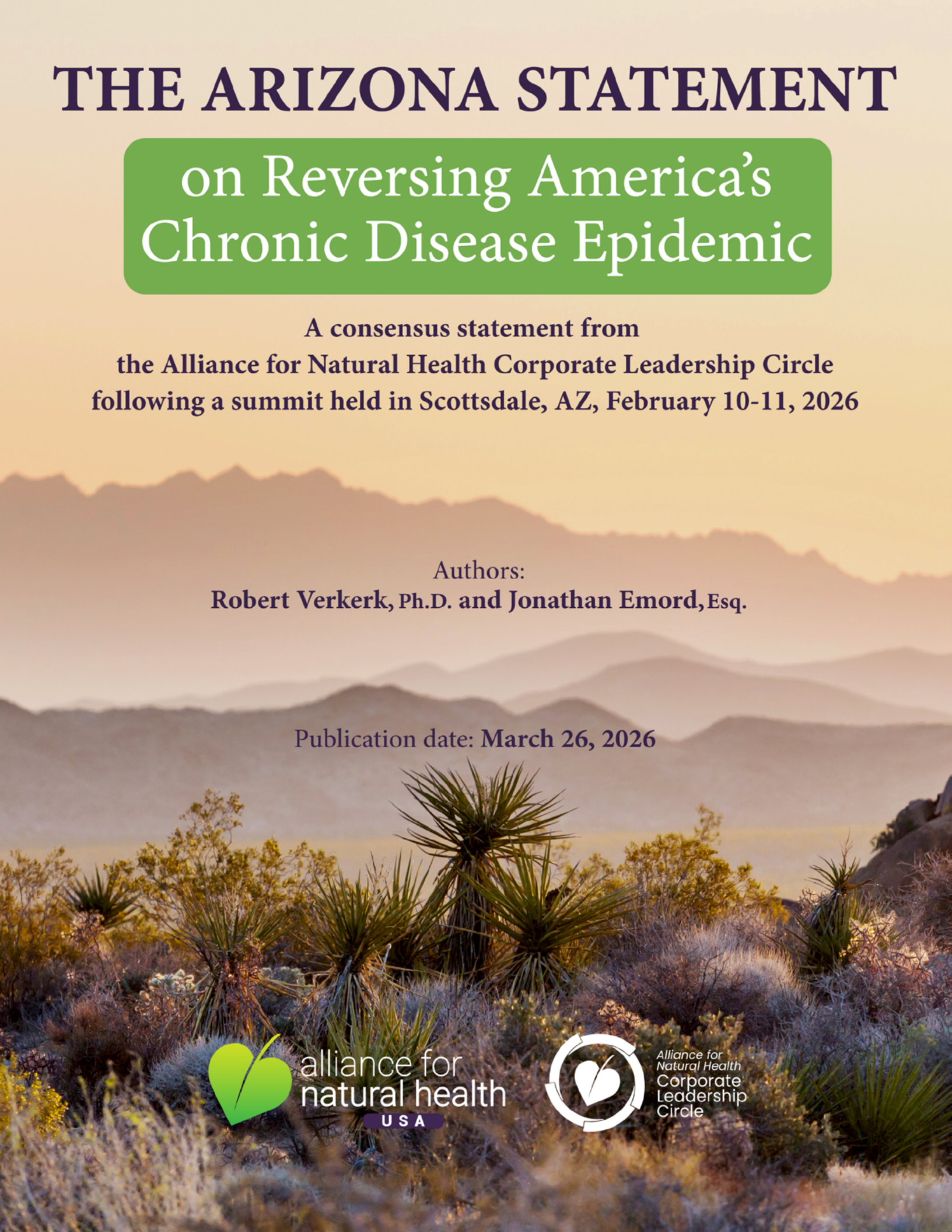

We, the undersigned healthcare, legal, scientific, policy, public health and industry leaders, gathered in Scottsdale, Arizona, on February 10 and 11, 2026, to propose reforms to reverse America's chronic disease epidemic.

We issue this Statement to affirm the principles and actions essential to restoring health, extending healthy lifespan, reducing the human and economic burden of chronic disease and protecting individual liberty, informed choice and lawful innovation.

