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

<table>
<thead>
<tr>
<th>Welcome and Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eileen Kennedy, USDA</td>
<td>3</td>
</tr>
<tr>
<td>Deputy Undersecretary, Research, Education and Economics</td>
<td></td>
</tr>
<tr>
<td>Shirley Watkins, USDA</td>
<td>10</td>
</tr>
<tr>
<td>Undersecretary for Food, Nutrition and Consumer Services</td>
<td></td>
</tr>
<tr>
<td>Dr. Nicole, Lurie, DHHS</td>
<td>14</td>
</tr>
<tr>
<td>Principal Deputy Assistant Secretary for Health</td>
<td></td>
</tr>
<tr>
<td>Dr. Rajen S. Anand</td>
<td>--</td>
</tr>
<tr>
<td>Center for Nutrition Policy and Promotion</td>
<td></td>
</tr>
</tbody>
</table>

Oral Testimony  16  
Closing  96
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
ages two and above.

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

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

Both of the Secretaries appointed jointly the Dietary Guidelines Advisory Committee to review our last set of guidelines which were the 1995 guidelines, and I'm sorry Dr. Garza's not on the phone because I want to comment the committee for the marvelous not only work that has emerged from the advisory committee, but I think from comments I have received as we have traveled around, the very open and
transparent process that this Dietary Guidelines 2000 committee used. This committee, I'd like to highlight, serves unpaid and put in a tremendous amount of work to get us to this point. We could not have accomplished what we have without the stellar work of the committee.

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

(Pause to connect with Dr. Garza)

DR. GARZA: Hello?

DEPUTY UNDERSECRETARY KENNEDY: Huberto?

DR. GARZA: Yes, hi Eileen.

DEPUTY UNDERSECRETARY KENNEDY: You are on

speakerphone and you have an audience of people that

hopefully you will be hearing and who will be hearing you. We actually started because we were having some

problems with our phone system, so all the wonderful things I've said about you and the committee you'll have to get from some other people or from the transcripts.

DR. GARZA: Okay. Thank you.

DEPUTY UNDERSECRETARY KENNEDY: But we're
delighted to have you joining us by phone, and let me just

end with talking about the committee, reiterating again that we could not be at the point we're at without the endless hours that the committee has put in.
The charge given by the two Secretaries to this advisory committee was to determine if, based on the preponderance of current scientific and medical information, revisions were warranted to the 1995 guidelines and if the committee determined that in fact based on newer information in the literature that revisions to the '95 guidelines in fact were warranted, to then suggest and develop recommendations for revisions in a report that would come into the two Secretaries, and that is the report that I've just talked about that came in in early February to USDA and HHS.

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

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

The way the advisory committee report is organized, the guidelines fall under three basic message -- Aim for Fitness; Build a Healthy Base; and Choose Sensibly. So in essence we have the ABC's for good health.
Let me list a few of the changes that have been proposed by the committee.

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

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

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

The proposed recommendations in the report from the committee also place a greater emphasis on a diet low in saturated fat and cholesterol, without diminishing the importance of having a diet moderate in total fat.
I'd like to spend just a couple of minutes about
the committee's deliberative process. The committee held
four meetings in Washington, D.C, all of them open to the
public. The first meeting was held in September 1998; the
other three meetings were in 1999 in March, June and
September. Written comments from the public were received
throughout this entire process. Oral comments were
solicited during the second meeting the committee held in
March '99. We had about 40 organizations that provided oral
testimony. A copy of the comments that were received were
placed on public display at the National Agricultural
Library in Beltsville, Maryland. And we also created an
internet site to post the meeting transcripts and the final
report of the committee.

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

We're also in a Federal Register notice soliciting
written comments from any interested individual or organization, and the written comment period closes on March 15th.

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

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

We appreciate the great interest and participation
in this process, and I'm looking forward now to sitting back and hearing comments.

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

With that, my colleague, Undersecretary Shirley Watkins.

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

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

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

As we talk about the proposed comments and changes to the dietary guidelines for the year 2000 we have a lot of things that are going no simultaneously with the dietary guidelines.

