
THE UNITED STATES DEPARTMENT OF AGRICULTURE

DIETARY GUIDELINES 2000

Public Meeting

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Public Meeting

Jefferson Auditorium
1400 Independence Avenue, SW
Washington, D.C.

Friday,
March 10, 2000

The meeting in the above-entitled matter was convened, pursuant to notice, at 9:00 a.m.

BEFORE: HONORABLE EILEEN KENNEDY
Deputy Undersecretary,
Research, Education and Economics

APPEARANCES:

On Behalf of the USDA:

SHIRLEY WATKINS, USDA
DR. NICOLE LURIE, DHHS

DR. RAJEN S. ANAND

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AGENDA

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P R O C E E D I N G S

(9:06 a.m.)

DEPUTY UNDERSECRETARY KENNEDY: Good morning again. My name is Eileen Kennedy and I'm Deputy Undersecretary for Research, Education and Economics in USDA. And for those of you who didn't hear me because my mike wasn't on, I was commenting it is nice to see so many familiar faces in the audience, but it's also nice to see some new faces.

With me this morning on the panel is Undersecretary for Food, Nutrition and Consumer Services, Shirley Watkins from USDA. Also I'm delighted to have a colleague from HHS, Principal Deputy Assistant Secretary for Health, Dr. Nicole Lurie. And Dr. Rajen Anand from the Center for Nutrition Policy and Promotion.

I'd like to give a little bit of background on what has brought us to the place we are now before we begin with what is going to be the bulk of this morning which are going to be the public comments.

The National Nutrition Monitoring and Related Research Act directs the Secretaries of Agriculture and HHS jointly at least every five years to issue a report that's entitled "Dietary Guidelines for Americans". And the dietary guidelines are meant to apply to healthy individuals

1 ages two and above.

2 I always like to note, because I think the dietary
3 guidelines process sometimes sounds a bit complicated to
4 people who don't follow it day to day, but really the
5 dietary guidelines for Americans are meant to answer one,
6 what I think is a very simple question which is what should
7 Americans eat to stay healthy? It's always fun, Shirley, to
8 do this session with kids because if you throw out that kind
9 of a question to children you get not only a variety of
10 answers but it's interesting to get their view of the world
11 of healthy eating.

12 Today we're here to receive your comments on the
13 technical report from the Dietary Guidelines Advisory
14 Committee which was submitted by the committee, and I think
15 our chair, Dr. Huberto Garza will be joining us shortly.
16 The committee's report came in to Secretary Glickman and
17 secretary Shalala in early February.

18 Both of the Secretaries appointed jointly the
19 Dietary Guidelines Advisory Committee to review our last set
20 of guidelines which were the 1995 guidelines, and I'm sorry
21 Dr. Garza's not on the phone because I want to comment the
22 committee for the marvelous not only work that has emerged
23 from the advisory committee, but I think from comments I
24 have received as we have traveled around, the very open and

1 transparent process that this Dietary Guidelines 2000
2 committee used. This committee, I'd like to highlight,
3 serves unpaid and put in a tremendous amount of work to get
4 us to this point. We could not have accomplished what we
5 have without the stellar work of the committee.

6 The charge given by the two Secretaries to this
7 advisory committee --

8 (Pause to connect with Dr. Garza)

9 DR. GARZA: Hello?

10 DEPUTY UNDERSECRETARY KENNEDY: Huberto?

11 DR. GARZA: Yes, hi Eileen.

12 DEPUTY UNDERSECRETARY KENNEDY: You are on
13 speakerphone and you have an audience of people that
14 hopefully you will be hearing and who will be hearing you.

15 We actually started because we were having some
16 problems with our phone system, so all the wonderful things
17 I've said about you and the committee you'll have to get
18 from some other people or from the transcripts.

19 DR. GARZA: Okay. Thank you.

20 DEPUTY UNDERSECRETARY KENNEDY: But we're
21 delighted to have you joining us by phone, and let me just
22 end with talking about the committee, reiterating again that
23 we could not be at the point we're at without the endless
24 hours that the committee has put in.

1 The charge given by the two Secretaries to this
2 advisory committee was to determine if, based on the
3 preponderance of current scientific and medical information,
4 revisions were warranted to the 1995 guidelines and if the
5 committee determined that in fact based on newer information
6 in the literature that revisions to the '95 guidelines in
7 fact were warranted, to then suggest and develop
8 recommendations for revisions in a report that would come
9 into the two Secretaries, and that is the report that I've
10 just talked about that came in in early February to USDA and
11 HHS.

12 The mandate of the committee was to advise the
13 Secretaries on suggested changes and we are now in both
14 departments in the process of reviewing the technical report
15 which has come from the Dietary Guidelines Advisory
16 Committee.

17 This committee was very active, and what we've
18 seen is the recommendations have gone from what since 1980
19 have been seven dietary guidelines to a suggestion that we
20 expand the guidelines to ten guidelines.

21 The way the advisory committee report is
22 organized, the guidelines fall under three basic message --
23 Aim for Fitness; Build a Healthy Base; and Choose Sensibly.
24 So in essence we have the ABC's for good health.

1 Let me list a few of the changes that have been
2 proposed by the committee.

3 For the first time ever the committee is proposing
4 a separate guideline on food safety. Again, I think this is
5 consistent with a message that historically has been in the
6 guidelines when we talk about a wholesome food supply, we
7 talk about a nutritious food supply as well as a safe food
8 supply.

9 Secondly, the committee is recommending rather
10 than combine a guideline on weight and physical activity,
11 that in the 2000 guidelines we consider having a separate
12 guideline on being physically active. Again, I think this
13 is consistent with a number of the recommendations which
14 have come out of HHS in their Healthy People 2010.

15 Thirdly, the committee is recommending that unlike
16 the '95 dietary guidelines that the historical guidelines on
17 grains, fruits and vegetables be separated into two separate
18 guidelines, with one guideline on grains and emphasis being
19 on whole grains; and a separate guideline on fruits and
20 vegetables.

21 The proposed recommendations in the report from
22 the committee also place a greater emphasis on a diet low in
23 saturated fat and cholesterol, without diminishing the
24 importance of having a diet moderate in total fat.

1 I'd like to spend just a couple of minutes about
2 the committee's deliberative process. The committee held
3 four meetings in Washington, D.C, all of them open to the
4 public. The first meeting was held in September 1998; the
5 other three meetings were in 1999 in March, June and
6 September. Written comments from the public were received
7 throughout this entire process. Oral comments were
8 solicited during the second meeting the committee held in
9 March '99. We had about 40 organizations that provided oral
10 testimony. A copy of the comments that were received were
11 placed on public display at the National Agricultural
12 Library in Beltsville, Maryland. And we also created an
13 internet site to post the meeting transcripts and the final
14 report of the committee.

15 Because of the tremendous public interest in this
16 process, we thought again, consistent with what we were
17 hearing, the open and transparent process that the Dietary
18 Guidelines Advisory Committee used, that it was important
19 now that the two Secretaries have received the advisory
20 committee report, to get input from the public on thoughts
21 about the committee's report prior to our releasing the
22 Dietary Guidelines 2000. That's the reason for holding this
23 open meeting today, to hear your comments.

24 We're also in a Federal Register notice soliciting

1 written comments from any interested individual or
2 organization, and the written comment period closes on March
3 15th.

4 The reason for having Dr. Garza join us today,
5 we're pleased he can join us by phone, is number one, it's
6 always a delight to have him involved in our activities.
7 But number two, it is not to defend -- not to defend the
8 Dietary Guidelines Advisory Committee report, but rather if
9 there are questions of explanation of the process that was
10 used, I'll provide more information. I think he'll be here
11 to provide some insights into that.

12 Information on where to mail your comments is at
13 the Internet site shown in today's meeting agenda, and if
14 you have written comments with you now you're welcome to
15 hand them to Dr. Shanthy Bowman here in the first row. In
16 addition to Dr. Bowman who was one of the executive
17 secretaries to the Dietary Guidelines Advisory Committee,
18 I'd also like to acknowledge Dr. Linda Meyers in the front
19 row from HHS, Katherine McMurray also from HHS, Carol Davis
20 from the Center for Nutrition Policy and Promotion, and
21 Allison Escobar who is not with us this morning. They were
22 a big part of the reason that we are where we are also --
23 sort of the unsung heroes of help to the committee.

24 We appreciate the great interest and participation

1 in this process, and I'm looking forward now to sitting back
2 and hearing comments.

3 With that I would like to hand over to
4 Undersecretary Shirley Watkins, who I always like to tell
5 the story that not only has she been, it goes without saying
6 a tremendous asset for us working at the federal level in
7 USDA, but Shirley is one of those unique individuals that
8 has worn the hat of policy official at the federal level,
9 but also has actually been an on-the-ground user of the
10 dietary guidelines in a variety of fora, including being
11 head of everything that happens with school food service in
12 Memphis, Tennessee.

13 With that, my colleague, Undersecretary Shirley
14 Watkins.

15 UNDERSECRETARY WATKINS: Thank you, Dr. Kennedy.
16 And I, too, would like to add my welcome to all of you and
17 delighted that you have joined us this morning.

18 Dr. Lurie, we're delighted that you were able to
19 join us for a portion of the meeting today. And I'd also
20 like to introduce Ed Kooney who has just come in. Ed, you
21 may want to stand up, who represents the Secretary of
22 Agriculture on nutrition issues. We're delighted that he
23 was able to join us this morning.

24 We look forward to listening to all of your

1 comments this morning. I know that you have taken a great
2 deal of time and thought in your preparation, and you want
3 to make certain that your comments are heard by all of us.
4 We do have someone who is transcribing all of this for us,
5 so if we have to leave you must know that we will not miss a
6 thing because they are being transcribed for us so we will
7 get a chance to go through all of those.

8 As we talk about the proposed comments and changes
9 to the dietary guidelines for the year 2000 we have a lot of
10 things that are going on simultaneously with the dietary
11 guidelines.

12 As you know, USDA and HHS are a strong partner in
13 developing the proposed guidelines. It goes without saying,
14 the health objectives for the nation for 2010, we look
15 forward to using the dietary guidelines as one vehicle to
16 help us accomplish the goals that we need to get
17 accomplished, and helping Americans to feel comfortable with
18 what they are eating, how they are eating, and hope that we
19 have a healthy America as a result of it.

20 I want to briefly explain what USDA and HHS will
21 be doing over the next several months. In order to prepare
22 for the release of the dietary guidelines bulletins and all
23 of the collateral material that will be developed for
24 people.

1 Both of the agencies are now conducting
2 simultaneous and independent reviews on the text of the
3 consumer guidelines bulletin. There are a lot of agencies
4 both at USDA and HHS who will have to go through and review
5 all of this information. Just as an example, there are 14
6 different agencies and program areas at USDA who will be
7 reviewing the consumer information. And when that review is
8 completed, the two departments -- HHS and USDA -- will meet
9 and discuss all of those reviews and try to reach an
10 agreement on the departmental comments as well as the public
11 comments that are being provided.

12 As Eileen has said, people have an opportunity to
13 provide them orally here today, provide your written
14 comments today, and through March the 15th submit written
15 comments.

16 So you can see it's going to be a very long
17 process for us to go through and review everything so that
18 the American public is not confused when the information
19 goes out.

20 The development and the design of the consumer
21 guideline bulletin will be based on the text that has been
22 provided by both of the agencies -- HHS and USDA.

23 USDA's Design Division is working on that now.
24 They have begun some things, and the two departments will be

1 working very closely with them in developing the design and
2 the format and the layout of the bulletin.

3 The design work will also be guided by the focus
4 groups. We had a focus group of children because we're
5 working on some things now that will be a collateral to the
6 dietary guidelines, and it was interesting that the children
7 thought the ABC -- and we had some posters and a lot of
8 other materials -- but they thought that was kind of
9 juvenile, and these were nine year olds. So can't you
10 imagine the kind of work that we have to do to get all of
11 this information so that it's good for all of the American
12 consumers across this country, regardless of what age they
13 are.

14 One of the things we want to do is to not only
15 make it available to the nutrition community, but to make it
16 available to every household in this country so people will
17 know what the dietary guidelines are and how to use those
18 guidelines along with all the other materials that both the
19 departments have available for consumers in this country.

20 So as we identify consumers and their reaction to
21 the potential design alternatives; and before we can release
22 the bulletin it's going to have to go through another
23 clearance with both of the departments -- HHS and USDA.

24 The dietary guidelines and the importance that we

1 place on it at USDA cannot be underestimated. We've already
2 allocated \$4 million for team nutrition grants for schools
3 across this country to implement the dietary guidelines, and
4 that's just the beginning. For each of the nutrition
5 assistance programs we have allocated some funding so that
6 we can make it available to all of our customers.

7 The guidelines form the cornerstone for the policy
8 decisions that we will make in our nutrition assistance
9 programs and how we will be able to use the materials in
10 nutrition education activities.

11 We've developed already a promotion plan and a
12 marketing plan for the dietary guidelines. We hope to
13 partner with many of you and many of the groups around the
14 country. We want to make the guideline messages user
15 friendly, easier for people to understand, and to help
16 families across America as they aim to build and choose for
17 health. That's the committee's recommended wording.

18 So we look forward to listening to your comments,
19 look forward to work with you, and will anxiously await the
20 partners that can be developed to help us to deliver the
21 message to the American public. Thank you so much for being
22 with us this morning.