We commit to advancing these principles and actions through education, advocacy, litigation and legislation at the federal and state levels until meaningful reform is achieved.

EXECUTIVE SUMMARY

- **The Arizona Statement calls for urgent reform to reverse America's chronic disease epidemic. This crisis is damaging health, productivity, household and public finances and national resilience.**

- **It reflects not only poor health outcomes, but a system shaped by social, economic, commercial and environmental determinants of health and by policies that overemphasize reactive, downstream pharmaceutical and procedure-based care while under-supporting prevention, health maintenance, sanitation, hygiene, nutrition, lifestyle and other lower-risk approaches.**

- **It is also perpetuated by outdated legal and regulatory definitions, especialy of "food" and "drug," that suppress truthful health information, restrict innovation and limit access to preventive and therapeutic options.**

- **The Statement and its signatories call for a new framework that protects liberty and informed choice, restores public-health fundamentals, modernizes statutory classifications, expands access to lower-risk and personalized care and advances reform through education, advocacy, litigation and legislation grounded in evidence, safety, transparency and integrity.**

1. Why This Statement, Why Now

The United States faces a chronic disease epidemic that is diminishing quality of life, shortening healthy lifespan, lessening productivity, increasing healthcare expenditure, burdening public finances and placing growing pressure on household, employer and public budgets. Chronic disease also bears on military readiness and risks undermining national security. [1-5]

Legacy practices and economics in favor of prescription drugs in a sick-care system are not working. [6-10] Modernizing outdated regulation and discriminatory market practices would directly improve public health while reducing healthcare spending. Specifically, structural blocks must be broken down to enable non-drug preventive and therapeutic options to have the opportunities to compete on the merits in standards of care as preventative and management solutions with fair access to reimbursement.

America's major gains in life expectancy and quality of life over the last century were not produced by modern medicine and pharmaceuticals alone. They were built through advances in public health, including sanitation, safer water, hygiene, food quality and availability, and proactive self-care. [11-13] That history matters: durable gains in population health arise when society strengthens the upstream conditions that create health, rather than relying predominantly on reactive, downstream disease management after dysfunction and disease are established. [14,15]

This epidemic is the consequence of social, economic, political, commercial, cultural and environmental determinants of health that impose barriers that restrict access to truthful health information, impede preventive and integrative approaches, distort healthcare and food-market incentives, suppress competition and innovation and deny individuals and practitioners freedom to pursue evidence-based, lower-risk options for maintaining and restoring health. [16-22] It is aggravated by health systems that are disproportionately organized around late-stage pharmaceutical and procedure-based management, while under-supporting prevention, health maintenance or restoration, sanitation, hygiene, nutrition, lifestyle and other lower-risk determinants of resilient health. [13-27]

It is also the consequence of anachronistic legal and regulatory definitions that, if ever fit for purpose, are no longer so, either scientifically or legally. In particular, definitions of "food" and "drug" and the way those definitions have been interpreted and enforced, have too often created artificial barriers between nourishment and therapy, prevention and treatment and natural health support and regulated medicine. [28-30]

These rigid classifications have contributed to a regulatory environment that suppresses health information and innovation, limits access and imposes narrow biomedical intervention models, defeating the broader goal of supporting good health throughout life. [31-36]

Reversing the chronic disease epidemic requires a multi-faceted response. That response must include restoration of the free flow of truthful, non-misleading health information; expansion of access to preventive, personalized and less invasive health care; modernization of legal definitions and regulatory classifications; removal of unnecessary barriers to innovation and market entry; and reform of laws, regulations and standards that impose narrow treatment models in lieu of prevention, root-cause resolution and informed choice.