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

I want to briefly explain what USDA and HHS will be doing over the next several months. In order to prepare for the release of the dietary guidelines bulletins and all of the collateral material that will be developed for people.
Both of the agencies are now conducting simultaneous and independent reviews on the text of the consumer guidelines bulletin. There are a lot of agencies both at USDA and HHS who will have to go through and review all of this information. Just as an example, there are 14 different agencies and program areas at USDA who will be reviewing the consumer information. And when that review is completed, the two departments -- HHS and USDA -- will meet and discuss all of those reviews and try to reach an agreement on the departmental comments as well as the public comments that are being provided.

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

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

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

USDA's Design Division is working on that now. They have begun some things, and the two departments will be
working very closely with them in developing the design and
the format and the layout of the bulletin.

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

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

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

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

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you,
Shirley.
With that I'd like to turn it over to Dr. Lurie.

DR. LURIE: Good morning and thank you. I'll be brief because I know many of you are very eager to talk and we are eager to hear your comments and what you have to say.

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

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

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

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

Healthy People 2010 was launched in January. One of the new innovations in Healthy People 2010 was that in
addition to the 467 objectives that are there, it contains ten leading health indicators, and I'm really pleased to tell you that two of those leading health indicators -- physical activity and weight -- are really central to where we see health improvement opportunities for the nation. So for that reason these guidelines take on even more importance for us.

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thanks, Dr. Lurie.

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

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

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

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

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

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

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

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

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

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

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

The advisory committee ignored this negative finding in both the main effects analysis and the by group analysis. Even more devastating to proponents of salt
restriction, the TOHPPS II data shows that concurrent sodium reduction obliterates the well-established blood pressure lowering effects of weight reduction, and we agree that that is the overriding goal. To have sodium reduction obliterate the benefit of a salt restriction in terms of blood pressure should have been reported and was not.

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

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

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

The reported data were not adjusted for potassium, magnesium, calcium or family income, all known confounders for cardiovascular morbidity. I don't have their database, but I have looked at the N-Hames (ph) three database using
the same design and the same adjustments, and that shows that sodium intake varied two to two and a half fold from the first to last quartile of efficiency.

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

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

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

The Association has actively monitored and participated in the dietary guideline review process, and unfortunately we must reluctantly conclude that the
committee's recommendation to change the current sugars guideline from moderation to limitation reflects neither a balanced representation of the current science on sugars, nor meets the legal standard mandated by Public Law 101.

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

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

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

Not only do the committee's recommendation not adhere to the mandate of Public Law 101, it also sets a bad
precedent for public policy and discredits the entire
dietary guideline process.

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

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you, Mr.
Keelor.
Our next presenter is Mr. Robert Cohen.

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

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

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

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

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

This is a transparent process.

We know, Dr. Kennedy, that you're on the Board of Directors of a research organization funded by Dannon Yogurt. We know Huberto Garza, that you get $500,000 a year from USDA on a line item veto and Cornell University. You work for the Dairy Council. And Joanna Dwyer who worked on this food dietary guideline committee worked for the dairy
industry as did Rachel Johnson and Roland Weinster and
Richard Deckelbaum and it goes on and on, Scott Grundy. All
connections to the dairy industry. What's going on here?
The first part, I want to tell you that we're not
pleased about these conflicts of interest.
I sat with the Vice President of the United States
yesterday and with Senator Barbara Boxer, and we're all not
pleased about these conflicts of interest.
Can't you come up with a committee that doesn't
have these conflicts?
Milk. Eighty percent of milk protein is a
substance called casein, C-A-S-E-I-N. That's the glue they
use to hold together the wood in this podium. You eat
casein you produce histamines you make mucous. We've got
soaring rates of asthma and diabetes, breast cancer.
The New York Times last week had a full page
article in their science section that breast cancer rates in
women are soaring. Thousands of things cause breast cancer.
The key factor in its growth, the only hormone in nature
exactly alike between two species, IgF-1 human and cow, has
been identified as the key factor in breast cancer.
We've got our children in the schools. You talk
about cholesterol and animal fats. You know they're
dangerous. You take the combined intake of dietary
cholesterol from cheese, milk, butter, ice cream, for the average American its equal to the same amount of cholesterol contained in 53 slices of bacon. That's today's intake. That's, 19,345 slices a year. By age 52 the same cholesterol in a million slices of bacon.

