Proclamation

AMERICAN COLLEGE OF Lifestyle Medicine

Whereas in the U.S. type 2 diabetes is present in more than 10% of adults over 18, and more than 25% of those over 65, affecting over 38 million people;[1]

Whereas it is predicted that for children born in the U.S. after the year 2000, as many as 40% will develop type 2 diabetes, with even higher estimates for African American, Hispanic, and Native American children;[2, 3]

Whereas published evidence reveals the world-wide epidemic of type 2 diabetes is over a half a billion people,[4] and is common where people have been encouraged to adopt a diet of highly processed and predominantly animal-based foods;[5, 6]

Whereas type 2 diabetes is one of the top risk factors for heart disease[7, 8] and a leading cause of blindness[1] amputation,[9, 10] painful neuropathy,[11] and kidney failure,[1] leading to dialysis and renal transplantation;

Whereas most current treatments of type 2 diabetes assume it to be an irreversible chronic illness[12] which will require ever-increasing levels of medical intervention;[13]

Whereas the cost of insulin has tripled in the last decade in the U.S (2012–2022);[14]

Whereas diabetes results in $413 billion in direct medical costs per year in the US, with 43% of those costs due to diabetes medications;[15]

Whereas genetics may make type 2 diabetes,[16, 17] more likely, the disease is largely a result of diet and lifestyle choices,[18, 19] thus changes in behavior can prevent it from ever occurring,[20, 21] and even reverse it once it has occurred;[22-27]

Whereas many people with type 2 diabetes may be able to reduce or eliminate their medications if they are successfully treated with inexpensive low-tech lifestyle measures;[22-24]

Whereas evidence-based lifestyle therapies such as a whole food, plant-based diet and physical activity are far safer and more cost effective than drugs for control of diabetes[28, 29]

Whereas most people with type 2 diabetes report never being told[13, 30, 31] their disease may be prevented, arrested, and even reversed[22-24] with a predominantly whole food, plant-based diet[32-34] and other lifestyle interventions;[35-37]

Now therefore be it known that the President and Board of Directors of the American College of Lifestyle Medicine do hereby declare the following:

Diabetes Bill of Rights

You have the right to be fully informed about all treatment options for Type 2 Diabetes before consenting to treatment.

You have the right to be given accurate, complete, and unbiased information about Type 2 Diabetes, pre-diabetes, and insulin resistance, including the benefits of treatment with a predominantly whole food, plant-based diet and other Lifestyle Medicine interventions such as physical activity, sleep hygiene, and stress management.

You have the right to know the full effects of all medications prescribed to you, including the side effects that can accelerate and exacerbate the underlying causes of Type 2 Diabetes.

You have the right to know that certain foods increase your risk of developing Type 2 Diabetes.

You have the right to have your Type 2 Diabetes medications reduced or eliminated, if you undergo lifestyle therapies that successfully treat the underlying causes of your condition.

You have the right to work with doctors and health care professionals who understand the links between lifestyle choices and Type 2 Diabetes, and who are equipped with the knowledge and strategies to treat and reverse disease through therapeutic lifestyle change.

You have the right to ongoing education on whole food, plant-based nutrition, meal planning, and culinary skills.

You have the right to know that the same diet and lifestyle changes that can prevent, arrest and, often reverse Type 2 Diabetes may do the same for other chronic conditions—coronary artery disease, obesity, high cholesterol, high blood pressure, arthritis, even some cancers and autoimmune conditions—leading to the best chance of overall good health.