23 DEPUTY UNDERSECRETARY KENNEDY: Thank you,
24 Shirley.

1 With that I'd like to turn it over to Dr. Lurie.

2 DR. LURIE: Good morning and thank you.

3 I'll be brief because I know many of you are very
4 eager to talk and we are eager to hear your comments and
5 what you have to say.

6 I join Dr. Kennedy and Ms. Watkins in welcoming
7 you all here today, and I also look forward to hearing your
8 reactions to the new dietary guidelines.

9 As Shirley said, HHS has a very long history of
10 collaboration with USDA on providing credible advice to
11 consumers about how good dietary habits can promote health,
12 and these guidelines are one of the many ways we
13 collaborate.

14 As Shirley also said, these guidelines serve as
15 the basis of nutrition policy for all HHS nutrition
16 education programs that focus on disease prevention and
17 health promotion.

18 In addition, they form the basis for many of the
19 objectives that address nutrition and overweight contained
20 in Healthy People 2010, which for those of you who are not
21 familiar with it, is the nation's blueprint for public
22 health objectives for the next decade.

23 Healthy People 2010 was launched in January. One
24 of the new innovations in Healthy People 2010 was that in

1 addition to the 467 objectives that are there, it contains
2 ten leading health indicators, and I'm really pleased to
3 tell you that two of those leading health indicators --
4 physical activity and weight -- are really central to where
5 we see health improvement opportunities for the nation. So
6 for that reason these guidelines take on even more
7 importance for us.

8 In addition, you'll be pleased to know that
9 physical activity and nutrition are two out of the four
10 items contained in the Surgeon General's prescription which
11 he hands out really everywhere he goes around the country.

12 So in sum, this is really a critical piece for us
13 in being able to move the nation forward from a point of
14 view of health and we really look forward to hearing what
15 you have to say today.

16 I'll be quiet now because most of you have much
17 more to say, and ask Dr. Kennedy to introduce the first
18 presenter.

19 DEPUTY UNDERSECRETARY KENNEDY: Thanks, Dr. Lurie.

20 Before I do that, housekeeping details. I've been
21 asked to remind people, as Shirley has already said, this
22 meeting is being recorded and the transcript will be
23 provided on the internet site shown in the agenda.

24 Each presenter has a maximum of three minutes to

1 testify. We have a system up front with lights. The light
2 turns from green to orange when you've used 2-1/2 minutes,
3 and then will turn red at the end of the third minute.
4 Presenters are requested to wrap up their presentation,
5 surprise, surprise, when the light turns red.

6 For those who are not in the audience when their
7 turn comes, their names will be called after we go through
8 the entire list of names.

9 At the start of the testimony we're asking each
10 presenter to first give their name, organizational
11 affiliation and source of funding.

12 With that I would like to begin with Mr. Richard
13 Hanneman.

14 MR. HANNEMAN: Good morning. I am Dick Hanneman.
15 I'm President of the Salt Institute. We represent salt
16 manufacturers and are funded by dues paid by our members.

17 It's a pleasure to be here and to share with you
18 our perspective. The Salt Institute has been involved in
19 the dietary guidelines each time they've come out. We have
20 supported all four previous dietary guidelines, calling for
21 moderation of salt intake. However, I'm here to tell you
22 we're very disappointed to have to opposed these dietary
23 recommendations being made by your committee.

24 I'd like to talk to you about the evidence and

1 suggest to you that the committee had a responsibility to
2 examine the evidence and did not do a good job in examining
3 that evidence. I think the games being played by the
4 evidence manipulation were detailed in the expose' in
5 Science Magazine a couple of years ago in the middle of this
6 process, and would commend that to you. It won an award
7 from the Science Writers Association a couple of weeks ago.

8 But I want to look in just the short time I have
9 at two points of science and attached to the written
10 statement I have is a table that will lead you through this.
11 I don't have time to talk about the disagreements that were
12 present at the NHLBI workshop on science and which hasn't
13 been published yet, but they are certainly reflected there.

14 But first let's look at the two studies that the
15 committed used. One was the Trials of Hypertension
16 Prevention Phase II. The other was a more recent study out
17 of Tulane by Hee, et al.

18 Designed as a two-by-two factorial study, the main
19 effects analysis for sodium in TOHPPS II revealed no
20 significant effects at the end of the three year study.
21 This is on the table.

22 The advisory committee ignored this negative
23 finding in both the main effects analysis and the by group
24 analysis. Even more devastating to proponents of salt

1 restriction, the TOHPPS II data shows that concurrent sodium
2 reduction obliterates the well-established blood pressure
3 lowering effects of weight reduction, and we agree that that
4 is the overriding goal. To have sodium reduction obliterate
5 the benefit of a salt restriction in terms of blood pressure
6 should have been reported and was not.

7 So the TOHPPS II data do not support the
8 recommended guideline.

9 The advisory committee also cited the study by Hee
10 et al published in December in JAMA as evidence that less
11 sodium dense diets reduce cardiovascular mortality
12 addressing the health outcomes aspect which has been a big
13 part of the science in the last five years.

14 But rather than support the advisory committee's
15 simplistic conclusion that less sodium is better, the data
16 tell a different story. The overweight individuals in that
17 study actually consumed less sodium. So on the face of it
18 it's hard to see how the increased mortality of the
19 overweight individuals could be attributed to sodium
20 intakes. There has to be some other factor.

21 The reported data were not adjusted for potassium,
22 magnesium, calcium or family income, all known confounders
23 for cardiovascular morbidity. I don't have their database,
24 but I have looked at the N-Hames (ph) three database using

1 the same design and the same adjustments, and that shows
2 that sodium intake varied two to two and a half fold from
3 the first to last quartile of efficiency.

4 DEPUTY UNDERSECRETARY KENNEDY: Can I ask you to
5 sum up, Mr. Hanneman.

6 MR. HANNEMAN: The data don't support the
7 guideline, and I'd like to encourage you to look at the Dash
8 guideline and adopt that, and that you shouldn't go beyond
9 the '95 guideline to insist on moderate sodium intake.

10 Thank you.

11 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

12 Our next presenter is Mr. Richard Keelor. Good
13 morning.

14 MR. KEELOR: Thank you, I'm Richard Keelor, the
15 President and CEO of the Sugar Association. In addition I
16 serve on the Board of Directors of the World Sugar Research
17 Organization headquartered in London. I represent the
18 country's sugar cane growers and refiners, the sugar beet
19 growers and processors that employ many thousands of
20 Americans throughout the United States and we are funded by
21 their membership dues.

22 The Association has actively monitored and
23 participated in the dietary guideline review process, and
24 unfortunately we must reluctantly conclude that the

1 committee's recommendation to change the current sugars
2 guideline from moderation to limitation reflects neither a
3 balanced representation of the current science on sugars,
4 nor meets the legal standard mandated by Public Law 101.

5 Moreover, the official hearing transcripts clearly
6 indicate the committee's own struggles to justify the lack
7 of substance of their own evidence to support the
8 recommendations for sugar.

9 All recent reviews of the scientific literature
10 conducted by carbohydrate experts, including the world
11 Health Organization report on carbohydrates and human
12 nutrition have once again exonerated sugars from having any
13 direct link to chronic disease including obesity. The
14 science regarding sugars in human health has also been
15 strengthened since the last guideline report five years ago.

16 If the committee continues to act in an arbitrary
17 and capricious manner, it will result in a serious economic
18 hardship on a large number of agricultural industries,
19 affiliated industries, and most specifically all of the
20 industries associated with growing, processing, and
21 marketing sugars and those foods and beverage relying upon
22 sugars as a critical food ingredient.

23 Not only do the committee's recommendation not
24 adhere to the mandate of Public Law 101, it also sets a bad

1 precedent for public policy and discredits the entire
2 dietary guideline process.

3 The preponderance of evidence standard is a well
4 known and well understood standard which under all
5 conditions requires the proponent of an action or a decision
6 to bear the burden of proof. The committee has fallen far
7 short of the statutory requirement. The committee proposal,
8 if finally adopted, would cause irreparable economic harm to
9 the sugar industry and its suppliers and customers.

10 I must respectfully assure the Secretaries that
11 our association and those it represents cannot stand by and
12 let this come to pass without a vigorous defense using all
13 available administrative remedies and if necessary
14 thereafter, judicial review.

15 We respectfully request retention of the current
16 sugar guidelines to choose diets moderate in sugars -- a
17 guideline which is a balanced representation of the state of
18 the science on sugars. To do less would be a clear
19 contravention of the spirit of the letter of both the
20 congressional and statutory mandates governing the
21 committee's responsibilities.

22 Thank you.

23 DEPUTY UNDERSECRETARY KENNEDY: Thank you, Mr.
24 Keelor.

1 Our next presenter is Mr. Robert Cohen.

2 MR. COHEN: Thank you. I'm Robert Cohen. I'm
3 with the Dairy Education Board.

4 We have a shoestring budget, and I pay for the
5 shoestrings.

6 I'd like to ask you, since this is the first time
7 I've ever been asked who funds me, who funds you, Dr.
8 Kennedy? Who funds you, Dr. Watkins and Lurie and Huberto
9 Garza who's listening on the telephone?

10 Dr. Kennedy, you said that this is an open and
11 transparent process. Americans know how transparent it is.

12 Ms. Lurie, you said there's a history of
13 collaboration. Dr. Watkins, you travel America speaking to
14 trade organizations. It's on the internet. Native
15 American, you go to South Dakota and North Dakota to Indian
16 Reservations and tell them how they need more milk and
17 cheese and you're going to give it to them.

18 This is a transparent process.

19 We know, Dr. Kennedy, that you're on the Board of
20 Directors of a research organization funded by Dannon
21 Yogurt. We know Huberto Garza, that you get \$500,000 a year
22 from USDA on a line item veto and Cornell University. You
23 work for the Dairy Council. And Joanna Dwyer who worked on
24 this food dietary guideline committee worked for the dairy

1 industry as did Rachel Johnson and Roland Weinster and
2 Richard Deckelbaum and it goes on and on, Scott Grundy. All
3 connections to the dairy industry. What's going on here?

4 The first part, I want to tell you that we're not
5 pleased about these conflicts of interest.

6 I sat with the Vice President of the United States
7 yesterday and with Senator Barbara Boxer, and we're all not
8 pleased about these conflicts of interest.

9 Can't you come up with a committee that doesn't
10 have these conflicts?

11 Milk. Eighty percent of milk protein is a
12 substance called casein, C-A-S-E-I-N. That's the glue they
13 use to hold together the wood in this podium. You eat
14 casein you produce histamines you make mucous. We've got
15 soaring rates of asthma and diabetes, breast cancer.

16 The New York Times last week had a full page
17 article in their science section that breast cancer rates in
18 women are soaring. Thousands of things cause breast cancer.
19 The key factor in its growth, the only hormone in nature
20 exactly alike between two species, IgF-1 human and cow, has
21 been identified as the key factor in breast cancer.

22 We've got our children in the schools. You talk
23 about cholesterol and animal fats. You know they're
24 dangerous. You take the combined intake of dietary

1 cholesterol from cheese, milk, butter, ice cream, for the
2 average American its equal to the same amount of cholesterol
3 contained in 53 slices of bacon. That's today's intake.
4 That's, 19,345 slices a year. By age 52 the same
5 cholesterol in a million slices of bacon.

6 You've got to examine, you've got a hearing, an
7 obesity hearing coming up in America and you've got to
8 examine the 29.2 ounces a day or 666 pounds per American of
9 milk and dairy products that we're eating and how intolerant
10 that is, especially to African Americans.

11 Robert Caid, University of Florida, attributed one
12 natural hormone in milcasomorphine (ph) as the reason for
13 attention deficit disorder and autism. One out of three
14 kids in our Washington schools are on ritalin.

15 Thank you, ladies and gentlemen.

16 DEPUTY UNDERSECRETARY KENNEDY: Thank you, Mr.
17 Cohen.

18 And the one question you directed to us, I will
19 answer. We are funded by the American taxpayer.

20 Thank you, Mr. Cohen.

21 Our next presenter is Dr. Neal Barnard.

22 DR. BARNARD: Good morning. I'm Neal Barnard,
23 President of the Physicians Committee for Responsible
24 Medicine. We are funded by our members as well as some

1 research grants from private non-profits, none of which are
2 industry related.

3 In my comments this morning I'd like to focus on
4 three quick points. First of all, we support the
5 committee's inclusion of soy beverages in the dairy group as
6 noted in the chart called What Counts As a Serving on page
7 17.

8 Many people may wish to choose a soy or other non-
9 dairy beverage, and there is no scientific reason to insist
10 on the inclusion of cow's milk in anyone's diet. Soy
11 beverages are similar to cow's milk in overall protein and
12 carbohydrate content, but are much lower in saturated fat
13 with only one gram rather than three grams of saturated fat
14 per cup.

15 Soy products are far lower in fat than cheddar
16 cheese which is one of the other suggested foods in the
17 dairy group, which has 14 grams of fat including nine grams
18 of saturated fat in the suggested 1-1/2 ounce serving.
19 Unlike non-fat milk, which derives fully 55 percent of its
20 calories from nothing but lactose sugar, soy milks are
21 lactose free. They're also free of animal proteins and
22 animal fats. So that's the first thing.

