

Why Are Americans So Obsessed With Protein? Blame MAGA.

From the Liver King to the podcast bros to RFK Jr.'s MAHA constituents, America's infatuation with protein has reached a fever pitch—and it's undeniably gendered.



BY KEZIAH WEIR

MAY 1, 2025

PATRICK SCHWARZENEGGER: COURTESY OF HBO; ALL OTHERS GETTY IMAGES



TikTok content creators are hawking powders from Just Move and Ryse. Netflix is teasing its documentary *Untold: The Liver King*, which tracks the rise and fall of the raw-meat enthusiast, out later this month. Influential podcast bros, from the physician **Peter Attia** to the **very well-paid Joe Rogan**, swap protein-heavy diet anecdotes and **share their "current state of protein supplementation."** One of this year's most talked about shows, season three of *The White Lotus*, derived a whole thread of narrative tension from what can only be described as Chekhov's protein shake.

For decades, an American protein mania has been building. This year, it may be hitting its peak. News and takes have abounded, from *Vogue's* "**4 Signs You're Not Getting Enough Protein**" and *Grub Street's* deep dive on **added-protein foods** to *The New Yorker's* profile of a **protein bar company** and *The New York Times's* fact-check of "**big protein claims.**"

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"I don't have a good sense on what's driving that right now, other than if it's just the usual manosphere—or manomania, here in the United States," says **Pieter Cohen**, an internist at Cambridge Health Alliance and associate professor at Harvard Medical School who leads the center's Supplement Research Program. "Everyone's letting their testosterone out these days." One thing he's noticed: More men than women arrive at his office "interested in protein."

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It's not *only* men who care about protein, but a mosey through recent history suggests a strong correlation between the rise of the likes of the men's rights movement and our national lust for protein—which is how we got to the quagmire of contradiction wherein a “manosphere” helmed by **Donald Trump** (**he of the diet** dubbed by his own health secretary, the admittedly **often incorrect Robert F. Kennedy Jr.**, to be “really, like, bad”) has such a vocal contingent of intense **protein-maxing** “health” obsessives.

The intertwinement of masculinity and red meat (and its attendant health properties, namely protein) is strong and deep-seated. A **2023 study** found that men were “more likely to eat foods to the extent that those foods were perceived as higher in masculinity and lower in femininity,” which correlated with foods that were seen as higher in protein. Another, from this year, found that men who have what they describe as a strong “**meat-eating identity**” also “tend to perceive themselves as more masculine.” An obsession with protein affords a masculine-coded cover on the feminine-coded world of body image and dieting—and a subject over which men can bond as bros.

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While discussing the carnivore diet, Joe Rogan and **Theo Von**—both members of the podcast contingent widely seen to have played a major part in turning the election for Trump—laud the powers of red meat, while acknowledging that some people do well on a vegetarian diet (“Not for me, dude,” Rogan says with grim resolve) before sliding into a tangent about Rogan’s avoidance of pizza that becomes, somehow, aggressively erotic.

“If I had a couple of cocktails,” Rogan murmurs, “I probably would have grabbed a slice.”

Von begins shifting in his chair. “Oh fuck yeah, boy.”

“A couple of tequilas?” Rogan smiles coyly at his interlocutor. “Next thing you know, I want some pizza.”

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“Oh dude, I’ll”—Von grits his teeth—“I’ll do whatever after that, boy.”

The so-called **Liver King**, who rips into raw animal hearts, testicles, and livers with his teeth, hawks protein supplements purportedly “high in organs including blood, colostrum, and tallow” (none of which, it should be noted, is an organ). His ensuing online popularity afforded him entry into a world populated by his right-wing idols. Last year, he posted a [video compilation](#) of himself fanboying over Trump, **Logan Paul**, and others.

According to the food historian **Hannah Cutting-Jones**, we can [trace](#) today’s relationship to protein back to the 19th-century chemist and early macronutrient expert Justus von Liebig, who called it “the only true nutrient”—and, in the 1860s, promptly started making and selling his own protein supplement of sorts: Liebig’s Extract of Meat. In the 1950s and ’60s, doctors and scientists homed in on protein supplementation as an important tool in treating malnutrition in places like North Africa, India, and postwar Korea.