References on opposite page

References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report cdc.gov. 2026. Updated January 21, 2026. Accessed February 12 2026. https://www.cdc.gov/diabetes/php/data-research/index.html
2. Gregg EW, Zhuo X, Cheng YJ, Albright AL, Narayan KM, Thompson TJ. Trends in lifetime risk and years of life lost due to diabetes in the USA, 1985-2011: a modelling study. *Lancet Diabetes Endocrinol*. 2014;2(11):867-874. http://doi.org/10.1016/s2213-8587(14)70161-5
3. Turin TC, Saad N, Jun M, et al. Lifetime risk of diabetes among First Nations and non-First Nations people. *CMAJ*. 2016;188(16):1147-1153. http://doi.org/10.1503/cmaj.150787
4. International Diabetes Federation. IDF Diabetes Atlas, 11th ed. Brussels, Belgium. 2025. Accessed February 12 2026. https://diabetesatlas.org/resources/idf-diabetes-atlas-2025/
5. Sami W, Ansari T, Butt NS, Hamid MRA. Effect of diet on type 2 diabetes mellitus: A review. *Int J Health Sci (Qassim)*. 2017;11(2):65-71.
6. Talaei M, Wang YL, Yuan JM, Pan A, Koh WP. Meat, Dietary Heme Iron, and Risk of Type 2 Diabetes Mellitus: The Singapore Chinese Health Study. *Am J Epidemiol*. 2017;186(7):824-833. http://doi.org/10.1093/aje/kwx156
7. American Heart Association. Cardiovascular Disease and Diabetes. heart.org. 2024. Updated April 2, 2024. Accessed February 12 2026. https://www.heart.org/en/health-topics/diabetes/why-diabetes-matters/cardiovascular-disease--diabetes
8. Raghavan S, Vassy JL, Ho YL, et al. Diabetes Mellitus-Related All-Cause and Cardiovascular Mortality in a National Cohort of Adults. *J Am Heart Assoc*. 2019;8(4):e011295. http://doi.org/10.1161/jaha.118.011295
9. Geiss LS, Li Y, Hora I, Albright A, Rolka D, Gregg EW. Resurgence of Diabetes-Related Nontraumatic Lower-Extremity Amputation in the Young and Middle-Aged Adult U.S. Population. *Diabetes Care*. 2019;42(1):50-54. http://doi.org/10.2337/dc18-1380
10. Li Y, Burrows NR, Gregg EW, Albright A, Geiss LS. Declining rates of hospitalization for nontraumatic lower-extremity amputation in the diabetic population aged 40 years or older: U.S., 1988-2008. *Diabetes Care*. 2012;35(2):273-277. http://doi.org/10.2337/dc11-1360
11. Tavee J, Zhou L. Small fiber neuropathy: A burning problem. *Cleve Clin J Med*. 2009;76(5):297-305. http://doi.org/10.3949/ccjm.76a.08070
12. Gregg EW, Chen H, Wagenknecht LE, et al. Association of an intensive lifestyle intervention with remission of type 2 diabetes. *JAMA*. 2012;308(23):2489-2496. http://doi.org/10.1001/jama.2012.67929
13. Steven S, Lim EL, Taylor R. Population response to information on reversibility of Type 2 diabetes. *Diabet Med*. 2013;30(4):e135-138. http://doi.org/10.1111/dme.12116
14. Barber MJ, Gotham D, Bygrave H, Cepuch C. Estimated Sustainable Cost-Based Prices for Diabetes Medicines. *JAMA Network Open*. 2024;7(3):e243474-e243474. http://doi.org/10.1001/jamanetworkopen.2024.3474
15. Association AD, Others. Economic costs of diabetes in the US in 2017. *Diabetes Care*. 2022;41(5):917-928.
16. American Diabetes Association. 2. Classification and Diagnosis of Diabetes. *Diabetes Care*. 2016;39 Suppl 1:S13-22. http://doi.org/10.2337/dc16-S005
17. Laakso M, Fernandes Silva L. Genetics of Type 2 Diabetes: Past, Present, and Future. *Nutrients*. 2022;14(15). http://doi.org/10.3390/nu14153201
18. Ley SH, Ardisson Korat AV, Qi S, et al. Contribution of the Nurses' Health Studies to Uncovering Risk Factors for Type 2 Diabetes: Diet, Lifestyle, Biomarkers, and Genetics. *Am J Public Health*. 2016;106(9):1624-1630. http://doi.org/http://doi.org/10.2105/AJPH.2016.303314
19. World Health Organization. *Global Report on Diabetes.* Published 2016.
20. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. http://doi.org/10.1056/NEJMoa012512