23 The second thing, we strongly recommend including
24 a clear statement that vegetarian diets are healthful

1 choices, as was done in the 1995 guidelines. We believe
2 that the committee might have omitted this text under the
3 mistaken notion that a vegetarian diet is a lifelong choice
4 of a circumscribed group of people defined by religion or
5 philosophy and that it wished not to credit their practices
6 with a mention in the guidelines. But the truth is that the
7 adoption of a vegetarian diet is one of the most common
8 nutritional choices made by healthy or symptomatic people.

9 As I described in a 1995 review in Preventive
10 Medicine, vegetarians have 40 percent less cancer risk, as
11 well as substantially lower risk of heart disease,
12 hypertension, diabetes, obesity, gallstones and other
13 conditions compared to omnivores.

14 Vegetarian and vegan diets are now offered to
15 heart patients as part of insurance reimbursable treatment
16 programs. As a result, a great many individuals or
17 practitioners may choose such diets, either for the short
18 term or the long term, and their use should be strongly
19 encouraged.

20 While low fat omnivorous diets, like a step two
21 diet, can cut LDL cholesterol about five to six percent, low
22 fat vegetarian diets are much more effective, typically
23 reducing LDL cholesterol on the order of about 20 percent.

24 Given that atherosclerosis is present and

1 progressing in most adult Americans right now and leading to
2 their primary cause of death, encouragement toward a
3 vegetarian diet is an important provision.

4 A section on vegetarian diets should note that the
5 only genuine nutritional issue that requires some planning
6 is Vitamin B-12 and convenient sources are everywhere from
7 fortified cereals and soy milks to any common multiple
8 vitamin, and there is really no call for exaggerated
9 cautions regarding calcium or iron or zinc, all of which are
10 easily maintained.

11 Our final recommendation is that the discussion of
12 calcium must focus not on intake but on balance. While the
13 committee mentioned the calcium depleting effect of sodium,
14 it inexplicably omitted the well-established ability of
15 animal proteins to increase urinary calcium losses,
16 apparently due to the effect of sulfate released from their
17 amino acid load. Every calcium researcher is aware of it.
18 For some reason it's been completely left out of the
19 guidelines.

20 Thank you very much for the opportunity to provide
21 these comments. I wish you good luck in your deliberations.

22 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

23 Our next presenter is Regina Hildwine.

24 MS. HILDWINE: Good morning. I'm Regina Hildwine,

1 Senior Director of Food Labeling and Standards for the
2 National Food Processors Association, NFPA. We represent
3 the food processing industry and are funded by the dues of
4 our members.

5 We appreciate this opportunity to comment on the
6 report of the Dietary Guidelines Advisory Committee.

7 NFPA commends the Dietary Guidelines Advisory
8 Committee for its review. The committee has recommended
9 many changes to this addition of the dietary guidelines for
10 Americans, and NFPA believes that some of these recommended
11 changes are appropriate and others need attention. My
12 remarks this morning will note these items, and NFPA is also
13 filing written comments.

14 NFPA supports the proposed changes that would
15 present the dietary guidelines in a prioritized grouping.
16 We believe the three tiers of guidelines have appropriate
17 emphasis and priority. We also commend the committee for
18 making the guidelines more actionable. These are
19 modifications that NFPA had recommended in our comments.

20 NFPA also supports the new guideline focused on
21 food safety principles which we had advocated. This
22 guideline is essential to advancing the continued good
23 health and quality of life of Americans.

24 Finally, NFPA supports the refocus of emphasis on

1 the fact guideline. The modification of the main message
2 recommending a diet low in saturated fat and cholesterol and
3 moderate in total fat is well supported by recent scientific
4 evidence. NFPA believes, however, from a review of the
5 committee's report that there is not comparable scientific
6 support or documentation for the modifications recommended
7 for the sugar and sodium guidelines.

8 With respect to the sodium guideline, NFPA fails
9 to see how consumers would be confused by a moderate message
10 for intake and not confused by a moderate message regarding
11 total fat or alcohol consumption. Furthermore, we do not
12 believe that the proposed modification to emphasize foods,
13 rather than the total diet, has any supportable basis.

14 With respect to the sugar guideline, there is
15 scant scientific justification for the proposed changes.
16 Keeping in mind that reports prepared by staff for U.S.
17 government publications do not carry the same weight as
18 studies published in peer review journals.

19 It is clear from the dietary guidelines report
20 including recommendations for future work that the committee
21 would like to see scientific studies undertaken in the next
22 few years to justify the changes it recommends for the 2000
23 edition. This is not how the dietary guidelines process
24 should work.

1 We do not believe for the sugar and sodium
2 guidelines that the committee has met its statutory mandate
3 to justify changes by scientific evidence and we therefore
4 urge the agencies to revert to the consumer text of the 1995
5 edition.

6 Despite the organization into tiers, there are
7 still too many dietary guidelines. We believe the number
8 requires continued examination.

9 Finally, NFPA believes that the agencies must
10 improve the review process to impose certain disciplines of
11 time on the committee's forward progress, especially in
12 public meetings. We also believe that the agencies should
13 increase transparency of the process and allowing ample time
14 for public participation. We would consider ample time to
15 mean not less than a 60 day comment period from the date any
16 notice is published in the Federal Register.

17 The dietary guidelines after all, form the
18 foundation for the nation's official nutrition policy and
19 they need to follow commensurate procedures.

20 Thank you very much.

21 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

22 Let me just make one comment which is in addition
23 to the Dietary Guidelines Advisory Committee report,
24 Undersecretary Watkins has already mentioned the issue of a

1 report on focus group work. While this isn't reflected in
2 the technical report from the committee, there was an issue
3 that was very clear from the various consumer groups we
4 dealt with which is the word "diet" in fact for a lot of
5 consumes was very misleading, so I think that's one of the
6 issues we are taking under advisement.

7 Thank you.

8 Our next speaker is Larry Graham.

9 MR. GRAHAM: Thank you. My name is Larry Graham.
10 I'm the President of the National Confectioners Association
11 and the Chocolate Manufacturers Association.

12 First of all, we applaud you for having this open,
13 public hearing and giving us the opportunity to comment.

14 We represent about 320 candy companies and we're
15 of course supported by those companies.

16 I just have a few points to make today on the
17 proposed guidelines. Many of my points address the "choose
18 beverage and foods that limit your intake of sugars"
19 guideline. This is a change from the current sugars
20 guideline which states, "choose a diet moderate in sugars."

21 As you know, the preponderance of scientific and
22 medical knowledge available today does not support the
23 proposed change in the sugars intake recommendation. Public
24 Law 101 which mandates the guidelines clearly states that

1 the information in guidelines contained shall be based on
2 the preponderance of scientific evidence. This
3 preponderance of evidence to change the sugars guideline
4 simply does not exist. In fact, the discussion of proposed
5 changes states, "There was no consistent associations
6 between intake of total sugars and nutrient adequacy," and
7 "There is little evidence that diets high in total sugars
8 are associated with obesity."

9 Further, the report notes that "It is difficult to
10 draw conclusions about associations between sugar intake and
11 body mass index."

12 The primary evidence for limiting the role of
13 sugars in the diet seems to be the prevention of dental
14 caries. There is no scientific evidence that dental caries
15 is increasing in the United States.

16 My second point, the guidelines for intake of
17 sugars, fat, and alcoholic beverages should reflect in a
18 relative way the established health consequences of
19 excessive consumption based on the available scientific and
20 medical evidence for each.

21 The dietary guidelines committee has examined the
22 scientific and medical evidence with regard to fats and
23 alcohol and determined that the evidence suggests consumers
24 should simply moderate their intake of both. Meanwhile

1 there is little evidence to suggest any particular health
2 consequence of consuming sugars, yet the committee
3 recommends that sugar intake be limited.

4 Third point. The concept of balancing calorie
5 intake and calorie expenditure to prevent weight gain is
6 critical and should be clearly, emphatically, and repeatedly
7 stated.

8 Under the sugars guideline the report clearly
9 states that, "When you take in extra calories and don't
10 offset them by increasing your physical activity, you will
11 gain weight." The statement is true and should be removed
12 from the sugars section and placed in the Aim For Fitness
13 section which lacks a statement of the direct relationship
14 between total calorie intake and calorie expenditure.

15 My fourth point, my last point, my most important
16 point, "candy consumed in moderation can be part of an
17 active and healthy lifestyle."

18 I cannot emphasize this point enough. Candy adds
19 to the pleasure of life. It contributes only about five
20 percent of added sugar in the diets of Americans, and less
21 than two percent of the fat and calories. The dietary
22 guidelines misrepresents candy's contribution to the added
23 sugars consumed by Americans in listing candy as second in
24 the list of products containing added sugar.

1 USDA includes several products including jelly,
2 jam, gelatin and candy in the sugar and sweets category. To
3 lump all of those products together is arbitrary and
4 meaningless, and to use candy to represent numerous products
5 is unfair and inadequate.

6 As I said, candy adds pleasure to life.
7 Furthermore, chocolate is a plant food. It's been found to
8 contain high levels of antioxidants. It also contains
9 calcium, magnesium and copper as well as natural fat which
10 does not increase blood cholesterol.

11 There was nothing five years ago to suggest that
12 sugars be limited in the diet, and there is no new evidence
13 to suggest otherwise today.

14 Thank you for letting me speak this morning. I
15 appreciate it.

16 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

17 Our next presenter is Ms. Elizabeth Pivonka.

18 MS. PIVONKA: Good morning. I'm Elizabeth
19 Pivonka, President of the Produce for Better Health
20 Foundation. About 60 percent of our funding comes from
21 fruit and vegetable growers. The remaining 40 percent comes
22 from health professionals, consumers and corporations who
23 are interested in decreasing their healthcare costs.

24 The Foundation congratulates the Dietary

1 Guidelines Advisory Committee on the successful completion
2 of its recommendations to revise these guidelines. We are
3 extremely pleased that fruits and vegetables now have their
4 own guideline.

5 The Foundation asks that the Secretaries of USDA
6 and HHS consider the following three recommendations to
7 refine and strengthen the guidelines.

8 Number one, we are concerned that the guideline as
9 a whole, the fruit and vegetable guideline as a whole does
10 not give the public the specific measurable fruit and
11 vegetable consumption goal of five to nine daily servings,
12 and the action verb "choose", in choose a variety of fruits
13 and vegetables every day is not motivational enough.

14 We conducted nationally representative mall
15 intercept interviews to gain Americans' feedback on the
16 guidelines. A total of 1,002 interviews were conducted. As
17 far as we know, this was the only survey regarding the
18 guidelines that was quantitative, not qualitative, and
19 therefore truly representative of the U.S. public.

20 We know from the research that Americans respond
21 very positively to being given the specific recommendation
22 of the number of fruits and vegetables that they should eat,
23 and we all want the public to eat more than the minimum
24 amount. Fruits and vegetables are the rare exception to the

1 less is more rule. In the case of fruits and vegetables,
2 the more the better.

3 In addition, when asked about five variations of a
4 new guideline written to encourage people to eat more fruits
5 and vegetables, the most frequently chosen guideline was
6 "enjoy meals and snacks with plenty of vegetables and
7 fruits".

8 Respondents indicated that they particularly liked
9 the word "enjoy".

10 We therefore recommend the following change to the
11 fruit and vegetable guideline, "enjoy a variety of five to
12 nine servings of fruits and vegetables every day".

13 We also recommend adding the five to nine range
14 along with the specifics of two to four fruit servings and
15 three to five vegetable servings throughout the body of the
16 text of the guideline.

17 The second point, given the key role that fruits
18 and vegetables play in both the prevention of disease and
19 assisting with weight control, unlike any other food group
20 they should be articulated in the text not simply as a key
21 part of your daily diet, but as the foundation of your daily
22 diet.

23 Our suggested text change in the first sentence of
24 the fruit and vegetable guideline, the support materials,

1 reads, "Fruits and vegetables, along with grains, especially
2 whole grains, are the foundation of your daily diet."

3 Similarly, to be consistent, our suggested text
4 change in the first sentence of the grain guideline, this is
5 the supporting information following the guideline read,
6 "Foods made from grains like wheat, rice and oats, along
7 with fruits and vegetables are the foundation of a
8 nutritious diet."

9 Number three. We would like to see the sugar
10 guideline distinguish naturally occurring sugars found
11 particularly in nutrient rich foods like fruits, vegetables
12 and skim milk, from added sugars. We do not want Americans
13 to forego nutrient rich food choices that contain naturally
14 occurring sugars in an effort to moderate the sugar intake.

15 We are therefore recommending that the sugar
16 guideline be changed to, "Choose beverages and foods that
17 limit your intake of added sugars."

18 That concludes my comments, and I wish you luck in
19 your deliberations.

20 Thank you.

21 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

22 I was reminded after your comments, I was recently
23 in Europe in a reception with some French colleagues that
24 commented how Americans are very concerned about the safety

1 of the food supply. That's clearly a positive. But from
2 the French point of view, more concerned about the enjoyment
3 of the food supply.

4 Thank you.

5 Dr. Suzanne Harris.

6 DR. HARRIS: Good morning. I'm Suzie Harris. I'm
7 Executive Director of the ILSI Human Nutrition Institute,
8 and I wish to offer the following personal comments on the
9 committee's report.