For almost as long as there’s been enthusiasm for protein, there’s been controversy: over how it’s made, how much to get, and from where. In the mid-1970s, the FTC [was reporting](#) that “marketing of [protein supplement] products is almost universally dependent upon consumer misinformation

and misconceptions about the nutritional characteristics of protein.” A series of *New York Times* articles from the same era read like the plot of a body-horror film: In 1974, an animal science professor came up with a process to “recycle” cows by turning slaughterhouse waste products into a protein supplement that could be fed to “feedlot steers”; by 1977, the FDA was linking “liquid protein supplements” for humans—also made from cattle-slaughtering by-products—with the deaths of 16 women, leading to a substantial decrease in sales.

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There may not be, at present, deadly concerns about contaminated products. (Though it’s true that protein powders, like all supplements, aren’t under the purview of the FDA—which hasn’t stopped Robert F. Kennedy Jr. from promising to liberate them from government oversight.) But Cohen does worry about the risk to patients (“in particular, teenage guys”) who forgo a balanced diet in favor of protein shakes. He’s also concerned about the psychological effects of feeding student-athletes the idea that protein supplements are the only way to a healthy body—“a brilliant advertising campaign for the supplement industry,” he says, despite that “when we’re talking about anyone who’s not an elite athlete,” meaning the likes of NBA players or professional runners, “is there any evidence I know of that getting your protein from whole foods is inadequate, or somehow it’s better to get [it] through protein powder? I don’t know of any evidence to suggest that.”

Cohen also points me to the work of his Harvard colleague **S. Bryn Austin**, in the Social and Behavioral Sciences department at the School of Public Health, who is the founding director of a research and training program dedicated to eating disorder prevention. In 2022, she coauthored a paper examining young men’s use of protein supplements. Its findings warn clinicians to “be aware of their

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male patients' use of protein powders and muscle-building supplements," which pose "acute and long-term physical and psychological consequences." Last year, one of her coauthored [studies](#) found that muscle-building supplements formed a pipeline to anabolic steroids in young men.

The Recommended Dietary Allowance (RDA) for protein is 0.36 grams per pound of bodyweight, but some popular online health experts, like Attia, who [advises](#) David Protein and has invested in the protein-forward deer meat company Maui Nui Venison, recommends far greater levels. He says that his practice aims for [one gram per pound](#) of bodyweight. (**Andrew Huberman** has [called](#) this a good starting point—though one of his own supplements of choice, and a financial incentive, is AG1, which contains a measly two grams of protein per serving.)

Big Protein may have come for all of us. **Mary Claire Haver** and **Gabrielle Lyon** are prominent pro-protein online personalities who target their content toward women, and an informal poll floated to an active group chat found that the respondent protein-supplement enthusiasts had women slightly outnumbering the men (sample size: five). TikTok is rife with people of all genders [ranking \(and selling\) Ryse protein](#) and [eating \(and selling\) David Protein bars](#). But on TikTok, at least, the videos tend to conform to aesthetic gender norms. The men often show up in tank tops that reveal bulging biceps, hefting tubs of the powder, while the women cook through "what I eat in a day" videos in sports bras and tight pants showcasing abs and what one user [describes](#) as "a flat stomach and fat butt."

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The bodybuilding craze of the 1970s, birthed from the founding of Venice's Gold's Gym, fueled by new protein supplements and steroids, and popularized by **Arnold Schwarzenegger**'s oiled muscles in 1977's *Pumping Iron*, coincided with an era of economic flux, [widening political polarization](#), and rising momentum around women's

rights and gay rights—the latter of which sparked a backlash **men's rights**, or “men's liberation,” movement.

Some 40 years later, in 2014, *Food Business News* called protein the year's “leading food-industry buzzword,” and a report from NPD Group not only found widespread enthusiasm for the macronutrient, but that, according to an NPD analyst, “many are willing to pay, or have already paid a premium, for these products.” By 2015, psychologists **were finding** that the overconsumption of protein among men could constitute an eating disorder. Was it correlation, coincidence, or some lean-meat canary in the proverbial coal mine that it was into this proteinous landscape that Donald Trump—burger loving, locker room talking, and all—announced his bid for the presidency?

And now, amid a shrinking economy, following strides and setbacks for women's rights via #MeToo and its backlash (including the overturning of *Roe v. Wade*), as well as marriage equality, visibility, and media representation for queer and trans people with a similar subsequent “anti-woke” recoil—we have a second Trump term, MAHA, and what menswear commentator **Derek Guy calls** the “slim-fit revolution” of the manfluencer sphere.