2. Core Principles

We, the undersigned, affirm the following principles:

2.1 Individual Liberty and Informed Choice

Every individual has the right to receive truthful, non-misleading information concerning nutrition, lifestyle, non-toxic modalities and other lawful means of reducing disease risk and improving health. Every individual has the right, on the basis of fully informed consent, to choose among lawful healthcare options, including options not favored, subsidized, or approved by dominant regulatory authorities. Individuals and enterprises likewise have the right to innovate and compete in healthcare and health-related markets free from arbitrary or anti-competitive restraints. **[37-40]**

2.2 Freedom from Prior Restraint and Arbitrary Exclusion

Government has a legitimate role in addressing fraud, deception, adulteration and demostrable harm. It does not have a legitimate role in suppressing truthful speech, blocking lawful innovation, or excluding lower-risk, demonstrably beneficial health options from the maketplace. Regulatory agencies should be judged by whether they target actual fraud and harm while respecting constitutional limits, not by whether they maximize pre-emptive control over lawful health communications and competition. **[35,36,38-40]**

2.3 Prevention, Early Intervention, Root-Cause Care, and Public Health Foundations

The current late-stage intervention and disease management system cannot solve the chronic disease epidemic. Prevention, early intervention, health maintenance throughout life and root-cause approaches must be the primary means of addressing the epidemic, with greater openness to therapeutic nutrition, lifestyle medicine, low-risk natural products and individualized care. This includes renewed emphasis on sanitation, hygiene, infection control, food quality, health education, oral and nasal health, physical activity, sleep and other non-pharmaceutical determinants of resilience and health restoration. **[11,12,23-25,41,42]**

2.4 Modern, Science-Based Definitions and Classifications

"Food," "dietary ingredient," "medical food" and "drug" should be defined and applied in ways that reflect biological reality, degree of risk, intended physiological role and the continuum between nourishment, function support, disease risk reduction and therapeutic benefit. Legal definitions should not require foods and dietary supplements with therapeutic effects to remain lawful only if those effects are disclaimed, nor should they treat "drug" status as the exclusive gateway for communicating disease treatment or prevention benefits when such effects may also be achieved by foods, dietary ingredients and botanicals under appropriate standards of evidence and safety. **[31,34-36,43]**

2.5 Affordability, Accessibility and Competition

Healthcare becomes more accessible and affordable when: (1) consumers and practitioners have access to a broader range of lawful options; (2) when markets permit fair competition; (3) when innovation is not unnecessarily delayed or stifled and; (4) reimbursement organizations, notably Centers for Medicare & Medicaid Services (CMS) or pharmacy benefit managers (PBMs), allow coverage of alternative products (e.g., therapeutic nutrition, botanicals, frequency medicine) which sometimes are the only safe or effective option for the patient after drugs have failed. Preventing chronic disease and supporting health across the lifespan should be the primary health care and health law objectives. **[2,4,23-25]**

2.6 Evidence, Proportionality, and Transparency

Standards of evidence should be rigorous, honest, and proportionate to risk. Public policy should not impose specific drug-style evidentiary or regulatory burdens and thus should be appropriate for the product category and relative risk regarding foods, nutrients, natural products, or other non-drug modalities where such burdens suppress access and competition. Credible and reliable scientific evidence that includes peer-reviewed scientific evidence and real-world data should remain the benchmark, but substantiation standards should be qualified where appropriate and calibrated to product category, claim type and level of risk. Regulatory decision-making should be transparent, accountable and open to challenge. **[35,36,38,39,44-46]**

2.7 Access, Education, Ethics, and Professional Use of Natural Health Products

Natural and food-based health products should have the legal and regulatory freedom to be researched, developed, commercialized, recommended and where lawful and appropriate, prescribed within the U.S. healthcare system as viable, safe and lower-risk options for health maintenance, chronic disease prevention and disease management. Public policy should not impose undue regulatory barriers, enforcement actions, or reimbursement exclusions that impede clinical investigation, professional recommendation, patient access, or appropriate use. Their research, development and clinical use should be governed by a coherent framework of bioethics in research and medical ethics in practice, grounded in scientific integrity, proportionality of risk, informed consent, patient welfare, professional accountability and respect for individual autonomy. Education in therapeutic nutrition and related non-drug interventions should be strengthened in medical and other licensed practitioner training and qualified non-physician practitioners should be permitted to recommend or prescribe such products within their lawful scopes of practice.