10 I also wish to express my appreciation to the
11 Departments of Agriculture and Health and Human Services for
12 the opportunity to address you this morning.

13 Sound science underpins the vast majority of the
14 advisory committee's report, however it is not true for the
15 recommended guideline on sugars. For sugars, the only
16 concrete negative health effect offered is increase risk of
17 dental caries. For fat, sodium and alcohol, a large body of
18 evidence is offered for causal link between the food
19 component in question and a more serious negative health
20 outcome such as cardiovascular disease, hypertension and
21 stroke.

22 The initial paragraph in the sugar guideline which
23 is also in the '95 guideline, says, "Foods containing sugars
24 and starches can promote truth decay." A true statement.

1 One that applies to all sugars and starches.

2 Given that dental caries in the United States is
3 declining, one cannot conclude a more restrictive sugar
4 message is warranted.

5 The committee raises concern that sugars intake is
6 increasing in the U.S. Based on food supply data and food
7 consumption data. However, the recommendations offered by
8 the committee cite the intake data for sugars as being
9 "troublesome and deficient".

10 ILSI's earlier testimony to the advisory committee
11 points to the expansion of the definition of the term added
12 sugars as a major contributor to the apparent increase in
13 consumption. Temporal associations between increasing
14 obesity and apparent increased sugars intake offered by the
15 committee is not sufficient to demonstrate causality. In
16 fact the committee states, "There is little evidence that
17 diets high in total sugars are associated with obesity."

18 A third argument for additional restrictions on
19 sugars intake is that sweetened beverages are being consumed
20 rather than milk, thus adding to the calcium deficit. If
21 calcium intake is a problem, then guidance to the consumer
22 and policymakers that directly addresses this problem would
23 be more effective.

24 There is no evidence that restricting sweetened

1 beverages will increase consumption of calcium rich
2 beverages among children or other at risk populations. In
3 fact this guideline may lead to the unintended consequence
4 of lower calcium consumption.

5 The text uses the term added sugars, but fails to
6 support with scientific evidence the need for such
7 terminology.

8 The committee cites the report of the FAO-WHO
9 expert consultation on carbohydrates in human nutrition as
10 the source of the inference for distinguishing added from
11 naturally occurring sugars as being appropriate.

12 While it is true that such terminology has been in
13 use in the United Kingdom, the FAO-WHO reference cited
14 recommends "against the use of the terms extrinsic and
15 intrinsic sugar" which means respectively added and
16 naturally occurring sugars.

17 If the preponderance of current scientific and
18 medical knowledge is the standard on which the dietary
19 guidelines are based as required by the 1990 National
20 Nutrition Monitoring and Related Research Act, then the
21 sugars guideline cannot be revised as recommended by the
22 Dietary Guidelines Advisory Committee.

23 Thank you.

24 DEPUTY UNDERSECRETARY KENNEDY: Could I ask for

1 one point of clarification? Your comment that decreasing or
2 following this guideline might in fact lead to a decrease in
3 milk consumption. Is that because you think the consumer
4 will think limiting sugar intake applies to the naturally
5 occurring sugar in milk?

6 DR. HARRIS: No. I was speaking more not directly
7 to milk. I said calcium intake might be declined. If, for
8 example, this particular guideline was taken and put into
9 the school lunch program, one of the outcomes could be to
10 remove flavored milks, flavored yogurts from the school
11 lunch program because they have a higher concentration of
12 sugars in them than the unflavored versions.

13 My own personal opinion is that children like to
14 drink flavored milks and eat flavored yogurts, and they
15 would be less likely to eat unflavored forms of those.

16 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

17 Our next presenter is Ms. Kathy Means.

18 MS. MEANS: Good morning. I'm Kathy Means, Vice
19 President of the Produce Marketing Association. PMA
20 represents companies that market fresh fruits and
21 vegetables. Within the United States PMA's members handle
22 more than 90 percent of the fresh produce sold at the
23 consumer level, and we're funded primarily by members' dues,
24 revenues from exhibits, product sales, and convention and

1 conference registrations.

2 We congratulate the committee on its excellent
3 work on the guidelines and I would like to also say that we
4 concur with Dr. Pivonka's comments made earlier.

5 Your advice to make fruits, vegetables and grains
6 the foundation for healthy living bears repeating, because
7 Americans are not eating enough fresh fruits and vegetables.

8 Wherever the advice to eat plenty of grain
9 products, fruits and vegetables daily appears in the
10 guidelines, we believe the committee has an opportunity to
11 reinforce the quantifiable goals enumerated within the
12 guidelines. That is eat five to nine servings of fruits and
13 vegetables daily.

14 Where the minimum of five servings a day is
15 mentioned, simply change the advice from five a day to five
16 to nine a day.

17 Within the fruits and vegetables guideline, the
18 committee wisely advises consumers to wash fresh fruits and
19 vegetables thoroughly before using. We concur completely,
20 and appreciate the assistance in getting this word out.
21 However, we know that consumers can be confused about how to
22 wash fruits and vegetables. It is the abrasive action of
23 running water that washes fruits and vegetables.

24 Simply insert the phrase "under running water"

1 after the word thoroughly.

2 We do take exception to the advice that appears in
3 the food safety guideline on washing fresh produce. The
4 advice to wash raw fruits and vegetables with warm water
5 before eating is not correct. The temperature of the water
6 is irrelevant. Consumers need only wash raw fruits and
7 vegetables in running water. Again, it's the abrasive
8 action of the running water, not the temperature of the
9 water, that cleans the produce. Warm water is not hot
10 enough to act as a kill step.

11 In addition, the running water advice is needed
12 because consumers risk cross-contamination of they wash
13 produce by dunking more than one item in a sink full of
14 water.

15 We recommend eliminating the word "warm" from this
16 advice, and inserting the word "running" in its place.

17 We understand that recent outbreaks of foodborne
18 illness associated with fresh squeezed juices have raised
19 concerns. However, the food safety guideline advising all
20 consumers to choose pasteurized juices is too broad. All
21 fresh juices do not carry the same risks of foodborne
22 illness.

23 We recommend eliminating the advice to choose
24 pasteurized juices. If that's not plausible, then change it

1 to "at risk groups should choose pasteurized juices".

2 We also ask that you strengthen the advice about
3 using the pyramid when choosing foods with language along
4 the lines of "Because whole foods contain many substances
5 that promote health, choose foods rather than supplements to
6 get your nutrition. Using the food guide pyramid to choose
7 foods will help you get the variety of foods that meet your
8 body's broad nutrition needs. Don't depend on supplements
9 to meet your usual nutrient needs."

10 Thank you for this opportunity to comment on the
11 final report.

12 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

13 I'd like to say goodbye to Undersecretary Watkins,
14 Dr. Lurie, thank you for joining us. You will get a blow-
15 by-blow on what has happened here.

16 DR. LURIE: I'm sure we will, and my colleague,
17 Dr. Meyers, will sit and listen for me.

18 DEPUTY UNDERSECRETARY KENNEDY: Thank you. Bye
19 bye.

20 I should mention, now that Dr. Meyers has joined
21 us up here, she probably more so than almost anyone I can
22 think about has had intimate experience with the process of
23 dietary guidelines. Was the first one 1985, Linda?

24 DR. MEYERS: I listened in the audience in 1985.

1 DEPUTY UNDERSECRETARY KENNEDY: A lot of
2 institutional memory here.

3 Our next presenter is Mr. Richard Adamson.

4 MR. ADAMSON: Good morning. Thank you for the
5 opportunity to participate in this meeting.

6 I'm Richard Adamson, I'm the Vice President for
7 Scientific and Technical Affairs at the National Soft Drink
8 Association. We are funded primarily by our members.

9 NSTA is the national trade organization of the
10 United States soft drink industry. Our members manufacture,
11 bottle and distribute approximately 95 percent of all soft
12 drinks consumed annually in the United States as well as
13 teas, juices, juice drinks and bottled water.

14 As Dr. Kennedy stated at the opening of this
15 meeting, changes made to the guidelines must be based on the
16 preponderance of scientific evidence.

17 We commend the Dietary Guidelines Advisory
18 Committee for adding the fitness and physical part to the
19 guidelines. The preponderance of reports and scientific
20 studies have demonstrated a decrease in physical activity in
21 the United States since the last dietary guidelines,
22 especially in children and teenagers. No doubt this
23 decrease in physical activity is a major determinant of the
24 prevalence of overweight and obesity in the American

1 society.

2 Numerous scientific organizations, groups and
3 associations including ours have advocated an increase in
4 physical activity for Americans. However, the National Soft
5 Drink Association strongly disagrees with the advisory
6 committee decision to change the 1995 guideline of "choose a
7 diet moderate in sugars" to "choose beverages and foods that
8 limit your intake of sugars". This change tells Americans
9 that new science exists to show adverse effects of sugar
10 consumptions, but it doesn't.

11 Even the consumption data themselves can be
12 faulted.

13 First, the consumption data now includes
14 carbohydrates previously excluded from the definition of
15 sugar, calling into question whether the reported increase
16 in sugar consumption is real or an artifact of the data.

17 Second, the widely publicized comparison of soft
18 drink increases and milk decreases can never be shown as
19 cause and effect, as fruit drink consumption increased
20 orders of magnitude more than soft drinks.

21 In addition, data collected by the private Anapol-
22 Sip (ph) research company on total beverage consumption
23 using diary data for a total 14 day period showed no such
24 decline in milk consumption among children during the 10

1 year period 1988 to 1998.

2 Third, why is there a discussion of so-called
3 added sugars? Not only chemically and physiologically are
4 they the same, but data recently presented at the NASO
5 meeting showed no practical effect of so-called added sugars
6 on dietary quality including calcium intake among children,
7 adolescents and the general population.

8 Fourth, at four calories per gram, the same
9 caloric density as protein and other carbohydrates, why
10 would sugars be lampooned for their contribution to obesity
11 as if there were some unique property to sugars not shared
12 by other macronutrients?

13 Finally, we would question a moderate alcohol
14 statement following a "choose beverage and foods that limit
15 your intake of sugars guideline". The guideline message to
16 young people and other consumers effectively becomes
17 alcoholic beverages are preferable to soft drinks. Is this
18 the message we should be communicating?

19 Thank you.

20 DEPUTY UNDERSECRETARY KENNEDY: One point of
21 clarification, Mr. Adamson, before you step away.

22 The data to which you refer, are they available in
23 peer-reviewed literature?

24 MR. ADAMSON: Yes, I believe they are, and they

1 also were submitted by several people to the dietary
2 guidelines committee. The use of oligosaccharides that
3 previously weren't; the use of, in added sugars, so-called
4 added sugars, the use of lactose which was previously
5 omitted from added sugars; the fact that now with regards to
6 sugar and yeast which is consumed 75 percent by the reaction
7 in bread is now totally, despite the fact, is totally
8 counted despite the fact that it's consumed 75 percent by
9 the reaction. Although it's a small amount per each
10 individual loaf of bread, overall it certainly is a large
11 amount, and that certainly adds to the so-called sugar data
12 which is not correct.

13 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

14 Our next presenter is Dr. Michael Jacobson.

15 DR. JACOBSON: Good morning, and thank you very
16 much for the opportunity to provide our comments.

17 Overall the Center for Science in the Public
18 Interest believes that the advisory committee did an
19 excellent job.

20 We're especially pleased to see greater emphasis
21 on the importance of eating a plant-based diet scattered
22 throughout the guidelines. The discussion of alcohol is
23 greatly improved, especially with the omission of puffery
24 about the pleasures of drinking.

1 The new guideline on food safety, while we
2 question its appropriateness in a nutrition pamphlet,
3 provides valuable information. And there is useful
4 information about foods that are major contributors of
5 problem nutrients like saturated fat, sodium, cholesterol,
6 and added sugars.

7 Still we have several concerns about the draft,
8 and I'd like to focus this morning on our concerns about the
9 sugar guidelines.

10 Existing evidence warrants stronger and clearer
11 advice to reduce consumption of foods high in added sugars.

12 First, the one-sentence guideline itself, which is
13 all many people will see, should state explicitly that the
14 goal is to limit intake of added sugars which provide
15 calories without adding nutrients, not naturally occurring
16 sugars.

17 While the text focuses on added sugars, the
18 guideline itself does not. The guideline should be changed
19 to "choose beverages and foods that limit your intake of
20 added sugars". That change is essential to prevent anyone
21 from thinking that they should consume less fruit and dairy
22 products which contain significant amounts of naturally
23 occurring sugars, but also are important sources of
24 vitamins, minerals, fiber, and other beneficial substances.

1 Second, the guideline fails to indicate just how
2 much added sugars can fit into a healthful diet. Without
3 that quantitative advice, it will be hard for health
4 professionals and consumers to put this guideline into
5 practice. That omission is surprising, given that for
6 almost a decade USDA has provided quantitative advice about
7 added sugars intake in its pamphlet "The Food Guide
8 Pyramid". While some have questioned how that advice was
9 developed, the basic premise and rationale are strong.

10 USDA's recommendations are based on the amount of
11 added sugars that can fit into a healthy diet if a person
12 eats a moderate amount of fat and recommended quantities of
13 fruits, vegetables and other foods.

14 While clinical data are one basis for determining
15 recommended nutrient intakes nutritional adequacy is a key
16 concern with added sugars and is an appropriate basis for
17 determining recommended levels of intake.