Perhaps Saxon Ratliff, played by the son of the ur-celebrity bodybuilder himself, **Patrick Schwarzenegger**, said it best. “Lochy, we don't do it for the taste,” he told his beleaguered and un-swole little brother in an early episode of *The White Lotus*, watching him choke down a frothy white, freshly blended protein shake. “We do it for the high T and the BDE.” Whether our current protein path leads to an accidental brush with transcendence, or face down on the pavement as gunshots ricochet nearby, remains to be seen.

Protein Deficiency: Signs, Causes, and Treatment



Written by [Joanna Foley, RD](#) | Reviewed by [Mandy Armitage, MD](#)

Published on October 9, 2024

Key takeaways:

- Protein deficiency can be caused by a lack of protein in your diet or medical conditions like gastrointestinal disorders and liver disease.
- Signs of a protein deficiency can include things like brittle nails, loss of muscle mass, and extreme hunger.
- Treating a protein deficiency includes eating more protein and/or improving your management of the medical condition that may be causing it.

Table of contents

- [Signs](#)
- [Causes](#)
- [Recommended amounts](#)
- [Diagnosis](#)
- [Treatment](#)
- [Health risks](#)
- [Bottom line](#)
- [References](#)



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Most people in the U.S. [get more than enough protein](#). But how much protein you need depends on where you are in life, your activity level, and other medical conditions. Some [experts believe](#) that older adults and children may not be getting enough.

So, how do you know if you're getting enough protein? There are ways to calculate [how much you need](#). But most people probably don't give much thought to their protein intake on a daily basis.

Having a protein deficiency can be serious. So, knowing the signs of a protein deficiency can alert you to a potential problem and help you take action.

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What are the most common signs of protein deficiency?

You probably won't experience any signs or symptoms from not getting enough protein in the short term. But if you don't meet your protein needs for a long time, you may begin to have [signs of a protein deficiency](#). These signs may include:

- Brittle nails and/or hair
- Bone fractures
- Loss of muscle mass
- Weakness in the muscles or body in general
- Extreme hunger

You may also experience changes like:

- Becoming sick more often due to a weakened immune system
- Mood changes
- Difficulty thinking straight

And, over time, protein deficiency can cause:

- Development of [fatty liver disease](#)
- Delayed growth in children

What should you do if you have signs of protein deficiency?

It's best to see a primary care provider if you're concerned about protein deficiency. They can talk with you about any other signs or symptoms and your medical history. This can help determine the next steps for testing and/or treatment (more on this below).

EXPERT PICKS: WHAT TO READ NEXT

- **Want to add more protein to your diet?** These [simple tips](#) can help.
- **You can still get plenty of protein without animal products.** Try any of these [12 plant-based sources](#) of protein.
- **Speaking of protein sources, is one better than the other?** Here are [five key differences](#) you need to know.

What causes a protein deficiency?

There are many possible [causes of protein deficiency](#). These can include:

- **Not getting enough protein in your diet:** This may be due to an eating disorder, lack of food access, or dietary restrictions. Each of these things may severely limit your protein intake.
- **Certain gastrointestinal disorders:** Some conditions prevent your body from [absorbing protein](#) properly. Examples include [Crohn's disease](#) and [celiac disease](#).
- **Bariatric surgery:** Bariatric surgery reduces how much food can be eaten at one time and changes your food preferences. Research suggests that protein is the [most common macronutrient](#) that patients don't get enough of after surgery.
- **Diabetes:** Having uncontrolled [Type 1 diabetes](#) may increase your risk of protein deficiency. This is because the lack of insulin causes your body to start breaking down protein stores.
- **Liver diseases:** Your liver [makes many important proteins](#). So, when it's not working properly, your body creates less protein. In addition, having liver disease [like cirrhosis](#) can lead [to malnutrition](#) due to poor appetite and impaired nutrient absorption.
- **Kidney disease:** Kidney damage can cause protein to leak out of your blood and [go into your urine](#). People with [chronic kidney disease](#) often have [different protein needs](#), depending on the severity of their condition.
- **Long-term injury or infections:** Serious injuries and infections [increase](#) your body's protein needs. They cause your body to be in a catabolic state. This is when your body breaks down mass and loses protein.