3. System Failures That Perpetuate the Chronic Disease Epidemic

Based on the evidence cited above, we recognize that the current legal and regulatory environment too often:

- Restricts truthful, non-misleading communication about the relationship between dietary ingredients, foods, lifestyle practices and disease risk reduction;
- Suppresses preventive, nutritional and integrative approaches by confining them to subordinate roles within a system dominated by pharmaceutical and procedure-based models;
- Relies on outdated and overly rigid definitions of "food" and "drug" that fail to reflect modern science and that improperly separate nutrition, physiological support, disease risk reduction and therapeutic use;
- Imposes licensing, scope-of-practice and standard-of-care constraints that limit individualized care, professional judgment and patient choice;
- Blocks or delays access to lower-risk, health-supporting products and modalities through regulatory classifications, market-entry barriers and burdensome evidentiary demands;
- Construes laws governing foods, dietary supplements, medical foods and non-drug therapies in ways that protect incumbent commercial interests and regulatory orthodoxies rather than consumers and patients;
- Applies investigational new drug (IND) requirements to food-based clinical nutrition and functional studies in ways that effectively prohibit such research by creating a substantial risk that regulators will deem the test product an unapproved drug, even where it is not being studied, developed, or marketed with drug-type claims and;
- Discourages innovation that could reduce costs, expand competition and improve outcomes in the prevention and management of chronic disease.

We further recognize that these failures are not confined to one category of product or practice. They affect the entire ecology of chronic disease prevention and reversal: information, education, professional practice, food systems, dietary supplements, medical foods, public health measures such as sanitation and hygiene, other non-drug interventions and promising emerging, biocompatible approaches. **[6,7,23-25,41,42]**

4. Reforms Needed to Reverse the Chronic Disease Epidemic

To satisfy these unmet needs and to maximize liberty, informed choice, healthy lifespan and equitable access to health-promoting options, we call for reforms that:

- Protect and expand the communication of truthful, non-misleading health information, including information concerning the role of foods, dietary ingredients, hygiene, lifestyle and other lawful modalities in reducing disease risk and supporting health;
- Restore sanitation, hygiene, food/water/air quality, health education, and other public health fundamentals to a central place in health promotion and chronic disease prevention policy;
- Modernize statutory and regulatory definitions, especially those governing "food," "dietary supplement," "dietary ingredient," "medical food" and "drug," so that they reflect contemporary science;
- End the use of overbroad "drug" classification theories that treat non-toxic nutritional, physiological, or natural-health interventions as if they were inherently analogous to high-risk pharmaceutical products;
- Realign FDA, FTC and other agencies with their lawful roles so that enforcement targets fraud, deception, adulteration and demonstrable harm, rather thantruthful, non-misleading communication and lawful innovation;
- Eliminate unjustified regulatory barriers to the lawful use of dietary ingredients, medical foods, natural products and other lower-risk interventions in the prevention and management of disease;
- Reform licensing, scope-of-practice and standard-of-care rules so that qualified practitioners across disciplines may exercise professional judgment and offer individualized care without arbitrary exclusion;
- Ensure that standards of evidence are proportionate to risk and fit for purpose, rather than borrowed indiscriminately from pharmaceutical regulation;
- Remove reimbursement and market distortions that systematically privilege high-cost downstream management over validated preventive and restorative care;
- Foster open competition and lawful innovation in healthcare, food and health-product markets so that consumers have broader access to affordable, preventive and personalized options;
- Restore accountability, transparency and constitutional discipline in regulatory decision-making at the federal and state levels and;
- Open access through fair reimbursement and coverage for therapeutic nutritional or other natural health products that meet objective medical and scientific criteria, including under Medicare, Medicaid, TRICARE and Veterans Health Administration programs, by adopting reimbursement standards that place such products on an equitable basis with prescription drugs where comparable clinical need and evidentiary standards are met.

5. Stakeholder Commitments

As companies, clinicians, researchers, non-governmental organizations, legal advocates and allied partners, we commit to:

- Upholding high standards of quality, safety, evidence and transparency across therapeutic and preventive nutrition, natural health and health care products and related health services;
- Supporting rigorous research, including mechanistic, clinical and real-world evidence, to demonstrate safety, effectiveness and economic value, including where relevant the role of sanitation, hygiene, barrier integrity and host-microbiome interactions in maintaining health;
- Advancing legal, scientific and policy efforts to modernize definitions and classifications that impede progress in chronic disease prevention and health restoration;
- Developing, distributing and marketing products ethically and responsibly, with product claims and related educational materials supported by competent and reliable scientific evidence, generally accepted scientific and medical practices and clear regulatory standards;
- Advancing public and professional education that is truthful, non-misleading, accessible and empowering;
- Opposing fraud, deception, adulteration and overstatement from any quarter, while defending truthful, non-misleading communications supported by competent evidence;
- Collaborating across disciplines to challenge barriers that impede communication of truthful health information, disease prevention, health care innovation, informed choice and individualized care;
- Supporting regulatory reform, legislation, litigation and public-interest advocacy consistent with the principles set out in this Statement.