18 Yes, drink your soda pop, eat your candy as your
19 previous speakers have emphasized, but limit yourself. And
20 USDA's guidelines are quite appropriate.

21 Thanks for this opportunity. We'll provide
22 additional details in our written comments including
23 critiques of the information that's been referred to by
24 previous speakers on sugars such as that sponsored by ILSI,

1 the Sugar Association, Georgetown University Center on
2 Nutrition, and so on.

3 Thank you.

4 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

5 Our next presenter is Ms. Suzanne Craig.

6 MS. CRAIG: Good morning. I'm Suzanne Craig, a
7 registered dietician with the National Dairy Council. We're
8 supported by a checkoff program from the nation's dairy
9 farmers.

10 I think most of you know the National Dairy
11 Council has had a stellar reputation in nutrition research
12 and education since 1915, and all of our nutrition
13 information, whether for health professionals or consumers,
14 is based on sound science.

15 Some of the recommendations in the report of the
16 U.S. Dietary Guidelines Advisory Committee are in contrast
17 to sound science, and our written comments will give
18 scientific references for my comments today.

19 In the section "Let the pyramid guide your food
20 choices." Calcium fortified foods from other food groups
21 should not be included in the milk, yogurt, and cheese
22 group.

23 The pyramid itself does not include calcium
24 fortified beverages or foods as part of the milk group.

1 There are strict government standards of identity for milk
2 and thus there are nutritional guarantees. There are no
3 standards of identity for soy-based and other calcium
4 fortified beverages, so the nutrient content varies from
5 manufacturer to manufacturer.

6 Milk group foods are more than calcium, but if
7 calcium is the only criteria for a food to go into the milk
8 group then we have to consider all calcium fortified foods
9 as part of the milk group. I think that would be confusing
10 for consumers.

11 Secondly, the transition period for children to
12 get to a 30 percent of calories from fat diet should not be
13 removed. There is no evidence that children as children or
14 children as adults will benefit from the recommendation that
15 30 percent of calories should begin at age two, rather than
16 with a gradual transition from age five.

17 We know there are documented cases of failure to
18 thrive because of overzealous parents trying to implement a
19 low fat diet with their children. The American Academy of
20 Pediatrics and the American Heart Association recognize that
21 early childhood should be a time of transition to a diet
22 containing 30 percent of calories from fat, and the Canadian
23 government goes even further. They extend the transition
24 period to the end of linear growth, or until 17 or 18 years

1 of age.

2 We would like to see the inclusion in the
3 lifestyle recommendation to maintain normal blood pressure,
4 this statement. "Eat dairy foods. They are rich in
5 calcium, potassium and magnesium which may help decrease
6 blood pressure."

7 The results of the dietary approaches to stop
8 hypertension, the Dash Trial, were excluded. The trial
9 demonstrated that a combination diet low in fat and rich in
10 fruits, vegetables and low fat dairy products, and moderate
11 in sodium significantly reduced blood pressure. The Dash
12 Diet is widely recommended for both the prevention and
13 treatment of high blood pressure.

14 We would like to see you correct the
15 misinformation about lactose intolerance, and we support the
16 Medical Advisory Board comments that you will hear.

17 Please keep guidelines as guidelines, not
18 prescriptions, and base the guidelines on sound science, not
19 political agendas.

20 Thank you.

21 DEPUTY UNDERSECRETARY KENNEDY: Point of
22 clarification Ms. Craig, before you leave.

23 Your reference to the Dash Diet. That was in fact
24 low fat dairy products that were included in that study?

1 MS. CRAIG: Yes.

2 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

3 Our next presenter is Ms. Donna Dennison.

4 MS. DENNISON: Good morning. My name is Donna
5 Dennis, Director of Legislative Affairs for the United Fresh
6 Fruit and Vegetable Association.

7 As the produce industry's oldest national trade
8 association, and public policy advocate for producers,
9 wholesalers, distributors, brokers and processors of fresh
10 fruits and vegetables, we have long supported scientific
11 evidence endorsing the health benefits associated with a
12 varied diet based on fruit and vegetable consumption.

13 We commend the Dietary Guidelines Advisory
14 Committee for their important work on the laborious task of
15 updating and revising one of our nation's most important
16 educational tools, especially in light of the urgent need to
17 better educate Americans about the most recent scientific
18 findings confirming the beneficial health aspects of a
19 healthy diet in the prevention and amelioration of illness
20 and disease.

21 We strongly support the most important actions
22 taken in the proposed guidelines to update Americans on how
23 we as a society can better achieve optimal health through a
24 healthy diet and regular physical activity.

1 Given the unfortunate statistics related to fruit
2 and vegetable consumption which still remain below the
3 recommended levels included in the last issuance of the
4 federal dietary guidelines, United strongly supports final
5 guidelines that clearly put forth new, enhanced
6 recommendations in this area.

7 We firmly believe that such guidelines should
8 promote much needed behavior change based on the clear,
9 scientifically based health benefits of a diet rich in
10 produce.

11 Many of the important changes to the proposed
12 guidelines crucial to ensuring that the American public can
13 understand the health benefits of increased fruit and
14 vegetable consumption were earlier raised today by my
15 colleague, Elizabeth Pivonka with the Produce for Better
16 Health Association.

17 United has worked very closely with PBH and the
18 produce industry to ensure that the final guidelines
19 developed reflect sound science and the most recent
20 scientific data relating to the need to increase produce
21 consumption.

22 I would like to briefly comment on three important
23 issues United believes should be strongly considered as a
24 part of the final guidelines. We believe that the

1 incorporation of these suggestions will help the American
2 consumer clarify the important benefits of consuming five to
3 nine servings of produce per day as recommended in the
4 proposed guidelines.

5 First we believe that improvements can be made to
6 more clearly acknowledge scientific findings that support
7 fruits and vegetables as the vital foundation for optimal
8 health. Within this segment of the recommendations the
9 attributes of fresh fruits and vegetables should be
10 highlighted. For example, we know that fruits and
11 vegetables are naturally low in fat and calories and provide
12 essential vitamins and minerals, fiber and other substances
13 important for good health. This type of plain English is
14 needed to ensure all Americans can relate to the important
15 health benefits of a diet rich in produce.

16 Second, we believe that the final guidelines must
17 include a measurable range of five to nine servings of
18 fruits and vegetables per day. This is consistent with the
19 food guide pyramid and provides consumers with general
20 guidelines they can relate to.

21 We also believe that clear information should be
22 provided relating to the minimum number of servings of
23 fruits and vegetables that should be consumed daily.
24 Through promotion of the food guide pyramid and the National

1 Cancer Institute's five a day for better health program, the
2 public health community has made significant progress in a
3 short period of time to understand the message of eating
4 five or more fruits or vegetables a day. The final
5 recommendation --

6 DEPUTY UNDERSECRETARY KENNEDY: We need to ask you
7 summarize, please.

8 MS. DENNISON: Sure.

9 Support the final achievements already
10 accomplished.

11 Finally, we believe that the overall guidelines
12 should promote behavior change and optimal health.

13 United believes that these suggestions will
14 certainly clarify the final guidelines and we will further
15 clarify these issues in our written comments to you later.

16 Thank you.

17 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

18 Our next presenter is Ms. Barbara Levine.

19 DR. LEVINE: Hello, and thank you for the
20 opportunity to address this distinguished panel. I'm Dr.
21 Barbara Levine, Director of the Nutrition Information Center
22 at the New York Hospital, Memorial Sloane Kettering Cancer
23 Center, as well the Rockefeller University. We're NIH
24 funded. We're a clinical nutrition research unit.

1 As a registered dietician, I'm delighted to have
2 this opportunity to share information about the importance
3 of water consumption and proper hydration.

4 As all you know there are many reasons why water
5 is so important in health, and the issues about hydration
6 are so important, but Americans are not drinking enough
7 water. Data show that while people are becoming more aware
8 of the fact that water is an important part of their daily
9 diet, they need more information about just how much water
10 they should be drinking, specifically quantitatively, and
11 the role of proper hydration in health, wellness and
12 longevity.

13 In a recent research survey that we did of over
14 3,000 Americans, two-thirds of those who were surveyed
15 believe a person should drink eight eight-ounce glasses of
16 water per day, yet on average each person drinks only 4.6
17 eight-ounce servings. This is why I think that more formal
18 inclusion of water intake is so very important for the 2000
19 dietary guidelines.

20 After review of the final report of the 2000
21 dietary guidelines, I have seen that while the report
22 includes a small number of references to the importance of
23 drinking water, and I applaud you for that, there are no
24 specific daily intake recommendations.

1 It is our view in the professional healthcare,
2 nutrition and fitness community, that proper hydration is
3 absolutely crucial for human fitness, health and well being.

4 I think every effort should be made to provide
5 specific and clear guidance with regard to just how much
6 water they should be drinking on a daily basis. In fact
7 this very issue and need was addressed for our nation's
8 growing population of older Americans. The modified food
9 pyramid for 70 year plus adults, researched and developed by
10 the USDA Human Nutrition Research Center on Aging at Tufts,
11 has made the recommended eight daily servings of water the
12 foundation of the pyramid for senior adults. And that's at
13 the bottom of the pyramid.

14 The same holds true, though, for all Americans.
15 By all accounts recommended water intake is most appropriate
16 for inclusion in the 200 dietary guidelines an resultant
17 general food pyramid for all age groups.

18 As we have seen in the healthcare community, and
19 many of us have discussed this so far today, obesity is an
20 American epidemic. Fifty-five percent of us are overweight,
21 and certainly our children are getting more obese as we
22 speak.

23 As people consume more and more sugared beverages,
24 they're adding pounds that detract from a healthy quality of

1 life. Drinks with caffeine or alcohol have the potential --
2 the potential -- to cause dehydration.

3 What's important here is that people understand
4 that water, just simply water, is the best choice for proper
5 hydration. This concern underscores the importance of the
6 2000 dietary guidelines and the general food pyramid as a
7 tool to show in simple terms that water is the best choice
8 for hydration. It's not just drinking fluids that's
9 important, it is the specific recommendation that water
10 consumption needs to be communicated and understood by our
11 nation.

12 DEPUTY UNDERSECRETARY KENNEDY: We need to ask you
13 to summarize, please.

14 DR. LEVINE: I want to especially thank you for
15 the opportunity to talk, and also to remember that while you
16 talk about the importance of daily exercise, we need to talk
17 about hydration in people who are exercising and I will
18 submit specific examples of water consumption related
19 research and published findings as part of the written
20 report.

21 Thank you.

22 DEPUTY UNDERSECRETARY KENNEDY: Dr. Levine did
23 mention the Tufts University food guide pyramid. I should
24 note that that is not a formal USDA food guide pyramid. It

1 came out of the Tufts University Group.

2 Thank you.

3 Next we have Dr. David Schmidt.

4 MR. SCHMIDT: Good morning. I'm not a doctor, but
5 the IFIC staff will be happy that you recognized me as such.

6 DEPUTY UNDERSECRETARY KENNEDY: Oh, you deserve to
7 be one. (Laughter)

8 MR. SCHMIDT: I am Dave Schmidt with the
9 International Food Information Council, a non-profit
10 organization whose mission is to communicate science-based
11 information on food safety and nutrition, and I am here this
12 morning on behalf of my colleague Sue Bora, who does regret
13 not being able to be with you this morning.

14 IFIC is supported primarily by the broad-based
15 food, beverage and agricultural industries.

16 IFIC supports the concept of the Dietary
17 Guidelines for Americans. As a communications organization
18 we rely on the guidelines to serve as a basis for developing
19 consumer information on nutrition, food safety and health.

20 IFIC's commitment to high quality consumer
21 communications is evidenced by our leadership in the Dietary
22 Guidelines Alliance since its inception in 1995. This
23 successful public/private partnership has developed messages
24 that enable consumers to apply the guidelines in their

1 everyday lives.

2 In partnership with the alliance, IFIC stands
3 ready to enhance communication of the fifth edition of the
4 Dietary Guidelines For Americans.

5 Our comments today will address four areas: the
6 dietary fats guideline, the sugars guideline, the food
7 safety guideline, and recommendations for future guidelines.

8 IFIC congratulates the committee on changing the
9 wording of the dietary fat guideline from low in fat to
10 moderate and total fat. This change will help provide the
11 American public with realistic advice and make this
12 guideline more achievable.

13 We do have questions and concerns regarding the
14 change in the sugars guideline from "choose a diet moderate
15 in sugars" to "choose beverages and foods that limit your
16 intake of sugars". IFIC is concerned that consumers will
17 have a negative perception of the change from moderate to
18 limit.

19 We feel many questions still need to be answered
20 before this guideline is changed. Two key questions
21 include, number one, will this change in terminology
22 indicate to consumers that sugars are of greater concern to
23 health than other issues such as fat and alcohol?

24 Number two, is there adequate science to justify a

1 shift from moderate sugars to limit sugars with respect to
2 nutrient adequacy or chronic disease? The scientific
3 rationale section of the report does not provide scientific
4 documentation supporting any change based on health
5 outcomes.

6 IFIC applauds the committee's addition of the
7 dietary guideline on food safety. This guideline recognizes
8 that providing consumer guidance for proper food handling
9 and preparation practices is a national priority.