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

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

Thank you, ladies and gentlemen.

DEPUTY UNDERSECRETARY KENNEDY: Thank you, Mr. Cohen.

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

Thank you, Mr. Cohen.

Our next presenter is Dr. Neal Barnard.

DR. BARNARD: Good morning. I'm Neal Barnard, President of the Physicians Committee for Responsible Medicine. We are funded by our members as well as some
research grants from private non-profits, none of which are industry related.

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

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

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

The second thing, we strongly recommend including a clear statement that vegetarian diets are healthful.
choices, as was done in the 1995 guidelines. We believe that the committee might have omitted this text under the mistaken notion that a vegetarian diet is a lifelong choice of a circumscribed group of people defined by religion or philosophy and that it wished not to credit their practices with a mention in the guidelines. But the truth is that the adoption of a vegetarian diet is one of the most common nutritional choices made by healthy or symptomatic people.

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

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

While low fat omnivorous diets, like a step two diet, can cut LDL cholesterol about five to six percent, low fat vegetarian diets are much more effective, typically reducing LDL cholesterol on the order of about 20 percent. Given that atherosclerosis is present and
progressing in most adult Americans right now and leading to their primary cause of death, encouragement toward a vegetarian diet is an important provision.

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Regina Hildwine.

MS. HILDWINE: Good morning. I'm Regina Hildwine,
Senior Director of Food Labeling and Standards for the National Food Processors Association, NFPA. We represent the food processing industry and are funded by the dues of our members.

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

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

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

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

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

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

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

It is clear from the dietary guidelines report including recommendations for future work that the committee would like to see scientific studies undertaken in the next few years to justify the changes it recommends for the 2000 edition. This is not how the dietary guidelines process should work.
We do not believe for the sugar and sodium guidelines that the committee has met its statutory mandate to justify changes by scientific evidence and we therefore urge the agencies to revert to the consumer text of the 1995 edition.

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

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

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

Thank you very much.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Let me just make one comment which is in addition to the Dietary Guidelines Advisory Committee report, Undersecretary Watkins has already mentioned the issue of a
report on focus group work. While this isn't reflected in
the technical report from the committee, there was an issue
that was very clear from the various consumer groups we
dealt with which is the word "diet" in fact for a lot of
consumes was very misleading, so I think that's one of the
issues we are taking under advisement.

   Thank you.

Our next speaker is Larry Graham.

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

   First of all, we applaud you for having this open,
   public hearing and giving us the opportunity to comment.
   We represent about 320 candy companies and we're
   of course supported by those companies.

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

   As you know, the preponderance of scientific and
   medical knowledge available today does not support the
   proposed change in the sugars intake recommendation. Public
   Law 101 which mandates the guidelines clearly states that
the information in guidelines contained shall be based on
the preponderance of scientific evidence. This
preponderance of evidence to change the sugars guideline
simply does not exist. In fact, the discussion of proposed
changes states, "There was no consistent associations
between intake of total sugars and nutrient adequacy," and
"There is little evidence that diets high in total sugars
are associated with obesity."

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

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

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

The dietary guidelines committee has examined the
scientific and medical evidence with regard to fats and
alcohol and determined that the evidence suggests consumers
should simply moderate their intake of both. Meanwhile
there is little evidence to suggest any particular health consequence of consuming sugars, yet the committee recommends that sugar intake be limited.

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

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

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

I cannot emphasize this point enough. Candy adds to the pleasure of life. It contributes only about five percent of added sugar in the diets of Americans, and less than two percent of the fat and calories. The dietary guidelines misrepresents candy's contribution to the added sugars consumed by Americans in listing candy as second in the list of products containing added sugar.
USDA includes several products including jelly, jam, gelatin and candy in the sugar and sweets category. To lump all of those products together is arbitrary and meaningless, and to use candy to represent numerous products is unfair and inadequate.