6. Closing Declaration

America's chronic disease epidemic will not be reversed by maintaining the status quo or addressing the problem at the periphery rather than at its heart. It will be reversed by restoring liberty, expanding prevention, modernizing outdated regulatory definitions, facilitating innovation, expanding access to truthful information and lower-risk options and ending regulatory strictures that block truth and progress.

Nor will it be reversed by treating pharmaceuticals and medical procedures as the default organizing principle of health policy. Legitimate medical care remains indispensable, but it must be rebalanced within a broader framework that gives public health, health promotion, disease prevention, therapeutic nutrition, lifestyle and other lower-cost and lower-risk options their proper place.

We therefore adopt this Arizona Statement as a declaration of shared purpose and as a call to action for lawmakers, regulators, practitioners, innovators and citizens across the United States.

We invite all who share this vision - regardless of background - to join us in this urgent effort.

Adopted in Scottsdale, Arizona, on March 18, 2026.

Contributors to the Arizona Statement:

Nathan Jones
Founder & CEO, Xlear Inc. ANH-USA Board & Corporate Leadership Circle Member

Jeffrey Morrison M.D., C.N.S.
ANH-USA Board & Corporate Leadership Circle Member

Matt Warnock, J.D. MBA
Co-author of "Rethinking Medicine" CEO/Owner of RidgeCrest Herbals, Inc., ANH-USA Corporate Leadership Circle Member

Michael Ames-Sikora
Editorial Director, ANH-USA

Jerry Smith
Founder & President, Le Bleu Corporation & Mighty Muscadine Corporation ANH-USA Corporate Leadership Circle Member

Jerry Norskog
EO Board Chair, Omnitura Therapeutics and Genyous Biomedical Int'l

James D. Weir
CEO, Primus Pharmaceuticals, Inc. ANH-USA Corporate Leadership Circle Member

Jim Emme
CEO, NOW Health Group ANH-USA Corporate Leadership Circle Member

Gretchen DuBeau, Esq.
Former Executive Director, ANH-USA
ANH-USA Board Member

Reggie Black
Founder & CEO, Better Way Products, Inc.
ANH-USA Corporate Leadership Circle Member

Judy Follette
Co-Founder, Le Bleu Corporation & Mighty Muscadine Corporation ANH-USA Corporate Leadership Circle Member

Ronald Hoffman, M.D.
President, Medical Director, ANH-USA Host: Intelligent Medicine Podcast

Neil Edward Levin, CCN, DANLA
Senior Nutrition Education Manager, NOW Health Group, Inc. ANH-USA Corporate Leadership Circle Member

Meleni Aldridge, BSc NutrMed, PgDip CPNI, Cert LTHFE
Operations Director & Treasurer, ANH-USA Executive Coordinator, ANH International

KC Craichy
Founder & CEO, Living Fuel, Inc. ANH-USA Corporate Leadership Circle Member

Richard Savage
Founder & President, Meditrend, Inc. ANH-USA Corporate Leadership Circle Member

Dr Nasha Winters, N.D., FABNO
ANH-USA Board Member

Corey Caudill
President, Caudill Sprouting ANH-USA Corporate Leadership Circle Member

Ruth Westreich
President, The Westreich Foundation
ANH-USA Board Member

Heidi Arens, MSN, FNP-BC, IFMCP
Family Nurse Practitioner ANH-USA Corporate Leadership Circle Member

Seneca Savage
Co-Founder, Meditrend, Inc. ANH-USA Corporate Leadership Circle Member

Judy Mikovits, Ph.D.
Director of Cancer Biology, EpiGenX Pharmaceuticals

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