10 Finally, we heartily concur with the committee's
11 recommendation that future dietary guidelines should not
12 attempt to serve as both a consumer educational tool and a
13 policy guide. There is a real need to develop two
14 documents, each with a specific purpose and target audience.

15 Thank you for this opportunity to provide
16 comments. We believe that addressing the consumer's need
17 for usable information in the dietary guidelines will
18 accelerate efforts to improve the diet and health of
19 Americans.

20 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

21 Our next presenter is Ms. Natalie Webb.

22 MS. WEBB: Good morning. My name is Natalie Webb
23 and I'm a registered dietitian, and I've practiced for
24 almost 20 years as a nutrition professional within the

1 African American communities of New York, Philadelphia, and
2 most recently the Washington metropolitan area.

3 My comments today are funded by Milk Processors on
4 behalf of the Medical Advisory Board of the National Fluid
5 Milk Processors Promotion Board.

6 This medical advisory committee consists of some
7 of the nation's leading experts on calcium and bone health,
8 hypertension, heart disease and gastroenterology.

9 The Medical Advisory Board has been extremely
10 concerned by misinformation being circulated in the past
11 year regarding lactose intolerance, dairy products, and
12 minority health. One group in particular has been attacking
13 dairy products as inappropriate for minorities. We urge
14 USDA and HHS not to be swayed by this unscientific,
15 sensational, and very harmful information.

16 The Medical Board and the nutrition community in
17 general recognize this attack as an attempt to remove animal
18 products from the dietary guidelines, not as an effort to
19 improve the health of minorities.

20 Contrary to misinformation being spread by this
21 group, lactose intolerance does not equal dairy intolerance.
22 This distinction is a critical one. That is why we approve
23 of the new references in the draft to the availability of
24 lactose-free products, but we object to the reference on

1 page 18. Here an example is given of avoiding dairy
2 products due to lactose intolerance. Again, this is
3 inaccurate and dangerous.

4 Lactose intolerance in and of itself should in no
5 way deter people from including dairy products in their
6 diets. Lactose intolerance occurs in about half of Mexican
7 Americans, 80 percent of African Americans, and 90 percent
8 of Asian Americans, but in terms of who can easily digest
9 dairy products, these statistics carried little meaning.

10 In fact, science shows that lactose intolerance is
11 a condition of degrees. Some people have severe symptoms,
12 but most people with low lactase levels have mild symptoms
13 or none at all. The reason is that helpful bacteria
14 naturally develop and allow the digestive tract to handle
15 lactose.

16 In fact, blind clinical studies demonstrate that
17 most people who are lactose intolerant can enjoy one or even
18 two glasses of milk with no symptoms. Certainly some people
19 suffer more severe symptoms, but cutting out all dairy
20 products is a radical approach that is not recommended by
21 the nutrition community.

22 Several tips on ways to include dairy in the diet
23 are listed in our written comments. A child or an adult who
24 unnecessarily cuts out dairy could face far greater health

1 problems such as hypertension, osteoporosis, and some types
2 of cancers.

3 Meanwhile, low fat dairy products are a part of
4 the solution when it comes to hypertension, hearth disease,
5 osteoporosis, and the general good nutrition for African
6 Americans, Asian Americans, and Hispanic Americans.

7 Again, we urge you to consider the health of
8 minorities and to use sound science in reviewing the draft
9 dietary guidelines.

10 Thank you very much.

11 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

12 Our next presenter is Ms. Betsy Faga.

13 MS. FAGA: Good morning. My name is Betsy Faga
14 and I am President of the North American Millers
15 Association, but I am here this morning on behalf of the
16 Wheat Foods Council, a non-profit organization formed in
17 1972 to help increase public awareness of grains, complex
18 carbohydrates, and fiber as essential components of a
19 healthful diet through nutrition education programs.

20 The council is supported by voluntary
21 contributions from wheat producers, millers, bakers, and
22 related industries.

23 First and foremost, we would like to commend the
24 advisory committee for separating the grain guideline from

1 the fruits and vegetables guideline. USDA's healthy eating
2 index shows that the American consumer is eating an average
3 6-2/3 servings a day, far short or barely meeting the
4 recommended level. Intake of whole grains is less than one
5 serving.

6 We also commend the committee for highlighting the
7 fact that enriched grains are an important source of folic
8 acid. Research shows this has been an effective measure to
9 improve the folate status in the general population.

10 We appreciate the committee's efforts to encourage
11 the consumption of a wide variety of grain foods to help
12 consumers meet the recommendation. However, we believe that
13 the guidelines need to be clear about the benefits of
14 refined grains.

15 Nearly all refined grains are enriched so it is
16 confusing that the guideline downplays the consumption of
17 refined grain products while at the same time touting the
18 benefits of eating enriched grain products. We ask USDA and
19 HHS to consider making a stronger clarification reminding
20 consumers that all grains -- fortified, enriched and whole
21 -- play an important role in good health.

22 Finally, we would ask as many others have that you
23 take a closer look at the sugar guideline. USDA and HHS are
24 charged to adopt and update guidelines based on the

1 preponderance of scientific evidence, and we have concern
2 that there is no scientific or medical studies to justify
3 changing the guideline from a diet moderate in sugars to
4 choosing beverages and foods that limit your intake.

5 There is no data available to show that moderate
6 consumption of sugars has any deleterious effects to
7 consumers, and such a recommendation would impact foods such
8 as fortified fruit juices and cereals without that
9 scientific justification.

10 The committee acknowledged that there is no
11 consistent association between intake of total sugars and
12 nutrient adequacy. Data reviewed by the committee show that
13 those who consumed large amounts of total sugar did not
14 necessarily have poorer quality diets. The committee also
15 admitted that there is no direct link between the
16 consumption of sugar and an increase in obesity. Although
17 obesity rates have increased over the past two decades, to
18 make the assumption that this trend is solely due to
19 consumption of added sugars is unsubstantiated and could be
20 misleading.

21 We are a part, as the Wheat Foods Council, of the
22 Dietary Guidelines Alliance, and will work with the
23 committee to educate the consumer about the guidelines as
24 they are finalized.

1 Thank you very much.

2 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

3 Our next presenter is Mary Young.

4 MS. YOUNG: Good morning and thank you. I am Mary
5 Young with the National Cattlemen's Beef Association. We
6 are supported by a checkoff program and dues dollars from
7 our members.

8 I appreciate the opportunity to comment on the
9 Dietary Guidelines Advisory Report. The advisory committee
10 put forth an honest effort in a review and consensus
11 development process that we realize is difficult and we want
12 to express our appreciation for their hard work and time
13 spent in completing this lengthy project.

14 My testimony will highlight industry concern that
15 consumers may misinterpret some information contained in the
16 draft of the guidelines. We will also provide written
17 comments.

18 Currently the use of the term "lean" is not
19 consistent in the guidelines regarding meat and poultry and
20 it needs to be if consumers are to clearly understand the
21 intent of these recommendations.

22 Since the majority of total unsaturated fat is
23 contained in the skin of the poultry, what is the
24 justification for not consistently recommending skinless or

1 lean poultry throughout the document? By consistently using
2 the word lean in front of both meat and poultry, directions
3 to consumers on practical ways to decrease total fat,
4 saturated fat, and cholesterol in their diets are more clear
5 and will help ensure better health outcomes.

6 Advice to use plant foods as the foundation of
7 meals or to build your eating pattern on a variety of plant
8 foods is found throughout the document and is dietary advice
9 that can be potentially misinterpreted by consumers. While
10 we agree that Americans need to eat more fresh fruits and
11 vegetables and whole grain products, it should not be at the
12 expense of lean meats and low fat dairy products. This is
13 not an either/or proposition.

14 We understand that it is not the intent of the
15 committee to suggest a diet devoid of animal products, but
16 we believe that the use of the recommendations focusing on
17 plant foods instead of specifically citing fruits,
18 vegetables and whole grains, could be interpreted as such.

19 However, there is language in the document that we
20 recommend providing clear direction to consumers. This
21 language is found in the Aim For A Healthy Weight section
22 which encourages consumers to build a healthy base by eating
23 vegetables, fruits and grains. This positioning is much
24 more actionable and provides consumers with the specifics of

1 what they need to do, what they need to include in their
2 diet, yet at the same time reduces the risk of
3 misinterpretation over the elimination of animal foods from
4 the diet.

5 Our diet model, the food guide pyramid, is not a
6 hierarchy, so foods that are at the base of the pyramid such
7 as fruits, vegetables and grains are not more important than
8 the other food groups. All foods play an important role in
9 creating a healthful diet. Their position in the pyramid
10 simply means that people need to eat a greater quantity of
11 foods from these groups in order to obtain the nutrients
12 required for good health.

13 We disagree with the recommendation to choose
14 foods with five percent or less of the daily value in order
15 to limit saturated fat, total fat, cholesterol and sodium in
16 the diet. The daily value is intended to be applied to the
17 diet, not individual foods, and many foods including beef,
18 pork, milk and cheese may provide more than five percent of
19 the daily value for nutrients like fat and saturated fat,
20 yet these same foods are excellent sources of vitamins and
21 minerals that are currently deficient in the population.

22 Once the dietary guidelines are published, we urge
23 USDA to develop a plan for communicating them to the public.
24 We recognize that consumers need the how-to and as a member

1 of the Dietary Guidelines Alliance we will partner with you
2 in communicating and educating the public.

3 Thank you.

4 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

5 Our next presenter is Dr. Maureen Storey.

6 DR. STOREY: Good morning. I thank you for this
7 opportunity to comment today.

8 My name is Maureen Storey. I'm with the
9 Georgetown University Center for Food and Nutrition Policy.
10 The Center receives funding from a variety of sources,
11 including foundations, the government and the broad-based
12 food industry.

13 The Center for Food and Nutrition Policy's primary
14 mission is to train graduate students who are seeking a
15 Master's of Public Policy degree through teaching, research,
16 and outreach programs including conferences, meetings and
17 roundtables that examine complex issues in food and
18 nutrition policy.

19 My comments today focus on three main points.
20 One, there is no scientific evidence that consumption of
21 sugars per se has a negative effect on health other than
22 dental caries, a multifactorial condition that is declining
23 and is not life threatening.

24 Two, the definition of sugars has changed over the

1 last 20 years, leading to both over estimation of the amount
2 of sugars consumed and magnification of apparent
3 longitudinal increases in sugars intake.

4 Three, there is no scientific nor physiological
5 basis for distinguishing between added sugars and naturally
6 occurring sugars as implied by the year 2000 draft.
7 Furthermore, numerous peer-reviewed consensus documents have
8 concluded repeatedly that sugars consumption has no adverse
9 affect on health other than dental caries. But the best
10 method for preventing dental caries is brushing and flossing
11 the teeth with fluoride toothpaste and drinking fluoridated
12 water.

13 The central cause of dental caries is not diet, as
14 implied by the proposed sugars guideline. Even more
15 troubling is the alleged role of sugars in obesity. this is
16 an unproven hypothesis. The rationale for changing the 1995
17 guideline on sugars apparently ignores the preponderance of
18 science on sugars including the 1986 FDA sugars task force
19 report, the 1988 Surgeon General's report on diet and
20 health, the 1989 National Academy of Sciences report on diet
21 and health, the 1995 proceedings of the Workshop on Sugars
22 and Health by the International Life Sciences Institute
23 published in a supplement to the American Journal of
24 Clinical Nutrition, and the 1998 Joint FAO-WHO report on

1 carbohydrates in human nutrition.

2 Each of these reports reviewed the science en toto
3 and found that sugars do not contribute uniquely to the
4 development of obesity.

5 The FAO-WHO report, for example, states that there
6 is no direct evidence to implicate sugars and starch in the
7 etiology of obesity based on data derived from studies in
8 affluent societies. Nevertheless, it is important to
9 reiterate that excess energy in any form will promote body
10 fat accumulation and that excess consumption of low fat
11 foods, while not as obesity producing as excess consumption
12 of high fat products, will lead to obesity if energy
13 expenditure is not increased.

14 Other scientists and I question why these
15 scientifically sound reports were not cited in the rationale
16 for a sugars guideline. Were these reports considered at
17 all?

18 Furthermore, it is inconceivable that the word
19 "limit" in the context of the sugars guideline is
20 appropriate or consistent with the use of the word moderate
21 or moderation as proposed in the fat and alcohol guidelines
22 -- two substances with known health effects and risks. The
23 alcohol guidelines --

24 DEPUTY UNDERSECRETARY KENNEDY: We need to ask you

1 to summarize please, Dr. Storey.

2 DR. STOREY: Yes, I will.

3 In closing, it is my professional opinion and that
4 of several other scientists that the 1995 dietary guideline
5 on sugars, "choose a diet moderate in sugars" continues to
6 represent the preponderance of the science and should be
7 retained.

8 Thank you.

9 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

10 Our next presenter is Ms. Sarah Kayson.

11 MS. KAYSON: Good morning. I'm Sarah Kayson,
12 Director for Public Policy at the National Council on
13 Alcoholism and Drug Dependence. NCADD receives its funding
14 from affiliates, Board members, foundations, and some
15 private corporations.

16 NCADD was founded in 1944 and we're the nation's
17 oldest voluntary health organization that's dedicated to
18 reducing the incidence and prevalence of alcohol and other
19 drug addictions.