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Elizabeth Pivonka.

MS. PIVONKA: Good morning. I'm Elizabeth Pivonka, President of the Produce for Better Health Foundation. About 60 percent of our funding comes from fruit and vegetable growers. The remaining 40 percent comes from health professionals, consumers and corporations who are interested in decreasing their healthcare costs.
Guidelines Advisory Committee on the successful completion of its recommendations to revise these guidelines. We are extremely pleased that fruits and vegetables now have their own guideline.

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

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

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

We know from the research that Americans respond very positively to being given the specific recommendation of the number of fruits and vegetables that they should eat, and we all want the public to eat more than the minimum amount. Fruits and vegetables are the rare exception to the
less is more rule. In the case of fruits and vegetables, the more the better.

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

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

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

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

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

Our suggested text change in the first sentence of the fruit and vegetable guideline, the support materials,
reads, "Fruits and vegetables, along with grains, especially
whole grains, are the foundation of your daily diet."

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

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

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

I was reminded after your comments, I was recently
in Europe in a reception with some French colleagues that
commented how Americans are very concerned about the safety
of the food supply. That's clearly a positive. But from the French point of view, more concerned about the enjoyment of the food supply.

Thank you.

Dr. Suzanne Harris.

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

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

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

The initial paragraph in the sugar guideline which is also in the '95 guideline, says, "Foods containing sugars and starches can promote truth decay." A true statement.
One that applies to all sugars and starches.

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

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

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

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

There is no evidence that restricting sweetened
beverages will increase consumption of calcium rich beverages among children or other at risk populations. In fact this guideline may lead to the unintended consequence of lower calcium consumption.

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

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

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Could I ask for
one point of clarification? Your comment that decreasing or
following this guideline might in fact lead to a decrease in
milk consumption. Is that because you think the consumer
will think limiting sugar intake applies to the naturally
occurring sugar in milk?

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Kathy Means.

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

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

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

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

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

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

Simply insert the phrase "under running water"
after the word thoroughly.

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

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

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

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

We recommend eliminating the advice to choose pasteurized juices. If that's not plausible, then change it
to "at risk groups should choose pasteurized juices".

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you. Bye bye.

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

DEPUTY UNDERSECRETARY KENNEDY: A lot of institutional memory here.

Our next presenter is Mr. Richard Adamson.

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

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

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

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

We commend the Dietary Guidelines Advisory Committee for adding the fitness and physical part to the guidelines. The preponderance of reports and scientific studies have demonstrated a decrease in physical activity in the United States since the last dietary guidelines, especially in children and teenagers. No doubt this decrease in physical activity is a major determinant of the prevalence of overweight and obesity in the American
Numerous scientific organizations, groups and associations including ours have advocated an increase in physical activity for Americans. However, the National Soft Drink Association strongly disagrees with the advisory committee decision to change the 1995 guideline of "choose a diet moderate in sugars" to "choose beverages and foods that limit your intake of sugars". This change tells Americans that new science exists to show adverse effects of sugar consumptions, but it doesn't.

Even the consumption data themselves can be faulted.

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

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

In addition, data collected by the private Anapol-Sip (ph) research company on total beverage consumption using diary data for a total 14 day period showed no such decline in milk consumption among children during the 10
Third, why is there a discussion of so-called added sugars? Not only chemically and physiologically are they the same, but data recently presented at the NASO meeting showed no practical effect of so-called added sugars on dietary quality including calcium intake among children, adolescents and the general population.

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

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

Thank you.

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

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

MR. ADAMSON: Yes, I believe they are, and they
also were submitted by several people to the dietary guidelines committee. The use of oligosaccharides that previously weren't; the use of, in added sugars, so-called added sugars, the use of lactose which was previously omitted from added sugars; the fact that now with regards to sugar and yeast which is consumed 75 percent by the reaction in bread is now totally, despite the fact, is totally counted despite the fact that it's consumed 75 percent by the reaction. Although it's a small amount per each individual loaf of bread, overall it certainly is a large amount, and that certainly adds to the so-called sugar data which is not correct.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Dr. Michael Jacobson.