- **Severe burns:** Burns cause your body to [lose protein](#), as does the healing process.

How much protein do you need?

The [Recommended Dietary Allowance](#) (RDA) for protein for healthy adults is 0.8 g of protein per kilogram of body weight each day. When translated to pounds, this equals about 0.36 g of protein per pound of body weight. So, for someone who weighs 180 lbs, this would equal about 65 g of protein.

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But estimating your protein needs isn't always that simple. How much protein you need can vary greatly based on different factors:

- **Age:** Older adults may need [up to twice as much protein](#) than younger adults, about 1.2 g to 2 g of protein per kilogram of body weight. This is because older adults have a natural decline in muscle mass. [Children](#) should also aim for more protein than healthy adults, at 0.95 g per kg of body weight.
- **Activity level:** If [you're more active](#), your protein target is higher, at 1 g to 1.6 g per kilogram of body weight. This is especially true for people trying to [build muscle](#).
- **Current health conditions:** For example, [critically ill patients](#) may need up to 1.5 g to 2 g of protein per kilogram of body weight. As mentioned above, people with kidney or liver disease may also have different protein needs.

How is protein deficiency diagnosed?

There's no single test to diagnose a protein deficiency. A healthcare professional will look at a combination of lab results and a review of your current diet.

Lab tests

There are two main blood tests that can help indicate protein levels in the blood. These tests are:

1. **Albumin:** [Albumin](#) is the most prevalent protein in your blood. It makes up about half of your blood's total protein content.
2. **Total protein test:** [This test](#) measures the total amount of protein in your blood, including albumin and globulins.

Your results of these tests show whether your levels are high or low, based on the normal range. But these tests shouldn't be used alone to diagnose a protein deficiency. If you have an abnormal total protein test, you may need additional testing and/or health screening to get a proper diagnosis.

Diet review

Another way to help determine if someone is protein deficient is to estimate their average protein intake. This can be done by a healthcare professional, such as a dietitian. They'll ask questions about what you eat on a daily basis. They can then add up the estimated grams of protein you may be consuming and compare it to your estimated daily needs.

Keep in mind that protein deficiency due to poor intake is [extremely rare](#) in the U.S. This is because many foods — both plants and animals alike — can contribute to your total protein intake. People who're eating a wide variety of foods are generally able to meet their protein needs.

How is protein deficiency treated?

Treatment for protein deficiency depends on the cause. For someone who hasn't been eating enough protein, it's best to [increase the amount of protein in your diet](#). Examples of high-protein foods include:

- Meats
- Fish
- Eggs
- Nuts
- Beans

You may need to introduce protein slowly to give your body time to adapt.

If you have a protein deficiency due to a medical condition, eating more protein probably won't be helpful. It's best to discuss your protein needs with a dietician or someone on your medical team with expertise in your condition. For example, many gastrointestinal disease clinics have an expert available for things like this. They'll work with you to come up with a plan to improve and monitor your protein status.

How serious is protein deficiency?

But because protein deficiency is rare, it's generally not something most healthy adults need to worry about. That said, for some people, having a protein deficiency can be serious.

The outcome of a protein deficiency depends on how long it has been going on and what else is happening in your body. If your protein deficiency is short term, you may be able to recover without lasting problems.

It becomes more serious, though, if your protein deficiency is longer term or is due to overall malnutrition. For example, children can experience growth problems. And older adults can lose strength and independence.

Having a protein deficiency can also delay your body's natural healing process. It can lead to [disease-related malnutrition](#). This causes delayed healing and possible complications. That's why getting enough protein, calories, and nutrients in your diet is essential.

[Kwashiorkor](#) and [marasmus](#) are the most severe diseases of protein malnutrition. They're more common outside of the U.S. and in young children experiencing poverty or famine. These types of protein malnutrition put them at risk for infections, stunted growth, and physical and mental disabilities. These conditions can be life-threatening if not treated.

The bottom line

Protein deficiency doesn't just happen if you don't eat enough protein. Many other health conditions can cause you to become deficient in protein. If you have signs of a protein deficiency, it is important to reach out to your primary care provider or other healthcare professional. They can ask questions and run tests to help come up with a proper diagnosis. In some cases, increasing your intake of high-protein foods may be enough to help your body recover.