20 We strongly support the guidelines for alcohol
21 consumption as they are drafted by the advisory committee.
22 The new guidelines are a sound improvement over the
23 information provided in the 1995 version, and we urge that
24 they be approved, what's been written be approved without

1 any changes. But we would like to have a couple of
2 additions to that.

3 The advisory committee has included important
4 information in this draft that reflects the latest
5 scientific information and research. The guidelines are
6 specific regarding both the risks and benefits of drinking
7 at moderate and heavier than moderate levels, and have
8 eliminated two sentence which were vague and potentially
9 misleading.

10 Again, however, we urge you to strengthen the
11 wording relating to the potential health risks for
12 alcoholics.

13 In our testimony before the advisory committee
14 last year, NCADD recommended the inclusion of the following
15 statement drafted by our medical scientific committee and
16 approved by our Board of Directors in 1995. "No alcoholic
17 should be encouraged to drink, and alcoholics by definition
18 cannot drink moderately."

19 We also encourage you to include language in Box
20 26 of the draft guidelines, what is moderate drinking? That
21 more specifically defines moderate drinking for older
22 people.

23 The National Institute on Alcohol Abuse and
24 Alcoholism advises that men over the age of 65 should not

1 consumer more than one drink per day because of changes that
2 occur in the body as a person ages. This important
3 information should not be ignored.

4 Thank you very much.

5 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

6 Our next presenter is Mr. Dean Gravois.

7 MR. GRAVOIS: My name is Dean Gravois, Board
8 member of the American Sugar Cane League and a sugar cane
9 farmer. I am making this presentation on behalf of the
10 Louisiana sugar industry, the American Sugar Cane League. My
11 source of funding is Louisiana sugar industry and myself
12 personally.

13 Thank you for offering me this opportunity speak
14 to you today about the serious consequences the dietary
15 guidelines have on the livelihoods of every American
16 including the family farmer.

17 I am a farmer raising sugar cane in south
18 Louisiana. As a family farmer and a consumer I am very
19 concerned about the direction of the advisory committee's
20 recommended changes.

21 Dr. Richard Keelor has already outlined to you the
22 importance of relying only on sound scientific and medical
23 evidence. I implore you to heed his advice not just because
24 good public policy depends on it, but also because your work

1 here deeply affects rural society beyond the obvious public
2 health concerns.

3 The law of unintended consequences has a long arm,
4 particularly where agriculture is involved. About 420,000
5 people in this country, and over 32,000 in Louisiana alone,
6 work in sugar production supporting their families and
7 communities. It should be noted that in many of these
8 communities sugar is the only viable crop that they can
9 produce. In the sugar growing areas of south Louisiana, for
10 example, farmers have tried other crops with no success.
11 Only sugar cane can be grown consistently in south
12 Louisiana.

13 As you know, American agriculture is in a state of
14 crisis. While virtually every part of our national economy
15 is enjoying the fruits of record boom, the farming sector is
16 suffering through a period of terrible decline. Farming
17 families all across the country are falling by the wayside.

18 Sugar farmers have shared in this crisis. The
19 price of raw sugar has fallen by 25 percent since last
20 summer. Beet prices also have fallen dramatically. Since
21 sugar is grown in 18 states, our price decline affects rural
22 communities all across the country. You name a state and
23 family farmers there are on the verge of going out of
24 business. Hawaii, North Dakota, California, and yes,

1 Louisiana. My state has been growing sugar for about 200
2 years, and my family almost as long. Now we are teetering
3 on the edge of a terrible disaster.

4 Keep in mind I am not talking about large
5 corporate farms who you may think only suffer on the
6 proverbial bottom line. I'm talking about real families,
7 real communities who depend on a healthy farm economy.
8 Unfortunately, once these farmers are gone, they can't come
9 back.

10 To understand this, you need to look no further
11 than Hawaii. Production in that state is a fraction of what
12 it was just ten years ago. The communities there have yet
13 to rebound. No other industry has come in to take sugar's
14 place. The void has been filled by rising crime rates,
15 disintegrating family structures, and just about every
16 social symptom that you can name to index the misery.

17 Now I know solving this severe economic problem is
18 not the focus of your duties, nor is it within your
19 immediate powers. My point in describing the crisis,
20 however, is to help you understand how sensitive our rural
21 economies are to a significant change in agriculture and to
22 recognize how far-reaching the policies you design can be.
23 A change in the government's attitude toward a consumption
24 of a commodity can significantly affect its market and its

1 price.

2 The concerns of south Louisiana --

3 DEPUTY UNDERSECRETARY KENNEDY: We need to ask you
4 summarize, please.

5 MR. GRAVOIS: Yes, ma'am.

6 -- to the deliberations today, but this
7 Agriculture Department exerts a great deal of influence over
8 me and my neighbors and thousands more like us across the
9 country. Your decision will have an affect on us.

10 As you consider these issues, please keep this in
11 context. Keep this thing in perspective. Targeting sugar
12 without such a thorough review will not necessarily help the
13 consumer, but could certainly help destroy thousands of
14 family farms and the 420,000 jobs nationwide that they
15 support.

16 Thank you.

17 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

18 Our next presenter is Mr. Ray Van Driessche.

19 MR. VAN DRIESSCHE: Good morning. My name is Ray
20 Van Driessche. I'm a full time sugar beet farmer from
21 Michigan and also serve as President of the American Sugar
22 Beet Growers Association representing 12,000 independent
23 family farms in 12 states. We are funded by our local
24 growers association dues.

1 Our industry is a key supplier of an essential
2 ingredient to the most sophisticated food manufacturing
3 system in the world, and we remain a vital part of the
4 American agricultural economy.

5 Today I come before you both upset and bewildered.
6 I have read the committee's recommendation that if accepted
7 will advise Americans to limit their sugar intake rather
8 than to use it in moderation. I believe this
9 recommendation, if adopted, has the potential to
10 economically devastate our industry.

11 I am a farmer, not a scientists, but I do know
12 that Congress requires the committee to adhere to sound
13 science. I also know that as recently as 1997 a group of 31
14 human nutrition scientists from around the world examined
15 all the health-related aspects of sugar consumption and
16 found no direct link between sugar consumption and any
17 lifestyle diseases.

18 This report is a confirmation that nothing has
19 changed since the guidelines were last issued in 1995. It
20 is clear that even the committee itself realizes that there
21 is no sound science nor evidence that supports its own
22 recommended changes. Why? Because the committee clearly
23 says so on page 82 of its official report, and I quote,
24 "There is little evidence that diets high in total sugars

1 are associated with obesity. Hence, there is no direct link
2 between the trend toward higher intake of sugars and
3 increased rates of obesity."

4 I assure you that we are just as concerned about
5 the obesity epidemic as anyone else is, and we support
6 USDA's efforts to address it. But suggesting a direct
7 relationship between sugar and obesity is not sound science
8 and it is not consistent with the laws and regulations that
9 govern the dietary guideline process.

10 The recommendations that lack sound science are a
11 direct threat to the credibility and integrity of both the
12 Department of Agriculture and Health and Human Services.
13 This Administration is rightfully leading a great global
14 debate demanding that our foreign trading partner adhere to
15 sound science on the acceptance of biotech products. To
16 preach sound science abroad and then ignore sound science at
17 home is not leadership. It is hypocrisy. And all of
18 agriculture will pay a heavy price for it.

19 Frankly, it is a price that American farmers
20 cannot bear, and it directly affects our ability to pass our
21 farms onto our children.

22 On behalf of the 12,000 family farmers, sound
23 science, and the future credibility and integrity of USDA
24 and HHS, I ask you to leave the recommendations on sugar

1 unchanged from the 1995 guidelines.

2 Thank you for hearing my comments.

3 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

4 Our next presenter is Ms. Miyun Park.

5 MS. PARK: Good morning. I'm Miyun Park for
6 People for the Ethical Treatment of Animals. PEETA is
7 funded by our members.

8 People for the Ethical Treatment of Animals is an
9 international organization with more than 600,000 members.
10 Please accept the following comments on behalf of our
11 members regarding the recommended revisions to the Dietary
12 Guidelines for Americans as described in the final report of
13 the Dietary Guidelines Advisory Committee. Our written
14 comments will expand on these points.

15 While we strongly support the committee's
16 recommendation on page 17 to "use plant foods as the
17 foundation of one's meals" we think the guidelines should
18 explicitly endorse vegetarianism as a healthy lifestyle.
19 The benefits of vegetarianism are extensive and researchers
20 have conclusively shown that serious health risks such as
21 heart disease, cancer, diabetes and stroke can be prevented
22 with a low fat vegetarian diet. Furthermore, the
23 consumption of animal products has been scientifically
24 linked to life threatening conditions.

1 Not only does vegetarianism significantly reduce
2 the risk of many fatal diseases, it has also been shown to
3 promote general well being and prevent the onset of obesity.
4 There is much scientific evidence to support the findings
5 that the chemical makeup of plant-based foods in contrast to
6 animal foods is effective in preventing and overcoming
7 obesity. Study after study shows that vegetarians have a
8 significantly lower body mass index than do meat eaters.

9 Considering these findings, it's puzzling that the
10 committee has recommended removal of references to healthy
11 and life saving vegetarian diets. The fourth edition of the
12 guidelines stated, "Vegetarian diets are consistent with the
13 Dietary Guidelines for Americans and can meet recommended
14 dietary allowances for nutrients. You can get enough
15 protein from a vegetarian diet as long as the variety and
16 amounts of foods consumed are adequate."

17 The committee has proposed dropping this statement
18 from the new guidelines without benefit of any scientific
19 support. In fact with the inclusion of soy beverages in the
20 "dairy group", vegetarians are able to obtain more than
21 enough nutrients from each major food group.

22 We therefore urge the committee to acknowledge the
23 vast benefits of vegetarianism and include a section
24 explicitly endorsing it as a healthy lifestyle.

1 Furthermore, given the health benefits of plant-
2 based foods over animal products, we suggest the reordering
3 of food items to list dried beans first in the dried beans,
4 eggs, nuts, fish and meat and poultry group as proposed in
5 Box 7 on page 16. For consistency and to ensure the
6 healthiest diet, we also ask that it be changed accordingly
7 in all other references to the group.

8 Finally, we recommend that the name of the "dairy
9 group" be changed to the "calcium rich food group" and that
10 all references to the group also be changed accordingly.

11 With so many non-animal based calcium sources
12 available that can provide sufficient levels of nutrition,
13 it would be misleading and confusing to keep the dairy
14 label.

15 We hope you will reconsider the convincing
16 evidence showing vegetarianism to be of great benefit to the
17 well being of the American population and give it the
18 endorsement it deserves by adopting the changes discussed.
19 The health of our nation depends on it.

20 Thank you for the opportunity to comment.

21 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

22 Our next presenter is Ms. Fran Hissler.

23 MS. HISSLER: Good morning. My name is Fran
24 Hissler. I'm from Rockville, Maryland. I'm here as an

1 individual so I guess that means I fund myself.

2 Thank you for the opportunity to speak with you
3 today.

4 I stand before you now wearing two hats. First,
5 as a person diagnosed with chronic fatigue syndrome, also
6 known as myalgic encephalomyelitis; and second as a
7 pediatric occupational therapist.

8 As you may know, in 1996 Secretary Shalala
9 chartered the Chronic Fatigue Syndrome Coordinating
10 Committee also known as CFSCC. The purpose of CFSCC is to
11 assure coordination and communication regarding chronic
12 fatigue syndrome research and other related issues.

13 Last year Secretary Shalala appointed Dr. Peter
14 Rowe to serve as a member of the CFSCC. Dr. Rowe has
15 conducted groundbreaking research at Johns Hopkins and is
16 recognized nationally as one of the leading experts in CFS.

17 Based on Dr. Rowe's research, a milk-free diet is
18 recommended for persons with CFS. Dr. Rowe's team refers
19 patients to the web site entitled "nondairy.org" which
20 educates people who require a dairy-free diet for medical
21 reasons.

22 It turns out that cow's milk often triggers
23 neurally mediated hypotension or NMH. NMH is an abnormal
24 reflex reaction between the heart and brain that is now

1 linked to CFS. Dr. Rowe states that allergies to food
2 proteins, most commonly cow milk protein, has been
3 identified as being common in those with NMH and substantial
4 improvements can result from strict exclusion of offending
5 foods.

6 The CDC conservatively estimates that somewhere
7 between 250,000 to 500,000 adults currently are diagnosed
8 with CFS. Therefore, adhering to Dr. Rowe's milk-free diet
9 recommendation could significantly reduce healthcare
10 expenses for CFS.

11 In addition, other food sensitivities have been
12 reported by people with CFS who, speaking from personal
13 experience, sometimes fare better on a vegan diet.

14 When I worked in various local schools and
15 hospitals as a pediatric occupational therapist, it was
16 common knowledge that cow milk consumption increases mucous
17 production. Milk consumption was therefore discouraged for
18 children experiencing feeding problems or upper respiratory
19 infections. The body produces mucous to protect itself from
20 the attack of foreign substances. Cow's milk, a foreign
21 substance, triggers the production of mucous to attack and
22 remove the invader.

23 In contrast, human breast or soy milk does not
24 cause mucous secretion, so a healthy alternative to cow's

1 milk would be to offer calcium rich soy milk in schools and
2 hospitals.

3 In addition, Dr. Kevin Kelly, a pediatric
4 gastroenterologist, has observed that food protein, most
5 commonly milk protein, contributes to chronic upper
6 gastrointestinal symptoms.