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

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

We're especially pleased to see greater emphasis on the importance of eating a plant-based diet scattered throughout the guidelines. The discussion of alcohol is greatly improved, especially with the omission of puffery about the pleasures of drinking.
The new guideline on food safety, while we question its appropriateness in a nutrition pamphlet, provides valuable information. And there is useful information about foods that are major contributors of problem nutrients like saturated fat, sodium, cholesterol, and added sugars.

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

Existing evidence warrants stronger and clearer advice to reduce consumption of foods high in added sugars. First, the one-sentence guideline itself, which is all many people will see, should state explicitly that the goal is to limit intake of added sugars which provide calories without adding nutrients, not naturally occurring sugars.

While the text focuses on added sugars, the guideline itself does not. The guideline should be changed to "choose beverages and foods that limit your intake of added sugars". That change is essential to prevent anyone from thinking that they should consume less fruit and dairy products which contain significant amounts of naturally occurring sugars, but also are important sources of vitamins, minerals, fiber, and other beneficial substances.
Second, the guideline fails to indicate just how much added sugars can fit into a healthful diet. Without that quantitative advice, it will be hard for health professionals and consumers to put this guideline into practice. That omission is surprising, given that for almost a decade USDA has provided quantitative advice about added sugars intake in its pamphlet "The Food Guide Pyramid". While some have questioned how that advice was developed, the basic premise and rationale are strong.

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

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

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

Thanks for this opportunity. We'll provide additional details in our written comments including critiques of the information that's been referred to by previous speakers on sugars such as that sponsored by ILSI,
the Sugar Association, Georgetown University Center on Nutrition, and so on.

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Suzanne Craig.

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

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

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

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

The pyramid itself does not include calcium fortified beverages or foods as part of the milk group.
There are strict government standards of identity for milk and thus there are nutritional guarantees. There are no standards of identity for soy-based and other calcium fortified beverages, so the nutrient content varies from manufacturer to manufacturer.

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

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

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

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

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

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

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

Thank you.

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

Your reference to the Dash Diet. That was in fact low fat dairy products that were included in that study?
MS. CRAIG: Yes.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Donna Dennison.

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

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

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

We strongly support the most important actions taken in the proposed guidelines to update Americans on how we as a society can better achieve optimal health through a healthy diet and regular physical activity.
Given the unfortunate statistics related to fruit and vegetable consumption which still remain below the recommended levels included in the last issuance of the federal dietary guidelines, United strongly supports final guidelines that clearly put forth new, enhanced recommendations in this area.

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

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

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

I would like to briefly comment on three important issues United believes should be strongly considered as a part of the final guidelines. We believe that the
incorporation of these suggestions will help the American consumer clarify the important benefits of consuming five to nine servings of produce per day as recommended in the proposed guidelines.

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

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

We also believe that clear information should be provided relating to the minimum number of servings of fruits and vegetables that should be consumed daily.

Through promotion of the food guide pyramid and the National Heritage Reporting Corporation (202) 628-4888
Cancer Institute's five a day for better health program, the public health community has made significant progress in a short period of time to understand the message of eating five or more fruits or vegetables a day. The final recommendation --

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

MS. DENNISON: Sure.

Support the final achievements already accomplished.

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Barbara Levine.

DR. LEVINE: Hello, and thank you for the opportunity to address this distinguished panel. I'm Dr. Barbara Levine, Director of the Nutrition Information Center at the New York Hospital, Memorial Sloane Kettering Cancer Center, as well the Rockefeller University. We're NIH funded. We're a clinical nutrition research unit.
As a registered dietician, I'm delighted to have this opportunity to share information about the importance of water consumption and proper hydration.