Why trust our experts?



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Playful Waves at Rockaway Beach

By Rosalie R. Radomsky

June 19, 2020

Keziah Weir swam and bobbed around the water at Rockaway Beach on the southern edge of Queens in August 2014 while Daniel James Feller surfed playful waves on his white shortboard nearby. Their mutual friend, who Mr. Feller knew from high school, and Ms. Weir knew from Bard College, from which she graduated, introduced them earlier that day before they all got on the subway in Bushwick, Brooklyn.

“It was a great beach day,” said Mr. Feller, who graduated with high honors from Haverford College in Haverford, Pa., and received a doctorate in biomedical informatics from Columbia in May.

The three of them lived near each other in Bushwick, and at the beach compared notes about the neighborhood, and what they were up to.

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A version of this article appears in print on , Section ST, Page 14 of the New York edition with the headline: She Really, Really, Really, Really Said Yes



FELLER GENEALOGY

Discussion about the Origin and Meaning of the Jewish Surnames - Finding relatives in Argentina



(https://www.vitalrecords.com.ar/?utm_source=Hebrewsurnames&utm_medium=foro&utm_campaign=fija&utm_term=feller&utm_content=banner_header)

Feller Genealogy

The vast majority of Argentine Jews are descended from immigrants who arrived from Europe. These ashkenazic Jews migrated from small towns or shtetels of Poland, Lithuania, Russia, Germany, Romania or Ukraine, leaving behind most of their Jewish relatives. After two or three generations, those Jewish families lost track of their relatives, having been saved from the war, emigrated to other countries like USA, England or Australia.

FELLER Genealogy

This is an open forum to discuss the origin, the meaning and the family stories of the surname FELLER.

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Using the Daich-Mokotoff Soundex Code we can obtain some variants of scripture of the same surname. Below you will find the variants of scripture we have in our database. They will be useful to find and to determine the FELLER meaning.

We invite you to post your knowledge and familiar tradition about your surnames. JUST DO IT at the end of the following posts.

You can also try to find relatives posting here information about your relatives you are searching for.

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Name: **Sebastian**

Comments: There are jewish families in Argentina with surname FELLER

Name: **Daniel**

Comments: In the Jewish cemetery of La Tablada, Buenos Aires, is buried some people with this surname.

Name: **gordon feller**

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Use these variants to find more information about the meaning of a surname and to try to find relatives who have a variation in the scripture of your surname.

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Feller (FELLER) (4 comments)	Filler (FILLER) (2 comments)	Fuller (FULLER) (0 comments)	Peller (PELLER) (2 comments)
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Feller Burial Records

The following are Jewish burial records of Buenos Aires with the surname FELLER:

Name

FELLER ANA GALPERIN (1966)

FELLER BERTA (1989)

FELLER BERTA (1989)

FELLER CARLOS HECTOR (1948)

FELLER CATALINA (1980)

FELLER CLARA OJMAN (1974)

FELLER CLARA USZORENKO DE (1987)

FELLER DAVID (1954)

FELLER ELENA MESCHBEIN DE (1986)

FELLER GREGORIO (1972)

FELLER GUISA GORENSTEIN (1959)

FELLER ISAAC (1994)

FELLER ISAAC (1994)

FELLER ISAAC (1988)

FELLER ISAAC (1981)

FELLER JACOBO (1988)

FELLER JULIO (2000)

FELLER LEA GITL ARBESFELD (1950)

FELLER LUIS (1967)

FELLER MANUEL (2001)

FELLER MARCOS (1995)

FELLER MARCOS (1995)

FELLER MARIA KASMINSKY (1979)

FELLER MAURICIO (1995)

FELLER NECHA FAIGA GNOING (1959)

FELLER PEDRO (2002)

FELLER SABINA PIEPE (1947)

FELLER SILVIANA (1953)

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Feller in Buenos Aires

Try to search for FELLER in the Jewish Directory of Buenos Aires 1947.

FELLER in Buenos Aires (Jewish_directory_FELLER)

Feller Marriage Records

Try to search here for marriage records for surname FELLER.