7 Based on the above, my concern about the nation's
8 health status as well as the inadequate emphasis on disease
9 prevention and federal nutritional policies, I implore you
10 to make the following three changes to the dietary
11 guidelines for 2000.

12 DEPUTY UNDERSECRETARY KENNEDY: We have to ask you
13 to summarize, please.

14 MS. HISSLER: Okay.

15 First, adopt the dietary guidelines, the advisory
16 committee's recommendation to include soy-based beverages
17 with added calcium in the dairy group.

18 Second, rename the dairy group the "calcium rich
19 food group" and include this change in the food guide
20 pyramid.

21 And lastly, to include a fully developed section
22 in the dairy dietary guidelines promoting vegetarian and
23 vegan diets, emphasizing the wealth of information out there
24 today, the scientific evidence that shows that the most

1 effective diet for prevention of chronic diseases, including
2 CFS, heart disease, diabetes, some types of cancer, stroke,
3 hypertension and obesity, consist of vegetables, fruits,
4 whole grains, and legumes.

5 Thank you very much for your time. I've left you
6 some additional information.

7 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

8 Our next presenter is Lisa Katic.

9 MS. KATIC: Good morning. My name is Lisa Katic.
10 I'm with the Grocery Manufacturers of America, and we of
11 course get our funding through membership dues.

12 FMA and its members have long supported the
13 process established by Congress to ensure that consumers
14 receive cohesive science based dietary guidelines from the
15 federal government.

16 In general, GMA supports the revised guidelines
17 and its members, our organizations, look forward to
18 utilizing these vital concepts in communications with
19 consumers. In particular, GMA strongly endorses the
20 moderate fat message and the effort made to make the
21 guidance accessible to consumers through tools like the Aim
22 For Fitness, Build a Healthy Base, and Choose Sensibly
23 approach.

24 However, GMA strongly opposes the new

1 recommendation on limiting the intake of sugars with a
2 significant emphasis on so-called added sugars. This novel
3 position is surprising and unfortunate given the absence of
4 a factual scientific basis for the recommendation.

5 GMA urges USDA and DHHS to revisit this issue and
6 modify the final dietary guidelines to reflect the science-
7 based moderation message reflected in the 1995 edition.

8 A troubling and significant failure of the draft
9 dietary guidelines submitted by the committee is the
10 recommendation to choose beverages and foods that limit your
11 intake of sugars. Specific types of foods are identified as
12 being major sources of added sugar, and consumers are
13 admonished to avoid these foods and foods containing various
14 identified sweetener ingredients. There is simply no basis
15 in fact, law or science that the committee recommendation to
16 Americans to limit their intake of foods characterized as
17 having high levels of added sugars. This approach should be
18 abandoned in place of the existing guidance.

19 There is a substantial disparity between
20 prevailing peer-reviewed science and the proposed singling
21 out of added sugars, and emphasis on reducing sugar
22 consumption.

23 For evidence of this gap, one need not look any
24 further than the discussion of proposed changes section in

1 the final report.

2 The committee states that there is not a direct
3 link between the trend toward higher intake of sugars and
4 increased rates of obesity. That's on page 84 of the
5 report. Nevertheless, the draft guidelines provide guidance
6 to the contrary.

7 Under the heading Sugars and Other Health
8 Problems, it states, "Children and adults have increased the
9 amount of sugars they consume. This has contributed to
10 higher caloric intakes. Foods that are high in sugars are
11 often high in calories but low in essential nutrients. When
12 you take in extra calories and don't offset them by
13 increasing your physical activity you will gain weight."

14 Also troubling is the implicit characterization of
15 foods with added sugars as "bad" foods, versus presumably
16 "good" foods that contain naturally occurring sugars.

17 The committee cites the Department of Health in
18 the United Kingdom to support the proposition that it is
19 valid and appropriate to differentiate added from naturally
20 occurring sugars. GMA respectfully points out that this
21 position is directly contrary to U.S. federal regulatory and
22 public health policy. In fashioning the labeling rules
23 implementing the Nutrition Labeling and Education Act, the
24 Food and Drug Administration concluded that it was improper

1 to make this differentiation on the food label.

2 I'll wrap up in saying in evaluating the wisdom of
3 the radical, unfounded shift relative to sugar consumption
4 recommended by the committee, USDA and DHHS should be
5 mindful of the dictates of the National Nutrition Monitoring
6 and Related Research Act of 1990. The statute requires both
7 agencies to adopt and update the dietary guidelines based on
8 the preponderance of scientific and medical knowledge. Put
9 simply, this minimum burden of scientific proof has not yet
10 been met.

11 Thank you for the opportunity to comment.

12 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

13 Our next presenter is Ms. Elizabeth Johnson.

14 MS. JOHNSON: Good morning. My name is Beth
15 Johnson and I'm a registered dietician speaking today on
16 behalf of the American Dietetic Association, the nation's
17 largest association of food and nutrition professionals. We
18 get our funding through membership dues.

19 The American Dietetic Association is pleased to
20 have the opportunity to comment on the Dietary Guidelines
21 Advisory Committee report. ADA members know firsthand that
22 sound science and broad objective analysis are needed in
23 today's increasingly complex and confusing food environment.
24 The ADA commends the Dietary Guidelines Advisory Committee

1 for its review of the science and subsequent efforts to
2 summarize the science in this report.

3 Our comments presented here today are taken from
4 our written comments which go into more detail about
5 specific recommendations for the final document.

6 In general the ADA supports the overall
7 recommendations of the Dietary Guidelines Advisory
8 Committee. Specifically ADA supports the separation of the
9 fruits and vegetables and the grains guidelines. Dividing
10 these guidelines allows for increased attention to each of
11 these categories.

12 We also support the fact that the committee has
13 recommended new guidelines that address subjects beyond the
14 traditional scope of previous dietary guidelines. We
15 commend the committee for taking a more holistic approach to
16 the guidelines by looking at such subjects as food safety,
17 physical activity, and healthy weight. These guidelines go
18 hand in hand with sound nutrition and ADA appreciates the
19 committee's efforts to highlight that interrelationship.

20 ADA also commends the committee's handling of the
21 guideline on alcohol. We feel that it is an appropriately
22 balanced portrayal of positive and negative effects of
23 drinking.

24 We also have some suggestions that we feel would

1 improve the document. The American Dietetic Association
2 feels strongly that variety should remain the cornerstone of
3 the guidelines. Because a variety of foods are necessary
4 for health, it is vital for the dietary guidelines to
5 emphasize the importance of the total diet or overall eating
6 pattern. We would like to see the document more clearly
7 emphasize this point.

8 ADA is concerned that the committee's draft
9 guidelines attempt to accomplish too many goals. That is,
10 it appears that the document is meant to serve both as a
11 scientific document and as a consumer education piece. ADA
12 believes that the dietary guidelines document should remain
13 a strong scientific document upon which policy and
14 educational tools are based. Other organizations could then
15 utilize the science-based information to develop actionable,
16 understandable messages that Americans can use in their
17 everyday lives.

18 An example of this is the Dietary Guidelines
19 Alliance of which ADA is a member, which has already made
20 significant advances in converting the scientific
21 information from the guidelines into actionable consumer
22 guidelines.

23 We are also concerned about the section of the
24 document that discusses vitamin and mineral supplements. To

1 do this subject justice, this rapidly growing area of
2 interest requires far greater information than can be
3 presented in this document. ADA suggests that the
4 Department shorten the section, focusing on the fact that
5 food is the best source for obtaining nutrients, and that
6 any decision to use supplemental vitamins and minerals
7 should be made after consultation with a health professional
8 such as a dietician or physician. More detailed information
9 could then be included in related educational documents.

10 The American Dietetic Association commends the
11 Dietary Guidelines Advisory Committee, USDA, HHS, for their
12 important work on the development of these guidelines. ADA
13 urges USDA and HHS to continue to base the guidelines on
14 sound scientific evidence and consensus.

15 Thank you.

16 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

17 And our final speaker this morning is Mr. Douglas
18 Buck.

19 MR. BUCK: Thank you. My name is Doug Buck. I
20 coordinate the elderly nutrition program in Connecticut. We
21 serve over three million meals a year at 200 meal sites, and
22 deliver them to the homes of frail elderly.

23 I speak in favor of the new dietary guidelines.
24 Following them will reduce sickness, lessen the public

1 burden, and extend useful life. Ample research shows, for
2 example, that staying fit lessens the risk of dying. The
3 death rate of men and women who stay fit is dramatically
4 less than those who are unfit.

5 Dietary diversity lessens the risk of dying and
6 other problems. Following the food guide pyramid with
7 modifications assures variety.

8 Men who eat from two or fewer food groups have
9 twice the risk of dying as those who regularly eat from all
10 five. Women have about 1-1/2 times the risk.

11 Eating whole grains reduces the risk of heart
12 disease and cancer and many other ailments. Unfortunately,
13 whole grains have been out of favor among food purveyors
14 because of their short shelf life. However, with new
15 packaging methods including modified atmospheric packaging,
16 this no longer need be a concern.

17 The nutritional value of grains would be further
18 improved if their sodium content were limited. There's no
19 good reason, for example, why a slice of bread need contain
20 more than 130mg of sodium, and all would benefit from eating
21 cereals that had half the amount that most of them have.

22 Eating unrefined foods, including nuts, improves
23 health. More unrefined high protein foods such as beans,
24 peas, lentils and nuts in the diet would yield important

1 health benefits. Again, their nutritional value would
2 further improve if the sodium content were limited.

3 I'm not in favor of being a vegetarian, however
4 heavy meat eaters would benefit from eating less. And those
5 who eat less meat have less ischemic heart disease than
6 regular meat eaters. Perhaps more could be said in the
7 guidelines about the benefits of limiting red meat and
8 poultry consumption.

9 I ardently support the committee's addition of
10 "especially whole grains" in their food guide
11 recommendations. Also listing dried beans and nuts early in
12 the high protein group is an improvement. Perhaps more text
13 could be added to emphasize their value, and similar changes
14 should be made to the food guide pyramid.

15 I strongly endorse the section "choose beverages
16 and foods that limit your intake of sugars". The high sugar
17 content and sweetener content of our diet is problematic.
18 In addition to promoting caries, sugar increases solu load
19 and temporarily contributes to hypertension following a
20 meal. New research also shows that drinks containing high
21 fructose corn sweetener lessen calcium and phosphorous
22 balance and contribute to bone resorption.

23 Many kitchens preparing food for the elderly,
24 school students, or hospital patients prepare their food the

1 day before and cool it down, hold it overnight, and reheat
2 it prior to service. The method of preparation greatly
3 affects nutritional quality.

4 For example, food cooked quickly in a glass
5 chiller retains twice as much of some nutrients as food
6 cooled by a usual method which may take up to five hours or
7 more.

8 Food stored for a long time loses nutritional
9 value as well as aesthetic quality.

10 Food cooked or rethermalized quickly in a
11 convection or microwave oven retains nutrients better than
12 food cooked slowly. Food held hot loses nutritional value
13 quickly.

14 Many food service operations reheat meals early
15 and hold them hot until service. For example, our
16 regulations allow hot holding time up to four hours.

17 DEPUTY UNDERSECRETARY KENNEDY: We have to ask you
18 to summarize, please.

19 MR. BUCK: After two or three hours of hot
20 holding, very little remains of some nutrients, and I
21 recommend that simple guidelines be developed to improve
22 nutritional adequacy of meals prepared at food service
23 establishments. At a minimum, limiting hot holding time to
24 two hours or less.

1 Thank you.

2 DEPUTY UNDERSECRETARY KENNEDY: Thank you.

3 I want to thank everyone who has attended today.
4 In addition to my opening comments where, in speaking for
5 both USDA and HHS, I think one issue was clear, which is we
6 take the recommendations and advice contained in the Dietary
7 Guidelines Advisory Committee report very seriously, but we
8 also take the comments of people in this audience as well as
9 people who are commenting in writing very seriously.

10 At this point, as I think you've heard from all of
11 us presenting this morning, we're taking all of this
12 information under advisement and looking with an eye to
13 Dietary Guidelines 2000.

14 As many of you know, HHS and USDA are sponsoring a
15 National Nutrition Summit which is to be held May 30th,
16 31st. If things go well, this will be opened by President
17 Clinton. One output at that summit that we'd like to
18 emphasize is not only the release of Dietary Guidelines
19 2000, but seeing the dietary guidelines as the first step in
20 a much longer process. We'd also like to deal with a number
21 of the issues which came up this morning.

22 Yes, releasing the guidelines at the National
23 Nutrition Summit, that's important. But also thinking about
24 collectively how we work as a community of organizations to

1 promote the dietary guidelines, and a lot of what we heard
2 today spoke not simply to the science, but also to some of
3 the issues related to the communication and promotion of the
4 dietary guidelines.

5 I look forward to interacting with either
6 individuals in this audience or the institutions you
7 represent, and again, we want to say collectively, thank you
8 for taking the time this morning to join us, and a "to be
9 continued" as far as Dietary Guidelines 2000.

10 Any closing remarks from my other panelist?

11 (No audible response)

12 DEPUTY UNDERSECRETARY KENNEDY: Thank you very
13 much.

14 (The meeting was adjourned at 11:12 a.m.)

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