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

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

After review of the final report of the 2000 dietary guidelines, I have seen that while the report includes a small number of references to the importance of drinking water, and I applaud you for that, there are no specific daily intake recommendations.
It is our view in the professional healthcare, nutrition and fitness community, that proper hydration is absolutely crucial for human fitness, health and well being. I think every effort should be made to provide specific and clear guidance with regard to just how much water they should be drinking on a daily basis. In fact this very issue and need was addressed for our nation's growing population of older Americans. The modified food pyramid for 70 year plus adults, researched and developed by the USDA Human Nutrition Research Center on Aging at Tufts, has made the recommended eight daily servings of water the foundation of the pyramid for senior adults. And that's at the bottom of the pyramid.

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

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

As people consume more and more sugared beverages, they're adding pounds that detract from a healthy quality of
life. Drinks with caffeine or alcohol have the potential -- the potential -- to cause dehydration.

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

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Dr. Levine did mention the Tufts University food guide pyramid. I should note that that is not a formal USDA food guide pyramid. It
came out of the Tufts University Group.

Thank you.

Next we have Dr. David Schmidt.

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

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

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

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

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

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

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

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

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

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

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

Number two, is there adequate science to justify a
shift from moderate sugars to limit sugars with respect to nutrient adequacy or chronic disease? The scientific rationale section of the report does not provide scientific documentation supporting any change based on health outcomes.

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Natalie Webb.

MS. WEBB: Good morning. My name is Natalie Webb and I'm a registered dietician, and I've practiced for almost 20 years as a nutrition professional within the
African American communities of New York, Philadelphia, and most recently the Washington metropolitan area.

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

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

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

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

Contrary to misinformation being spread by this group, lactose intolerance does not equal dairy intolerance. This distinction is a critical one. That is why we approve of the new references in the draft to the availability of lactose-free products, but we object to the reference on
Here an example is given of avoiding dairy products due to lactose intolerance. Again, this is inaccurate and dangerous.

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

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

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

Several tips on ways to include dairy in the diet are listed in our written comments. A child or an adult who unnecessarily cuts out dairy could face far greater health
problems such as hypertension, osteoporosis, and some types of cancers.

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

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

Thank you very much.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Betsy Faga.

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

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

First and foremost, we would like to commend the advisory committee for separating the grain guideline from
the fruits and vegetables guideline. USDA's healthy eating index shows that the American consumer is eating an average 6-2/3 servings a day, far short or barely meeting the recommended level. Intake of whole grains is less than one serving.

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

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

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

Finally, we would ask as many others have that you take a closer look at the sugar guideline. USDA and HHS are charged to adopt and update guidelines based on the
preponderance of scientific evidence, and we have concern that there is no scientific or medical studies to justify changing the guideline from a diet moderate in sugars to choosing beverages and foods that limit your intake.

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

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

We are a part, as the Wheat Foods Council, of the Dietary Guidelines Alliance, and will work with the committee to educate the consumer about the guidelines as they are finalized.
Thank you very much.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Mary Young.

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

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

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

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

Since the majority of total unsaturated fat is contained in the skin of the poultry, what is the justification for not consistently recommending skinless or
lean poultry throughout the document? By consistently using
the word lean in front of both meat and poultry, directions
to consumers on practical ways to decrease total fat,
saturated fat, and cholesterol in their diets are more clear
and will help ensure better health outcomes.

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

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

However, there is language in the document that we
recommend providing clear direction to consumers. This
language is found in the Aim For A Healthy Weight section
which encourages consumers to build a healthy base by eating
vegetables, fruits and grains. This positioning is much
more actionable and provides consumers with the specifics of
what they need to do, what they need to include in their diet, yet at the same time reduces the risk of misinterpretation over the elimination of animal foods from the diet.

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

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

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Dr. Maureen Storey.

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

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

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

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

Two, the definition of sugars has changed over the
last 20 years, leading to both over estimation of the amount
of sugars consumed and magnification of apparent
longitudinal increases in sugars intake.

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

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

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

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: We need to ask you...
to summarize please, Dr. Storey.

DR. STOREY: Yes, I will.

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Sarah Kayson.

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

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

We strongly support the guidelines for alcohol consumption as they are drafted by the advisory committee. The new guidelines are a sound improvement over the information provided in the 1995 version, and we urge that they be approved, what's been written be approved without
any changes. But we would like to have a couple of additions to that.