Marriage Records for surname FELLER (marriage_records_FELLER)

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    box(0).detach().cpu().item() + x
    box(1).detach().cpu().item() + y
    box(2).detach().cpu().item() + x
    box(3).detach().cpu().item() + y

left, y_top_left, x_bottom_right, y_bottom_right))
coordinates = coordinates + [All_boxes[-1]] # Print the last added coordinates
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Daniel Feller
Health Data Evangelist



• Rhino Health



• Columbia University in the City of New York

South Portland, Maine, United States · [Contact info](#)

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About

First Analytics hire at a unicorn healthcare startup. 10+ years' experience with medical and pharmacy data. Exposure to modern serverless architectures using the AWS cloud. Expert in Python, R, and SQL.

...

...see more

Activity

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Daniel Feller · 3rd+
Health Data Evangelist
1w ·

In the past week I've built a fully functional AI agent from scratch and wanted to share some takeaways:

1. Anthropic (Claude 3.7) is better at writing functioning code than OpenAI (4o)
2. Using openAI to build and run your agent is probably the best option given the capabilities of functional calling (details: <https://lnkd.in/eWrXm53h>)
3. Debugging your agent is 75% editing code ...more

OpenAI Platform
platform.openai.com

19

Daniel Feller · 2mo ·

How am I only learning a...
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for healthcare analytics. ...

The Tuva

11

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Experience

- AI Program Lead**
Rhino Health · Full-time
Oct 2023 - Present · 1 yr 8 mos
Boston, Massachusetts, United States · Hybrid
- Reviewer**
AMIA (American Medical Informatics Association)
2018 - Present · 7 yrs 5 mos
- Advisor, Machine Learning**
Sword Health
Jun 2023 - May 2024 · 1 yr



Rightway

Full-time · 4 yrs 7 mos
New York, New York, United States



Director of Data Science

Sep 2020 - Sep 2023 · 3 yrs 1 mo

Implemented foundational machine learning and clinical analytics pipeline using Python... [...see more](#)

Engineering



Director Of Analytics

Mar 2019 - Sep 2020 · 1 yr 7 mos

Built foundational analytics infrastructure including a healthcare data warehouse using... [...see more](#)

Engineering



Data Scientist

New York State Department of Health · Full-time
Apr 2014 - Jun 2016 · 2 yrs 3 mos
New York, New York, United States

Used RStudio to gather data from MySQL databases to perform statistical analyses of medical... [...see more](#)

Engineering

Show all 7 experiences →

Education



Columbia University

Doctor of Philosophy - PhD
2016 - 2020



Haverford College

Bachelor's degree, Philosophy
2009 - 2014

Show all 3 educations →

Volunteering



Chairman of the Board

ReTreeUS
Environment

Overseeing all growth initiatives as we strive towards our goal of a fruit orchard and vegetable garden in every school in New England.



Data Management Consultant

Mount Washington Avalanche Center
Feb 2024 - Present · 1 yr 4 mos
Environment

Advising on and building a solution to aggregate and maintain snowpack and weather data on and around Mt. Washington and Tuckerman Ravine.

Skills

Engineering

3 experiences across Rightway and 2 other companies

Python

Show all 10 skills →

Recommendations

Received

Given



Jack McGuire

Senior Analytics Engineer at Dandy
March 30, 2021, Jack reported directly to Daniel

Daniel is an incredible mentor. I am inspired by his leadership style and dedication to the business. Since joining the Rightway team he has allowed me to rapidly learn the business and understand what sets RightwayRx apart from its competitors. His knowledge of the data paired with technical skill sets (Python, SQL, Tableau, and Engineering tools) set a solid foundation for all Rightway analytics and reporting. His positivity excites me to continue collaboration. Daniel is truly a best in class analytics leader as proven by his dedication to both the business the data.



Nabil Abbas
Data Science | Business Intelligence | Analytics Engineering
March 29, 2021, Nabil reported directly to Daniel

Daniel brings an irreplaceable skillset, passion and healthcare knowledge to every team he works on. He has inspired me to be the best data driven engineer I can be, by always introducing new technologies for me to implement. Working as his direct report has been an honor and I genuinely believe any team that needs and inspirational leader will find one in Daniel. I've watched our analytics team grow from a team of 3 employees to a team of 10 with Daniel guiding the team's direction every step of the way. Daniel is a jack of all trades when it comes to healthcare data with a mastery of th...