21. Tuomilehto J, Lindström J, Eriksson JG, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *The New England Journal of Medicine*. 2001;344(18):1343-1350. http://doi.org/10.1056/nejm200105033441801
22. Lean MEJ, Leslie WS, Barnes AC, et al. Durability of a primary care-led weight-management intervention for remission of type 2 diabetes: 2-year results of the DiRECT open-label, cluster-randomised trial. *Lancet Diabetes Endocrinol*. 2019;7(5):344-355. http://doi.org/10.1016/S2213-8587(19)30068-3
23. McInnes N, Smith A, Otto R, et al. Piloting a Remission Strategy in Type 2 Diabetes: Results of a Randomized Controlled Trial. *J Clin Endocrinol Metab*. 2017;102(5):1596-1605. http://doi.org/10.1210/jc.2016-3373
24. Mottalib A, Sakr M, Shehabeldin M, Hamdy O. Diabetes Remission after Nonsurgical Intensive Lifestyle Intervention in Obese Patients with Type 2 Diabetes. *J Diabetes Res*. 2015;2015:468704.
25. Micaela Karlsen GP, John Kelly. Intensive Lifestyle Interventions for Treatment of Type 2 Diabetes (T2D): A Case Series of Medication Reductions and Remission. Presented at: 81st Scientific Sessions2021; American Diabetes Association.
26. Panigrahi G, Goodwin SM, Staffier KL, Karlsen M. Remission of Type 2 Diabetes After Treatment With a High-Fiber, Low-Fat, Plant-Predominant Diet Intervention: A Case Series. *Am J Lifestyle Med*. 2023;17(6):839-846. http://doi.org/10.1177/15598276231181574
27. Rosenfeld RM, Grega ML, Karlsen MC, et al. Lifestyle Interventions for Treatment and Remission of Type 2 Diabetes and Prediabetes in Adults: A Clinical Practice Guideline from the American College of Lifestyle Medicine. *Am J Lifestyle Med*. 2025; In Press.
28. Group DPPR. Within-Trial Cost-Effectiveness of Lifestyle Intervention or Metformin for the Primary Prevention of Type 2 Diabetes. *Diabetes Care*. 2003;26(9):2518. http://doi.org/10.2337/diacare.26.9.2518
29. Herman WH, Hoerger TJ, Brandle M, et al. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Ann Intern Med*. 2005;142. http://doi.org/10.7326/0003-4819-142-5-200503010-00007
30. Karve A, Hayward RA. Prevalence, diagnosis, and treatment of impaired fasting glucose and impaired glucose tolerance in nondiabetic U.S. adults. *Diabetes Care*. 2010;33(11):2355-2359. http://doi.org/10.2337/dc09-1957
31. Lee V, McKay T, Ardern CI. Awareness and Perception of Plant-Based Diets for the Treatment and Management of Type 2 Diabetes in a Community Education Clinic: A Pilot Study. *J Nutr Metab*. 2015;2015:236234. http://doi.org/10.1155/2015/236234
32. American Diabetes Association. Eating doesn't have to be boring. American Diabetes Association. diabetes.org. n.d. Accessed 11 May 2020. https://www.diabetes.org/nutrition
33. Barnard ND, Katcher HI, Jenkins DJ, Cohen J, Turner-McGrievy G. Vegetarian and vegan diets in type 2 diabetes management. *Nutr Rev*. 2009;67(5):255-263.
34. McMacken M, Shah S. A plant-based diet for the prevention and treatment of type 2 diabetes. *Journal of geriatric cardiology : JGC*. 2017;14(5):342-354. http://doi.org/10.11909/j.issn.1671-5411.2017.05.009
35. Association AD. 3. Prevention or delay of type 2 diabetes: Standards of Medical Care in Diabetes—2021. *Diabetes Care*. 2021;44(Supplement 1):S34-S39.
36. Eikenberg JD, Davy BM. Prediabetes: a prevalent and treatable, but often unrecognized, clinical condition. *J Acad Nutr Diet*. 2013;113(2):213-218. http://doi.org/10.1016/j.jand.2012.10.018
37. Pischke CR, Marlin RO, Weidner G, Chi C, Ornish D. The Role of Lifestyle in Secondary Prevention of Coronary Heart Disease in Patients With Type 2 Diabetes. *Canadian Journal of Diabetes*. 2006;30(2):1-7. http://doi.org/10.1016/S1499-2671(06)02007-7