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

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

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

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

The National Institute on Alcohol Abuse and Alcoholism advises that men over the age of 65 should not
consumer more than one drink per day because of changes that occur in the body as a person ages. This important information should not be ignored.

Thank you very much.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Mr. Dean Gravois.

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

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

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

Dr. Richard Keelor has already outlined to you the importance of relying only on sound scientific and medical evidence. I implore you to heed his advice not just because good public policy depends on it, but also because your work
here deeply affects rural society beyond the obvious public health concerns.

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

As you know, American agriculture is in a state of crisis. While virtually every part of our national economy is enjoying the fruits of record boom, the farming sector is suffering through a period of terrible decline. Farming families all across the country are falling by the wayside. Sugar farmers have shared in this crisis. The price of raw sugar has fallen by 25 percent since last summer. Beet prices also have fallen dramatically. Since sugar is grown in 18 states, our price decline affects rural communities all across the country. You name a state and family farmers there are on the verge of going out of business. Hawaii, North Dakota, California, and yes,
Louisiana. My state has been growing sugar for about 200 years, and my family almost as long. Now we are teetering on the edge of a terrible disaster.

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

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

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

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

MR. GRAVOIS: Yes, ma'am.

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

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Mr. Ray Van Driessche.

MR. VAN DRIESSCHE: Good morning. My name is Ray Van Driessche. I'm a full time sugar beet farmer from Michigan and also serve as President of the American Sugar Beet Growers Association representing 12,000 independent family farms in 12 states. We are funded by our local growers association dues.
Our industry is a key supplier of an essential ingredient to the most sophisticated food manufacturing system in the world, and we remain a vital part of the American agricultural economy.

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

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

This report is a confirmation that nothing has changed since the guidelines were last issued in 1995. It is clear that even the committee itself realizes that there is no sound science nor evidence that supports its own recommended changes. Why? Because the committee clearly says so on page 82 of its official report, and I quote, "There is little evidence that diets high in total sugars
are associated with obesity. Hence, there is no direct link between the trend toward higher intake of sugars and increased rates of obesity."

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

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

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

On behalf of the 12,000 family farmers, sound science, and the future credibility and integrity of USDA and HHS, I ask you to leave the recommendations on sugar
unchanged from the 1995 guidelines.

Thank you for hearing my comments.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Miyun Park.

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

People for the Ethical Treatment of Animals is an international organization with more than 600,000 members.

Please accept the following comments on behalf of our members regarding the recommended revisions to the Dietary Guidelines for Americans as described in the final report of the Dietary Guidelines Advisory Committee. Our written comments will expand on these points.

While we strongly support the committee's recommendation on page 17 to "use plant foods as the foundation of one's meals" we think the guidelines should explicitly endorse vegetarianism as a healthy lifestyle. The benefits of vegetarianism are extensive and researchers have conclusively shown that serious health risks such as heart disease, cancer, diabetes and stroke can be prevented with a low fat vegetarian diet. Furthermore, the consumption of animal products has been scientifically linked to life threatening conditions.
Not only does vegetarianism significantly reduce the risk of many fatal diseases, it has also been shown to promote general well being and prevent the onset of obesity. There is much scientific evidence to support the findings that the chemical makeup of plant-based foods in contrast to animal foods is effective in preventing and overcoming obesity. Study after study shows that vegetarians have a significantly lower body mass index than do meat eaters.

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

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

We therefore urge the committee to acknowledge the vast benefits of vegetarianism and include a section explicitly endorsing it as a healthy lifestyle.
Furthermore, given the health benefits of plant-based foods over animal products, we suggest the reordering of food items to list dried beans first in the dried beans, eggs, nuts, fish and meat and poultry group as proposed in Box 7 on page 16. For consistency and to ensure the healthiest diet, we also ask that it be changed accordingly in all other references to the group.

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

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

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

Thank you for the opportunity to comment.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Fran Hissler.

MS. HISSLER: Good morning. My name is Fran Hissler. I'm from Rockville, Maryland. I'm here as an
individual so I guess that means I fund myself.