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Publications

Inference of Social and Behavioral Determinants of Health from Clinical Text using Multilabel Classification
AMIA Annual Symposium Proceedings · Nov 1, 2018

A visual analytics approach for pattern-recognition in patient-generated data
Journal of the American Medical Informatics Association · Sep 1, 2018

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Honors & awards

Young Investigator Awards
Issued by International AIDS Society · Jan 2016

Pre-Doctoral Fellow
Issued by National Library of Medicine

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CEO, Google's first Chief Decision Scientist, AI Adviser, Decision Strategist, Keynote Speaker (makecassietalk.com), LinkedIn Top Voice
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Research Scientist, MIT
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Vice President, Customer Solutions

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Data Scientist at Rhino Federated Computing

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Director of Data & Analytics at Rightway

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Healthcare Data Science and Human-Computer Interaction

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From Daniel's company



Daniel David
Rhino Federated Computing | CS at Columbia University

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Elke S. Nelson-Nichols, PhD, MBA
VP, Life Sciences at Rhino Federated Computing

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Jaime Phillip
Director of Business Operations @ Rhino Health | MBA

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Daniel Runt
Software Leader | Data Technologist | Big Data

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Ido Meidan
Full-stack Developer at Rhino Health

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Daniel J. Feller

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The Podcast

Welcome to episode 191 of the AI in Action podcast, the show where we break down the hype and explore the impact that Data Science, Machine Learning and Artificial Intelligence are making on our everyday lives.

Powered by Alldus International, our goal is to share with you the insights of technologists and data science enthusiasts to showcase the excellent work that is being done within AI in the United States and Europe.

Today's guest is Daniel Feller, Director of Data Science at **Rightway Healthcare** (<https://www.rightwayhealthcare.com/>) in New York. Founded in 2017, Rightway Healthcare is a technology and services company radically simplifying the healthcare experience for clients and members. Rightway provides members with the support, advocacy and technology, helping navigate them to the highest quality, most cost-efficient doctors and facilities for their care. This optimization and guidance helps simplify healthcare for members and reduce healthcare costs for organizations.

Earlier this week, Rightway announced that they have **raised \$100 million in Series C financing** (<https://www.prnewswire.com/news-releases/rightway-raises-100m-at-1-1b-valuation-to-continue-redefining-the-member-experience-through-better-care-navigation-and-a-new-to-the-world-pbm-301257115.html>) at a valuation of \$1.1 billion. This funding will enable Rightway to dramatically accelerate its care navigation and pharmacy services solutions to optimize healthcare experiences for members and clients. It will also advance their RightwayRx platform, which is a member-centric pharmacy services platform that connects innovative technology, clinical experts and an unlocked supply chain to reduce employer pharmacy spend.

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In the episode, Daniel will tell you about:

Rightway's impact in the Healthcare sector

Interesting projects the Data Science team are working on

Transitioning from academia into industry

Building an AI expert system for doctors

Exciting opportunities & Plans for further growth

Why Rightway is a Great place to work

To find out more about Daniel and Rightway Healthcare, check out the website www.rightwayhealthcare.com or follow them on [Twitter @rightwayhc](https://twitter.com/rightwayhc). You can also connect with Daniel on [LinkedIn](https://www.linkedin.com/in/daniel-feller-phd-6a7587169/).

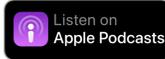
What did you think of Daniel's podcast? Where do you see the future of AI and Data Science in the Healthcare industry heading in the next few years? We would love to hear your thoughts on this episode, so please leave a comment below.

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Daniel Feller

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Daniel Feller
PhD Student in Biomedical Informatics
Columbia University

My primary research interests are situated at the intersection of Biomedical Informatics, Machine Learning, and Human-Computer Interaction. The overarching goal of my research is to develop data-driven solutions that will serve as an innovative approach to ambulatory care management. My current research is exploring the development of novel software systems that can improve health outcomes like engagement in HIV care or adherence to medication. This goal is multilayered and includes a) the extraction of social and behavioral determinants of health from clinical notes using NLP, b) the training and validation of predictive models that can help healthcare providers target resources to high-risk individuals and c) the development of intuitive visual interfaces to help clinicians analyze large volumes of information required to manage a large panel of HIV+ individuals. Though my expertise is in the realm of computational techniques and information science, I

am also conducting qualitative studies as a precursor to the development of novel software systems in order to better understand how ambulatory care is delivered to high-need, high-cost patients.