Thank you for the opportunity to speak with you today.

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

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

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

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

It turns out that cow's milk often triggers neurally meted hypotension or NMH. NMH is an abnormal reflex reaction between the heart and brain that is now
linked to CFS. Dr. Rowe states that allergies to food proteins, most commonly cow milk protein, has been identified as being common in those with NMH and substantial improvements can result from strict exclusion of offending foods.

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

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

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

In contrast, human breast or soy milk does not cause mucous secretion, so a healthy alternative to cow's
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milk would be to offer calcium rich soy milk in schools and hospitals.

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

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

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

MS. HISSLER: Okay.

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

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

And lastly, to include a fully developed section in the dairy dietary guidelines promoting vegetarian and vegan diets, emphasizing the wealth of information out there today, the scientific evidence that shows that the most
effect for prevention of chronic diseases, including CFS, heart disease, diabetes, some types of cancer, stroke, hypertension and obesity, consist of vegetables, fruits, whole grains, and legumes.

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you. Our next presenter is Lisa Katic.

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

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

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

However, GMA strongly opposes the new...
recommendation on limiting the intake of sugars with a
significant emphasis on so-called added sugars. This novel
position is surprising and unfortunate given the absence of
a factual scientific basis for the recommendation.

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

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

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

For evidence of this gap, one need not look any
further than the discussion of proposed changes section in
The committee states that there is not a direct link between the trend toward higher intake of sugars and increased rates of obesity. That's on page 84 of the report. Nevertheless, the draft guidelines provide guidance to the contrary.

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

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

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

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

Thank you for the opportunity to comment.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

Our next presenter is Ms. Elizabeth Johnson.

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

The American Dietetic Association is pleased to have the opportunity to comment on the Dietary Guidelines Advisory Committee report. ADA members know firsthand that sound science and broad objective analysis are needed in today's increasingly complex and confusing food environment. The ADA commends the Dietary Guidelines Advisory Committee
for its review of the science and subsequent efforts to summarize the science in this report.

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

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

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

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

We also have some suggestions that we feel would
improve the document. The American Dietetic Association feels strongly that variety should remain the cornerstone of the guidelines. Because a variety of foods are necessary for health, it is vital for the dietary guidelines to emphasize the importance of the total diet or overall eating pattern. We would like to see the document more clearly emphasize this point.

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

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

We are also concerned about the section of the document that discusses vitamin and mineral supplements. To
do this subject justice, this rapidly growing area of interest requires far greater information than can be presented in this document. ADA suggests that the Department shorten the section, focusing on the fact that food is the best source for obtaining nutrients, and that any decision to use supplemental vitamins and minerals should be made after consultation with a health professional such as a dietician or physician. More detailed information could then be included in related educational documents.

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

Thank you.

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

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

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

I speak in favor of the new dietary guidelines. Following them will reduce sickness, lessen the public
burden, and extend useful life. Ample research shows, for example, that staying fit lessens the risk of dying. The death rate of men and women who stay fit is dramatically less than those who are unfit.

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

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

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

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

Eating unrefined foods, including nuts, improves health. More unrefined high protein foods such as beans, peas, lentils and nuts in the diet would yield important
health benefits. Again, their nutritional value would further improve if the sodium content were limited.

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

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

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

Many kitchens preparing food for the elderly, school students, or hospital patients prepare their food the
day before and cool it down, hold it overnight, and reheat it prior to service. The method of preparation greatly affects nutritional quality.

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

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

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

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

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

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

DEPUTY UNDERSECRETARY KENNEDY: Thank you.

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

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

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

Yes, releasing the guidelines at the National Nutrition Summit, that's important. But also thinking about collectively how we work as a community of organizations to
promote the dietary guidelines, and a lot of what we heard
today spoke not simply to the science, but also to some of
the issues related to the communication and promotion of the
dietary guidelines.

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

Any closing remarks from my other panelist?

(No audible response)

DEPUTY UNDERSECRETARY KENNEDY: Thank you very
much.

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